December 31, 2020

The Honorable Governor Lawrence J. Hogan
State House
100 State Circle
Annapolis, MD 21401-1991

RE: MSAR #6519 – Annual Social Services Administration Report
Completed pursuant to Human Services Article §4-205(f)

Dear Governor Hogan:

The Department of Human Services (DHS) is required to submit an annual report to the Governor, as well as the Department of Legislative Services, the Annual Social Services Administration Report in accordance with the provisions of Human Services Article §4-205(f). In accordance with this reporting requirement, DHS is pleased to provide you with the enclosed report.

Please note the date of this report, June 2020, is the due date required by federal reporting standards.

If you should require additional information please contact the Office of Government Affairs at 410-767-8966.

Sincerely,

Lourdes R Padilla

Lourdes R. Padilla
Secretary

cc:
Sarah Albert, Mandate Reports Specialist, Department of Legislative Services (5 copies)

Maryland Department of Human Services

2021 Annual Progress and Services Report

FAMILIES BLOSSOM
PLACE MATTERS

PATHWAY TO CHANGE

Safety, Permanency, Well-Being

Larry Hogan, Governor
Boyd Rutherford, Lt. Governor
Lourdes R. Padilla, Secredary

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ACRONYMS

ACRONYM	DEFINITION
ACF	Administration for Children and Families
ADHD	Attention- Deficit/Hyperactivity Disorder
AFCARS	Adoption and Foster Care Analysis Reporting System
AFS	Automated Fiscal Systems
APD	Advance Planning Documents
APPLA	Another Planned Permanency Living Arrangement
APSR	Annual Program Services Review
AR	Alternative Response
ARC	American Red Cross
ASCRS	Adoption Search, Contact and Reunion Services
ASFA	Adoption and Safe Family Act
AWOL	Away Without Leave
BSFT	Brief Strategic Family Therapy
CANS	Child and Adolescent Needs and Strengths
CA/N	Child Abuse/Neglect
CANS-F	Child and Adolescent Needs and Strength-Family
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocates
CB	Children's Bureau
CBCAP	Community-Based Child Abuse and Prevention
CCIF	Children's Cabinet Interagency Fund
CCWIS	Comprehensive Child Welfare Information System
CCO	Coordination Organization
CFSR	Child and Family Services Review
CFP	Casey Family Programs
CFSP	Child and Family Services Plan
CIHS	Consolidated In-Home Services
CINA	Children in Need Of Assistance
CIP	Continuous Improvement Plan
CIS	Client Information System
CJAMS	Maryland Child, Juvenile and Adult Management System
CME	Care Management Entities
CQI	Continuous Quality Improvement
CRBC	Citizens Review Board for Children
CSA	Core Service Agencies
COOP	Continuity of Operations Plan
CPS	Child Protective Services
CSOM	Children's Services Outcome Measurement System
CSTVI	The Child Sex Trafficking Victims Initiative
CWA	Child Welfare Academy
CY	Calendar Year
DDA	Developmental Disabilities Administration
DEN	Drug-Exposed Newborn
DHMH	Department of Health and Mental Hygiene
CSA	Core Service Agencies
DHS	The Maryland Department of Human Services
DJJ	Department of Juvenile Justice
DJS	Department of Juvenile Services
DOB	Date of Birth
EBP	Evidence-Based Practice
ECE	Early care and education

ACRONYM	DEFINITION
ECMHC	Early Childhood Mental Health Consultation
EFT	Electronic Funds Transfers
EHR	Electronic Health Record
EP	Emergency Preparation
ESOL	English for Speakers of Other Languages
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
ESF	Emergency Support Function
EDHS/SSA	Every Student Succeeds Act
FASD	Fetal Alcohol Spectrum Disorder
FAST	Family Advocacy and Support Tool
FC2S	Foster Care to Success
FEMA	Federal Emergency Management Agency
FBI-CJIS	Federal Bureau of Investigation Reports
FFT	Functional Family Therapy
FCCIP	Foster Care Court Improvement Project
FCP	Family Centered Practice
FEMA	Federal Emergency Management Agency
FFPSA	Families First Prevention Services Act
FIM	Family Involvement Meetings
FPL	Federal Poverty Level
FMIS	Financial Management Information System
FSC	Family Support Center
GAP	Guardianship Assistance Program
GAPMA	Guardianship Assistance Program Medical Assistance
GEAR	Growth, Empowerment, Advancement, Recognition
GED	General Educational Development
GOC	Governor's Office for Children
GOCCP	Governor's Office of Crime Control and Prevention
IAR	Institute of Applied Research
ICPC	Interstate Compact on the Placement of Children
ICAMA	Interstate Compact on Adoption and Medical Assistance
IDEA	State Interagency Coordinating Council for the Individuals with Disabilities Education Act
IEP	Individualized Education Programs
IR	Investigative Response
LDSS	Local Department of Social Services
LEA	Lead Education Agency
LGBTQ	Lesbian, Gay, Bi-sexual, Transgender, Questioning
LIFT	Launching Individual Futures Together
MAF	Mission Asset Fund
MD THINK	Maryland's Total Human Services Information Network
MEMA	Maryland Emergency Management Agency
MEPP	Maryland Emergency Preparedness Program
MFRA	Maryland Family Risk Assessment
MD CHESSIE	Maryland's Children Electronic Social Services Information Exchange
MCO	Managed Care Organizations
MD-CJIS	Maryland Criminal Justice Information System
MDH/DDA	Maryland Department of Health / Developmental Disabilities Administration
MD THINK	Maryland's Total Human Services Information Network
MFN	Maryland Family Network, Incorporated
MHA	Mental Health Access
MHEC	Maryland Higher Education Commission
MI	Motivational Interviewing

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

ACRONYM	DEFINITION
TFCBT	*Trauma-Focused Cognitive Behavioral Therapy*
TOL	*Transfer of Learning*
TPR	*Termination of Parental Rights*
UMB	*University of Maryland, Baltimore*

Collaboration

As noted in DHS/SSA's Child and Family Services Five Year Plan (CFSP) a foundational piece of DHS/SSA's strategic vision is the acknowledgement that to achieve better outcomes for children and families as well as support prevention, collaboration and coordination with a variety of stakeholders is necessary. DHS/SSA utilizes its Implementation Structure to collaborate with a variety of stakeholders, including families, children, youth, tribes, and members from the legal and judicial community, including the Court Improvement Program (CIP). Through this structure DHS/SSA is able to meaningfully engage and partner in reviewing current performance data, assessing agency strengths and areas for improvement, and developing strategic plans to increase safety, permanency, and well-being.

Each Implementation Team and Network is responsible for regularly reviewing their membership and expanding membership to ensure that key stakeholders are included. DHS/SSA has continued its agreement with Maryland Coalition of Families, a statewide family support organization, to support the identification and engagement of families with lived experience in a number of Implementation Teams and workgroups. Through this partnership families are identified, trained and supported as they join the various groups within DHS/SSA's implementation structure. To date two cohorts of families, totaling approximately 10 family members, have been trained, supported, and have joined a number of implementation teams. In addition to families, DHS/SSA has continued to partner with the legal and judicial community through regular participation in CIP meetings as well as including members on a number of implementation teams.

In addition, the Implementation Structure is utilized to hold key discussions around agency strengths, areas needing improvement, and updating plans. Each implementation team, network, and workgroup is charged with facilitating action oriented meetings using current quantitative and qualitative data to identify strengths, needs, as well as monitor and adapt current strategic plans. Through this process several teams have made a number of accomplishments during the reporting period including:

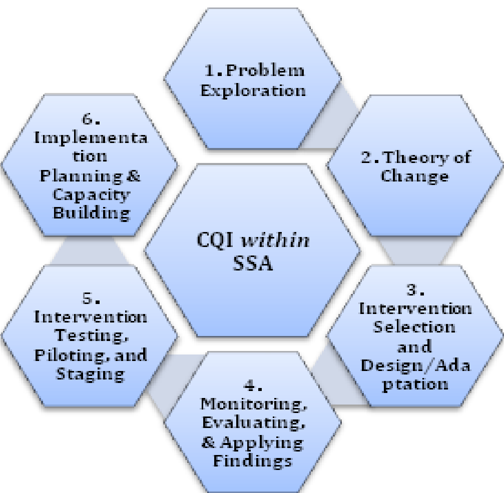
- The Emerging Adult Workgroup collaborated with the state Youth Advisory Board to gather feedback on key strategies utilized to partner with youth to drive plans and transitions as well as set the groundwork for supporting youth in using their voice and driving plans and transitions.
- The Integrated Practice Implementation Team established additional groups and engaged new stakeholders to continue to advance DHS/SSA's strategic vision. These groups included Kinship Navigation, Family Teaming, and Integrated Practice Model (IPM) Workgroups allowing for the expansion of membership to include representatives from the DHS Family Investment Administration, Maryland State Department of Education, the Office on Aging, the Maryland Commission on Caregiving, kinship families, Maryland Resource Parent Association, private community providers, and court partners on these key practice components.
- The Kinship Navigator Workgroup explored Maryland's current Kinship Navigator program's alignment with the Families First Prevention Services Act (FFPSA) to determine opportunities to strengthen Kinship Navigation programs and build consistency in service delivery.

- The Family Teaming Workgroup completed a theory of change about Family Involvement Meeting (FIM) utilization and family teaming, revised the FIM Policy, and made recommendations concerning Family Teaming model changes and training needed for the workforce.
- The Integrated Practice Model Planning Team developed communication and engagement mechanisms with the workforce around the launch of the IPM, devised IPM curriculum and provided follow up coaching recommendations. Some of the issues that we considered were requests for further information needed about the IPM after the IPM Kickoffs were held in May as well as policy and practice alignment needs with the IPM.
- The Protective Services/Family Preservation Implementation Team worked on the Title IV-E Prevention Plan and Child Fatality Prevention Plan that were required by the Family First Prevention Services Act. The Team informed SSA on who should qualify as a "candidate for out-of-home placement" and reviewed how safety and risk would be monitored on an ongoing basis by staff. The Team participated in a review of Safety Culture related to child welfare and how that would impact the Fatality Prevention Plan and case reviews with staff.
- The Well-Being Implementation Team identified system barriers regarding education stability, to include the goal of enrollment within five days. The group reviewed pertinent data related to health, school enrollment, academic standings, transportation, IEP and special needs to strategize around opportunities to partner and improve outcomes. This group continues to be one of the vehicles used to strategize and monitor progress of education and health outcomes. Ongoing collaboration with Maryland's Managed Care Organizations (MCO) and local health agencies has led to promising and meaningful opportunities to improve care coordination and outcomes for children in care. Maryland MCO's and their Special Needs Coordinators have collaborated with SSA through facilitation of webinars on specific health topics, development of health tip sheets or health resources for children, youth, resources parents, or caregivers, and utilizing the MCO's Value Added Services aimed to promote general health and disease prevention and improve quality and health outcomes.
- The CQI Network developed a process for implementing stakeholder focus groups to be integrated into DHS/SSA's Child and Family Onsite Reviews (CFSR). The network determined which stakeholder groups should be included, developed questions for each group, thought through the logistics, and presented the proposal to the Outcomes Improvement Steering Committee (OISC). The State CQI cycle implementation was another area of focus. Through the OISC, statewide performance indicators that were not showing high performance were identified and assistance was provided to Implementation teams to conduct root cause analyses as well as develop theories of change.
- The Workforce Development Network reviewed child welfare staff turnover and retention rates throughout the state, worker satisfaction with pre-service and in-service trainings, and worker attendance in mandatory trainings. These factors will be considered as the Network begins to develop a strategic plan to support worker satisfaction and increased worker retention throughout the state.

Feedback Loops

Maryland has maintained an effective CQI feedback loop that engages internal and external stakeholders in the DHS/SSA CQI cycle (Figure 1) through the Implementation Teams, the OISC, and the CQI unit. Through these efforts, the DHS/CQI cycle provides a framework to accurately and efficiently monitor statewide progress towards achieving improvements in child welfare services.

Figure 1: DHS/SSA CQI Cycle



During the reporting period, groups reviewed an array of data and identified areas of strength, concerns, and potential strategies to improve performance. Examples of these reviews include:

- The Integrated Practice Implementation Team, reviewed performance related to Kinship Navigation, Family Teaming, and Integrated Practice. For each area the team reviewed focus group, surveys, and data collected from local departments across the state to identify strengths and areas of improvement for training and coaching curricula, policy alignment with the Families First Prevention and Services Act, and program development.
- The CPS/ Family Preservation Team assessed performance by reviewing data from youth entering out-of-home care. Using a root cause analysis, identified concerns related to accurately assessing the needs of families impacted by substance use and the consistent use of FIMs to prevent entry into foster care resulting in connecting with both the Substance Use and Family Teaming workgroups to align strategies.
- The CQI Network reviewed the Headline Indicator performance and CFSR results in order to target areas of improvement and provide root cause analysis support to implementation teams and workgroups.
- The Service Array Implementation Team's Education Workgroup reviewed education enrollment data, education stability and overall well-being to inform the development of joint regional meetings with local departments of social services, local departments of juvenile services and the local school systems.
- The Workforce Development Network reviewed:
    - Retention and turnover trends in each local department jurisdiction to develop strategies to explore root causes of worker turnover.
    - Pre-service training data from the CWA 2018 Annual Report, and aggregate monthly in-service training data from January -December 2010 to determine what impact if any, worker satisfaction with trainings has on staff turnover and retention.
    - Training attendance data to determine what percentage of staff complete trainings and what percentage do not to assess any correlation between training attendance and worker satisfaction and retention.

Update to the Assessment of Current Performance in Improving Outcomes

DHS/SSA continued to use statewide data indicators to assess performance on key child and family outcomes across Maryland's child welfare continuum. The data provided below highlights DHS/SSA's current performance as well as an assessment of the root causes or drivers, strengths, areas of concern, and identified strategies to continue to improve performance in the areas of Safety, Permanency, and Well-being.

Safety Outcomes

Table 1, below, identifies DHS/SSA's performance on safety outcomes between January - December 2019

Table 1: **Safety Outcomes**

Safety Outcomes	*Overall Determination*	*State Performance*
Time Period: January-December 2019		
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect	Not in Substantial Conformity	67% Substantially Achieved
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	Not in Substantial Conformity	63% Substantially Achieved
Data Source: Online Monitoring System(OMS)		
MD CY Recurrence of Maltreatment for CY2018 was 10%; .CY2019, 9%; the target is 9.5% or less Data Source: MD CHESSIE		
Maltreatment in Foster Care for CY2018 was 11.4; CY2019, 10.1; the target is 9.67 or less Data Source: MD CHESSIE		
Timeliness of CPS response during CY2019 was 74% within the first day and 79% within the first five days. Target is at least 90% or greater for abuse and neglect contacts. Data Source: MD CHESSIE		

Assessment of Performance of the Safety Outcome 1 and Maltreatment measures

Maryland's performance on Safety Outcome 1 between January and December 2019 did not meet the substantial conformity standard as only 67% of cases reviewed received a substantially achieved rating for Safety Outcome 1. In addition, Maryland's maltreatment in foster care rate (10.1%) was still above the national target of 9.67% or less. However, DHS/SSA did achieve favorable results for its recurrence of maltreatment as it was only 9% for CY2019 (SSA Headline Indicator Performance, data source MD CHESSIE),, slightly lower than the national target of 9.5% and up by 0.5% from the last reporting period. The State has improved dramatically on timeliness of CPS responses, up from 43% in CY2018 to 74% in CY2019. There was a slight decrease in timeliness within the first five days, down from 79% to 74%. However, both goals continue to fall below the target goal of 90%.

Assessment of Performance of the Safety Outcome 2

As shown in Table 1, Maryland did not meet substantial conformity for Safety Outcome 2 between January and December 2019 as only 63% of cases reviewed received a substantially achieved rating. This performance underlines an overarching concern about Maryland's capability and practices for safely maintaining children in their homes and outside of foster care. While the State is performing well when it comes to providing safety-related services to families, it is not consistently carrying out risk and safety assessments. Maryland does not currently

collect specific data related to risk and safety assessments including about siblings of youth in care or the timeliness of ongoing assessments of all youth in an active case. That said, there may be other variations in practice that influence this outcome, and efforts to better understand them are underway (see planned activities section).

Strengths

While Maryland did not meet substantial conformity for Safety Outcome 1, the recurrence of maltreatment of 9% is below the national target (9.5%) and demonstrates an improvement from the previous year, when the rate was 10%. Maryland's performance on maltreatment-related Headline Indicators in 2019 further speaks to this finding. In 2019, 91% of Maryland children who were victims (indicated or unsubstantiated) did not have another maltreatment report within 12 months of the previous maltreatment finding.

In terms of Safety Outcome 2, Maryland has made significant improvements to provide services to stabilize families and prevent children's entry into foster care as shown by its positive performance in Item 2, Services to Family to Protect Children in the Home and Prevent Removal or Re-entry into Foster Care from October 2018 through September 2019 (Data Source: CFSR Case Review). During this time period, services to keep children safe and prevent removal or reentry were consistently offered, as demonstrated by the 76% result in Item 2 for cases reviewed between October 2018 and September 2019 (Data Source: CFSR Case Review). While this is just one factor of practice that influences Safety Outcome 2, it is a positive trend that Maryland will strive to continue through additional use of OSRI data to better understand the safety-related services the agency can offer to stabilize families. Parental substance abuse continues to be a factor influencing entry of children into foster care. Maryland will further explore the impact family teaming meetings have upon entry and re-entry as well as the use of trial home visits upon re-entry.

Concerns

The downward trend in the state's performance on Safety Outcome 1 is especially concerning. In CY2019, 67% of cases substantially achieved conformity compared to 90% in CY2018. While Maryland generally responded to maltreatment reports within the required timeframes, face-to-face contact with children was occasionally not made timely. This is further demonstrated by Maryland's performance on Item 1, Timeliness of initiating investigations of reports of maltreatment, with the 74.8% of cases reviewed between October 2018 and September 2019 achieving substantial conformity (Data Source: CFSR Case Review). This represents an approximate 15 percentage point decrease from previous performance on this item between April 1 and September 2018. However, as only one area of practice influences Safety Outcome 1, Maryland understands that there may be other causes for outcome performance and is taking the necessary steps to better understand it.

As shown in Table 1 for Safety Outcome 2, the CFSR review pointed to limitations in the agency's ability to safely maintain children in their own homes rather than enter foster care. While Maryland was able to meet the target of entries into foster care and re-entries from permanency plans of guardianship and adoption, there continue to be challenges with reentries from a plan of reunification (14% compared to the target of 12%). Accurate ongoing risk and safety assessments were not consistently carried out, as demonstrated by only an average of 61%

cases on Item 3 achieving substantial conformity (Data Source: CFSR Case Review). This data highlights safety concerns for some children remaining in the home as well as some children entering foster care when stabilization in the home may have been a safe and viable option.

Activities
DHS/SSA's CFSR PIP Goal 1 is focused on empowering families of origin and youth to be partners in their child welfare experiences. It aligns directly with the CFSP Goal 1, which is aimed at increasing families of origin and youth voice in their child welfare experiences to improve safety, permanency, and well-being outcomes. Revamping DHS/SSA's approach to family visiting and teaming is a core strategy to completing this goal and improving performance on Safety Outcomes 1 and 2. Emphasizing the importance of family teaming and devoting time to that effort is likely to lower the need for emergency removals and prevent unnecessary entry into foster care. DHS/SSA has taken the initial steps to achieve CFSR PIP Goal 1 by meeting with engaging stakeholders in a variety of forums, including The Protective Services/Family Preservation Implementation Team. community sStakeholders, consist of community service providers, FIM facilitators, University of Maryland School of Social Work staff, representatives from the Maryland State Department of Education and the Governor's Office of Crime Prevention, Youth and Victim Services, Johns Hopkins Hospital, Citizen's Review Board, LDSS staff, DHS/SSA staff, legacy family members and youth, in identifying the key areas to improve existing practice and teaming models that have proven local and national success. Thanks to these exploratory activities, DHS/SSA identified the need for further root cause analysis to understand barriers to family visiting and teaming. While this had an impact on moving this strategy forward, DHS/SSA found it critical to ensure any redesign addressed key barriers to existing practice and amplified current strengths to accurately inform policy, process and training development. As DHS/SSA is in the beginning stages of this strategy, any impact on Safety Outcomes 1 and 2 has yet to be realized. Additional activities under PIP Goal 1 planned for this year focus on improving data collection capacity to measure implementation of family teaming. Specific activities include:

- Revising current measurement strategies to capture family meetings consistently;
- Measuring incidence and process of family team meetings consistent with the new approach;
- Revising CFSR focus groups to include an understanding of family teaming from family/youth and worker perspectives; and
- Adapting bi-annual surveying of families and youth and other attendees to align with the new approach.

DHS/SSA's CFSR PIP Goal 2 is focused on preparing the workforce with the knowledge, skills, and strategies needed to fully implement the IPM, which will contribute to Safety Outcome 2 due to the IPM's emphasis on family teaming skill building. The strategy to implement revised pre-service and in-service trainings for child welfare workers, supervisors, and middle and upper management to align with the IPM is a core component of this goal. A work plan has been developed to guide the pre-service evaluation, revision and roll out implementation processes. Delays in the development of IPM curricula were due to a format and content changes and have had an impact on the completion of the pre-service and in-service training. In addition, the desire to obtain additional data from internal and external stakeholders, including management, supervisory and direct case worker staff, to ensure the training system aligns with specific

program and service needs, and enhances staff performance and the quality of services provided to children, youth, families has also delayed progress.DHS/SSA developed a list of trainers to support with pre-service and in-service training in anticipation of planned activities to offer the initial IPM training and incorporate other learning modalities to support ongoing skill development and IPM alignment. As DHS/SSA is in the beginning stages of this strategy any impact on Safety Outcome 2, has yet to be realized.

DHS/SSA's CFSR PIP Goal 4 and CFSP Goal 5 both aim to strengthen system partnerships to better serve children and families and support performance on Safety Outcome 2. As part of the CFSR PIP Goal 4's strategies, DHS/SSA is using executive level forums to create a shared vision and commitment to child welfare involved families. As noted in DHS/SSA's CFSR PIP, these forums were intended to be driven by DHS and SSA leadership and because of changes in some of these positions delays were experienced. Despite these delays preliminary planning has occurred including discussions around using executive forms and other strategies to collaborate and partner with Maryland's Children's Cabinet agencies to build an appropriate and sufficient array of placement settings for children with complex behavioral and mental health needs, focusing on primarily family-based settings, that can provide safe, stable and nurturing homes in a timely manner for children and youth demonstrating this specialized set of needs. DHS/SSA anticipates being able to move forward with these activities later this year. As DHS/SSA is in the beginning stages of this strategy, any impact on Safety Outcome 2 has yet to be realized.

In addition, the CFSR PIP Goal 4 strategies also include conducting Town Halls and developing Local Calls to Action to engage community partners in meeting the needs of children and families. DHS/SSA began efforts to support local departments of social services in planning local town hall events, which resulted in the development of a number of tools/templates. These planning efforts included the engagement of LDSS, Court Improvement Program, and technical assistance providers. Several LDSS held town hall meetings, and feedback from these convenings was used to refine tools/templates. DHS/SSA has reached out to the remaining LDSS to begin planning additional town halls. DHS/SSA is on track to complete town halls in the remaining jurisdictions and planned activities include partnering with technical assistance providers and SSA implementation teams to develop strategies in response to the developed calls to action. As DHS/SSA is in the beginning stages of this strategy any impact on Safety Outcome 2 has yet to be realized.

CFSR PIP Goal 4 strategies also entail improving teaming across local agencies and organizations in support of families. DS/SSA has identified several local entity teaming approaches/models to explore and curate elements and lessons learned that can inform a statewide strategy to local teaming on family-child specific cases. Once the common and unique components of these models are identified, DHS/SSA will develop and use a set of structured questions to explore factors for success and appropriate context of the LDSS in which the teaming approaches are deployed. DHS/SSA is on target to identify the factors for success and begin discussions on a statewide local teaming strategy that aligns with the IPM later this year. As DHS/SSA is in the beginning stages of this strategy any impact on Safety Outcome 2 has yet to be realized.

DHS/SSA has continued to leverage its CQI cycle through root cause analysis processes within the Implementation Teams to better understand performance issues related to Safety Outcome 2. The root cause analysis utilized CFSR and Headline Indicator data and stakeholder input to identify contributing factors and root causes of challenges achieving permanency in 12 months for youth who have extended stays in out of home placement and high foster care entry rates. Through this process, staff identified multiple root causes and prioritized what DHS/SSA can influence and play a particularly significant role in influencing variability in the outcome. The identified action items to address root causes of untimely permanency and high foster care entry rates directly align with many of the CFSP and PIP activities already underway at DHS/SSA. These activities included revamping and strengthening the approach to family visiting and teaming between staff, families, and resources parents; providing peer supports to parents navigating the system; embracing youth voice and youth-driven plans and transitions; engaging community partners through town halls; implementing revised pre-service and in-service trainings to align with the IPM; and ensuring consistent participation of resource parents in IPM trainings. This alignment further reinforces SSA's existing priorities outlined in the CFSP and the CFSR PIP goals that are directly aimed at improving performance for Safety Outcomes 1 and 2.

Additionally, DHS/SSA provided intense technical assistance (TA) to Baltimore City Department of Social Services for approximately 8 months in 2019. Technical assistance included direct supervision of the Child Protective Services and Family Preservation Program Managers by an SSA Director. Processes were initiated around regular supervision of Unit Managers by Program Managers, Supervisors by Unit Managers and Caseworkers by Supervisors. Local operating procedures that were not in alignment with State statutes and policies were revised and distributed. Policy trainings were held for all front line and supervisory staff. Procedures for case staffing around children at risk of foster care and child deaths were reviewed, revised and initiated. SSA participated in case staffings to model and support best practice. Baltimore City attorneys were engaged and connected to CPS and Family Preservation leadership to improve communication in order to address case specific issues when legal action with families was likely to occur. The DHS personnel office, Human Resource Development Training, and SSA supported efforts with Baltimore City Department of Social Services' personnel office to hire and train an effective workforce to improve recruitment and retention activities. These efforts appear to have helped to reduce the number of recurrences of maltreatment.

Permanency Outcomes

DHS/SSA's Placement and Permanency Unit and Implementation Team have continued to ensure that ensuring that children and youth in care are living in safe and stable families and able to achieve timely permanency with lasting life-time connections. Tables 2 and 3 below provide DHS/SSA's performance on permanency outcomes between January - December 2019.

Table 2: Performance on Statewide Data Indicators

Statewide Data Indicator	*National Performance Target*	*Direction of Desired Performance*	*Baseline for State Data, Calendar Year 2018*	*State Data, Calendar Year 2019*	*MD Target for 2024*
Recurrence of maltreatment	9.5%	Lower	10%	9%	9.5%

Statewide Data Indicator	*National Performance Target*	*Direction of Desired Performance*	*Baseline for State Data, Calendar Year 2018*	*State Data, Calendar Year 2019*	*MD Target for 2024*
Maltreatment in foster care (victimizations per 100,000 days in care)	9.67	Lower	11.4	10.1	9.67
Permanency in 12 months for children entering foster care	42.7%	Higher	37.5%	34%	42.7%
Permanency in 12 months for children in foster care 12- 23 months	45.9%	Higher	44.3%	34%	45.9%
Permanency in 12 months for children in foster care 24 months or more	31.8%	Higher	28.3%	20%	31.8%
Reentry to foster care in 12 months	8.1%	Lower	11.8%	10.1%	8.1%
Placement stability (moves per 1,000 days in care)	4.12	Lower	4.38	4.36	4.12
Data Source: State Data Source is MD CHESSIE					

Table 3: Permanency Outcomes

Permanency Outcomes	*Overall Determination*	*State Performance*
Time Period: January-December 2019		
Permanency Outcome 1: Children have permanency and stability in their living situations	Not in Substantial Conformity	10% Substantially Achieved
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children	Not in Substantial Conformity	43% Substantially Achieved
Data Source: Online Monitoring System (OMS)		

Assessment of Performance on Permanency Outcome 1 (P1)

In a review of DHS/SSA's performance on P1, permanency in 12 months for children entering foster care, remains below the target area regardless of time spent in care for all three groups (e.g., 12 months or less, 12-23 months and 2 years or longer), performance is the poorest on the latter group. As a result, a decision was made to begin an analysis focusing on youth in care two years or more.

In an effort to gain a better understanding of performance on P1, the Placement & Permanency (P&P) Implementation Team conducted a root cause analyses with two of its priority workgroups (e.g., Permanency and Emerging Adults) focusing on barriers to timely permanency for those children who had remained in care for two years or longer. The analysis included a review of performance data on permanency trends by jurisdiction, subgroup, and family/case characteristics as well as data from CFSR Items 5 and 6. In this analysis three questions were posed:

1. Why do children and youth who have been in care two years or longer not achieve timely permanency?
2. Did the agency establish appropriate permanency goals?
3. Did the agency make concerted efforts to achieve permanency?

Several recurrent themes, both systemic and case level, emerged, which were broken-out by the agency's degree of perceived influence (e.g., "some influence" to "little to no influence").

The Permanency workgroup identified two key areas for exploration: delays in filing TPR petitions and resistance amongst the workforce to explore permanency, particularly as youth age and/or remain involved with child welfare. As a result of this review strategies and interventions for three causal factors were identified: families' reluctance to come forward as permanency resources due to worries and fears about children's behaviors and needs, confusion or resistance amongst the workforce regarding use of concurrent planning, and agencies (case manager) waiting to pursue adoption for children post TPR. It is worth noting that many of the barriers identified associated with delays in permanency were attributed to court and legal issues. Strategies to address these latter issues involved partnering with the court and legal partners to identify an array of needed solutions and interventions.

The Emerging Adults workgroup identified three key areas for exploration during the root cause analysis: lack of permanency resources for youth 14 years and older, insufficient efforts to promote permanency and subsequent follow-up at transition points for youth, and a sense that youth 14 years and over may resist adoption is an option. Here, the workgroup identified strategies and interventions for five causal factors: resistance amongst parents seeking adoption to consider older youth, families of origin of older youth lacking resources to care for youth, families resistance to come forward feeling the process is intrusive into the privacy of family members and that they need to prove themselves worthy of caring for their own kin, resistance amongst the workforce to engaging absent parents and/or family; and resistance and/or fear amongst youth to consider adoption that are often associated with lack of information and/or irrational beliefs.

With the initial root cause analysis work complete for P1 related to permanency within 12 months, the P&P implementation and workgroups are now reassessing and adjusting their existing strategies and interventions to determine whether they remain the most viable solution to the identified challenges associated with this outcome. The permanency workgroup utilized the initial root cause analysis work to target those youth with Adoption/Guardianship as permanency plans. This work is directly tied to the Children's Bureau's Adoption Call To Action Initiative. DHS/SSA is currently looking at children who are currently TPR'd and waiting for finalization, barriers to the TPR process, and children who have a goal of adoption adoption/guardianship to identify barriers to permanency.

In analyzing placement stability, the state saw gradual improvement from 2018 (4.61) to 2019 (4.36), nevertheless, remaining above the target of 4.12. In the fall 2020, the Placement & Permanency Implementation Team will repeat the root cause analysis process for placement stability which will include an examination of the number of placement changes for youth throughout the service continuum and begin with a comprehensive data analysis of DHS/SSA's headline and related storyline indicators connected to child and youth placement stability. After

identifying the contributing factors and root causes, DHS/SSA's will identify a series of strategies and interventions to improve performance outcomes for the out-of-home and adoption populations.

The state's performance pertaining to re-entry to foster care in 12 months, while gradually improving (11.8% in 2019 to 10.1% in 2019), remains above the target of 8.1%. Before focusing on this outcome DHS/SSA decided to complete the analysis of factors related to P1. In the fall 2020, the Placement & Permanency Implementation Team will repeat the root cause analysis process for Permanency Outcome 2 (P2) which will include an examination of current performance data including DHS/SSA's headline and related storyline indicators. After identifying the contributing factors and root causes, a series of strategies and interventions will be identified to improve our performance outcomes for this measure.

Strengths
As indicated in the data above, DHS/SSA has shown the following strengths related to P1:
- The rates of the recurrence of maltreatment has decreased one percentage point in CY2019 bringing this below the national and state targets.
- Reentry rates have decreased almost 2 percentage points.
- Maltreatment in foster care has decreased just over one percentage point

Concerns
As indicated in the data above, DHS/SSA has shown challenges in the following areas:
- The percentage of youth reaching permanency has decreased regardless of the length of time in care
- While both reentry rates and maltreatment in foster care rates have decreased, both remain above national and state targets

Analysis of Performance on Permanency Outcome 2:
According to the data from Maryland's CFSR, DHS/SSA has shown consistent performance on permanency outcome 2 however there is significant room for improvement. DHS/SSA has shown the highest performance in placement with siblings with ratings ranging from 87.0% to 82.5%. Ratings for visitation with siblings in foster care have also remained consistent with ratings ranging from 52.9% to 51.1%. When assessing the preservation of connections ratings have slightly decreased from 60% to 55.08% while placements with relatives have slightly increased from 48.7% to 55.26%. Finally, relationships between children in care and their parents have decreased from 54.8% to 49.35%.

Strengths:
As noted in Maryland's CFSR data, placement of children with siblings has been shown to be the greatest strength for the agency and placing children with relatives has shown almost a seven percentage point increase.

Concerns:
As noted in Maryland's CFSR data, ensuring visitation with siblings, preserving connections, and maintaining connections between children and care and their parent appear to be challenges

for the agency. In addition, the agency has improved in the area of placing children with relatives the percentage of cases reviewed rated as a strength remains at just above 50%.

Activities:
Given the data shown above, DHS/SSA will continue to work with the local departments around youth and family of origin connections including consistent visitation with siblings and families and making visitation arrangements easier for the family of origin. To help assist with the outcome, DHS/SSA has continued to seek out opportunities to improve our performance as indicated by the following initiatives: DHS/SSA was awarded an 8 million dollar grant to develop the Center for Excellence in Foster Family Development over a period of 3 years. This grant will assist in recruiting, preparing, and supporting resource parents. In the development of the grant, resource parents will work closely with birth parents towards reunification and/or with youth to prevent congregate care placement or step-down from such placement. The training component is geared towards resource parent and birth parent (family of origin) development. These trainings will align together as both parents will partner together in providing permanency services and lasting connections for the youth. DHS/SSA has secured a model for the center and is currently working towards selecting the local department sites. In addition, DHS/SSA has begun work in response to the Children's Bureau Adoption Call to Action. A Post Adoption Savings Plan was developed and the procurement process began to contract for those services. The contractor will provide in person and virtual post adoption services to families throughout the twenty-four local departments

Table 4 below highlights the progress in implementing activities targeted at improving Permanency Outcomes.

Table 4: Activities to Improve Permanency Outcomes

Activities for Permanency 1 &2	Target Completion Date
Permanency Outcome 1 and 2: Quality Services Reform Initiative (QSRI)	2022
Define quality residential treatment services, performance measures and the approach to rates setting for these services (including Medical Assistance rates for some services)	2019
2019 Progress: ***In Progress*** ● Fall 2019: The Placement & Permanency Implementation Team, collaborated with the Quality Service Reform Initiative (QSRI) to produce a vision document and call to action report entitled, "Maryland's Children's Quality Service Reform Initiative: A strategic approach to improving the quality of services for children in residential interventions and increasing the number of children services in family settings." The that included the following core components of the QSRI are 1) establish clinical and provider criteria for residential interventions, 2) establish consistent rates for clinical and room/board services, 3) establish consistent referral and enrollment pathways, 4) support provider, agency and community readiness and workforce development, 5) establish performance measures and a CQI process as part of an updated contracting process and 6) develop and implement a transition plan. ● Fall 2019: Collaborated with the QSRI (which includes community/provider agencies and DJS) to develop a review process and tool for determining youth readiness for discharge in an effort to transition youth out of congregate care to family-based living environments. Decision made to pilot this process. ● Fall 2019: Decision made to pilot the process by staffing those youth who have remained in congregate care for 12 months or longer. The team identified the population, gathered and analyzed data and	

Activities for Permanency 1 &2	Target Completion Date
finalized the methodology. The team also developed a transition planning tool to assist the agency, provider and youth/family with the discharge and transition process.	
Develop referral mechanism and pathway documents for decision-making about a child's placement.	2019
2019 Progress: ***In Progress*** ● Early 2019: Developed an enhanced placement referral and decision-making tool and process. ● Fall 2019: Began a review of the tool and process through the OISC and with LDSS leadership. ● November-December 2019: Developed a draft policy for the new placement referral and decision-making process and collaborated with LDSS and other team members to develop and finalize practice enhancements related to the use of congregate care in alignment with FFPSA. The team collaborated with DJS to finalize the state's process for the identification of Qualified Individual (QI) and use of QRTP. Concurrently, the team identified a QI nomination and selection form and initial outline of needed training requirements. The state's QI plan was included and subsequently approved in the state's title IV-E Plan. o Upcoming Activity: ▪ Spring 2020: The policy will undergo further review by DHS/SSA's and final approval new policy review process in late spring 2020. Additionally, the implementation team collaborated with LDSS and other team members to develop and finalize practice enhancements pertaining to the use of congregate care associated with FFPSA. During this period, the team collaborated with DJS to finalize the state's process for the identification of Qualified Individual (QI) and use of QRTP. Concurrently, the team identified a QI nomination and selection form and initial outline of needed training requirements. The state's QI plan was included and subsequently approved in the state's prevention plan. ● December 2019: drafted QI and QRTP policy was completed and presented for review to LDSS leadership through the Affiliates and MASS-D meetings. In 2020, the revised policy will be presented to the OISC for approval	
Begin using a new transition planning tool with the goal of transitioning children out of group homes (Plan to phase in group of children in group care for 12 + months.) • This a new activity added with a start date scheduled for fall 2020, pending successful completion of the upcoming pilot of the new transition process and tool. SSA plans to begin use of a transition planning tool for children and youth in congregate care 12 months or more.	2020
Begin implementation of strategies and tracking of performance data in pilot jurisdictions (new activity added)	2020
Identify strategies through root cause analysis (new activity added)	2020
Train child Placement & Permanency Units and Providers on new tools and process (new activity added)	2020
Provide technical assistance to LDSS and private provider agencies related to decision making about child placement.	2020
Analyze CQI related to the appropriate placement efforts and placement stability and refine practice based on results.	2020-2024

Activities for Permanency 1 &2	Target Completion Date
Review Headline data for Placement Stability process (new activity added) The process will ensure that children are placed in the most appropriate placements the first time and monitor the reduction of placement disruptions	2020
Revise policy as needed (one on one) in Placement & Permanency Meeting process (new activity added). Draft revisions made to 1:1 policy in July, awaiting final approval.	2020
Center for Excellence in Foster Family Development Resource Parent Training Model Development	2020
Procurement for in-person/virtual Post Adoption Services	2020
Begin a process to transition youth out of congregate care and into family settings.	2021
Implement Placement Referral process statewide to target placement stability	2021
2019 Progress: ***In Progress*** • Referral Policy is being finalized.	
Design and implement CQI protocols, including performance data from providers	2021-2024
State Agencies continue to collect and analyze CQI data and reconcile it with cost data, making providers financially whole for two years after implementation of new rates.	2022

Well-being Outcomes

Table 5 and 6 represents DHS/SSA Well-being Outcomes data from MD CHESSIE and the Child and Family Service Review (CFSR) from January-December 2019.

Table 5: CFSR Well-being Outcomes

Well-being Outcomes	Overall Determination	State Performance
Time Period: January-December 2019		
Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs	Not in Substantial Conformity	22% Substantially Achieved
Well-being Outcome 2: Children receive appropriate services to meet their educational needs	Not in Substantial Conformity	88% Substantially Achieved
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	Not in Substantial Conformity	66% Substantially Achieved
Data Source: Online Monitoring System(OMS)		

Table 6: Education and Health Measures

Education and Health Measure	*Target*	*CY2018*	*CY2019*
Children entering foster care and enrolled in school within five days	85%	76.7%	81%
Comprehensive Health Assessment for foster children within 60 Days	90%	92.5%	90%
Annual Health Assessment for foster children in care throughout the year	90%	88.4%	84%
Annual Dental Assessment for foster children in care throughout the year	60%	69.3%	66%
*Data Source: MD CHESSIE			

Assessment of Performance on Wellbeing Outcome 1:
As noted in table 5 the CFSR results for Well-Being Outcome 1, 22% of the cases reviewed were identified as a strength which is a decrease from the 31% noted in DHS/SSA's CFSP. A contributing factor to this measure may correlate with the quality of assessments conducted related to the family's needs. An analysis of Item 12 on the CFSR revealed that in many instances program staff did not conduct a needs assessment or did not comprehensively assess all needs, so potentially needed services were not provided to children, families, and foster parents. As described in DHS/SSA's CFSP, while workers generally assessed and provided appropriate services to foster parents and children, they were substantially less likely to accurately assess and provide services to parents, primarily due to lack of effective engagement with parents. The lack of engagement and partnership with biological parents has contributed to the failure to appropriately assess the needs of those parents. Ultimately service provision issues were likely related to the agency failing to conduct ongoing, comprehensive assessments in order to identify needs in the first place. An analysis of item 12 A revealed that the most prevalent unmet service need for children related to strengthening parent/caregiver and child relationships and peer relationships. For parents in item 12 B, the analysis showed that the most frequent service needs that were not provided focused on housing and transportation assistance, in addition to family therapy and mental health services. Needs for family therapy and parenting skill classes also appeared often when the reviewers or the agency identified needs to strengthen parent/caregiver-child relationships, or parents needed support managing children's behaviors. The narratives for item 12 C identified that most foster parents needed services to help them manage children's behaviors, in addition to material supports (e.g., financial assistance to purchase, food, clothing, bed/bedding, and medical equipment to care for the target child); however, the agency often did not provide these services.

In addition, while there was evidence of some effective partnerships between workers, families, and service providers, workers often failed to make concerted efforts to locate, routinely follow-up with, and meaningfully engage parents, leading to inaccurate assessments and an inability to identify the right services to meet their needs. Relatedly, parents were often not directly engaged to contribute to case planning and establishment of case goals. While workers generally consistently conducted high-quality visits with children, visits with parents did not occur with sufficient frequency and sometimes lacked quality.

Assessment of Performance on Wellbeing Outcome 2:
For Well-being Outcome 2, of the CFSR cases reviewed, 88% showed strength in achieving this outcome. The state did not meet the identified CFSR target of 95% of all cases showing strength for this outcome. Some contributing factors are transportation issues experienced at the local level for children entering care and children who must change placements. Another contributing factor is inconsistent communication with LSS on enrollment requirements and the overall well-being of children in care at school. The activities described in DHS/SSA's CFSP for next five years work to address barriers in effort to reach the established targets.

In addition to the above mentioned CFSR data, in calendar year 2019, 81% of children were enrolled in school within five days based. While the state came short of meeting the identified target of 85%, Maryland continues to show a positive trajectory towards the target goals. In 2019, Maryland continued to conduct data monitoring with the local departments of social services utilizing the Out-of-Home Milestone Report. Monitoring has revealed that the majority of children were receiving education services; however, it was not accurately documented to reflect this. The technical assistance provided supported the LDSS in addressing accurate documentation. The LDSS have had an overall positive response to the monitoring process. The LDSS continues to make efforts to enter education records in MD CHESSIE/CJAMS accurately.

Strengths
Statewide collaboration efforts with the Maryland State Department of Education (MSDE) have improved. In 2019, both DHS/SSA and MSDE conducted regional conferences for all 24 local jurisdictions. The conferences were a follow-up to the implementation of the Every Student Succeeds Act (ESSA). The conferences assisted in strengthening the partnerships between the various counties. The conferences allowed for the sharing of best practices strategies among those jurisdictions that had successful partnerships and were able to address education barriers related to foster care students. These partnerships ensure that students have access to the education services they need. Evaluations from the conferences showed overwhelming positive responses by both the members of the LSS and the LDSS with several of them requesting future meetings to support that structure in place. Birth families and youth were involved in the regional conferences and resource parents/treatment agencies were involved in providing significant feedback to the agency through the education survey facilitated by Health & Education workgroup.

DHS/SSA had an opportunity to present at the annual School Health Interdisciplinary Program (SHIP). Nurses, social workers and school support staff around the state attend the annual conference. This partnership with the University Of Maryland School Of Medicine allowed DHS/SSA to promote awareness to education stability for children in out-of-home placements. The impact of this training was overall positive in that folks wanted this information, but more so that they could share this information with their various school systems to support the well-being of children in care at school.

Concerns
Communication with Local School Systems (LSS) continues to be an ongoing concern impacting educational outcomes and well-being of children in foster care. While there are some structures

in place, a survey conducted by DHS/SSA in 2019 found that several resource parents felt they were not provided updates on their child's needs by the schools. Another concern is the LSS not setting up transportation for children entering care or needing a change in bus route due to their placement disruption. It is a systematic issue for the LDSS and LSS as well as a costly one. One of the issues specifically around transportation is the need for transportation for children who attend school outside of the county where they are placed. This is an area DHS/SSA hopes to address in the next year by building on partnerships of the LDSS transportation departments. Additionally children with complex IEPs who are not getting the services they need due to lapse in their enrollment and IEP implementation is another area of concern. This is an issue that causes frustration as IEPs provide support for a child's overall health and education stability. Currently, DHS/SSA is working to find ways to make information available to parents, caseworkers and resource parents on advocacy for their child with IEPs. DHS/SSA is also looking to address this with MSDE at the state level. These concerns incorporate the input and feedback from caregivers, resource parents, court advocates, youth and various local education school staff as they were participants in the Education Services Survey and active members of the Education workgroup.

Assessment of Performance on Wellbeing Outcome 3:
For Well-being Outcome 3, of the CFSR cases reviewed, 66% showed strength in achieving this outcome. In addition to Maryland's CFSR results, DHS/SSA reviewed additional health outcomes included in the Headline Indicators. During the past year, the state maintained progress towards achieving established heath measures with some minor setbacks. For the completion of comprehensive assessments within 60 days of entry into care, the agency met its target of 90% for CY 2019. The Comprehensive health assessment is a significant health service for children entering care as the exam reviews all available health information, identifies all health conditions, assesses the child's adaptation to out-of-home placement and visitation with parents, and ensures that developmental, educational, dental, and mental health evaluations, as well as an individualized treatment plan, are completed. The data indicates 90% of children received this exam in the established timeframe. This indicates the agency has been able to identify health conditions early on and will continue to work to ensure this measure improves as follow up services are provided.

The completion of annual health assessments for CY2019 was 84%, falling slightly below target. The agency's strategic efforts of care coordination, providing TA to LDSS and monitoring of the health measures have identified some specific jurisdictional challenges with meeting annual exams timely, however, there are no major identified causes contributing to the slight decline over the past year. DHS/SSA will continue to explore and mitigate barriers to the timely completion of annual health assessments.

The agency exceeded the dental assessment benchmark of 60%, demonstrating steady and continuous progress evident by increases over the past two years. As the agency has been able to see some improvements, the agency plans to increase the dental assessment benchmark to 70%. This is a change to the target noted in the 2020-2024 CFSP. Despite improvements, increasing performance is a challenge and dental assessments remain as an area of focus for DHS/SSA. Through technical assistance, collaboration and feedback from health partners and stakeholders, access to dental services is a statewide issue not specific to children in care. Barriers impacting

the dental assessment performance measure are limited dental resources-dental providers accepting Medicaid, lack of dental providers in rural areas, and amongst older youth non-compliance.

Strengths:
In terms of supporting health outcomes including behavioral health, the agency's partnerships with other state agencies continues to be an effective approach to identifying strategies to address barriers and improve health benchmarks at a jurisdictional and state level. DHS/SSA's ongoing health monitoring and technical assistance serves as another method to improve health performance measures by addressing data discrepancies (incomplete, missing, or untimely documentation) and workforce development for frontline staff on understanding the importance of data.

The agency's engagement with internal and external stakeholders revealed a need for the agency to explore behavioral health service use and diagnosis to provide a baseline for examining behavioral health utilization (including use of psychotropic medication) for children and youth in care. The agency and key stakeholders can use the findings to inform quality improvement efforts such as access to appropriate and effective behavioral health care including home and community based services and collaboration across child-serving systems to increase care coordination and improve oversight and monitoring of psychotropic medication use. A root cause analysis is a proactive approach being explored by the agency's Health Workgroup to understand and improve well-being outcomes.

Concerns:
There are several concerns that impact the agencies progress in regards to well-being health measures. In many instances, the roles of agencies and staff are not clearly delineated and communication with one another does not occur resulting in failure to follow up or ensure services received. Care Coordination services continue to be fragmented. SSA's collaborative partnership with MCOs and the Health and Education Workgroup identified a significant barrier impacting coordination of services. The MCO's Special Needs Coordinators. and health providers have inaccurate contact information for the child, youth, or caseworker which impacts health care coordination resulting in the inability to ensure service referrals, appointments, and treatment received. While inter-agency collaboration occurs at the state level, service coordination, specifically dental services, does not follow at the local level to assist and identify dental resources due to scarcity of dental providers accepting Medicaid and dental providers in rural areas. There is also a need for a more comprehensive, accurate summary of a child's health and behavioral needs to identify, connect, and ensure follow-up of appropriate services received. Lastly, the agency continues to see a decline in health and follow up services for transitioning youth or older youth age 18 or older. SSA's health monitoring and technical assistance provided to the LDSS revealed despite best efforts from the LDSS youth, possessing the authority to accept or refuse health care services, are non-compliant or refuse health and follow up services. These areas will continue to be prioritized to develop interventions and supports needed to positively affect these measures.

Tables 7 and 8, below, highlight the progress in implementing activities targeted at improving Well-being Outcomes 2. Well-being outcome 1 is addressed in Update to the Plan for Enacting

the State's Vision Goal 1, Objective 1.1 (see pages 62-64) and Well-being outcome 2 is addressed in the Updates to the Health Plan (see pages 123-127)

Table 7: Activities for Addressing Educational Needs

Activities for Educational Needs (Well-being 2)	Target Completion Date
Assess barriers around navigating education services for children in care by developing and disseminating an education survey and follow up to LDSS staff, resource parents and private providers	December 2019
2019 Progress: ***Completed*** ● August 2019]: Developed a survey, in collaboration with the health and education workgroups, to assess barriers to navigating education services. ● August 2019: Survey was distributed to all 24 LDSS, treatment foster care agencies, residential treatment providers, and resource parents with ● September 2019: Survey results analyzed and showed the following: 415 respondents complete the survey. Of these, 59% were resource parents, kinship parents, or private providers, and 41% respondents were LDSS staff. The results of the survey were analyzed by the Institute, reviewed by the education workgroup, and are being used to develop cross system strategies to improve outcomes.	
Based on survey results, develop targeted interventions to assist the LDSS staff with ensuring they are able to coordinate education services to make sure identified needs are met.	September 2020
Improve data sharing between MSDE and DHS/SSA to ensure SSA and LDSS have access to up to date education data for children in care	June 2024
Conduct a statewide review and analysis of education data related to academic performance for children in out-of-home care (Demographics, School Attendance, Student Performance)	June 2024

Table 8: Activities to Ensure Children Enrolled in School within 5 days

Activities for Measure: Children enrolled in school within 5 days	Target Completion Date
Assess barriers to timely school enrollment by developing and disseminating an education survey and follow up to LDSS staff, resource parents and private providers	December 2019
2019 Progress: **Completed** ● August 2019: Developed a survey, in collaboration with the health and education workgroups, to assess barriers to timely school ● August 2019: Survey was distributed to all 24 LDSS, treatment foster care agencies, residential treatment providers, and resource parents with ● September 2019: Survey results analyzed and showed the following: 415 respondents complete the survey. Of these, 59% were resource parents, kinship parents, or private providers, and 41% respondents were LDSS staff. The results of the survey were analyzed by the Institute, reviewed by the education workgroup, and are being used to develop cross system strategies to improve outcomes. ● December 2019 through January 2020: Regional conferences facilitated by DHS/SSA and MSDE to assist in assessing barriers related to timely school enrollment.	
Coordinate with MSDE to develop processes that will enhance collaboration between the LDSS and the Local Education Agencies (LEA) around timely school enrollment.	June 2024
Conduct monthly monitoring of school enrollment data related to children in Out-of-Home placements to ensure compliance with education requirements followed by technical assistance to LDSS to address barriers and areas of concern.	June 2024

Systemic Factors

Systemic Factors include a number of areas that support the functioning of the state's child welfare system. Listed below are updates on any current or planned activities targeted at improving performance or addressing areas of concern identified for each systemic factor.

Information System

States are readily able to identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Data to demonstrate current functioning and assessment of progress

As of December 31, 2019, there were 1,815 children (47% of the total population) who entered Foster Care and 1,613 (41.9% of the total population) who exited Foster Care.

The Milestone Report readily identifies the status, demographic characteristics (age, gender and ethnicity), location, and goals for the placement of every child who is in foster care. The report is distributed weekly to local Directors, Assistant Directors, and Supervisors as well as DHS/SSA staff; however, there is no process to ensure accuracy or timely entry of data and voluntary placement agreements also capture the disability category. 10% of youth (343 children) in care could not have their race identified due to data not being entered into the information system.

As of December 31, 2019, there were 121 children (2.5% of the total population) who did not have location data entered into MD CHESSIE. This missing location data is provided weekly in the Milestone Report provided to local leadership. The State has a placement validation process connected to provider payment processing to ensure accuracy of placements. Updates to child placement agency provider homes are completed by LDSS staff based on their system security profile. State policy dictates that any change in placement be entered in the information system within 24 hours; however, there is no data to support that this occurs. There is no monitoring process to assure that timelines are being followed for CPA or LDSS placement change entries.

As of December 31, 2019, 9.8% (473) of all children placed in OOH care did not have a current permanency plan in the system. When removing those who had been in care less than 60 days (228), this dropped to 5.0% (245) children).

The status of all children entering and exiting care is captured monthly on the Maryland Child Welfare Data Report which is posted both to the DHS intra- and internets in addition to other entry, exit and end of month reports available in Business Objects to all local Directors, Assistant Directors, Supervisors along with DHS/SSA staff with a user logon; however, the state has not instituted a data quality review process for this element.

There are both concerns and strengths (see Table 10 below) as Maryland shifts to its new CCWIS (Comprehensive Child Welfare Information System). Several concerns noted in to date in relation to the use of MD CHESSIE, will, over time be replaced by robust mechanisms that are partially implemented or planned in CJAMS.

Table 10:

Concerns	Strengths

Concerns	Strengths
Ongoing reliance on the Milestone Report that shows how the frontline performed	Partially implemented dynamic checklists (SmartLists) that will guide performance
Repetitive data entry as data collected in the field has to be entered in the office	Use of Mobile Computing devices that enable single data entry efficiencies
Limited and static management data reports	QLIK reports that provide opportunity for organizing breakdowns, sorting, and filtering depending on user need
Absence during the MD CHESSIE era of an evolving Data Quality Plan	CCWIS Data Quality Plan has started to focus on organizing for data success (Interagency Data Council), evolving standards for data clarity (single data entry, ongoing training/review, alerts for tasks)
Siloed approach to planning based on the service being delivered	One family/one service plan that integrates assessments, family identification of root causes, and tracking progress over time regardless of agency services provided.

Assessment

Under MD CHESSIE, key data was collected, but there had not been a solid data quality plan established to help confirm the ongoing and consistent accuracy of data or timeliness of data entry. Reports were provided to the locals with the expectation that they would review for data accuracy and completeness; however, there was not a consistent process for the review. As stated in the 2018 Maryland CFSR Final report, Maryland received an overall rating of Area Needing Improvement. Maryland's transition to its new CCWIS within the Maryland Child, Juvenile and Adult Management System, which itself is an integral part of the State's multi-program implementation of a shared health and human services platform, there is a high expectation that data quality will benefit from interagency plans for ensuring that data are collected and organized accurately. Basic information concerning the status, demographic characteristics, permanency goals, and location will be accurate, timely, and current. Table 11 below highlights key data quality plan activities to be implemented fully over the next five years.

Table 11: Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Organizing for Data Success	
Implement Data Council decisions concerning data security, data standards, and data sharing	2019/monitored quarterly

Current or planned Activity to improve performance	Target completion date
2019 Progress: During 2019 both Full Data Council meetings (January 17, April 12, and October 12) and Cross-Functional Data Council meetings (May 17, September 13, November 22) were held to focus on various aspects of data standards, data security, and data sharing. The results from the work during 2019 are as follows: • Data Standards – Twenty (20) data elements have been identified to be standardized across agency information systems, and the timetable for achieving conformance has been extended in order to enable smooth data migration from legacy to new modern systems, including CCWIS. CCWIS is part of a three program implementation (Child Welfare, Adult Services, and Juvenile Services), and at this time only the first of these CCWIS, has been launched. There will be more progress on reaching conformance during 2021. • Data Security – Progress was reached for two key areas of data security for CJAMS: Single Sign On and Role Based Access Control (RBAC). These security features, it should be noted, have been refined and improved in 2020, however, basic sign on and roles functionality were launched in relation to the first implementation of CJAMS (Washington County, October 28, 2019). • Data Sharing – Progress has been made in identifying the need for MOU (Memoranda of Understanding) among agencies. Details concerning the data interfaces needed were identified during 2019, in the form of bidirectional interfaces to be established between DHS/SSA and the Courts, Family Investment Administration (FIA), Medicaid/Behavioral Health/Psychotropic Medications/Vital Statistics (Maryland Department of Health), Education, Labor, Aging, Providers, and the Federal Social Security Administration. In addition, Maryland has successfully integrated data from the new CJAMS CCWIS into its ongoing federal program reports: NCANDS, AFCARS, Caseworker Visitation, and NYTD.	
Review the results and feedback concerning data quality in CJAMS with a State/local Modernization Network that is responsible for reviewing and recommending improvements to the CJAMS system	2020/monitored quarterly
Selected data elements will be reviewed as part of the CQI (Continuous Quality Improvement) and CFSR reviews that will be conducted on an ongoing basis, for data accuracy, reliability, and timeliness.	2021/monitored monthly
Develop data sharing master agreements that are coordinated through the Data Council to build trust among participating member agencies.	2022/monitor quarterly
Standards for Data Clarity	
Establish clear definitions of data elements and picklist values; and distribute data definitions throughout the interagency structure	2022/monitor quarterly
Provide training and support on an ongoing basis in order to reinforce the reliable use of data elements	2022/provided and monitored quarterly
Provide caseworkers the support they need to use SmartLists to help guide their work, making the system more user-friendly and useful	2023/monitored quarterly
Technical Tools to Improve Data Quality	
On-line help will be available to include both how to use CJAMS as well as links to policies and practices that relate to the screen and data elements required.	2023/monitored quarterly

Current or planned Activity to improve performance	Target completion date
Employ Master Data Management tools across the interagency structure to avoid duplicated clients and services.	2023/monitored monthly
Development of SmartLists to guide CJAMS users on upcoming priorities, helping them to plan their work time and address needs in a timely manner	2023/provided and monitored quarterly
Improvement of family-centric presentation that helps CJAMS users view comprehensive information about the clients they serve, including the use of assessments, a family service plan, and review of service and client progress	2023/improvements provided
Data Quality Reviews	
Review the results and feedback concerning data quality in CJAMS with a State/local Modernization Network that is responsible for reviewing and recommending improvements to the CJAMS system	2020/monitored quarterly
Selected data elements will be reviewed as part of the CQI (Continuous Quality Improvement) and CFSR reviews that will be conducted on an ongoing basis, for data accuracy, reliability, and timeliness.	2021/monitored monthly

Case Review System

The case review system addresses the following areas to ensure that:

- Each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions,
- A periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review,
- For each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter
- The filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions
- Foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child

Written Case Plans

One strategy to ensure that children and families are involved in the development of written case plans is the utilization of Family Involvement Meetings (FIMs). FIMs feature a collaborative decision-making process requiring joint planning between child welfare staff and the families they serve at key intervention points. FIMs are required to be held at the following agency decision points: when considering separation of a child from their family; when a change of placement is being considered; during youth transitional planning, and when a change in permanency plan is being considered. Youth transitional planning and permanency planning FIMs are used to review, create and update case plans. The meetings are designed to facilitate a collaborative planning process with LDSS agency staff, children, youth, families, emerging

adults, and their natural and community supports. Target FIM compliance at agency-identified intervention points is 80%. The 2019 rate of transition planning FIMs was 59% and the rate of permanency planning FIMs that took place was 42.11%. Currently, staff comprises 40% of all FIM participation and children, youth, families, natural and community supports comprise 60% of all FIM participation. Our target participation rate for children, youth, families, and natural and family supports is 70%. A FIM Feedback survey was administered statewide in September, 2019. The results indicated a 92% overall satisfaction rate. 86% of families were satisfied with the FIM process and 82.6% of all participants believed that the services offered in the FIM would meet the needs of the family.

Assessment
Root cause analysis was conducted in July 2019 to look further at the reason we are not meeting the policy requirement of conducting FIMs consistently at agency-identified intervention points. It was established that the primary reason this is not happening is because of a lack of engagement and authentic partnership that leads to collaboratively teaming with families and supporting the FIM process. A theory of change was developed that led to the implementation of teaming training and coaching through the Integrated Practice Model. Target outcome measures identified include improving participation of family and natural supports in FIMs as well as the rate at which FIMs are held at key agency decision points, including permanency planning and youth transition planning FIMs.

Strengths
For those FIMs that occurred, there is a high overall satisfaction rate amongst FIM participants and a high rate of satisfaction of the services that are offered through the FIM process. This satisfaction rate includes responses from families, community supports, youth, emerging adults, and staff. In October 2019, FIM Feedback surveys were administered across 21 jurisdictions. The respondents included 1,652 family members, community supports, youth, emerging adults, and staff. FIM Feedback Surveys administered specifically indicated that 84% of family participants agreed or strongly agreed that the plan developed during the FIM addressed their needs. In addition 86% of family participants indicated overall satisfaction with the outcome of the FIM. Family members also indicated 93% agreed or strongly agreed that everyone was given the opportunity to provide input during the FIM. This is an indication that the process is collaborative and is a process in which everyone feels their input is valued in case planning.

Concerns
There is a concern about the relatively low completion rate of FIMs at policy-identified key decision points. This low utilization seems reflective of the need to improve engagement and teaming practices with families. It is hoped that training of the workforce in the Integrated Practice Model will improve FIM utilization rates, and more importantly, improve the use of teaming as a core practice throughout child welfare system involvement. Our current theory of change around FIM utilization is that improved engagement and teaming skill building of the workforce will lead to increased participation of family and community supports in FIMs and increased use of FIMs at key decision points.

Activities

A workgroup was convened in September 2019 that revised policy which incorporates and provides guidance on the use of family teaming as a practice. This workgroup has also made recommendations concerning outcome measures and training needs of the workforce around family teaming. See Update to the Plan for Enhancing the State's Vision and Progress made to Improve Section for additional activities related to FIMs and family teaming.

Periodic Reviews, Permanency Hearing, Termination of Parental Rights (TPR), and Notice of Hearings

Data to demonstrate current functioning and assessment of progress

As reported in DHS/SSA's CFSP, there continues to be an inability to provide data that demonstrates the state's functioning in timely holding periodic reviews and permanency hearings, terminating parental rights, and notice of hearings to resource parents. Despite this challenge, the following data is provided to assist DHS/SSA in understanding statewide functioning:

- AFCARS data for the period 10/1/2018-9/30/2019 indicated that Permanency Planning Review Hearings occurred for 92% of children in care
- During CY2019 data from MD CHESSIE showed that:
    - There were 4,351 children who were in care at least 15 months of 22, 63% of the total number in Foster Care.
        - 436 live in a relative home
        - 537 had been TPR'd
        - 105 were living with a parent or on a trial home visit
    - Of the remaining 2,653 (61%) of those in care at least 15 months of 22 should have either had TPR filed, documentation of compelling reasons not to file, or identification/documentation that services were not being provided to the families however there is no information documented within the data system to confirm which of these activities occurred
    - 39% of children in foster care for at least 15 months of the past 22 months met standards regarding TPR.
- Results from a survey disseminated at the spring 2019 Resource Parent Conference in March 2019 showed that out of 111 attendees, 78 resource parents (87%) answered that they received written notification of upcoming hearings.
- Maryland's CFSR 2018 Final Report stakeholder interviews stated that the template for the notice for hearings is not always used consistently. It was reported that at times, the caseworker calls the resource parent regarding the hearing rather than written notification or the resource parent will call the caseworker to inquire about hearings.

Assessment

As noted in DHS/SSA's CFSP, Maryland's permanency hearing requirements include the same requirements as periodic reviews therefore data does not differentiate between periodic reviews and permanency hearings. Despite this, the data does indicate that 92% of children in care did have a Permanency Planning Review hearing; however DHS/SSA is unable to determine the timeliness of these hearings.

Similarly, DHS/SSA currently has limited ability to track the timeliness of filing TPR petitions as these are typically filed by the LDSS attorneys; which does not always involve the input of a

caseworker. This leads to the caseworker's lack of knowledge about the actual TPR petition date. In addition, there is inconsistency between locals with regards to how the dates for the filings are entered into MD CHESSIE. Each county's court system is run differently and there have been challenges with obtaining TPR data uniformly and timely. In completing this analysis the permanency workgroup, which is inclusive of familes, children and resource parents, reached out to the Attorney General's office for assistance.

DHS/SSA is still in the process of developing a systematic way of ensuring that caregivers are notified of court hearings. While 87% of those parents surveyed at the 2019 Resource Parent Conference indicated they received written notification of upcoming hearings, this is only reaches those resource parents who attend the conference rather than all resource parents. DHS/SSA has met with the LDSS leadership as well as the Maryland Resource Parent Association and the Maryland Foster Parent Ombudsman to ensure that caregivers are aware of their right to be notified and be heard at all court hearings regarding youth in their care.

Strengths and Concerns

As noted, DHS/SSA is aware that changes need to occur with regards to data available regarding overall systemic factors. There is inconsistency across the jurisdictions with understanding of how to appropriately document court hearings and reviews as well as the necessity of timely notifications regarding hearings both to foster families as well as caseworkers regarding TPR filings. Work has begun to improve the data accuracy and quality regarding the different types of court hearings and reviews, along with information regarding timeliness of those hearings (including TPR filings), and hearing notifications to foster parents.

Activities

Maryland plans to transition to a new system during SFY2020, with plans to allow a distinct description for initial 6-month reviews and permanency hearings. Baseline data and targets will be established during the rollout of the new system that will allow DHS/SSA to achieve the established federal requirements by 2024. In addition, DHS/SSA will continue quarterly resource home monitoring and include court hearing notification in the reviews. See Table 12 below for updates on planned activities to improve the Case Review System.

Table 12: Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Targeted Regional Meetings with LDSS staff and Affiliate meetings to identify and resolve barriers to notifications	Semi Annually
2019 Progress: ***In Progress*** ● DHS/SSA is currently in the development stages of adding the court related activities above to CJAMS. Once this is completed, SSA can begin to track/monitor these activities. ● DHS/SSA is in the second year of working with the Capacity Center for states regarding Foster Parent Engagement. Activities which have taken place thus far include: ○ October 2019: Completed a root cause analysis and identify the needs for resource parents in the state ○ November 2019:Developed a theory of change using analyzed data collected, ○ Upcoing activities include an assessment of the Maryland Resource Parent Association by developing and disseminating a survey and thedevelopment of family teaming practice profiles to ensure the resource parents voice is heard.	

Current or planned Activity to improve performance	Target completion date
Improve data input through development of the court domain within CJAMs that allows for the appropriate differentiation between court hearings.	2020/Quarterly reviews
Provide training and Technical Assistance (TA) with the Local Department of Social Services (LDSS) on the differences between court hearing types to ensure accurate documentation and understanding.	2020/Quarterly reviews
Continue to work with Foster Care Court Improvement Project (FCCIP) on court data and connecting DHS/SSA with the information more easily.	2020-2024 (semi-annually)
Ensuring supervisors have access to Business Objects to access monitoring reports and understand how to use these reports	2020
Add additional data fields in CJAMS to monitor TPR filing, compelling reasons not to file, reassessment of reasons	2020/semi-annual reviews
Develop a unified process in CJAMS for hearing notifications	2020
Develop a monitoring system for hearing notifications ● Review resource home records in MD CHESSIE ● Contact LDSS, ask if the caregiver was notified about the hearings, and request documentation from LDSS via contact notes. ● Contact resource parent, ask if the notification was received from LDSS	2020/quarterly
Develop a unified process in CJAMS for hearing notifications	2020
Develop a monitoring system for hearing notifications	2020
Partner with Capacity Center for States around foster parent engagement	2021

Quality Assurance System

The Quality Assurance System ensures that the state's system (1) is operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

Maryland has a quality assurance (QA) system that is functioning statewide and aligned with federal standards. SSA has performance measures for safety, permanency and well-being outcomes, known as Headline Indicators. SSA generates and distributes dashboards reflecting statewide and local department performance regularly. To elucidate the practice that may impact the performance on the Headline Indicators, MD also conducts qualitative case reviews (MD CFSRs) monthly in a small, medium, or large jurisdiction including Baltimore City (metro), which is reviewed biannually. The case review schedule spans through March 2021 and includes 6, 6-month review periods. The reviews use a random sampling methodology to ensure comparability between each 6-month period. In SFY19, 9 local departments were reviewed in the two review periods; Frederick, Montgomery, Garrett, Wicomico, Baltimore City, Howard,

Prince George's, Cecil, and Dorchester. Maryland is currently in period 5 of the ongoing case review process.

Throughout the Maryland CFSR process external stakeholders; families, children, youth, legal system, community providers, and etc., are included to share their assessment of practice that is working well and areas for enhancement. Specifically, the Practical Data, Continuous Improvement Plan (CIP), and Outcomes Improvement Steering Committee (OISC) meetings include these participants.

The MD CFSRs use the federal Onsite Review Instrument (OSRI) to evaluate the quality of services provided to children. SSA identifies practice strengths and needs using CFSR results that are extracted from reports within the federal Online Monitoring System (OMS). Statewide CFSR results are disseminated to external and internal stakeholders every 6 months or after each review period along with Headline results.

The "CQI Cycle" is a regular process that SSA uses to engage in inquiry about our performance and focus on areas that need attention. The CQI cycle calls for SSA to gather performance data, review the data and summarize key findings, identify priority strengths and challenges to the Outcomes Improvement Steering Committee (OISC), engage Implementation Teams to conduct root cause analysis, and report back clearly defined problems and proposed solutions to the OISC. Once a solution has been implemented, Implementation teams continue to track progress and inform the OISC of any barriers that need resolution in addition to successes and challenges. The OISC will also provide input into the Teams ongoing work and engages the executive team as needed to assist in addressing barriers. In the 2019 OISC cycle, the OISC identified Entry in foster care and Permanency in 12 months (24 mos+) for further exploration during this reporting period. The root cause analysis results and progress on addressing those outcomes are addressed elsewhere in this report.

This statewide process is replicated at the local level, tailored to the specific local department context and priorities. Local departments that participated in the MD CFSR receive a CFSR Results report for the cases reviewed in their locality and a local Headlines dashboard. Local departments examine these results with their stakeholders and partners, identify root causes and develop action plans to improve practice. SSA conducts monitoring of the local department's progress on the action plan every six months after finalization and offers technical assistance to help the local department reflect on their progress and adjust strategies as needed.

Over the next year, Maryland will enhance the evidence we use in CQI by implementing focus groups that offer an opportunity for families, youth and professionals who are involved in the system to inform our understanding of Maryland performance on the systemic factors, the IPM and other strategies. Maryland is also developing a local department Quality Assurance review protocol to identify key process and policy compliance. SSA will continue to work with local departments to strengthen their local CQI practices and increase access to CFSR outcomes by internal and external stakeholders.

Staff Training

The staff training system addresses statewide functioning of a training system that includes initial and ongoing training for all staff who deliver services pursuant to the CFSP and includes the basic skills and knowledge required for their positions.

Pre-Service

DHS/SSA continues to provide a comprehensive child welfare training system across the state of Maryland through a longstanding partnership with the Child Welfare Academy (CWA) of the University of Maryland, Baltimore School of Social Work. Pre-service training is required for all newly hired child welfare workers and supervisors and is designed to provide fundamental knowledge of child welfare policy, theory and child, family and community systems, while also emphasizing core competencies and best practices of the field. Participants must take a standardized competency exam following training, and upon passing, are able to serve cases in their respective jurisdictions.

A total of 9 pre-service training sessions were offered during CY 2019 and 171 staff successfully completed the training series. A competency exam was administered to each cohort upon completion of training. Combined data from the CWA 2019 Annual Report and quarterly training reports show that 91% (N=171) of staff passed the exam on their first attempt, 6% (N=171) passed the exam on their second attempt and 3% (N=171) passed the exam on their third and final attempt.

The data further showed that of staff who completed pre-service (N=171):

- 93% rated the overall quality of training as excellent or good
- 92% strongly agreed that what they learned in training was applicable to their job
- 91% strongly agreed that what they learned in training would make them a more successful worker or supervisor
- 92% believed that training provided them with resources, tools and strategies they can use on the job
- 86% indicated that they were strongly committed to applying what they learned back on their job
- 91% believed they would see a positive impact if they consistently applied what they learned in training.

The Foundations Training is also a required training series and offers more in-depth instruction and skill building in the child welfare specialization areas of child protective services, family preservation, and placement and permanency. Like pre-service training, Foundations Training includes a series of training modules with prescriptive content and learning objectives to enhance the knowledge and expertise of child welfare staff. It should be noted that Human Sex Trafficking was added to the foundations curriculum in FY2019. It has been shared in general discussions that a noticeable percentage of staff that complete pre- service training do not complete Foundations training, however there is no formal data to support or discount this claim. Qualitative findings from the 2018 Child and Family Services Reviews (CFSR) Final Report counter the above data findings. The report shows that the State of Maryland DHS-SSA received a rating of Not in Substantial Conformity regarding the efficacy of pre-service training. The training series was evaluated as too generalized and/or not relevant to caseworkers assigned practice areas.

Ongoing training
In-service trainings are ever-evolving depending on staff needs and trends in child welfare practice. Aggregated CWA quarterly training reports show that 4,385 (duplicated count) child welfare staff participated in various trainings throughout the calendar year 2019. Additionally 37 new workshops were added to the training series during CY2019. (See Training Plan Updates for details on the these new trainings)

In-service trainings are offered consistently throughout the year and are designed to provide child welfare staff with advanced knowledge and skills to successfully meet the complex needs of children and families they serve. The training series covers a wide spectrum of topics including but not limited to:

- Ethics
- Authentic Family Engagement
- Assessment and Planning
- Trauma Responsive Care
- Effective Case Documentation, Human Sex Trafficking, LGBTQ Competency
- Mental Health and Substance Abuse Assessment and Intervention

Data for calendar year 2019 further shows that of participants who submitted evaluations:

- 92% (N=4,385) believed that in-service trainings provided them with useful tools and strategies, to make them a more effective worker or supervisor,
- 95% (N=949) "agreed" or "strongly agreed" they are committed to applying what they learned to their jobs,
- 91% (N=1,889) believed they will see a positive impact if they apply the learning consistently.

Strengths
DHS/SSA has noted a number of successes related to its training system. In terms of preserivce training, all new staff are registering for training as appropriate and are committed to completing the demands of the training series, both in-class and out-of-class activities to better prepare them for the workforce. Another noted success is the percentage of staff that pass the competency exam with one attempt. The data also shows that while a percentage of staff required multiple attempts to pass the exam, 100% of staff enrolled in perservice (for the year) passed the exam. In addition, it is worth noting that staff consistently report satisfaction with preserivce training with data from calendar year 2019 and 2018 indicating that 90% or more staff agreed that what they learned in training was applicable to their job and were satisfied with the overall quality of the training series. However, satisfaction surveys are administered to staff immediately after completing the training series, and prior to them having an actual caseload in order to fully assess the applicability of the training to their work. Therefore a distinction must be made between evaluating the quality of training in contrast to evaluating the applicability and sustainability of training.
Similarly when reviewing data related to in-service training, staff report high levels of satisfaction with the training provided indicating that information covered in the sessions supports their ability to be successful in their jobs and transfer skills.

Concerns
A noted concern highlighted above is the discrepancies between CWA and CPSR review findings. This is the catalyst for evaluation and redesign of the current training system to more effectively meet the needs of workers, and better ensure sustainability of worker knowledge and skills in practice. A redesigned training system will bridge the gap in data results between these important evaluation entities, and most importantly provide current and relevant state of the art learning opportunities to child welfare staff. Another major concern is current lack of formal processes to track staff completion of the required foundations training track. In addition, while a significant number of staff participate in various in-service trainings throughout the year to support on-going skill development and earn Continuing Education Units (CEU's) to maintain social work licensure, these trainings are not required and therefore many staff opt not to participate in in-service trainings. Data from the 2018 CFSR shows that a proportion of child welfare staff, both licensed and unlicensed, have not participated in in-service trainings for years.

Activities
A core redesign training team was developed in November 2019 with SSA and CWA staff. A work plan was also developed to navigate and monitor the redesign process with specific tasks and benchmarks for completion. The work plan intentionally aligns redesign activities with findings and recommendations outlined in the CFSR PIP. See Goals and Objectives section for details on the redesign of DHS/SSA's training system.

DHS/SSA will be requesting specific data on the numbers and percentages of staff who: enroll in foundations trainings immediately after pre-service training, complete foundations within the allotted two year time frame, and fail to enroll in or complete this required training series altogether.

DHS/SSA will work with the CWA, WDN, OISC and LDSS managers to determine and mandate on-going annual training requirements for all child welfare staff. Requirements will include number of required training hours, prescribed content areas of training, and specifications regarding training electives. An attendance and monitoring system will also be developed with CWA.

Table 13 below, provides updates on activities planned to improve statewide functioning of DH/SSA's training system

Table 13: Activities to Improve Training System

Current or planned Activity to improve performance	Target Completion Date
Child Welfare Training System	
Partner with local departments to implement "group think" networks to openly discuss satisfaction of pre-service and in-service trainings and recommendations for change	September 2019 Quarterly Reviews
2019 Progress: ***In Progress*** ● November 2019: Group think activity initiated within bi-monthly WDN meetings to discuss pre-service and in-service trainings. This forum was limited to a small number and more intentional and inclusive activities are needed to fully and successfully achieve this goal. ● A group think session will be requested for at least one monthly directors and one monthly assistant director meeting in the upcoming quarter. This would allow for direct and first-hand feedback regarding satisfaction with training and recommendations for change. Recommendations in turn, will be provided	

Current or planned Activity to improve performance	Target Completion Date
to the training redesign team.	
Partner with the Child Welfare Academy (CWA) to develop and enhance on-line pre-service and in-service training opportunities to increase access, registration, attendance and satisfactory completion of trainings	September 2019 Quarterly Reviews
2019 Progress: ***In Progress*** ● Staff can currently register for current training through the CWA LearnCenter Database. ● November 2019: Developed a training redesign team to enhance and modify all components of the current training system. This team will continue to work to determine which training modules can be changed to an e-learning platform. ● November 2019: The training team began discussion of teaching formats including on-line learning. Recommendations regarding e-learning training will be included in a survey disseminated to child welfare workers state wide, tentatively scheduled for February 2020. Recurring themes from the surveys will give insight to the planning team in aligning specific course content with specific training modalities. ● Once a new training series is launched CWA will continue to provide monthly reports to monitor registration, attendance and completion rates of training. This data report will be shared with program supervisors and assistant directors monthly.	
Review current pre-service, foundations, and in-service training curricula to evaluate relevance to needs of child welfare workforce and offer suggestions for updates and modifications of content and activities	September 2019 Quarterly Reviews
2019 Progress: ***In Progress*** ● April 2019: SWOT analysis of pre-service training completed along with a work plan to guide activities. ● November 2019: Redesign team established and meets bi-weekly for planning and review. ● The entire training series pre-service, foundations training and in-service training will be redesigned in sequence starting with the pre-service training series. Projected date for completion of pre-service is April 2020.	
Consult with independent evaluator to conduct data analysis of pre-service, foundations, and in-service trainings to better assess impact and applicability of trainings	Annually
2019 Progress: ***Delayed*** CWA has an evaluator on staff and an initial meeting with the evaluator will need to be scheduled for February 2020 to outline data analysis protocols and reporting expectations. Recommendations from the evaluator will be helpful in the redesign of the training series.	
Consult with CWA to discuss in-service trainings that receive unsatisfactory ratings, discuss needed modifications and need for continuation of training	Monthly
2019 Progress: ***In Progress*** ● November and December 2019: Initial review of ratings data occurs during monthly DHS/ SSA and CWA planning and review meetings. Unsatisfactory ratings were given intentional discussion, ensuring that trainers were being best matched with training content and the discussion resulted in making this a standing agenda item at each monthly meeting. ● November 2019: CWA added to its cadre of full time training staff, and various topics have been reassigned to trainers to align with specific areas of expertise. To date, there is no evidence that these reassignments have improved training ratings; however data will continue to be reviewed on a monthly basis to determine any pertinent fluctuations in ratings.	
Partner with CWA and local departments to develop opportunities for peer-to-peer trainings among staff to better align actual and practical work experiences with training content	December 2019 Annual Reviews
2019 Progress: ***In Progress*** ● December 2019: New roster of trainers was completed DHS/SSA and CWA are continuing to develop a larger cadre of trainers to support statewide training efforts. It is believed that peer-to-peer training might increase relevance and familiarity of training content through connections with actual work experiences. Peer-to-peer trainers will be used in both the IPM and redesigned pre-service training rollouts. Adding qualified trainers will be an ongoing effort and monitored quarterly.	

<table>
<tr><th>Current or planned Activity to improve performance</th><th>Target Completion Date</th></tr>
<tr><td>Request “ no show” training data form CWA to strategize with local departments to ensure attendance and completion of trainings</td><td>September 2019
Quarterly/Annual Reviews</td></tr>
<tr><td colspan="2">2019 Progress: In Progress
November 2019: DHS/SSA began providing quarterly training attendance and no show data to all local department assistant directors on a quarterly basis per their request. At this time there are no standardized procedures for addressing accumulated staff no shows and directors and supervisors handle this issue internally.
December 2019: Met with lead staff from the DHS Learning Office to discuss how their office addresses no shows. It was explained that specific statewide trainings are stipulated in staff annual performance evaluations and that accumulated no shows and non completion of trainings must be reflected in interim evaluation ratings. DHS/SSA will determine statewide procedures and protocols for addressing accumulated staff “no shows”.
DHS/SSA will discuss with assistant directors the feasibility of this or similar practices in relation to required trainings for child welfare staff. This is projected for February 2020</td></tr>
<tr><td>Review training reports and data analyses monthly with CWA to:
evaluate participant satisfaction
identify well received and non-well received trainings
identify needed modifications to training content
evaluate instruction methodologies
identify need to retain or replace trainers</td><td>Monthly</td></tr>
<tr><td colspan="2">2019 Progress: In Progress
Monthly in 2019: CWA provides monthly training reports to DHS/SSA. Training evaluations continue to yield positive results. Data will continue to be monitored and recommendations for change will occur accordingly.</td></tr>
<tr><td>Share data from training reports with DHS/SSA Workforce Development Network to further identify and support training needs of staff</td><td>Monthly</td></tr>
<tr><td colspan="2">2019 Progress: In Progress
Monthly in 2019: Data from training reports is shared with WDN bi-monthly. The Network must become more intentional in connecting data with recommended training needs.
An ad hoc subcommittee of the Workforce Development will assume this task of data analysis and specific training recommendations.</td></tr>
<tr><td>Partner with CWA and local departments to develop and implement 3-4 month post training evaluation and follow-up process for select subset of in-service trainings to gauge ongoing applicability of training</td><td>December2019
Quarterly/Annual Reviews</td></tr>
<tr><td colspan="2">Progress: Delayed
This process has not been started. The WDN will develop a training follow up survey. CWA will be responsible for administering the follow up survey and providing necessary data analysis in monthly and annual reports.</td></tr>
<tr><td>Establish ongoing training standards and requirements for all child welfare staff to maintain well-prepared workforce
determine required number of training hours
determine required training modules for workers and supervisors
require trainings for both licensed and unlicensed staff</td><td>December 2019
Annual Reviews</td></tr>
<tr><td colspan="2">2019 Progress Delayed
The WDN will identify and recommend on-going in-service training requirements for all child welfare staff and present recommendations to OISC and local department assistant directors. Training standards will include the required number of training hours per year prescribed content areas and monitoring procedures.</td></tr>
<tr><td>Consult with DHS/SSA Workforce Development Network (WDN) to further analyze program and evaluation data to identify and support training needs of staff.</td><td>Monthly</td></tr>
<tr><td colspan="2">2019 Progress: In Progress
December 2019: Began the evaluation and redesign of the training system. The WDN will continue to review program and training reports to support data analysis and make recommendations for training</td></tr>
</table>

Current or planned Activity to improve performance	Target Completion Date
revisions. The WDN will also meet with the program evaluator for detailed data analysis and findings to support continued training needs.	
Develop a monthly resource home milestone report to track all resource home compliance which will include training (pre- and in-service) training data.	2020
Resource Parent Training	
Provide technical assistance to the LDSS to ensure that documentation of training is accurately recorded.	September 2019 Annual Reviews
2019 Progress: **Completed** ● June 2019: Initiated technical assistance provided to the LDSS regarding resource home documentation upon request.	
Implement a management level review of Corrective Action Plan (CAP) responses to improve the quality of the responses and increase effectiveness (OLM).	2019/Monthly
2019 Progress: **Completed** ● Monthly: Meetings scheduled to review each Corrective action plan submitted for compliance with COMAR by the Licensing Coordinator and Program Manager. Program Managers ensure the CAPs are detailed and have target dates that are appropriate to the violation. The CAP response form has been redesigned to provide clear, detailed, and specific timeframes for becoming COMAR compliant.	
Revise the monitoring process to include quarterly monitoring of major regulatory standards. Currently the Licensing Coordinators are required to meet all the licensing requirements over the 2-year licensing period (OLM).	2020/quarterly
Develop and Implement a structured follow-up to CAP responses and repeat findings (OLM).	2020/Quarterly

Foster and Adoptive Parent Training

The provider training system ensures that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Data to demonstrate current functioning and assessment of progress

Table 14 below provides data on DHS/SSA's Foster Parent Pre-Service and In-service Training compliance rates.

Table 14: Foster Parent Training Compliance Rates

Reporting Time Period: January2019 – December 2019 **Total Providers: 1,542**			
In-Service For Full Year		Pre-Service	
Total No. of Providers	Providers with 10 or more hours	Total No. of Providers	Providers with 27 or more hours training
637	521 (82%)	124	123 (99%)

Assessment

As noted in Table 12, new Resource Parents consistently complete the required pre-service training with 99% completing in CY2019. In addition to pre-service training, Resource Parents

are also required to complete at least 10 hours on in-service training. In CY19 while it appears that 82% of Resource Parents completed in-service training there is also an indication that a number of Resource Parents do not have the required training documented. The discrepancies in the data may be due to data entry issue or additional support needed to ensure that the correct process is followed to input data for training requirements. Additional feedback from LDSS and Technical Assistance given to LDSS will be needed to determine the reasons behind the discrepancies. Discrepancies in data findings make it incumbent upon DHS/SSA to systematically review and analyze data from the various data pools in order to make a more thorough and conclusive evaluation of its training system, and in turn, make needed improvements. DHS/SSA will employ several measures to bridge data discrepancies and most importantly, improve training systems through provision of quality, relevant and applicable trainings to child welfare staff.

In addition to data provided by MD CHESSIE, the SFY19 Resource Parent Training Summary Recommendations provided by the CWA provides some information on the effectiveness to the trainings offered to Resource Parents. Overall, results from this survey suggest that child welfare resource parents across Maryland are generally pleased with the quality, quantity, and content of training offered by the CWA's Resource Parent Training Program**.**

Strengths:
DHS/SSA continues to look at the needs of resource parents to develop the training curriculum for both pre-service and in-service trainings. SSA purchased the New Hybrid Pride training curriculum from the Child Welfare league of America this past fiscal year. Local Departments of Social Services have begun to utilize this new platform of learning.

Concerns:
Upon instituting the new updated resource parent trainings, the local departments appear to be struggling to conform to this new way of learning. CWLA conducts monthly technical assistance webinars however there is a low participation rate from the LDSS. DHS/SSA is currently in communication with the CWLA to respond to this challenge. The CWLA team is slated to address the Local Department Directors in April to discuss the new training and challenges.

The SFY19 Resource Parent Training Summary Recommendations also indicates that there are some unmet training needs and opportunities for program enhancement that warrant further consideration and focus. A summary of recommendations are as follows:

- Continuation and Enhancement of Current Course Offerings: Courses should continue to be offered that align with the topics identified as "important" or "extremely important" by parents. In addition, hands-on activities, materials, and resources should continue to be enhanced to meet the evolving needs of parents. These courses should be reviewed, updated and revised as needed to ensure they align with the Integrated Practice Model.
- New Course Development and Implementation: Overall, parents were pleased with the wide variety and frequency of in-service training sessions. Of the 22 requested topics, the 5 topics not regularly offered included understanding Adoption vs Guardianship, continuing relationships with children after placement changes, gangs, nutrition, and partnering with attorneys and CASA workers. CWA will collaborate with DHS-SSA to determine policies specific to continued relationships with children. For other

topics, additional resources will be sought and subject experts will be identified and collaborated with in order to develop these trainings if warranted. New offerings should continuously be developed in accordance with identified needs, priorities and best practices, as well as state-level policies and mandates, including a renewed focus on behavioral health and medication management support.

- Greater Accessibility: Challenges with locations of training were frequently mentioned by parents across the state. Increased outreach to counties that have not routinely requested training through CWA should be prioritized. CWA will also work with local departments to create a clearer understanding of training opportunities, both through CWA as well as through outside training resources not sponsored by the Academy. During FY20, CWA has committed to providing 2 weekend webinars, in addition to the current lunchtime and weekday evening offerings. All webinars are live. CWA will continue to explore avenues for offering and appropriately tracking participation in on-demand training.
- Inclusion of Child Welfare Workers: In response to parent requests, CWA will also explore the possibility of including child welfare workers as participants in Resource Parent trainings when doing so would enhance the learning experience. There will also be a continued effort to align the training that child welfare professionals and resource parents receive when feasible and appropriate. For example, the same trainer may be asked to present on the same topic to both audiences, making appropriate adaptations to speak to the unique needs and concerns of each.

Table 15 below provides updates on activities implemented to improve performance.

Table 15: Activities to Improve Performance

Current or planned Activity to improve performance	Target Completion Date
Implement a management level review of Corrective Action Plan (CAP) responses to improve the quality of the responses and increase effectiveness (OLM).	***2019/Monthly***
2019 Progress: ***Completed*** • Monthly: Meetings held to review each Corrective action plan submitted for compliance with COMAR by the Licensing Coordinator and Program Manager. Program Managers ensure the CAPs are detailed and have target dates that are appropriate to the violation. The CAP response form has been redesigned to provide clear detailed and specific timeframes for becoming COMAR compliant.	
Provide technical assistance to the LDSS to ensure that documentation of trainings is accurately recorded.	***Ongoing September 2019 Annual Reviews***
2019 Progress: ***In Progress*** • September 2019: Began providing technical assistance to the LDSS regarding resource home documentation when requested.	
Develop a monthly resource home milestone report to track all resource home compliance which will include training (pre- and in-service) training data.	***2020***
Progress: SSA is still in the process of developing the resource home milestone report	
Revise the monitoring process to include quarterly monitoring of major regulatory standards. Currently the Licensing Coordinators are required to meet all the licensing requirements over the 2-year licensing period (OLM).	***2020/quarterly***
Develop and Implement a structured follow-up to CAP responses and repeat findings (OLM).	***2020/Quarterly***

Service Array
The service array and resource development system functioning ensures that the following array of services is accessible and individualized to meet the unique needs of children and families served by the agency in all jurisdictions covered by the CFSP:

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

Data to demonstrate current functioning and assessment of progress
Data related to the statewide functioning of this item is included in both DHS/SSA's 2015-2019 CFSP Final Report and Maryland CFSR 2018 Final Report. DHS/SSA continues to collaborate with state and local agencies to develop a full service array to assess the strengths and needs of children and families, as well as provide an array of services to enable children to stay safely in their homes and achieve permanency. Both data sources show that this is an Area Needing Improvement related to the array of services and individualizing services.

In 2019 LDSS were asked to complete a Community Partnership and Services Survey in order to better understand the partnerships and services that currently exist in each jurisdiction. The Community Partnership and Services Survey revealed that when LDSS were asked to rate the need (i.e., low, moderate, or high) for services/partnerships in their jurisdiction, 63% of LDSSs rated need for Mental Health Counseling/ Psychiatric Services for Children/Youth as High and over half of LDSSs also rated the need for Housing Assistance, Transportation, and Shelters as High.

Additionally, LDSS were asked to identify Additional Needs related to Community Partnerships and Services to meet the needs of children, youth, and families involved with child welfare services, some of the responses included child care/affordable child care to Inpatient treatment centers, afterschool programs, semi-independent living program for transition-age youth and Mother-baby program for inpatient substance use treatment.

Assessment
The agency established the Community Partnerships and Services Survey to better understand community partnerships and services at the local level and where there may be needs across the State. The survey findings suggest there are opportunities for the local jurisdictions to bolster their service arrays by strengthening partnerships with community providers and other stakeholders. There is a need to develop and share best practices around the identification and engagement of community service partners. Many counties have access to limited and potentially outdated resource directories and rely on staff knowledge of community resources. In addition, findings suggest there are opportunities to expand the ways in which the LDSS notify and inform community partners of the needs of DSS-involved families. The development and sharing of strategies that increase information sharing and relationships between the LDSS and other partners will ultimately strengthen the local service array. Collaboration between Child Welfare

across jurisdictions may also help to address common needs and barriers to service access and delivery.

As noted in the 2015-2019 CFSP Final Report, when looking at the service array, data showed that there are a number of services funded by both DHS/SSA and local departments. At the local level, the services funded are often determined by local need which may lead to variance to availability across the State. In addition, when looking at the individualization of services, while there is general compliance statewide related to the completion of formal functional assessments there is room for improvement, particularly with the foster care population. In addition, the meaningful use of these assessments continues to be a struggle, as evidenced by the low number of needs being identified and the lack of connection of strengths and needs to service plans.

In the Maryland CFSR 2018 Final Report interviews with stakeholders showed that although many services are available statewide, including independent living services, services are not consistently available and accessible in all parts of the State. Reported gaps in services included housing, transportation, substance abuse treatment, quality mental health services, including a lack of child psychiatrists, trauma-informed therapy, and parenting classes targeted toward certain populations (e.g., adolescents and sexually abused children). In rural areas of the State, access to dental care was also identified as an issue. The availability of flex funds was reported useful in filling service gaps on a local basis, but there were concerns reported around accessibility. When looking at the individualization of services, stakeholders shared that while there are specific examples of service individualization, it is not consistently occurring across the State. Stakeholders also reported that individualized services are sometimes at the worker's discretion. Finally, the agency is not always able to design culturally responsive services due to language barriers, especially when serving and individualizing services for the immigrant population.

These issues also arose during Maryland's CSFR PIP convening when discussing the difficulties families experience when working with multiple systems and trying access services. Families report becoming frustrated and disempowered by the difficulty they experience navigating systems and in attempting to meet their own needs as well as those of their family.

Strengths

- Maryland is in the process of engaging more stakeholders in the discussion about service array gaps and is using the CQI process to fully inform these discussions and the strategies that arise from them.

Concerns

- Data suggest that caseworker's assessments need to provide a more accurate and thorough summary of a children and families strengths and needs in order for the service delivery system needs to be appropriately identified to meet the individualized and unique needs.
- Both items within this systemic factor were rated very low (service array, individualizing services).

Addressed in Goals

As a result of these assessments, Maryland included in its CFSR PIP and CFSP a goal to strengthen and capitalize on community and system partnerships to best serve families (See Maryland PIP Goal 4 and CFSP Goal 5). Maryland believes that a shared vision is needed as a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families. A shared vision presents opportunities to share knowledge and data between the State and its partners. Sharing knowledge and data also allow for consistent communication loops and a greater understanding of desired system outcomes. Creating opportunities for more informed and nuanced strategic planning and decision-making at state and local levels in support of refining the efforts to team, partner, and improve the service delivery system resulting in more of the right services, in the right place, at the right time.

Ensuring that service gaps are identified and supported is also being addressed by Goal 5 of the CFSP – Strengthen system partnerships to improve safety, permanency, and well-being of youth and families as well as build a prevention service array to support children and families in their homes and community. DHS/SSA will work with the sister agencies and local partners to ensure that funding will be sufficient to meet the priority service areas. Goal 1, Objective 1 - Revise process for collaborative assessments and developing service plans to facilitate partnership with families, including consistently identifying & engaging the family/youth's chosen supports - addresses the goal of individualizing services by engaging in collaborative assessment and planning. Table 16 below provides updates on the activities implemented to improve the Service Array Systemic Factor.

Table 16*:* Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Revise process for collaborative assessments and developing service plans to facilitate partnership with families including consistently identifying & engaging the family/youth's chosen supports.	2019-2020
2019 Progress: ***In Progress*** ● July - December 2019: Listening session held with local departments. Information gathered used to revise the TA content. ● December 2019: DHS/SSA revised the technical assistance traditionally offered to LDSS in use of the CANS and CANS-F assessment instruments to align with the Integrated Practice Model. Technical assistance was designed to train supervisors and staff in meaningful use and the practice of collaborative assessment while using the tool. Sessions with supervisors will focus on data and documentation accuracy that may support staff in improving assessment and engagement skills. Sessions with staff will focus on use of the assessment tools in the context of the practice of engagement and assessment. ● A pilot of this approach is planned for March 2020 in at least one jurisdiction.	
Develop and capitalize on community partnerships to strengthen the full array of services, including prevention service.	2019-2021
2019 Progress: ***In Progress*** ● January 2019 through June 2019: DHS/ SSA's Service Array Team continued to utilize the Community Partnership and Service survey findings and response around technical assistance and support needed, to identify service needs and strengths/gaps in LDSS partnerships with local agencies/systems and service providers and to inform the Service Array Implementation Team's planning efforts for Child Welfare as well, inform other service array initiatives such as those related to the Family First Prevention Services Act. ● April 2019: SSA developed targeted activities through Maryland's Program Improvement Plan (PIP) to	

Current or planned Activity to improve performance	Target completion date
improve performance in this area,	
Conduct Town Halls and develop Local Calls to Action to engage community partners in meeting the needs of children and families	2019-2021
2019Progress: ***In Progress*** ● August 2019: DHS/SSA began efforts to support local departments in planning local town hall events resulting in the development of a number of tools/templates. Planning efforts included the engagement of local departments, Court Improvement Program, and technical assistance providers. Several local departments held town hall meetings and feedback from these convenings was used to refine tools/templates. ● September 2019: sample agenda and PowerPoint developed ● Fall 2019: Town Halls were held in two jurisdictions. ● ● December 2019: DHS/SSA began reaching out to the remaining locals to begin planning additional town halls.	
Utilize lessons learned from Title IV-E Waiver Demonstration Project to expand the utilization of evidence-based practices across the child welfare continuum	2019-2021
Progress: **Completed** ● In November 2019Reviewed the EBPs implemented through the Title IV-E Waiver, implementation lessons learned, and CQI and/or evaluation data to determine a list of EBPs to continue beyond the Title IV-E Waiver. ● Between November and December 2019:This list of EBPs was aligned with criteria for potential inclusion in the Family First Prevention Services Act Evidence Based Clearinghouse. ● As a result of this analysis, approximately twelve evidence based and/or promising practices will be continued beyond the end of Maryland's Title IV-E Waiver.	
Strengthen allocation process to local departments that maximizes available funding and addresses service gaps	2020 and Annually
Include IPM language in contracts/agreements with placement and other providers to enforce consistent implementation of the IPM within contracted providers, monitor compliance, and provide technical assistance and support as needed	2020-2024
Conduct ongoing CQI to assess outcomes, identify strengths and areas needing improvement, and implement improvement plans as needed	2021-2024

Agency Responsiveness to the Community

State engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP and services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population

Data to demonstrate current functioning and assessment of progress

DHS/SSA implemented a number of strategies to support the ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies in the development, monitoring and adjusting the goals, objectives, and annual updates of the CFSP as well as coordinating services or benefits of other federal or federally assitied programs service the same population. DHS/SSA utilizes its implementation structure, in particular the Outcomes Improvement Steering

Committee (OISC) and the DHS/SSA Advisory Board, to support the ongoing consultation of Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies (please see Collaborations Section, page 8).

Assessment
Due to DHS/SSA switching to reporting data on a calendar, this limited the availability of any additional data and analysis on this systemic factor.

Strengths and Concerns
As noted in the 2018 CFSR stakeholder interviews that this Systemic Factor was a strength. Stakeholder feedback included that there is "coordination of federal services at both the state and local levels." Local partnerships were viewed positively. However, there remains room for improvement in the consultation with stakeholders in regards to the CFSP and APSR Concerns noted that there has not always been inclusion of local feedback. Connections to the APSR and CFSP from discussions of data and programs have not always been made. This feedback suggests that clarifications and connections to the CFSP and APSR need to be made during discussions and requests for feedback to ensure that the goals, objectives and updates are clearly stated, understood and connections are made. Table 17 below highlights updates to planned activities to improve performance

Table 17: Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Review membership of stakeholder groups to ensure inclusive representation of local representatives, Tribal representatives, service providers, public and private child and family serving agencies, service providers, courts.	2019 and ongoing
2019 Progress: ***In Progress*** Implementation Teams/Workgroups monitored representation of participating agencies/organizations and identified any gaps: ● March 2019 through December 2019: SSA Service Array Implementation Team and the associated Health and Education workgroups continued to monitor membership to ensure inclusivity and representation of the various agencies that partner with child welfare to serve families. It was noted that membership has fluctuated throughout the year and that there is still a need for increased representation in the areas of mental health provider agencies, mental health psychiatric services, home visiting services, housing assistance, transportation, and housing supports. ● December 2019: The WDN initiated outreach efforts to recruit parents and youth for the Network. Plans are in place to add at least one additional private service provider. ● March 2019 and September 2019: Integrated Practice Implementation Team established additional workgroups to increase membership as described in the Collaboration section of this report.	
Continue to refine and enhance headline indicators and the CFSR results dashboards to support utilization of data by State and local staff as well as stakeholders.	2019
Progress: ***In Progress*** ● Early 2019: Data Analytics Network began to review potential data reports to ensure that data dashboards are user-friendly and allow for data-informed decision-making ● October – November 2019: Regional meetings included the sharing of both the dashboards to those supervisors who attended and provided means in which they can be used by locals to evaluate their practice. ● November 2019: Most recent CFSR results posted to the internal and external DHS website ● Quarterly in 2019: Most recent Headline indicators posted to the internal DHS website as well as emailed	

Current or planned Activity to improve performance	Target completion date
to each of the local departments. ● Headline indicator dashboards are also produced for each of the locals for meetings around their CFSR results so that they can compare their outcomes with their trend data.	
*New for 2020: • In the next year, 2020, additional storyline indicators (those that support the headlines) will begin to be posted on the Knowledge Base so that local departments can access them as needed for the work that they do. • As Maryland transitions to CJAMS, the headline indicators dashboard will be shifted to Qlik which will allow each local to access their own information without having to wait on SSA to provide the information. This will be happening during CY2020 and would probably require modifications to the dashboards as a new platform will be utilized.	
Develop a schedule to regularly review and clarify goals, objectives and updates of the CFSP with stakeholders and as part of DHS/SSA's Implementation Structure	2019 and Semi Annually
2019 Progress: ***In Progress*** ● June, July, November and December of 2019.Initiated a root cause analysis within the Protective Service/Family Preservation, Placement and Permanency, and Service Array Implementation Teams to begin the process for integrating an approach to regularly review and clarify goals, objectives and updates of the CFSP. This review was supported by the CQI Network and addressed the following outcomes: permanency for youth in care for two years or more, reentry rates and item 12 of the CFSR. Please see the Updates Goals and Objective section for details on these reviews.	
Increase stakeholder accessibility of headline indicator and the CFSR results dashboards	2020
Enhance State CQI cycle to support regular reviews of progress, identify areas of growth, and test out small measures of change	2020-2021
Monitor implementation of CQI cycle making adjustments as needed	2021-2024

Foster and Adoptive Parent Licensing, Recruitment, and Retention

The statewide foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure that:

- State standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds,
- Criminal background clearances as related to licensing or approving foster care and adoptive placements and a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children is in place statewide,
- Processes for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed occurs statewide
- Processes for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children occurs statewide

Standards Applied Equally

Table 18 below provides compliance data related to public and private resources providers adherence to mandated standards.

Table 18: Resource Homes Compliance Data

<table>
<tr><th>Standards Applied Equally</th><th>Number reviewed</th><th>Number compliant</th><th>Percentage compliant</th><th colspan="2">Target compliant in 2024</th></tr>
<tr><td>Public Resource homes
Jul – Dec 2018
(baseline)</td><td>56</td><td>4</td><td>7%</td><td colspan="2">75%</td></tr>
<tr><td>Public Resource homes (Jan-Dec 2019)</td><td>58</td><td>8</td><td>13.8%</td><td colspan="2">75%</td></tr>
<tr><td># of RCC Providers</td><td># of RCC Provider Visits</td><td># of Provider Visits that Met Requirements</td><td># of Provider Visits that Resulted in a CAP</td><td colspan="2">Target for 2024</td></tr>
<tr><td>44</td><td>177</td><td>55 (31%)</td><td>122 (69%)</td><td colspan="2">85%</td></tr>
<tr><td># of CPA Home Records Reviewed</td><td># Met Requirements</td><td># Needed CAP</td><td>Target for 2024</td><td># of CPA Home Records Reviewed</td><td># Met Requirements</td></tr>
<tr><td>366</td><td>280 (77%)</td><td>86 (23%)</td><td>85%</td><td>366</td><td>280 (77%)</td></tr>
</table>

Child Placement Agencies and Residential Child Care Programs
OLM, within DHS, monitors Maryland licensed Child Placement Agencies (CPA) license regarding the recruitment and retention of treatment resource homes. Maryland's Code of Maryland Annotated Regulations (COMAR section 07.05.02, 14.31.06) outlines the requirements for the approval and licensure of foster family homes and child care institutions. These regulations ensure that standards are applied equally across the State.

Child Placement Agencies and Residential Group Homes:
DHS's OLM is responsible for ensuring that group homes and child placement agencies are in compliance with regards to licensure of their program and certification of foster parents. There are strict guidelines in place to ensure compliance, and sanctions if the agencies are found to be out of compliance. In regards to OLM monitoring, these requirements are applied equally and there are no instances of exceptions or waivers in regards to the RCC licenses or the CPA home certifications. To ensure uniformity in private resource (CPA) homes, OLM is currently reviewing provider cases on a quarterly basis to ensure that standards are equally applied. As of calendar year 2019, there are approximately 1162 certified CPA homes by Child Placement Agencies. All programs are monitored quarterly by OLM and monthly reports are reviewed by Quality Assurance staff. Annually, a random sample (10+10% with max 20) of CPA home records is reviewed by Licensing Coordinators. Calendar year 2019 compliance rates are listed below for Residential Child Care programs and CPA homes.

Table 19: Residential Child Care (RCC) Programs (Calendar Year 2019)

# of RCC Providers	# of Site Visits	# of Site Visits that Met Requirements	# of Site Visits that Resulted in a CAP
41	151	39 (26%)	112 (74%)

Table 20: Child Placement Agencies (CPA) homes (Calendar year 2019)

# of CPA Home Records Reviewed	# Met Requirements	# Needed CAP
482*	**409 (85%)**	**73 (15%)**

*OLM meets the requirement of sampling 10% + 10 (maximum 20) per year.

Non-compliant RCC programs are required to submit a Corrective Action Plan to DHS/OLM to correct the areas on non-compliance. The licensing coordinator reviews the CAP response and confirms the CAP implementation during a follow up visit. If the non-compliant items are not corrected and require further action then a moratorium, suspension or revocation of the RCC license is completed.

CPA homes are also required to submit monthly safety reports to OLM, documenting the status of all certified treatment foster parents which includes the date of the treatment foster parent certification and recertification.

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

DHS/OLM holds quarterly meetings with all of the licensed providers (RCC and CPA). These quarterly meetings provide clarification and training on COMAR requirements and their implementation.

Plans for improvement for the next five years are included in the Children and Family Services Plan.

Assessment of Data

- The data shows that there is consistent application of the licensing standards across all programs (RCC and CPA). OLM consistently applies the regulations when reviewing for compliance and does not let other factors influence the monitoring of programs. Additionally, the data reflects that a thorough and consistent monitoring is occurring in the private provider community.

Strengths

- Quarterly monitoring of providers allows OLM to inspect private provider facilities four times a year. OLM also performs periodic site visits to ensure corrective action plans are implemented prior to OLM approval.
- Quarterly Provider Meetings allows private providers to ask questions and inform OLM of issues with performing services. Quarterly meetings are opportunities to provide COMAR interpretation and training on new licensing requirements, training on current

placement trends and a platform to share other related information from the Department of Human Services, Social Services Administration.

Concerns

- OLM has no concerns with applying COMAR standards equitably across the private provider community.

Plans for next year:

Licensing Coordinators will be required to complete each monitoring activity at quarterly review. This will include reviews of employee records, Youth records, foster home records, and interviews of youth, staff, and foster parents. This will increase oversight so that the provider maintains compliance on a more consistent basis.

A sample of youth, foster parent and staff records are required at each quarterly review. The sample size annually is based on the census of youth, foster parents and staff associated with the agency. Sample records reviewed should be equal to or greater than 10+ 10% of the average census for the annual licensure period. The maximum of records reviewed should not exceed 20 per category (Youth records, foster parent records and personnel records) annually. Annually the record review quota is divided by four. This then provides the sample size to be completed each quarter. All changes were effective January 2019.

Random sample of interviews with youth, foster parents and staff are also required at each quarterly review.

- A minimum of 5 interviews with youth, foster parents and staff are performed over the course of an annual licensure period. The guidelines for interviews are:
    - The foster parents of youth interviewed must be interviewed, and
    - At least one staff member per site per shift.
    - Interviews are divided over the four quarterly site visits.

The interview guidelines give OLM a broad picture of the providers services and compliance with COMAR.

Requirements for Criminal Background Checks

Public Foster Homes

In the Maryland CFSR Final Report, 2018, Requirements for Criminal Background Checks was listed with an overall rating of Strength based on the Stakeholder interviews and the assessment. Per the report, the state follows a critical incident protocol and there are multiple ways that the concerns can be reported.

Baseline: From January – December 2018, DHS/SSA received 21 public resource home maltreatment allegations submitted by the LDSS; of which 3 were indicated, 8 were ruled out, and 10 were unsubstantiated.

In comparison to SFY19, DHS/SSA has made some increase in resource home standard compliance. There was an increase of a 6% within the last state fiscal year in conducting quarterly audits. The LDSS received technical assistance regarding compliance especially with

resource home trainings and CIS/CJIS clearance and documentation in the MDCHESSIE system. DHS/SSA plans to. DHS/SSA has faced some challenges in being able to conduct all four quarters as we are two quarters behind. Therefore, the number could increase/decrease when the final monitoring results are completed.

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

RCC personnel records must contain documentation of the criminal background check request and a copy of the initial outcome and any periodic updates. Employees are not allowed to have unsupervised contact with the children until the RCC provider has received the results of the criminal background check, per COMAR 14.31.06.06. Per the Family First Prevention Services Act all adults working in the RCC facility must have criminal background checks.

CPAs are required to receive the results of the criminal background check before an employee, volunteer, or governing board member who has close proximity to children, are approved for employment or volunteer work, per COMAR 07.05.01.09. In addition, CPAs are required to receive and review the criminal background check results before a CPA home can be certified per COMAR 07.05.02. When a household member turns 18 years of age prior to the next annual certification, criminal background checks are required per COMAR 07.05.02.16 (G).
In addition, clearances are reviewed to ensure that there are no disqualifying convictions or findings documented. If a disqualifying conviction or finding exists on the clearance, the identified person is not eligible to be an employee, foster parent, volunteer, intern or Board member. Disqualifying convictions and findings are listed in COMAR 07.05.01.09, 07.05.02.13, 14.31.06.04, and 14.31.06.05.

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

Incidents of maltreatment regarding a CPA or group home are reported to the LDSS/CPS unit, OLM, and private provider agency. With CPA homes, they are placed on hold pending the investigation and youth are removed, if warranted. DHR/OLM receives the reports when there is an indicated maltreatment finding. Regarding Group Homes, the private provider agency provides an initial and final written plan to DHS/OLM regarding the circumstances, actions taken to ensure safety of youth (to include removal of staff, if necessary) and potential corrective action to be taken for compliance.

Child Placement Agencies and Residential Child Care providers are required to submit a Critical Incident Report Form to DHS/OLM via the olm.incidents@maryland.gov email account. This email account is monitored daily by a Program Manager, who processes all reports as part of coverage responsibilities. All incidents are reviewed, logged, and forwarded (as appropriate) to DHS/OLM and DHS/SSA staff for further review, investigation and follow up. The CPA and RCC providers are required to report Critical Incidents per COMAR 07.05.01.08 A (CPAs) and 14.31.06.18 A(2) (RCCs).

Additional screening tools utilized by CPA and RCC providers to maintain compliance with federal and Maryland regulations include the Maryland Sex Offender Registry; the Motor Vehicle Administration driving record; Child Support clearance and the Maryland Judiciary Case Search.

Listed in Tables 21 and 22, below, is the Calendar year 2019 federal clearance compliance data for Residential Child Care Programs and CPA Homes:

Table 21: Residential Child Care Programs (Calendar year 2019)

# of RCC employee records reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
474*	468 (99%)	6 (1%)

Table: 22 CPA homes (Calendar year 2019)

# of CPA home records reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
482*	477 (99%)	5 (1%)

*OLM meets the requirement of sampling 10%+10 (Max 20) per year.

In regards to DHS/OLM monitoring, these requirements are applied equally and there are no instances of exceptions or waivers in regards to the RCC licenses or the CPA home certifications. To ensure uniformity in private resource (CPA) homes, DHS/OLM is currently reviewing provider cases on a quarterly basis to ensure that standards are equally applied.

Assessment of Data

- Overall, the data for private resource homes and private providers show an average of 99% compliance with criminal background checks and home study elements.

Strengths

- Quality Assurance Coordinators reviews the provider safety report on a monthly basis. This report documents all new and current provider employees' clearances, private resource home clearances and home study elements.
- Quarterly monitoring of providers allows OLM to inspect staff and foster parent records for compliance with this standard four times a year.
- Quarterly Provider Meetings allows private providers to ask questions and inform OLM of issues with completing criminal background checks and the home study elements. OLM staff provides technical assistance with any issues that may arise and interpretation of COMAR.

Concerns

- There are no concerns with meeting this standard.

Plans for next year:

- OLM processes for monitoring in this area have been successful as seen in the data reported. Processes that are already in place will continue. In addition, Licensing Coordinators will be required to complete each monitoring activity at each quarterly review. This will include reviews of employee records, Youth records, foster home records, and interviews of youth, staff, and foster parents.

Diligent Recruitment of Foster and Adoptive Homes

Table 23 below provides data related to the racial composition of youth in care as well as placement providers for CY2018 and 2019.

Table 23: Racial Composition of Youth in Care and Placement Providers

The racial composition of youth in care and providers				
Race	**Youth in Care (December 31, 2018)**	**Youth in Care (December 31, 2019)**	**Provider Racial Ethnicity (December 31, 2018)**	**Provider Racial Ethnicity (December 31, 2019)**
Black	2,724 (59%)	2,574 (57.1%)	729 (30%)	628 (28.4%)
White	1,238 (27%)	1,228 (27.2%)	550 (23%)	533 (24.1%)
Hispanic	319 (7%)	314 (7%)	58 (2%)	50 (2.3%)
Asian	33 (1%)	33 (1%)	1 (0%)	40 (0.2%)
American Indian/ Native Hawaiian Pacific	1 (0%)	8 (0.25%)	3 (0%)	5 (0.2%)
All others (Refused, Unable to Determine)*	295 (6%)	50 (1.1%)	1,091 (45%)	0 (0.0%)
Missing/Unknown**	NA	302 (6.7%)	NA	90 (44.8%)
Total	4,610 (100%)	4,509 (100%)	2,432 (100%)	2,210 (100%)

Data Source: MD CHESSIE
*Refused, Unable to Determine is utilized if an individual doesn't want to indicate race or does not identify with the options provided.
**Missing/Unknown data indicates that data has not been entered. DHS/SSA is working to reduce these numbers by ensuring workers work to obtain racial demographics and inputting the information into the system.

In comparison to 2018, Maryland is still in need of additional resource parents to meet the racial composition of youth in care. Specifically, the missing/unknown components were not available in 2018; however in 2019 DHS/SSA is challenged in youth and resource parents identifying themselves in the MD CHESSIE system. DHS/SSA is in the process of implementing a new

Child Welfare data system which we expected to be able to make some improvements in capturing data. As outlined in the Maryland Statewide recruitment and retention plan, the state office as well as the local departments is focused on increasing the number of resource parents to meet the racial composition of youth in care.

DHS/SSA also found inconsistencies in data entry that would ensure that a clear picture is given for compliance. Public Resource Homes were found to be in non-compliance in 30 out of 34 homes for in-service training, overdue recertifications, and appropriate documentation. Table 24 below provides highlights of progress in implementation of planned activities to improve performance.

Table 24: Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Resource Home Monitoring	
Follow-up with LDSS acknowledgement of ICPC cases to ensure compliance and provide technical assistance to eliminate barriers.	Monthly
2019 Progress: ***Delayed*** • DHS/SSA is delayed in implementing this activity. There are plans to provide technical assistance in 2020	
Track/Monitor resource home study completion for 120 day compliance initial certification and 60 day ICPC completion.	Quarterly
2019 Progress: **Delayed** • DHS/SSA has been delayed in developing the resource home monitoring report due to the new system development however we continue to provide TA to locals.	
Provide technical assistance to jurisdictions that indicate barriers to completion according to the milestone report.	Quarterly
2019 Progress: ***In Progress*** • July 2019: In lieu of the milestone report, conducted quarterly monitoring of resource home cases inclusive of ICPC home studies. See above auditing data.	
Continue to conduct random samples of public provider cases as a monitoring tool to ensure compliance with completion of home study for resource homes	Quarterly
2019 Progress: ***In Progress*** • April 2019: Began discussions to incorporate ICPC home studies into the new system development,	
Provide technical assistance to the LDSS to ensure compliance and clarify any questions	Quarterly
Create and issue memorandum regarding ICPC compliance to LDSS.	Annually
2019 Progress: ***Delayed*** • DHS/SSA is delayed in implementing this activity. There are plans to create and issue memorandum in winter of 2020.	
•	
Develop the Resource Home Milestone Report to LDSS Monthly as a monitoring tool to ensure compliance with completion of home study for resource homes	2020
2019 Progress: ***In Progress*** • April 2019: Began discussions to incorporate ICPC home studies into the new system development,	
Resource Parent Training	
Explore with jurisdictions and MRPA, issuance of LDSS training calendars to ensure statewide training calendar distribution for resource parent accessibility with compliance with home studies.	2019
2019 Progress: ***In Progress***	

Current or planned Activity to improve performance	Target completion date
• January 2019: The University of Maryland Child Welfare Academy issues a quarterly resource parent training calendar to the LDSS. This calendar is also posted on the MRPA website.	
Re-institute the Quarterly Resource Home regional meetings to ensure communication from State level to LDSS is consistent	2019/Quarterly
2019 Progress: ***Delayed*** • October 2019: Developed and planned resource home quarterly meetings to be held in winter 2019, however due to challenges plans are now underway to start in fall of 2020. Implementation of regional meetings was delayed, due to staff shortages within the program.	
Criminal Background Checks	
Explore options to get Live Scan electronic criminal history fingerprinting and CJIS clearances at each MD LDSS or in an adjacent LDSS location to obtain to assist with 60-day home study requirement.	2020
Cross-Jurisdictional Resources for Permanency Placements	
Review NEICE to determine best methods to complete home studies in 60 days	Quarterly
2019 Progress: ***In Progress*** • See State use of Cross-Jurisdictional Resources for Permanency Placements section	
CJAMS will replace MD CHESSIE, and DHS/SSA plans to integrate NEICE with CJAMS	2020
Resource and Adoptive Parent Training	
Review annual resource home survey data to determine the added supports resource parents need	Annually
Progress: See Foster and Adoptive Parent Training section	
Partner with Child Welfare Academy to strengthen resource parent pre-service and in-service trainings to include the effects of secondary trauma as it relates to child removal from resource homes.	Semi-annually
2019 Progress: ***In Progress*** • January of 2019: Began partnering with the Child Welfare Academy to strengthen resource parent pre-service and in-service training to include the effects of secondary trauma as it relates to child removal from resource homes. This will be completed in May 2020.	
Work with the Center for Adoption Support and Education to train/strengthen the skills/knowledge of existing child welfare adoption staff	2020
Resource Parent Recruitment and Retention	
Utilize the Maryland Resource Parent Association, Foster Parent Ombudsman and State Youth Advisory Board to assist LDSS with targeted recruitment efforts to increase resource homes for African American, Asian and Hispanic youth in care	Semi-Annually
2019 Progress: ***In Progress*** • October 2019: The MRPA and Foster Parent Ombudsman became members of the foster parent engagement workgroup and are current champions of campaigning for the increase of resource parents for this population of youth. DHS/SSA plans to include the State Youth Advisory Board in the upcoming year.	
Partner with the Capacity Center for States to work on foster parent engagement initiatives centered on the recruitment and retention of resource home parents.	2019
2019 Progress: ***In Progress*** • December 2019: Partnered with the Capacity Center to develop a theory of change, updated work plan, assessment of the Maryland Resource Parent Association, and the development of a MRPA foster parent survey. The survey is being disseminated to public resource parents.	
Meet with the Maryland's Commission on Indian Affairs to speak about child-specific recruitment for this population	2020
Adoption Call to Action	

Current or planned Activity to improve performance	Target completion date
Monitor and track LDSS utilization of AdoptUSKids website for photo listing of legally free and eligible for adoption as a means to obtain increased adoption finalization.	Quarterly
2019 Progress: ***In Progress*** • DHS/SSA determined that the website is being underutilized; therefore the policy will be assessed and revised to ensure compliance. In addition, technical assistance will be provided to the local departments on increased utilization. In November of 2019	
Work with AdoptUSKids to implement work plan to improve adoption practice and outcomes	2019
2019 Progress: ***In Progress*** • June 2019: Partnered with Adopt-Us-Kids to review and revise the AUK photo listing policy. • October 2019: A representative of AUK joined the Placement and Permanency Workgroup where this work is being developed. The AUK member is still involved in the permanency workgroup and continuesto work on the adoption assistance policies and the Adoption Call To Action priorities.	
Include cultural competency as a component in the adoption competency training as well as in the recruitment efforts for additional resource homes	2020
Explore with jurisdictions and AdoptUSKids, issuance of LDSS adoptive parents open to attending matching events to obtain cross jurisdictional adoptive resources.	2020/annually

State use of Cross-Jurisdictional Resources for Permanency Placements

DHS/SSA continues to support youth being placed in Maryland from other states and ensuring that home studies are completed within required timeframes. In addition, DHS/SSA uses the support of Tetrus/NEICE to calculate home study completions to ensure that the home studies are meeting the required timeframes. The data in Table 25 shows Maryland's performance between January and December 2019

Table 25: Home Studies Completed with 60 Days (n = 649)

	Home Study Not Completed within 60 Days	Home Study Completed within 60 Days
Number of Children	468	181
Percent	72%	28%

Assessment

Baseline data shows that 35% of incoming ICPC home studies are completed in 60 days. The target for 2024 is 60% of incoming ICPC home studies to be completed in 60 days. Performance in this area continues to be a concern for Maryland as less than a third of the required home studies are completed within the 60-day timeframe. DHS/SSA hypothesizes that there are a number of barriers that impact the ability to complete the required home studies for children being placed in Maryland from out of state including the scheduling of pre-service Foster parent training and obtaining county home health inspections and criminal justice information systems (CJIS) clearances timely. To improve performance in this area DHS/SSA is exploring adding ICPC home studies to the quarterly resource home study auditing process and providing regular technical assistance and consultation with Local Departments of Social. The implementation of CJAMS will allow us to track timeliness of home studies for children being placed in Maryland from other states. These strategies will allow DHS/SSA to complete a root

cause analysis to identify system barriers and develop potential interventions to support the timely completion of home studies.

In addition, DHS/SSA, through its Implementation Structure, is currently reviewing the Adopt-us-Kids (AUK) policy for relevancy and current practice. In the current policy the LDSS have been directed to ensure that all licensed foster parents are registered on AUK and all youth who are legally free and eligible for adoption should be profiled on AUK as a means of seeking an adoptive resource. Data from AUK shows that only about 10% of all of Maryland's youth in care are actually profiled on the AUK website. A subgroup has formed to review the current AUK policy to see if the policy should be updated. Technical assistance will be given to the LDSS around the policy within the next six months. Finally, quarterly adoption goals have been issued to the LDSS which will be monitored by DHS/SSA.

Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Revisions to Goals, Objectives, and Interventions

In DHS/SSA's CFSP five goals with related objectives and interventions were identified to enact the state's vision and improved outcomes. When developing DHS/SSA's CFSP the decision was to switch to reporting on a calendar year. As a result of this switch, only six months remained in CY2019 to assess any impact of the goals, objectives, and interventions proposed. Due to this limited time, any impact has yet to be realized however DHS/SSA will utilize the DHS/SSA CQI process, outlined on page 10, to identify and make any needed revisions to goals, objectives and interventions in future years. Outlined below is the State's progress in implementing the identified interventions.

Goal 1: Increase families of origin and youth voice in their child welfare experiences to improve safety, permanency, and Well-being outcomes (PIP Goal)

Rationale for Goal Selection:
● The Maryland CFSR Final Report results indicated that Well-being Outcome1 was not in substantial conformity, with an outcome of 31%.
● The Maryland CFSR Final Report and the feedback received during Maryland's PIP Convening showed:
  ● Children, youth, parents and caregivers are not consistently treated as authentic partners in working towards goals of safety, permanency and well-being.
  ● Youth and families experience their local child welfare agency and courts as disempowering.
  ● Professionals do not engage and team with families and youth in ways that allow for their voice and expertise in their own experience to drive an understanding of their needs and the services that meet those needs.
  ● Lack of engagement and partnering with families leads to inaccurate assessments, insufficient identification and referral to services that are tailored to the family or youth's needs, and inadequate efforts to identify and preserve children and youth's relationships with their parents, relatives and their communities.
  ● Resource parents are not fully involved as part of the caring team; either as partners with the agency and courts or partners with families
  ● Missed opportunities to support families of origin in service of better relationships and outcomes for children.
  ● Resource parents are not valued as part of the team, not consistently sought out for their knowledge about how youth and families are faring and their capacity to become permanent resources is not appropriately factored into the team's decision-making.

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained in their homes whenever possible and appropriate will increase to 79% or higher by the conclusion of conclusion of the CFSP period (S 2)	69%	63%				
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's' needs will increase to 41% or higher by the conclusion of the conclusion of the CFSP period (WB 1)	31%	22%				
CANS compliance rate will increase to 80% or higher by the conclusion of the CFSP period	61%	53%				
For CANS-F completed with families served in Consolidated Services, Services to Families-Intake, Interagency Family Preservation, and Risk of Harm, the compliance rate will increase to 80% or higher by the conclusion of the CFSP period	77%	80%				

Goal 1 Objective 1.1: Revise process for collaborative assessments and developing service plans to facilitate partnership with families, including consistently identifying & engaging the family/youth's chosen supports.

Measure for Objective 1.1: 10% decrease in CANS and CANS-F assessments completed with "no needs" (CY2019 data = 48% CANS-F and 24% CANS) and a 20% increase in strengths recorded on completed CANS-F assessments (CY2019 data = 47% CANS-F)

Rationale for Objective Selection:

- Maryland CFSR Final Report results indicated that the State was not in substantial conformity for the following items:
  - Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate, 69%
  - Well-being 1 Families have enhanced capacity to provide for children's needs, 31%
  - Well-being 2 Children receive appropriate services to meet their educational needs,79%
  - Well-being 3 Children receive adequate services to meet their physical and mental health needs, 58%
- CANS and CANS-F (Functional collaborative assessments to identify strengths and needs of children and families) compliance data shows:
  - CANS-F: Statewide compliance rate was 77% at the end of December 2018
  - CANS: Statewide compliance rate was 61% at the end of December 2018
  - Data shows challenges with meaningful use of these assessments:
    - CANS-F: strengths and needs tend to be under assessed (57% of families assessed had no needs identified and 56% had no strengths identified)
    - CANS: Strengths tend to be over assessed (64% of youth assessed had 10-15 useful strengths identified)

  Technical assistance sessions with LDSS to understand compliance and meaningful use data revealed:
    - Confusion related to correctly scoring items
    - Difficulty in incorporating the CANS/CANS-F assessment into the development of action-oriented goals in the current Service/Case plan design in CHESSIE

Key Activities	Benchmarks for Completion
Implement collaborative assessment and planning approach as part of the IPM to support child welfare to authentically partner with families and youth to co-create assessments and plans	2019
2019 Progress: ***In Progress*** ● December 2019: Established baseline data around accuracy of assessments which was used to help inform the design of the TA approach. ● December 2019: Revised the technical assistance traditionally offered to LDSS in use of the CANS and CANS-F assessment instruments to align with the Integrated Practice Model in. Technical assistance has been designed to train supervisors and staff in meaningful use and the practice of collaborative assessment while using the tool. Sessions with supervisors will focus on data and documentation accuracy that may support staff in improving assessment and engagement skills. Sessions with staff will focus on use of the assessment tools in the context of the practice of engagement and assessment. ● A pilot of this approach is planned for March 2020 in at least one jurisdiction.	
Strengthen the technical assistance provided to LDSS staff to support the effective implementation and meaningful use of collaborative assessments	2019
2019 Progress: ***In Progress*** ● July and December of 2019: Listening Sessions were conducted across the State which inquired about current practices around collaborative assessment in order to craft more meaningful and relevant technical assistance which aligns with the Integrated Practice Model. Feedback included specific needs around assessment and engagement. ● December 2019: Technical assistance was revamped to include hands on exercises, specific work with supervisors in order to promote coaching of the tool with staff ● A pilot technical assistance session is scheduled for March 2020.	
Revise pre-service and ongoing learning opportunities to strengthen collaborative assessment skills in alignment with IPM	2020
Improve utilization of collaborative assessment data at State and local level to design and provide individualized, tailored technical assistance plans for locals	2020
Strengthen supervisor's skills to provide coaching to case workers to support skills and competencies in authentic partnership, collaborative assessments, and developing family/youth driven plans	2020
Continue monitoring meaningful use of collaborative assessments	2021-2024

Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland's Integrated Practice Model (IPM). (PIP Goal)

Rationale for Goal Selection:
● Maryland CFSR Final Report results indicated that the State was not in substantial conformity for the following items:
    ● Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate, 69%
    ● Well-being Outcome 1 Families have enhanced capacity to provide for children's needs, 31%
    ● Systemic Factors Initial Staff Training (26), Ongoing Staff Training (27), and Foster and Adoptive Parent Training (28)
● The following headline data are further examples of where lack of strong engagement skills affects outcomes:
    ● Recurrence of maltreatment is at 10%
    ● Reentry into foster care is at 11.8%
● Per MD CHESSIE data, DHS/SSA found that January 2018 - December 2018, the total number of providers was 1,555. Of the 637 established providers, 476, 75% completed 10 or more hours of in-service training within the required timeframe
● Results of key informant interviews conducted with families of origin to obtain feedback on Maryland's integrated practice model state revealed the following themes as being important in partnering with families:
    ● Engagement and open communication
    ● Comfort level with worker
    ● Be able to see progress
    ● Creating space for parents to share thoughts, feelings, and opinions

Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland's Integrated Practice Model (IPM). (PIP Goal)
● Access to information and understand my rights ● Education on discipline and abuse ● Clarity ● Prevention

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained safely in their homes whenever possible in appropriate will increase to 79% or higher by the conclusion of the conclusion of the CFSP period. (S2)	69%	63%				
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's needs will increase to 41% or higher by the conclusion of the conclusion of the CFSP period. (WB1)	31%	22%				
Reentry rate from all types of permanency will decrease to 8% or lower by the conclusion of the CFSP period	11.8%	10.1%				
Recurrence of maltreatment rate will decrease to 9% or lower by the conclusion of the CFSP period	10%	9%				
The percentage of Foster Parents completing required ongoing training will increase to 95% or higher by the end of the CFSP period	75%	82%				

Goal 2 Objective 2.1: Introduce and build an understanding of the IPM and practice profiles statewide. (PIP Strategy)
Measure for Objective 2.1: 90% of child welfare staff will successfully complete the IPM E-learning Modules introduced to staff in March 2020

Rationale for Objective Selection:
● Maryland CFSR Final Report results indicated that the State was not in substantial conformity for the following items:
  ● Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate, 69%
  ● Well-being Outcome 1 Families have enhanced capacity to provide for children's needs, 31%
● The following headline data are further examples of where lack of strong engagement skills affects outcomes:
  ● Recurrence of maltreatment is at 10%
  ● Reentry into foster care is at 11.8%
● During Maryland's PIP convening, stakeholder feedback included:
  ● Many child welfare staff and supervisors in Maryland lack the strong engagement skills that are necessary to partner authentically with children and families as outlined in the IPM.
  ● Strong engagement is a critical underpinning of all child welfare practice, as it is essential for obtaining accurate information about family circumstances and goals to inform assessments and case plans.

Key Activities	Benchmarks for Completion
Introduce the IPM to staff and stakeholders. (PIP Activity)	2019
2019 Progress: (PIP Goal 2, Intervention 1): ***Completed*** ● May and July of 2019: Held a number of forums and meetings around the State between to build understanding of the Integrated Practice Model. These events included disseminating materials that outline the core practices, values and principles and what they look like in practice. ● July - December 2019: Every jurisdiction was given the opportunity to dialogue about the practice model, self-assess strengths and needs concerning the implementation of the IPM () as well as some ● November - December 2019: Provided foundational training in the Safety Culture Model, a model of psychological safety, for local leadership (). Supervisors have been given the opportunity to learn about the shifts that will be happening in training through coaching and transfer of learning. ● October - December 2019: E-learning modules were developed to be launched to the workforce for the purpose of introducing the workforce to the practice profiles. The release of the E-learning modules is expected within the next few weeks.	
Disseminate practice profiles to LDSS and stakeholders	2019
2019 Progress: ***Completed*** • See Progress update for: Introduce the IPM to staff and stakeholders. (PIP Activity)	
Develop and launch e-learning modules for prioritized practice profiles	2019
2019 Progress: ***In Progress*** (PIP Activity) ● Jan - Dec 2019: Practice Profiles were finalized and approved ● July – December 2019: IPM E-learning modules were developed with a plan to launch in 2020.	
Offer initial training on Maryland's IPM for existing staff, supervisors, management, and central office staff for current employees delivered statewide with the goal of catalyzing a shift in philosophy and practice statewide. (PIP Activity)	2019-2020
2019 Progress: ***In Progress*** ● May- July, 2019, an initial training presentation was delivered across the State and at a DHS/SSA staff meeting to promote the philosophy and practice shift intended by the IPM. In December, 2019, a more specific training was delivered to DHS/SSA's extended leadership team to demonstrate how the IPM is operationalized throughout the system. ● April 2019: Took initial steps to revise its pre-service and in-service training system. Through the development of a core team an assessment of the strengths, weaknesses, threats, and opportunities of DHS/SSA's current pre-service and in-service training system has been completed. ● December 2019: Work plan developed to guide the pre-service evaluation, revision and roll out implementation processes. ● Delays experienced in the development of IPM curricula as a result of a change in direction related to format and content have impacted the completion of the pre-service and in-service training. In addition, the desire to obtain additional data from internal and external stakeholders, including management, supervisory and direct case worker staff, to ensure the training system aligns with specific program and service needs, and enhances staff performance and the quality of services provided to children, youth, families has also delayed progress of this strategy.	
Incorporate additional learning modalities (web-based/e-learning) that are aligned with the IPM to increase existing staff and supervisor access to the material and support ongoing skill-development. (PIP Activity)	2019-2020
2019 Progress: ***In Progress*** ● September 2019: Began the discussions related to the use of transfer of learning as a consistent part of its training system and developed initial transfer of learning tools tied to the IPM. ● October 2019: Provided IPM Kick Off discussion guides to local jurisdictions to support ongoing discussions about the IPM and prepare staff for the practice shifts expected with the IPM. ● Delays were experienced in fully conceptualizing and developing a transfer of learning approach to support the IPM as a result of changing direction related to format and content of the IPM initial training.	
Develop and implement a coaching model for supervisors that involves observation, feedback, and peer learning and that occurs regularly following initial IPM training. (PIP Activity)	2019 - 2020
2019 Progress: ***In Progress***	

Key Activities	Benchmarks for Completion
● October 2019: Integrated discussions around the benefits of coaching into existing regional meetings. ● December 2019: Began the exploration of coaching models that would be utilized following the initial IPM training and has also explored potential resources to build an initial set of coaches to support the implementation of the IPM. The State projects that this goal will be completed by quarter 3. ● December 2019: Initiated training and coaching with local department leadership utilizing the Safety Culture Model, designed to promote psychological safety and mindful organizing in order to mitigate the impact of secondary traumatic stress and improve worker well-being, training and coaching opportunities were provided to local department Directors, Assistant Directors, and Supervisors/Managers.	
Develop and disseminate additional practice profiles and e-learning modules as needed to enhance practice and in response to feedback and performance assessment.	2020-2024
Provide guidance for supervisors to build transfer of learning opportunities into ongoing structured supervision	2020-2024
Provide transfer of learning activities periodically after training for current workers and supervisors on the IPM to practice skills learned through training. (PIP Activity)	2020-2024
Assess coaching model to inform an adaptation to develop the capacity of supervisors to integrate coaching into ongoing supervision with staff. (PIP Activity)	2021-2024

Goal 2 Objective 2.2: Implement revised pre-service and ongoing trainings for child welfare workers to align and focus on the principles, practices, and values of IPM and include coaching and transfer of learning approaches to improve staff skill and competencies. (PIP Strategy)

Measure for Objective 2.2: Revised pre-service and ongoing training framework and curricula. Implementation plan outlining piloting and full implementation of revised training

Rationale for Objective Selection:

- ***Implementing IPM necessitates training changes. In addition, Maryland CFSR Final Report indicated that*** current training system was not in substantial conformity for the following items:
  - Systemic Factors Initial Staff Training (26), Ongoing Staff Training (27), and Foster and Adoptive Parent Training (28)
    - Feedback concerning pre-service training focused on quality and concerns that workers are not adequately prepared for the work they are expected to do. Variation in training statewide exists because of regional needs and concerns. Additionally, on the job training to integrate classroom learning was identified as a necessary component that is consistently provided.
    - Feedback regarding ongoing training included lack of standard training hours and content expectations annually, delays in class openings, insufficient training for experienced workers/supervisors, inconsistency of requirements across jurisdictions

Despite the initial and ongoing staff training systems were not in substantial conformity, evaluations of trainings completed at the end of each training have shown

- For pre-service training: 92% (N=188) strongly agreed that what they learned in training was applicable to their job, 91% (N=188) strongly agreed that what they learned would make them a more effective worker or supervisor, and 93% (N=188) rated overall pre-service training as excellent or good.
- For ongoing training: 93% (N=3354) "agreed" or "strongly agreed" that training was applicable to their current job, 92% (N=3372) believed training provided useful tools/strategies that would make them a more effective worker or supervisor, and 95% (N=949) "agreed" or "strongly agreed" they are committed to applying what they learned, feel confident in their ability to apply what they learned, and believe they will see a positive impact if they apply the learning consistently.

  Data source: SFY2018 CWA data

- The discrepancy between the evaluations completed at the time of training and stakeholder interviews included in Maryland CFSR Final Report suggest the need to examine the current staff training system in order to strengthen long-term transfer of learning and skill for staff and on-going coaching strategies to better enhance knowledge and skill development of staff.

Key Activities	Benchmarks for Completion
Revise pre-service and ongoing training curricula to align with and support implementation of the IPM (PIP Activity)	2019
2019 Progress: ***In Progress*** ● April 2019: Took initial steps to revise its pre-service and in-service training system. Through the development of a core team an assessment of the strengths, weaknesses, threats, and opportunities of DHS/SSA's current pre-service and in-service training system has been completed. ● December 2019: Developed a work plan to guide the pre-service evaluation, revision and roll out implementation processes. ● Delays experienced in the development of IPM curricula as a result of a change in direction related to format and content have impacted the completion of the pre-service and in-service training. In addition, the desire to obtain additional data from internal and external stakeholders, including management, supervisory and direct case worker staff, to ensure the training system aligns with specific program and service needs, and enhances staff performance and the quality of services provided to children, youth, families has also delayed progress of this strategy.	
Develop innovative transfer of learning activities into all pre-service and ongoing learning opportunities to support learning and adoption of IPM. (PIP Activity)	2019
2019 Progress: ***In Progress*** ● April 2019: Began the discussions related to the use of transfer of learning as a consistent part of its training system and developed initial transfer of learning tools tied to the IPM. ● April – November 2019: IPM Kick Off discussion guides were provided to local jurisdictions to support ongoing discussions about the IPM and prepare staff for the practice shifts expected with the IPM. ● Delays were experienced in fully conceptualizing and developing a transfer of learning approach to support the IPM as a result of changing direction related to format and content of the IPM initial training.	
Develop a cadre of trainers available statewide who are able to deliver pre-service and ongoing trainings aligned with the IPM. (PIP Activity)	2019-2020
2019 Progress: ***In Progress*** ● December 2019: Identified a pool of trainers to train the launch of the IPM for the existing workforce. The training is currently being developed. ● The plan is to train the pool of trainers in order to launch the IPM. It is expected that this will occur in late spring of 2020.	
Develop coaching approach for pre-service training to support new staff in integrating IPM and learning skills needed to effectively incorporate skills needed of effectively partner with families into day to day practice (PIP Activity)	2020
Implement surveys immediately after pre-service and ongoing training and at 3 month follow up as well as focus groups to assess the effectiveness of learning opportunities in preparing staff to prepare staff to do their job	2020 -semi-annually
Develop and implement a professional development module for supervisors on how to coach workers through supervision.	2020
Integrate coaching approach for pre-service training to support new staff in integrating IPM and learning skills needed to effectively incorporate skills needed of effectively partner with families into day to day practice	2020-2024
Integrate innovative transfer of learning activities into all pre-service and ongoing learning opportunities to support learning and adoption of IPM	2020-2024

Goal 2 Objective 2.3: Integrate IPM language into provider contracts
Measure for Objective 2.3*:* Integrate language into 100% of the Provider Contracts

Rationale for Objective Selection:
● Headline data shows:
  ● Maryland's placement stability has fluctuated and as of CY2018, was at 4.38 moves per 1000 days in care, exceeding the target of 4.12
  ● Maltreatment in care for CY2018 is 11.4 as opposed to the target of 8.5.
● Maryland CFSR Final Report results indicated that the State was not in substantial conformity on Permanency Outcome 1 Item 6 achieving reunification, guardianship, adoption, or other planned permanent living

arrangement, 50%

- During Maryland's PIP convening, stakeholder feedback included:
  - The needs of families are broad and the challenges they face are often complex; beyond the limited resources of any Local Departments of Social Services or the Social Services Administration.
  - Maryland family and child serving agencies and organizations often work in silos, within their own mandates and perceived parameters of confidentiality.
  - These silos mean that agencies have limited understanding of what other agencies can offer a family and families too often receive basic referrals versus facilitated referrals (e.g. warm-handoffs) and coordinated services.
  - Families report going through multiple systems in search of the support they need, becoming increasingly frustrated and disempowered by the difficulty they experience navigating systems, in addition to meeting their own needs as well as those of their family.
  - There is a lack of shared accountability among family and child serving agencies and organizations on behalf of child-welfare involved families, in part driven by the lack of a holistic vision that Maryland values safe, healthy and self-sufficient families.
  - A shared vision is a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families

Key Activities	Benchmarks for Completion
Develop standard contract language for providers that speaks to expectation of implementation of practice model with providers	2019
2019 Progress: ***Completed*** ● July 2019: Standard language related to the IPM was identified and included in DHS/SSA's Request for Proposals (RFP) for private placement providers	
Obtain agreements with providers to share vision and implementation strategies.	2019
2019 Progress: ***In Progress*** ● This activity will be completed in the first quarter of CY2020. The agreements will be in the provider proposal submissions that are due in February 2020.	
Explore methods to incorporate language in contracts, Requests for Proposals and policy directives.	2020
2019 Progress: ***Completed*** ● July 2019: This activity was completed as the language was included in the current RCC proposal and the CPA Contract.	
Develop common glossary of terms to include in solicitations.	2020
Partner with Provider Advisory Council to clarify terminology and strategies for the IPM.	2020-2024
Review and develop standard compliance reporting methods that align with the IPM.	2021
Monitor compliance with contract language and develop performance measures.	2021-2024
Customize technical assistance for providers based on need.	2021-2024

Goal 3: Strengthen Maryland's CQI processes to understand safety, permanency, and well-being outcomes.

Rationale for Goal Selection*:*

- The Maryland CFSR final report results indicated the Quality Assurance Systems was not in substantial conformity.
- The Office of Legislative Audits report results found Maryland to not be in compliance with 14 child welfare outcomes including a systematic approach to quality assurance.
- The IPM has recently been developed and launched, an evaluation plan has not yet been developed and integration with CQI has not been planned. An evaluation plan allows the State to:
  - Posit research questions in order to understand quality, fidelity, and outcomes
  - Empirically gauge progress on IPM implementation and outcomes
  - Monitor, understand, and refine the IPM implementation
  - Maximize child and family outcomes through the impact of the IPM on case practice

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained safely in their homes whenever possible will increase to 79% or higher by the conclusion of the CFSP period. (S2)	69%	63%				
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to achieving reunification, guardianship, adoption, or other planned permanent living arrangement will increase to 60% or higher by the conclusion of the of the CFSP period (Item #6)	50%	23%				
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's needs will increase to 41% or higher by the conclusion of the CFSP period. (WB1)	31%	22%				
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children receiving appropriate services to meet their education needs will increase to 89% or higher by the conclusion of the CFSP period. (#16)	79%	88%				
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children receiving adequate services to meet their physical and mental health will increase to 68% or higher by the conclusion of the CFSP period. (Item #17)	58%	81%				

Goal 3 Objective 3.1: Monitor fidelity, quality, and impact of IPM implementation through CQI that consistently engages key stakeholders to share in decision-making and that leads to strategy adjustments when warranted (PIP Strategy)

Measure for Objective 3.1: Focus groups will be conducted as an addition to CQI processes to collect qualitative data. Results will measure fidelity, quality and impact of the IPM. Evaluations after training, transfer of learning, and coaching will also assist in measuring this objective.

Rationale for Objective Selection:

- The IPM has recently been developed and launched, an evaluation plan has not yet been developed and integration with CQI has not been planned. An evaluation plan allows the State to:
  - Posit research questions in order to understand quality, fidelity, and outcomes
  - Empirically gauge progress on IPM implementation and outcomes
  - Monitor, understand, and refine the IPM implementation
  - Maximize of child and family outcomes through the impact of the IPM on case practice

Key Activity	Benchmarks for Completion
Identify methods for collecting data on fidelity, quality, and outcomes by: (PIP Activity) ● Cross-walking and aligning core practices with qualitative and quantitative data currently collected, such as OSRI, stakeholder focus groups, FIMs surveys, and MD CHESSIE field.	2019

Key Activity	Benchmarks for Completion
● Introducing, if needed, new mechanisms to collect data required to understand implementation of the IPM ● Exploring alignment between provider data and agency data to understand IPM implementation	
2019 Progress: ***In Progress*** ● DHS/SSA is in the initial phase of IPM implementation and has put strategies in place to measure outcomes: ○ July 2019: An additional root cause analysis was completed resulting in the need to ensure the curriculum included strategies for strengthening workforce skills tied to core practices of the IPM and integrating the core practices throughout all child welfare system involvement with families. Root cause analysis took place in July 2019, ○ September 2019: Identified strategies to connect the outcomes of the root cause analysis with curriculum development for IPM training and policy revision. ● The continuing development of the IPM curriculum has included slight changes to the IPM training and learning objectives and discussions about outcome measures to be tracked.	
Develop and finalize an evaluation plan for the IPM outlining research questions, data sources and data collection methods, analysis, integration with CQI processes, and reporting by: (PIP Activity) ● Researching questions to include assessments fidelity, quality, and outcomes ● Including roles, responsibilities, and a detailed timeline that aligns the reporting schedule with DHS/SSA's CQI cycle ● Intentionally aligning with CQI processes in order to obtain broad input on findings and produce rapid feedback about implementation, while also yielding summative findings following year 1 and at the conclusion of the PIP period	2019-2020
Progress: ***In Progress*** ● Fall 2019: Focus group questions were developed and proposed outcome measures were presented to the Integrated Practice Implementation Team. It is anticipated that measures will be finalized in CY2020.	
Complete Phase I implementation evaluation by: (PIP Activity) ● Focusing on training and coaching effectiveness, awareness, and understanding of the IPM, as well as an assessment of fidelity to core practices ● Reviewing findings within DHS/SSA's implementation structure through existing CQI processes and inform adjustments to ongoing training and workforce supports	2020
Complete Phase II implementation and outcomes evaluation by: (PIP Activity) ● Focusing on an assessment of fidelity to core practices, quality, and outcomes for children and families ● Reviewing findings within DHS/SSA's implementation structure through existing CQI processes and informing adjustments to ongoing training and workforce supports	2021
Based on lessons learned, refine evaluation plan & practice.	2021-2024
CQI to improve implementation and outcomes of the IPM.	2021-2024

Goal 3 Objective 3.2: Strengthen data and CQI tools to increase consistent implementation and utilization of the State's CQI cycle
Measure for Objective 3.2 Annually reviews the State CQI cycle utilized within the OISC and development of action steps for improvement if needed.
Rationale for Objective Selection: ● The Maryland CFSR final report results indicated the Quality Assurance Systems was not in substantial conformity. ● The Office of Legislative Audits report results found Maryland to not be in compliance with 14 child welfare outcomes including a systematic approach to quality assurance.

<table>
<tr><th>Key Activity</th><th>Benchmarks for Completion</th></tr>
<tr><td>Continue to refine and enhance headline indicator and the CFSR results dashboards to support utilization of data by state and local staff</td><td>2019</td></tr>
<tr><td colspan="2">2019 Progress: In Progress

Early 2019: Data Analytics Network began to review potential data reports to ensure that data dashboards are user-friendly and allow for data-informed decision-making
October – November 2019: Regional meetings included the sharing of both the dashboards to those supervisors who attended and provided means in which they can be used by locals to evaluate their practice.
November 2019: Most recent CFSR results posted to the internal and external DHS website
Quarterly in 2019: Most recent Headline indicators posted to the internal DHS website as well as emailed to each of the local departments.
Headline indicator dashboards are also produced for each of the locals for meetings around their CFSR results so that they can compare their outcomes with their trend data.
In the next year, 2020, additional storyline indicators (those that support the headlines) will begin to be posted on the KnowledgeBase so that local departments can access them as needed for the work that they do.
As Maryland transitions to CJAMS, the headline indicators dashboard will be shifted to Qlik which will allow each local to access their own information without having to wait on SSA to provide the information. This will be happening during CY2020 and would probably require modifications to the dashboards as a new platform will be utilized.
</td></tr>
<tr><td>Provide ongoing presentation to local departments to enhance the quality of the data and the capacity of staff use it effectively</td><td>2019 and annually</td></tr>
<tr><td colspan="2">2019 Progress: In Progress

January – December 2019: 22 jurisdictions participated in data presentations with their supervisors. Most of these jurisdictions also included their staff as well. Due to the size of some jurisdictions, this resulted in 38 meetings with 6 by WebEx and the rest in person. There were 8 presentations during the first quarter (Jan – Mar) 2019 and 8 more during the second quarter of 2019 (Apr – Jun). There were 12 presentations during the third quarter (July-Sept) and 10 during the fourth quarter of 2019 (Oct – Dec).These presentations generated a great deal of discussion and became longer as the year went on as more information was discussed and in more detail. Overall, these presentations were favorably received. Many staff members commented on how helpful this was as they now understood the importance of timely, accurate, and complete data entry. The efficacy of these presentations was also evident in the changes in the data that occurred following the various presentations. It has certainly helped with monitoring of Headline Indicators, one of the main tools that is provided to LDSS to utilize data in their program work.
December 2019: A survey was provided to all locals at the end of the year to develop the presentations for CY2020 for supervisors and staff to complete. The survey contained questions about length of time as well as time of day, desired content areas as well as who should be part of the presentation. The results of the survey will be compiled and a new training will be developed and provided to the locals.
December 2019: Developed a standard, introductory training for all new staff in order to help those new staff in understanding the value placed on data and their role in ensuring the quality. Plans are to incorporate the training curriculum for new staff following their pre-competency training in March, April and June of 2020.
</td></tr>
<tr><td>Increase statewide accessibility of headline indicator and the CFSR results dashboards</td><td>2020</td></tr>
<tr><td>Develop and implement local quality assurance process to monitor compliance with state and federal regulations</td><td>2020 and biannually</td></tr>
<tr><td>Enhance state CQI cycle to support regular reviews of progress, identify areas of growth, and test out small measures of change</td><td>2020-2021</td></tr>
<tr><td>Monitor implementation of CQI cycle and local quality assurance process, making adjustments as needed</td><td>2021-2024</td></tr>
<tr><td colspan="2">Goal 4: Improve workforce wellness to reduce the impact of secondary traumatic stress and decrease turnover rates.</td></tr>
<tr><td colspan="2">Rationale for Goal Selection:

On average 88% of caseworkers hired between SFY 2015-SFY2018 retained their employment within their first
</td></tr>
</table>

year. This percentage decreases over the length of employment dropping significantly after 5 years of employment.

- Part of SSA's strategic vision and a guiding principle of the IPM is a safe, engaged, well prepared professional workforce. Included in this is workforce wellness and a reduction of secondary traumatic stress for child welfare workers, a theme that also emerged from the Maryland PIP convening that should be addressed to support improving outcomes for children and families. In 2018 SSA supported the implementation of a Secondary Traumatic Stress (STS) Breakthrough Collaborative Series Pilot in seven jurisdictions (Allegany, Baltimore, Calvert, Carroll, Frederick, Prince George's and Talbot Counties) that was informed by the work of the National Child Traumatic Stress Network (NCTSN) and aimed to help LDSS strengthen their policies and practices to respond to staff trauma. LDSS completed pre and post assessments to assess the impact of the pilot. All seven jurisdictions indicated higher levels of STS Informed policies and practices, lower levels of STS, and similar levels of staff burnout.

County	STSI-OA Baseline	STSI-OA at LS 3	STSS at Baseline	STSS at LS 3	BO at Baseline	BO at LS 3
Allegany	77.62	116.34	37.21	33.11	21.84	21.10
Baltimore	71.64	85.66	37.73	35.71	23.21	22.08
Calvert	94.89	110.39	34.65	34.06	22.84	22.02
Carroll	71.21	91.54	37.52	37.15	23.87	22.15
Frederick	71.46	90.08	35.41	33.5	22.54	22.06
Prince Georges	51.70	66.57	39.46	38.22	23.74	23.28
Talbot	96.06	125.71	35.90	32.88	21.45	20.84

Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA) scores- 0-200 range. Higher scores indicate higher levels of STS Informed policies and practices
STSS scores – higher scores indicate higher levels of STS
Burnout (BO)- ProQOL Burnout scores: 22 or less= low burnout; 23-41= average; 42 or above= high

- Recommendations following the pilot included:
  - Continued administration and analysis of the Secondary Traumatic Stress Informed- Organizational Assessment (STSI-OA) on a bi-annual basis to track progress (measures organizational and workforce levels).
  - Informal collaborative meeting, in person with current cohort at least twice a year.
  - Merge and align STS language, priorities, and training into IPM.
  - Make funding available that can be used creatively to address STS in local departments.
  - Make the STS-BSC available to other jurisdictions.

5-Year Measures of Progress:	**Baseline CY2018**	**2021 APSR CY2019**	**2022 APSR CY2020**	**2023 APSR CY2021**	**2024 APSR CY2022**	**2024 APSR CY2023**
All 24 jurisdictions will have completed the STS-BCS by the end of the CFSP period	7	3				
NEW MEASURE: There will be an increase in new child welfare caseworker staff 5 year retention rates by 10% (2% per year) over the CFSP period	41%	43%				

Goal 4 Objective 4.1: Explore expanding the existing Secondary Traumatic Stress Breakthrough Collaborative Series in additional jurisdictions, through which individualized local plans for reducing STS will be developed and put in place.

Measure for Objective 4.1*:* Number of locals participating in STS-BCS each year

Rationale for Objective Selection:

- On average 88% of caseworkers hired between SFY 2015-SFY2018 retained their employment within their first year. This percentage decreases over the length of employment dropping significantly after 5 years of employment.

Goal 4 Objective 4.1: Explore expanding the existing Secondary Traumatic Stress Breakthrough Collaborative Series in additional jurisdictions, through which individualized local plans for reducing STS will be developed and put in place.

- Part of SSA's strategic vision and a guiding principle of the IPM is a safe, engaged, well prepared professional workforce. Included in this is workforce wellness and a reduction of secondary traumatic stress for child welfare workers, a theme that also emerged from the Maryland PIP convening that should be addressed to support improving outcomes for children and families. In 2018 SSA supported the implementation of a Secondary Traumatic Stress (STS) Breakthrough Collaborative Series Pilot in seven jurisdictions (Allegany, Baltimore, Calvert, Carroll, Frederick, Prince George's and Talbot Counties) that was informed by the work of the National Child Traumatic Stress Network (NCTSN) and aimed to help LDSS strengthen their policies and practices to respond to staff trauma. LDSS completed pre and post assessments to assess the impact of the pilot. All seven jurisdictions indicated higher levels of STS Informed policies and practices, lower levels of STS, and similar levels of staff burnout.

County	STSI-OA Baseline	STSI-OA at LS 3	STSS at Baseline	STSS at LS 3	BO at Baseline	BO at LS 3
Allegany	77.62	116.34	37.21	33.11	21.84	21.10
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Talbot	96.06	125.71	35.90	32.88	21.45	20.84

Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA) scores- 0-200 range. Higher scores indicate higher levels of STS Informed policies and practices
STSS scores – higher scores indicate higher levels of STS
Burnout (BO)- ProQOL Burnout scores: 22 or less= low burnout; 23-41= average; 42 or above= high

- Recommendations following the pilot included:
  - Continued administration and analysis of the Secondary Traumatic Stress Informed- Organizational Assessment (STSI-OA) on a bi-annual basis to track progress (measures organizational and workforce levels).
  - Informal collaborative meeting, in person with current cohort at least twice a year.
  - Merge and align STS language, priorities, and training into IPM.
  - Make funding available that can be used creatively to address STS in local departments.
  - Make the STS-BSC available to other jurisdictions.

Key Activities	**Benchmarks for Completion**
Understand the lessons learned from the pilot of 7 jurisdictions and explore a proposal for expansion to additional jurisdictions	2019

2019 Progress: **Completed**

- January 2019 – April 2019: Participants, in collaboration with their colleagues, utilized previously completed internal analysis of worker safety, satisfaction, well-being, resilience and knowledge of trauma and trauma symptoms within their work site to identify strengths and challenges regarding worker - wellness and secondary traumatic stress and develop strategies to make improvements. This included but was not limited to changes in: staff composition and work assignments, supervision and management support and expectations, team building rituals, organizational policy and procedures and enhancing the actual work environment. Participants also developed sustainability plans to ensure on-going positive change. All jurisdictions reported increased knowledge of secondary traumatic stress at the end of the collaborative training series.
- July 2019: Progress and data findings representing the 7 DSS local departments that participated in the initial Secondary Traumatic Stress Breakthrough Collaborative Series were reported by the UMB Institute for Innovation and Implementation and JA Consulting Services to the OISC with recommendations to extend the series to the remaining Maryland jurisdictions.

Key Activities	Benchmarks for Completion
Integrate safety culture concepts into Integrated Practice Model rollout	2019
2019 Progress: ***In Progress*** ● November - December 2019: Training in the Safety Culture Model for local agency leadership was offered to all LDSS. All but 2 jurisdictions participated. ● December 2019: Customized coaching and consultation followed this training and will continue through 2020 and the activities of the model which best align with local agency interest, capacity, and need are being built into the Integrated Practice Model curriculum. ● Learning collaboratives are being planned as a way to continue transfer of learning and maximize coaching opportunities of the model.	
Incorporate Safety Culture principles into pre-service and ongoing training	2020
Provide TA and coaching to state and local leadership on the implementation of Safety Culture approach	2020-2024
Implement 2nd cohort for STS-BCS for 3-4 jurisdictions	2020
Implement 3rd cohort of STS-BCS for 3-4 jurisdictions	2021
Implement 4th cohort of STS-BCS for 3-4 jurisdictions	2022
Implement 5th cohort of STS-BCS for remaining jurisdictions	2023
Provide technical assistance and support to locals as they participate in and complete STS-BCS, monitor and track data related to turnover, STS, Burnout, and Safety Culture	2020-2024

Goal 5: Strengthen system partnerships to improve safety, permanency, and well-being of youth and families as well as build a prevention service array to support children and families in their homes and community.

Rationale for Goal Selection:

- Maryland CFSR Final Report results indicated that the State was not in substantial conformity in Systemic Factor Agency Responsiveness to the Community, Items 31 (State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR) and 32 (Coordination of CFSP with other Federal Programs)
- Maryland's PIP convening revealed that:
    - The needs of families are broad and the challenges they face are often complex; beyond the limited resources of any Local Departments of Social Services or the Social Services Administration.
    - Maryland family and child serving agencies and organizations often work in silos, within their own mandates and perceived parameters of confidentiality resulting in a limited understanding of what other agencies can offer a family.
    - Families too often receive basic referrals versus facilitated and warm-handoffs and coordinated services.
    - Families report going through multiple systems in search of the support they need, becoming increasingly more frustrated and disempowered by the difficulty they experience navigating systems in addition to meeting their own needs as well as those of their family.
    - There is a lack of shared accountability among family and child serving agencies and organizations on behalf of child-welfare involved families, in part driven by the lack of a holistic vision that Maryland values safe, healthy and self-sufficient families.
    - A shared vision is needed as a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families.
- FFPSA implementation will require the development of and/or expansion of prevention evidence based practices to address child and family needs in their homes and communities.

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained safely in their homes whenever possible will	69%	63%				

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
increase to 79% or higher by the conclusion of the CFSP period. (S2)						
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's needs will increase to 41% or higher by the conclusion of the CFSP period. (WB1)	31%	22%				
Entry rates will decrease to 1.5 or lower by the conclusion of the CFSP period (Permanency Headline Indicator)	1.8	1.5				
Reentry rate will decrease to 8% or lower by the conclusion of the CFSP period	11.8%	10.1%				

Goal 5 Objective 5.1: Develop and capitalize on community partnerships to strengthen the full array of services, including prevention services.

Measure for Objective 5.1: Number of community partnerships in place by fiscal year and service type
# of LDSS reporting Strong or Very Strong partnerships in the essential services category of the Community partnership - establish a baseline for year one and develop measure in subsequent years

Rationale for Objective Selection:

- Maryland CFSR Final Report results indicated that the State was not in substantial conformity in:
  - Systemic Factor Service Array and Resource Development, Items 29 (Array of Services) and 30 (Individualizing Services)
  - Systemic Factor Agency Responsiveness to the Community, Items 31 (State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR) and 32 (Coordination of CFSP with other Federal Programs)
- Maryland's PIP convening revealed that
  - The needs of families are broad and the challenges they face are often complex; beyond the limited resources of any Local Departments of Social Services or the Social Services Administration.
  - Maryland family and child serving agencies and organizations often work in silos, within their own mandates and perceived parameters of confidentiality resulting in a limited understanding of what other agencies can offer a family.
  - Families too often receive basic referrals versus facilitated and warm-handoffs and coordinated services.
  - Families report going through multiple systems in search of the support they need, becoming increasingly more frustrated and disempowered by the difficulty they experience navigating systems in addition to meeting their own needs as well as those of their family.
  - There is a lack of shared accountability among family and child serving agencies and organizations on behalf of child-welfare involved families, in part driven by the lack of a holistic vision that Maryland values safe, healthy and self-sufficient families.
  - A shared vision is needed as a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families
- FFPSA implementation will require the development of and/or expansion of prevention evidence based practices to address child and family needs in their homes and communities.

Key Activities	Benchmarks for Completion
Identify elements and lessons learned from existing local entity teaming projects and models to inform the development of a statewide strategy that structures and operationalizes local teaming on family/child specific cases, e.g., (PIP Activity)	2019

Key Activities	Benchmarks for Completion
● Local care teams ● Multidisciplinary teams ● Partnering for Success in Baltimore County ● Sobriety Treatment and Recovery Teams (START)	
2019 Progress: ***In Progress*** ● December 2019: Completed an initial review and scan of possible teaming models including: local care teams, multidisciplinary team, Partnership for Success and Sobriety Treatment and Recovery Teams. ● Service Array Implementation Team plans a further review elements of success in local teaming models (local care teams, multidisciplinary team, Partnership for Success [local county model], START [national model implemented in thirteen MD jurisdictions]) and will obtain e input on further areas of inquiry regarding teaming that should inform model development. This review is scheduled for January 2020.	
Develop approach and policy for local teaming on work with families/youth that may include: (PIP Activity) ● Local agencies who are suggested to be partners in the range of service types across the child welfare continuum (e.g. prevention, in-home services, out of home) ● Approaches to aligning family/child assessment, plans, and monitoring efforts to create shared responsibility and reduce conflicts and redundancy in family/youth expectations and services ("one family, one plan") ● Mapping a family's services to communicate with professionals about the challenges of multiple demands on families ● Template for memoranda of understanding to create infrastructure for local teams	2020
Engage in exploration related to readiness to implement local teams; select LDSS to receive in depth technical assistance to implement local teams. (PIP Activity)	2020
Develop measures of progress and performance focused on more effective and comprehensive assessment and facilitation of services to meet family needs (PIP Activity)	2020
Conduct ongoing CQI using performance measures; share results and adjust local teaming approaches or policy as needed. (PIP Activity)	2021-2024

Implementation & Program Supports

Training and Technical Assistance

DHS/SSA continued to provide an array of training and technical assistance to support local jurisdictions to support the achievement of the goals and objectives identified in CFSP.

Data Support

Training and onsite support were provided to local jurisdictions to support the initial implementation of Maryland's new child welfare information system (CCWIS), the Maryland Child, Juvenile and Adult Management System (MD CJAMS). The training and technical assistance provided included the development of the following tracks:

- Supervisor Activities
- Intake/Screening
- CPS
- Family Preservation
- Placement and Permanency
- Finance

In addition to training and technical assistance, DHS/SSA supported locals in conducting user acceptance training and testing training which was created to support locals in testing CJAMS. During CY2019 the training conducted covered the following topics:

- Intake/CPS Family Preservation

- Placement and Permanency
- Finance
- Supervisors Activities

In 2019 Washington County was the first jurisdiction to launch CJAMS. The remaining counties are scheduled to launch in 2020. As part of the launch all staff receive training and on site implementation support following the initial training.

Training and Coaching (Practice Model)
See Goal 2 and Objectives 2.1 and 2.2 for details on training and technical assistance provided to local jurisdictions to support the implementation of DH/SSA's Integrated Practice Model and plans for continued support in 2020.

Technical assistance and capacity building needs anticipated to support the goals and objectives
DHS/SSA continued to partner with the Capacity Building Center for States to implement three co-created capacity building projects designed to enhance authentic partnerships with families of origin, youth, and resources families. In CY2019 each project completed the following activities:

- Family Partnerships: Finalized theory of change, completed the family engagement problem exploration process, and developed action and evaluation plans all of which were aligned with DHS/SSA's CFSR PIP.
- Resource Parent Partnerships: Explored issues with resource parent engagement as part of the problem exploration and root cause analysis processes. Based on the analysis, an action plan was developed
- Youth Engagement: Consultation, coaching, and supports to strengthen recruitment and retention, strategic planning, and policy development for Maryland's state YAB and local YABs was provided. Exploration of the vision for success for the state and local YABs was completed and an action plan was developed to gather information about challenges faced regarding local youth advisory boards. Membership on the planning team was expanded to include Maryland Resource Parent Association, the Maryland Association of Resources for Families and DHS's Foster Youth Ombudsman.

See Appendix A for a Gantt chart outlining key activities being implemented, timeline for completion, connection to DHS/SSA's PIP, and status of implementation for each project. The current technical assistance and coaching provided by The Center will continue through September 2020. Prior to September 2020, DHS/SSA and the The Center will assess progress on all plans and develop a plan for FFY21. It is anticipated that all projects will continue into the next fiscal year.

In addition to support provided by The Center, DHS/SSA has continued to partner with Chapin Hall and the University of Maryland School of Social Work Institute for Innovation and Implementation (The Institute) to support the CFSP/CFSR goals. Chapin Hall and the Institute have served as members and consultants to teams, networks, and workgroups included as part of DHS/SSA's infrastructure to provide guidance and support related to data analysis, root cause analysis, strategic planning, and implementation support. In addition, The Institute continues to provide implementation, evaluation, and CQI support to DHS/SSA related to the implementation

of START and to local departments related to evidence practice and CANS/CANS-F implementation as well as strategic service array development.

Research, Evaluation or Management Information Systems activities in support of the goals and objectives in the CFSP

Data Trainings

During CY2019 38 Data Presentations were provided to 23 jurisdictions. Six of these presentations were conducted via WebEx while the others were in-person. Due to size, some jurisdictions had more than one presentation and 7 presentations were provided in Baltimore City alone. These data presentations consisted of several elements: 1) assist staff in understanding how data are used for both federal and state needs, 2) review of specific local level data around several audit areas, and 3) presentation of the Maryland Headline Indicators dashboard and review of the specific jurisdictions' data, looking both at areas of strength and where the data could be improved.

These data presentations provided each local the opportunity to learn how to use data as it relates to programming as well as the importance of data quality. Many locals were able to demonstrate improvements with regards to compliance data in the months following their local presentations. Locals also increased their data requests where the data was used to evaluate progress in certain areas identified as needing additional focus and concern.

Several jurisdictions also requested and received training for their supervisors around the Milestone reports and other reports available to assist them in monitoring both compliance and program work. These reports also improve data quality and accuracy for outcomes which jurisdictions appreciate in their ongoing work. TA has also been provided one-on-one where necessary for specific individuals.

Data presentation was also conducted with one local jurisdiction and selected members of their courts. This was to enhance understanding of the Permanency data being evaluated and for both to be able to make plans on collaborative work to improve outcomes for foster youth on timely exits to permanency.

Practical Data Meetings

The data presentations were prioritized for locals based on their CFSR in order to assist jurisdictions prepare for the Practical Data component of their reviews. This is a time for locals to provide their own interpretations regarding the Headline Indicators specific to their jurisdiction as well as to identify strengths and challenges. These challenges are documented and reviewed again at the CIP meetings where the Indicators are reviewed again for any changes and when specific indicators might be selected for inclusion in the CIP. Throughout this process, TA has been provided to locals to assist them in understanding their data.

Regional Meetings

Regional trainings were conducted in conjunction with CQI during the fall of 2019 to LDSS supervisors regarding the Headline Indicators and connecting outcomes to the CFSR findings. Jurisdictions that had not yet been involved in the CFSR were encouraged to review their Headline Indicator data and determine what areas they might need to improve to achieve more

positive CFSR outcomes. Other statewide data was provided relating to safety, permanency and well-being as well as potential data related to Families First Prevention Services monitoring.

In-Service CQI, Data Analysis & CFSR Training
A training that would be provided to all new staff as part of their new worker training curriculum information regarding CQI, Data Analysis and the CFSR was discussed with SSA workforce development as well as the CWA. It was decided that this training would occur right after the completion of the pre-service trainings. This training would ensure that all new staff would understand how data connects to their daily work as well as understand the importance of data accuracy, quality, and timeliness. The first classes were scheduled for March and April of 2020.

LDSS Survey pertaining to the Data Trainings
In late December 2019, a survey was sent to all local departments of social services to get feedback regarding the data training provided to each. Directors and Assistant Directors were asked to forward the survey to their supervisors and other staff to get feedback on their experiences as well as to identify topic areas for data trainings/workshops to be provided during 2020.

SSA and LDSS collaboration
TA provided both to staff at DHS/SSA and at local departments on specific data requests/analysis and evaluation to identify program needs, outcomes, and challenges. Deeper evaluation of the data is often required to gain a better understanding of what might be at the root cause or to provide additional information which can be monitored and discussed to determine ongoing practice and decisions.

A presentation created and reviewed with Placement & Permanency Director who presented information during the June 2019 Provider Strategy Meetings. The presentation provided data for the private providers regarding shared children/youth and included ideas around collaboration to improve outcomes and reduce the time in care.

Activities Planned Jan – Dec 2020:
- Survey review
    - Review of the results of the LDSS survey responses to determine length of time for the 2020 workshops, topics, appropriate participants as well feedback on other aspects of the trainings that were helpful or needed to be changed.
- Data trainings/workshops
    - Implementation of data trainings/workshops based on survey results as well as overarching data needs throughout Maryland. Trainings in 2020 will provide CEUs and will have evaluations following each training to improve them throughout the year.
    - Continue TA to local leadership regarding available reports for data monitoring and tracking especially during the transition to CJAMS.
- Practical Data Meetings
    - Continue collaboration with CQI around the Practical Data and CIP Meetings, supporting LDSS with their use of their data.

- In-Service CQI, Data Analysis & CFSR Training
    - These trainings will be provided to new staff following their pre-service trainings with dates already scheduled in March, April and June of 2020.
    - To be considered will be an in-service training for staff who missed their local jurisdiction's data presentation (i.e., hired after it occurred) so that all local jurisdictional staff would have a foundational knowledge regarding these three basic approaches that are utilized for the best outcomes for Maryland's children and families.

  Regional Meetings
    - Continue collaboration with CQI to provide training to all supervisors with regards to statewide data (quantitative and qualitative) and its implications for program practices and outcomes.

- SSA/Local DSS collaboration
    - This will include working with new SSA staff around understanding the data they use in their day-to-day work with local jurisdictions, providing TA to local jurisdictions as they implement their CIP, PIP activities, IPM, and other specific local priorities.
    - Provide presentations with various stakeholders regarding data where appropriate (i.e., Provider Strategy Meetings, etc.)
    - Continue collaboration with local departments and stakeholders as they determine appropriate. There are currently two jurisdictions discussing this with one scheduled for January 2020.

Quality Assurance System

Maryland CQI/QA

Maryland continues to make progress implementing planned enhancements to strengthen the State's CQI/QA system, as outlined in the 2020-2024 CFSP. The DHS/SSA recognizes the importance of a robust CQI/QA system to support efforts to monitor performance, assess strengths, and identify opportunities for growth across safety, permanency, and well-being outcomes.

The CQI unit remains the primary CQI process support for all jurisdictions by conducting ongoing case reviews using the federal Onsite Review Instrument (OSRI) and providing technical assistance to local departments. The review cycle currently follows a three-year process from April 2018 to March 2021 to review cases from each jurisdiction, with some jurisdiction reviewed more than once. The CQI unit and volunteers who conduct the onsite review participate in reviewer debriefs to improve the analysis of data and application in the OSRI. Additionally, during the prep meeting Reviewers are informed of lessons learned from prior reviews leading to stronger narratives in the OSRI that depicts practice across the State.

Training

Support and data literacy training from the CQI unit and Research and Evaluation unit has allowed local departments to better understand Maryland's CQI process as well as their individual performance on Headline Indicators for safety, permanency, and well-being outcomes. The data literacy training teaches local department staff where the data comes from, how the data

is used, and how to utilize statewide reports such as the data dashboard; headline indicator report. Additionally, the State is working with local departments to create or further strengthen their own localized CQI/QA systems that monitor compliance and quality of the department's work with children and families.

Enhancing Capacity
Maryland's State CQI cycle enables regular review and discussion of outcomes data approximately every six-months in the OISC to identify performance improvement opportunities, review data, prioritize performance issues, conduct root cause analysis, and develop strategies to address the priority performance areas needing improvement. DHS/SSA regularly shares CFSR and Headline Performance data with critical internal and external stakeholders during Implementation Team, Regional Supervisory, and OISC meetings. During each of these meetings, the data review process becomes more refined as performance issues are identified, additional analytic questions are asked as part of the root cause analysis process, and information is further assessed to inform decision-making Staff are learning how to ask more analytical questions that offer a "why" behind the number.

Assessment
The current CQI/QA system is carried out within DHS/SSA's Implementation Structure to advance key priorities in order to achieve the agency's strategic direction. Since the fall of 2018, DHS/SSA has conducted facilitated discussions regarding CFSR case review data and statewide and local performance on the headline indicators to understand trends and identify key findings and concerns for deeper analysis and action. Additionally, DHS/SSA engages each local jurisdiction as they participate in MD CFSRs, with focused discussion on the local departmental performance on the headline indicators and the story that provides context for that performance. DHS/SSA and the local department identify areas of outstanding performance and those in need of improvement during this engagement and couple them with the local department's MD CFSR findings to guide the local department's improvement efforts. To increase access to CFSR outcomes and Headline Indicator performance, DHS/SSA posts results on an internal platform, Knowledge Base, and the DHS Website which is available to external partners. DHS/SSA plans to enhance the QA/CQI system by implementing focus groups to yield qualitative data related to systemic factors in the fall of 2020.

Feedback Loops
Maryland has maintained an effective CQI feedback loop that engages internal and external stakeholders in the CQI cycle through the Implementation Teams, the OISC, and the CQI unit. Through these efforts, the CQI system can accurately and efficiently monitor statewide progress towards achieving improvements in child welfare services.

DHS/SSA, with the support of the CQI unit, also continues to facilitate solution-focused conversations, monitor data and information, and provide technical assistance as needed to local departments along with the local CFSR reviews. During practical data meetings, DHS/SSA partners with local departments to explore local performance on headline indicators. The continuous improvement plan meeting is an opportunity for local department staff to learn feedback from children, families, and resource parents interviewed as part of the CFSR process.

These key insights can highlight other areas of practice that local departments can further investigate in partnership with the CQI unit.

In addition to the data meetings, the State plans to implement biannual focus groups with local department caseworkers, supervisors, assistant directors, and directors, service providers, resource parents, resource home workers, youth, birth parents, attorneys, magistrates, and judges. These focus groups will provide additional data on statewide child welfare strengths and areas needing improvement. The focus groups were to begin in spring 2020 and occur during the CQI cycle; however, due to the State's COVID-19 response, the focus group launch was delayed and will resume in fall 2020.

CQI/QA System Utilization

Over the last year, DHS/SSA has leveraged the CQI/QA cycle to identify performance areas needing improvement and create strategies to improve key outcomes. Implementation Teams, with the CQI unit and data analytics support, have increasingly turned to qualitative data collected during the CFSR reviews for additional insights on service delivery and practice. By supplementing the Headline Indicator performance data for key outcomes with data from the OSRI item narratives, Implementation Teams are better equipped to recognize performance drivers and think strategically of solutions to address areas needing improvement. The OSRI narratives have been critical for further understanding potential root causes by providing context for the challenges surrounding practice, service provision, and assessments that promote safety, permanency, and well-being outcomes. This strategy has been especially effective for the Service Array Implementation Team as they reviewed OSRI data for items 2 and 12 to inform service planning. Through the OSRI narratives of these items, the Service Array Implementation Team gained a more thorough knowledge of the types of services and assessments offered by the agency and needed by families to promote safety, permanency, and well-being outcomes. State child welfare policy development takes into consideration the results of State CQI processes. The IPM training and Pre-service curriculum redesign was developed with close to attention to the CFSR findings. Additionally, local departments are addressing practice needs based on the results of their CFSR.

This comprehensive data approach has contributed to more robust root cause analysis discussions within the Implementation Teams. Stakeholders during these meetings are encouraged to ask questions to ultimately identify the key root causes driving problems that DHS/SSA has the capacity to improve. DHS/SSA has found that Implementation Teams are now even better equipped to present their findings and recommended root cause priorities to the OISC for further decision-making. As a result of these robust, data-informed discussions, DHS/SSA has chosen to prioritize root causes for foster care entry rates and challenges for achieving timely permanency.

Measuring Progress

Monitoring the IPM implementation is a critical goal of the 2020-2024 CFSP. In an effort to make progress on this goal, Maryland is leveraging its CQI/QA system to ensure that the IPM roll-out is effective. Implementation of the IPM has largely entailed developing strategies to train the workforce with the appropriate knowledge and skills to support the IPM. To further strengthen its implementation, DHS/SSA is focused on designing an evaluation strategy that would effectively measure the IPM's fidelity, quality, and impact on case practice. Maryland has

made significant progress towards designing and implementing CQI measures for the IPM and has met with key stakeholders to assist in the discussions. During these meetings, the State outlined its key outcomes of interest and how they align with the IPM's principles. The state expects to have measures in calendar year 2020.

Onsite Review Instrument (OSRI)
Maryland continues to use the federal OSRI for its ongoing case reviews as part of the CFSR process. DHS/SSA, with the support of the CQI unit, offers periodic statewide trainings on the tool for peer reviewers and QA staff and provides updated guidance and resource materials as they are developed. Within the last year, the CQI unit created a revised peer reviewer interview guide along with a peer reviewer tip sheet to facilitate understanding of the OSRI items. The CQI unit also hosts regular QA staff meetings to share up-to-date feedback from the Children's Bureau for specific OSRI items and general QA best practices.

State Case Review Process for CFSR Purposes
Maryland has continued to deploy a statewide case review process for CFSR purposes, using the OSRI as the case review tool and federal staff for secondary oversight. The CQI unit experienced some vacancies during CY2019; however this did not impact the ongoing CFSR process as the State recruited volunteers to assist with the process. The State anticipates having the CQI Unit fully staffed with 8 full time analysts, a supervisor, and Program Manager in CY2020. The ongoing Maryland CQI case review process will review 65 cases each 6-month review period and will continue to be implemented with each jurisdiction reviewed on a three-year cycle. The case sampling methodology ensures that there is an approximate 40/25 split between foster care to in-home sample cases in each jurisdiction.

Update on the Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program
Below is a list of all services currently provided by DHS/SSA which have not changed since the submission of DHS/SSA's CFSP. For a full description of services please refer to DHS/SSA's CFSP.

- Child Protective Services
- Alternative Response
- Family Preservation Services
- Kinship Navigator
- Placement and Permanency
- Adoption Assistance Program
- Mutual Consent Voluntary Adoption Registry
- Adoption Search, Contact and Reunion Services
- Ready By 21
- Guardianship Assistance Program

Services to children adopted from other countries
To prevent disruption and offer post adoption supports, DHS/SSA continues to ensure that adoptive families who may come to the attention of the LDSS receive the following services utilizing federal IV-B and IV-E funding as well as PSSF funds:

- Pre-and-post adoption support services which includes:

- Community resources
- Financial supports
- Adoption education
- Voluntary placement assistance if applicable
- Family preservation services

DHS/SSA will inform and provide technical assistance to the local departments regarding support for international adoptions. Maryland does not provide any specific programs targeted to children adopted from other countries. If these children enter care post adoption, they receive the same services as those provided to children born in this country, aimed at reunifying the family as soon as possible. At the time of removal, families are eligible to receive post adoption supports which include entering into a Voluntary Placement Agreement (VPA) with the LDSS. These VPA services also include assistance with the placement of youth who have special treatment needs that require specialized placements such as reactive attachment disorder or other emotional and/or physical challenges. Parents may also receive post adoption counseling support services under the VPA. These families will also be entitled to any pre/post adoption service activities slated with the state's Adoption Call to Action plan.

Services for Children Under the Age of Five

DHS/SSA has continued to monitor the length of stay for children under the age of five in care. In reviewing the data in the Table 26 below when comparing two calendar years, it is clear that the number of children who have been in care less than 12 months has actually decreased by 3.4% as the number of children who are in care over 12 months has increased. This indicates that while there might be children under age five who come into care and exit within 12 months, many more remain in care longer than 12 months. This issue continues to be explored including the specific characteristics of these children (i.e., what are their permanency plans, what factors are contributing to their entry into foster care) who exit within 12 months and those who remain in care over 12 months.

Table 26: Children Under Age Five in Out-of-Home, Length of Stay (LOS)

Social Services Administration: Children Under Age Five in Out-of-Home, Length of Stay (LOS)				
LOS in Care (In Months) of Children Under Five in Out-of-Home				
Calendar Year	6 or less	7-11 months	12 or more	Total
2019*	347	265	639	1,251
Percentage of population	27.7%	21.2%	51.1%	100.0%
Percent Point Change: 2018 to 2019	-0.3%	-3.1%	3.4%	
2018	347	301	591	1,239
Percentage of population	28.0%	24.3%	47.7%	100.0%
The goal is for 80% of the children 0-5 will have length of stay 11 months or less by 2024.				

Social Services Administration: Children Under Age Five in Out-of-Home, Length of Stay (LOS)
LOS in Care (In Months) of Children Under Five in Out-of-Home
Source: MD CHESSIE, CY (January through December) *Does not contain Washington Co entries after October 27, 2019 due to transition to CJAMS

To better support this population, DHS/SSA restructured to create a Child Welfare 0-5 specialist position. With a focus on children age 0-5, this position aims to ensure children and families involved in child welfare are connected to essential health, development, and social emotional support services. The position will coordinate efforts with existing early childhood system stakeholders such as maternal and child health, head start, infants and toddlers, family resource centers, home visiting/family support services, pediatrics, parenting education, Temporary Assistance for Needy Families (TANF), Women Infants and Children (WIC), and the LDSS to increase access to high quality, stable early childhood programs and services for children in the child welfare system. This position will coordinate services and identify opportunities to further strengthen collaborations that aim to reduce the occurrence of child abuse and maltreatment and increase access to services. In addition to this position, the Substance Use Disorder Workgroup, part of the Service Array Implementation Team, has focused on programs and activities to support families impacted by parental substance use and Substance Exposed Newborns. These activities are described in the populations at greatest risk of maltreatment; SEN section of this report.

Maryland has continued to support and monitor various activities implemented by LDSS to support children under five designed to prevent their entry into care and/or shorten their length of stay in care. The following activities are being implemented in CY 2019:

- Safe Babies Court Team Approach- SBCT (Frederick County)
- Peer Recovery Coaches (Harford County)
- Judy Centers (Various counties)

For more details on these specific interventions, please refer to the 2020-2024 CFSP

In addition to those activities included in the 2020-2024 CFSP, DHS/SSA has also partnered around the implementation of a number of other interventions designed to support children under age five and their families:

- Family Recovery Courts (FRC) a multidisciplinary, collaborative approach to serve families with substance use disorders who are involved with the child welfare system. These courts bring together substance use treatment providers, child welfare services, mental health agencies, and other community partners in a non-adversarial approach. They seek to provide safe environments for children, intensive judicial monitoring, and interventions to treat parents' substance use disorders and other co-occurring risk factors. Research has shown that FRCs have the potential to increase the number and time to family reunification and decrease placements in long term foster care settings. In Maryland, there are currently five (5) FRCs overseen by Maryland Judiciary, Administrative Office of at the Courts in Baltimore City and Baltimore, Charles, Harford and St. Mary's counties. At this time the agency does not have plans to expand FRC. The agency will explore expansion feasibility across Maryland jurisdictions at a later time.

- A number of interventions that began under DHS/SSA's Title IV-E Waiver that are targeted for young children and their families. These interventions include:
  - Sobriety Treatment and Recovery Teams (START) is a promising substance use disorder treatment model being implemented in 13 jurisdictions in Maryland. The model focuses on addressing parental substance abuse with children under age 5 in the home. More detail about the START model updates is described in the populations at greatest risk of maltreatment section of this report.
  - Parent Child Interactive Therapy (PCIT) is an evidenced-based mental health intervention designed for children aged two - seven and their families. This intervention is currently being implemented in Anne Arundel County. This intervention is included in Maryland's Family First Prevention Plan, allowing for expansion to other jurisdictions in coming years.
  - Nurturing Parenting Program (NPP) is a promising parent-education program that is being implemented in two jurisdictions. While this intervention was included in Maryland's Family First Prevention Plan, it did not meet the level of evidence required by the Family First Clearinghouse. DHS/SSA is exploring opportunities to support the development of evidence backing the effectiveness of this intervention.
  - Healthy Families is an evidence-based home visiting program designed for pregnant mothers and parents with children up to 24 months of age. It is being implemented in five jurisdictions. This intervention is included in Maryland's Family First Prevention Plan allowing for expansion to other jurisdictions in coming years.
  - Incredible Years is a promising parent education program implemented in Allegany County during the Waiver. This intervention did not continue implementation beyond the end of the Waiver in September 2019.

DHS/SSA will continue to monitor the length of stay goals (as noted above) as well as Federal CFSR Review outcomes related to Permanency Outcome 1: Children have permanency and stability in their living situations and Permanency Outcome 2: The continuity of family relationships and connections is preserved for children and Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs, Well-being Outcome 2: Children receive appropriate services to meet their educational needs, Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs (please see Outcomes section for results.)

Pritzker Children's Initiative (PCI) Prenatal-to-Age-Three
During the reporting periods DHS/SSA partnered with Maryland Family Network (MFN) and a variety of early childhood partners to support Maryland's application for Pritzker three-year Action Grant to support successful execution of elements of Maryland's proposed prenatal-to-age-three policy agenda and action plan. This opportunity is focused on supporting states in expanding needed state and community services for children prenatal to age three and their families. PCI's approach to support national, state and local policies and programs that:

- Increase the number of families with children prenatal to age three who are connected to essential health, development, and social emotional support services.

- Increase the number of low-income infants and toddlers receiving affordable, high-quality child care.
- Expand high-quality services nationally to at least one million low-income families with children prenatal to age 3 by 2023.
- Focus on needed policy changes and investments in states and communities

MFN led the development of Maryland's grant proposal resulting in Maryland's receiving $1 million over the next three years to support implementation of its plan. Beginning in CY2020 DHS/SSA will continue to partner with MFN and Maryland's Early Childhood partners to implement the proposed prenatal-to-age-three policy agenda and action plan.

It is hoped that by adding the Child Welfare 0-5 specialist position and continuing to supporting the services and interventions described above, DHS/SSA will continue to turn the curve on goals related to building the service array available to children under five and their families as well as reducing length of time in care.

Efforts to Track and Prevent Child Maltreatment Deaths

Process for reporting fatality data to NCANDS

Maryland has several ways that child fatalities come to the attention of the Department. The reporting process most commonly starts with notification to the LDSS from law enforcement. Information from the coordinated investigation is documented in the Statewide Automated Child Welfare Information System (SACWIS) for Maryland and contributes to data for reporting on child fatalities where child abuse/neglect was determined to be a factor in the fatality. Social Services Administration Policy Directive #10-5 requires that the central office be notified whenever a child in an active or recently closed child welfare case is involved in a fatality, critical incident or sustains a serious physical injury. Additionally, all child fatalities where child abuse or neglect is suspected to be a contributing factor in death are investigated by LDSS staff and information forwarded to the central office.

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

The official notice the local CFR teams receive is from the Office of the Chief Medical Examiner (OCME). When a jurisdiction has a death of a child under 18, the following month the local CFR

team coordinator receives a list of those deaths directly from the OCME. This is the CFR coordinator's official notification for CFR purposes. (The list is compiled by the jurisdiction of residence of the deceased, not county of death). The OCME sends out the list of fatalities to local review panels and a form for each child's death to be used to guide the local review. Local teams then complete the local CFR reporting form and submit it to the State Fatality Review Team for tabulation and analysis for their annual report. Maryland has the State Child Fatality Review Team's annual report, and while it contains information that has a broader focus than just child abuse/neglect related child fatalities, it is used to augment Maryland's NCANDS report. The annual report is submitted as part of the APSR submission. The OCME cases are the cases local CFR teams are to review. The cases that go to the OCME are the cases that are "unusual or unexpected" child deaths, for example, death from leukemia in the hospital would not go to the OCME).

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

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

According to NCANDS, a child fatality is "…the death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death." Fatalities are reported to NCANDS in two main ways. The first manner is as a field in the child level file and the second is as a field in the agency file. The deaths listed in the child file are instances where child abuse/neglect was a contributing factor. The agency file count is a subset of this number where the family had received Family Preservation Services in the previous five years. Maryland uses the information collected in the Maltreatment Characteristics tabs to label a fatality as either the cause of death or a contributing factor of the death for a child involved in the report.
Maryland produces two types of statistical reports on child fatalities based on information generated by local department staff and forwarded to the central office as required by policy. All deaths in which there were active child welfare cases, irrespective of whether abuse or neglect is determined to be a factor, are reflected in one report. Monthly, information is collected on children who die while a local department is involved in a CPS Response or providing another child welfare service. Many of the children fall in the category of 'medically fragile' or come to the department's attention following a life-threatening illness or chronic condition. A small number of situations involving children, who sustain injury from abuse or neglect, are in Foster Care, who then die from an injury sustained before a local department's involvement. Also, a

small number of deaths occur during or immediately following a local department involvement and abuse/neglect is determined to be a contributor.
A second statistical report, produced for the legislature, is on a calendar and fiscal year basis on child fatalities investigated where it is determined that abuse or neglect contributed to the fatality.

In 2017, the State Council on Child Abuse and Neglect (SCCAN) in collaboration with the State Child Fatality Review Team formed a Maryland Child Abuse and Neglect Fatality Review Workgroup (MCANF). The Workgroup was focused on reviewing all "unusual and unexpected" fatalities statewide of 0-4-year-olds in the calendar year 2015 to determine: whether or not the death was related to abuse and neglect, and what system improvement recommendations could prevent future deaths. The results of the reviews and recommendations in 2019 are still pending and the workgroup was disbanded.

Steps to develop and implement a statewide plan
The plan remains the same as cited in the CFSP. DHS/SSA began compiling an outline of the goals to encompass the methodology, implementation, and necessary policy and practice changes concerning the plan. The initial outline included evaluating how DHS/SSA will select cases for review; provide operational definitions to LDSS to limit disparities in the screening and disposition of cases; align the CMFR with our practice model; and encourage staff self-care and support.

Engaging public and private agency partners
DHS/SSA collaborates with Chapin Hall to develop a comprehensive process based on the success of those implemented nationally. DHS/SSA plans to contact the Maryland Department of Health to request access to their child fatality database. Access to this database can help identify potential maltreatment cases that are not reported to the LDSS and therefore are not included in DHS/SSA data. Gaining access will also be beneficial as it relates to outcomes of autopsies, which may change dispositional findings. DHS/SSA plans to develop a recruitment plan to engage additional agency partners with child welfare experience.

Comprehensive plan development
The plan is in the CFSP with no changes. DHS/SSA continues to evaluate the proposed case and triage criteria with plans to make it more clear, efficient and illustrative. DHS/SSA will continue to analyze and evaluate the plan as it continues through development and as more data and resources become available.

Mary Lee Allen Promoting Safe and Stable Families (PSSF)
Please refer to the CFSP and previous APSRs for background information on the PSSF grant. In 2021, Maryland will utilize 20 percent of the PSSF grant in each of the following service categories: family preservation, family support, family reunification, and adoption promotion and support services. Ten percent of the grant will be administration and discretionary spending.

Family Reunification Services
Family Reunification services provided by the LDSSs have been tailored to the individual family and have addressed the issues that brought the family into the child welfare system, so that the child could be reunited with his/her family as soon as possible and ensure the stability of the

reunification. All twenty-four (24) Local Departments of Social Services (LDSS) offer family reunification services. The SFY2020 allocations to the LDSS are the same as SFY2019 allocations. Effective October 2018, the fifteen (15)-month time limit on the use of family reunification services was dropped. In addition, the LDSS are allowed to utilize family reunification services for a child who returns home for fifteen (15) months beginning on the date the child returns home (per the Family First Prevention Services Act). A policy directive was distributed to the LDSS explaining the changes made to Family Reunification services as a result of the Federal legislation. A strength of family reunification services is that each local can match the needs of the population served in its jurisdiction to the purchased services; however, all the services are aimed at reunifying the family and ensuring the stability of the reunification.

Approximately 1,150 families and 1,640 children were served in SFY2019. It is estimated that the same number of families and children will be served in SFY2020. The types of services provided include:

- Individual, group and family counseling
- Inpatient, residential, or outpatient substance abuse treatment services
- Mental health services
- Assistance to address domestic violence
- Temporary child care and therapeutic services for families, including:
    - Crisis nurseries
    - Transportation
    - Visitation centers

Adoption Promotion and Support Services

The 24 LDSS offer adoption promotion and support services to remove barriers to a finalized adoption, expedite the adoption process, and encourage more adoptions from the foster care population, which promote the best interests of the children. For the SFY2020 funds, the allocation for each LDSS is based on the number of children with a goal of adoption. The LDSS are required to submit a plan each year that describes how they will spend their allocation. For SFY2019, approximately 1,100 families and 1,300 children were served. It is estimated that the same number of families and children will be served in SFY2020. The types of services provided, inclusive of the Adoption Call to Action, include:

- Respite and child care (Adoption Call to Action)
- Adoption recognition and recruitment events (Adoption Call to Action)
- Life book supplies for adopted children
- Recruitment through matching events, radio, television, newspapers; journals, mass mailings; adoption calendars and outdoor billboards (Adoption Call to Action Activity)
- Picture gallery matching event, child specific ads, and video filming of available children
- Promotional materials for informational meetings
- January 2020 Pre-service and in-service training for foster/adoptive families (Adoption Call to Action Activity-pending NTI)
- National adoption conference attendance for adoptive families
- Materials, equipment and supplies for training
- Foster/Adoptive home studies

- July 2020 Consultation and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption in making a commitment (Adoption Call To Action Activity)

Family Preservation and Family Support Services
In SFY2019, family preservation and family support funds through PSSF were allocated to all twenty-four (24) LDSS in Maryland. Most of the LDSS operate a specific program with these funds. The local departments that were not allocated funds for a specific program received "flex funds" that are used to pay for a variety of supportive services for families receiving Family Preservation services. The amount of the "flex funds" allocation depends on the caseload for In-Home services. In SFY2020, the following jurisdictions received "flex funds": Baltimore City, Anne Arundel, Caroline, Dorchester, Cecil, Garrett, Kent, Prince George's, and Wicomico Counties.

A strength of the PSSF family preservation and support service programs is that the local jurisdictions help to develop an adequate service array throughout the State by filling service gaps. All of the family preservation and support programs are different and are based on the needs in the respective jurisdiction. In addition, many of these programs are located in rural areas, including Allegany and Washington counties in Western Maryland; St. Mary's, Calvert, and Charles counties in Southern Maryland; and several jurisdictions on the Eastern Shore.

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

In addition, some of the PSSF family preservation and support programs in the local jurisdictions are evidence-based practices, including Healthy Families, Strengthening Families, Functional Family Therapy, Parent-Child Interactive Therapy, and various parenting curriculums that are utilized as part of parenting workshops. These evidence-based practices have been very effective in preventing child abuse and neglect and entry into Foster Care. For example, in the Healthy Families program, there were zero indicated cases of abuse and zero Foster Care placements between 6 and 12 months following case closure out of 124 families across four jurisdictions.

Table 27 below, gives the number of families who were served in SFY2019, and provides a description of the services provided. In the first two quarters of SFY2020, the family preservation and support services program served approximately 465 families, 25 pregnant and parenting teens, and 35children who received respite services. It should be noted that parents and children are not included in the family count, and pregnant and parenting teens are not included in the parent count. There is data missing from a few LDSSs, and DHS/SSA is working on obtaining the data from these jurisdictions. Approximately the same number of families, pregnant and parenting teens, and children who receive respite services will be served in SFY2021.

Table 27: PSSF Family Preservation and Family Support Services

Jurisdiction	Description of Services Provided	Family Preservation or Family Support	Data from SFY2019
Allegany County	Parenting workshops are provided that utilize the Incredible Years' parenting curriculum. The workshops are offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training.	Family Preservation	• 59 parents served. • Zero indicated cases of abuse • Zero Out-of-Home (OOH) Placements between six and 12 months post-closing • 67 families tracked between six and 12 months post-closing.
Anne Arundel County	Flex Funds are used for Interpreter services for non-English speaking families; Supportive services not covered by medical assistance or other programs (i.e. anger management, play therapy, parenting classes); Daycare/summer camps; supportive services for kinship families; and rent and utility assistance.	Family Preservation "Flex Funds"	• 121 families served. • One indicated case of abuse at six months and two indicated cases of abuse at 12 months post-closing. • Zero Out-of-Home placements. 69 and 96 families tracked at six and 12 months post-closing, respectively.
Baltimore City	Flex funds are used to contract with The Choice Program to provide treatment services to youth including case management, counseling, crisis prevention/intervention, and wraparound services. In addition, "flex funds" are used to provide supportive services to families receiving In-Home services.	Family Preservation "Flex Funds"	Data not submitted yet.
Baltimore County	Funding provided for Brave Enterprises, which is an empowerment program for girls in foster care and who have experienced or at risk of sex trafficking. Also funding to support training providers on Instinctual Training Response.	Family Preservation	Data not available.
Calvert County	The NOVO Parenting Program is a 6-week in-home parenting program that provides parenting support, skills training, and behavioral health training to families with children.	Family Preservation	• 35 families served. • Zero indicated cases of abuse • Zero OOH placements six and 12 months post-closing • 9 and 7 families tracked at six and 12 months post-closing, respectively.
Caroline County	A family support worker is assigned to families to provide in-home parenting support, teaching and modeling of parenting, life, and social skills.	Family Preservation and Family Support "Flex Funds"	• 12 families served. 0 indicated cases of abuse at 6 and 12 months post-closing; 1 OOH placement at 6 months post-closing. • 56 and 83 families were tracked at 6 and 12 months

Jurisdiction	Description of Services Provided	Family Preservation or Family Support	Data from SFY2019
			post-closing, respectively.
Carroll County	Weekly formal parenting education classes that utilize the Nurturing curriculum. Families are also offered home visits. The home visitor is trained in Parents as Teachers Curriculum and the A-B-C Curriculum, and is also able to provide service linkages, general counseling, crisis intervention, and referrals. Parent-Child Interactive Therapy is provided to at-risk families and children, which is a short-term evidenced- based model.	Family Support Family Support	• 48 families served. • 0 indicated cases of abuse at 6 and 12 months post-closing; 1 OOH Placements at 6 months-post closing and 0 at 12 months post-closing. • 19 and 17 families were tracked at 6 and 12 months post-closing, respectively. • 44 families served. • 0 indicated cases of abuse at 6 and 12 months post-closing; 0 OOH Placements at 6 months • 1 OOH placement at 12 months post-closing. • 30 and 38 families tracked at 6 and 12 months post-closing, respectively.
Cecil County	Flex funds are allocated this year to Cecil County.	Family Preservation "Flex Funds"	• 43 families served. • 0 indicated cases of abuse • 0 OOH placements at 6 and 12 months post-closing. • 19 and 8 families were tracked at 6 and 12 months post-closing, respectively.
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age five. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	Family Support	• 19 teen families served • 0 indicated cases of abuse or OOH Placements at 6 and 12 months post-closing. • 17 and 9 families were tracked at 6 and 12 months post-closing, respectively.
Dorchester County	Flex Funds are used to assist with housing to stabilize families, with utility bills and child care, and with treatment services.	Family Preservation "Flex Funds"	38 families served.
Frederick County	Services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and fathers, child development, health education, and life skills training, case management, counseling, and Parent as Teachers home visiting.	Family Support	• 50 Participants served • 0 indicated cases of abuse at 6 and 12 months post-closing • 0 OOH Placements at 6 and 12 months post-closing. • 32 and 36 families tracked at 6 and 12 months post-closing, respectively.
Garrett County	Flex funds are allocated to provide direct services to families, assist with stabilizing families by helping	Family Preservation "Flex Funds"	No data provided yet.

Jurisdiction	Description of Services Provided	Family Preservation or Family Support	Data from SFY2019
	with utility payments and rental assistance to prevent evictions, and providing for resource needs of families.		
Harford County	The Safe Start program is an early assessment and intervention program that targets children at-risk for maltreatment and Out-of-Home Placement. If risk factors for abuse/neglect are identified, the program provides further assessment with intervention and follow-up services to families. In 2017, the Safe Start program was re-designed and now provides an extension of the classroom portion of the Nurturing Parenting Program (NPP) by offering parenting support groups to the families who participated in the NPP. Following the five week support group, an in-home coaching component is also offered to families.	Family Support	• 40 families served. • 0 indicated cases of abuse • 0 OOH placements at 6 and 12 months post-closing. • 26 and 38 families tracked at 6 and 12 months post-closing families.
Howard County	The Family Options program provides services to help pregnant and parenting teens and very young parents. These services include group sessions, parenting classes, intensive case management, referral services, and substance abuse counseling.	Family Support	• 36 teen mothers and 35 infants served • 0 indicated cases of abuse at 6 and 12 months post-closing; 0 OOH Placements 6 and 12 months post-closing. • 17 and 15 families tracked at 6 and 12 months post-closing, respectively.
Kent County	Funds will be used for Healthy Families program that provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.	Family Preservation	• 2 families served. • 6 families tracked between 6 and 12 months post-closing • 0 indicated cases of abuse and 0 OOH placements.
Montgomery County	A service is provided that targets adolescents who were referred to child welfare services because they are “out of control” and parents will not or can no longer take responsibility for the child’s difficult behavior. An intervention model is utilized that enable parents to effectively respond to their children.	Family Preservation	• 14 families served • 18 families tracked at 6 months post-closing and 21 families at 12 months post-closing. • 0 indicated cases of abuse at 6 months post-closing, and 0 OOH placements at 6 and 12 months post-

Jurisdiction	Description of Services Provided	Family Preservation or Family Support	Data from SFY2019
	Cognitive and behavior therapy are used to develop and reinforce the parents' capacity to raise and guide their children.		closing
Prince George's County	The Strengthening Families Program (SFP) is a 14-session, parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in SFP, both separately and together. Funds are used to support families receiving in-home services.	Family Preservation & Flex Funds	Data not submitted yet.
Queen Anne's County	The Healthy Families program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, extensive referrals to other sources, and developmental, vision, and hearing screenings.	Family Support	● 11 families served ● 0 indicated cases of abuse between 6 and 12 months post-closing and 0 OOH Placements. ● 25 families tracked between 6 and 12 months post-closing.
Somerset County	The Healthy Families Lower Shore program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.	Family Support	● 67 families served ● 0 indicated abuse at 6 and 12 months post-closing. ● 0 OOH Placements at 6 months post-closing and 1 at 12 months post-closing. ● 93 and 85 families were tracked at 6 and 12 months post-closing, respectively.
St. Mary's County	An in-home parenting program is a 6 week program that strives to increase parents' skills and capacity to care for children. The Strengthening Families program is being implemented in 2019.	Family support	● 20 participants served. ● Outcome data not available. For the in-home parenting program.
Talbot County	Respite services provide support to families who have a child at risk of an Out-of-Home Placement. The program offers voluntary, planned, or emergency services for short-term Out-of-Home Placement in a respite provider's home. The parent education program uses the Nurturing Parent curriculum, and provides separate groups for parents and children that meet concurrently Topics covered in the curriculum	Family Support Family Support	● 27 children and 20 families served. ● 6 and 7 families tracked at 6 and 12 months post-closing, respectively. ● 0 indicated cases of abuse at 6 or 12 months post-closing. 1 OOH placement at 6 months and 3 at 12 months post-closing. 76 parents ● 20 and 23 families tracked at 6 and 12 months post-

Jurisdiction	Description of Services Provided	Family Preservation or Family Support	Data from SFY2019
	include: building self- awareness; teaching alternatives to yelling and hitting; improving family communication; replacing abusive behavior with nurturing; promoting healthy development; and teaching appropriate developmental expectations.		closing, respectively. ● 0 indicated cases of abuse, and 1 OOH placement at 6 and 1 at 12 months post-closing.
Washington County	Funding will be directed to the Family Center. Specifically, child care services, case management, and parent-aide services will be provided to parents.	Family Support	● 84 families served. ● 1 indicated case of indicated abuse at 6 months post-closing and 0 OOH placements at 6 and 12 months post-closing. ● 32 and 43 and families tracked at 6 and 12 months post-closing, respectively.
Wicomico County	Funding is for respite services and summer camps. Flex Funds to provide support to families who are receiving in-home services.	Family Preservation Family Support	● 15 families and 19 children served. ● 0 indicated cases of abuse or OOH Placements 6 and 12 months post-closing; 3 and 5 families tracked at 6 and 12 months post-closing, respectively. ● 21 families served. ● 0 indicated case of abuse and 0 OOH placements at 6 and 12 months post-closing ● 27 families tracked 6 and 12 months post-closing, respectively.
Worcester County	Contracts with a private provider for a parent support worker that provides services to change parental behaviors through teaching problem solving skills, modeling effective parenting and referring parents to additional community resources.	Family Preservation	● 3 families served. ● 0 indicated cases of abuse at 6 months post-closing and ● 1 indicated case of abuse at 12 months post-closing. ● 0 OOH placements at 6 and 12 months post-closing; 4 and 8 families tracked between 6 and 12 months post-closing.

Changes Made to Family Preservation and Family Support Services in SFY2020

Allegany, Charles, and Kent counties have made some changes to how they are utilizing their SFY2020 allocations for family support and family preservation. Allegany County will continue to fund the parenting workshops for approximately ten (10) families. In addition, they are supporting certification training for their Peer Support Specialists working with child welfare customers. They are also funding services and supports for identified youth and families who are in need of crisis intervention or prevention.

For SFY2020, Charles County is planning a town hall meeting to introduce Families First and Maryland's Integrated Practice Model to the local community. As they educate local stakeholders, they will need to develop new prevention services in Southern Maryland and assist partners in modifying their practices to support the goals of his paradigm shift. They will utilize PSSF Family Support funds to hire an individual to oversee the work sessions at the town hall meeting, as well as subsequent work sessions to build wrap-around services that emphasize keeping families together.

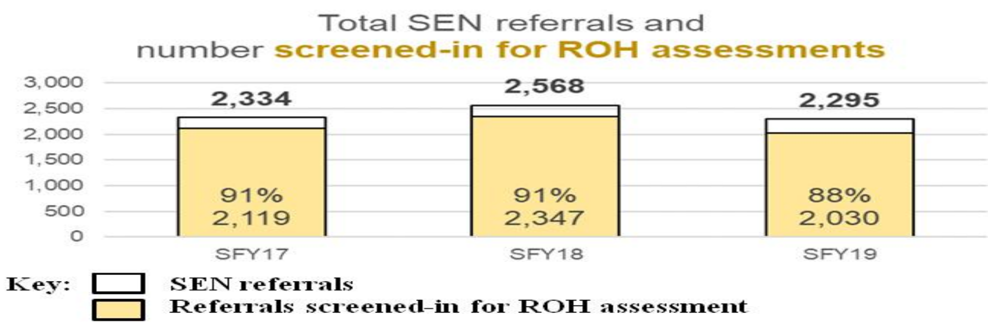
For SFY2020, Kent County is utilizing PSSF Family Support money for mental injury, psycho-social, and psychological evaluations of siblings to promote family stability and to prevent Out-of-Home Placements. Also, Baltimore County will be funding the Functional Family Therapy program.

Populations at Greatest Risk of Maltreatment
Many communities across the nation, including Maryland, continue to face challenges with substance use and opioid misuse escalating among parents and pregnant women. The State of Maryland identified Substance Exposed Newborns (SEN) as a population at the greatest risk of maltreatment, and continues to utilize and leverage state and local resources to ensure SENs are safe and families are in-tact.

DHS/SSA's ongoing strategies for reducing maltreatment for the SEN population include: 1) building state and local cross-system collaboration and 2) aligning and expanding the array services and resources (evidence-based interventions) to meet the needs of the newborn, affected caregiver, and family member/s. DHS/SSA's Substance Use Disorder (SUD) Workgroup continues to lead these efforts, utilizing the expertise of various stakeholders involved in the delivery of services for SENs and parents with substance/opioid use disorders. System partners involved with the SUD Workgroup have welcomed and embraced a state-lead collaborative approach for addressing SEN and parental substance use by developing a work plan with key priorities identified to achieve and accomplish program outcomes and APSR activities.

Most recent SEN data indicates an 11% decrease from 2018 to 2019 (Table 28). This decline in SEN referrals may be associated with the passage of Maryland's 2018 substance exposed newborn statute Family Law §5–704.2 This statute altered the SEN definition, altered SEN reporting requirements, and repealed reporting exemptions for Health Care Practitioners. DHS/SSA continues to explore SEN data to identify notable data changes, and a charge of the SUD Workgroup is to utilize a data driven decision making approach to improve SEN program outcomes and effectively address parental substance use.

Table 28: SENS Referrals And Screened-In ROH Assessments



DHS/SSA's continuous review and presentation of SEN data in effort to monitor trends over time and specific data elements allow for a deeper analysis into root causes and inform recommendations for practice and services aligned with Maryland's Title IV Prevention Plan. This effort also supports the monitoring of SUD-related evidence-based interventions.

Over the past year, DHS/SSA continued to develop strategies to build statewide cross-system collaborations by having key state level partners collectively identify various goals and tasks to address families with SENs. This included providing support and guidance to the LDSS on the implementation of SEN/SUD Collaborative Teams to improve systems and services for SENs, pregnant women, postpartum women, caregivers, and families impacted by substance use. State and local partners include Maryland Department of Health (MDH), Maryland Department of Education, Maryland Patient Safety Center, local health departments (Home Visiting; Infants & Toddlers; care coordination unit), various outpatient substance use providers, residential treatment providers, birthing hospital case management, and drug court coordinators.

DHS/SSA's Well-Being Unit and SUD Workgroup members collaborated to implement the SEN Regional Collaborative training across Maryland. The SEN Regional Collaborative training aims to improve care coordination for substance exposed newborns (including Neonatal Abstinence Syndrome) and parents with opioid and substance use disorders by introducing a Prenatal Plan of Care and SSA's Plan of Safe Care (POSC). DHS/SSA expects attendees will be able to develop a cross-system approach to treating pregnant and parenting women with opioid use disorder (OUD), thus improving care, practice and safety. Trainees will also have the opportunity to create a SEN action plan during teaming sessions to support cross-system collaboration efforts by identifying opportunities for improvement, strategies, and steps specific to their jurisdiction needs.

DHS/SSA provided TA to LDSS' on engaging birthing hospitals, behavioral health providers, and Medication Assisted Treatment (MAT) providers to address needs of SEN and affected caregivers such as quick access to referrals, service utilization, and child welfare program outcomes. Moreover, DHS/SSA served as a supportive partner with Maryland's state and local agencies on developing an effective approach to addressing the needs of parents prenatally such as a Prenatal Plan of Care supporting the needs and services for pregnant women affected by substance. SSA's SEN policy will be revised to include the newly developed POSC and address

monitoring of the POSC. DHS/SSA with TA developed a statewide POSC with implementation expected Spring/Summer 2020.

The agency's POSC addresses appropriate care for the newborn who may be experiencing neurodevelopmental or physical effects or withdrawal symptoms from prenatal substance exposure, and referrals for the affected parent (s) including substance abuse treatment, mental health, and parenting support. The development of the POSC promotes engagement and education with parents or caregiver on safe sleep, home safety, and fire safety. Ensuring the services identified in the POSC are implemented is critical to assuring the ongoing health and substance use needs of the newborn and family. The POSC will address actions and services for the newborn and family's needs that strengthen the parents' capacity to care for the newborn and to ensure the newborn's continued safety and well-being of all family members. Therefore, the needs must be incorporated into the service plan if the case is transferred to family preservation services or foster care to ensure ongoing monitoring. The agency's internal child welfare system will document the POSC information for all SEN Risk of Harm assessments to corroborate referrals and the delivery of appropriate services.

The case worker also must monitor the safety plan or service plan to ensure appropriate implementation and that the specific action steps are completed. The monitoring should include all steps necessary to assure the safety of the newborn. This includes ensuring that the family or caregiver is receiving the treatment and appropriate services required by the plan.

An area of focus identified through DHS/SSA's TA to LDSS' and stakeholders was postpartum women with medical cannabis certification. DHS/SSA collaborated with Maryland's state agency that provides oversight and monitoring of medical cannabis. This collaboration was aimed to educate medical providers and the LDSS' on current medical cannabis regulations specific to reporting requirements and SEN assessment along with recognizing appropriate use of medical cannabis.

In efforts to increase provider awareness to improve outcomes for pregnant and postpartum women with substance use and newborns prenatally exposed to substances, DHS/SSA developed a SEN Toolkit and a dedicated SEN webpage to identify services, resources, and trainings relevant to building and improving system collaborations for this population. The SEN Toolkit was a collaborative effort in partnership with MDH's Behavioral Health Administration through In-Depth Technical Assistance from the National Center on Substance Abuse and Child Welfare (NCSACW).

In an effort to continue to build and improve workforce capacity, DHS/SSA developed opportunities to enhance knowledge, support practice, improve outcomes, reduce stigma, and facilitate cross-system communication among agencies and community providers serving SEN and families impacted by substance use. In partnership with MDH (Maternal and Child Health) and the Opioid Operational Command Center and Substance Abuse Mental Health Services Administration (SAMHSA), DHS/SSA is planning a cross-system training. The training curriculum focuses on preventive services, coordination of treatment, wraparound services (MAT, mental health, nutrition, family planning), trauma-informed, and improvements in collaboration between state, local, and other organizations involved in services provided to families with SEN.

Maternal Infant and Early Childhood Home Visiting, DHS/SSA, and Maryland Department of Education's Infants and Toddlers program continued to provide the SEN Home Visiting Training. This training targeted frontline staff educating staff about best practices for newborns affected by substance use or withdrawal symptoms to ensure their safety and well-being once released from the hospital, referral to services for affected parent or caregiver, and more importantly an opportunity for service providers to engage in discussions on how to collectively improve service delivery across all systems.

Preserving families, decreasing foster care entry, and reducing maltreatment among families with SENs are key outcomes for the Sobriety Treatment and Recovery Teams (START) model implemented in thirteen jurisdictions. Since implementation in the fall of 2019, more than a few jurisdictions have hired a family mentor (a key strategy of this intervention), completed customized evaluation trainings to ensure model fidelity, and started to serve families. Furthermore, the partnership with MDH's Behavioral Health Administration and TA provided by model developers lead to the first START Learning Collaborative held which aims to create a peer learning environment to discuss challenges, share resources, and assist local START supervisors, workers, and family mentors with necessary strategies and resources to ensure successful program implementation.

In an effort to ensure child welfare staff have adequate training on assessing risk of substance using families, DHS/SSA is in the process of collaborating with University of Maryland School of Medicine to refine current child welfare SEN and substance use trainings to focus on the adequacy and utilization of safety and risk assessments, better understanding of the management of opioid use disorder OUD in pregnant and postpartum women with an emphasis on the medications used in the treatment, including understanding the purpose of urine toxicology screenings during treatment, of OUD.

Kinship Navigator Funding
Maryland's Kinship Navigator funding was used in FFY2018 and FFY2019 to support programmatic needs and for alignment with the Families First Prevention and Services Act (FFPSA). In FFY2018, funds were used to support training and stabilization support. The training included a refinement of current pre-service and in-service training to be inclusive of Kinship Navigator services as well as mini-training sessions at the bi-monthly Kinship Navigator peer support meetings. The CWA worked collaboratively with DHS/SSA to develop a plan for training and education for the kinship navigator program, which supports the program outcomes' focus on diverting and preventing children from entering into foster care, as well as enhancing safety, permanency, and well-being of Maryland's children and families. DHS/SSA's goal is to increase outreach and offer a broader array of services to kinship families that will positively impact outcomes of safety, permanency and well-being. DHS/SSA provided each LDSS access to additional funds to provide direct and stabilization services to kinship families receiving Kinship Navigator Services. The additional funding provided assistance with child care, summer camp, legal assistance, eviction prevention, and basic needs.

In FFY2019, funds were used to continue training efforts and planning activities for the development and evaluation of an evidence-based practice program. Research was conducted on similar programs and an evaluation plan was developed to plan needed practice changes to align with FFFPSA and support the rating process of Maryland's program as an evidence-based

practice. DHS/SSA partnered with the University of Maryland, Baltimore, School of Social Work, Ruth Young Center (UMB/SSW RYC) to develop a plan for evaluating Kinship Navigator services. Funds were used to bring community stakeholders, navigators, and kinship families across the state together to engage in planning efforts required of FFPSA during a weekend retreat in August, 2019. Kinship families were gathered in focus groups and trainings on outreach and support needs of kinship families. Particular outreach and planning efforts were funded through a conference involving court partners from around the State in June, 2019. A planning and training retreat was held in September, 2019, which involved Kinship Navigators from around the State and other major stakeholders including the Family Investment Administration, The Maryland Office on Aging, The Maryland Coalition of Families, and the Maryland State Department of Education. Funds for stabilization services also continued to be offered and used by locals to support stabilization and support of kinship families.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Standards for content and frequency of caseworker visits

In DHS/SSA/CW Policy #16-03, Maryland DHS/SSA outlines the standards for the content and frequency of caseworker visits. This policy sets forth that visits shall be face-to-face, directed and purposeful, and at least monthly (increased according to the child's needs, circumstances and best interest). The content of the visits is described in detail in this policy and covers that the visit should allow for communication, observation, and assessment of the following focus areas: obtaining essential information for case management, giving child and family active participation in permanency planning, ongoing assessment of child and his/her relationships with caregivers/family, providing life skills and ensuring child's needs for safety, permanency and well-being are met, and ensuring they are in the appropriate placement. To ensure adherence to this policy, DHS/SSA provide monthly data related to monthly caseworker visits. The data report identified each local's compliance with the policy as well as those children who have a missed visit at the time of the data pull but there is still time to complete the visit within the required timeframe

Anytime a caseworker, during their visitation, observes a situation, or a situation is brought to their attention, which may place a child's safety in danger, a SAFE-C OHP (Out-of-Home Placement) must be completed immediately to assess whether or not that child is safe in their placement (as directed in DHS/SSA/CW Policy #12-27).

Caseworker Visitation Grant for 2021

DHS/SSA continues to allocate funds on a yearly basis to the LDSS for the caseworker visitation grant. The LDSS submits proposals that DHS/SSA will review and approve for the use of these funds. An example of requests for funds from the LDSS includes funds for additional specialized training for their staff, consultation and clinical supervision, and trauma-informed training.

How the Grant Improves the Quality of the Caseworker Visits

The LDSS' utilize these funds to provide various trainings to enhance the skills of caseworkers to improve decision-making on the safety, permanency, and well-being of children and/or to enhance their knowledge on various issues, however these funds cannot be used to provide consultation services or provide training to staff that are already available through the Child Welfare Academy. In addition, the LDSS could also utilize their funding on activities to recruit

and retain workers and supervisors, such as assisting LGSW workers in receiving their full licensure or hosting staff appreciation luncheons.

Additional Services Information
Adoption and Legal Guardianship Incentive Payments

- Pre-adoptive finalization services to children in Foster Care may include provision of support that will facilitate inter-county adoptive placement and adoptive placements that are considered difficult (26% of past year expenditures were spent in this category).
- Pre-finalization child specific recruitment activities for children in Foster Care may include identifying potential adoptive families for children with a permanency plan through special photo listings and recruitment events.
- Direct client services to those children who have an approved permanency plan of custody/guardianship to a relative or non-relative may include a provision of support that will facilitate the placement of the child in the relative or non-relative's home. This will lead to the relative or non-relative being granted custody/guardianship of the child and receiving the Guardianship Assistance payments.
- Direct client post-adoption services to children adopted from Out-of-Home Placement and their families may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs (16% of past year expenditures were spent in this category).
- Direct client services to children who have exited Out-of-Home Placement and their families through custody/guardianship to a relative or non-relative; and are receiving Guardianship Assistance payments. Services may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs.

Plan for timely expenditure of the funds within the 36-month expenditure period
Maryland recognizes that the timely expenditure of these funds is required. A barrier to this goal has been LDSS lack of awareness of the services these funds can be used for and how to access the funds. Therefore, Maryland put the following activities (Table 29) in place to ensure the timely expenditure of funds:

Table 29: Adoption Incentive Spending Strategies

Strategies to expend funds	Target Dates (2019-2024)	Progress Jan-Dec 2019	Changes, issues, challenges
Strategy 1: Plan for expending adoption incentive funds in thirty-six months.			
Develop LDSS adoption incentive goals for each jurisdiction.	October 2019/Annually	N/A	DHS/SSA was unable to formulate statewide Adoption goals during the period. As a result of the Children's Bureau Call to Actions. , DHS/SSA spent time trying to educate the local departments on the utilization of adoption incentive funds. Follow-up to the Adoption Assistance webinar was done to

Strategies to expend funds	Target Dates (2019-2024)	Progress Jan-Dec 2019	Changes, issues, challenges
			educate the LDSS staff on Adoption Assistance Funding Goals will be developed by July 2020.
Send updates on status of adoption finalization incentive goals	January 2020/Quarterly	N/A	Once the goals are sent in July 2020, updates will be sent quarterly to the LDSS.
Develop tip sheets to include the services listed above and the process by which the funds can be accessed from the central office. Conduct annual review for updates.	October 2019	Adoption/Guardianship tip sheet draft developed and is pending approval. Expected approval by March 2020.	N/A
Continue capacity building with Adopt-US-Kids (AUK) to increase recruitment of adoptive resources for youth ages 0-21	September 2019	Met with AUK during permanency workgroup to establish timeframes for timely TPR's. Root cause analysis conducted to prioritize which youth will be targeted. Prioritization was given to youth who were in care two years or less. Plan is to develop resources by utilization of the Adoption Incentive Funds to create resources for this population.	N/A
Strategy 2: Tracking of Adoption incentive funding.			
Develop a tracking report of the trends related to the LDSS utilization of the adoption incentive funding by pulling data and reporting the amount and use of funding expenditures.	July 2019 Quarterly	Tracking reports developed and funds are currently being tracked to trend how funds are being utilized. Completed July 2019.	N/A
Provide technical assistance to LDSS on adoption incentive funding process/expenditure, to include check-ins.	Quarterly	Quarterly TA (conversations on how to spend funding) is provided to the LDSS around funding/expenditures.	N/A
***Strategy 3: LDSS education on the utilization and expenditure of adoption incentive funding*.**			
Informing LDSS leadership at MASS-D and Affiliate meetings of the services that funding can be used for and the process for accessing the funds	Bi-annually	Completed in Fall of 2019 next meeting scheduled for Spring of 2020.	N/A
Hosting DHS/SSA regional meetings to serve as learning	Bi-annually	DHS/SSA plans to host regional meetings in	N/A

Strategies to expend funds	Target Dates (2019-2024)	Progress Jan-Dec 2019	Changes, issues, challenges
collaboratives where education and inter-jurisdictional learning occurs.		Summer 2020.	
Hosting DHS/SSA Adoption/Guardianship Assistance Funding Webinars	July 2019	Completed April 2019 Posted and accessible on DHS learning center (The HUB)	N/A
Re-examining policies and practices related to adoption and guardianship assistance and providing updates and technical assistance to the LDSS about any applicable updates.	July 2019/Quarterly	DHS/SSA formulated an Appropriate Placements workgroup in June 2019. The sub-workgroup (Permanency) was developed in October 2019. The focus of this group is timeliness to permanency.	N/A

<u>Adoption Savings</u>

Adoptions Savings Methodology

Maryland utilizes the Children's Bureau's method with actual amounts to calculate adoptions savings. There have been no changes to methodologies or procedures since the last submission.

Adoptions Savings Expenditures/Services and timetable

Over the next year, DHS/SSA plans to continue to utilize adoptions savings monies as follows: 20% post adoption, 10% at risk and 70% IV-E/B funding See Table 30 for strategies and timetable to expend funds.

Table 30: Adoptions Savings Funds Expenditure Timetable

Strategies and Timetable to Expend Funds			
Strategies to expend funds	**Target Dates (2019-2024)**	**Progress Jan-Dec 2019**	**Challenges in accessing & spending funds**
Strategy 1: Purchase training to assist in adoption competency development of child welfare staff.			
Purchase Child Welfare League of America in-person and on-line hybrid training and began to utilize training program to both public/private resource home trainers	March 2019	Completed February 2019	N/A
Purchase Center for Adoption Support and Education (NTI) training curriculum and began training of child welfare caseworkers	December 2019 Revised: August 2020 expected to begin training of child welfare workers	DHS/SSA advised training is free of charge	N/A
Strategy 2: Purchase pre-post adoption/guardianship services to assist with adoption/guardianship education, finalization, supports, and prevention of removal/disruption.			
Request pre/post adoption/guardianship proposals from adoption competent community	June 2019 Completed: February 2020	Draft Proposals submitted February 2020. Contracts expected to be	Budget proposal with contractor not available until February 2020. Update: July 2020Contract in development

Strategies and Timetable to Expend Funds			
Strategies to expend funds	**Target Dates (2019-2024)**	**Progress Jan-Dec 2019**	**Challenges in accessing & spending funds**
resources to see what services are available		completed by June 2020.	
Develop proposal for competitive bidding for pre-post adoption/guardianship services Revised: Competitive Bid no longer needed.	September 2019	Contracts expected to be completed by June 2020.	Budget proposal with contractor not available until February 2020. Update: July 2020 Contract in development
Begin state procurement process for pre-post adoption/guardianship support services.	October 2019	Scope of work in progress. Expected date of competition March 2020.	Budget proposal with contractor not available until February 2020. Update: July 2020 Contract in development
Purchase pre-post adoption/guardianship support services via partnerships with community adoption agencies to perform the following services	March 2020	Scope of work in progress. Expected date of competition March 2020.	Budget proposal with contractor not available until February 2020. Update: July 2020Contract in development
Explore foster care family preservation prevention services to prevent removal of youth. Revised: Explore relative resources for older youth the purchasing of Family Finding Contract via an Adoption Statewide Partner	October 2019 Revise: June 2020	Scope of work in progress. Expected date of competition March 2020	Strategy revised to reflect the appropriate type of service delivery.
Strategy 3: Provide education on understanding and utilization of adoption savings funds to LDSS casework staff.			
Host DHS/SSA Adoption/Guardianship Assistance Funding Education and Webinar	July 2019	Completed April 2019	N/A
Create and Distribute Adoption/Guardianship assistance tip sheets.	October 2019/annually Revised: Summer 2020/annually	Creation of tip sheet completed	Tip sheet is in revision and needs final approval through vetting process. Update: October 2019, developed Tip sheet pending approval
Host DHS/SSA twice a year regional meetings to serve as learning collaboratives where education and inter-jurisdictional learning occurs	Bi-annual Revised: Summer 2020/bi-annually	N/A	Update: Fall 2020
Strategy 4: Monitoring of adoption savings expenditures.			
Develop monitoring reports to ensure funds are being expended prior to the due date.	October 2019/Quarterly	Developed fiscal codes to efficiently track and report each category	
Provide technical assistance to LDSS to eliminate barriers to expenditure.	January 2020/Quarterly	11/2019 - Developed adoption fact sheet that provides	

Strategies and Timetable to Expend Funds			
Strategies to expend funds	**Target Dates (2019-2024)**	**Progress Jan-Dec 2019**	**Challenges in accessing & spending funds**
		information on available adoption funding.	

Challenges in accessing and spending the funds
DHS/SSA continues to be challenged with the procurement of adoption savings funds as well as identifying community resources that offer statewide pre-post adoption/guardianship support services. DHS/SSA has been challenged with LDSS underutilization of funding due to a lack of education on how to use the funds.

Connecting to CFSP Goals
The strategies implemented with Adoption Savings funds include: education to assist in adoption competency development of child welfare staff and purchase of pre-post adoption/guardianship services to assist with adoption/guardianship education, finalization, supports, and prevention of removal/disruption. Both of these strategies connect to CFSP Goal 2: Workers will have knowledge and skills to support the full implementation of Maryland's Integrated Practice Model, which leads to better outcomes for reentry, recurrence of maltreatment.

John H. Chafee Foster Care Program for Successful Transition to Adulthood
Services Provided Since CFSP
During SFY 19, the state supported approximately 60 youth in Semi Independent Living Arrangements (SILA) which provide youth ages 16-21 an opportunity to learn and practice independent living skills and activities. Maryland also supported 155 youth in Independent Living programs.

The DHS/SSA disbursed Foster Youth Savings to 1,959 youth in foster care during SFY 2019 for a total of $1, 242,250 in Foster Youth Savings in 2019 to youth between the ages of 14-20. A total of 484 of the youth received a HS graduation bonus in the amount of $500 each. All FYSP funds become available to the youth when they exit foster care to aid in their transition to independence.

In SFY 2019, DHR/SSA conserved federal disability benefits for youth in foster care ages 14-20 in compliance with Maryland Senate Bill 291 and Family Law Article 5-527.1. The law requires that Maryland conserve portions or the entire federal benefit for foster youth that previously was expended by the LDSS to offset the cost of care. Since the enactment of Senate Bill 291 in 2018, SSA has provided oversight to the local departments and monitored progress on conserving federal benefits for youth in foster care in alignment with Family Law §5-527.1. From the inception of this initiative the LDSS conserved federal benefits for an average of 107 foster youth per month. By youth age group, the LDSS were successful in conserving an average of $393.84 for youth ages 14-15, $766 for youth ages 16-17, and $1173.07 for youth ages 18-20. DHS has successfully conserved an approximately $1,124,369 in federal benefits for youth in foster care. For youth with Supplemental Security Income (SSI), local departments were diligent in opening 84 Special Needs Trusts to protect their continued eligibility for SSI.
In 2019, DHS/SSA accessed credit reports from each of the 3 major credit reporting agencies (Trans Union, Equifax, Experian) for approximately 890 foster youth in Maryland from ages 14

through 17 yrs old. DHS/SSA assisted in resolving discrepancies for several youth between the ages of 18-21. The credit reports are used to protect the identity of youth in foster care many of whom should not have a credit history due to being under the age of 18. The credit reports also serve the purpose of advancing financial literacy with foster youth.

In 2019, DHS/SSA participated in Foster Youth Shadow Day in Annapolis, MD. Approximately 60 youth attended the event and DHS/SSA administered evaluation surveys to the youth following the event and learned that 64.7% of the foster youth thought the event was excellent. 67.7% of the youth reported that they were more likely to stay informed about social problems and 51.6% reported being more likely to vote.

DHS/SSA facilitated a week long Summer Youth Internship Program. This Youth Internship opportunity included an open and competitive application process in which a recruitment announcement was created and disseminated so all youth in foster care had the opportunity to apply. The learning competencies included communication skills, teamwork, office etiquette, job search skills, and establishing references. The Older Youth and Permanency used a scoring system to identify the best candidates. A total of 12 youth from a total of 28 applications were selected to participate. All participants were compensated for their participation and received a $200 stipend, onsite meals, and subsidized travel accommodations for those who experienced barriers to transportation. . Participants were surveyed following their participation for evaluation purposes. The youth enjoyed the experience and benefited from learning soft skills necessary to be productive in an office environment, developing a resume, and interviewing. Through this experience, youth secured connections, gained mentors and some of the feedback from the youth included extending the internship to 2 or more weeks, an increased stipend, and more opportunities for shadowing staff in areas of career interest. DHS/SSA plans to continue the Summer Youth internship program in 2020 and incorporate the feedback from the foster youth in the planning.

Maryland has continued to offer a platform for youth engagement and advocacy through its Youth Advisory Boards at the state and local level. In 2019, there were at least 4 local Youth Advisory Boards active throughout the state and the SYAB. DHS/SSA consulted with the Capacity Building Center (CBC) for States to increase engagement of youth in the Youth Advisory Board (YAB) on the local and state level. In 2019, the Steering Committee membership consisted of consultants from CBC with experience in building and sustaining YABs, LDSS Independent Living Coordinators representing different regions of the state, SSA staff, Foster Youth Ombudsman, and foster alum working with Centers. Centers for States has worked with Maryland to develop a theory of change that included a process of problem exploration, identification of inputs, program activities, outputs, and short and long term outcomes.

Provide an update on the state's plan to strengthen the collection of high-quality data through NYTD and integrate these efforts into the state's quality assurance system.
DHS/SSA is utilizing data derived from CQI analysis, NYTD, feedback from stakeholders and youth to address gaps in the quality and quantity of services for youth to enhance programming and increase resources. These data driven efforts are initiated through the youth engagement in focus groups and youth advisory boards. DHS/SSA is organizing a platform for youth to

participate in a youth consultant panel whereby youth will team together to research and review outcome data and formulate work plans to improve service delivery.

Maryland continues its efforts that obtain, analyze and provide data for the National Youth in Transition Database (NYTD). In October 2019, DHS/SSA Data Operations began disseminating a weekly report to LDSS to update them about new youth that entered foster care and would be included in the cohort and to identify the surveys that have been completed or in need of completion. In its efforts to inform youth about NYTD, Maryland continues to have a dedicated page on the mdconnectmylife.org website which provides youth information through three simple questions: What is NYTD?, Why is it important?, and Why should I complete NYTD? The importance and results of NYTD will continue to be discussed at various times throughout the year with the State Youth Advisory Board (SYAB) members, with emphasis on the critical importance of receiving input from youth. Maryland communicated NYTD data with Independent Living Coordinators during the monthly meetings to keep them aware of the trends in outcomes for recently emancipated foster youth. ILCs will be able to use the feedback from YABs and the data from NYTD to develop and implement strategies to mitigate the negative outcomes and advocate for additional resources necessary to meet the needs of transitioning youth.

In the 2019 Follow up for Cohort 3, 91.1% of youth in foster care participated and 70.7% of discharged youth participated. 16.3% of youth that did not participate could not be located. Some positive trends in the data obtained from cohort 3 include the following:

- 8.7% of youth in care reported being incarcerated within the last 2 yrs compared to only 5.7% of discharged participants.
- 84.9% of discharged participants reported having adult connections

The following trends require increased attention to ensure that transitional services are adequately preparing youth for independence:

- 24.5% of discharged youth reported homelessness within the last 2 years.
- 24.5% of discharged youth reported having a substance abuse referral within the last 2 years.
- Only 54.7% of discharged youth were receiving Medicaid.
- 32% of discharged youth were receiving SNAP benefits.
- 50.9% of discharged youth are employed.

2019-2020 plans

Youth feedback provides essential understanding of the needs of youth leaving foster care, and points to child welfare service areas that can improve so that youth can have better outcomes. Youth feedback about NYTD data will be elevated to the Emerging Adults Workgroup to help inform our practice model, service array, and strategies for youth engagement. DHS/SSA is introducing a Youth Consulting Panel to continue youth engagement efforts to allow for youth input on strategies and activities associated with CFSP goals.

Provide an update on coordinating services with "other federal and state programs for youth

In 2019, DHS/SSA expanded its coordination with DJS through use of the CrossOver Youth Practice Model (CYPM). Washington, Allegany, and Frederick Counties implemented the

CYPM and Maryland now has five counties practicing the model. The CYPM is an intervention developed by Georgetown University's Center for Juvenile Justice Reform that focuses on a multi-systems approach to reducing juvenile delinquency and promoting positive child and youth development. This intervention identifies and tracks foster youth that are arrested and enter the juvenile justice system or entered foster care following involvement with the juvenile justice. The model calls for collaboration between DJS and LDSS caseworkers in sharing of information, increasing youth and family engagement, and coordinating case management. The goal is to increase diversion, increase parent and youth satisfaction, increase joint assessment and planning.

DHS/SSA continued its partnership with the Maryland Department of Housing and Development (DHCD) to provide adequate housing to promote family unification. In 2019, the Family Unification Program (FUP Program) maintained and leased the maximum capacity of 100 FUP vouchers. There were 25 new applicants who received Housing Choice Vouchers (HCV). These vouchers assisted families with children in out- of home placement who have not been able to reunify with their children due to lack of permanent and adequate housing; families displaced by domestic violence in preventing the unnecessary removal of children from their families; and, eligible former foster youth.

DHS/SSA continued efforts to expand housing resources for transitioning youth throughout the State and encouraged applicable LDSS to partner with 15 jurisdictional Public Housing agencies to apply for the HUD's Foster Youth Independence Housing voucher program. DHS also partnered with DHCD on a HUD NOFA to secure additional FUP vouchers. Award notifications are pending.

Provide an update on how the state involves the public and private sectors in helping youth in foster care achieve independence

In 2019, Maryland developed a multifaceted approach to improve financial literacy for transition aged youth. DHS/SSA partnered with the Cash Campaign of Maryland to develop a theory of change for improving financial education for foster youth. The strategy was rooted in empowerment and building capacity of the community including LDSS staff, independent living providers, and resource parents to discuss finances with youth. The strategy also required implementation of a statewide financial literacy curriculum designed with input from foster youth that would be facilitated by their LDSS Independent Living Coordinator. Building capacity of LDSS staff, resource parents, and stakeholders will increase the confidence of adults to talk about finances with transition-aged foster youth and support their ability to understand and manage their finances successfully. DHS/SSA and Cash Campaign administered 1 day 'Money Talks' training in 4 regions across the state from July 2019-September 2019 for staff, stakeholders, and resource parents to discuss financial literary concepts and tips with youth. A post training evaluation was administered and DHS/SSA obtained 63 surveys. As a result of the training, 86% of the participants believed that they were more confident discussing finances. The same 86% of the participants answered that the training increased their skills to provide financial content to emerging adults. The evaluations revealed that 52% of the participants felt great about implementing what they learned from the training with the emerging adult populations and an additional 35% felt very good about implementation.

DHS/SSA and DHCD collaborated and applied through HUD's NOFA to secure additional vouchers directed to at risk families in the Lower Shore, Mid shore, and Western regions of the state to address lack of reasonable and safe affordable housing options. LDSS have a plan to target youth ages 17 and older to address housing and employment strategies that promote self-sufficiency, independence, and better support for youths as they transition out of foster care.
In September 2019, staff from the DHS/SSA and LDSS attended training in Atlanta, GA on the Jim Casey Keys to Your Financial Future Curriculum sponsored by the Casey Family Programs. This is a financial literacy curriculum designed to be administered to transition aged foster youth. The training was a two day training in which staff participated as foster youth in several modules of the curriculum for the purpose of replicating the training with foster youth.

In 2019, Maryland continued its work to improve services for transition-aged foster youth through its Emerging Adults Workgroup. The workgroups represent a diverse compilation of staff from DHS, LDSS, Maryland State of Education (MSDE), Independent Living Providers (ILP), Maryland Resource Parent Association (MPRA), Maryland Association of Resources for Families and Youth (MARFY), Court Appointed Special Advocates (CASA), University of Maryland -School of Social Work, Annie Casey Foundation (ACF). The Emerging Adults Workgroup revised the RB21 Benchmarks for youth and stakeholder feedback and Revised YTP draft for youth and stakeholder feedback. The EA Workgroup partnered with the UMD SSW Institute for Innovation and Implementation and planned 5 focus groups and key informant interviews with youth and alum on the revised Ready by 21 benchmarks and youth transition plan. The planning for the focus groups began in June of 2019 but was delayed by the Institutional Review Board (IRB) process. The research was approved late fall and focus groups were scheduled to occur in February and March of 2020. The Institute also collaborated with the EA workgroup to administer a statewide survey on benchmarks and the youth transition plan to the child welfare workforce, resource parents and other stakeholders. The sample for the statewide survey was identified in December of 2019 and the survey would be administered in January 2020.

In 2019, DHS/SSA was active participants on the "Bridge to Y.E.S. (Youth Experiencing Success)" Committee in Prince George's County developing a one-stop Aftercare Center. The Bridge from Y.E.S. Center is an initiative created by the Prince George's Circuit Court to address a deficit in services available to emancipated foster youth that are struggling with transition to independence. Its mission is to assist every young adult that emancipates from the child welfare court system in Prince George's County, Maryland in receiving the best, culturally competent, transitioning services and support needed to thrive. The Center will holistically address the youths' educational, employment, mental health, and housing needs and assist the youth in obtaining permanent connections in the community. The committee meets quarterly and has subcommittee's that meet monthly. The committee is still in the strategic planning phase and is currently attempting to identify a source funding for the project. In 2019, each subcommittee submitted a draft for service delivery to meet the education, employment, housing, mental health, permanent connections, and transportation needs for foster alumni. The committee plans to continue to meet through 2020 to continue its effort to develop the center.

Accomplishments
In 2019, DHS/SSA developed an updated policy for FYSP in SFY20. The new policy adds more incentives for educational achievement and added career focused achievements to accrue additional Foster Youth Savings. The Educational Achievements are now identified as HS Diploma, Certificate of Completion, GED, Degree from accredited Post-Secondary institution. The Career Focused Achievements are identified as Certificate of completion from an accredited technical school, Certificate of Graduation from Job Corps, Certificate of Completion of Apprenticeship, and Completion of a Workforce Innovation Opportunity Act approved Occupational Training Program. Youth that can provide documentation of such accomplishments receive an additional $500 in the FYSP for each accomplishment up to $1000 in the SFY. Youth that are eligible for SILA will also receive an incentive of $500 as they are actively demonstrating or participating in activities that support their ability to live independently. DHS/SSA believes that providing more incentive increases the number of youth that are able to accrue additional savings and acknowledges the accomplishments of youth take alternative paths to independence and self-sufficiency that are not solely education based. In 2020, DHS/SSA anticipates that partnerships with Workforce Development for hiring agreements and the Department of Labor and Licensing (DLLR) for apprenticeships and other job initiatives targeted to the foster youth population will increase the number of youth earning incentives in future FYSP cycles.

In 2020, DHS/SSA plans to provide training to Independent Living Coordinators throughout the state that will enable them to facilitate the Keys curriculum to transition aged youth in their jurisdiction. DHS/SSA plans to develop partnerships with banking institutions that offer non-custodial accounts with low fees through the BankOn initiative. Maryland believes this will create experiential learning opportunities for youth to demonstrate skills in the area of banking and budgeting and reduce exposure to predatory financial services. DHS/SSA plans to pilot a banking program for income earning youth in 2020.

DHS/SSA and the Institute will analyze the survey results and focus group/interview findings following the completion of the focus groups in the spring of 2020 and initiate statewide training to youth, workers, and stakeholders on revised benchmarks and Youth Transition Plan in spring 2020. DHS/SSA plans to roll out the revised benchmarks and Youth Transition Plan statewide prior to SFY 21. The Emerging Adults workgroup also participated in a Root Cause Analysis exercise regarding the challenges for finding permanency for youth in care longer than 23 months. The EA workgroup developed ‘Why Trees’ and used the experience of the diverse membership to isolate what were believed to be root causes. The problem exploration revealed that youth often don’t believe adoption is a viable option for them, they are resistant to breaking the connection with their family of origin, and lack understanding about lack of resources available to support adoptive parents.

Positive Youth Development
On February 13 - 14, 2019 the state held its 4th annual Foster Youth Shadow Day. This is an annual event that is designed to recognize youth in foster care and provide an opportunity for them to experience civic engagement in action. Foster Youth are encouraged to use their voice to advocate for their needs while in care and beyond. There were 60 youth in attendance for this event. DHS/SSA administered evaluation surveys to the youth following the event and learned

that 64.7% of the foster youth thought the event was excellent. 67.7% of the youth reported that they were more likely to stay informed about social problems and 51.6% reported being more likely to vote.

In March of 2019, DHS/SSA began revitalizing the MD Connect My Life website. This website developed and maintained by DHS and designed specifically for youth in foster care to provide important information about services and initiatives created and available to them. SSA and Communications staff met weekly to develop a new site and determined that it was important to involve current foster youth in its development. DHS/SSA engaged youth from 3 local YAB and the SYAB for updating the MyLife website which In 2019 DHS/SSA held focus groups with two local YABs and the SYAB to review the MyLife website. The youth were able to share their recommendations for improvement to the current website that would make it more user friendly, modernized, and a better resource for information. DHS has used their feedback in the new sites development and the site is scheduled to in the fall of 2020.

On May 29, 2019, DHS/SSA organized the Foster Youth & Family Orioles Game with over 100 tickets available for foster youth and resource parents. Foster youth and resource parents received vouchers for refreshments and were able to enjoy themselves in fellowship with DHS/SSA staff from the central office and LDSS across the state. This was designed as an opportunity to build a stronger connection between child welfare professionals, foster youth, foster ombudsman, and resource parents and to recognize everyone's efforts to ensure the safety and wellbeing of foster youth. In June 2019, DHS/SSA collaborated with the CBC to facilitate a youth focus group to explore current foster youth's vision for the youth advisory board and what could be done to improve retention and recruitment for YABs in Maryland.

2020 SYAB plans

Through continuing technical assistance provided by the Capacity Building Center for States DHS/SSA has developed a steering committee to increase engagement of youth in the Youth Advisory Board on the local and state level. In June 2019 SSA facilitated a youth focus group to explore their vision for the youth advisory board and what could be done to improve retention and recruitment for YABs in Maryland. DHS/SSA plans to expand the membership of the Steering Committee in 2020 to include a representative of Maryland Resource Parents Association (MRPA), Maryland Association of Resources for Families and Youth (MARFY) and Maryland foster alum. In September 2019, Centers assisted in arranging a Peer to Peer call with three other states to discuss successes and challenges with development and sustainment of the youth advisory boards.

In 2019, the Maryland State Youth Advisory Board (SYAB) members identified new initiatives to embark upon which included increasing and sustaining Board Membership, taking the lead to coordinate community and advocacy events (i.e. holiday celebration, teen conference, town halls) and partnering with external community advocacy groups. In December, 2019, members of the State Youth Advisory hosted an Inspiring Leaders Ceremony & Talent Showcase which consisted of approximately 40 youth from across various jurisdictions in the State of Maryland. This event allowed the SYAB members to network with other (YAB) members and youth in care and also displayed their talent. At least one nominee from each jurisdiction received an award for their academic, career or leadership accomplishment. Based upon the feedback from the

youth and adult supporters who attended the event, 54.5% noted the Inspiring Leaders Ceremony & Talent Showcase was an excellent event. Some of the highlights of what the attendees enjoyed most about the event include:

- "The youth led the program"
- "It was better than I imagine"
- "the youth were actually able to showcase their talents"

The SYAB will continue to be a forum to engage youth and elevate their voice. With support of the Foster Youth Ombudsman, plans for 2020 SYAB members include selection of board officers, participating in 2020 Foster Youth Shadow Day, Planning a Teen Conference and revising the Foster Youth Bill of Rights.

In fall of 2019, the Emerging Adults workgroup began revising the Ready by 21 manual to better align with Integrated Practice Model, updated policies, current evidenced based practices. The Emerging Adults workgroup assisted with the Root Cause Analysis problem exploration exercise to identify the barriers for achieving permanency for older youth, particularly those in care longer than 23 months. The workgroup developed 'Why Trees' to isolate the most prominent barriers. Some Root causes identified were that youth often don't believe adoption is a viable option for them, they are resistant to breaking the connection with their family of origin, and lack understanding about lack of resources available to support adoptive parents. The Emerging Adults workgroup began planning youth focus groups and a stakeholder survey in the fall of 2019 but they were delayed due to the Institutional Review Board process to approve the studies. DHS/SSA was planned to begin the youth focus groups in February and March 2020 to gather feedback from youth in care and foster alum about changes to the Ready by 21 benchmarks and Youth Transition Plan. During the focus groups youth were provided with the opportunity to see and comment on the specific changes to the Ready by 21 benchmarks and the Youth Transition Plan before they are finalized for implementation. DHS/SSA will use the Emerging Adults Workgroup to incorporate all the relevant feedback and adjust the benchmarks and YTP as needed. As part of a multifaceted approach to improve the quality of financial education for transition aged youth, DHS/SSA partnered with the Cash Campaign of Maryland to develop a theory of change for improving financial education for foster youth. The strategy was rooted in increasing the competency of LDSS staff and adult supporters to discuss finances with youth and instituting a statewide financial literacy curriculum for foster youth that would be facilitated by their LDSS Independent Living Coordinator. Building capacity of LDSS staff, resource parents, and stakeholders will increase the confidence of staff to talk about finances with transition-aged foster youth and support their ability to understand and manage their finances successfully. It also strengthens authentic partnerships with resource parents and stakeholders and elevates a community approach to teaching financial literacy to everyone. DHS/SSA also plans to develop partnerships with banking institutions that offer non-custodial accounts with low fees. DHS/SSA and Cash Campaign administered 4 regional trainings across the state from July 2019-September 2019, to improve the capacity of staff, stakeholders to discuss financial literary concepts and tips with youth. In September 2019, staff from the DHS/SSA central office and LDSS attended training in Atlanta, GA on the Jim Casey Keys to Your Financial Future Curriculum. This is a financial literacy curriculum designed to be administered to transition aged foster youth. DHS/SSA is currently planning training for Independent Living Coordinators throughout the state to teach the Keys curriculum to transition aged youth by the spring of 2020.

In September DHS/SSA began developing partnerships with financial institutions to offer non-custodial banking accounts to youth in care. This will provide experiential learning opportunities for youth to demonstrate skills in the area of banking and budgeting. DHS/SSA plans to pilot a banking program for income earning youth in 2020.

DHS/SSA continued to explore partnerships with the corporate, private, and governmental businesses to offer employment, internship, apprenticeship and mentorship opportunities to the foster youth population.

Education & Training Voucher Program
Maryland supports eligible foster care recipients with additional funding for education services through the Education and Training Voucher (ETV) program. The federal government makes available, through an amendment of the Chafee Foster Care Independence program, additional funds for post-secondary educational opportunities. This program is known as the Education Training Voucher (ETV) Program. Maryland's ETV program is administered by Foster Care to Success (FC2S) and provides eligible youth with up to $5,000.00 for college and vocational training for full time students. Part time students may be eligible for up to $2,500 annually. Recipients are eligible until their 26th birthday for a maximum of 5 years or 10 academic semesters.

Foster care youth are eligible for ETV if they are:

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

Additionally, foster care youth must be:

- A high school graduate or a General Education Development (GED) recipient; and
- Enrolled and attending a college, university or an accredited vocational school.

Methods Used to Ensure That the Total Amount of Educational Assistance Does Not Exceed the Total Cost of Attendance
The methods used to ensure that the total amount of educational assistance does not exceed the total cost of attendance (COA) remain the same as reported in the 2020 CFSP. Please refer to Maryland 2020 report for methods.

Methodology to Provide Unduplicated Awards Each School Year
The methods used to provide unduplicated awards each school year remain the same as reported in the CFSP.

Services provided since the submission of the 2020-2024 CFSP
Maryland services delivery of the ETV program remains the same since the submission of the state's plan. In October 2019, the state has renewed its contract agreement with Foster Care to Success (FC2S) to continue to administer the ETV program; the current contract will expire September 30, 2022. Services are administered by FC2S and are as follows:

- Care Packages: Over the past five years, students were sent care packages containing school supplies, toiletries, gift cards and healthy treats.
- Academic Success Program (ASP): ASP provides age-appropriate information to students who are in different academic and social stages of young adulthood. First-year students need basic information and encouragement, while upperclassmen need to focus on academic progression. All students are enrolled in ASP once they are funded. Students who are pregnant and parenting receive more intensive ASP support with phone calls that focus on helping them realistically plan on how giving birth and/or parenting affects their post-secondary plans.
- Financial Literacy, Budgeting and School Choice: Prior to being funded, FC2S helps students develop budgets based on each semester's combined funding and explains how MD ETV students can pay for school without incurring excessive debt.
- Mentoring/Coaching: MD ETV students are offered a mentor who makes a one-year commitment to the student. These well-trained and supported volunteers communicate with the student throughout the school year, at least two times a week, via phone calls and text messaging, email, and Facebook. This is a strategic coaching model, designed to meet the individual student's academic and social/emotional development needs. Mentors encourage and offer guidance on issues such as: communicating with instructors, graduation requirements, career planning and employment skills and etiquette.
- Senior Year Coaching: All MD ETV students who met the expanded criteria were recruited for this coaching program, which was developed to match students who will be looking for a job after graduation with a professional coach who is either a certified life/career coach or a Human Resources (HR) professional. The goal of this program is to encourage students to plan ahead, avail themselves of opportunities, and identify gaps or weaknesses in their resume before they graduate.
    - Coaches encourage students to focus on tangibles and tasks such as:
    - Making an appointment with advisors on campus to do a degree audit,
    - Identifying internships, fellowships and student abroad opportunities early,
    - Understanding how volunteer work or part-time employment should be presented on a resume,
    - Developing a plan to collect and keep important documentation such as letters of reference, and
    - Identifying opportunities to work on projects with a professor or in the community on a report or publication.

Unduplicated number of ETVs awarded in 2019-2020 (academic year)
In the 2019-2020 academic year there were 96 new ETV participants. Please see Appendix B for information on the number of participants. The total number of awards issued for 2019-2020 are 146. As of March 2020, Maryland had 271applicants for ETV and a total of 146 funded with a total award amount of $310,215.50 awarded. A total of 81 applicants were not funded for ETV. The reasons for not being funded were as follows: some students were not enrolled in approved education settings; some students did not provide necessary documentation for enrollment and some were not actually enrolled in school and some were over the age of 26. Foster Care to Success has also awarded $4,100 in private scholarships. Of the total number of students using ETV, 93% of funded ETV participants were also receiving the Maryland Tuition Waiver.

Progress/Updates
In October 2019, Maryland renewed its contract with Foster Care to Success to continue administering services for the MD ETV program. Foster Care to success has updated their website for MD ETV to reflect updated language regarding ETV eligibility. In addition, the website also includes information on the Maryland Tuition Waiver for Foster Care recipients with contact information for DHS/SSA to continue the coordination of both education programs for its participants. The Department created a list of frequently asked questions (FAQs) for ETV which are now posted on the current Maryland Youth Launching Initiatives for Empowerment (MYLIFE) website. The MYLIFE website (http://mdconnectmylife.org/), is administered by the state and is a youth friendly site created as a way to provide information to youth but also engage them on a web based platform. The FAQs have assisted in the promotion of information about ETV to increase awareness of new eligibility information and program guidelines for participants.

In 2019, the Department created a task group to focus specifically on strengthening Maryland's ETV program. The ETV task group, functioning as a subgroup of the Emerging Adults workgroup, comprised of case workers, foster parents, members of post-secondary institutions, private treatment foster care agencies, current ETV participants, and independent living coordinators from the Local Departments of Social Services. As part of the strategies identified in the state's plan, the group of stakeholders was provided current data for ETV and the Maryland Tuition Waiver program. The group formulated a stratified statewide outreach plan. Part of the outreach efforts included assessing current platforms where ETV information has been posted on the internet, removing outdated language and updating the information to reflect the state's current program outlines. The Department has also updated printed materials to be provided as part of the state's outreach plan.

The state anticipates that this outreach plan will assist in the initial steps towards meeting Maryland's ETV program goals mentioned in the 2020-2024 CFSP, which are as followed:

1. Goal One: To Increase the Number of new unduplicated student recipients.
2. Goal Two: To Increase Student Retention Rate

In 2019, the number of new ETV recipients increased by 30% from 2018 new participants. In review of these goals however, the state overlooked the impact of increased number of new recipients and how it may affect funding allocation of awards for all participants. In order to strengthen the ETV program and establish more appropriate goals, the department plans to conduct an evaluation of the program. The evaluation will allow the Department to assess how the goals identified in the CFSP can be achieved and if there are gaps in current program delivery that may affect the goals. The evaluation will also allow the Department to further assess student outcomes as well as under representations from smaller jurisdiction. The Department continues to assess the ETV programs of other states in order to improve the program service delivery and outcomes for youth who use ETV in Maryland. In addition, the state continues to collaborate and engage youth in strengthening the services for youth in Maryland, including the ETV program. In 2019, the State began a series of focus groups with youth in care to assess their feedback on services for transition age youth. The impact of the survey results is pending. The State continues to build its State Youth Advisory Board (SYAB)

and the capacity of the board by creating a State Youth Advisory Committee. The SYAB serves as a feedback loop in not only engaging youth but assessing areas of gaps in services.

In 2019, Maryland also attended the Chafee 101 meeting facilitated by the Children's Bureau and the Center for States. In August 2019, Maryland was also present for the Annual Chafee Meeting in Washington DC. Participation at both of these events has assisted in guiding Maryland in assessing ideas for service improvement for youth who access MD ETV.

Chafee Training

. As a result of switching to a calendar year reporting period, DHS/SSA has not made any chages to the current Chaffee Training Plan. The plan will be review in upcoming years and adjusted as necessary to assist stakeholder and pertinent partners to promoting youth's successful transition to adult hood.

Consultation and Coordination Between States and Tribes

Even though there are no Federally recognized tribes in Maryland, DHS/SSA has met with Mr. Keith Colston, Director, Ethnic Commissions, Governor's Office of Community Initiative on an annual basis discuss issues, updates, upcoming trainings and changes in policy related to Native American children in Out-of-Home Placement as well as several key strategies identified in DHS/SSA CFSP and annual reports. Specific discussions included issues related to the recruitment of Native American families as foster parents and feedback on addressing DHS/SSA's IPM in the area of cultural responsiveness as it to partnering with the Native American population. In Fiscal Year 2019, DHS/SSA extended an invitation to Mr. Colston to participate in the SSA Advisory Council so input can be provided on child welfare issues as it pertains to tribes. In April 2019, DHS/SSA staff met with Mr. Colston to discuss any concerns regarding Native American children in placement, and to discuss SSA staff making a presentation regarding the process to become a resource parent. On June 3, 2019, DHS/SSA staff and Anne Arundel County Department of Social Services staff participated in the Maryland Commission on Indian Affairs Public meeting. The staff provided a brief overview of children who are in Foster Care and discussed the steps involved in becoming a resource parent. DHS/SSA staff plan to continue to contact Mr. Colston regarding concerns that he may have. DHS/SSA will continue to collaborate with Mr. Colston for his input on developing the APSR. There have been no changes to the policy and procedures regarding working with Native American children and their families.

Process used to gather input from Tribes

The only three Maryland recognized tribes, the Piscataway Indian Nation, the Piscataway Conoy, and the Accohannock, are an integral part of the Commission on Indian Affairs. There are no federally recognized tribes in the State.

Measures taken to comply with ICWA

In 2015, a draft policy directive was shared with Mr. Colston that clarified services and policies related to children in Foster Care who identified as Native American. According to MD CHESSIE, less than 0.1% of children in Foster Care identified as Native American during January – December 2019. When the low numbers were discussed last year with Mr. Colston, he did not believe that the number of Native American children in foster care was underreported.

DHS/SSA contacted LDSS workers to inquire about the Tribal identification of Native American children in their caseload in Foster Care. DHS/SSA has followed up with 2 of the LDSS workers as they have not responded. The LDSS worker for the other child is going to ask the youth about her tribal identification. In 2019, none of the children that were identified as being Native American as their primary race is from federally recognized tribes.

Child Abuse and Prevention and Treatment Act (CAPTA)

Substantive changes to law or regulations

DHS/SSA received $458,491in federal fiscal year 2019 Child abuse Prevention and Treatment Act (CAPTA) federal grant and does not plan on any major policy shift from that reported in the State's submission for FFY2015.

Significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas

Maryland has made no changes to the proposed use of CAPTA funds and continues to use the bulk of the funds to support child abuse and neglect prevention activities in Maryland For the past several years the State negotiated and entered into two contracts for child maltreatment prevention services: Family Connections Program (FCP) and an array of prevention services provided by Family Tree. The first contract, with the University of Maryland's School of Social Work's Ruth Young Center for Family Connections Program (FCP), Grandparent Connections, continues working with grandparents raising their grandchildren preventing child abuse and neglect in the child welfare system. This program also provides a learning experience for master's level graduate students in social work who are employed as case managers working with families. This contract is awarded annually in the amount of $199,363.00. The vendor for the service will remain the same for this year (SEC. 106 #11).

How CAPTA State Grant funds were used, since the state submitted its last update on June 30, 2019

In SFY2019, the Family Connections Program (FCP) provided services to a total of 94 families including 247 children; 78 cases were closed. During this time frame, 163 referrals were received, and 71 new cases were opened. Services included assessment, planning, and referrals to services and/or resources; individual, conjoint, family and group counseling; case management; provision of concrete resources; and advocacy. Service locations included the client's homes, teleconferencing, community agencies and sites (schools, legal services, mental health centers, LDSS offices, parks, stores, and playgrounds), and the Family Connections site.

FCP has made a significant impact in helping families achieve positive outcomes while contributing to research and the implementation of effective models serving families struggling to meet the needs of their children. Central to the design of the model is a "whole family" approach thus providing services, either directly from model interventions, or partnering with appropriate community resources for children and/or parents. Assessment activities also include all family members to provide a comprehensive understanding of individual and family functioning.

The FCP excels at creating and maintaining community development projects aimed at supporting school communities, connecting with service providers, and advancing Family

Connections programming through marketing and communication. Projects include: The Positive Schools Center, Homeless Social Work Council, Financial Social work Initiatives, Family Support Group, Wellness Committee, Grief and Loss Groups, Girls Symposium at Wildwood Elementary Middle School, Fatherhood Group at Catholic Charities, Infant & Early Childhood Mental Health Certificate Program, and Restorative Practices.

FCP clinicians know that it is impossible to discuss neglect and abuse prevention work in Baltimore City without applying the lens of mental health equity and systemic disparities. Therefore, FCP's focus on social and racial justice greatly impacts family engagement practices; highlighting critiques about the inequitable distribution of resources and serves as a foundation for trust-building and rectifying fractures in family stability that may be attributable to the inequitable distribution of power. By placing responsibility for the lack of community power on systems and institutions, rather than personal failures, allows for a therapeutic non-judgmental stance in supporting caregivers and children at risk of child abuse and neglect. In response, the FCP partnered with the University of Maryland's Positive School Center (PSC) to create a program entitled Community Outreach and Resilience in Schools (CORS). CORS services are developed with families, teachers, school staff and community agencies to create a plan of action for educational health, behavioral health, and social support services.

One of the basic practice principles of FCP is to provide outcome driven practice. This is achieved by using clinical instruments in practice, integrating them into development of comprehensive assessments, and then, based on the assessment, developing goal-driven service plans with families that are used to track the direction and progress of service. The instruments are used both to inform practice for individual families and to evaluate outcomes of the program as a whole. During the prior reporting period, Family Connections Program made updates to their protocols, as it relates to their assessment instruments when examining caregiver and child outcomes. FCP now uses eight family/caregiver measures instead of twelve, and three child measures instead of eight. FCP no longer collects youth self-report assessments. The caregiver now identifies a target child who is most concerning to them as they complete a computer assisted structured interview (CASI).

Measures are completed twice, at program entry (i.e. baseline) and again at case closure (i.e. closing). All measures are completed by the caregiver. Statistical significant differences were measured; however, given the small sample size, results should be viewed with caution.

The Family Connections Program achieved outcomes similar to previous years. Preliminary analysis suggests significant declines in caregiver trauma and depressive symptomatology, while decreases in average child trauma symptomatology were also observed. Per Family Connections data, further outcomes in overall caregiver, child, and family well-being and safety significantly improved over time.

The second contract supported with CAPTA funds is for an array of services including a 24-hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parents' anonymous support groups. The award from CAPTA is $101,770 annually and was awarded to the Family Tree, Maryland's chapter of the Prevent Child Abuse America and Parents Anonymous. In the spring of 2019 The Family Tree launched a new

chat feature on the website (www.familytreemd.org) which allows visitors on the site to interact with the organization in real time by typing a question or concern on-line.

The following data was shared by The Family Tree reflecting activity and families served October 1, 2018 through September 30, 2019. The parenting HelpLine responded to 3091 calls (this includes 187 website requests). The Parent Support Groups had 658 participants, while the Parenting Classes served 1513 parents participants, and there were 54 families that participated in the Family Connects Maryland Home Visiting program. A total of 249 home visits were conducted this year averaging 5 visits per family. As a result, 106 children in Baltimore City and Baltimore County were serviced.

The Parenting Education program surpassed its goal, and a total of 504 parents completed the program. Four Hundred ninety-eight (498) completed the satisfaction survey, and 88% of those completers strongly agreed that the program met or exceeded their expectations. The program served Marylanders from Baltimore City, Baltimore County, Prince George's County, and Harford County.

The 10-week parent support groups served 71 participants surpassing its goal of 60. All attendees completed the satisfaction survey, and 89% strongly agreed that the group met or exceeded their expectations.

Substance Exposed Newborns (SENS)
See Populations at Greatest Risk Section (Page 101) for information on Substance Exposed Newborns including DHS/SSA's current process for monitoring plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for SENS and affected family members and caregivers as well as the process for ongoing monitoring of these plans.

Maryland's State Liaison Officer:
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(410) 767-7778 or stephanie.cooke@maryland.gov

Ms. Cooke is identified as the State Liaison Officer on the Department's website at http://dhs.maryland.gov/child-protective-services/

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

Updates to Targeted Plans with in the 2020 – 2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan
See Appendix E for DHS/SSA's Foster Parent Diligent Recruitment Plan

Health Care Oversight and Coordination Plan
Progress and Accomplishments
The 2020-2024 Health Care Oversight and Coordination Plan (HCOP), built upon the previous plan and its supporting policies and guidelines, had no significant additions or updates made since the submission of DHS/SSA's CFSP. In CY 2019, per previous planning and state statute as amended in 2018 (Md. Code Ann., Human Services § 8-1101-1103), the agency installed a child welfare medical director (medical director) during CY 2019. The director's mandate is to oversee the coordination and monitoring of health care services for children and youth receiving out-of-home care. Specifically, the director's responsibilities include: (1) the assessment of staffing needs and develop a centralized comprehensive health care monitoring and coordination program; (2) data collection on the timeliness and effectiveness of the provision or procurement of health care services for children and youth in foster care; (3) the tracking of health outcomes for OOH children and youth; (4) the assessment the competency of health care providers who evaluate and care for children in the custody of a Local Department of Social Services (LDSS); (5) the periodic assessment of the supply and diversity of health care services for OOH children and work with specified entities to expand the supply and diversity of such services; and (6) the identification of systemic problems affecting health care for OOH children and the subsequent development of solutions. The medical director worked with the DHS/SSA Child and Family Well Being Program (Program) in the collaborative development of the 2020-2024 HOCP. In the latter portion of CY2019, DHS/SSA reorganized and placed the Program within the managerial purview of the medical director, with the goal of improving the coordination of the agency's health-related efforts.

The state statute that established the child welfare medical director mandates the performance of an annual assessment of the status of health care services for children in Foster Care. The assessment for SFY 2019 was completed through the review state code, departmental policies and records within MDCHESSIE, the electronic system of record for the DHS/SSA and LDSS. Current DHS policy requires following the state periodicity schedule for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) preventive health care services and the provision of annual "well-child" examinations. However, state regulation (COMAR) only requires an annual examination, which is appropriate only after a child reaches three years of age, according to Maryland's EPSDT schedule; 17% of children in Foster Care SFY 2019 were under three years old. During the SFY 2019 assessment of MD CHESSIE, 30% of records for annual examinations for children three years of age and older and 21 % of records for semi-annual dental assessment for children one year of age and older were missing data. Additionally, a proportion of comprehensive health evaluations for new entrants into care in SFY 2019 were performed at the time of the initial screening, which should not occur in most circumstances as the screening should ideally note adaptation to placement as part of evaluation outcomes. Based in part on the assessment findings, the DHS/SSA Child and Family Well Being Program began updating its policies concerning health care service oversight and monitoring. The new policies seek to better align health care services (for example, the timing and content of initial and comprehensive assessments, EPSDT and immunization requirements) with the Child Welfare

League of America and American Academy of Pediatrics guidelines, in order to improve care planning and health care outcomes. The policies will need to adhere to state regulation; therefore, the Program will be working with the state's attorney general office to update relevant COMAR in the coming year. As the policies are approved, DHS/SSA will develop desk guides, checklists and trainings to assist the local departments of social services in appropriate implementation and in assuring that the health needs of children are determined in a timely manner and properly monitored thereafter.

The medical director met with the LDSS directors and assistant directors during their monthly meetings in September and June 2019, respectively. During those meetings, quarterly and annual reporting was introduced, which will allow for local quality assurance and quality improvement of health care activity and challenges, such as data completion and appropriate time ranges for required entry and preventive care examinations. Also improving quality assurance and improvement is the implementation of CJAMS. The health section of CJAMS incorporates a more granular collection of data with standardized diagnoses and categorization, allowing for reporting by various metrics, including chronic diseases, conditions and examination types. CJAMS' page design, mandatory fields, prompts, along with portable hardware use, will improve data entry, information sharing and, ultimately, case management performance.

Currently, while foster care workers record health care encounter data, no outcome data are routinely collected. State statute mandates the collection of certain pediatric Healthcare Effectiveness Data and Information Set (HEDIS) measures, which include performance metrics that are routinely measured by the state's Medicaid Managed Care Organizations (MCOs) for their covered populations. Additionally, MCOs perform surveys as part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program, which speaks to care coordination and access to services. As all children and youth in Foster Care are enrolled in an MCO, these youth comprise a subpopulation within the MCOs' pediatric covered lives. At the present, HEDIS and CAHPS data for this subpopulation is not routinely shared with DHS. Within DHS, preliminary planning is underway for memoranda of understanding with MCOs around data sharing and care coordination. However, health outcome measures that best indicate the effectiveness of health care services provided to Maryland's children in care remain to be decided; the Program's Health and Education Workgroup will be engaged in the examination of proposed options in CY 2020.

DHS/SSA began the process of developing a centralized health care monitoring program in CY 2019. LDSS are currently responsible for ensuring health care service provision. Therefore, successful health outcomes are dependent on each jurisdiction's capacity to obtain and appropriately interpret medical information (data management), to integrate the findings into plans for and metrics assessing impact of required health care services (care monitoring), and to facilitate and advocate for access to those services (care coordination). Central health care monitoring and management can take a number of forms, and through June 2020, Baltimore City Department of Social Services is utilizing a model based on a contractual relationship with a public, non-profit organization, Health Care Access Maryland to provide medical case management. The case management program utilizes nurse (R.N.) case managers, Master's-level mental health case managers and Bachelor's-level care coordinators on health risk-based teams, along with a dedicated medical case management software system, to effectively track and

coordinate somatic and mental health care. A similar construct, arranged in a regionalized approach could increase standardization among jurisdictions, which would improve quality assurance and facilitate the implementation of health care quality improvement efforts as variances and deficiencies are noted. The DHS/SSA is examining several regionalized approaches, including the co-location of care coordinators within local departments of social services with a regional management support frame; the utilization of registered nurses and medical social workers (LCSW), who would perform more coordination roles; and contracting with local health departments or non-governmental organizations for care monitoring and coordination services. Funding schemes, including state dollars and federal Medicaid funds, are also being reviewed as resource availability ultimately impacts the number and scope of monitor/coordinators possible and, therefore, the required qualifications of and expectations for the workers. In CY 2019, DHS/SSA, in anticipation of health care monitoring system oversight, began the process of reclassifying several existing positions to enable the hiring of nursing staff and medical social workers; hiring for approved positions is scheduled to begin in CY 2020.
In CY2019, DHS/SSA also began planning for a data portal linking electronic health records (EHRs) for children in foster care. Such access would allow improved continuity of care, treatment management, and caregiver awareness of health care needs, regardless of patient movement. In September 2019, DHS and SSA leadership initiated dialogue with representatives of the state's designated health information exchange, Chesapeake Regional Information System for our Patients (CRISP). CRISP populates with laboratory, radiology and encounter data, per regulation and patient permission (opt-out is permitted) allows medical and clinical information to move among electronic health information systems; the data is available for inquiry based on provider client registries or, on a de-identified basis, to public health departments. In Maryland, many larger practices and federally qualified health centers (FQHCs) utilize EHRs. Indeed, discussions with members of the Maryland Chapter of the American Academy of Pediatrics revealed that most practices, except some solo providers, had EHRs in place. However, while there is a feasible path forward, certain issues need to be resolved before the state can use CRISP for foster care health records. CRISP operates under very strict rules about data sharing and storage. The opt-out provision, for example, may be a barrier, as parents may not have wished their family's information shared electronically prior to a child or youth's entry into care; the determination of which party is controlling in that instance will need rectified. More generally, there may be legal challenges with portal linking to LDSS, given Maryland confidentiality rules. State statutes, including Health-General and Human Services Codes, will have to be addressed, with special attention to behavioral health records, as they are typically more difficult to obtain. Also, small practices may need to pay a provider to set up a secure access connection to CRISP, which could be an economic hardship; this may not be a large issue if most out-of-home care children and youth are seen in larger practices or FQHCs. Currently, CRISP is not automatically populated with Medicaid claims data or linked to pharmacies (the PDMP, operated by CRISP for the state, receives reports from dispensers of controlled substances). Data matching and the assurance of unique identification may be a technical problem. As a first concrete step in CY 2020, DHS/SSA plans to engage with CRISP and Baltimore City Department of Social Services to perform a data matching pilot for existing out-of-home panels prior to any further work. Additionally, DHS/SSA will be entering a collaboration with the Maryland Department of Health (MDH), Health Care Financing Office to discuss data sharing and assist in planning the portal project.

Regarding psychotropic medications, The University of Maryland School of Pharmacy provides regular reports on its monitoring of patterns of psychotropic use of youth in foster care to the DHS/SSA and the MDH Behavioral Health Administration, in keeping with its inter-agency agreement. As an example of the information such reporting offers, the most recent CY 2019 evaluation of data suggested that counties in Maryland with average school and neighborhood measures also had higher use of psychotropic medication among those in out-of-home care. Although Baltimore City has an abundance of resources available, particularly in comparison to more rural jurisdictions, the utilization of psychotropic medication and non-medication treatment by foster youth is low. Community factors may act as barriers to the management of youth emotional and behavioral problems. The findings suggest that engagement in services may be low, resulting in a possible unmet treatment need among foster care youth in Baltimore City. These data continue to be critical to departmental service planning and quality improvement efforts. In terms of quality assurance, the Peer Review Program, a Maryland Medicaid clinical program which requires pre-authorization and ongoing clinical review of pediatric antipsychotic medication treatment for all Medicaid insured children less than 18 years of age, applies to youth in foster care. However, this program does not affect the prescribing of all psychotropic medications. In CY 2020, the DHS/SSA will engage with MDH and the University of Maryland School of Pharmacy to consider the appropriateness of and logistical needs for the expansion of the Peer Review Program to include all psychotropic medications.

Disaster Plan

The Maryland Emergency Management Agency updated the Statewide Maryland disaster response and recovery plan (The Maryland Consequence Management Operations Plan) during 2019. One of the critical updates included a coordinating function representing the interests of the "Whole Community," specifically to ensure people with disabilities and people experiencing access and functional needs are immediately accommodated during emergencies. The function is led by the Maryland Department of Disabilities. This update was made to provide additional readiness and was not made in response to any specific emergency incidents. These updates impacted the statewide plan, but not the MD-DHS role in disaster response. The new plan is attached (Appendix F).

The Maryland Department of Human Services (MD-DHS) remains lead for "State Coordinating Function, Human Services." MD-DHS responsibilities remain the same in the updated plan, and still include mass care, sheltering, feeding, disaster reunification and recovery social services. There were no updates made to MD-DHS responsibilities within the updated statewide plan.

Within MD-DHS, the Office of Emergency Operations (OEO) remains the operational entity responsible for the Department's emergency response coordination efforts, including Continuity of Operations Plan (COOP), individual and mass repatriation, and twenty-four hours emergency response as required by the state of Maryland Consequence Management Operations Plan. Within DHS, OEO reports to the Chief of the DHS Division of Administrative Operations (DAO).

Emergency Preparedness and Shelter Operations trainings are still mandatory for all DHS employees and contractors. There is a high percentage of compliance, and most DHS workers have completed the trainings. DHS continues to increase training opportunities in emergency

response, and facilitate trainings in all of the following emergency response areas: Emergency Preparedness, Shelter Operations, Shelter Manager Training, Disaster Behavioral Mental Health, Community Emergency Relief Tracking System Training, Building an Emergency Financial First Aid Kit, Individuals & Households Program and Other Needs Assistance Training, Disaster Casework, Residential Damage Assessment, Continuity of Operations, CPR/First Aid/Automated External Defibrillator Training, Active Assailant Training, Stop the Bleed Training, Blood borne Pathogens training and Disaster Service Center Training. Some trainings are web-based and available to all DHS employees statewide on the DHS Intranet.

Per the State Consequence Management Plan, MD-DHS provides disaster family reunification services. MD- DHS continues to work with the Maryland Department of Health and the Maryland Institute of Emergency Services Systems to increase capabilities for disaster people tracking during large-scale evacuations and mass casualty events. DHS workers have been trained to use the Chesapeake Regional Information Systems for our Patients (CRISP) database. The CRISP database houses medical intake records for Emergency Rooms and medical facilities statewide. MD-DHS staff has access to specific and appropriate information during certain disasters for purposes of disaster family reunification. The database is used in conjunction with a call center to assist with tracking and reuniting people during disasters and emergencies. When the call center is open, the American Red Cross, and other partner agencies are typically invited to send representatives, or to support virtually.

Disasters or Emergency Response Activations Since the Last Reporting Period
Fortunately, there were few activations of the State Consequence Management Plan that impacted Human Services during the period between January and December of 2019. All plan activations were in preparation in case planned large-scale gatherings became evacuations, or in preparation for weather events that ultimately did not result in human service response activities. Based on the 2019 activations, there were no corrective action issues identified. There was no state response activities required.

Disaster Plan Maintenance Updates
During 2018, Maryland and the Federal Emergency Management Agency (FEMA) completed a mass care ‘playbook.’ The mass care playbook is an extremely consolidated version of the State Mass Care and Shelter Strategy. It is easy to use during a disaster, and clearly delineates the roles and resources available during disaster response. There is a specific section on providing services to the entirety of the community (accessibility.)

MD-DHS is currently updating the documentation of the mass care practices to make them more available to local partners. These updates should be completed by the end of 2020. Additionally, MD-DHS is currently working to ensure the ‘Emerging Infectious Disease Multi-Agency Support Plan’ is prepared for activation. This plan ensures that MD-DHS can assist the Maryland Department of Health to provide non-medical support for people under quarantine, or sheltering in place, during times of emerging infectious disease and pandemic flu. This plan includes the provision of supplies; a resource needs intake document and similar resource support.

Training Plan
Several trainings were added during this period that addressed issues of trauma with those in care, post-secondary traumatic stress experienced by staff, ethics, and behavioral health and substance abuse issues. In total, 37 trainings were added during the reporting period. See Appendix G for information related to the added trainings**.**

Statistical and Supporting Information

CAPTA Annual State Data Report
Information on Child Protective Service Workforce
Child Protective Services Caseworkers' Education/Qualifications/Advancement to Supervisory positions
Child Protective Services (CPS) caseworkers must possess a minimum of a Bachelor's of Arts or a Bachelor's of Science Degree in a human service related field. 100% of the CPS workers have a Bachelor's degree. No experience is required for entry level caseworkers other than the possession of a degree in a related human services field.

Advancement in CPS is based on years of service, level of education and licensure. CPS Supervisors, as well as all Child Welfare Supervisors must have a Master's of Social Work degree and possess an advanced license to practice social work in the state of Maryland. Supervisors must have a minimum of three (3) years of experience in child welfare or a related field. An individual employed as a CPS supervisor (Social Work Supervisor, Family Services) must be licensed at the LCSW or LCSW-C level (established by the Maryland Board of Social Work Examiners) and have a minimum of 3 years' experience providing child welfare services. Hiring preferences are for those applicants with a Master's of Social Work degree. Once an employee is hired, the Department currently does not formally track if an employee earns a Master's degree after employment unless the employee applies for a position that requires a Master's degree or the years of experience.

Data on Child Protective Services Caseworkers' Education and Demographics
DHS/SSA issued a survey to the CPS workforce regarding demographics and education level. Survey results for caseworkers: 57% are under the age of 40; 43% are over 40; 90% are female, 10% are male; 50% are African-America, 44% are Caucasian, 4% are Hispanic, 1% are Asian, 1% are two or more races; 68% have Master's Degrees or higher.

For Supervisors, 45% are under 40, 55% are over 40; 87% are female, 13% are male; 38% are African-America, 56% are Caucasian, 2% are Asian, 5% are two or more races (percentages add to 101% due to rounding); 100% have Master's degrees or higher.

DHS/SSA does not believe that the demographics and education levels of staff will be automated through CJAMS and anticipates utilizing survey methods until a more automated system can be identified.

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

- Module I Foundations of Practice
- Module II Indicators and Dynamics of Abuse and Neglect and Three Contributing Factors
- Module III Engaging Children and Families
- Module IV Family Centered Assessments
- Module V Planning with the Family
- Module VI Working Effectively with the Court

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

- Assessing and Planning for Risk and Safety
- Introduction to CPS Responses/Placement and Permanency/Consolidated Services
- Trauma Informed Casework
- Impact of Child Maltreatment on Child Development
- Secondary Traumatic Stress
- Enhancing Your Credibility in Court
- A Journey to Remember: The Caseworker's Role on the Road to Recovery
- Intimate Partner Violence: Assessment and Intervention

No Annual training is currently required after the Pre-Service and additional courses listed above are completed. CPS workers are eligible to participate in ongoing training offered by the Child Welfare Academy. At this time, the attendees are not tracked by program area; e.g., CPS, In-Home, Out-of-Home. Other entities offer training in which staff may participate: Children's Alliance offers yearly training for CPS staff in specific categories related to child abuse and neglect. This training is generally free to staff. Other training is available to staff through community based workshops. University of Maryland, School of Social Work offers some free workshops to the child welfare staff. In addition, staff may elect to take a workshop for which they would have to pay through the University of Maryland. The National Association of Social Workers, Maryland Chapter offers workshops, as does Kennedy Krieger Institute, Department of Mental Health and Hygiene and others in Maryland which any worker can elect to enroll.

Licensing

Employees with a social work license are required to maintain a minimum of 40 Continuing Education Units (CEUs) in approved courses every two years in order to maintain their license in Maryland. This requirement is monitored by the Maryland Board of Social Work Examiners and locally by the Local Departments of Social Services' Human Resources unit or direct supervisors.

Maryland Caseload Standards

Maryland strives to maintain an average worker caseload at the standards established by the Child Welfare League of America. For CPS investigations the caseload standard is 1:12 For CY2019, the average CPS caseload per caseworker was 14.2 and the supervisor/worker ratio averaged 1 supervisor to 4.9 workers CPS supervisors do not carry a caseload.

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

Education and Training Vouchers
Please see Appendix B for the number of youth who were new voucher recipients in each of the school years.

Inter-country adoptions
While Maryland does not adopt youth from other countries, if the families come to the attention of the agency they are offered post adopt services. DHS/SSA has no reported children adopted from other countries entering care as the result of an adoption disruption/dissolution for CY19.

Monthly Caseworker Visit Data
Maryland will report on the Monthly Caseworker Visit Data to the Children's Bureau by December 15, 2020.

Financial Information

Financial Limitations:
Payment Limitations: Title IV-B, Subpart I: The amount Maryland expended for child care, foster care maintenance and adoption assistance payments for FY 2005 title IV-B, subpart I is $0.

Payment Limitation: Title IV-B, Subpart I: The amount of non-federal funds that were expended by the state for foster care maintenance payments used as part of the Title IV-B, subpart I state match for FY 2005 is $0.

Payment Limitation: Title IV-B, Subpart I: The estimated expenditures for administrative costs on the CFS-101, Parts 1 and II and actual expenditures for the most recently completed year on the CFS-101, Part III is $0.

Payment Limitation: Title IV-B, Subpart II
Maryland approximates 20 percent of the grant with state funds.

Payment Limitations: Title IV-B, Subpart II:
The FY 2018 state and local share expenditures amounts for the purpose of Title IV-B, subpart II is $72,845,430. The 1992 base year is $31.7 million.

See Appendix H for required financial reports.

Appendix A: Appendix A MD Capacity Center Projects GANTT

Quarters		Qtr 1	Qtr 2			Qtr 3			Qtr 4			Qtr 5		
PIP	**Action Steps**	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct
	*Project Initiation: Finalize Team Composition, Charters & Theory of Change					Complete								
	AUTHENTIC FAMILY ENGAGEMENT (AFE)													
	1a. Finalize results of Readiness Survey & one-page brief (S7:M2)	Extended deadline 12/30/19 to 2/28/20		Infographic & final county reports completed, updated & distributed			Complete							
	1b. Disseminate Readiness Results to LDSS and Leadership Teams (S7:M2)					Emails drafted	Results shared w/ LDSS & Leadership	Complete						
	3. Finalize development of IPM Authentic Partnership Module Training* (S7:M3) (S8:M3)					Draft I Completed	Draft II Completed	Revisions based on Feedback		Kick-off meetings/ Trainings		On Target		
1.6.1 due 1st qtr	Identify Parent Partner Team; capacity building/readiness with SSA & LDSS (S7:M1,2,3)	Initial Team created	Complete											
1.6.2 due 2nd qtr	5. Family Engagement Specialist & Kinship position descriptions and recruitment (S6:M3)			MS22 Draft is complete			Submitted to Michelle Farr for approval	Approved? Recruited?	On Hold					
1.6.3 due 2nd qtr	6. Research & select Parent Partner Model; Identify pilot sites, develop team charter (S7:M1,2,3,4)						Compiled table of potential nat'l & MD models; finalize pilot sites	Criteria for Model review; work groups	Model Selection; Implementation considerations	Select Vendor; Team charter		On Target		
1.6.4 due 3rd qtr	4. Develop & Execute Communications Plan for leadership (S7:M6)			Timeline modified to align with PIP			Readiness & Evaluation communications complete	Project goals communicated to leadership and pilot sites	Complete					
1.6.5 due 4th qtr	5. Hire and Onboarding of Family Partnership and Peer Support Specialist						Awaiting approval from Michelle		On Hold					
1.6.6 due 4th qtr	7a. Develop job descriptions, recruit & select parent partners (S7:M2,3,4)						Will begin after model & vendor selection							
1.6.6 due 4th qtr	7b. Develop data collection & measurement methods (S7:M5)													
1.6.7 due 5th qtr	8. Launch Parent Partner Program, parent partner training, matching, rollout plans, and data collection (S9:M1)													
	9. Co-create FY21 Work Plan													
	RESOURCE PARENT ENGAGEMENT (RPE)													
	1. Re-assess team composition & reconsitute with new members; Team charter with communication and dissemination plan. (S2:M2)		Team Charter drafted	Work Plan due date 12/31/19				Sub-committee established to finalize		Extended				
1.4.1-1.4.3 due 1st qtr	3. Develop teaming practice profile* (Re-named 'Family Team Decision Meeting) Staff practitioner requirements specified (S6:M1,3)			Work Plan due date 12/31/19		e-modules developed		Still working on policy and standardized forms		Extended				
1.4.6 due 4th qtr	4. Partner with MRPA to facilitate feedback on Teaming Practice Profiles; Make revisions (S10:M2)							Feedback solicited via email, phone conf, meetings, PPT	Mock Training scheduled; & Engagement	Teaming Training		On Target		
1.5.3 due 2nd qrtr	Conduct capacity building activities by partnering with MRPA (assess & address LDSS readiness; develop local capacity building plans) (S3:M2)	Local Assoc Survey	Evaluation, ToC; Logic Model	Facebook; Attend local association meetings, Advocacy						On Target				

Appendix A: Appendix A MD Capacity Center Projects GANTT

PIP	Action Steps	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct
1.5.2 due 2nd qtr	5. Partner with MRPA to conduct assessment of local jurisdictions (S3:M3)					Methodology & Questions Drafted	Finalize survey and method	Surveys distributed	Deadline extended 5/6; Report 5/31	On Target				
	One-pager/Brochure/Policy for Family or Origin on RP role (Ice Breaker?) OR Email Release form for RPs to MRPA (new action step & target dates-replaces Parent Partner Model) (S5:M1)						List of strategies	Two strategies selected	Workgroups to be established					
	8. Co-create FY21 Work Plan													
Action Plan Steps	**YOUTH ADVISORY BOARDS**													
	1. Re-assess team composition, reconvene,Team charter updated (S2:M2)				Complete									
1/21/2020	3. YAB Readiness Assessment (S7:M3)			Completed Assessment of State Steering Committee		Began strategizing to address gaps	Need to extend time to address gaps & assess LDSS			Extended				
?	4. Develop & Conduct micro-learning and peer-to-peer learning activities (S7:M2)			Scout & Chauncey conducted research			Scout submitted report; Reviewed at 4/1 mtg	Translate to Toolkit		Extended				
2/24/2020	5. Develop Toolkit for YAB start-up (S8:M1)		Have we done anything here? List of potential tools?							Extended				
	6. Support development of LDSS YAB plans (S8:M3)							Prepare Readiness Assessment of LDSS?	Who? What sites?					
	ILC job description-This action step added? Or part of one of the above?					Scout & Chauncey research	Job Descriptions completed	Do these need review by ILCs?		Complete?				
2/19/2020	Support SYAB with COMAR; Understand COMAR legistlative intent					Research completed	Extended to March/Info included in PPT			Complete?				
12/6/2019	Fully staffed Steering Committee					Partially Achieved	Extend deadline? Recruit Youth & Resource Parent?							
Deadline?	Create a presentation for SSA and Local Leadership (part of readiness & communication plan) This action step added						Created outline; Assigned slides; Draft PPT	Finalize PPT		Extended				
1.3.4 due 2nd qtr	SYAB and Regional YABs Strategize to improve youth driven transition planning			Has this been done? How does this relate to "Support development of LDSS YAB plans?"										
1.3.7 due 4th qtr	Implement Coaching & Forums-Sharing lessons learned, best practices & strengthen implementation									Begin after training in 3rd qtr? How does this relate to micro-learning and peer2peer learning				
	Design Project Evaluation Plan		RPE &YAB Pre-Surveys											
	Implement Project Evaluation Plan							Mid-Project Review & Semi-Annual Report					Annual Review & Report	
	*Alignment of AFE and RPE	Green=Completed Blue=Planned/In-Progress												
	Qtr1=8/1/19-10/31/19; Qtr2=11/1/19-1/31/20; Qtr3=2/1/20-4/30/20;Qtr4=5/1/20-7/31/20; Qtr5=8/1/20-10/31/20;													

April 2020

Attachment B

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Maryland

	Number of Returning ETVs	**Number of New ETVs**	**Total ETVs Awarded**
Final Number: **2018-2019 School Year** (July 1, 2018 to June 30, 2019)	102	72	174
2019-2020 School Year* (July 1, 2019 to June 30, 2020)	50	96	146

Comments:

*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Citizens Review Board For Children

ANNUAL REPORT

FISCAL 2019

(July 1st 2018 - June 30th 2019)

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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 FY2019 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 2019 Annual Report.

Sincerely,

Nettie Anderson-Burrs
State Board Chair

Executive Summary

During fiscal year 2019, the Citizens Review Board for Children reviewed 1339 cases of children and youth in out-of-home placements. Reviews are conducted per a work plan developed in coordination with DHS and SSA with targeted review criteria based on out-of-home placement permanency plans. 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 41% of the 1339 total cases reviewed, the health needs of the children/youth had been met.
- Approximately 47% of the children/youths were prescribed medication.
- Approximately 38% of the children/youths were prescribed psychotropic medication.
- The local boards found that there were completed medical records in 40% of the total cases reviewed.
- The local boards agreed that 67% of the children/youth were being appropriately prepared to meet educational goals.

Demographic findings for statewide reviews include:

- 793 (59%) of the children/youth were African American.
- 439 (33%) of the children/youth were Caucasian.
- 638 (48%) of the children/youth were male.
- 701 (52%) of the children/youth were female.

CRBC conducted 511 Reunification reviews. Findings include:

- 64 cases had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan in 95% of cases reviewed.
- The local board found that local departments made efforts to involve the family in case planning in 83% of the cases reviewed.
- The local boards found that service agreements were signed in 54% of the cases.
- The local boards agreed that 54% of the signed service agreements were appropriate to meet the needs of the child.

CRBC conducted 227 Adoption reviews. Findings include:

- 40 cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan in 100% 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 467 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:

- 73 cases had a plan of APPLA for 3 or more years.
- The local boards agreed with the permanency plan of APPLA in 99% of the 467 cases statewide. 441 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 85% (395) 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 391 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 = 809 cases)

- 30% (241) of the youth reviewed were between 14-16 years old.
- 47% (382) of the youth reviewed were between 17-19 years old.
- 23% (186) of the youth reviewed were 20 years old.

Independent Living skills

- The local boards agreed that 76% (536) of the 708 eligible youths were receiving appropriate services to prepare for independent living.

Employment

- The local boards found that 36% (253) of the 706 eligible youths were employed or participating in paid or unpaid work experience.
- The local boards agreed that 60% (424) of the 706 eligible 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 47% (89) of the 188 youths had a housing plan specified.
- The local boards agreed that 66% (124) of the 188 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 148 cases had a concurrent permanency plan identified by the local juvenile courts.
- The local boards found that in 136 (92%) of the 148 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 receive 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. Ensure adequate in state resources to provide services to children and youth with intensive needs. Children with serious behavioral, emotional and medical needs that require additional structure not provided in family or other group settings in state, should receive appropriate services and level of support for their own safety, the safety of others and to help improve outcomes.

7. Ensure that concurrent planning occurs to increase the likelihood of establishing the appropriate permanency plan or goal and achieve permanency without undue delay.

8. Explore other permanency options at least every 6 months for children and youth with a permanency plan of APPLA.

9. Increase the number of relative/kin placement and permanency resources.

10. Explore adoption counseling for children and youth that have not consented to adoption.

11. Transitional planning should begin for youth at 14 to include housing, education, employment and mentoring. Plans should be developed by the youth with the assistance of the Department of Social Services worker and others identified by the youth for support. Engagement of the youth and individuals identified by the youth is important. The plan should build on the youth’s strengths and support their needs. While it is important to understand and meet legislative requirements for youth transitional plans, it is crucial that child welfare professionals working with youth view transitional planning as a process that unfolds over time and through close youth engagement rather than as a checklist of items

to accomplish. [1]

12. Ensure that youth 14 and older begin to prepare for self sufficiency by providing resources for consistent independent living skills for youth statewide.

13. Ensure that youth are engaged in opportunities to use independent living skills obtained prior to transitioning out of care.

14. Ensure that a specific housing plan is identified for older youth transitioning out of care at least 6 months prior to the anticipated date of discharge or youth's 21st birthday.

15. Increase opportunities for community partnerships to connect, to use life/independent skills, to gain employment experience and to improve affordable housing options for older youth exiting care.

[1]Child Welfare Information Gateway https://www.childwelfare.gov
(*)CRBC FY2018 Annual Report

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 for their tireless efforts on behalf of Maryland's most vulnerable children and youth. CRBC volunteers have been dedicated and committed to the mission, vision and goals of CRBC, conducting over 1339 on site case reviews and interviews, and providing individual case advocacy.
- ★ The Department of Human Services (DHS)
- ★ The Social Services Administration (SSA)
- ★ The Local Departments of Social Services (LDSS), Baltimore County & Montgomery County (DHHS)
- ★ The State Council on Child Abuse and Neglect (SCCAN)
- ★ The State Child Fatality Review Team (SCFRT)
- ★ The Coalition to Protect Maryland's Children (CPMC)
- ★ Maryland 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 2019:

- ★ Delegate CT Wilson for sponsoring bills during the legislative session that promote well-being and the prevention of maltreatment including the prevention of child sexual abuse.

- ★ Claudia Remington, SCCAN Executive Director for her advocacy regarding safety, well-being and prevention of child maltreatment, for promoting and supporting ACES education.

- ★ Wendy Lane, MD MPH for her advocacy and supporting recommendations for improvements in health care for children involved with the child welfare system.

- ★ Pat Cronin, Executive Director of The Family Tree, Board and Staff for providing ACES training and community education and for promoting safety, well-being, child protection and prevention of child maltreatment.

SSA Response to CRBC FY2018 Annual Report

(Reprinted for inclusion in Annual Report)

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

May 31, 2019

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) extends its appreciation for the work of the Citizen's Review Board for Children (CRBC). The CRBC annual report provides information that is necessary for DHS to improve our services to Maryland's children. The feedback and observations found in the report, as well as the information received in meetings with the CRBC leadership, contribute a great deal to our Continuous Quality Improvement (CQI) efforts.

The CRBC recommendations to increase the number of relative/kin placement as well as other permanency resources in order to improve permanency outcomes will be considered within our implementation team structure. The recommendations around older youth transition planning, including planning for housing and other independent living skills are also being explored further by implementation teams. The fact that CRBC's recommendations are based on extensive case reviews is invaluable to the process of developing targeted strategies that are data-driven.

Following the addition of the Child and Family Well-Being unit in 2017, the Social Services Administration (SSA) has hired a Medical Director who will identify strategies related to the recommendations of the CRBC regarding the health care needs of youth in foster care. SSA has also begun a new implementation team structure. The teams represent the overall work of SSA, including: Placement & Permanency; Integrated Practice; Family Preservation/Child Protective Services; and Service Array. These teams leverage the experiences, expertise, and insight of key individuals and organizations committed to building a comprehensive system of care. The Placement & Permanency Team members provide support and guidance on SSA's broader goals of ensuring children, youth and vulnerable adults: 1) are safe, thriving and living in least restrictive and family-based environments while in out-of-home care; 2) have timely and lasting permanency; and 3) sustained success beyond discharge (e.g., "Ready by 21", etc.).

During the 2019 Legislative Session, DHS put forth a Departmental Bill (SB24/HB 1212, Family Law-Kinship Caregivers) that was passed that expands the definition of kinship care to include fictive kin. By expanding the definition to include fictive kin, we can include those who have a significant and positive emotional connection with a child or family, but who do not have a blood or legal relationship. This legislation will increase the number of potential placement resources, and provide additional safe and nurturing homes for our children and youth as an alternative to foster care.

SSA has invested a great deal this year in creating the infrastructure for lasting systems change. These activities include the modernization of our online case management system, CJ AMS; the development and roll-out of our Integrated Practice Model; and our 5-year strategic plan which includes the addition of programming supported by the Families First Prevention Services Act. SSA, together with CRBC, our community partners, stakeholders, sister agencies and families and youth with "lived experience", will make a difference for Maryland's children, youth and families.

Sincerely,

Rebecca Jones Gaston, MSW
Executive Director
Social Services Administration

311 W. Saratoga Street. Baltimore. MD 21201-3500 Tel: 1-800-332-63471TTY: 1-800-735-22581 www.dhs.maryland.gov

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 currently 146 volunteers serving on local boards and 7 pending appointments by the Governor. 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 2019 Activities

Recruitment of local out-of-Home placement review board members remained a CRBC priority in order to ensure that reviews were conducted in all 23 counties and Baltimore City. Many of CRBC members have been dedicated and committed to serving on behalf of Maryland's most vulnerable children and youth for numerous years. Ongoing recruitment is necessary to account for some expected reduction to avoid attrition. There were 18 selection interviews by local selection committees and appointments by the Governor statewide to CRBC local out-of-home placement review boards. Appointments were made to Allegany, Anne Arundel, Baltimore County, Cecil, Frederick, Kent, Queen Anne's, Somerset, St. Mary's, Washington, Wicomico, counties and Baltimore City review boards.

Recruitment and Community Events

- CRBC participated in National Night Out at three locations across the state in August 2018.
- Presentations were made to Local Management Boards and sub committees in Allegany, Kent, Queen Anne's and Somerset Counties and Baltimore City.
- Participated in Alpha Kappa Alpha (AKA) Sorority, Inc. Back to School and Community Health Fair in August 2018.
- Presentation to Court Appointed Special Advocates (CASA) of Allegany County.
- Participated in The Family Tree Fam Fest in September 2018.
- Participated in the Easton Elementary School Back to School Fair in Easton, MD (Talbot County) in October 2018.
- Participated in a recruitment fair in Southern, MD in November 2018.
- Participated in Somerset County Community Holiday Event in December 20198.
- Presentation at Baltimore City Council meeting for Showcase Baltimore in January 2019.
- Participated in Montgomery County Community College Volunteer Fair.
- Hosted a CRBC Meet and Greet event in Baltimore City in March 2019.
- Held community forums in Southern and Western Maryland in May 2019.
- Held an Eastern Shore Community Forum in June 2019.

Child Welfare in Southern Maryland - A Community Discussion

Gail Radcliffe, Charles County CRBC Review Board member and Patricia Duncan, St. Mary's County CRBC Review Board member attended. Child welfare serving agencies and community partners in Southern Maryland presented the work of their agencies. Maryland Department of Health (MDH), St. Mary's County Health Department, Maryland Coalition for Families, St. Mary's County Local Care Team, Calvert Collaborative for Children and Youth, Center for Children and St. Mary's County Local Department of Social Services participated.

Child Welfare in Western Maryland - A Community Discussion

Debra Stephens, CRBC Garrett County Review Board member attended. Child welfare serving agencies and community partners in Western Maryland presented the work of their agencies. Healing Garrett, Pressley Ridge Treatment Foster Care, Allegany County Child Advocacy Center and Allegany Department of Social Services participated.

Child Welfare on the Lower Eastern Shore - A Community Discussion

Dr. Sharon Washington, CRBC Somerset County Review Board member attended. Child welfare serving agencies and community partners on the Eastern Shore presented the work of their agencies. Garland Hayworth Youth Center, Worcester County Volunteer Services, CASA of the Lower Shore, Somerset County Local Department of Social Services, Worcester County Local Department of Social Services, Wicomico County Local Department of Social Services and Wicomico County Child Advocacy Center participated.

Each of the community forums provided opportunities for open discussion on perspectives of child welfare in the regions, ideas, thoughts and suggestions for moving forward in the regions.

Training

CRBC held 5 Regional In-Service Training Sessions and volunteer appreciation events for existing members during National Child Abuse Prevention Awareness Month and Volunteer Appreciation in April 2019. Training was held in Catonsville, Hagerstown, Montgomery County, College of Southern Maryland and Chesapeake College. Topics included Substance Exposed Newborns (SENS) and Human Trafficking. Trainers and presenters included Thomas Stack, Human Trafficking Coordinator from Baltimore City Mayor's Office of Criminal Justice, Jennifer A. Thomas, BSN, RNC-NIC, Staff Development Nurse, University of Maryland Upper Chesapeake Medical Center, Dr. Judy Sheppard, Ed.D., LCADA, DHHS Montgomery County Child Welfare Services Family Preservation Team, Wendy Grier, Montgomery County DSS Assessment Supervisor/DHHS Montgomery County Child Welfare Services and members of Washington County's Local Department of Social Services SENS Assessment/Child Protection Services Unit, SENS Care Team, Child Fatality Prevention Task Force.

Citizen Review Panels

Denise Wheeler, Administrator was invited to participate on the National Citizen Review Panel Advisory Committee in November 2018. The current committee includes representatives from Georgia, Kentucky, Wyoming, New Mexico, Ohio, Minnesota, Michigan and Tennessee. Members can include representatives from areas of the continental United States, Alaska, Hawaii and Puerto Rico. The purpose of the panel includes promoting citizen review panels and the power of community to end child abuse and neglect, to coordinate communication among panels throughout the United States and to share promising practices to facilitate the work of citizen review panels. Planned activities include to serving as a resource for citizen review panels (CRP's), supporting and advocating

for the CRP community, encouraging and supporting (facilitating) inter-panel exchange of information and relationships and providing guidance and oversight for the annual national CRP conference.

Nettie Anderson-Burrs, State Board Chair and Denise Wheeler, Administrator attended and represented CRBC at The National Citizens Review Panel (NCRP) Conference hosted by the state of New Mexico in June 2019. Representatives from citizen review panels from across the country attended. The theme was: Rising To Meet The Challenge: Improving Child Protection Response Systems. 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 or that included foster and former foster youth, individuals with expertise in various areas including child welfare, legislation and advocacy. Topics 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, child protection, child fatalities, prevention of child maltreatment, youth engagement in planning for older youth, technical support and advocacy.

Members of CRBC attended and participated in meetings hosted by the Social Services Administration and DHS. Denise Wheeler, Administrator, Jerome Findlay, IT Communications Officer and Hope Smith, IT Functional Analyst, met with Subi Muniasamy, Chief Technology Officer and Vallimanalan Thirugnanam, Director of Applications for MD THINK to get an overview of the Maryland Total Human–Services Integrated Network (MD THINK). The new shared technology platform and data repository for DHS includes the Child Juvenile & Adult Management System (CJAMS) which will replace MD CHESSIE. CJAMS is a new system that will be used by child welfare workers, child welfare administrators and others. It will allow workers to view and access information, and enter data from secure smart phones and tablets and provide access to real time information. CJAMS will be used by Child Welfare, Adult Services, Office of Licensing and Monitoring (OLM) and Department of Juvenile Services (DJS). MD THINK will store data for multiple DHS programs and provide for sharing of information. CRBC staff members also had discussions with members of DHS and SSA's Office of Technology and Executive Team regarding child welfare workers having easier access to health and mental health documentation that is crucial for case managing and planning for children and youth in out of home placement. This could potentially improve with local department of social services having necessary documentation and possibly positively impact overall CRBC health findings.

Members of CRBC participated in the Social Services Administration's Child Protective Services and Family Preservation Implementation Team Meetings, Child Protective Services and Family Preservation Root Cause analysis Subgroup, Workforce Development Networking Meetings and Regional Supervisory Meetings.

In May 2019, Nettie Anderson-Burrs, State Board Chair, Beatrice Lee, State Board Baltimore City Representative and Denise E. Wheeler, Administrator participated in Maryland's (DHS & SSA) Child and Family Services Review Stakeholder Interviews designed to assist Federal Partners in assessing statewide functions on systemic issues.

Beatrice Lee and Delores Alexander, State Board Vice-Chair completed two days of training and participated in DHS and SSA's Continuous Quality Improvement (CQI) CFSR reviews at local departments of social services during this fiscal year. The purpose of the review was to measure outcomes related to safety, permanency and well-being for children and families served by child welfare staff. The process included case reviews of child welfare records and interviews with participants by peer reviewers.

Members of CRBC met with the Director of Baltimore City DSS Administrators and staff of the Local Department of Social Services in Baltimore City, Baltimore and Prince George's counties several times during this fiscal year to discuss CRBC findings, to address concerns, to make recommendations for improvement and for discussion regarding the departments' plans, goals, strategies and initiatives for improving child welfare outcomes. Discussions also included the importance of documentation and working collaboratively to help improve the quality of CRBC reviews, services provided by the departments and outcomes for children in out-of-home placement. Some challenges identified by departments during meetings included getting older youth to participate in their own case planning and to follow through with local department of social services recommendations and requirements, youth with a history of running away, lack of resources and child welfare workforce.

In May 2019 Nettie Anderson-Burrs, CRBC State Board Chair, Denise E. Wheeler, Administrator and Beatrice Lee, Baltimore City State Board Representative and Child Protection Panel member met with Rebecca Jones Gaston, Executive Director of the Social Services Administration, members of her team and Dr. David Rose, Medical Director to discuss CRBC findings and recommendations including increasing relative/kin placement and permanency resources, older youth transition planning, health findings and CRBC concerns regarding lack of documentation of health services such as preventive exams (physical, dental and vision), recommended follow up and treatment by health care providers. Included in this report is the response from Rebecca Jones Gaston to CRBC's Fiscal Year 2018 Annual Report (page: 12).

Promoting Well-Being and Prevention of Maltreatment

Pam Dorsey, Harford County Local Review Board Member and Denise E. Wheeler, Administrator 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.

- Developing 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 Legislative Activities

The State Board has a Children's Legislative Advocacy Committee (CLAC) which weighs in on legislation and makes recommendations to the State Board.

The Children's Legislative Action Committee (CLAC) reviews child welfare related legislation. Members of CLAC weigh in on and make recommendations regarding legislation.

CRBC also coordinates legislative advocacy efforts with child welfare advocates and stakeholders with input from CLAC members.

CRBC is an organizational member of the Coalition to Protect Maryland's Children (CPMC). CPMC is a consortium of Maryland organizations and individuals with similar missions who support the mission, goals and activities of the Coalition.

During the 2019 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). CRBC reviewed approximately 43 pieces of legislation and supported 21 of them.

The Social Services Administration filled the Medical Director position created as a result of HB 1582 which CRBC supported based on CRBC findings. One of the Medical Director's role is to identify strategies related to recommendations of CRBC regarding the health care needs of children and youth in foster care. Nettie Anderson-Burrs, State Board Chair, Denise E. Wheeler, Administrator and Beatrice Lee, Baltimore City State Board representative met with members of DHS and SSA including Dr. David Rose in May 2019 to address findings and concerns.

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.

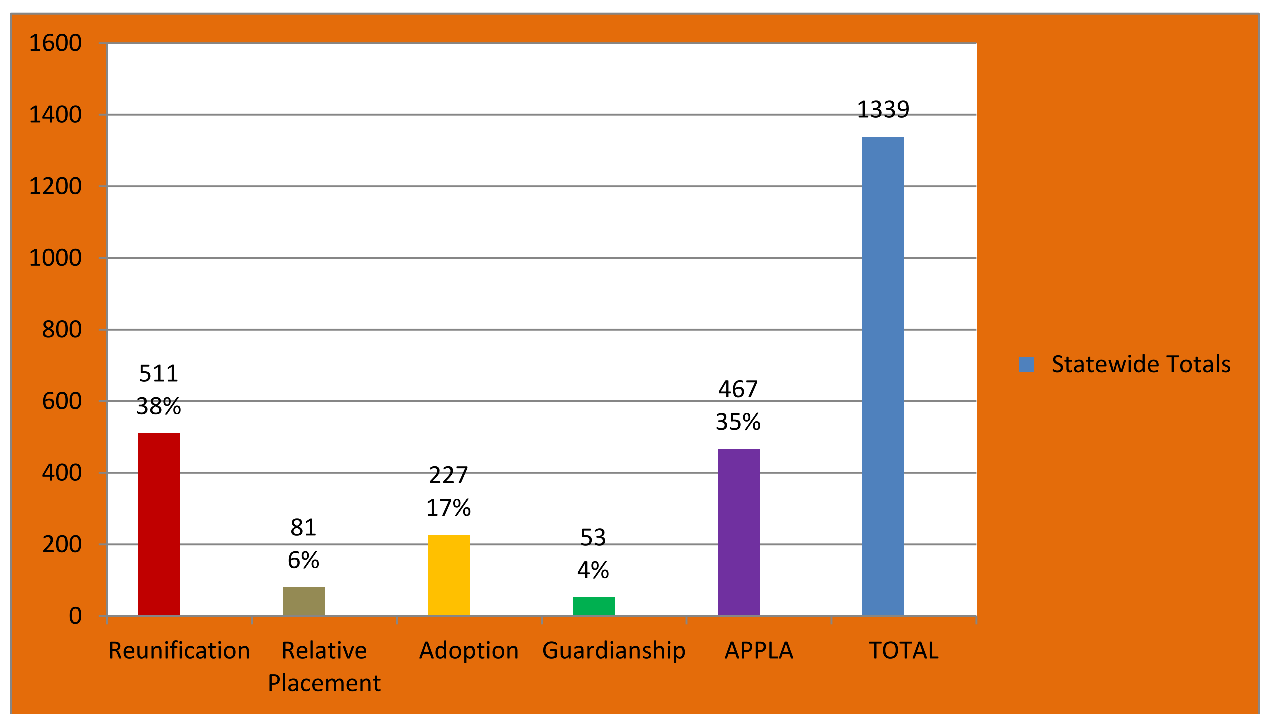
Older Youth Aging Out

- 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.

FY2019 Review Findings Percentages by Permanency Plan



Gender Totals (1339)

Male	Female
638 (48%)	701 (52%)

Male (638)

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
253 (40%)	35 (5%)	119 (19%)	29 (4%)	202 (32%)

Female (701)

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
258 (37%)	46 (7%)	108 (15%)	24 (3%)	265 (38%)

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

Ethnicity Overall (1339)

African American	Caucasian	Asian	Other
793 (59%)	439 (33%)	11 (<1%)	96 (7%)

Age Range by Permanency Plan

[RE] = Reunification
[RA] = Relative Placement for Adoption
[RG] = Relative Placement for Custody & Guardianship
[AD] = Non Relative Adoption
[CG] = Non Relative Custody & Guardianship
[AP] = Another Planned Permanent Living Arrangement (APPLA)

AGE RANGE	RE	RA	RG	AD	CG	AP	Totals
age 1 thru 5	80	12	13	94	5	0	204
age 6 thru 10	88	4	15	54	4	0	165
age 11 thru 13	98	3	11	35	14	0	161
age 14 thru 16	151	3	16	26	19	26	241
age 17 thru 19	85	0	4	17	11	265	382
age 20	9	0	0	1	0	176	186
Totals	511	22	59	227	53	467	1339

Case Reviews by Jurisdiction

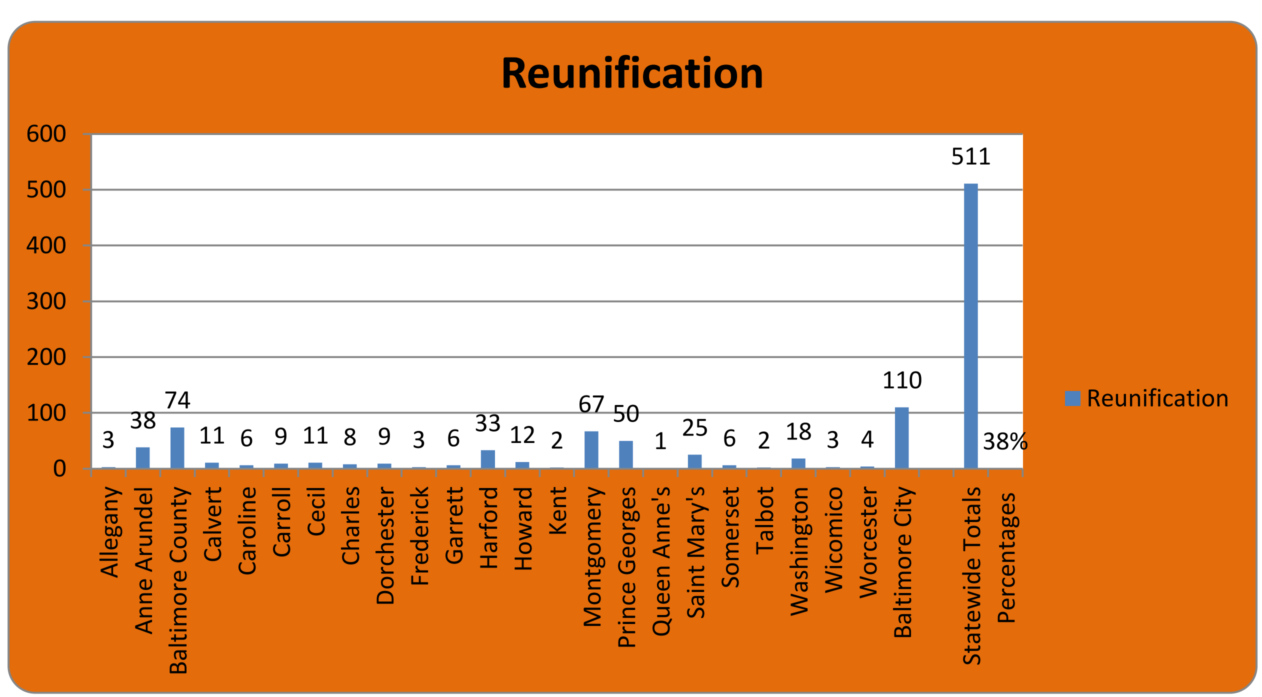
Jurn #	County	Reunification	Relative Placement	Adoption	Custody Guardianship	APPLA	TOTAL
01	Allegany	3	8	6	0	6	23
02	Anne Arundel	38	0	29	1	19	67
03	Baltimore County	74	0	29	4	59	166
04	Calvert	11	4	3	4	9	31
05	Caroline	6	0	7	0	1	14
06	Carroll	9	0	2	0	3	14
07	Cecil	11	3	12	2	11	39
08	Charles	8	0	3	3	9	23
09	Dorchester	9	0	4	0	5	18
10	Frederick	3	5	13	1	12	34
11	Garrett	6	0	2	0	1	9
12	Harford	33	1	12	2	20	68
13	Howard	12	0	1	1	9	23
14	Kent	2	0	0	2	1	5
15	Montgomery	67	22	24	6	33	152
16	Prince Georges	50	8	22	3	65	148
17	Queen Anne	1	0	3	0	0	4
18	Saint Mary's	25	1	4	0	3	33
19	Somerset	6	3	5	0	1	15
20	Talbot	2	2	2	0	4	10
21	Washington	18	0	11	1	11	41
22	Wicomico	3	2	6	1	3	15
23	Worcester	4	2	5	0	6	17
49	Baltimore City	110	20	42	22	176	370
24	Statewide Totals	511	81*	227	53	467	1339
24	Percentages	38%	6%	17%	4%	35%	100%

*(Note: Relative Placement is the combined total of Relative Placement for Adoption = 22: and Relative Placement for Custody/Guardianship = 59)

CRBC conducted a total of 1339 individual out-of-home case reviews (each case reviewed represents 1 child/youth) in all 24 Jurisdictions on 191 boards that held reviews during fiscal year 2019.

Reunification Case Reviews

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



Age Range	Totals	Reunification	Percentage
Age 1 thru 5	204	80	39%
Age 6 thru 10	165	88	53%
Age 11 thru 13	161	98	61%
Age 14 thru 16	241	151	63%
Age 17 thru 19	382	85	22%
Age 20	186	9	5%
Total	1339	511	38%

Permanency

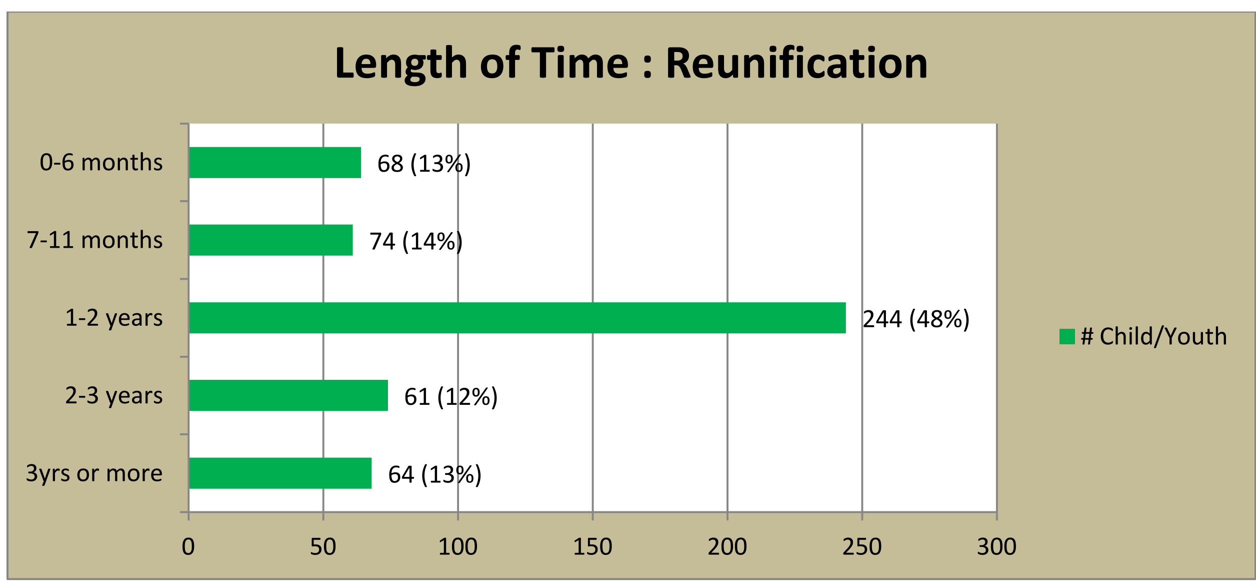
The local boards agreed with the permanency plan of reunification in 377 (74%) of the 511 cases reviewed.

The local juvenile courts identified concurrent permanency plans for 95 (19%) of the 511 cases reviewed. The concurrent permanency plans identified were Relative Placement for Adoption (8 cases), Relative Placement for Custody & Guardianship (34 cases), Non Relative Adoption (6 cases), Non Relative Custody & Guardianship (39 cases) and APPLA (8 cases).

The local departments were implementing the concurrent plans set by the local juvenile courts in 91 of the 95 cases.

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

Of the 511 Reunification cases reviewed the local boards found that the length of time the child/youth had a plan of Reunification were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local departments held family involvement meetings prior to entry for 336 (66%) of the 511 cases reviewed.

Service Agreements: The local departments had signed service agreements for 272 (53%) of the 511 cases and 4 cases were Post-TPR children under the age of 14. Efforts to involve the families in the service agreement process were made for 421 cases.

The local boards agreed that the service agreements were appropriate for the 272 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/ Living Arrangement (LA)
31	Formal Kinship Care
2	Intermediate Foster Care
1	Pre Finalized Adoptive Home
76	Regular Foster Care
37	Restricted (Relative) Foster Care
9	Treatment Foster Care
137	Treatment Foster Care (Private)
1	Alternative Living Unit
25	Residential Group Home
7	Teen Mother Program
53	Therapeutic Group Home
5	Independent Residential Living Program
33	Residential Treatment Center
1	Relative
2	Psychiatric Respite
8	Diagnostic Center
1	Correctional Institution (LA)
1	Own Home/Apartment (LA)
1	Inpatient Psychiatric Care (LA)
1	Inpatient Medical Care (LA)
11	Runaway (LA)
5	Secure Detention Facility (LA)
56	Trial Home Visit (LA)
1	Unapproved Kinship Home (LA)
3	Unapproved Living Arrangement (LA)
3	Other (LA)

In 240 (47%) of the 511 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 488 (95%) of the 511 cases reviewed.

Placement Stability

The local boards found that in 284 (56%) of the cases reviewed there were changes in placement within the 12 months prior to the review. 113 (40%) of the 284 cases had 1 placement change, 103

(36%) had 2 placement changes, 40 (14%) had 3 placement changes and 28 (10%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 157 (55%) of the 284 cases.

The following levels of care were found for the 284 most recent placement changes:

- 103 (36%) were in less restrictive placements
- 68 (24%) were in more restrictive placements
- 98 (35%) had the same level of care
- 11 (4%) child on runaway
- 4 (1%) unknown, information not available

The local boards found that the primary positive reasons for the 284 most recent placement changes were:

- transition towards a permanency goal for 107 cases
- placement with relatives for 15 cases
- placement with siblings for 4 cases

Provider specific issues for the most recent placement changes were:

- Provider home closed: 5 cases
- Provider requests: 6 cases
- Allegation of provider abuse/neglect: 10 cases
- Incompatible match: 27 cases

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

- Behavioral: 78 cases
- Health: 1 case
- Threats of harm to self/others: 2 cases
- Sexualized: 3 cases
- Delinquent behavior: 5 cases
- Runaway: 11 cases
- Hospitalization: 3 cases
- Child/youth requests removal: 4 cases

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

a) Yes, for 268 cases

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

a) Yes, for 260 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 114 (22%) of the 511 children/youths reviewed had developmental or special needs.
- Current Physical: 378 (74%) children/youths had a current physical exam.
- Current Vision: 295 (58%) children/youths had a current vision exam.
- Current Dental: 283 (55%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 105 (58%) of 180 children/youths.
- Completed Medical Records: The local departments reported that 198 (39%) children/youths had completed medical records in their case files.
- Prescription Medication: 256 (50%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for 251 of the 256 children/youths.
- Psychotropic Medication: 224 (44%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for 219 of the 224 children/youths.
- Mental Health Issues: 353 (69%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 323 (91%) of the 353 children/youths.
- Mental Health Issues/Transitioning/Services: 7 of the 9 youths with mental health issues who were transitioning out of care, had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 42 (8%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 14 (33%) of the 42 children/youths.
- Behavioral Issues: 259 (51%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 234 (90%) of the 259 children/youths.

The local boards found that the health needs of 197 (39%) of the 511 children/youths had been met and 25 children/youths refused to comply with standard health exams.

Education

422 (83%) of the 511 children/youths reviewed were enrolled in school or another educational/vocational program. 417 of the 422 children/youths were in Pre-K thru 12th grade. 1 of the 422 was in college and 4 were enrolled in a GED program. 10 of the 89 children/youths not enrolled in school or another educational/vocational program had already graduated high school, 23 refused to attend school and 56 were under the age of 5.

220 (52%) of the 422 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 178 (81%) of the 220 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 283 (67%) of the 422 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 401 (95%) of the 422 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

- Employment (age 14 and older – 247 cases)

  34 (14%) of the 247 youths were employed or participating in paid or unpaid work experience. 6 youths were unable to work due to being medically fragile, 38 were unable to work due to mental health issues, 3 were 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 – 247 cases)

  The local boards agreed that 123 (50%) of the 247 youths were receiving appropriate services to prepare for independent living.

  6 youths were unable to participate due to being medically fragile, 38 due to mental health issues, 3 due to being in a juvenile detention facility and 1 due to being in a correctional facility.

- Housing (Transitioning Youth – 10 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 2 of the 10 youths transitioning out of care. Alternative housing options were also provided for the 2 youths.

The local boards agreed that the 2 youths were 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. 1 child/youth with a plan of reunification and a concurrent plan of adoption consented to adoption and was placed in a pre-adoptive home.

Pre-Adoptive Services, Placements and Resources

The family structure of the 1 child/youth placed in a pre-adoptive home was comprised of a single female. The relationship to the pre-adoptive child/youth was a non relative foster parent.

Length of time in the pre-adoptive placement was as follows:

- 1 case(s) 21 months or more

An adoptive home study was completed and approved for the case.

The local boards agreed that appropriate services and supports were in place for the pre-adoptive family to meet the identified needs of the child/youth.

The local boards found that the pre-adoptive placement was appropriate for the child/youth.

Adoptive Recruitment (none)

Not applicable. Child/youth placed in pre-adoptive home.

Post-Adoptive Services and Resources

Post-adoptive services were needed for the child/youth. The service that was needed was medical.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 486 (95%) of the 511 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 178 (35%) of the 511 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	340	125
No	171	386

Frequency of Visits	With Parents	With Relatives
Daily	8	6
Once a week	111	27
More than once a week	38	8
Once a month	66	20
More than once a month	83	35
Quarterly	19	7
Yes, but undocumented	15	22

Supervision of Visits	With Parents	With Relatives
Supervised	165	35
Unsupervised	175	90

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	113	16
Other Agency Representative	18	5
Biological Family Member	11	4
Foster Parent	11	6
Other	12	4

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	94	67
LDSS Visitation Center	74	13
Public Area	78	26
Child's/Youth's Placement	68	15
Other	26	4

Overnight Stays	With Parents	With Relatives
Yes	84	51
No	256	74

The local boards found that 288 (56%) of the 511 children/youths had siblings in care. 177 (61%) of the 288 had visits with siblings in care who did not reside with them.

Barriers/Issues

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

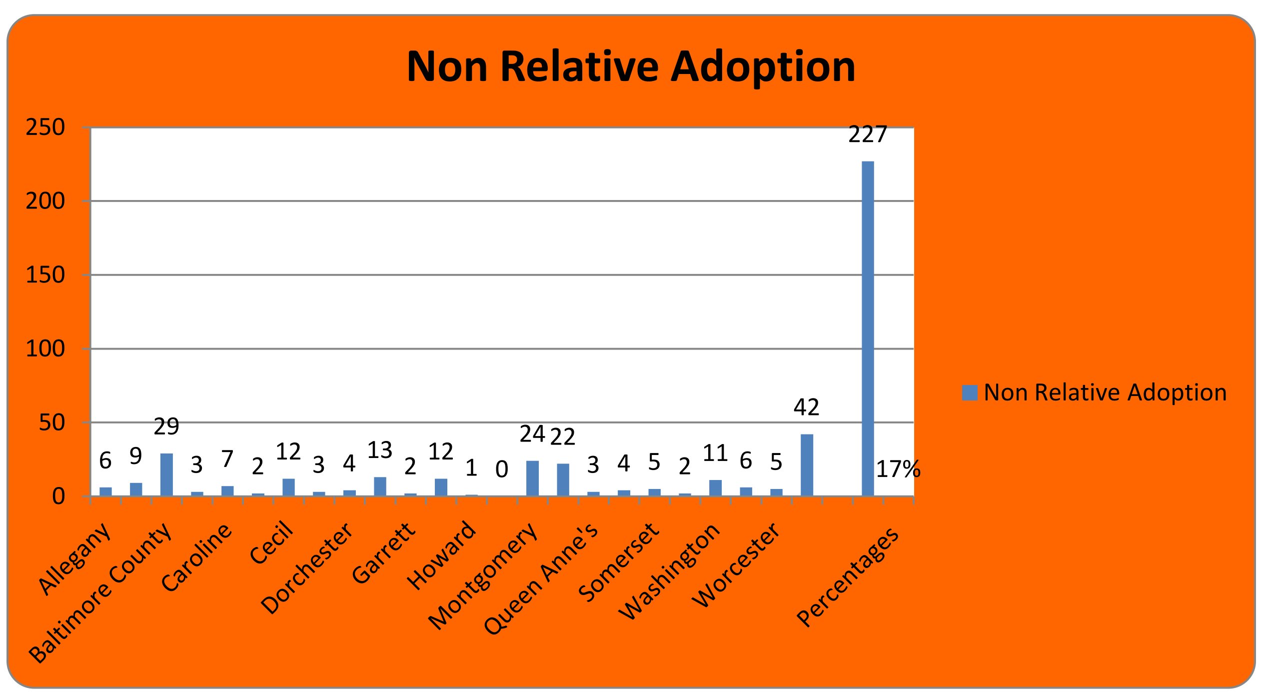
- No service agreement with parents.
- No service agreement with youth.
- Missing or lack of documentation.
- Annual physicals not current.
- Board does not agree with current permanency plan.
- Dentals not current.
- Vision not current.
- No current IEP.
- Other child/youth related barrier.
- Other agency related barrier.
- Other independence barrier.
- Other education barrier.
- Youth has not been assessed for mental health concerns.
- Poor coordination within DSS.
- Worker did not submit referral for needed resource/service.
- Lack of concurrent planning.
- Youth not enrolled in school.
- Child has behavior problems in the home.
- Youth not attending school or in GED program.
- Other physical health barrier.
- No follow up on medical referrals.
- Other placement barrier.
- Transitional housing has not been identified.
- Inadequate preparation for independence (general).
- Youth engages in risky behavior.
- No current Safe-C/G.
- Other court related barrier.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- Youth placed outside of home jurisdiction.
- Youth not employed and transitioning out of care.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 454 (89%) of the 511 children reviewed

Non Relative Adoption Case Reviews

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



Age Range	Totals	Adoption	Percentage
Age 1 thru 5	204	94	46%
Age 6 thru 10	165	54	33%
Age 11 thru 13	161	35	22%
Age 14 thru 16	241	26	11%
Age 17 thru 19	382	17	4%
Age 20	186	1	< 1%
Total	1339	227	17%

Permanency

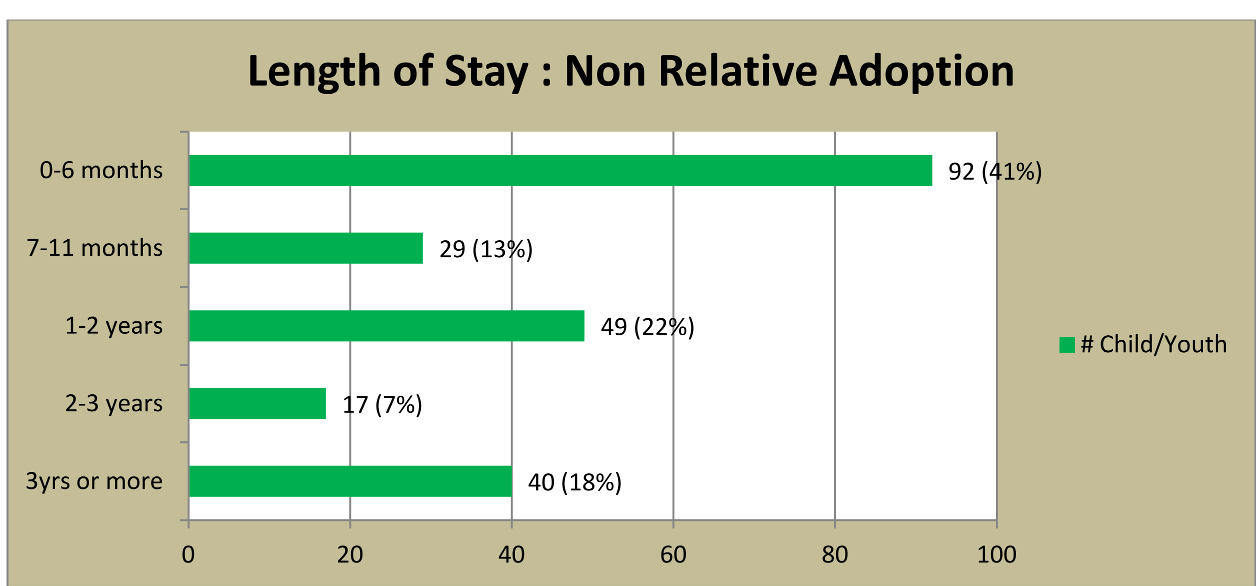
The local boards agreed with the permanency plan of Non Relative Adoption in 214 (94%) of the 227 cases reviewed.

The local juvenile courts identified concurrent permanency plans for 23 (10%) of the cases reviewed. The concurrent permanency plans identified were Reunification (7 cases), Relative Placement for Adoption (3 cases), Relative Placement for Custody & Guardianship (4 cases), Non Relative Custody & Guardianship (8 cases) and APPLA (1 case).

The local departments were implementing the concurrent plans set by the local juvenile courts in 19 (83%) of the 23 cases.

Length of time Child/Youth had a plan of Adoption

Of the 227 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:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local departments held family involvement meetings prior to entry for 164 (72%) of the 227 cases reviewed.

Service Agreements: The local departments had signed service agreements for 37 (16%) of the 227 cases and 86 cases were Post-TPR children under the age of 14. Efforts to involve the families in the service agreement process were made for 77 cases.

The local boards agreed that the service agreements were appropriate for the 37 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
2	Formal Kinship Care
3	Intermediate Foster Care
118	Pre-Finalized Adoptive Home
47	Regular Foster Care
1	Restricted (Relative) Foster Care
1	Treatment Foster Care
39	Treatment Foster Care (Private)
4	Residential Group Home
5	Therapeutic Group Home
4	Residential Treatment Center
2	Diagnostic Center
1	Inpatient Medical Care (LA)

In 143 (63%) of the 227 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for all 227 (100%) cases reviewed.

Placement Stability

The local boards found that in 56 (25%) of the cases reviewed there was a change in placement within the 12 months prior to the review. 38 (68%) of the 56 cases had 1 placement change, 12 (21%) had 2 placement changes, 4 (7%) had 3 placement changes and 2 (4%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 43 (78%) of the 56 cases.

The following levels of care were found for the 56 most recent placement changes:

- 18 (32%) were in less restrictive placements
- 5 (9%) were in more restrictive placements
- 33 (59%) had the same level of care

The local boards found that the primary positive reasons for the 56 most recent placement changes were:

- transition towards a permanency goal for 29 cases

- placement with relatives for 1 case

Provider specific issues for the most recent placement changes were:

- Provider home closed: 2 cases
- Allegation of provider abuse/neglect: 6 cases
- Incompatible match: 6 cases

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

- Behavioral: 15 cases
- Threats of harm to self/others: 1 case
- Hospitalization: 1 case

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

b) Yes, for 53 cases

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

b) Yes, for 54 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 51 (22%) of the 227 children/youths reviewed had developmental or special needs.

- Current Physical: 199 (88%) children/youths had a current physical exam.

- Current Vision: 169 (74%) children/youths had a current vision exam.

- Current Dental: 159 (70%) children/youths had a current dental exam.

- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 64 (73%) of 88 children/youths.

- Completed Medical Records: The local departments reported that 134 (29%) children/youths had completed medical records in their case files.

- Prescription Medication: 97 (43%) children/youths were taking prescription medication.

- Prescription Medication Monitored: Prescription medication was being monitored regularly for 96 of the 97 children/youths.

- Psychotropic Medication: 66 (29%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for all 66 children/youths.
- Mental Health Issues: 118 (52%) children/youths had mental health issues.
- Mental Health Issues Addressed: Yes, for 112 (95%) of the 118 children/youths.
- Mental Health Issues/Transitioning/Services: 1 youth with mental health issues who was transitioning out of care, had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 5 (2%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 4 (80%) of the 5 children/youths.
- Behavioral Issues: 92 (41%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 91 (99%) of the 92 children/youths.
- The local boards found that the health needs of 137 (60%) of the 227 children/youths had been met and 4 children/youths refused to comply with standard health exams.

Education

156 (69%) of the 227 children/youths reviewed were enrolled in school or another educational/vocational program. 154 of the 156 children/youths were in Pre-K thru 12th grade and 2 of the 156 were in college. 4 of the 71 children/youths not enrolled in school or another educational/vocational program refused to attend school and 67 were under the age of 5.

87 (56%) of the 156 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 70 (45%) of the 156 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 109 (70%) of the 156 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 152 (97%) of the 156 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

- Employment (age 14 and older – 45 cases)

  9 (20%) of the 45 youths were employed or participating in paid or unpaid work experience.

1 youth was unable to participate due to being medically fragile and 4 were unable to participate due to mental health issues.

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

- Independent Living Services (age 14 and older – 45 cases)

  The local boards agreed that 28 (62%) of the 45 youths were receiving appropriate services to prepare for independent living.

  1 youth was unable to participate in independent living services due to being medically fragile and 4 youths were unable to participate due to mental health issues.

- Housing (Transitioning Youth – 1 case)
  (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 the 1 youth transitioning out of care and alternative housing options were also provided for the youth.

  The local boards agreed that the youth was 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 56 (25%) of the 227 children/youths consented to adoption and 11 (5%) children/youths consented with conditions.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child's Consent to Adoption	Cases
Yes	56
Yes, with conditions	11
Child did not want to be Adopted	5
N/A under age of consent	130
No, Medically Fragile, unable to consent	6
No, Mental Health Issues, unable to consent	3
Unknown	16

Pre-Adoptive Services, Placements and Resources

161 (71%) of the 227 children/youths with a plan of adoption were placed in pre-adoptive homes. The family structure was comprised of a married couple for 107 (66%) of the 161 cases, an

unmarried couple for 5 (3%) and a single female for 49 (30%). The relationship to the pre-adoptive children/youths was a relative foster parent in 11 (7%) cases, a non-relative foster parent in 148 (92%) and a fictive kin foster parent in 2 (1%) cases.

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

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

An adoptive home study was completed and approved for 133 (83%) of the 161 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 159 (99%) cases.

The local boards found that the pre-adoptive placements were appropriate for the 159 (99%) cases.

Adoptive Recruitment (66 cases)

The local boards found that the local department had documented efforts to find an adoptive resource for 40 (60%) 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 39 (59%) of the 66 children/youths.

Post-Adoptive Services and Resources

Post-adoptive services were needed for 175 (77%) of the 227 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 175 children/youths were Medical for 164 cases, Mental Health services for 90 cases, Educational services for 74 cases, Respite Services for 10 and DDA services for 9 cases.

Post-adoptive subsidies were needed for 145 (64%) of the 227 children/youths.

The local boards agreed that the post-adoptive services and resources were appropriate for the 175 children/youths.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 222 (98%) of the 227 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 82 (36%) of the 227 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	90	46
No	137	181

Frequency of Visits	With Parents	With Relatives
Daily		
Once a week	10	7
More than once a week	4	1
Once a month	37	23
More than once a month	21	4
Quarterly	16	8
Yes, but undocumented	6	3

Supervision of Visits	With Parents	With Relatives
Supervised	83	23
Unsupervised	7	23

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	64	13
Other Agency Representative		1
Biological Family Member	5	4
Foster Parent	13	5
Other	1	

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	3	22
LDSS Visitation Center	39	5

Public Area	23	10
Child's/Youth's Placement	18	7
Other	7	2

Overnight Stays	With Parents	With Relatives
Yes	2	8
No	88	38

The local boards found that 122 (54%) of the 227 children/youths had siblings in care. 63 (52%) of the 122 had visits with siblings in care who did not reside with them.

Barriers/Issues

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

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

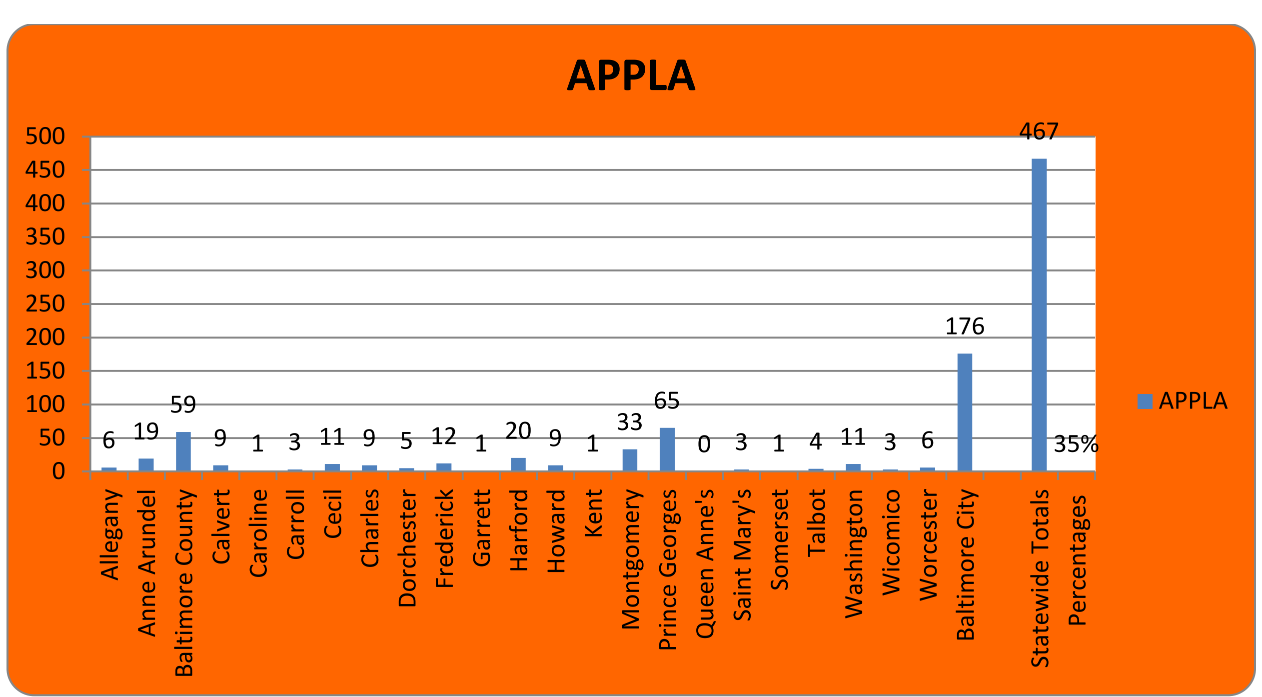
Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 223 (98%) of the 227 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 1339 cases reviewed, 467 (35%) of the cases had a plan of APPLA. Baltimore City had the most (176 cases) 38%, Prince George's County (65) 14%, Baltimore County (59) 13% and Montgomery County (33) 7%. 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.



Age Range	Totals	APPLA	Percentage
Age 1 thru 5	204	0	N/A
Age 6 thru 10	165	0	N/A
Age 11 thru 13	161	0	N/A
Age 14 thru 16	241	26	11%
Age 17 thru 19	382	265	69%

Age 20	186	176	95%
Total	1339	467	35%

Permanency

The local boards agreed with the permanency plan of APPLA in 461 (99%) of the 467 cases reviewed.

Category of APPLA plan

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

- Emancipation/Independence: 414 (89%) cases
- Transition to an Adult Supportive Living Arrangement: 51 (11%) cases
- Other: 2 (<1%) cases

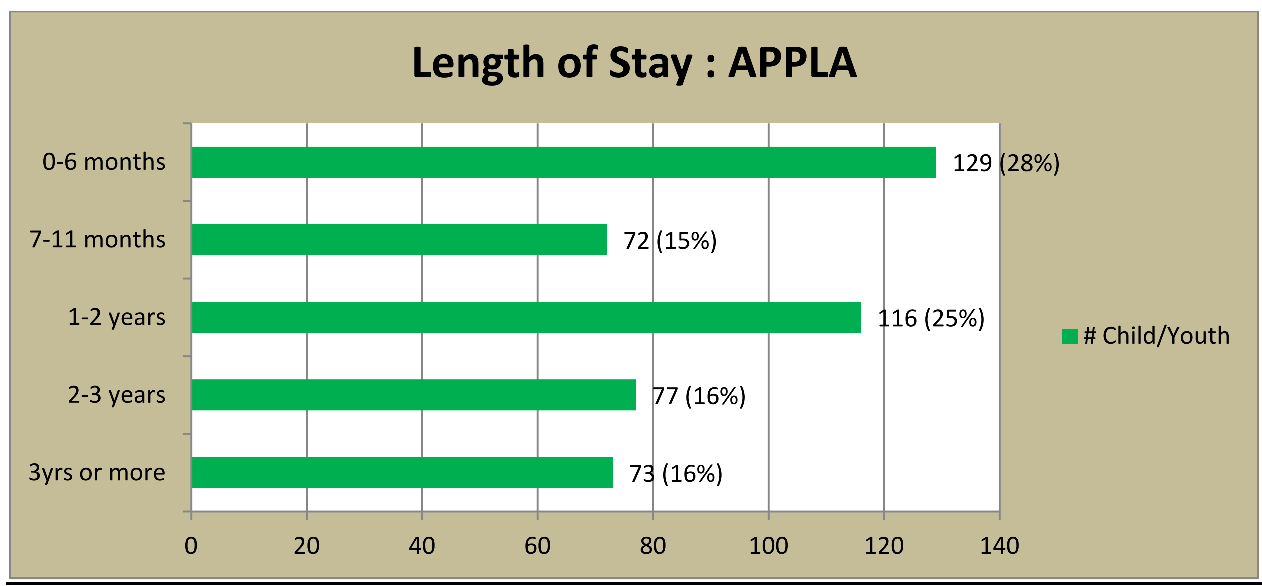
Permanent Connections

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 395 (85%) of the 467 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 391 (99%) cases.

Length of time Child/Youth had a plan of APPLA

Of the 467 APPLA cases reviewed the local boards found that the length of time the child/youth had a plan of APPLA were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 245 (52%) of the 467 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 364 (78%) of the 467 cases reviewed and had a signed service agreement for 273 (75%) cases.

The local boards found that the service agreement was appropriate for 271 of the signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/ Living Arrangement (LA)
4	Formal Kinship Care
1	Intermediate Foster Care
19	Regular Foster Care
8	Restricted (Relative) Foster Care
5	Treatment Foster Care
132	Treatment Foster Care (Private)
18	Residential Group Home
24	Teen Mother Program
42	Therapeutic Group Home
82	Independent Residential Living Program
12	Residential Treatment Center
9	Relative

12	Non Relative
31	Own Dwelling
2	Diagnostic Center
1	DDA Group Home
1	DDA Youth Home
	Living Arrangement (LA)
11	College (LA)
3	Correctional Institution (LA)
1	Homeless Shelter (LA)
4	Own Home/Apartment (LA)
1	Inpatient Psychiatric Care (LA)
4	Job Corp (LA)
6	Runaway (LA)
6	Secure Detention Facility (LA)
3	Trial Home Visit (LA)
2	Unapproved Kinship Home (LA)
18	Unapproved Living Arrangement (LA)
2	Other (LA)

In 247 (53%) of the 467 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 434 (93%) of the cases reviewed.

Placement Stability

The local boards found that for 249 (53%) cases reviewed there was a change in the placement in the last 12 months prior to being reviewed. 110 (44%) of the 249 cases reviewed had 1 placement change, 79 (32%) had 2 placement changes, 40 (16%) had 3 placement changes and 20 (8%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 114 (46%) of the 249 cases.

- 135 (54%) were in less restrictive placements
- 34 (14%) were in more restrictive placements
- 69 (28%) had the same level of care
- 6 (2%) on runaway

The local boards found that the primary positive reasons for the 249 most recent placement changes were:

- Transition towards a permanency goal for 122 cases
- Placement with relatives for 5 cases
- Placement with siblings for 1 case

Provider specific issues for the most recent placement changes were:

- Provider home closed: 6 cases
- Provider request: 1 case
- Allegation of provider abuse/neglect: 1 case
- Incompatible match: 17 cases

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

- Behavioral: 58 cases
- Threats of harm to self/others: 1 case
- Sexualized: 2 cases
- Delinquent behavior: 7 cases
- Runaway: 6 cases
- Hospitalization: 1 case
- Child/youth request removal: 2 cases

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

c) Yes, for 221 cases

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

c) Yes, for 202 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 95 (20%) of the 467 children/youths reviewed had developmental or special needs.

- Current Physical: 293 (63%) children/youths had a current physical exam.

- Current Vision: 238 (51%) children/youths had a current vision exam.

- Current Dental: 210 (45%) children/youths had a current dental exam.

- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 72 (48%) of 150 children/youths.

- Completed Medical Records: The local departments reported that 146 (31%) children/youths had completed medical records in their case files.

- Prescription Medication: 194 (42%) children/youths were taking prescription medication.

- Prescription Medication Monitored: Prescription medication was being monitored regularly for 189 of the 194 children/youths.

- Psychotropic Medication: 155 (33%) children/youths were taking psychotropic medication.

- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for 152 of the 155 children/youths.

- Mental Health Issues: 340 (73%) children/youths had mental health issues.

- Mental Health Issues Addressed: Yes, for 250 (74%) of the 340 children/youths.

- Mental Health Issues/Transitioning/Services: 40 of the 340 youths with mental health issues who were transitioning out of care, had an identified plan to receive services in the adult mental health system.

- Substance Abuse: 113 (24%) children/youths had a substance abuse problem.

- Substance Abuse Addressed: Yes for 28 (25%) of the 113 children/youths.

- Behavioral Issues: 210 (45%) children/youths had behavioral issues.

- Behavioral Issues Addressed: Yes, for 164 (78%) of the 210 children/youths.

- The local boards found that the health needs of 148 (32%) of the 467 children/youths had been met and 56 children/youths refused to comply with standard health exams.

Education

264 (57%) of the 467 children/youths reviewed were enrolled in school or another educational/vocational program. 183 of the 264 were in Pre-K through 12th grade, 15 were enrolled in a GED program, 62 were in college and 4 were in trade school. 145 of the 203 children/youths not enrolled in school or another educational/vocational program had already graduated high school and 58 refused to attend school.

123 (47%) of the 264 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 97 (37%) of the 264 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 115 (70%) of the 264 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 241 (91%) of the 264 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

- Employment (age 14 and older – 467 cases)

  205 (44%) of the 467 youths were employed or participating in paid or unpaid work experience. 5 youths were unable to participate due to being medically fragile, 28 were unable to participate due to mental health issues, 1 was in a Juvenile Justice Facility and 3 were in a Correctional Facility.

  The local boards agreed that the 297 youths were being appropriately prepared to meet employment goals.

- Independent Living Services (age 14 and older – 467 cases)

  The local boards agreed that 358 (77%) of the 467 youths were receiving appropriate services to prepare for independent living.

  5 youths were unable to participate in independent living services due to being medically fragile, 28 due to mental health issues, 1 due to being in a Juvenile Justice Facility and 3 due to being in a Correctional Facility.

- Housing (Transitioning Youth – 177 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 86 youths transitioning out of care. Alternative housing options were also provided for the 86 youths.

  The local boards agreed that the 86 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 427 (91%) of the 467 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 128 (27%) of the 467 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	224	161
No	243	306

Frequency of Visits	With Parents	With Relatives
Daily	3	11
Once a week	33	23
More than once a week	19	11
Once a month	54	25
More than once a month	49	32
Quarterly	20	18
Yes, but undocumented	46	41

Supervision of Visits	With Parents	With Relatives
Supervised	23	7
Unsupervised	201	154

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	14	3
Other Agency Representative	3	3
Biological Family Member	1	
Foster Parent	2	
Other	3	1

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	126	126
LDSS Visitation Center	7	1
Public Area	50	18
Child's/Youth's Placement	22	7
Other	19	9

Overnight Stays	With Parents	With Relatives
Yes	91	79
No	133	82

The local boards found that 103 (22%) of the 467 children/youths had siblings in care. 67 (65%) of the 103 had visits with siblings in care who did not reside with them.

Barriers/Issues

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

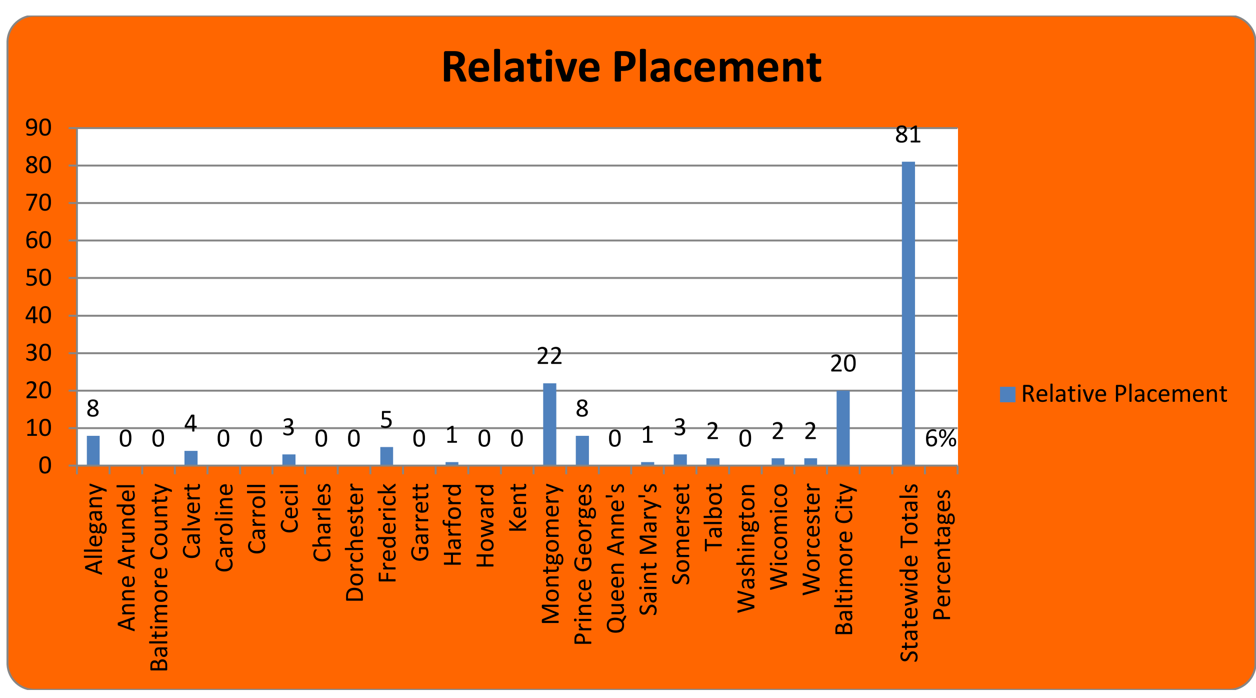
- No service agreement with parents.
- No service agreement with youth.
- Youth placed outside of home jurisdiction.
- Missing or lack of documentation.
- Child has behavior problems in the home.
- Issues related to substance abuse.
- Not following up on referrals.
- Youth not enrolled in school.
- Youth not attending school or in GED program.
- Youth not receiving adequate services.
- No current IEP.
- Board does not agree with current permanency plan.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- No follow up on medical referrals.
- Transitional housing has not been identified.
- Inadequate preparation for independence (general).
- Youth not employed and transitioning out of care.
- Other education barrier.
- Other independence barrier.
- Other placement barrier.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- No current Safe C/G.
- Youth engages in risky behavior.
- Other mental health barrier.
- Other legal barrier.
- Other child/youth related barrier.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 409 (88%) of the 467 children reviewed.

Relative Placement Case Reviews

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



Category of Relative Placement

- Relative placement for Adoption: 22 cases
- Relative placement for Custody/Guardianship: 59 cases

Age Range	Totals	Relative Placement	Percentage
Age 1 thru 5	204	25	12%
Age 6 thru 10	165	19	12%
Age 11 thru 13	161	14	9%
Age 14 thru 16	241	19	8%
Age 17 thru 19	382	4	1%
Age 20	186	0	N/A
Total	1339	81	6%

Permanency

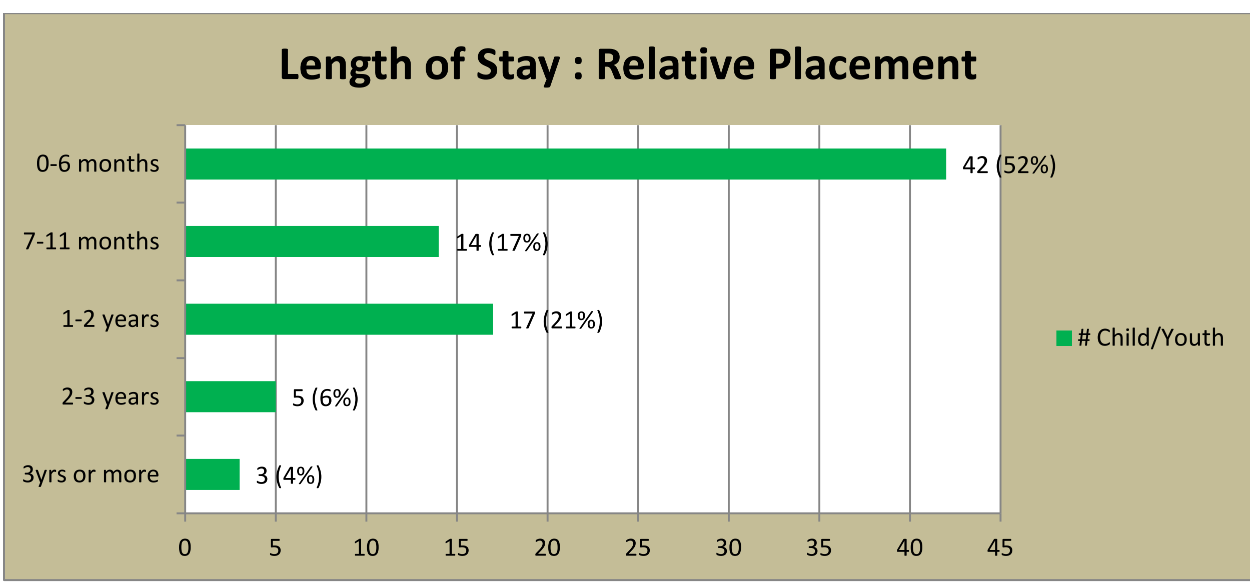
The local boards agreed with the permanency plan of relative placement for adoption in 21 (95%) of the 22 cases reviewed and relative placement for custody/guardianship in 54 (92%) of the 59 cases.

The local juvenile courts identified concurrent permanency plans for 22 (27%) of the 81 cases reviewed.

The local departments were implementing the concurrent plans set by the local juvenile courts in 19 of the 22 cases.

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

Of the 81 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 was as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 43 (53%) of the 81 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 43 (53%) of the 81 cases reviewed and had a signed service agreement for 24 (36%) of 66 cases. 15 cases were Post-TPR children under the age of 14.

The local boards found that the service agreements were appropriate for the 24 signed cases.

Placement

Number of Cases	Placement/Living Arrangement (LA)
24	Formal Kinship Care
13	Pre-Finalized Adoptive Home
6	Regular Foster Care
4	Restricted (Relative) Foster Care
14	Treatment Foster Care (Private)
1	Residential Group Home
5	Therapeutic Group Home
5	Residential Treatment Center
1	Relative
3	Diagnostic Center
1	Medical Group Home
2	Runaway (LA)
1	Unapproved Kinship Home (LA)
1	Unapproved Living Arrangement (LA)

The local boards found that in 41 (51%) of the 81 cases reviewed the children/youths were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the placement plan in 78 (96%) of the 81 cases reviewed.

Placement Stability

The Local boards found that in 35 (43%) cases reviewed there was a change in placement within the 12 months prior to the review. 10 (29%) of the 35 cases had 1 placement change, 19 (54%) had 2 placement changes, 5 (14%) had 3 placement changes and 1 (3%) had 4 or more changes.

A family involvement meetings took place with the most recent placement changes for 19 (54%) of the 35 cases.

The following levels of care were found for the 35 most recent placement changes:

- 11 (31%) were in less restrictive placements
- 9 (26%) were in more restrictive placements
- 12 (34%) had the same level of care
- 2 (6%) child/youth on runaway

The local boards found that the primary positive reasons for the 35 most recent placement changes were:

- transition towards a permanency goal for 12 cases
- placement with relatives for 7 cases

Provider specific issues for the most recent placement changes were:

- Provider home closed: 3 cases
- Allegation of provider abuse/neglect: 1 case
- Incompatible match: 1 case

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

- Behavioral: 9 cases
- Runaway: 2 cases

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

- Yes, for 29 cases

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

- Yes, for 32 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 19 (23%) of the 81 children/youths reviewed had developmental or special needs.

- Current Physical: 66 (81%) children/youths had a current physical exam.

- Current Vision: 57 (70%) children/youths had a current vision exam.

- Current Dental: 47 (58%) children/youths had a current dental exam.

- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 11 (58%) of 19 children/youths.

- Completed Medical Records: The local departments reported that 40 (49%) children/youths had completed medical records in their case files.

- Prescription Medication: 45 (56%) children/youths were taking prescription medication.

- Prescription Medication Monitored: Prescription medication was being monitored regularly for the 45 children/youths.

- Psychotropic Medication: 37 (46%) children/youths were taking psychotropic medication.

- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for the 37 children/youths.

- Mental Health Issues: 51 (63%) children/youths had mental health issues.

- Mental Health Issues Addressed: Yes, for 46 (90%) of the 51 children/youths.

- Mental Health Issues/Transitioning/Services: 1 of 4 youths with mental health issues who was transitioning out of care, did not have an identified plan to receive services in the adult mental health system.

- Substance Abuse: 5 (6%) children/youths had a substance abuse problem.

- Substance Abuse Addressed: Yes for 1 (20%) of the 5 children/youths.

- Behavioral Issues: 36 (44%) children/youths had behavioral issues.

- Behavioral Issues Addressed: Yes, for 34 (94%) of the 36 children/youths.

- The local boards found that the health needs of 44 (54%) of the 81 children/youths had been met and 3 children/youths refused to comply with standard health exams.

Education

60 (74%) of the 81 children/youths reviewed were enrolled in school or another educational/vocational program. All 60 were in Pre-K through 12th grade. 2 of the 21 children/youths not enrolled in school or another educational/vocational program refused to attend school and 19 were under the age of 5.

32 (53%) of the 60 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 27 (45%) of the 60 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 42 (70%) of the 60 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 57 (95%) of the 60 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

- Employment (age 14 and older – 23 cases)

  None of the 23 youths were employed or participating in paid or unpaid work experience. 1 youth was unable to participate due to mental health reasons. 8 youths were referred to summer or year round training and employment opportunities by caseworkers.

  The local boards agreed that 8 youths were being appropriately prepared to meet employment goals.

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

  The local boards agreed that 10 (43%) of the 23 youths were receiving appropriate services to prepare for independent living.

  1 youth was unable to participate in independent living services due to mental health issues.

- Housing (Transitioning Youth – None)

  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 (23%) of the 22 children/youths with a plan of relative placement for adoption consented.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child's Consent to Adoption	Cases
Yes	4
Yes, with conditions	1
Child did not want to be Adopted	0
N/A under age of consent	14
No, Medically Fragile/Mental Health	0
No, Concurrent Plan is Reunification	0
No, Relative Placement	0
Unknown	3

Pre-Adoptive Services, Placements and Resources

18 (82%) of the 22 children/youths with a plan of relative placement for adoption were placed in a pre-adoptive home. The family structure was comprised of a married couple for 7 (39%) of the 18 cases, an unmarried couple for 2 (11%) cases and a single female for 9 (50%) cases. The relationship to the pre-adoptive children/youths was a relative foster parent for 17 (94%) cases, and a non-relative foster parent for 1 (6%) case.

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

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

An adoptive home study was completed and approved for 13 (72%) of the 18 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 17 (94%) of the 18 cases.

The local boards found that the pre-adoptive placements were appropriate for all 18 (100%) cases.

Adoptive Recruitment

The local boards found that the local departments had documented efforts to find an adoptive resource for 1 of the 4 children/youths not placed in a pre-adoptive home. The adoptive recruitment resource was a cousin for the 1 case.

The local boards agreed that the adoptive recruitment efforts were not appropriate for the 4 children/youths.

Post-Adoptive Services and Resources

Post-adoptive services were needed for 19 (86%) of the 22 children/youths. Some of the services that were needed for the 19 children/youths were Medical for all, Mental Health services for 7, Educational services for 8 and Respite Services for 2 cases.

The local boards agreed that the post-adoptive services and resources were appropriate for the 19 children/youths.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 73 (90%) of the 81 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 26 (32%) of the 81 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	38	44
No	43	37

Frequency of Visits	With Parents	With Relatives
Daily		4
Once a week	11	9
More than once a week	4	3
Once a month	13	12
More than once a month	5	9
Quarterly	5	1
Yes, but undocumented		6

Supervision of Visits	With Parents	With Relatives
Supervised	28	7
Unsupervised	10	37

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	8	3
Other Agency Representative	5	1
Biological Family Member	8	2
Foster Parent		1
Other	7	
Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	3	26
LDSS Visitation Center	7	2
Public Area	6	3
Child's/Youth's Placement	14	13
Other	8	

Overnight Stays	With Parents	With Relatives
Yes	1	11
No	37	33

The local boards found that 54 (67%) of the 81 children/youths had siblings in care. 28 (52%) of the 54 had visits with siblings in care who did not reside with them.

Barriers/Issues

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

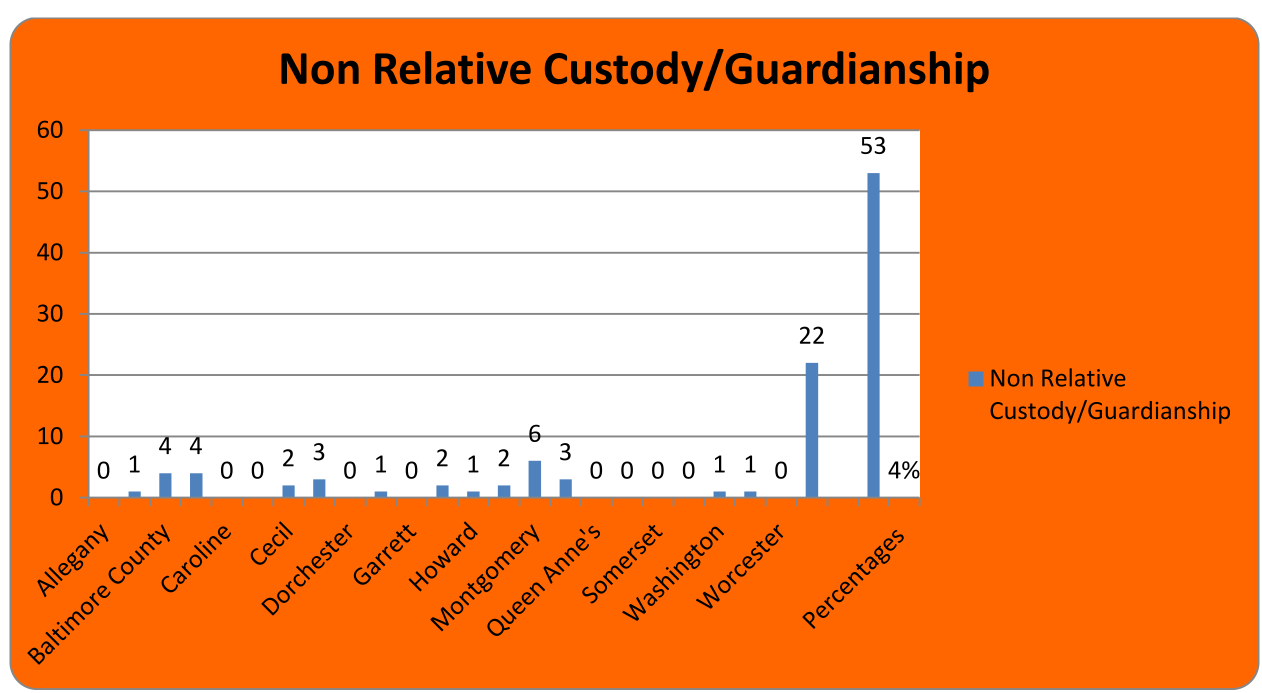
- Youth placed outside of home jurisdiction.
- Lack of concurrent planning.
- No service agreement with youth.
- Missing or lack of documentation.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Child has behavior problems in the home.
- Not following up on referrals.
-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

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 75 (93%) of the 81 children reviewed.

Non-Relative Custody/Guardianship Reviews

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



Age Range	Totals	Custody/Guardian	Percentage
Age 1 thru 5	204	5	2%
Age 6 thru 10	165	4	2%
Age 11 thru 13	161	14	9%
Age 14 thru 16	241	19	8%
Age 17 thru 19	382	11	3%
Age 20	186	0	N/A
Total	1339	53	4%

Permanency

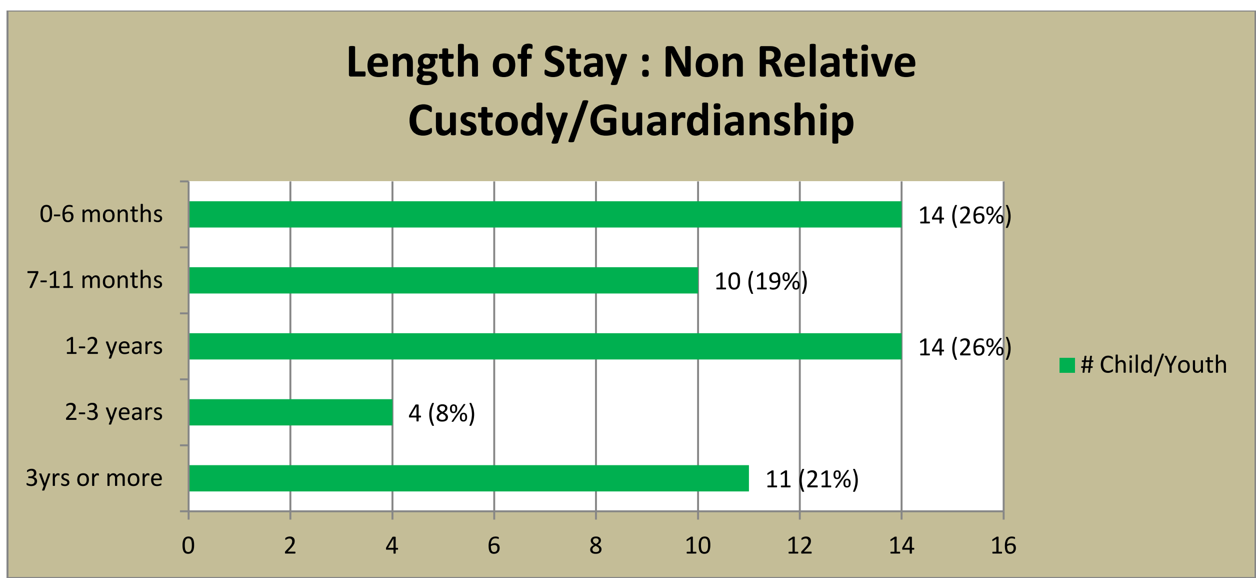
The local boards agreed with the permanency plan of non relative custody/guardianship for 44 (83%) of the 53 cases reviewed.

The local juvenile courts identified a concurrent permanency plan for 8 (15%) of the 53 cases reviewed. The concurrent plans identified were Reunification for 2 cases, Non Relative Adoption for 3 cases and APPLA for 3 cases.

The local departments were implementing the concurrent plans set by the local juvenile courts in 7 (88%) of the 8 cases.

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

Of the 53 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:



Case Planning

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 29 (55%) of the 53 cases reviewed.

Service Agreements: The local departments made efforts to involve the family in the service agreement process in 32 (69%) of 46 cases reviewed and 7 cases were Post-TPR children/youths under the age of 14. A signed service agreement was in place for 19 (41%) of the 46 cases.

The local boards found that the service agreement was appropriate for 18 of the 19 signed cases.

Placement/Living Arrangement (LA)

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

The local boards found that in 31 (58%) of the 53 cases reviewed the children/youths were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the placement plan in 51 (96%) of the 53 cases reviewed.

Placement Stability

The Local boards found that in 14 (26%) cases reviewed there was a change in placement within the 12 months prior to the review. 6 (43%) of the 14 cases had 1 placement change and 8 (57%) had 2 placement changes.

A family involvement meeting took place with the most recent placement changes for 6 of the 14 cases.

The following levels of care were found for the 14 most recent placement changes:

- 2 (14%) were in less restrictive placements
- 1 (7%) were in more restrictive placements
- 10 (71%) had the same level of care
- 1 (7%) runaway

The local boards found that the primary positive reason for the 14 most recent placement changes was:

- transition towards a permanency goal for 5 cases

Provider specific issues for the most recent placement changes were:

- Allegation of provider abuse/neglect: 2 cases
- Incompatible match: 3 cases

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

- Behavioral: 3 cases
- Delinquent behavior: 1 case

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

d) Yes, for 11 cases

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

d) Yes, for 13 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 15 (28%) of the 53 children/youths reviewed had developmental or special needs.

- Current Physical: 38 (72%) children/youths had a current physical exam.

- Current Vision: 34 (64%) children/youths had a current vision exam.

- Current Dental: 28 (53%) children/youths had a current dental exam.

- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 9 (45%) of 20 children/youths.

- Completed Medical Records: The local departments reported that 20 (38%) children/youths had completed medical records in their case files.

- Prescription Medication: 34 (64%) children/youths were taking prescription medication.

- Prescription Medication Monitored: Prescription medication was being monitored regularly for 33 of the 34 children/youths.

- Psychotropic Medication: 29 (55%) children/youths were taking psychotropic medication.

- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for all 29 children/youths.

- Mental Health Issues: 41 (77%) children/youths had mental health issues.

- Mental Health Issues Addressed: Yes, for 38 (93%) of the 41 children/youths.

- Mental Health Issues/Transitioning/Services: Not applicable. None of the youths with mental health issues, were transitioning out of care.

- Substance Abuse: 5 (9%) children/youths had a substance abuse problem.

- Substance Abuse Addressed: Yes for 1 (20%) of the 5 children/youths.

- Behavioral Issues: 28 (53%) children/youths had behavioral issues.

- Behavioral Issues Addressed: Yes, for 26 (93%) of the 28 children/youths.

- The local boards found that the health needs of 20 (38%) of the 53 children/youths had been met and 3 children/youths refused to comply with standard health exams.

Education

45 (85%) of the 53 children/youths reviewed were enrolled in school or another educational/vocational program. All 45 were in Pre-K through 12th grade. 4 of the 8 children/youths not enrolled in school or another educational/vocational program refused to attend school and 4 were under the age of 5.

26 (58%) of the 45 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 20 (44%) of the 45 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 28 (62%) of the 45 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 40 (89%) of the 45 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

- Employment (age 14 and older – 30 cases)

  5 (17%) of the 30 youths were employed or participating in paid or unpaid work experience. 1 youth was unable to participate due to being medically fragile, 2 youths due to mental health reasons and 1 youth due to being in a Juvenile Justice facility. 12 youths were referred to summer or year round training and employment opportunities by caseworkers.

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

➢ Independent Living Services (age 14 and older – 30 cases)

The local boards agreed that 17 (57%) of the 30 youths were receiving appropriate services to prepare for independent living.

1 youth was unable to participate in independent living services due to being medically fragile, 2 youths due to mental health reasons and 1 youth due to being in a Juvenile Justice facility.

Housing (Transitioning Youth – None)

Not applicable.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for all 53 (100%) children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 21 (40%) of the 53 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	17	7
No	36	46

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

Supervision of Visits	With Parents	With Relatives
Supervised	9	2
Unsupervised	8	5

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

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	6	2
LDSS Visitation Center	6	
Public Area	2	3
Child's/Youth's Placement	3	2
Other		

Overnight Stays	With Parents	With Relatives
Yes	2	2
No	15	5

The local boards found that 25 (47%) of the 53 children/youths had siblings in care. 16 (64%) of the 53 had visits with siblings in care who did not reside with them.

Barriers/Issues

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

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

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 42 (79%) of the 53 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 and Montgomery County. The following report findings and recommendations were reported to CRBC for the fiscal year 2019.

Baltimore City Child Protection Panel

In FY2019, 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.

Members

Beatrice Lee (CRBC State Board Member), Jackie Donowitz, Joan Little, Sheila Jessup, Carolyn Finney

Baltimore County Child Protection Panel (FY 2019)

Membership:

Mark Millspaugh, Deputy Director, Baltimore County Department of Social Services, Chair
Brynez Roane (Baxter), Arrow Child & Family Ministries
April Lewis, Baltimore County Public Schools
Pat Cronin, Executive Director, Family Tree
Bambi Glenn, Assistant County Attorney
Dr. Scott Krugman, Vice Chair, Department of Pediatrics, Herman & Walter Samuelson Children's Hospital at Sinai
Lisa Fox Dever, Office of the State's Attorney
Nancy Slaterbeck
Laura S. Steele, M.A.M.S., State Citizens Review Board
Lt. Michael Peterson, Baltimore County Police Department

Meetings Held

- July 25, 2018
- November 28, 2018
- March 27, 2019
- May 29, 2019
- July 31, 2019

SFY 2019 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.
- Conducted case review involving runaway and sex trafficking and developed recommendations based upon the information gathered.
- Reviewed the Safe Harbor report and submitted a letter of support to Secretary of State Wobensmith for numerous recommendations included in that report that align with the results of the Baltimore County Child Protection Panel case review.

Montgomery County Child Protection Panel

The Mission of the Montgomery County Citizen's Advisory Panel is to examine the extent to which the County Child Welfare Agency effectively implements the child protection standards and State plan under Child Abuse and Neglect Federal legislation, 42 USC section 5106a(b).

The Panel is a multidisciplinary group of expert professionals and private citizens whose responsibility is to ensure that maltreated children receive the services and support they need. The panel has members with varied backgrounds, all committed to the safety and welfare of children and they work collaboratively with the County's Child Welfare Agency.

In FY19 the Panel focused on providing input to improving mental health services for children who have been maltreated and on the training and support that foster parents receive in caring for maltreated children. They continue to help monitor the housing and service needs of older youth who are 'transitioning out' of foster care.

The primary focus in FY19 continued to address child safety issues in light of the growing drug and alcohol epidemic. This effort included assessing the pervasiveness of the problem, safety planning, safety concerns, decision making, and resource needs.

The primary focus was on three key issues:

- 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. The State is currently developing a new data management system. The Panel worked with Child Welfare to enhance those processes left to the County to help develop a set of standardized questions related to substance and alcohol abuse that can be reliably asked and captured.

- Resources: During interviews with staff a number of resource requests were put forth. In particular the Panel is helping to identify alternative substance abuse treatment for youth.

- Collaboration, Outreach, and Training: The focus is on collaboration across community agencies and boards working with drug abuse and mental health problems as well as ensuring our community partners consider the substance abuse issues of child welfare clients.

Members

Marci Roth, Chair, Ronna Cook, Leslie Shedlin, Jenn Carson, Lawrence Washington, Laura Coyle, George Gable, Pam Littlewood, Jane Steinberg, Sarah Stanton, Kay Farley (CRBC State Board Member), Deanna McCray-James, Stacy McNeely, Lisa Merkin/Angela English (agency staff persons)

Fiscal 2019 CRBC Metrics

	YTD
Total # of Children - Scheduled on the Preliminary:	2541
Total # of Children - Closed, Non Submission & Rescheduled:	1074
Total # of Children - Eligible for Review:	1467
Total # of Children - Reviewed at the Board:	1339
Total # of Children - Not Reviewed at the Board:	128
Percentage of Children Reviewed for the Period:	91%
Percentage of Children Not Reviewed for the Period:	9%
Recommendation Reports - Number Sent	1339
Recommendation Reports - Number Sent on Time	1250
Recommendation Reports - Percent Sent on Time	93%
Recommendation Reports - Number Received – DSS Response	765
Recommendation Reports - Percent Received % - DSS Response	57%
Recommendation Reports - Number Received on Time - DSS Response	244
Recommendation Reports - Percent Received on Time % - DSS Response	32%
Number of Boards Held	191
Recommendation Reports - # of DSS Agreement	742
Recommendation Reports - Percent of DSS Agreement	97%
Recommendation Reports - # of DSS Disagreement	22
Recommendation Reports - Percent of DSS Disagreement	3%
Recommendation Reports - # Blank/Unanswered	1
Recommendation Reports - Percent # Blank/Unanswered	<1%
Percentage of REUNIFICATION Children Reviewed for the Fiscal Year	38%
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:	17%
Percentage of CUSTODY/GUARDIANSHIP Children Reviewed for the Period:	4%
Percentage of APPLA Children Reviewed for the Period:	35%

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June 1, 2020

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

Dear Ms. Anderson-Burrs:

The Maryland Department of Human Services (DHS) extends its appreciation for the work of the Citizens Review Board for Children (CRBC). The CRBC annual report provides information that is necessary for DHS/SSA to improve our services to Maryland's children and families. The feedback and observations found in the report, as well as the information received in meetings with the CRBC leadership, contribute a great deal to our Continuous Quality Improvement (CQI) efforts.

The CRBC recommendations to expand our service array, particularly for youth with intensive needs; as well as those around supporting the LDSS workforce, modernization efforts, and the needs around older youth transition planning, including housing and other independent living skills, are being considered within our implementation team structure. The fact that CRBC's recommendations are based on extensive case reviews is invaluable to the process of developing targeted strategies that are data-driven.

The Families First Prevention Services Act (FFPSA) provides additional opportunities for DHS/SSA to expand the use of evidence-based practices designed to increase prevention services and offer increased support to transitioning foster youth. DHS/SSA's Family First Prevention Plan was approved in February 2020 and we are working toward full implementation of the provisions included in the plan. In addition to the Prevention Plan, DHS/SSA is moving toward the implementation of Qualified Residential Treatment Providers (QRTP) as outlined in FFPSA.

During the development of our Child and Family Services Review (CFSR) Program Improvement Plan (PIP), DHS/SSA developed, in partnership with our stakeholders, the following cross-cutting thematic areas for investment:

- ***Authentic family and youth partnerships.*** Evidence points to the need for stronger engagement and partnership between the workforce and families. This is a critical aspect of practice and is foundational to the Integrated Practice Model currently being deployed across Maryland. DHS/SSA is also improving the accuracy of assessments of safety and family needs, increasing effective service provision, and focusing on the identification of potential relative resources.
- ***Workforce development and skill building.*** Maryland's workforce needs quality preparation and support throughout an intensely challenging job; therefore DHS/SSA is investing in deeper and more innovative workforce development strategies.
- ***Authentic partnerships with stakeholders.*** Due to the diverse and interconnected array of needs that lead families to child welfare involvement, Maryland's staff and stakeholders surfaced the need to seamlessly engage with sister agencies and community-based service providers to collaboratively support and intervene with our families.

Two specific strategies that DHS/SSA is moving forward includes the integration of a Safety Culture approach and the implementation of a model to support resource parents. The Safety Culture approach utilizes foundational habits and activities from safety science principles to promote psychological safety in the workplace and a culture of learning, create tests of change, and mitigate the impact of secondary trauma. In addition, DHS/SSA was awarded a federal Center for Excellence grant. Through this opportunity, DHS/SSA will implement a model program for the selection, development, and support of resource families that focuses on collaborating with birth families to preserve and nurture critical parent-child relationships, support reunification, and to provide resource parents and birth families with the stability and enhanced well-being supports needed by children transitioning from congregate care. DHS/SSA is also continuing our modernization efforts and will assist in supporting effective collaborations with a variety of public and private providers and agencies. The implementation of the Child, Juvenile, and Adult Management System (CJAMS) will allow DHS/SSA to better track services, ensure timeliness of key activities, and provide reminders to workers regarding necessary tasks and services.

To specifically address the needs of older youth, DHS/SSA and DJS are collaborating to implement the Crossover Youth Practice Model (CYPM) in Prince George's, Montgomery, Howard, Harford, Carroll, Allegany, Frederick, and Washington Counties. In 2020, Baltimore City and Baltimore County will begin their implementation. DHS/SSA and DDA collaborate prior to emancipation to ensure continuity of disability services and housing options for youth who require significant support to live independently.

DHS continues to utilize the Medical Director and Wellbeing unit to bridge services between DHS, the Maryland Health Department (MHD) and Maryland State Department of Education (MSDE). The Wellbeing unit oversees the quality and access to physical, educational, and wellbeing services and identifies gaps in such services and develops plans to fill those gaps.

DHS/SSA understands the recommendations for improving permanency outcomes for youth in foster care and increasing the support networks for children and families. DHS/SSA is addressing these areas through its implementation structure by developing policies and strategies that redefine the concept of family to be more inclusive of kinship resources, including fictive kin. In addition, our focus is to help older youth and resource parents understand that adoption is an achievable goal and partnering with families to develop supportive networks is a viable option to maintaining permanency. .

We appreciate CRBC's careful review and recognize the barriers identified as issues that require our ongoing attention. We are committed to continuing to address these concerns and enhance our efforts to effectively serve the children and families within our system. We look forward to our ongoing partnership on behalf of children, youth, and families.

Sincerely,

Michelle L. Farr, LCSW-C, LICSW
Executive Director, Social Services Administration

MARYLAND
STATE CHILD FATALITY REVIEW TEAM
Baltimore, Maryland 21201

The Honorable Larry Hogan
Governor
State of Maryland
Annapolis, MD 21401-1991

The Honorable Bill Ferguson
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
State House, H-101
Annapolis, MD 21401-1991

RE: Health-General Article, § 5-704(b)(12) and Senate Bill 464 (Chapter 355 of the Acts of 1999) – 2019 Legislative Report of the State Child Fatality Review Team

Dear Governor Hogan, President Miller, and Speaker Jones:

Pursuant to Health-General Article, § 5-704(b)(12) and Senate Bill 464, Chapter 355 of the Acts of 1999, the Maryland State Child Fatality Review Team submits this 2019 report on its progress and accomplishments in calendar year 2018. The report includes data relating to unexpected child deaths in Maryland that occurred in calendar year 2018. These deaths were reported by the Office of the Chief Medical Examiner and reviewed by the local Child Fatality Review team in each jurisdiction.

If you have questions or need further information about this report, please contact me at (410) 328-2079 or rlichenstein@peds.umaryland.edu.

Sincerely,

Richard Lichenstein, MD
Chairperson

cc: Webster Ye, Director, Office of Governmental Affairs
Frances B. Phillips, RN, MHA, Deputy Secretary, Public Health Services
Donna Gugel, MHS, Director, Prevention and Health Promotion Administration
Courtney McFadden, MPH, Acting Director, Maternal and Child Health Bureau
Sarah Albert, MSAR #7575

MARYLAND STATE CHILD FATALITY REVIEW TEAM

2019 Annual Legislative Report

Health-General Article, § 5-704(b)(12)

Larry Hogan	Boyd K. Rutherford	Robert R. Neall
Governor	Lt. Governor	Secretary of Health

http://phpa.health.maryland.gov/mch/Pages/cfr-home.aspx

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List of Abbreviations

AAP	American Academy of Pediatrics
CDRCRS	National Child Death Review Case Reporting System
CFR	Child Fatality Review
CPS	Child Protective Services
CRBC	Citizen Review Board for Children
MDH	Maryland Department of Health
MMQRC	Morbidity, Mortality, and Quality Review Committee
MVA	Motor Vehicle Accident
NH	Non-Hispanic
OCME	Office of the Chief Medical Examiner
SCCAN	State Council on Child Abuse and Neglect
SIDS	Sudden Infant Death Syndrome
SUID	Sudden Unexpected Infant Death
SUDIC	Sudden Unexplained Death in Childhood
ZCTA	ZIP Code Tabulation Area

Overview of Maryland Child Fatality Review

Child Fatality Review (CFR) is a systematic, multi-agency, and multi-disciplinary review of unexpected child deaths. This review process, which began in Los Angeles in 1978 as a mechanism to identify fatal child abuse and neglect, has grown into a national system to examine unexpected child fatalities to inform prevention efforts.

The purpose of the Maryland State CFR Team (Team) is to prevent child deaths by:

(1) Understanding the causes and incidence of child deaths;
(2) Implementing changes within the agencies represented on the State CFR Team to prevent child deaths; and
(3) Advising the Governor, the General Assembly, and the public on changes to law, policy, and practice to prevent child deaths.

The State CFR Team envisions the elimination of preventable child fatalities by successfully using the CFR process to understand the circumstances around incidents of child fatality and recommending strategies to prevent future fatalities.

The Maryland CFR Program (Program) was established by statute in Health-General Article, § 5-704(b)(12) and Senate Bill 464 (Chapter 355 of the Acts of 1999). The Program is housed within the Maryland Department of Health (MDH) for budgetary and administrative purposes. The 25 member Team is comprised of representatives from multiple State agencies and professional organizations, as well as two pediatricians and 11 members of the general public with interest and expertise in child safety and welfare who are appointed by the Governor (see Appendix A). The Team meets at least four times a year to address 13 statutorily-mandated duties (see Appendix B). One of these meetings occurs in conjunction with an all-day training for local CFR team members on select topics related to child fatality issues (see Appendix C).

The Team provides support to local CFR teams that operate in each jurisdiction. The local CFR teams receive notice from the Office of the Chief Medical Examiner (OCME) of unexpected resident deaths of children under age 18. The local CFR teams are required to review each of these deaths. Local teams meet at least quarterly to review cases and make recommendations for local level systems changes to statute, policy, or practice to prevent future child deaths, and work to implement these recommendations. This report covers data for calendar year 2018 OCME-referred deaths.

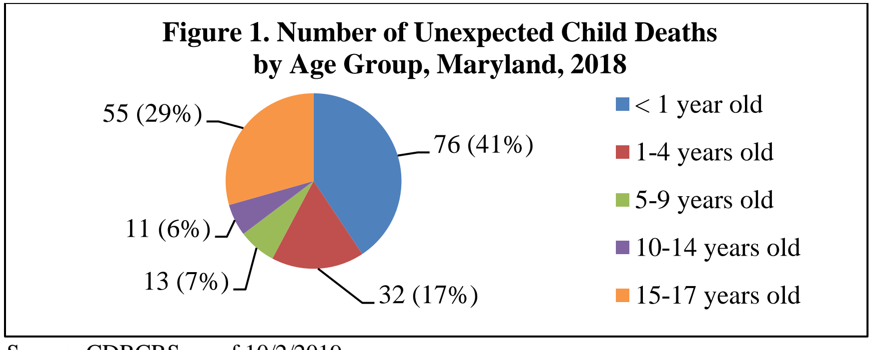
Other multidisciplinary groups in Maryland have similar charges to prevent child injury and death. The State Council on Child Abuse and Neglect (SCCAN) and the Citizen Review Board for Children (CRBC) examine policies and practices for protecting children. The Team works collaboratively with SCCAN and CRBC to coordinate prevention efforts. Also, the MDH Morbidity, Mortality, and Quality Review Committee (MMQRC), established by legislation in 2008, is charged with reviewing morbidity and mortality associated with pregnancy, childbirth, infancy, and early childhood. The MMQRC provides another opportunity for review and dissemination of information and recommendations developed through the CFR process. The local CFR teams also work collaboratively with local Fetal and Infant Mortality Review teams in each jurisdiction.

Unexpected Child Deaths – Maryland, 2018

Childhood deaths are a major public health concern, as many of these deaths are preventable. Surveillance of childhood deaths is important because it helps to measure the magnitude of the problem and assess the causes and populations affected. These data are crucial in identifying trends and targeting interventions to prevent childhood deaths. The CFR process reviews all unexpected child deaths referred by the OCME. This subset of child deaths includes cases of Sudden Unexpected Infant Death (SUID), unintentional injury, homicide, suicide, and some deaths due to natural causes.[1] Epidemiologists within the MDH Maternal and Child Health Bureau analyzed OCME-referred child deaths for summary in this report. This report examines data related to 2018 child deaths available as of October 2, 2019.

An important aspect of Maryland's CFR review process is the local team's use of additional data sources – including medical records, school district data, police investigations, emergency medical service records, and investigations by the Department of Social Services – to improve the overall quality of the case review data. In recent years, local CFR teams have received additional training to accurately and consistently classify child deaths. These data are then uploaded to the National Child Death Review Case Reporting System (CDRCRS), which was authorized in 2009 by House Bill 705. Because of the improved capacity at the local level to report more accurate and complete data, this report uses the data as reported to CDRCRS rather than the OCME data used in previous reports. Thus, the annual number of cases by different demographic characteristics may vary from previous annual reports.

In 2018, the OCME referred 187 unexpected child deaths to the local CFR teams for review. Figure 1 shows the distribution of these deaths by age. Seventy-six deaths (41 percent) occurred among infants (under one year of age). Of the 187 unexpected child deaths, 116 deaths (62 percent) occurred among male children and 71 deaths (38 percent) among female children.

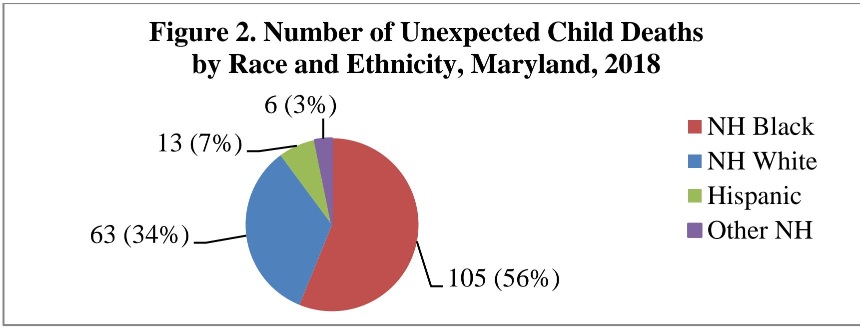


Source: CDRCRS, as of 10/2/2019.

Figure 2 shows the distribution of 2018 unexpected child deaths by race and ethnicity. Non-Hispanic Black children had the highest number of unexpected deaths, more than eight times

[1] SUID is the sudden death of an infant less than one year of age that cannot be fully explained after a thorough review of the medical history, a complete autopsy, and examination of the death scene.

greater than unexpected deaths among Hispanic children and sixty percent greater than the number of unexpected deaths among Non-Hispanic White children.



Source: CDRCRS, as of 10/2/2019.
NH: Non-Hispanic

Cause of death categories were assigned to each case based on the cause of death determined by the CFR team, where available. If the cause of death determined by the CFR team was not available, the OCME cause of death was used. In Table 1, the number and percentage of child fatality cases occurring in 2018 are shown by cause of death category. Among the 187 cases, the three leading causes of death were SUID, injury, and homicide. Together these three causes accounted for 71 percent of all child fatality cases in 2018.

SUID was the leading cause of child fatality cases in 2018. The National Center for Fatality Review and Prevention defines SUID as deaths that occur suddenly and unexpectedly in previously healthy infants and have no obvious cause of death prior to investigation (unexplained). All potentially non-natural causes of death cannot reasonably be excluded by the investigation and/or there is an issue of concern; for example an unsafe sleeping environment or other environmental concerns, previous Sudden Infant Death Syndrome (SIDS) in the immediate family, healed unexplained injuries, parental substance abuse etc." SIDS is included in this category.

Table 1. Unexpected Child Deaths by Cause of Death Category, Maryland, 2018		
	Number	Percent
SUID*	63	33.7
Injury	47	25.1
Homicide	22	11.8
Medical Condition	21	11.2
Suicide	20	10.7
Infectious Disease	8	4.3
SUDIC**	4	2.1
Birth Related	1	0.5
Pending	1	0.5
Total	**187**	**100.0**

Source: CDRCRS, as of 10/2/2019.
* Sudden unexplained infant death (<1 year old)
** Sudden unexplained death in childhood (SUDIC) (1-5 years old)

Injury was the second leading cause of 2018 unexpected child deaths. Table 2 further breaks down the injury deaths by subcategory. Motor vehicle accidents (MVAs) were the leading cause of injury death (44.7 percent), followed by unintentional overdose (14.9 percent) and drowning (12.8 percent). These three types of injuries accounted for 72 percent of all reviewed injury deaths.

Local CFR teams reported 16 deaths (8.6 percent) resulting from confirmed abuse or neglect among the 187 deaths occurring in 2018. This means there was a finding of indicated abuse or neglect by Child Protective Services (CPS) or through police investigation.

Table 2. Child Injury Deaths by Subcategory, Maryland, 2018		
	Number	Percent
MVA	21	44.7
Unintentional Overdose	7	14.9
Drowning	6	12.8
Fires/Burns	5	10.6
Asphyxia	4	8.5
Fall or Crush	2	4.3
Firearm	1	2.1
Head Trauma	1	2.1
Total	**47**	**100.0**

Source: CDRCRS, as of 10/2/2019.

In Table 3, the number and percentage of deaths in 2018 are shown by jurisdiction of residence of the child at the time of death. More than 26 percent of all child fatality cases occurred among children residing in Baltimore City.

Table 3. Unexpected Child Deaths by Jurisdiction of Residence*, Maryland, 2018		
	Number	Percent
Baltimore City	49	26.2
Baltimore County	24	12.8
Prince George's	20	10.7
Montgomery	18	9.6
Anne Arundel	9	4.8
Charles	7	3.7
Howard	7	3.7
Wicomico	7	3.7
Harford	6	3.2
St. Mary's	6	3.2
Carroll	5	2.7
Frederick	5	2.7
Washington	5	2.7
Cecil	4	2.1
Dorchester	4	2.1
Caroline	3	1.6
Queen Anne's	3	1.6
Calvert	2	1.0
Allegany	1	0.5
Garrett	1	0.5
Talbot	1	1.5
Total	**187**	**100.0**

Source: CDRCRS, as of 10/2/2019.
* Kent, Somerset, and Worcester counties had no child deaths and are not listed.

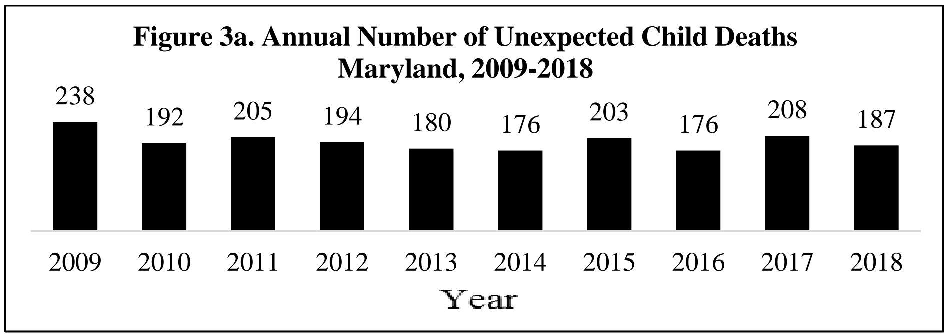
Trends in Maryland Unexpected Child Deaths

The data collection efforts of local CFR teams have undergone significant process improvements in recent years. Reports now rely on child demographic data input by CFR teams into a national database.[2] Prior to 2017, only case details provided by the OCME were used for reporting child demographic data. Thus, the annual number of cases by different demographic characteristics may vary from previous annual reports.

Figure 3a shows the annual number of unexpected child deaths referred by the OCME during the ten-year period from 2009 to 2018. The annual number of OCME-referred deaths changed very

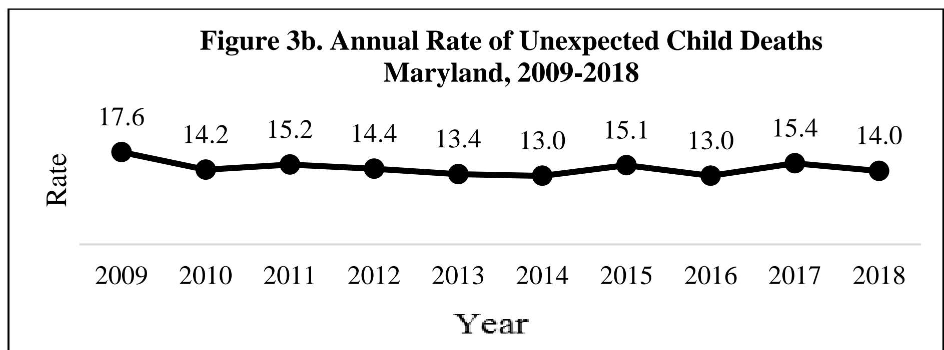
[2] National Child Death Review Case Reporting System. The National Center for Fatality Review and Prevention. Accessed 11 December, 2019. https://www.ncfrp.org/resources/national-cdr-case-reporting-system/

little from the beginning of the CFR program in 2000 through 2008. From 2008 to 2014, the number of referred deaths decreased by 37 percent. This likely represented an actual decrease in the number of unexpected child deaths in the State since there was no change in the case selection or reporting process during that period. Since 2014, the number of child fatality cases has fluctuated between 176 and 208. Since 2010, the number of referred unexpected child deaths has represented about 27 percent of all child deaths under 18 years old.



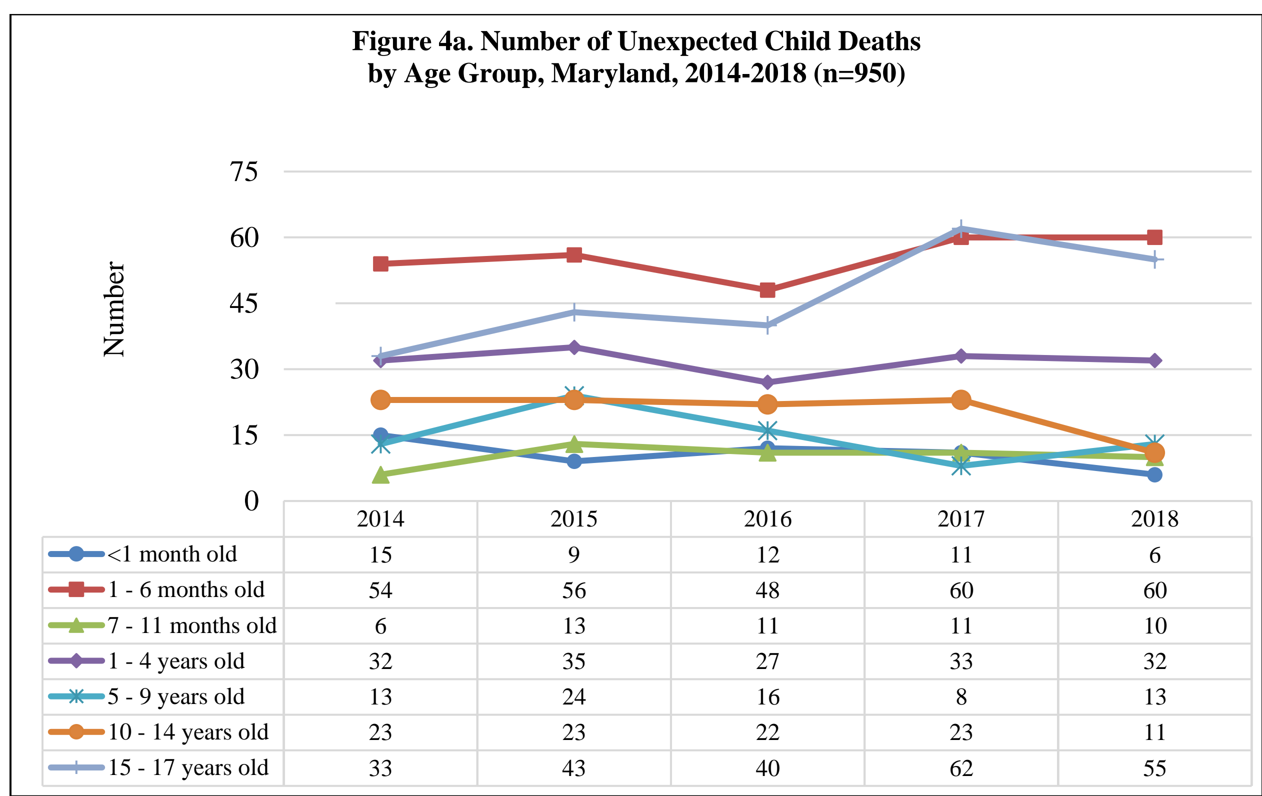
Source: CDRCRS, as of 10/2/2019.

Figure 3b shows the annual rate of unexpected child deaths per 100,000 population ages 0 to 17 for the ten-year period from 2009 to 2018. The rate declined by 20 percent from 2009 to 2018.



Source: CDRCRS, as of 10/2/2019. Rates per 100,000 population based on National Vital Statistics System population estimates.

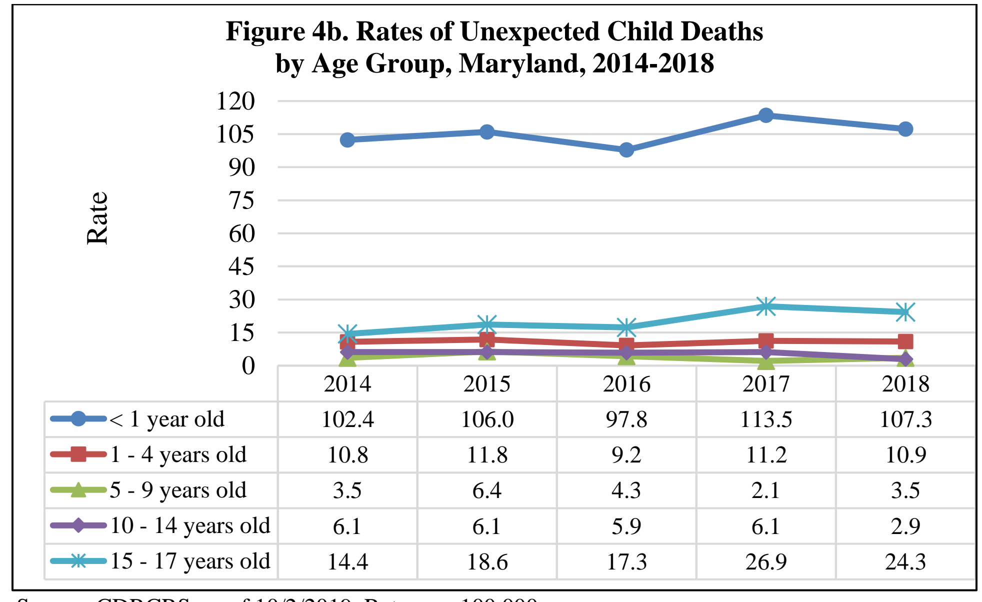
Figure 4a shows the number of child fatality cases by age group over the five-year period from 2014 to 2018. Between 2017 and 2018, the number of deaths decreased in all age groups except infants ages one to six months old and children ages five to nine years old, but the largest decrease was among children ages 10 to 14.



	2014	2015	2016	2017	2018
<1 month old	15	9	12	11	6
1 - 6 months old	54	56	48	60	60
7 - 11 months old	6	13	11	11	10
1 - 4 years old	32	35	27	33	32
5 - 9 years old	13	24	16	8	13
10 - 14 years old	23	23	22	23	11
15 - 17 years old	33	43	40	62	55

Source: CDRCRS, as of 10/2/2019.

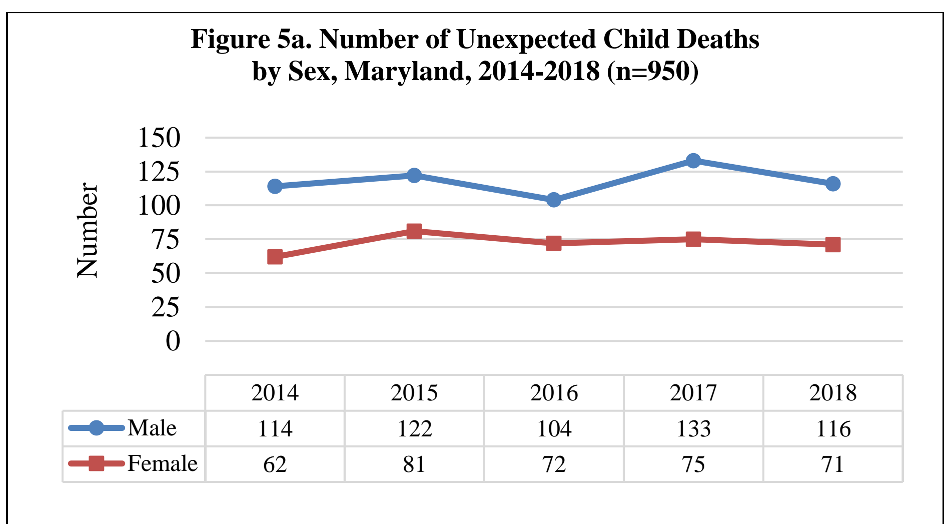
Figure 4b shows how much more frequent unexpected child deaths are among infants (less than one year of age). The rate of deaths among infants in Maryland is more than four times higher than the rate among children ages 15-17 years old. Among infant deaths, 79 percent occurred between the ages of one month and six months, accounting for 32 percent of all unexpected child deaths.



	2014	2015	2016	2017	2018
< 1 year old	102.4	106.0	97.8	113.5	107.3
1 - 4 years old	10.8	11.8	9.2	11.2	10.9
5 - 9 years old	3.5	6.4	4.3	2.1	3.5
10 - 14 years old	6.1	6.1	5.9	6.1	2.9
15 - 17 years old	14.4	18.6	17.3	26.9	24.3

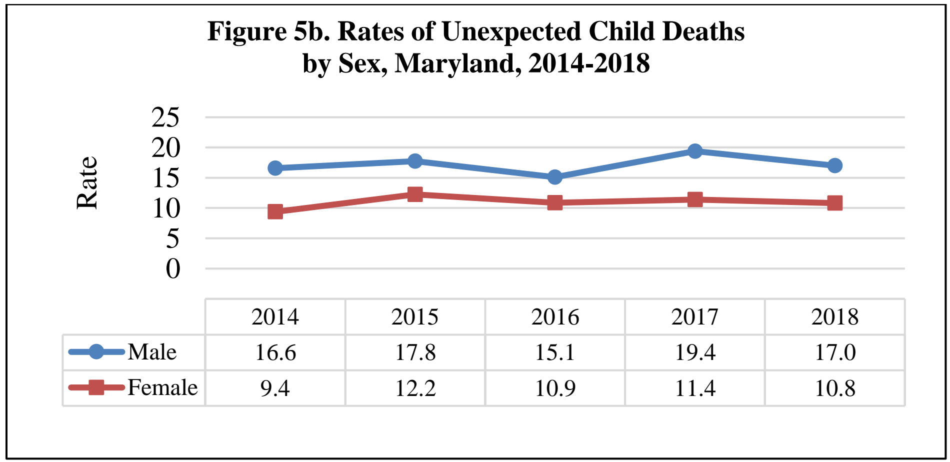
Source: CDRCRS, as of 10/2/2019. Rates per 100,000
population based on National Vital Statistics System population estimates.

During the same period (2014 to 2018), the number (Figure 5a) and rate (Figure 5b) of unexpected deaths was consistently higher among male children than among female children. In 2018, the number of unexpected deaths was 63 percent higher among male children than among female children.



	2014	2015	2016	2017	2018
Male	114	122	104	133	116
Female	62	81	72	75	71

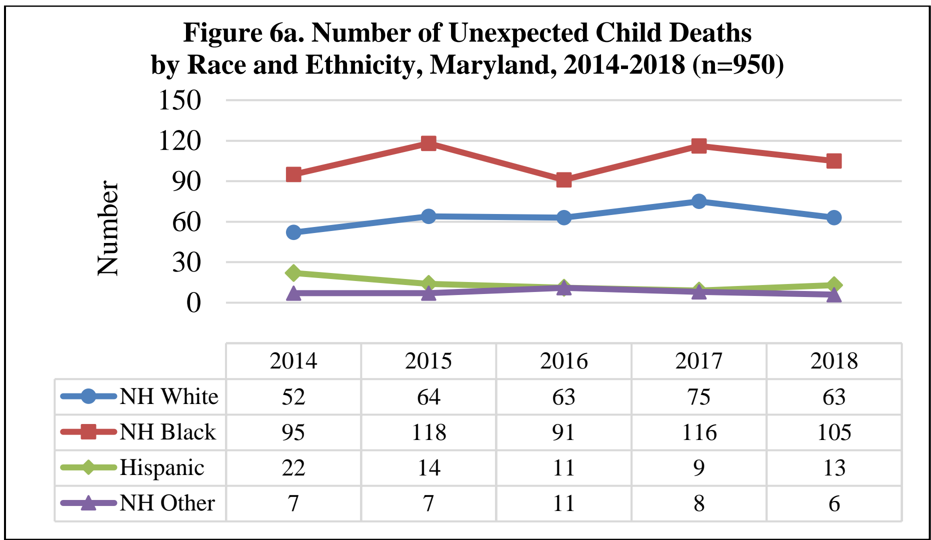
Source: CDRCRS, as of 10/2/2019.



	2014	2015	2016	2017	2018
Male	16.6	17.8	15.1	19.4	17.0
Female	9.4	12.2	10.9	11.4	10.8

Source: CDRCRS, as of 10/2/2019.
Rates per 100,000 population based on National Vital Statistics System population estimates.

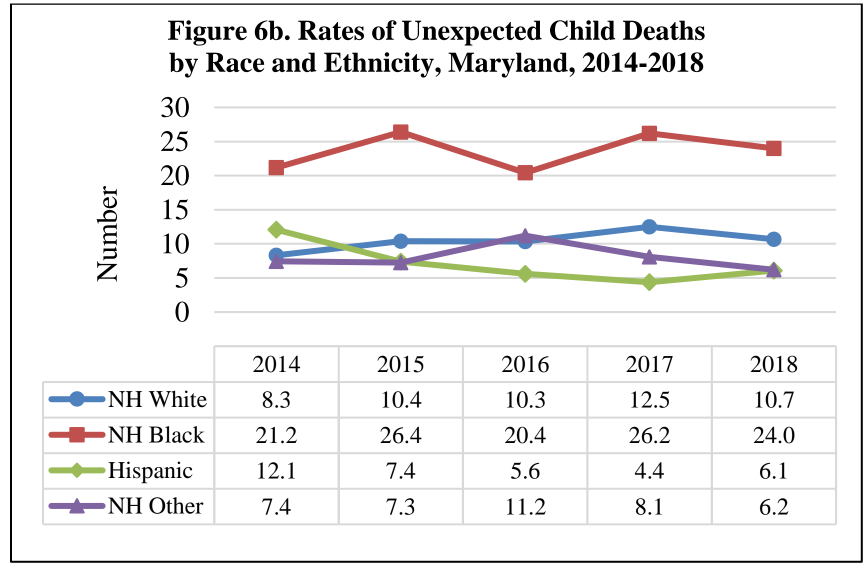
Similarly, Figure 6a shows the continued disparities among racial and ethnic groups. In 2018 the number of unexpected child deaths among Non-Hispanic Black children was 66 percent higher than the number of deaths among Non-Hispanic White children.



	2014	2015	2016	2017	2018
NH White	52	64	63	75	63
NH Black	95	118	91	116	105
Hispanic	22	14	11	9	13
NH Other	7	7	11	8	6

Source: CDRCRS, as of 10/2/2019.

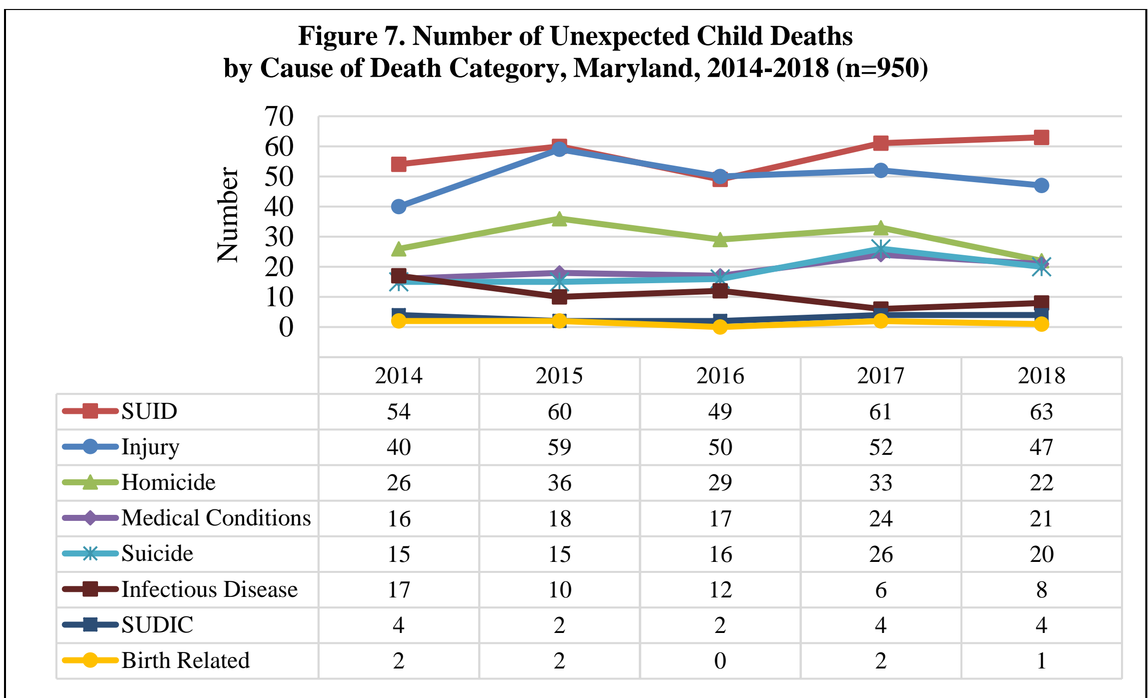
On average the rate of unexpected deaths from 2014-2018 among Non-Hispanic Black children was 2.3 times greater than the rate among Non-Hispanic White children and 3.8 times greater than the rates among Hispanic children (Figure 6b). The rate of unexpected deaths increased the most (29 percent) among Non-Hispanic White children from 8.3 per 100,000 population in 2014 to 10.7 in 2018. The rate of unexpected child death among Hispanic children has decreased by 50 percent since 2014.



	2014	2015	2016	2017	2018
NH White	8.3	10.4	10.3	12.5	10.7
NH Black	21.2	26.4	20.4	26.2	24.0
Hispanic	12.1	7.4	5.6	4.4	6.1
NH Other	7.4	7.3	11.2	8.1	6.2

Source: CDRCRS, as of 10/2/2019.
Rates per 100,000 population based on National Vital Statistics System population estimates.

Figure 7 shows the number of unexpected child deaths by cause of death for the period from 2014 to 2018. SUID was the leading cause, injury the second leading cause, and homicide the third leading cause of death for each year except 2016, when injury was the leading cause.



	2014	2015	2016	2017	2018
SUID	54	60	49	61	63
Injury	40	59	50	52	47
Homicide	26	36	29	33	22
Medical Conditions	16	18	17	24	21
Suicide	15	15	16	26	20
Infectious Disease	17	10	12	6	8
SUDIC	4	2	2	4	4
Birth Related	2	2	0	2	1

Source: CDRCRS, as of 10/2/2019.
Excludes ‘pending’ cases (2 in 2014; 1 in 2015; 1 in 2016; 1 in 2018).

Figure 8 shows the subcategories of injury deaths over the past five years. The increase in injury deaths in 2015 was largely due to a doubling of the number of MVA deaths. The number of MVA deaths remained the same from 2017 to 2018. The number of deaths due to drug overdose has more than tripled since 2017. Between 2014 and 2018, 61 percent of overdose deaths occurred among children ages 15 to 17.

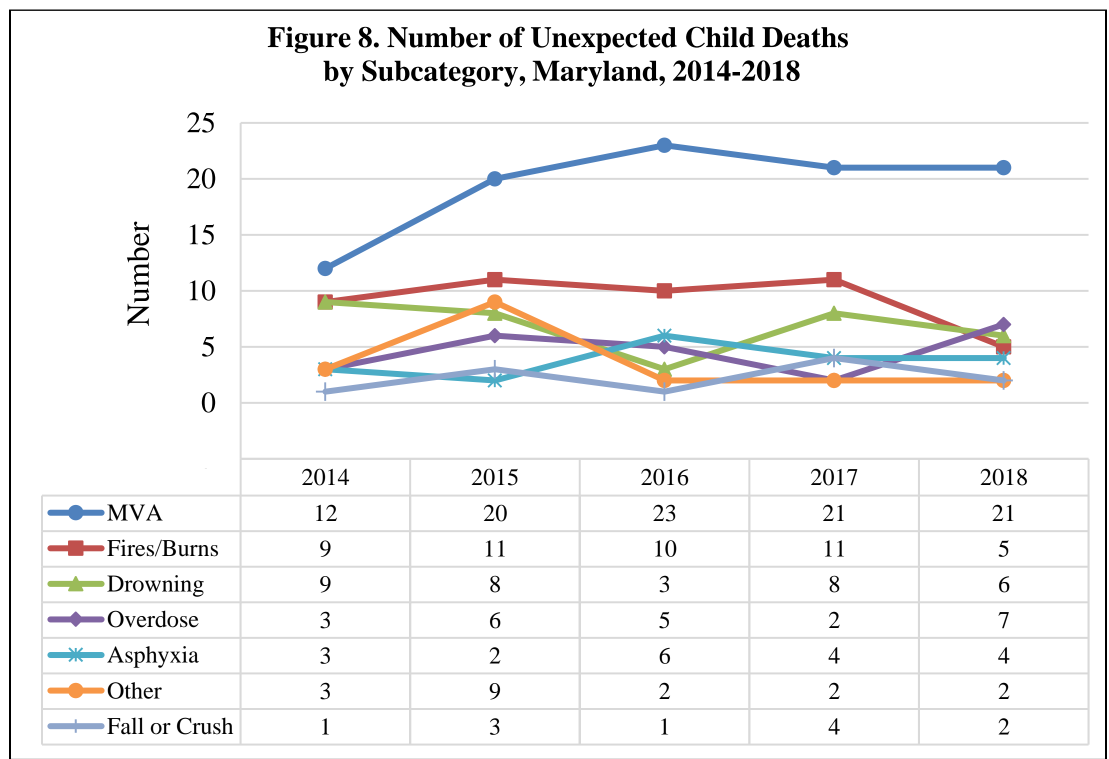


Figure 8. Number of Unexpected Child Deaths by Subcategory, Maryland, 2014-2018

	2014	2015	2016	2017	2018
MVA	12	20	23	21	21
Fires/Burns	9	11	10	11	5
Drowning	9	8	3	8	6
Overdose	3	6	5	2	7
Asphyxia	3	2	6	4	4
Other	3	9	2	2	2
Fall or Crush	1	3	1	4	2

Source: CDRCRS, as of 10/2/2019.

Table 4 shows the number of unexpected child deaths by jurisdiction of residence of the child at the time of death. During the five-year period from 2014 to 2018, the number of resident child deaths decreased in Montgomery County by 42 percent. From 2017 to 2018, the number of resident child deaths in Baltimore County decreased by 29 percent, and the number of resident child deaths in Anne Arundel County decreased by 44 percent. Baltimore City has had the highest number of resident child deaths for each of the past five years.

Table 4. Number of Unexpected Child Deaths by Jurisdiction of Residence, Maryland, 2014-2018 (n=950)						
	2014	2015	2016	2017	2018	Total
Baltimore City	45	49	39	50	49	232
Baltimore County	21	24	14	34	24	117
Montgomery	31	17	22	17	18	105
Prince George's	14	17	16	23	20	90
Anne Arundel	11	19	19	16	9	74
Washington	9	11	5	14	5	44
Harford	9	4	9	4	6	32
Charles	3	8	5	7	7	30
Wicomico	2	7	5	6	7	27
Frederick	6	3	7	5	5	26
Howard	2	5	8	4	7	26
Cecil	3	6	5	5	4	23
St. Mary's	5	5	2	4	6	22
Carroll	3	5	3	4	5	20
Allegany	5	4	3	2	1	15
Somerset	2	8	2	2	0	14
Calvert	1	2	2	4	2	11
Dorchester	1	1	2	1	4	9
Caroline	2	1	2	0	3	8
Queen Anne's	0	3	1	1	3	8
Garrett	1	2	1	0	1	5
Kent	0	0	2	2	0	4
Talbot	0	1	0	2	1	4
Worcester	0	1	2	1	0	4
Total	**176**	**203**	**176**	**208**	**187**	**950**

Source: CDRCRS, as of 10/2/2019.

The rates of unexpected child death were highest in Somerset County, Baltimore City, and Washington County (Figure 9). From 2014 to 2018, there were 64 unexpected child deaths per 100,000 population in Somerset County, followed by 36 per 100,000 in Baltimore City, and 27 per 100,000 in Washington County. The lowest rate of unexpected child death was among children in Howard County (7 per 100,000 population).

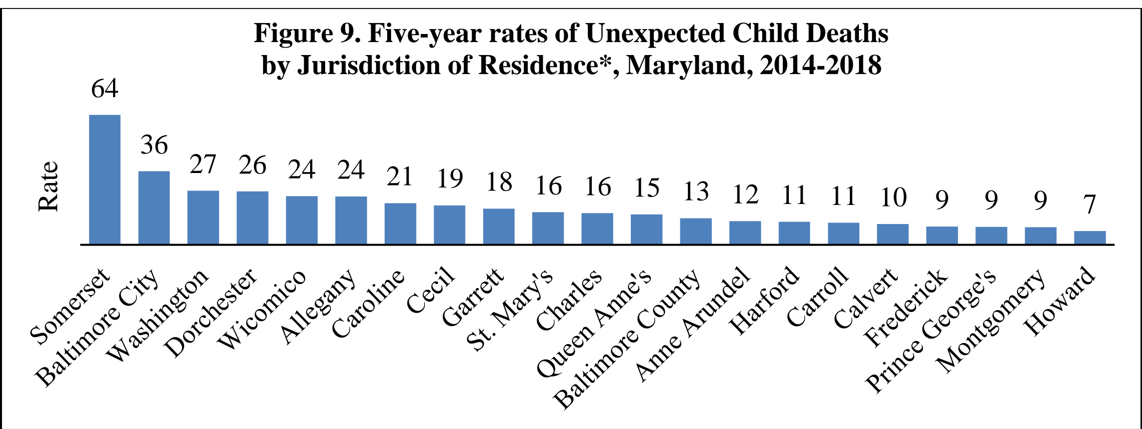


Figure 9. Five-year rates of Unexpected Child Deaths by Jurisdiction of Residence*, Maryland, 2014-2018

Source: CDRCRS, as of 10/2/2019. Rates per 100,000 population based on National Vital Statistics System population estimates. Minimum five reviewed deaths for inclusion. Kent, Talbot and Worcester counties did not have any unexpected child deaths over the five-year period.

Sudden Unexpected Infant Deaths in Maryland

Approximately 3,600 infants die suddenly and unexpectedly each year in the United States. While an exact cause of death cannot always be determined, unsafe sleep factors are present in the majority of cases, indicating that the deaths could have potentially been prevented if safe sleep practices were always followed.[2]

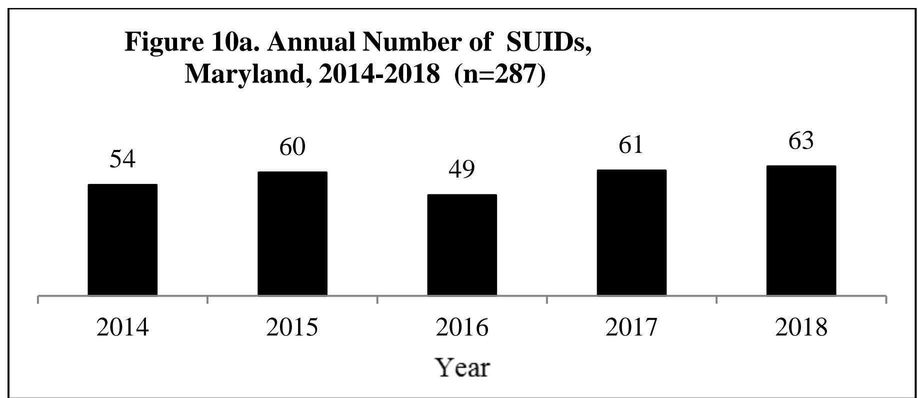
These deaths are often not witnessed, the death scene may be disturbed before it can be examined, key facts may be forgotten or go unreported, and there may be no autopsy finding or medical test to prove the exact cause of death (e.g., suffocation). The mechanisms that lead to many sleep-related deaths include:

- Accidental suffocation by a soft sleep surface (e.g., an adult bed, waterbed mattress, pillows, or soft couch or chair cushions) or other soft materials (e.g., stuffed toys, blankets, or crib bumpers) placed in the infant's sleep environment;
- Overlay when the infant is bed-sharing with another person who rolls on top of or against the infant;

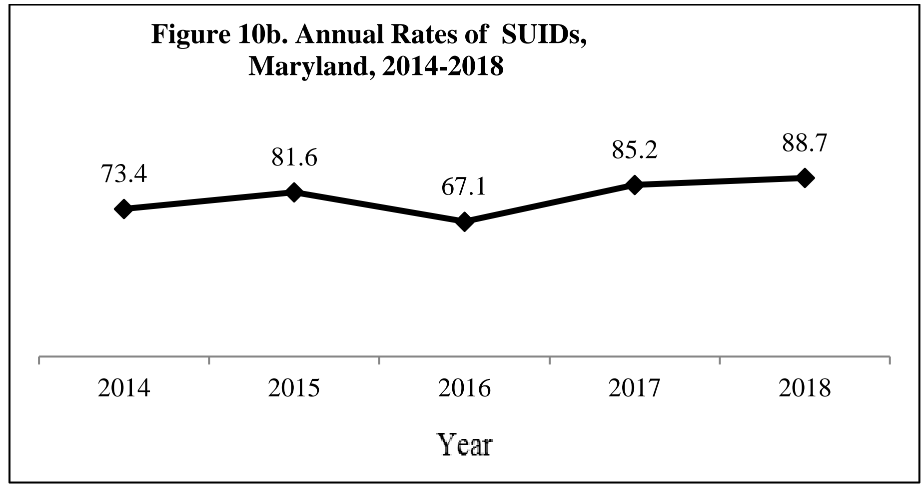
[2] Key components of a safe sleep environment are placing infants to sleep alone, on their backs, on a firm sleep surface with no soft objects, and in a smoke-free environment.

- Wedging or entrapment of the infant between two objects (e.g., a mattress and wall or bed frame, or between furniture cushions); and
- Strangulation when the infant's head and neck become caught between crib railings, or the infant's neck becomes entangled in a cord or other material within the sleep environment.

Even after a thorough investigation, there are some SUID cases in which there is no evidence of non-natural cause of death or circumstances that cause concern for investigators. These cases fall under the subcategory of SIDS. SIDS is a diagnosis of exclusion, assigned only when all known and possible causes of death have been ruled out.
In Maryland, there is an average of 58 SUID cases referred for review by the local CFR teams each year. A total of 287 SUID cases occurred between 2014 and 2018 (Figure 10a). Fifteen (five percent) of these deaths were attributed to SIDS. From 2014 to 2018, the annual rate of Child Fatality Review SUID cases increased by 21 percent (Figure 10b).

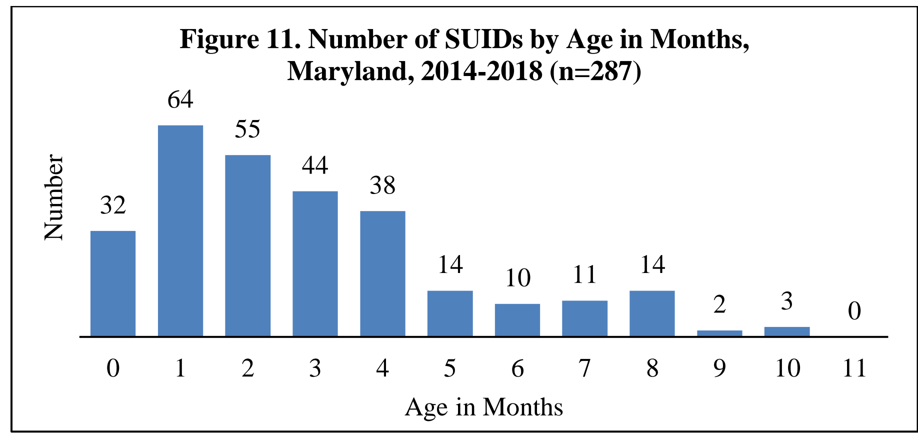


Source: CDRCRS, as of 10/2/2019.

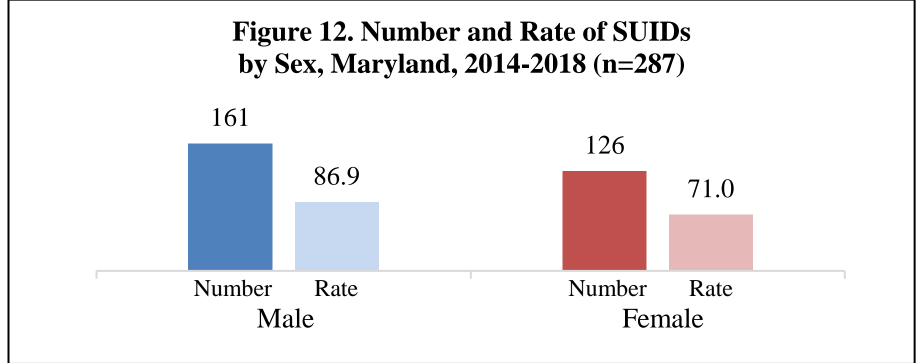


Source: CDRCRS, as of 10/2/2019.
Rates per 100,000 live births based on Maryland Vital Statistics Administration live birth data.

Of the 287 SUID cases during the period from 2014 to 2018, 233 (81 percent) occurred during the time period from birth to four months of age (Figure 11). Seventy percent occurred between the ages of 1 and 4 months. Fifty-six percent of these deaths occurred among male infants, and 44 percent occurred among female infants (Figure 12).

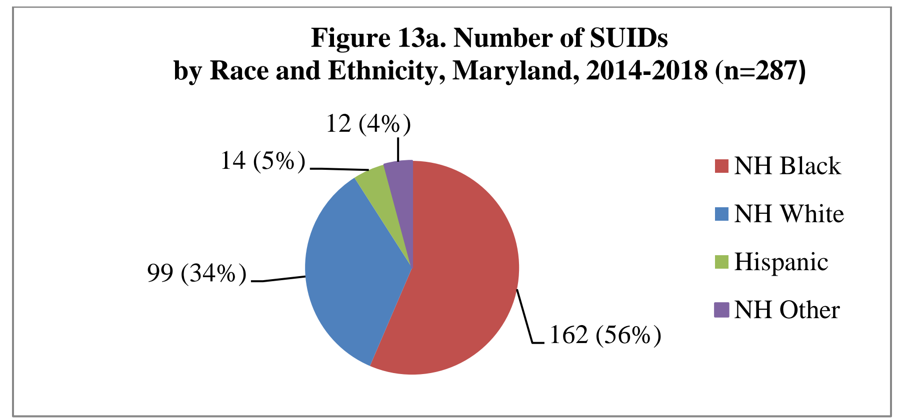


Source: CDRCRS, as of 10/2/2019.

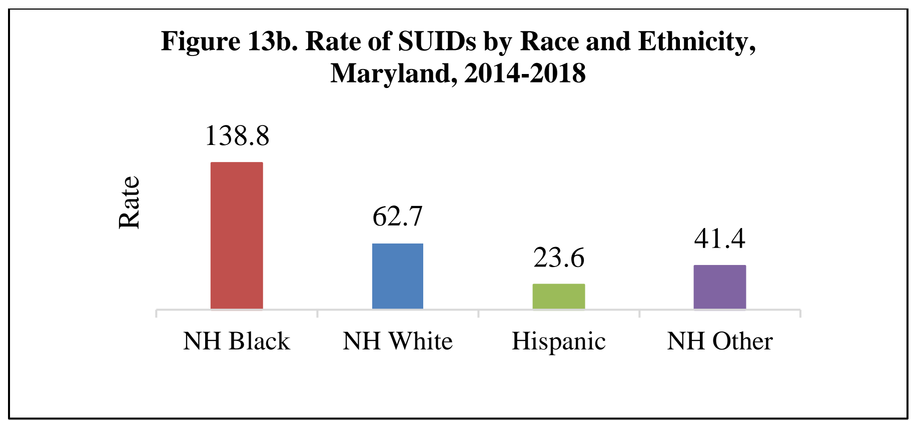


Source: CDRCRS, as of 10/2/2019.
Rates per 100,000 live births based on Maryland Vital Statistics Administration live birth data.

Of the SUID cases occurring from 2014 to 2018, 162 deaths (56 percent) occurred among Non-Hispanic Black infants (Figure 13a). Considering the population of infants by race and ethnicity, the SUID rate among Non-Hispanic Black infants was more than two times greater than the rate among Non-Hispanic White infants, and nearly six times the rate among Hispanic infants (Figure 13b).



Source: CDRCRS, as of 10/2/2019.



Source: CDRCRS, as of 10/2/2019.
Rates per 100,000 live births based on Maryland Vital Statistics Administration live birth data.

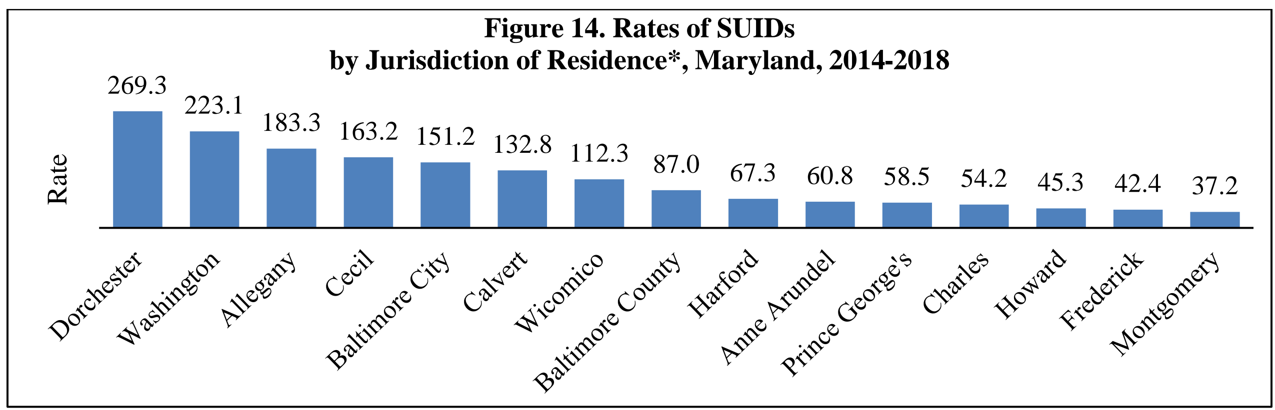
Table 5 shows the number of SUIDs by jurisdiction of residence of the infant at the time of death from 2014 to 2018. The largest number of SUIDs each year occurred among residents of Baltimore City, which accounted for 22 percent of all SUIDs during this period. The number of SUID cases is small, which makes it difficult to identify trends across jurisdictions.

Table 5. Number of SUIDs by Jurisdiction of Residence, Maryland, 2014-2018 (n=287)

	2014	2015	2016	2017	2018	Total
Baltimore City	13	13	8	16	13	63
Baltimore County	11	8	4	11	9	43
Prince George's	5	7	7	5	12	36
Montgomery	4	5	4	5	6	24
Anne Arundel	3	1	8	5	4	21
Washington	3	6	3	6	1	19
Cecil	1	3	3	1	1	9
Harford	5	1	3	0	0	9
Howard	0	4	3	0	1	8
Wicomico	0	0	1	3	3	7
Allegany	2	3	1	0	0	6
Calvert	1	1	0	2	2	6
Frederick	1	0	1	3	1	6
Charles	1	1	2	0	1	5
Dorchester	0	1	0	1	3	5
St. Mary's	2	2	0	0	0	4
Caroline	0	0	0	0	3	3
Carroll	0	1	0	0	2	3
Garrett	1	1	0	0	0	2
Queen Anne's	0	0	0	1	1	2
Somerset	1	0	0	1	0	2
Worcester	0	1	1	0	0	2
Kent	0	0	0	1	0	1
Talbot	0	1	0	0	0	1
Total	**54**	**60**	**49**	**61**	**63**	**287**

Source: CDRCRS, as of 10/2/2019.

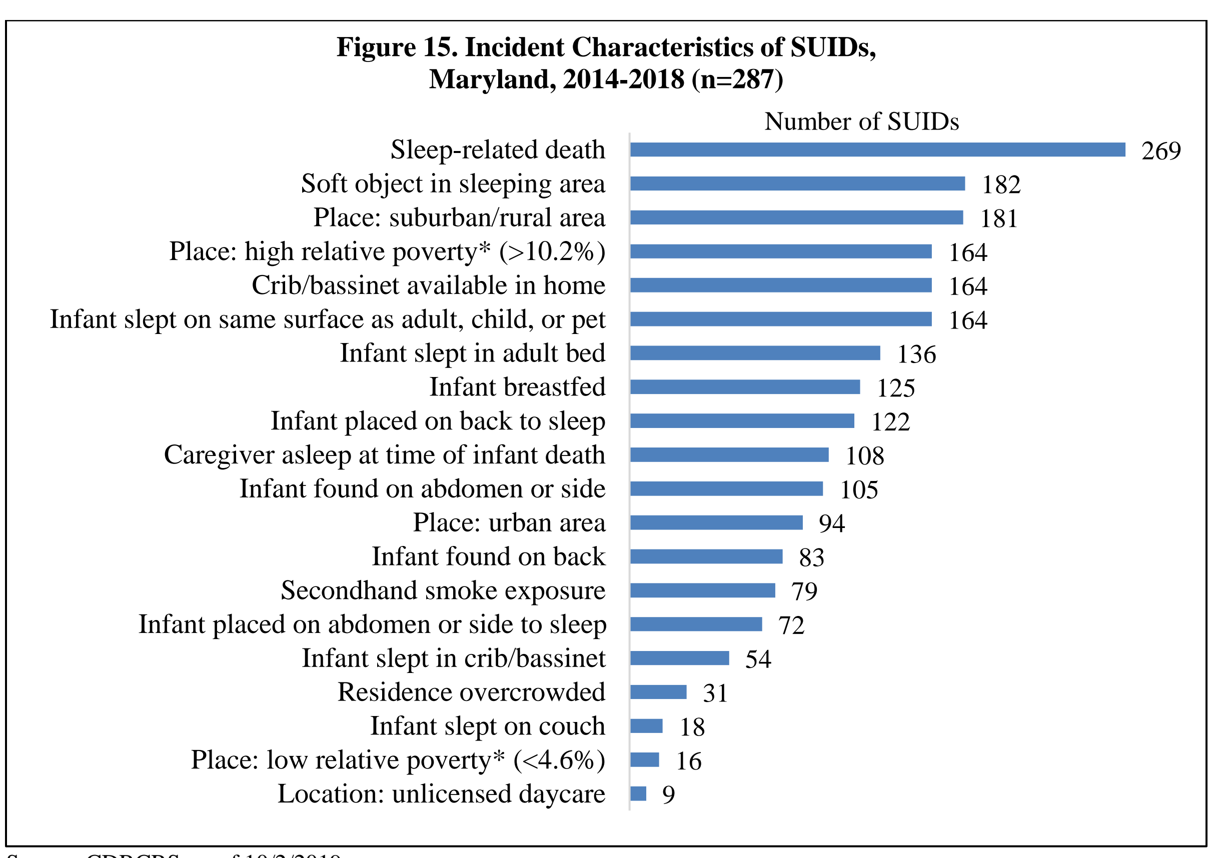
Similar to overall child death rates, the greatest number of SUID cases came from urban areas, but the rates were highest in Maryland's rural counties (Figure 14). Infants residing in Dorchester County had the highest rate of SUID cases at 269.3 per 100,000 live births during the period from 2014 to 2018, which was more than three times the statewide rate of 79.1 deaths per 100,000 population during the same time period. Montgomery County had the lowest rate of SUID cases at 37.2 per 100,000 live births from 2014-2018, which was less than half of the statewide rate of SUID cases.



Source: CDRCRS, as of 10/2/2019. Rates per 100,000 live births based on Maryland Vital Statistics Administration live birth data. Minimum five SUID cases.
*Caroline, Carroll, Garrett, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, and Worcester Counties had fewer than five SUID cases and are not displayed.

All OCME referred deaths, including SUIDs, are reviewed by the local CFR team in the jurisdiction of residence. As previously stated, data from these case reviews are entered into a national database, the Child Death Review Case Reporting System (CDRCRS), which is maintained by the National Center for the Review and Prevention of Child Death. Maryland data have been entered into the CDRCRS since January 2010. The SUID case reviews entered into the CDRCRS database were further analyzed to determine more detailed information surrounding these deaths. Information on every item was not available for every case. The specific information may not have been known or reported. Therefore, the numbers of cases shown in Figure 15 and Tables 6 and 7 represent a minimum number of cases with a given characteristic.

Figure 15 shows incident characteristics of SUIDs in Maryland. The death was determined to be sleep-related in 269 (94 percent) of the 287 SUID cases. Sixty-three percent of cases occurred in suburban or rural areas. In 164 cases (57 percent), the infant was sleeping on the same surface as an adult, child, or pet, otherwise known as “bed-sharing.” Fifty-seven percent of the infants lived in zip codes with high relative poverty. Thirty-seven percent of the infants were found on their abdomen or side. Twenty-eight percent of the infants were exposed to secondhand smoke. Three percent of SUID cases occurred at an unlicensed daycare setting.



Source: CDRCRS, as of 10/2/2019.
* Poverty estimates are taken from US Census American Community Survey 2016 five-year ZIP code tabulation area (ZCTA) estimates; 2.5 percent of SUID deaths had missing ZCTA information. Poverty rates are defined by the percentage of residents reporting poverty status in the past 12 months on the survey. The low and high poverty percentage cutpoints used are based on the first and third tertiles of Maryland ZCTA poverty rates, respectively.

Table 6 shows the characteristics of the primary caregiver for the infants who died of SUID. A biological parent was the primary caregiver in 273 (95 percent) of the cases. Forty-four percent of caregivers were younger than 25 years old, 50 percent were receiving social services, 44 percent had a high school education or less, 34 percent were low income, and 23 percent were unemployed. Thirty-seven percent of caregivers had a history of substance use. Fifty-seven percent of the infants were enrolled in Medical Assistance.

Table 6. Caregiver Characteristics Associated with SUIDs, Maryland, 2014-2018 (n=287)		
	Number	Percent
Primary caregiver is biological parent	273	95.1
Receiving social services*	144	50.2
Primary caregiver obtained 12 years or less of education	127	44.3
Primary caregiver <25 years old	125	43.6
Infant was breastfed	125	43.6
History of substance abuse	106	36.9
Low income	98	34.2
Unemployed	67	23.3
Child had open CPS case at death	30	10.5

Source: CDRCRS, as of 10/2/2019.
*Social services include: Medical Assistance; Temporary Assistance for Needy Families; Special Supplemental Nutrition Program for Women, Infants, and Children; and Supplemental Nutrition Assistance Program.

More than half of all SUID cases from 2014-2018 occurred when the infant was bed-sharing. Table 7 compares characteristics of bed-sharing and non-bed-sharing SUID cases. The caregiver was impaired by drugs or alcohol in 13 bed-sharing SUIDs compared to only one non-bed-sharing SUID case.

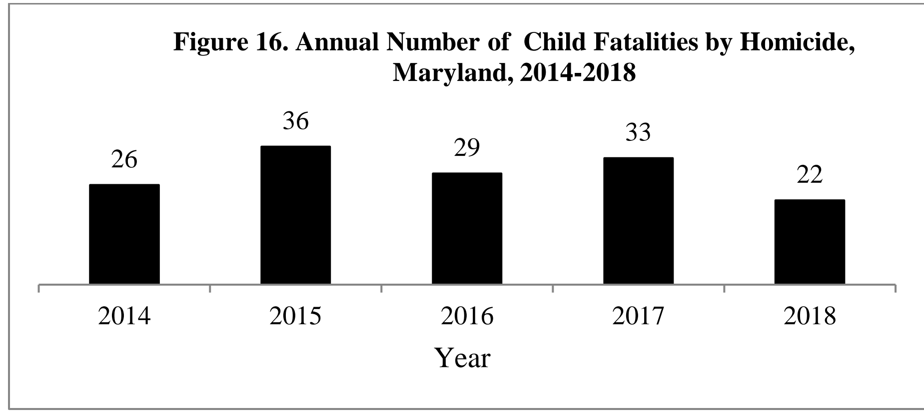
In Maryland, SUID remains the leading cause of unexpected death among infants and leading overall cause of infant mortality. The vast majority of these deaths are sleep-related, and unsafe infant sleep practices were identified on case review. At least half of all SUID cases involved bed-sharing. Racial and ethnic disparities persist in SUIDs, with the rate of these deaths more than twice as high among Non-Hispanic Black infants compared to Non-Hispanic White infants, and more than six times higher than among Hispanic infants. Many of these families were receiving social services at the time of the infant's death, providing an opportunity for health care providers and social service agencies to reinforce safe sleep practices with the parent or caregiver of an infant.

Table 7. Comparison of Bed-Sharing and Non-Bed-Sharing SUIDs, Maryland, 2014-2018		
	Bed-sharing (n=164)	Non-bed-sharing (n=123)
Place:		
Urban area	61 (37%)	33 (27%)
Suburban/rural area	99 (60%)	82 (67%)
Residence overcrowded	17 (10%)	14 (11%)
Secondhand smoke exposure*	58 (35%)	21 (17%)
Infant sleep position and environment:		
Placed on stomach or side to sleep	44 (27%)	28 (23%)
Placed on back to sleep	69 (42%)	53 (43%)
Sleeping in crib or bassinet*	6 (4%)	48 (39%)
Sleeping in adult bed*	116 (71%)	20 (16%)
Sleeping on couch*	16 (10%)	2 (2%)
Crib or bassinet available in home	95 (58%)	69 (56%)
Characteristics of infant:		
Infant's mean age (months)	2.8	3.0
Race – Non-Hispanic Black	100 (61%)	62 (50%)
Non-Hispanic White*	48 (29%)	51 (41%)
Hispanic	8 (5%)	6 (5%)
Breastfed	79 (48%)	46 (37%)
Characteristics of primary caregiver:		
High school education or less	80 (49%)	47 (38%)
Receives social services	85 (52%)	59 (48%)
Low income	54 (33%)	44 (38%)
Characteristics of caregiver at time of death:		
Biological parent*	138 (84%)	85 (69%)
<25 years old	37 (23%)	30 (24%)
Male	31 (19%)	19 (15%)
History of mental illness	25 (15%)	17 (14%)
History of substance abuse	63 (38%)	38 (31%)
Impaired by drugs or alcohol*	13 (8%)	1 (1%)

Source: CDRCRS, as of 10/2/2019.
* Denotes differences that are greater than would be expected by chance alone, i.e. a statistically significant difference at $p<0.05$.

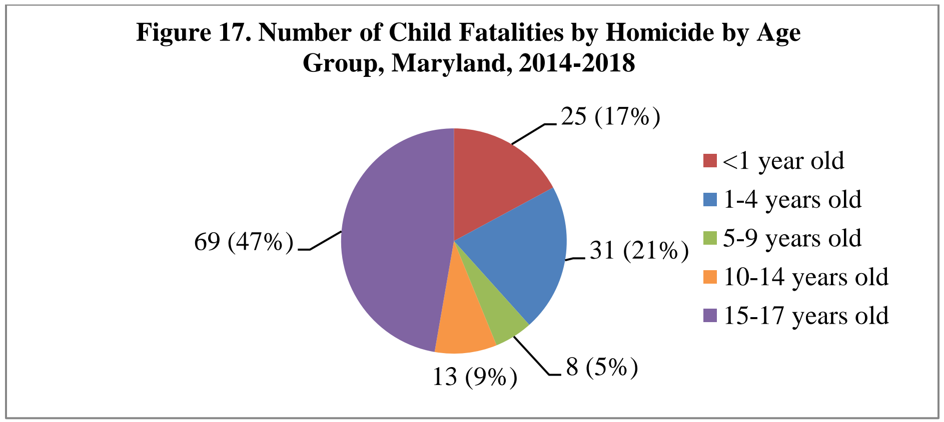
Homicide Deaths in Maryland

Death by homicide was the third leading cause of 2018 unexpected child deaths, accounting for 12 percent of deaths. The number of child fatality cases by homicide averaged 29 per year from 2014-2018. Homicide has been the third leading cause of unexpected child deaths since at least 2014.

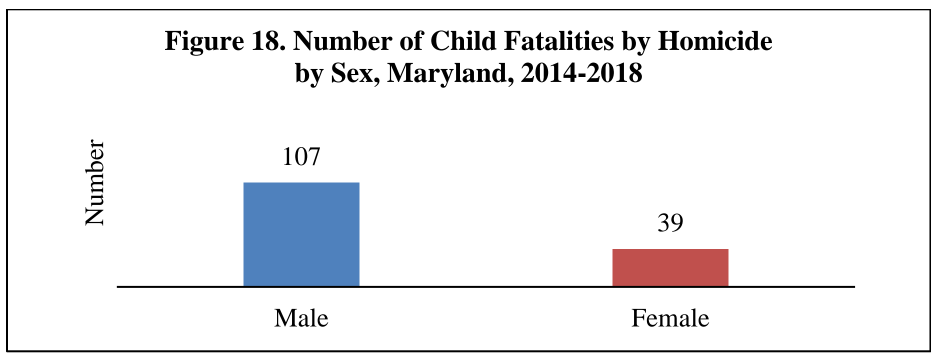


Source: CDRCRS, as of 10/2/2019.

Of the 146 deaths by homicide occurring in the five-year period from 2014 to 2018, 47 percent were among teens age 15-17 (Figure 17). Seventeen percent of deaths were among infants under the age of one, and 36 percent were among children ages one to fourteen. Seventy-three percent of deaths by homicide occurred among male children and 27 percent among female children (Figure 18).

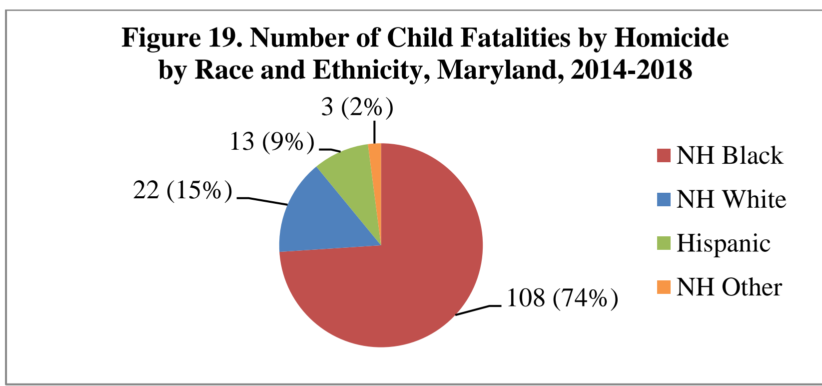


Source: CDRCRS, as of 10/2/2019.



Source: CDRCRS, as of 10/2/2019.

Seventy-four percent of deaths by homicide occurred among Non-Hispanic Black children, 15 percent among Non-Hispanic White children, and nine percent among Hispanic children (Figure 19). Deaths by homicide by jurisdiction of residence are shown in Table 8.



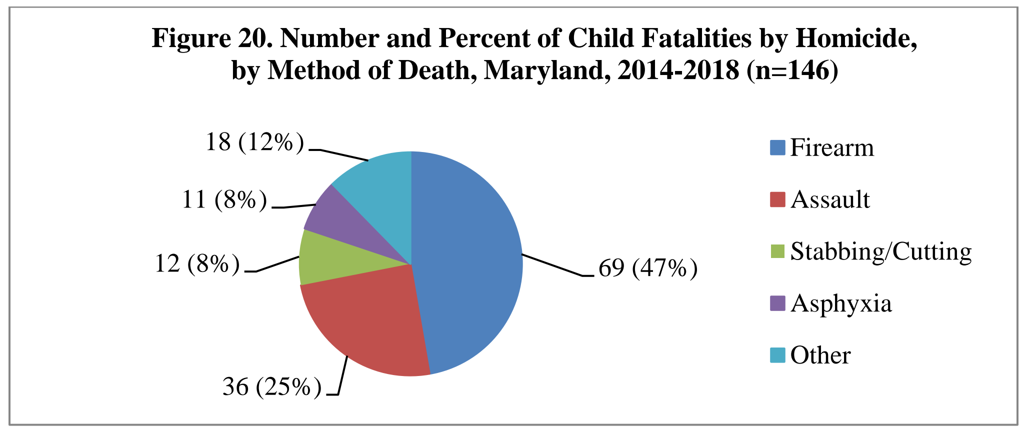
Source: CDRCRS, as of 10/2/2019.

Table 8. Number of Child Fatalities due to Homicide by Jurisdiction of Residence*, Maryland, 2014-2018 (n=146)						
Jurisdiction	2014	2015	2016	2017	2018	Total
Baltimore City	16	20	13	12	15	76
Baltimore County	2	5	4	3	1	15
Anne Arundel	1	1	4	6	0	12
Prince George's	1	1	5	4	1	12
Montgomery	2	2	0	2	0	6
Charles	0	1	0	1	3	5
Wicomico	1	2	0	1	0	4
Harford	1	1	0	1	0	3
St. Mary's	0	0	1	1	1	3
Cecil	0	1	0	1	0	2
Washington	0	2	0	0	0	2
Allegany	0	0	1	0	0	1
Carroll	0	0	1	0	0	1
Frederick	1	0	0	0	0	1
Howard	0	0	0	1	0	1
Somerset	1	0	0	0	0	1
Talbot	0	0	0	0	1	1
Total	**26**	**36**	**29**	**33**	**22**	**146**

Source: CDRCRS, as of 10/2/2019.
*Allegany, Calvert, Caroline, Carroll, Dorchester, Garrett, Kent, Queen Anne's, St. Mary's, and Worcester are not displayed as they had no Child Fatalities due to Homicide from 2014-2018.

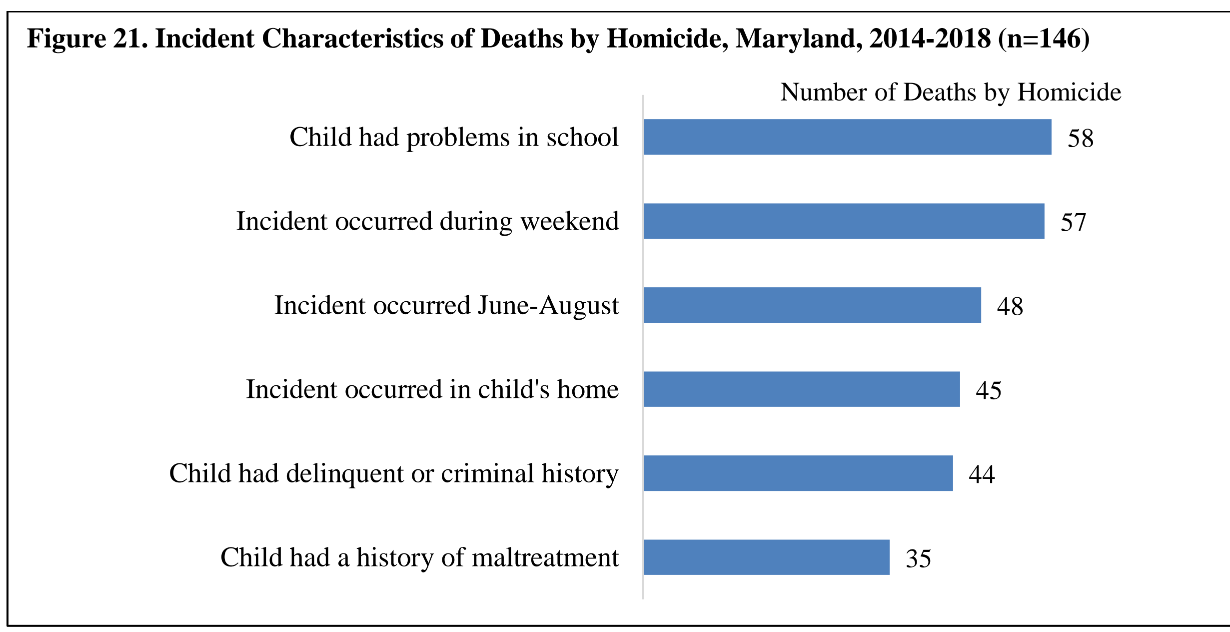
More detailed information on deaths by homicide is available in the CDRCRS database. Information on every item was not available for every case. The specific information may not have been known or reported. Therefore, the numbers of cases shown in the following figures represent a minimum number of cases with a given characteristic.

Figure 20 shows the deaths by homicide by cause of death, including firearm (47 percent of cases), assault (25 percent), stabbing/cutting (8 percent), and asphyxia (8 percent). Other causes of death accounted for 12 percent of all deaths due to homicide, and include drug related causes (6 deaths, 4 percent), neglect (5 deaths, 3 percent), motor vehicles (4 deaths, 3 percent), and fire/burns (3 deaths, 2 percent).



Source: CDRCRS, as of 10/2/2019.

Figure 21 shows incident characteristics of children who died by homicide in Maryland. Forty-two percent of the children had problems in school and 25 percent had a history of maltreatment. Thirty-two percent had a history of delinquent or criminal history. Due to the large amount of missing information from the case review, these numbers are probably an underrepresentation.



Source: CDRCRS, as of 10/2/2019.

Table 9 compares characteristics of firearm and non-firearm homicide deaths. Non-firearm deaths include deaths by homicide due to assault (36 deaths), stabbing/cutting (12 deaths), asphyxia (11 deaths), drug-related causes (6 deaths), neglect (5 deaths), motor vehicle accidents (4 deaths), and fires/burns (3 deaths). Homicides caused by both firearms and non-firearms were more common among males and Non-Hispanic Black children. Homicides caused by firearm were more common among children age 10 and older, while homicides caused by non-firearms were more common among children under the age of 10. Fifty-one percent of the non-firearm cases were child abuse or neglect, and in 36 percent of the non-firearm cases, the perpetrator was the biological parent. Due to the large amount of missing information from the case review, these numbers are likely an underrepresentation.

Table 9. Differences in Characteristics of Firearm and Non-Firearm Deaths by Homicide, Maryland, 2014-2018 (n=146)

	Firearm (n=69)	Non-Firearm (n=77)
Place:		
Urban area*	49 (71%)	35 (45%)
Suburban/rural area	18 (26%)	27 (35%)
Incident occurred in child's home*	8 (12%)	37 (48%)
Demographic Characteristics of Child:		
Gender: Male	56 (81%)	51 (66%)
Race: Non-Hispanic Black*	57 (83%)	51 (66%)
Race: Hispanic	6 (9%)	7 (9%)
Age: 10 years or older*	62 (90%)	20 (26%)
Insurance: Medicaid	31 (45%)	29 (38%)
Incident Characteristics:		
Child had delinquent or criminal history*	40 (58%)	4 (5%)
Child had problems in school*	47 (68%)	11 (14%)
Child had history as victim of maltreatment	16 (23%)	19 (25%)
Child had open CPS case at time of death	5 (7%)	8 (10%)
Child had history of substance abuse*	30 (43%)	3 (4%)
Child abuse/neglect*	1 (1%)	39 (51%)
Person responsible was biological parent*	3 (4%)	28 (36%)
Person responsible had delinquent or criminal history*	5 (7%)	23 (30%)

Source: CDRCRS, as of 10/2/2019.

* Denotes differences that are greater than would be expected by chance alone, i.e. a statistically significant difference at $p<0.05$.

Deaths by Overdose in Maryland

Deaths by overdose were the second leading cause of 2018 child fatality review injury deaths. The number of children who died by drug overdose more than tripled from 2017 to 2018 (Figure 22). Because of this increase, deaths by overdose were reviewed in greater detail.

Of the 23 deaths by overdose occurring in the five-year period from 2014 to 2018, 61 percent were among children age 15-17 (Figure 23). Sixty-one percent of deaths by overdose occurred among male children and 39 percent among females (Figure 22).

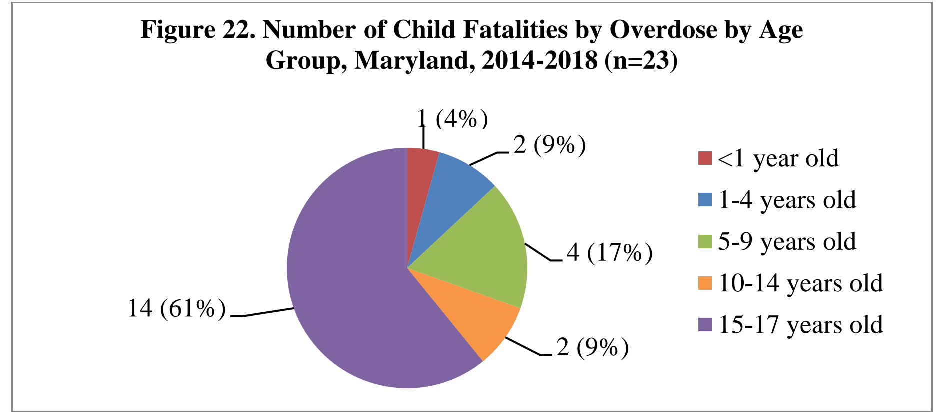


Figure 22. Number of Child Fatalities by Overdose by Age Group, Maryland, 2014-2018 (n=23)

Source: CDRCRS, as of 10/2/2019.

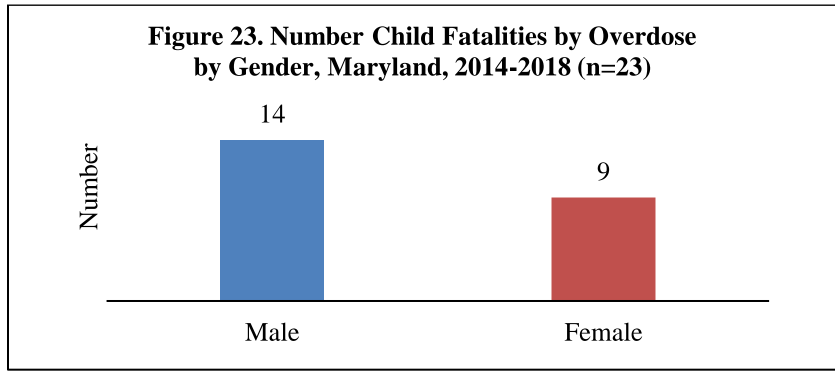
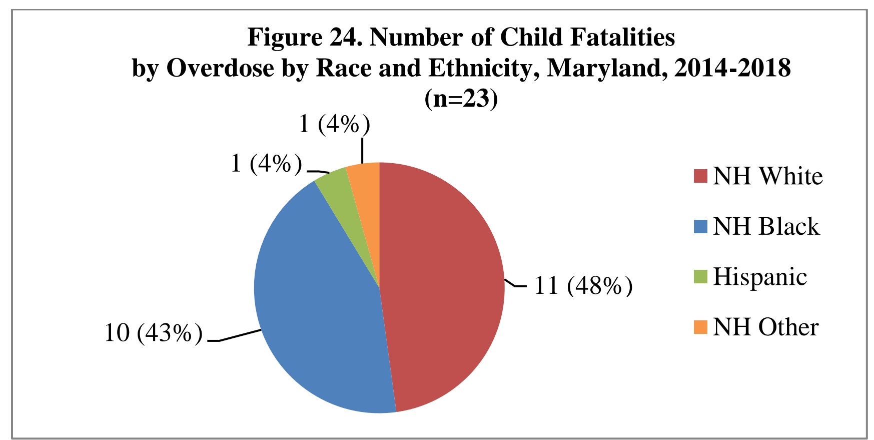


Figure 23. Number Child Fatalities by Overdose by Gender, Maryland, 2014-2018 (n=23)

Source: CDRCRS, as of 10/2/2019.

Forty-eight percent of the deaths by Overdose occurred among Non-Hispanic White children, 43 percent among Non-Hispanic Black children, and 4 percent among Hispanic children and Non-Hispanic children of other races (Figure 24). Deaths by overdose by jurisdiction of residence are shown in Table 10.



Source: CDRCRS, as of 10/2/2019.

Table 10. Number of Child Fatalities by Overdose by Jurisdiction of Residence*, Maryland, 2014-2018 (n=23)

Jurisdiction	2014	2015	2016	2017	2018	Total
Baltimore County	1	0	0	1	4	6
Anne Arundel	0	4	0	0	1	5
Baltimore City	0	1	2	0	2	5
Harford	0	0	2	0	0	2
Charles	0	1	0	0	0	1
Frederick	0	0	1	0	0	1
Montgomery	1	0	0	0	0	1
Prince George's	0	0	0	1	0	1
St. Mary's	1	0	0	0	0	1
Total	**3**	**6**	**5**	**2**	**7**	**23**

Source: CDRCRS, as of 10/2/2019.*Allegany, Calvert, Caroline, Dorchester, Garrett, Howard, Kent, Queen Anne's, Somerset, Talbot, Washington, Wicomico, and Worcester counties do not appear as there were no Child Fatalities by Overdose from 2014-2018.

Table 11 shows the drugs implicated in the deaths by overdose. Due to many of the cases involving more than one substance, the cases shown do not add up to the number of overdose deaths. Fentanyl was implicated in 11 deaths (48 percent) and methadone in seven (30 percent).

Table 11. Drugs Implicated in Child Fatalities by Overdose, Maryland, 2014-2018	
Drug	Number and Percent of Deaths by Overdose
Fentanyl	11 (48%)
Methadone	7 (30%)
Morphine	3 (13%)
Oxycodone	3 (13%)
Diphenhydramine	1 (4%)
Cocaine	1 (4%)
Unspecified Opiate	1 (4%)

*Due to many cases involving more than one substance, cases will not add up to the number of overdose deaths. Source: CDRCRS, as of 10/2/2019.

Summary and Recommendations

In 2018, the Child Fatality Review Program reviewed 187 unexpected child deaths. The number of unexpected child deaths in Maryland decreased by 10 percent (or 21 deaths) from 2017 to 2018. The number of child fatalities requiring review decreased among children of all ages and races from 2017 to 2018, except for Hispanic children, children ages one to six months, and children ages five to nine years old. SUID, injury, and homicide were the leading causes of unexpected child deaths in 2018. Infants less than one year of age continue to account for the largest proportion of unexpected deaths, with SUID risk peaking between one and four months of age. The majority of child fatalities requiring review are due to SUID and involve unsafe infant sleep practices. The number of deaths due to drug overdoses have more than tripled since 2017. Fentanyl is the drug most often implicated in overdose deaths (48%). Racial and ethnic disparities persist, with a disproportionate number of child deaths occurring among Non-Hispanic Black children, particularly among SUID cases and homicide deaths. Deaths by suicide decreased from a high of 26 cases in 2017 to 20 cases in 2018, however deaths by suicide are the fifth leading cause of OCME-referred child deaths.

In response to the 2018 review of OCME-referred child deaths in Maryland, the State CFR Team (Team) puts forth the following recommendations and proposed actions for the State agencies represented on the Team.

Recommendations Related to SUID

The Team supports ongoing activities to better understand why safe sleep practices are not followed, especially in communities with high SUID rates. The Team supports MDH's partnership with Morgan State University to convene focus groups to better understand barriers to safe sleep, with the expected outcome of improved messaging to address the persistent racial disparity in sleep-related deaths.

The Team also recommends improving parent teaching on safe sleep practices in all Maryland delivery hospitals. The Team supports the ongoing participation of MDH in the CDC SUID Case Registry. This program increases access to high-quality and complete SUID surveillance data for program improvement and public health purposes, specifically those addressing racial disparities in SUID. The Team also supports efforts to increase community awareness of SUID associated factors, particularly in disproportionately affected communities.

Recommendations Related to Homicide

The Team recommends efforts to improve understanding of the factors contributing to the increase in youth homicides and to address potential opportunities for prevention. Jurisdictions with large numbers of youth homicides could consider investing resources in violence prevention programs that act as a deterrent for violent behavior and keep those most at risk of being a victim of youth homicide engaged in community support systems, such as Baltimore City's SummerScapeBmore program, Connect-2-Success Job Training program, and PopUp/Satellite Youth Connection Center.

The Team also encourages improved awareness of the role of young people's online behaviors as factors in real world violence, and recommends jurisdictions with large numbers of youth homicides to consider the implementation of initiatives such as the E-Responder model in New York City. The E-Responder model uses trained responders to identify and de-escalate risky online behavior. This public health model was developed after New York City law enforcement and community-based organizations recognized that many firearm-related deaths and injuries began as taunts or threats on social media between youth "crews." By addressing the amplification that takes place on social media, it is possible that many conflicts could be identified and de-escalated before real world violence takes place.

The Team supports the American Academy of Pediatrics (AAP) recommendation that pediatricians incorporate questions about the presence and availability of firearms during patient history collection. The AAP urges parents who possess guns to prevent children from having access to these guns. Combined with distribution of gun locks to promote safer storage of guns in homes with children, these efforts can help to limit household exposure to unlocked and loaded guns.

Recommendations Related to Overdose

The Team recommends efforts to address the significant increase in overdose deaths in 2018. There were a total of 7 deaths among children ages infant to nine years old between 2014-2018, all of which involved the ingestion of oxycodone or methadone. Overdose deaths among teenagers ages 15-17 accounted for 61 percent of all overdose deaths between 2014-2018. Fentanyl was involved in 78 percent of deaths in this age group. The Team recommends consulting with the Behavioral Health Administration and the Maryland Poison Center around safe storage education. The team also recommends that physicians and providers distribute information to patients receiving methadone maintenance prescriptions. These measures would include methadone programs identifying patients who are allowed take-home doses that have children residing in or visiting their homes. The programs would then provide the patients with additional child safety-specific counseling, along with warning labels (similar to the Mr. Yuk household poison control campaign) targeted towards young children, and would provide additional naloxone for households that include young children.

To address overdoses among older teens, the Team recommends:

(1) Additional overdose education campaigns included within the school health curriculum;
(2) Local Health Department campaigns about the risks of fentanyl;
(3) Increased community access to naloxone, including at health offices in private schools; and
(4) The provision of fentanyl testing strips at school-based health centers and safe access centers serving youth.

The Team supports the efforts of MDH's Maternal and Child Health Bureau to work with interested local CFR teams to identify overdoses in their jurisdiction and conduct reviews of near-fatality overdose cases. Local CFR teams will be encouraged to collaborate with local hospitals and emergency departments to identify cases of non-fatal overdose events for review and to facilitate local level interventions.

Appendix A: 2019 State Child Fatality Review Team Members

Health-General Article §5-703(a), Annotated Code of Maryland provides that the State Team shall be a multidisciplinary and multiagency review team, composed of at least 25 members, including:

(1) Attorney General – Christle Sheppard Southall, Esq, designee;

(2) Chief Medical Examiner – Ling Li, MD, designee;

(3) Secretary of Human Resources – Corine Mullings, LMSW, designee;

(4) Secretary of Health – S. Lee Woods, MD, PhD, designee;

(5) State Superintendent of Schools – Lynne Muller, PhD, designee;

(6) Secretary of Juvenile Services – Jenny Maehr, MD, designee;

(7) Special Secretary for Children, Youth and Families – permanent vacancy due to the sunset of the Office for Children, Youth, and Families in 2005;

(8) Secretary of State Police – Sgt. David Sexton, designee;

(9) President of the State's Attorneys' Association – Debbie Feinstein, JD, designee;

(10) Chief of the Division of Vital Records – Monique Wilson, designee;

(11) A Representative of the Center for Infant and Child Loss – LaToya Bates, LCSW-C, Director, Center for Infant and Child Loss;

(12) Director of the Behavioral Health Administration – Steven Whitefield, MD, designee;

(13) Two pediatricians with experience in diagnosing and treating injuries and child abuse and neglect, appointed by the Governor from a list submitted by the state chapter of the American Academy of Pediatrics:

Richard Lichenstein, MD, FAAP;
Wendy Lane, MD, MPH, FAAP; and

(14) Eleven members of the general public with interest or expertise in child safety or welfare, appointed by the Governor, including child advocates, CASA volunteers, health and mental health professionals, and attorneys who represent children:

Richelle J. Cricks, CNM, MSN
Patricia K. Cronin, LCSW-C
Mary C. Gentile, LCSW-C
Cynthia Wright Johnson
Ivone Kim, MD
Sharyn King
Neveen H. Kurtom, JD
Laurel Moody, RN, MS
Shantell Roberts
Joyce P. Williams, DNP
Anntinette Williams, LICSW

Appendix B: Duties of the State Child Fatality Review Team

Health-General Article, §5-704 (b), sets forth the Team's 13 duties. To achieve its purpose the State CFR Team shall:

1) Undertake annual statistical studies of the incidence and causes of child fatalities in the State, including an analysis of community and public and private agency involvement with the decedents and their families before and after the deaths;
2) Review reports from local teams;
3) Provide training and written materials to the local teams established under §5-705 of this subtitle to assist them in carrying out their duties, including model protocols for the operation of local teams;
4) In cooperation with the local teams, develop a protocol for child fatality investigations, including procedures for local health departments, law enforcement agencies, local medical examiners, and local departments of social services, using best practices from other states and jurisdictions;
5) Develop a protocol for the collection of data regarding child deaths and provide training to local teams and county health departments on the use of the protocol;
6) Undertake a study of the operations of local teams, including the State and local laws, regulations, and policies of the agencies represented on the local teams, recommend appropriate changes to any regulation or policy needed to prevent child deaths, and include proposals for changes to State and local laws in the annual report required by paragraph (12) of this subsection;
7) Consider local and statewide training needs, including cross-agency training and service gaps, and make recommendations to member agencies to develop and deliver these training needs;
8) Examine confidentiality and access to information laws, regulations, and policies for agencies with responsibility for children, including health, public welfare, education, social services, mental health, and law enforcement agencies, recommend appropriate changes to any regulations and policies that impede the exchange of information necessary to protect children from preventable deaths, and include proposals for changes to statutes in the annual report required by paragraph (12) of this subsection;
9) Examine the policies and procedures of the State and local agencies and specific cases that the State Team considers necessary to perform its duties under this section, in order to evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities in accordance with:
    i) The State plan under 42 U.S.C. §5106a(b);
    ii) The child protection standards set forth in 42 U.S.C. §5106a(b); and
    iii) Any other criteria that the State Team considers important to ensure the protection of children;
10) Educate the public regarding the incidence and causes of child deaths, the public role in preventing child deaths, and specific steps the public can undertake to prevent child deaths;

11) Recommend to the Secretary any regulations necessary for its own operation and the operation of the local teams;

12) Provide the Governor, the public, and subject to §2-1257 of the State Government Article, the General Assembly with annual written reports, which shall include the State Team's findings and recommendations; and

13) In consultation with local teams:

    i) Define "near fatality"; and

    ii) Develop procedures and protocols that local teams and the State Team may use to review cases of near fatality.

Appendix C: 2018 Annual Maryland Child Fatality Review Conference Agenda

Tuesday, December 4, 2018
James N. Robey Public Safety Training Center
2200 Scott Wheeler Dr. Marriottsville, MD 21104

8:00 – 8:30 AM	Registration
8:30– 8:45 AM	Greetings and Introductions/ Local Team Updates *Rich Lichenstein, MD* *Jennifer Herrera, Maryland Department of Health*
8:45– 9:45 AM	**State Team:** 4TH Quarter Meeting *Jennifer Herrera, Maryland Department of Health* **Local Teams:** 2018 CFR Report Highlights and Data Trends *Kate Schneider, MPH, Maryland Department of Health*
9:45– 10:30 AM	**Youth Suicide Prevention: Patterns of Risk and the Prevention Landscape** *Holly Wilcox, MA, Ph.D* *Johns Hopkins Bloomberg School of Public Health & School of Medicine*
10:30 – 10:45 AM	**Break**
10:45– 11:30 AM	**Preventing Youth Suicide in Maryland: A State Perspective** *Janel Cubbage, LGPC, Behavioral Health Administration*
11:30 AM – 12:00 PM	**Montgomery County's All Hands Response to Suicide Prevention** *Rachel Larkin, MA, MSW, EveryMind*
12:00 – 12:45 PM	**Local Team Presentations – Suicide Prevention** *Sinmidele Badero, Baltimore City and Colleen Nester, Howard County*
12:45—1:30 PM	**Lunch**
1:30 – 2:30 PM	**Youth Violence and the Importance of Building Community Partnerships** *Col. Melvin Russell, Baltimore Police Department*
2:30 PM – 2:45 PM	**Break**
2:45– 3:45 PM	**What Do We Really Know About Distracted Driving?** *Johnathan Ehsani, Ph.D* *Johns Hopkins Bloomberg School of Public Health*
3:45 – 4:30 PM	**Call-to-Action** *Richard Lichenstein, MD & Jennifer Herrera*

June 3, 2020

Robert R. Neall
Secretary
Maryland Department of Health
201 W. Preston Street
Baltimore, Maryland 21201

Dear Secretary Neall:

The Maryland Department of Human Services/Social Services Administration (DHS/SSA) expresses its appreciation for your continued support of the Maryland State Child Fatality Review Team and the local child fatality review panels. DHS received your 2019 Annual Legislative Report containing the 2018 calendar year data and trends from 2014 to 2018. Although the total number of referred child fatalities where maltreatment was a contributing factor has decreased from 2017 to 2018, 41% of the fatalities were infants (76 of the 187 child fatalities), an increase from 39.4% (82 infants among the 208 child fatalities that occurred in 2017). There continues to be a concern for infant fatalities associated with unsafe sleeping conditions (63 cases of Sudden Unexpected Infant Death (SUID) represented 33.7% of child fatalities and 82.9% of infant deaths). DHS will continue to support and implement activities to better understand why safe sleep practices are not followed (especially in communities with high SUID rates) and encourage efforts to increase community awareness of SUID associated factors, particularly in disproportionately affected communities.

Also, of note, is the number of drug-related deaths that has more than tripled since 2017. DHS agrees with the Review Team's recommendation to partner with Behavioral Health Administration and Maryland Poison Center around safe storage education. A review of near-fatal overdoses at the local level would be beneficial in understanding this issue in local communities. DHS agrees with the recommendation of investing resources in violence prevention programs that act as a deterrent for violent behavior and keep those most at risk of being a victim engaged in community support systems. Improving awareness of the role of youth online behaviors as factors in real-world violence; and initiatives that use trained responders to identify and de-escalate risky online behavior is worth exploring. Promoting the distribution of gun locks to promote safer storage of guns in homes with children can help to limit household exposure to unlocked and loaded guns.

Over this past year, DHS/SSA submitted a Child Fatality Prevention Plan as required by the federal Family First Prevention Services Act and the Plan was approved by the Children's Bureau in October 2019. As DHS/SSA begins to implement the Plan, we continue to work collaboratively with stakeholders, sister agencies, and community partners to examine data related to child fatalities where child abuse and neglect are a contributing factor. SSA continues to engage the twenty-four local departments of social services to understand training needs for staff to ensure thorough assessments are completed and document risk factors associated with

child deaths. Identifying gaps in services and improving the array of services to families is an important initiative that SSA is currently undertaking.

We appreciate our continued partnership with you, the Maryland State Fatality Review Team and the local panels to address the reduction in child fatalities.

Sincerely,

Michelle L. Farr, LCSW-C, LICSW
Executive Director
Social Services Administration
Department of Human Services

Foster and Adoptive Parent Diligent Recruitment Plan

Maryland Department of Human Services

2020-2024

Maryland Department of Human Services/ Social Services Administration at a Glance:

Mission/Vision

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

The mission of the Social Services Administration is to lead, support and enable local departments of social services in employing strategies to prevent child abuse and neglect, protect vulnerable children, preserve and strengthen families, by collaborating with state and community partners.

Introduction

Maryland Department of Human Services/Social Services Administration (DHS/SSA) provides oversight to 24 local departments of social services. DHS/SSA provides each jurisdiction with the Statewide Recruitment and Retention Plan which comprised of statewide goals and objectives based on data regarding Maryland's representation of children in Out-of-Home Placement. Each local department is individually responsible for developing and implementing an annual recruitment and retention plan. The annual plan should include a synopsis of the previous year's recruitment and retention efforts highlighting successful efforts. Additionally the plan should encompass analysis of State and jurisdiction specific data, identify jurisdiction specific needs and provide specific strategies to recruit, train and retain resource homes to meet the identified needs. DHS/SSA will utilize the local department plans to seek what trends are found within Maryland in regards to resource homes. DHS/SSA provides funding to local departments of social services to ensure partnership for performance and accountability. The DHS/SSA Assistant Director and/or Recruitment and Retention Administrator and Resource Homes Supervisor/Analyst will be responsible for reviewing individual recruitment and retention plans using the reporting form. In May of 2019, DHS/SSA revised the Annual Recruitment and Retention reporting form. The LDSS were given a Recruitment and Retention Plan, (see Appendix RP A) Guidance and Tool Kit (see Appendix RP B) to assist with allocating recruitment and retention funds more appropriately to meet the needs of the youth in their jurisdiction. Feedback, which may include recommendations for revision will be provided. The local departments also submit a Recruitment and Retention Quarterly Report (see Appendix RP C) every three months. Appraisal of this quarterly report at the local level should further generate strategic planning to reach projected goals. The quarterly reports submitted will be drilled down to see how each local department utilizes the funding, how the reports demonstrate the needs and progress of each local department, and to analyze trends. This report will also be reviewed by DHS/SSA to ensure fidelity to the recruitment and retention plans presented by each local department. DHS/SSA will provide technical assistance to local departments to assist with general, child-specific, and targeted recruitment. In working with the local departments, speaking with resource parents, and conducting local focus groups, Maryland has identified its greatest need for recruitment and retention to be the older youth ages 14-21. DHS/SSA has specifically decided to focus efforts on the recruitment of older youth, children of color, and LGBTQ youth. DHS/SSA will also work to increase and watch data trends for the legally free youth, sibling placements, and transitional age youth.

Overview of Data in Appendix RP F . Data Tables for Recruitment and Retention Plan

Local department child welfare staff and resource home workers are responsible for entering data into and Children's Electronic Social Services Information Exchange (MD CHESSIE) to ensure that accurate data is available to DHS/SSA. Local departments may subsequently obtain data from SSA by request and also by reviewing their own individual data. Maryland will also seek to include data from resource parent and youth advisory board surveys.

All data is as of December 2018 and the Data Source is MD CHESSIE.

Please note that measureable goals are in Appendix RP D. Goals Resource Parents.

- **Characteristics of Children Needing Foster and Adoptive Homes**

Further evaluation of the composition of youth in Out-of-Home Placement in Maryland public resource homes was generated to guide the development of the state recruitment and retention plan. Maryland seeks to include the number of children needing placement vs. the number of resource parents to ensure that the data trends are accurate.

- **Children of Color**

As of December 2018, 68% of Maryland's foster youth population was placed in public resource homes. Approximately 86% of those youth were ages 0-13 and 14% were ages 14-21. 59% were African American, 30% White, and 11% were of Hispanic and/or other ethnicities. Three of the twenty-four local departments have less than 1% of youth who identify as Native American.

Update: As of December 2019, 64% of Maryland's foster youth population was placed in public resource homes. Approximately 86% of those youth were ages 0-13 and 14% were ages 14-20. 64% were African American, 32% White, and 4% were of Hispanic and/or other ethnicities.

Maryland remains fairly stabilized regarding the number of foster families needed compared to the number of youth in the foster care system. DHS/SSA was able to complete a deeper dive into the number of youth who identify as being of Hispanic ethnicity (4%). Out of the twelve counties whose youth identified as being of Hispanic ethnicity, six counties had 100% representation, three counties had 98% representation, and one county had 33% representation. This shows that DHS/SSA will need to explore the recruitment and retention plans on these counties to ensure they have an adequate representation of resource parents.

- **African American Youth**

Of the twenty-four jurisdictions, three jurisdictions have the highest population of African American youth at 78% (Baltimore City, Montgomery County and Prince George's County). DHS/SSA will continue to provide technical assistance to these counties as stated in the Appendix RP D Goals attached. The issue of disparity and disproportionality will also be addressed as it relates to the permanency planning for this population of youth.

Update: There are now four jurisdictions that have the highest number of African American youth in Maryland's Foster Care System which averages at 67% (Baltimore City, Dorchester County, Wicomico County, and Charles County).

- Target by 2024: Maryland will show an increase African American resource homes in the above mentioned counties to 85%.

- **Hispanic Youth**

Fourteen of the twenty-four counties serve youth of Hispanic ethnicity. 22% of those youth are in formal kinship care, 5% are in restrictive foster care, 69% are in regular foster care, and 3% are in treatment foster care. At least seven of those twenty-four counties will be assessed and provided with specific technical assistance from DHS/SSA in exploring if those youth can be stepped down from therapeutic foster care to regular public foster care and/or relative placement. Based on data derived from MD CHESSIE, DHS/SSA will continue to work on targeted recruitment efforts specifically designed for these counties to increase the number of public resource homes available to serve these youth.

Updates: See notations above on ethnicity.

- **Native American Youth**

DHS/SSA continues to work with the Maryland Commission on Indian Affairs to ensure Maryland's compliance with ICAWA laws. DHS/SSA has a partnership the commission and meets regularly to discuss the needs of Native American youth within the foster care system. See specific strategies in Appendix RP D - Resource Parents Goals attached.

- **LGBTQ Youth and Victims of Sex Trafficking**

The Department of Human Services will ensure that each local department is sensitive to the needs of LGBTQ youth as well as ensure that recruitment strategies are targeted toward this population. The MD CHESSIE system does not track data on these populations however local jurisdictions have reported a need for resources for this population. The local department child welfare worker, resource parents, and the state youth advisory board have expressed concern for this population. LGBTQ youth in care have informed the state that there are not enough resource parents available and not enough parents who understand their individual needs.

The state has special training offered through the University Of Maryland School Of Social Work for resource parents to ensure that licensed parents are educated and sensitive to the needs of LGBTQ youth in care. The Department of Human Services will ensure that local departments continue to ensure that these youth have a safe place and do not feel stigmatized for being in care. Local departments should attend LGBTQ community events and partner with those communities to ensure that the need for resource parents is received.

The state continues to work with federal partners and are sensitive to the needs of youth who have been victims of sex trafficking. The state will ensure that local departments are recruiting resource parents who are knowledgeable about sex trafficking and are able to provide protection to those youth in care.

- **Legally Free Children**

Maryland had 406 (8.63%) youth that were legally free and eligible for adoption in December of 2018. DHS/SSA will focus its adoption recruitment goals on youth ages 2-4 and 14-20 as the data shows that these age ranges are the highest number of youth that are legally free in Maryland. DHS/SSA will ensure that efforts are made to ensure that these children are on Adopt-Us-Kids and listed as legally free as well as work with the local departments to ensure that they are recruiting for homes that are interested in older youth as well as the younger age groups. DHS/SSA has partnered with Adopt-us-Kids to develop a work plan around the following: recruitment of adoptable families, adoption education for the child welfare work force, and the engagement of both younger and older youth in care around being adopted. A more concentrated effort will be placed on re-emphasizing the importance of photo listing youth on the AUK website, inter-jurisdictional adoption efforts, and child-specific recruitment for older youth in care. Maryland currently has a strong mechanism for ensuring that legally free children are placed on the Adopt-US-Kids website and DHS/SSA has a page on the website as well. Child welfare workers have been directed to ensure that legally free children are placed on the website as part of their concurrent permanency planning. Currently DHS/SSA is ensuring that efforts are made for local departments to partner with one another so that children remain in Maryland and are adopted by Maryland resource families. DHS/SSA seeks to collect data on how this process works and demonstrate the data trends. Many of the local department current resource providers have decided to adopt youth placed in their care. Maryland's first priority is to facilitate the adoption process and make diligent efforts towards ensuring that children can make their current resource home their forever home. DHS/SSA will also provide technical assistance to the local departments to ensure that there is a retention network or support group (While-U-Wait) of resource parents interested in adopting. The DHS/SSA resource home unit will be reaching out to each local department to discuss what their current support group process is and make recommendations for improvements and provide feedback.

- **Transitional Age Youth**

As of December 2018, Maryland has 3,206 youth ages 0-21 in both private and public homes and 14% of those youth are ages 14-20. In recruiting and retaining resource homes, Maryland will ensure that all local departments are focusing their efforts on targeted recruitment strategies with a concentrated effort on the older youth who are more challenging. Maryland has decreased its number of older youth in group homes, however more retention efforts needs to be developed to ensure older youth find permanency and do not linger in care. In speaking with older youth in care, DHS/SSA has learned that youth want to be placed in family homes and want to be normalized as much as possible. MD CHESSIE data shows that Baltimore City has the highest number of older youth in care. DHS/SSA seeks to provide technical assistance to this local department and assist as they redevelop their recruitment and retention unit. The goals, objectives, and strategies outlined in Appendix RP D - Resource Parents Goals demonstrate how Maryland will begin to make improvements in finalizing placements for older youth in care. Also, as stated above, DHS/SSA will also work with the local departments around adoption education and engagement for these youth.

- **Sibling Placements**

Maryland's first priority is to ensure that all siblings are placed together whenever possible. SSA seeks to ensure that siblings are placed together and begin tracking this data to see what the trends are and how improvements can be achieved in this area. Technical assistance will be provided to local departments that demonstrate data within MD CHESSIE that there is a high rate of siblings not being placed together upon initial entry into care. Reporting data will be shared with each local department on a quarterly basis to include goals, strategies, and tasks to ensure diligent efforts are made to place siblings together.

As of December 2019, 63% of youth in care are placed with their siblings in Maryland. DHS/SSA will ensure that recruitment and retention efforts are improved to ensure that more public resource homes are recruited for this population of youth. Youth are often placed in treatment foster care to ensure more concentrated on ensuring that more siblings within this age group are placed together through efforts such as Family Find and the recruitment of resource homes interested in this population. Local departments are required to ensure that siblings, who are not placed together, have monthly visitation, be placed in close proximity to one another and able to have daily contact by phone or email.

Update: As of December 2019, 21% (1,351) of youth in OOS public/private resource homes were placed with siblings. (2,979=total number of youth served). In comparison to SFY19, this shows a 13% decrease in the number of sibling placements in public/private resource homes. DHS/SSA will need to provide more technical assistance and guidance in adhering to SSA Policy Directive

- **Non-Discriminatory Fee Structure**

Maryland currently does not have a non-discriminatory fee structure as all components of fostering to adopt is funded by State funds. Resource parents are encouraged to provide "Forever Homes" for youth placed in their care and they are supported financially and given resources by the Local Departments of Social Services.

Private foster care agencies (group providers and private treatment foster care agencies) submit an annual budget to the DHS/SSA Office of Licensing and Monitoring and the Maryland Interagency Rate Committee which outlines the cost for all services provided for each child in the program, including the cost for a clothing allowance. Private agencies provide clothing allowances to their foster parents or youth on either a monthly or quarterly basis. Private agencies are provided sufficient funds within their monthly payment amount as established by the IRC to cover the approved clothing allowance for placements in their programs and are not eligible to receive additional funds for this purpose from the local department. For public board rates, see Appendix RP E SSA-CW #19-13-Guidelines for Foster Care Board Rate Expenditures revised 1.15.19.

The following data can be located in Appendix RP D - Resource Parents Goals:

- *Specific strategies to reach out to all parts of the community;*

- *Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information;*
- *Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community;*
- *Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations;*
- *Strategies for dealing with linguistic barriers; and*
- *Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.*

Appendices

Appendix RP A - Recruitment and Retention Plan

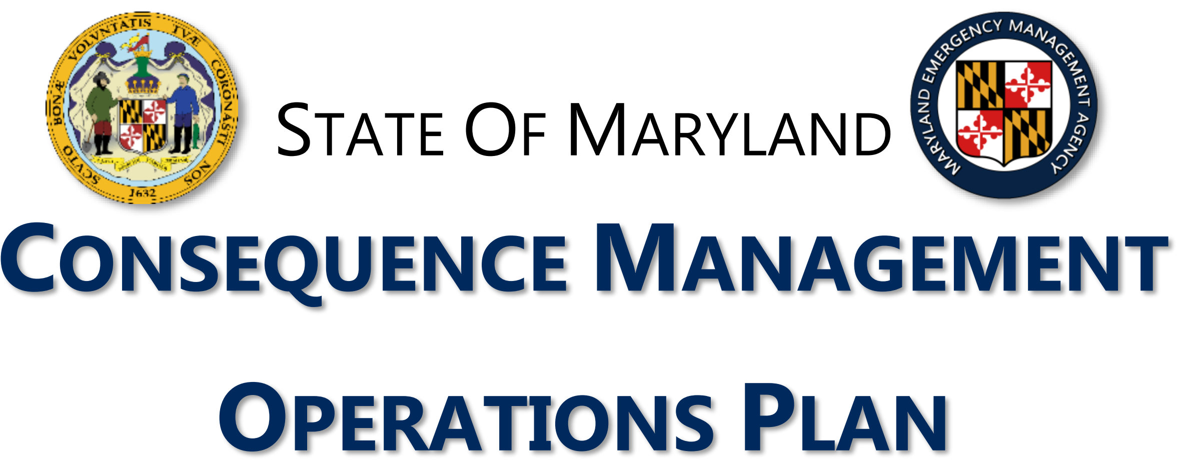
Appendix RP B - Guidance and Tool Kit

Appendix RP C - Recruitment and Retention Quarterly Report

Appendix RP D - Resource Parents Goals

Appendix RP E - SSA-CW #19-13-Guidelines for Foster Care Board Rate Expenditures revised 1.15.19.

Appendix RP F - Data Tables for Recruitment and Retention Plan



State Of Maryland

Consequence Management Operations Plan

Version 3.1 – July 2019

FOR OFFICIAL USE ONLY

Foreword

I am pleased to present the Maryland Consequence Management Operations Plan (CMOP). This plan outlines the ways in which local, State, federal, and non-governmental entities collaborate to prevent, respond to, and recover from incidents impacting the lives of Marylanders. Regardless of the threat/hazard, agencies have an obligation to take steps, in a unified fashion, to limit the consequences of the issue. Maryland is a unique and diverse state, stretching from the mountains of Western Maryland to the Eastern Shore. Communities require a flexible all-hazards approach to disaster management.

This plan is a component of the Maryland Emergency Management System (MEMS), the State's approach to conducting homeland security and emergency management activities. I encourage all Marylanders to take steps to prepare for natural, technological, and manmade disasters, and work collaboratively with government in pursuit of a safer Maryland.

Russell J. Strickland

Executive Director

Maryland Emergency Management Agency

Record of Plan Changes

REV #	DATE	NAME OF RECORDER	SECTION(S) CHANGED	Version Number	DISTRIBUTION (Full/Ltd/No)*
1	September 2017	Kyle Overly	Original Version		Full
2	December 2018	Kyle Overly	General Update with attachments	2.0	Full
3	June 2019	Marci Catlett	All for accessibility	2.1	Full
4	June 2019	Marci Catlett	Section B Tables 1 and 2 pages 20-27	3.0	Full
5	July 2019	Marci Catlett	Full review for accuracy	3.1	Full

Acronyms

AAC	Accident Assessment Center
ADOC	Alternate Department Operations Center
ARC	American Red Cross
ARES	Amateur Radio Emergency Service
BOC	Business Operations Center
CATT	University of Maryland Center for Advanced Transportation Technology
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CCTV	Closed Circuit Television
CERT	Community Emergency Response Team
CIKR	Critical Infrastructure and Key Resources
CMOP	Consequence Management Operations Plan
CRT	Cyber Response Team
DAFN	Disabilities and others with Access and Functional Needs
DBM	Maryland Department of Budget and Management
DCO	Defense Coordinating Officer
DDOT	District Department of Transportation
DGS	Maryland Department of General Services
DHCD	Maryland Department of Housing and Community Development
DHS	Maryland Department of Human Services
DLLR	Maryland Department of Labor, Licensing and Regulation
DNR	Maryland Department of Natural Resources
DO	Duty Officer
DoD	Department of Defense
DoIT	Maryland Department of Information Technology
DROC	Disaster Recovery Operations Chapter
DRR	Disaster Risk Reduction
EC	Emergency Coordinators
ED	Executive Director
EM	Emergency Manager
EMAC	Emergency Management Assistance Compact

EMRC	Emergency Medical Resource Center
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOS	Emergency Operations System
EPA	United States Environmental Protection Agency
F/A	Finance/Administration
FBI	Federal Bureau of Investigation
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
FNF	Fixed Nuclear Facility
GIS	Geographic Information System
GOCI	Governor's Office of Community Initiative
GOHS	Governor's Office of Homeland Security
GOVS	Governor's Office for Volunteer Services
HES	Hurricane Evacuation Studies
HMLS	Homeland Security
HSEEP	Homeland Security Exercise and Evaluation Program
HSIN	Homeland Security Information Network
HURREVAC	Hurricane Evacuation
IA	Individual Assistance
IC	Incident Commander
ICS	Incident Command System
IPAWS	Integrated Public Alert & Warning System
IT	Information Technology
JFHQ	Joint Force Headquarters
JFO	Joint Field Office
JIC	Joint Information Center
JIS	Joint Information System
JOG	Joint Operations Group
LDSS	Local Department of Social Services
MAA	Maryland Aviation Authority
MANG	Maryland Air National Guard
MCAC	Maryland Coordination and Analysis Center
MCP	Maryland Capital Police
MD	State of Maryland

MDA	Maryland Department of Agriculture
MDC	Maryland Department of Commerce
MDE	Maryland Department of the Environment
MDF	Maryland Defense Force
MDH	Maryland Department of Health
MDHAP	Maryland Disaster Housing Assistance Program
MDHS	Maryland Department of Human Services
MDJS	Maryland Department of Juvenile Services
MDNG	Maryland National Guard
MDoA	Maryland Department of Aging
MDoD	Maryland Department of Disabilities
MDOT	Maryland Department of Transportation
MDTA	Maryland Transportation Authority
MDP	Maryland Department of Planning
MDSP	Maryland Department of State Police
MDVA	Maryland Veterans Administration
MDVOAD	Maryland Volunteer Organizations Active in Disaster
MEA	Maryland Energy Administration
MEMA	Maryland Emergency Management Agency
MEMAC	Maryland Emergency Management Assistance Compact
MEMS	Maryland Emergency Management System
MFCA	Maryland Fire Chiefs Association
MFRI	Maryland Fire and Rescue Institute
MIA	Maryland Insurance Agency
MIEMSS	Maryland Institute for Emergency Medical Services Systems
MJOC	Maryland Joint Operations Center
MMD	Maryland Department of the Military
MOU	Memorandum of Understanding
MPA	Maryland Port Administration
MSFA	Maryland State Firemen’s Association
MSDE	Maryland State Department of Education
MTA	Maryland Transportation Authority
MTAP	Maryland Transit Administration Police
MVA	Motor Vehicle Administration
NGOs	Non-Governmental Organization

NOAA	National Oceanic and Atmospheric Administration
NOC	Network Operations Center
NSSE	National Special Security Event
OSFM	Office of the State Fire Marshall
OSPREY	Operational and Situational Preparedness for Responding to an Emergency
PA	Public Assistance
PDA	Preliminary Damage Assessment
PIO	Public Information Officer
POC	Point of Contact
PSC	Maryland Public Service Commission
PSIP	Private Sector Integration Program
RACES	Radio Amateur Civil Emergency Services
RITIS	Regional Integrated Transportation Information System
RLO	Regional Liaison Officer
RRCC	Regional Response Coordination Center
SBA	Small Business Administration
SCF	State Coordinating Function
SDRC	State Disaster Recovery Coordinator
SEOC	State Emergency Operations Center
SHA	State Highway Administration
SME	Subject Matter Expert
SOC	Statewide Operations Center
SPG	State Policy Group
SRO	State Recovery Organization
STEOC	Statewide Transportation Emergency Operations Center
SYSCOM	Statewide Communications
TAG	The Adjutant General
USCG	United States Coast Guard
USDA	United States Department of Agriculture
USDHHS	United States Department of Health and Human Services
USFDA	United States Food and Drug Administration
USHUD	United States Housing and Urban Development
VBOC	Virtual Business Operations Center
VDOT	Virginia Department of Transportation
VJIC	Virtual Joint Information Center

VOAD	Volunteer Organizations Active in Disaster
WMATA	Washington Metropolitan Area Transit Authority

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Consequence Management Operations Plan

I. Consequence Management Operations Plan Introduction

The State of Maryland is vulnerable to a variety of threats/hazards, which have the potential to cause disruptions to Maryland communities and visitors to the State. To that end, it is vital that all local, State, federal, private, nonprofit, and voluntary agencies collaborate effectively in order to prevent, respond to, and recover from disasters.

The Maryland Consequence Management Operations Plan (CMOP) outlines the tasks, activities, and responsibilities for Maryland State Department/Agencies as they prevent, respond to, and recover from incidents in Maryland. It also emphasizes the importance of integrated planning, training, and exercise activities as part of a broader preparedness strategy. The CMOP is one component of the Maryland Emergency Management System (MEMS), the mechanism stakeholders use to facilitate disaster risk reduction and consequence management activities.

A. Mission Statement

Before, during, and after consequence management incidents, Maryland State Departments/Agencies/Offices will collaborate to prevent, efficiently respond to, and rapidly recover from the impacts of actual and/or anticipated threats/hazards.

B. Purpose

The purpose of the CMOP is to describe the steps State Departments/Agencies/Offices take to support local jurisdictions during consequence management activities. Additionally, the CMOP outlines the relationship between all consequence management stakeholders, including local, State, federal, voluntary, and non-governmental organizations.

C. Scope

The CMOP applies primarily to state-level entities; however, it also applies to all stakeholders that support consequence management activities in Maryland.

D. Objectives

The following objectives apply to the CMOP:

- Maintain 24/7 situational awareness of threats/hazards;
- Provide actionable information to Maryland stakeholders and executive staff;
- Coordinate the activities of local, State, federal, private, nonprofit, and voluntary entities in support of consequence management;

- Collect, analyze, and disseminate public information;
- Coordinate resource support activities to assist local jurisdictions; and
- Facilitate the transition between prevention, response, and recovery operations.

E. Facts and Assumptions

Facts

- The State of Maryland is susceptible to a variety of threats/hazards, which have the potential to have negative consequences for citizens of and visitors to Maryland
- The Governor has overarching authority for consequence management activities
- The Maryland Emergency Management Agency (MEMA) has authority and responsibility for facilitation of the MEMS
- All State Departments/Agencies/Offices have a role in consequence management activities

Assumptions

- An impact from a threat/hazard may require a multi-agency response at multiple levels of government.
- In a consequence management incident, local resources may become overwhelmed quickly
- The impact from a significant consequence management incident may last weeks, months, or even years.
- Federal disaster aid may or may not be available to support activities
- Assistance from other states may or may not be available to support activities

F. Doctrine

All Hazards Approach

While some threats/hazards have unique characteristics (e.g., time of onset, duration), regardless of the threat/hazard or the extent and duration of a consequence management incident, the approach of State Departments/Agencies is consistent. During a consequence management incident, senior executives establish incident priorities and objectives, which stakeholders carry out. The State of Maryland consistently takes an All Hazards approach to threats and incidents

All Disasters are Local

All incidents, whether natural, technological, or manmade, begin and end at the local jurisdictional level. As a home rule state, Maryland local jurisdictions retain the legal authority to direct operations during consequence management activities. Local offices of emergency management and homeland security provide direct support to first responders in the field. The role of State Departments/Agencies/Offices is to augment local efforts to manage incidents and support communities as they resolve the impacts from consequence management incidents.

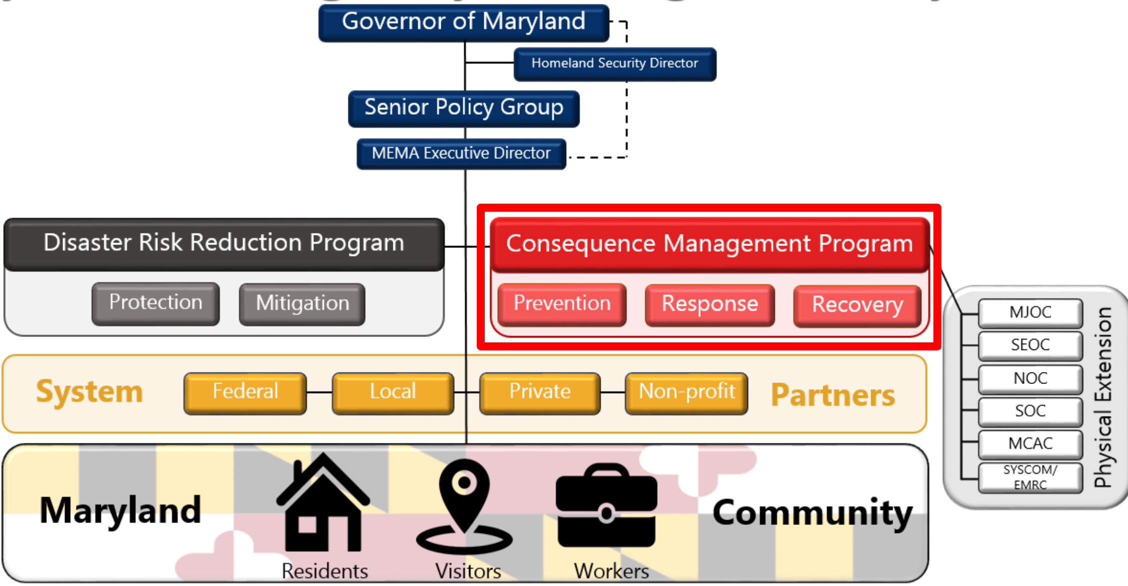
National Doctrine

The CMOP complies with national doctrine and meets the unique needs of Maryland stakeholders. National trends favor all-hazards planning practices and emphasize the importance of integrating agencies across the whole community. Trends also suggest that the migration away from the traditional "phases of emergency management" towards a Mission Area-centric approach improves capacities at all levels of government. For more about authorities and references consult Section VII.

G. Planning Hierarchy

The CMOP is one of two core operational documents in the MEMS. These plans describe the activities that stakeholders take to both stop and resolve incidents. The figure below illustrates the relationships between the hierarchies of components within the MEMS.

Figure 1: Maryland Emergency Management System



A number of plans, policies, and procedures support the overarching CMOP. These plans vary in scope, focus, and detail. While the majority of planning documents have an all-hazards focus, some threats/hazards require additional consideration and planning. The figure below provides a more detailed view of the CMOP's supporting documents.

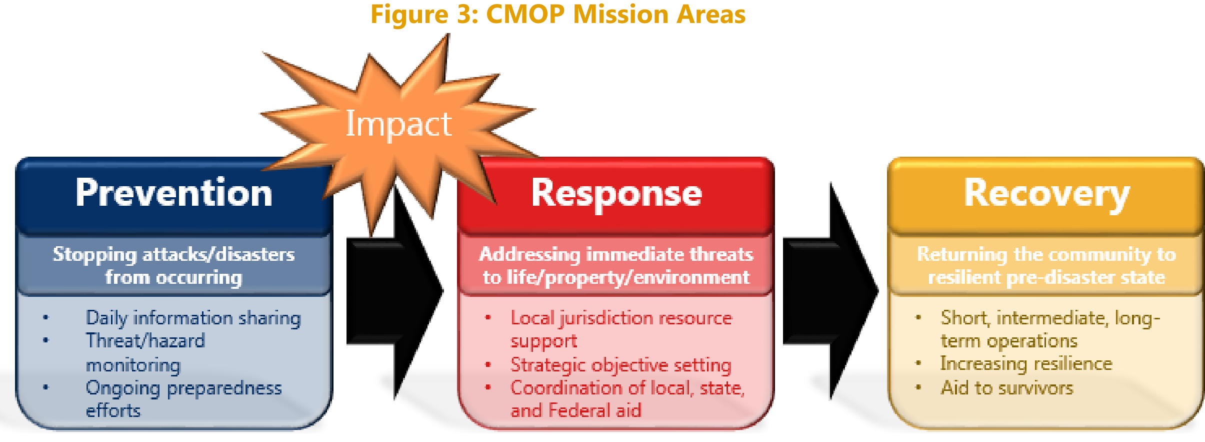
Figure 2: Plans Hierarchy

Level		
Strategic Plans	State of Maryland Homeland Security Strategic Plan	
Operations Plans	Consequence Management Ops. Plan	Disaster Risk Reduction Plan
Mission Area Chapters	Prevention; Response; Recovery	Protection; Mitigation
Annexes	Crisis Action Plans (Numbers)	State Hazard Mitigation Plan
	Contingency Plans (Letters)	Other State Plans/Strategies
Attachments	Protocols (small letters)	
Guides	Guides (Roman Numerals)	

H. Mission Areas

The CMOP addresses the interactions and relationships between *Prevention*, *Response*, and *Recovery*. Collectively, these Mission Areas frame the tasks and activities that State Departments/Agencies conduct throughout the lifecycle of a consequence management incident. The figure below provides additional details regarding the scope of and interaction among Mission Areas in the CMOP.

Figure 3: CMOP Mission Areas

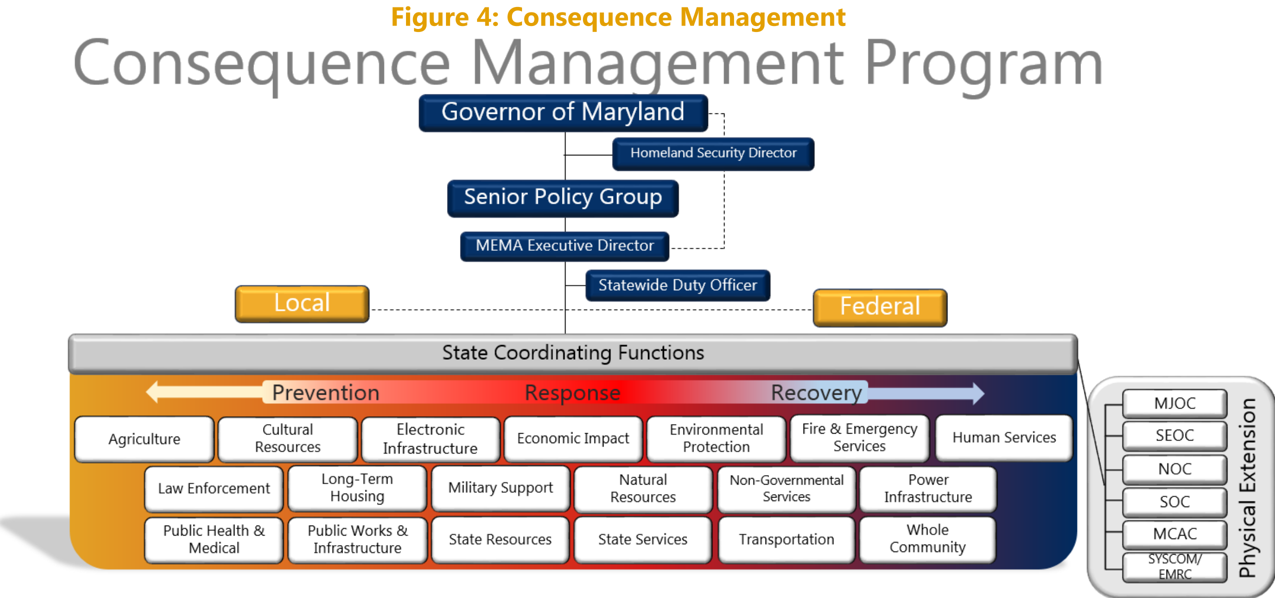


II. Concept of Coordination

State-level coordination of consequence management activities occurs on a daily basis. This coordination is scalable from routine operations to regional coordination, or enhanced operations for specific threats, incidents, or special events. Coordination across the State, its regions, and its contiguous states is critical to successful prevention, response, and recovery operations.

On a daily basis, State Departments/Agencies/Offices coordinate to support information sharing, steady-state activities, and lend support to minor issues. Assisted by physical coordination centers, agencies support local and state-level activities through the Consequence Management Program. The figure below illustrates the relationships between State Departments/Agencies/Offices providing state-level coordination. A detailed description of the purpose/scope of each entity follows.

Figure 4: Consequence Management



A. Consequence Management Program Components

The Consequence Management Program components, as outlined in the figure above, are structured within a hierarchy with the Governor overseeing the State's consequence management efforts. This structure provides the basis for all activities, ensuring clear lines of authority and unity of effort. Within the structure, the Governor serves as the chief executive, setting broad strategic incident goals, which are carried out by MEMA and other State Department/Agency/Offices leaders. The following section describes the key consequence management components.

B. Internal Stakeholders

Governor

The Governor is the senior executive for consequence management activities. In this capacity, the Governor sets the overarching goals, liaises with local elected officials, and submits formal requests for federal assistance.

Homeland Security Director

As the chief policy advisor to the Governor, the Homeland Security Director advises on concerns and potential issues, and recommends policy-level courses of action. The Homeland Security Director works closely with the Senior Policy Group and MEMA Executive Director to ensure the State is providing adequate support to impacted/threated portions of the community.

Senior Policy Group

The Senior Policy Group (SPG) provides overarching policy guidance and direction for emergency management and homeland security activities in Maryland. Individuals within the SPG include the MEMA Executive Director, Homeland Security Director, and Cabinet Secretaries (or their designees) from key stakeholder State Departments/Agencies/Offices. The SPG has authority for strategic policy-level consequence management priorities.

MEMA Executive Director

The MEMA Executive Director provides direction to the SPG. In this capacity, they facilitate the Consequence Management Program and ensure state-level coordination meets the needs of the impacted/threatened community. The MEMA Executive Director briefs senior leadership at all levels of government, and advises the SEOC and overall MEMS of key objectives required to meet the goals of the Governor.

Statewide Duty Officer

The Statewide Duty Officer (DO) monitors for potential threats/hazards that could impact Maryland. Working closely with the Maryland Joint Operations Center (MJOC) support staff (e.g. Risk Analysts), the DO provides real-time decision-making capabilities when incidents are reported, and has the authority to escalate incidents to the MEMA Executive Director and recommend enhancing statewide operations. The DO serves as the State Emergency Coordinator until agency personnel mobilize adequate components of the MEMS.

Key Point: All State Departments/Agencies/Offices have an important role in consequence management activities.

State Coordinating Functions

The activities stakeholders conduct during consequence management activities center around services provided and outcomes achieved during disaster. State Coordinating Functions (SCF) feature a lead State Department/Agency/Office and one or more support State Departments/Agencies. The SCFs conduct state-level operations and support the needs of local jurisdictions and other State Departments/Agencies/Offices during consequence management activities.

- **Lead State Agency**: Lead State Departments/Agencies/Offices coordinate activities within their respective SCF, develop plans, coordinate with State Departments/Agencies/Operations, and conduct operations in support of operations.
- **Support State Agency:** Support State Departments/Agencies/Offices support the SCF within their expertise and capabilities, and may support any number of SCFs.

While the specific roles/responsibilities of each SCF are defined in greater detail later in this document, the figure provides an overview of the Lead State Agency for each SCF. The following table defines the scope of each SCF.

Figure 5: Lead SCF Agencies

State Coordinating Functions – Lead State Agency

State Coordinating Function	Lead State Agency
Agriculture	Maryland Department of **Agriculture**
Cultural Resources	Maryland Department of **Planning**
Economic Impact	Maryland Department of **Commerce**
Electronic Infrastructure	Maryland Department of **Information Technology**
Environmental Protection	Maryland Department of the **Environment**
Fire & Emergency Services	Maryland **Emergency Management** Agency
Human Services	Maryland Department of **Human Services**
Law Enforcement	Maryland Department of **State Police**
Long-Term Housing	Maryland Department of **Housing & Community Development**
Military Support	Maryland **Military** Department
Natural Resources	Maryland Department of **Natural Resources**
Non-Governmental Services	Maryland **Emergency Management** Agency
Power Infrastructure	Maryland **Public Service Commission**
Public Health & Medical	Maryland Department of **Health** Maryland Institute for **EMS** Systems
Public Works & Infrastructure	Maryland Department of **Labor, Licensing, & Regulation**
State Resources	Maryland Department of **General Services** Maryland **Emergency Management** Agency
State Services	Maryland Department of **Budget & Management**
Transportation	Maryland Department of **Transportation**
Whole Community	Maryland Department of **Disabilities**

Table 1 SCF Definitions

Agriculture	Cultural Resources
Coordinates protection of agriculture resources, including responding to zoological and botanical disease outbreaks.	Limits the effects of a disaster on the State's historic and cultural resources.
Economic Impact	**Electronic Infrastructure**
Addresses economic impacts of a disaster to Maryland private-sector entities.	Maintains, protects, and repairs electronic infrastructure.
Environmental Protection	**Fire & Emergency Services**
Coordinates activities for incidents that have potential or actualized impacts to the environment, including incidents at fixed nuclear facilities.	Coordinates the fire service and other emergency services to support local operations.
Human Services	**Law Enforcement**
Conducts sheltering, housing, feeding, and other mass care activities.	Coordinates statewide law enforcement and security operations.
Long-Term Housing	**Military Support**
Assists individuals displaced by a disaster through arranging/providing financial housing assistance.	When authorized by the Governor, support statewide activities with National Guard resources, provide subject matter expertise in the application of federal military resources
Natural Resources	**Non-Governmental Services**
Protects the natural environment of Maryland.	Coordinates with non-governmental organizations to provide services to impacted citizens, and coordinates volunteers.
Power Infrastructure	**Public Health & Medical**
Coordinates with energy infrastructure providers to meet energy demands and restore service post incident.	Coordinates public health and medical services, including emergency medical services, to protect lives from health threats.
Public Works & Infrastructure	**State Resources**
Coordinates activities to protect the State's infrastructure.	Assists State partners in filling contracts to acquire necessary resources.
State Services	**Transportation**
Coordinates States Departments/Agencies with a role in State consequence management activities.	Operate, maintain and restore state owned transportation infrastructure and systems
Whole Community	
Provides services and resources to ensure inclusiveness of all communities	

The following table is a cross walk describing which SCF's handle which Emergency Management Functional Areas, as well as which stage agencies are involved in supporting the

activities for each SCF. A key for all the Agency/Organizations and Offices acronyms is provided below the table.

Table 2 SCF Cross Walk

State Coordinating Function	Functional Area	Support Department /Agency/Office	Support SCFs
Agriculture	Agriculture preservation and Sheltering	• USDA • USFDA • FBI • MDoD • Local Ag. Extension Offices	• Economic Impact • Human Services • Public Health and Medical • Environmental Protection • Law Enforcement • Transportation • Whole Community
Cultural Resources (Dept. Of Planning Lead SCF)	Preservation	• MD Historical Trust • Maryland State Archives • MIA • Local Jurisdiction Dept. of Planning and Zoning • State Clearing House for Intergovernmental Assistance • Local Jurisdiction Historic District Commission	• Natural Resources • Environment Protection • Long Term Housing • State Services • Economic Impact • Public Works and Infrastructure • Transportation • Whole Community
Economic Impact (Dept. of Commerce Lead SCF)	Financial Management	• US Dept. of Commerce • US HUD • MIA • Local Jurisdiction Economic Development Offices • PSIP • Local Jurisdictions Chambers of Commerce	• Human Services • Long Term Housing • Public Health and Medical • Public Works and Infrastructure • Whole Community
Electronic Infrastructure (DoIT Lead SCF)	Communications	• MDSP • MEMA • MIEMSS • GOHS • MMD • MDoT • MCAC	• Law Enforcement • Non-Governmental Services (NGS) • Military Support • State Services • Whole Community

State Coordinating Function	Functional Area	Support Department /Agency/Office	Support SCFs
		• State Department/Agencies	
Environmental Protection (MDE Lead SCF)	Hazardous Materials	• EPA • MEMA • USCG	• Agriculture • Natural Resources • Public Health and Medical • Transportation • Whole Community
Fire & Emergency Services (MEMA and MSFA Lead SCFs)	Firefighting/fire protection and Mutual Aid and Search & Rescue	• MDoD • MFCA • MFRI • MIEMSS	• Agriculture • Cultural Resources • Electronic Infrastructure • Environmental Protection • Human Services • Military Support • Natural Resources • NGS • Public Health and Medical • Public Works and Infrastructure • Law Enforcement • Transportation • Whole Community
Human Services (MDHS Lead SCF)	Evacuation & Shelter-in-place and Mass Care & Sheltering	• USDHHS • ARES/RACES • MDoA • MDoD • MDJS • MDPSCS • MDVA • MEMA • GOHS • GOSV • MIEMSS • MIA • MSDE	• Agriculture • Cultural Resources • NGS • Power Infrastructure • Economic Impact • Electronic Infrastructure • Fire and EMS • Law Enforcement • Long Term Housing • Public Health and Medical • Public Works and Infrastructure • State Resources • State Services • Transportation
Law Enforcement (MDSP Lead SCF)	Law Enforcement	• OSFM • MDTA • MTAP • U of M Public Safety • MDH Police • MDPSCS • MNRP • MCP • Morgan State Police	• Military Support • Electronic Services • Transportation

State Coordinating Function	Functional Area	Support Department /Agency/Office	Support SCFs
		• MVA Police • MDNG • MCAC	
Long Term Housing (DCHD Lead SCF)	Housing	• Community Action Agencies • MDoD • MIA • Local Jurisdiction Dept of Planning and Zoning • LDSS • Local Jurisdiction Housing Authority/Department • MDoA • USHUD	• Human Services, • Natural Resources, • Economic Impact, • Cultural Resources • Public Health and Medical Services, • State Services • Public Works and Infrastructure • Whole Community
Military Support (MMD Lead SCF)	Military and Intelligence Support	• MJFHQ • MDNG • MANG • MDF • MEMA • MCAC • DoIT	• Electronic Infrastructure
Natural Resources SCF (DNR Lead SCF)	Agriculture and Natural Resources	• MDE • DoIT • MDA • US Forestry Service • US Army Corps of Engineers • EPA • NOAA • US Fish and Wildlife Service • USCG • MD Dept. of Planning	• Power Infrastructure • Environmental Protection • Law Enforcement • Fire and EMS • Agriculture • Cultural Resources • Economic Impact • Public Health and Medical • Whole Community
Non-Governmental Assistance (MEMA Lead SCF)	Donation Management Volunteer Management	• MDVOAD, • ARC • GOCI, • PSIP, • FEMA Region III, • RACES/ARES, • Office of the Comptroller of the Treasury	• Human Services • Public Health and Medical • Agriculture • State Services • Law Enforcement • Transportation • Whole Community

State Coordinating Function	Functional Area	Support Department /Agency/Office	Support SCFs
Power Infrastructure (PSC and MEA Lead SCFS)	Energy & utility Services	• MCAC	• Environmental Protection • Natural Resources • Whole Community
Public Health & Medical (MDH and MIEMSS Lead SCFS)	Public Health & Medical and Fatality management & Mortuary Services	• USHHS • MIA • Maryland State Comptroller • MDVA • MDJS • GOHS • PSCS • MDSE • Maryland Office of the Judiciary • MDoA • MEMA • Office of the Attorney General	• Agriculture • Military Support • Cultural Resources • Natural Resources • Economic Impact • Public Works and Infrastructure • Environmental Protection • Long Term Housing • Human Services • State Services • Law Enforcement • Transportation • Whole Community
Public Works and Infrastructure (DLLR Lead SCF)	Critical Infrastructure & Key Resource Restoration and Debris Management	• MCAC, • US Army Corps of Engineers	• Agriculture • Environmental protection • Military Support • Power Infrastructure • Transportation • Whole Community
State Resources SCF (DGS Lead SCF)	Resource Coordination	• DBM	• Transportation, • Whole Community
State Services SCF (DBM Lead SCF)	Administration and Finance	• Comptroller of MD • University System of Maryland • MDJS • Maryland Office of the Attorney General • MSDE • Maryland State Treasurer • The State Board of Elections • Commerce,	• All SCFs
Transportation (MDOT Lead SCF)	Transportation Systems & Resources	• SHA • MPA • MDTA • MTA • MDSP	• Human Services • Public Health and Medical • Law Enforcement • Public Works and Infrastructure • Whole Community

State Coordinating Function	Functional Area	Support Department /Agency/Office	Support SCFs
		• MAA • Maryland Port Authority • USCG • MVA,	

Acronym List for Table 2 SCF Cross Walk

Table 3 Acronym List for Table 2 Above

Acronym	Agency/Organization/Office
ARC	American Red Cross
ARES	Amateur Radio Emergency Service
DBM	Maryland Department of Budget and Management
DCHD	Maryland Department of Housing and Community Development
DGS	Maryland Department of General Services
DLLR	Maryland Department of Labor, Licensing, and Regulation
DNR	Maryland Department of Natural Resources
DoIT	Maryland Department of Information Technology
EMS	Emergency Medical Services
EPA	United States Environmental Protection Agency
FBI	Federal Bureau of Investigation
GOCI	Governor's Office of Community Initiatives
GOHS	Governor's Office of Homeland Security
GOVS	Governor's Office for Volunteer Services
LDSS	Local Department of Social Services
MAA	Maryland Aviation Authority
MCAC	Maryland Coordination and Analysis Center
MCP	Maryland Capital Police
MDA	Maryland Department of Agriculture
MDE	Maryland Department of the Environment
MDF	Maryland Defense Force
MDH	Maryland Department of Health
MDHS	Maryland Department of Human Services
MDJS	Maryland Department of Juvenile Services
MDNG	Maryland National Guard
MDoA	Maryland Department of Aging
MDoD	Maryland Department of Disabilities
MDOT	Maryland Department of Transportation
MDTA	Maryland Transportation Authority
MDSP	Maryland State Police

Acronym	Agency/Organization/Office
MDVA	Maryland Veteran's Association
MDVOAD	Maryland Volunteer Organizations Active in Disaster
MEA	Maryland Energy Administration
MEMA	Maryland Emergency Management Agency
MFCA	Maryland Fire Chiefs Association
MFRI	Maryland Fire and Rescue Institute
MIA	Maryland Insurance Agency
MIEMSS	Maryland Institute for Emergency Medical Services System
MJFHQ	Maryland Joint Forces Head Quarters
MMD	Maryland Military Department
MANG	Maryland Air National Guard
MDNG	Maryland National Guard
MNRP	Maryland National Resources Police
MPA	Maryland Port Administration
MSDE	Maryland State Department of Education
MSFA	Maryland State Firemen's Association
MTA	Maryland Transportation Authority
MTAP	Mass Transit Administration Police
MVA	Motor Vehicle Agency
NGS	Non-Governmental Services
NOAA	National Oceanic and Atmospheric Administration
OSFM	Office of the State Fire Marshall
PSC	Public Service Commission
PSCS	Maryland Public Safety and Correctional Services
PSIP	Public Sector Integration Program
RACES	Radio Amateur Civil Emergency Service
SHA	State Highway Administration
USCG	United States Coast Guard
USDA	United States Department of Agriculture
USDHHS	United States Department of Health and Human Services
USFDA	United States Food and Drug Administration
USHUD	United States Housing and Urban Development

Emergency Coordinators (EC)

The Emergency Coordinators serve as the liaison to MEMA. They are usually the SEOC representatives, linking their Department/Agency/Offices with the Consequence Management Program. The ECs have the authority to make decisions and commit necessary resources on behalf of their Department/Agency/Office to support consequence management activities.

C. External Stakeholders

The coordination of consequence management activities requires collaboration from all levels of government and external partners. This section describes the roles of stakeholders within the Consequence Management Program outside Maryland State government.

Local

The primary responsibility for preparing for and resolving consequence management activities resides at the local level. Furthermore, local elected officials have the legal responsibility to ensure the safety of their citizens and direct local operations. Local agencies and stakeholders drive tactical operations and strive to meet the needs of their communities. When the demands of the incident outpace local capabilities, State Departments/Agencies/Offices and other stakeholders within the Consequence Management Program assist to fill the gap.

Federal

Federal agencies provide assistance when the capabilities of local and State resources are exhausted. The Federal Emergency Management Agency's (FEMA) Regional Response Coordination Center (RRCC) coordinates the federal support to Maryland when requested.

Non-Governmental

Non-Governmental Organizations (NGOs), such as voluntary organizations and nonprofit organizations, provide specialized services and expertise during incidents. These organizations have the ability to provide assistance areas government may be unable to provide the needed assistance. NGOs partner with stakeholders within the Consequence Management Program across all Mission Areas and phases of activities.

Private Sector

The private sector is also an important stakeholder in the MEMS. Like NGOs, private sector organizations are able to fill gaps that government cannot, among other things. They are also a key partner in jumpstarting the economy after a significant incident. MEMA regularly engages the private sector through the Private Sector Integration Program (PSIP).

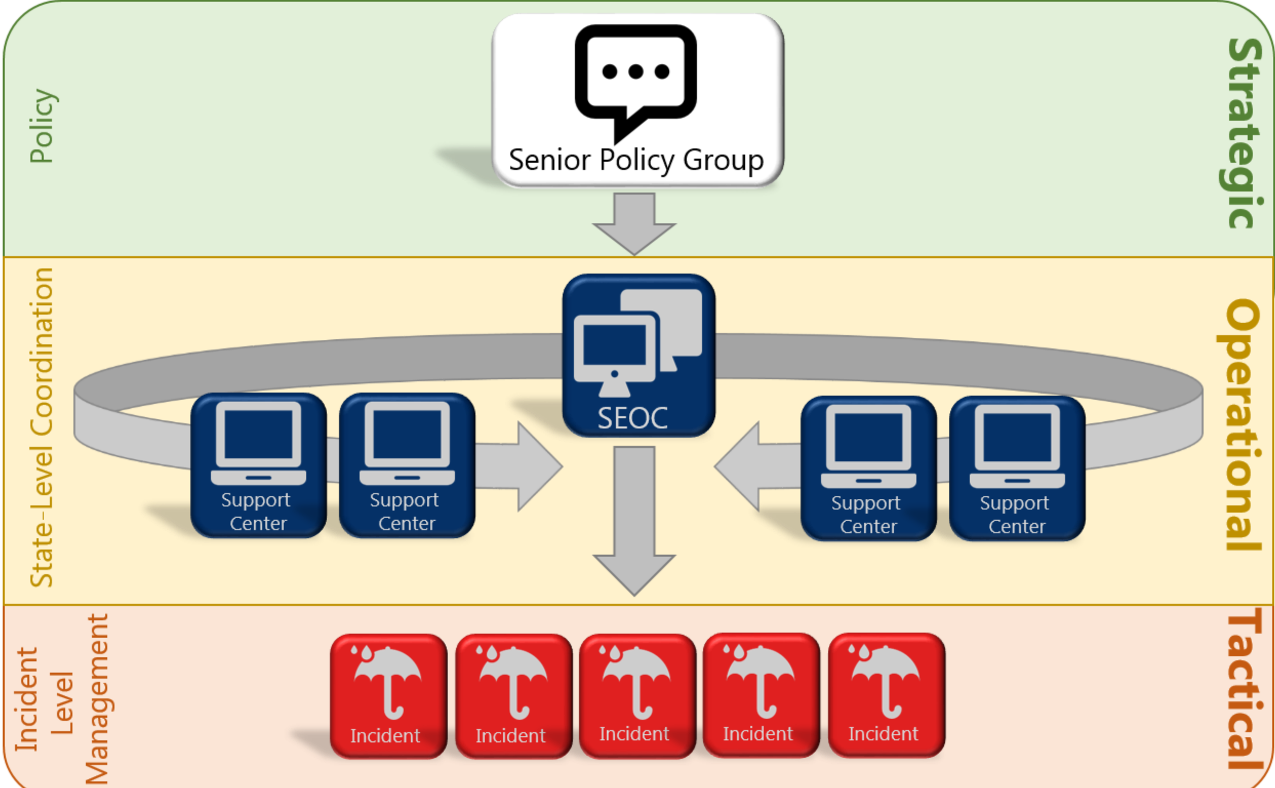
D. Consequence Management Physical Facilities

The primary 24/7 all-hazards watch center is the Maryland Joint Operations Center (MJOC). When the State Emergency Operations Center (SEOC) opens, it becomes the central, primary point of State-level coordination and communications. In addition to the MJOC and SEOC, a number of physical locations support consequence management operations including:

- Maryland Coordination and Analysis Center - Watch;
- Maryland Department of Transportation State Highway Administration - Statewide Operations Center;
- Maryland Institute for Emergency Medical Services Systems (MIEMSS) - Statewide Communications System;
- Maryland Department of Environment - Accident Assessment Center; and
- Maryland Department of Human Services - Command Center.

During heightened consequence management activities, one or more of these operations centers may open (or enhance operations) to support discipline-specific operations. These centers have a direct connection to the SEOC at all times, and execute policy objectives directed by the SPG through the JOG and SEOC. The figure below summarizes the roles of the primary and supporting consequence management centers in support of operations.

Figure 6: Primary and Support Center Roles



The following section provides an overview of the roles/responsibilities of each primary and support center. As noted, these centers work in concert during significant incidents requiring physical coordination, and virtually through the MJOC during most consequence management activities. The figure below summarizes primary and support centers within Maryland.

Figure 7: Primary and Support Centers

Center	Agency	Description
Statewide Communications System	Maryland Institute for Emergency Medical Services Systems	Provides interoperable communications between ambulances, medevac helicopters, hospitals, & specialty centers.
Maryland Joint Operations Center	Maryland Emergency Management Agency	Coordinates consequence management activities on an ongoing basis through a 24/7 watch.
MDHS Command Center	Maryland Department of Human Services	Coordinates mass care services and facilitates a statewide reunification hotline for use during incidents.
MCAC Watch	Maryland Coordination & Analysis Center	Identifies criminal/terrorist trends and shares actionable information as appropriate.
State Emergency Operations Center	Maryland Emergency Management Agency	Central point of all-hazards physical coordination during consequence management incidents.
Accident Assessment Center	Maryland Department of the Environment	Coordinates the tactical response to fixed nuclear facility incidents including providing support to local jurisdictions.
Statewide Operations Center	State Highway Administration	Coordinates all aspects of the State highway operations including during consequence management incidents.
Security Operations Center	Maryland Department of Information Technology	Monitors Maryland State cyber networks and resolves cyber attacks and intrusions.

E. Primary Centers

Maryland Joint Operations Center

The MJOC serves as the “steady-state” activation arm of both the SEOC and of the Maryland National Guard (MDNG) Joint Force Headquarters (JFHQ). The MJOC is the State of Maryland’s primary situational awareness, alert, warning, and notification center. The MJOC supports various State Departments/Agencies/Offices for alert/notification, communications, and information sharing. The MJOC has built in failsafe redundant primary and backup notification and communication systems. These include but are not limited to:

- Land line phones
- Satellite phones
- Redundant radio systems/frequencies

The MJOC shift supervisor is responsible for managing the MJOC during consequence management activities. The MJOC staffs shifts on a rotating basis of 12-24 hour shifts and are able to sustain and provide twenty-four (24) hour manning of all necessary communication links. Personnel rosters are kept within the MJOC Operations manual. The MJOC is physically located within the SEOC at:

5401 Rue Saint Lo Drive
Reisterstown, MD

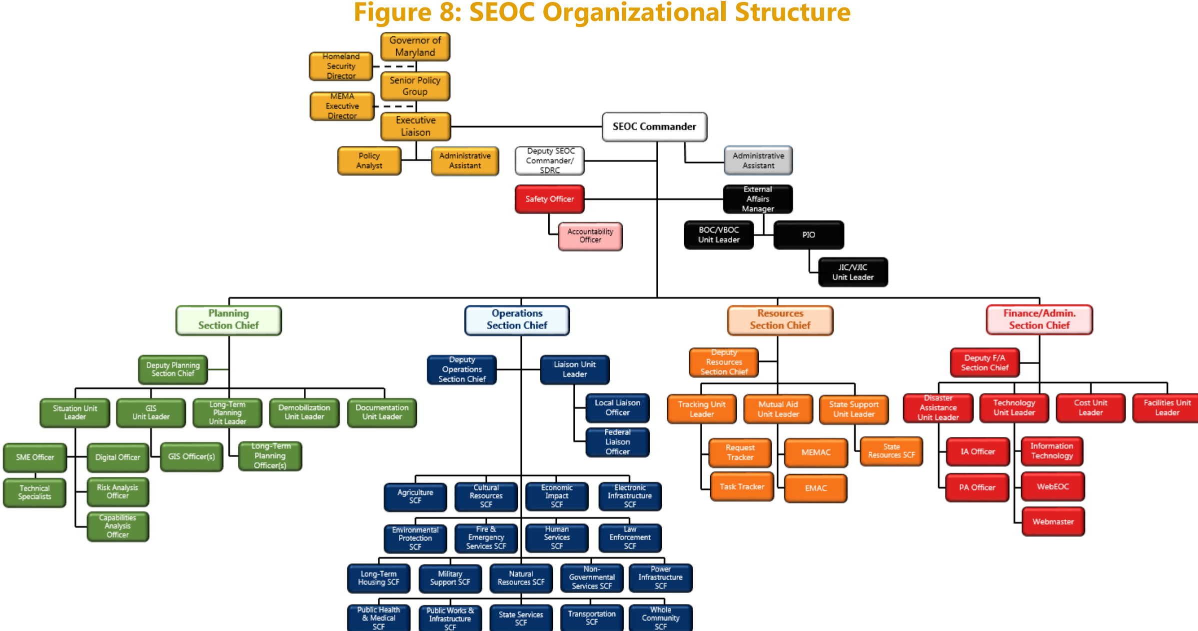
The back-up physical location of the MJOC is at the

Harford County Emergency Operations Center
2220 Ady Road
Forrest Hill, MD

State Emergency Operations Center

During times of heightened threats/hazards, physical, face-to-face coordination may be needed. The SEOC is the physical location where State Departments/Agencies/Offices support consequence management activities. The SEOC becomes the central point of State coordination during widespread consequence management incidents. The SEOC supports the needs of local jurisdictions through operations across a variety of local, state, federal, private, nonprofit, and voluntary agencies. The figure below illustrates the structure of the SEOC.

Figure 8: SEOC Organizational Structure



F. Support Centers

Maryland Coordination and Analysis Center - Watch

The primary function of the Maryland Coordination & Analysis Center (MCAC) is to provide analytical support for all federal, state and local agencies involved in law enforcement, public health and welfare, public safety and homeland security in Maryland. It provides strategic analysis to better focus the investigative activities within the state and to better enable public health and safety agencies to perform their important protective functions.

Maryland Department of Transportation State Highway Administration - Statewide Operations Center

The Maryland Department of Transportation (MDOT), State Highway Administration (SHA) Statewide Operations Center (SOC) serves as the State's state road transportation coordinating point, and is responsible for requesting incident response resources on State roadways.

Maryland Institute for Emergency Medical Services Systems - Statewide Communications System

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) Statewide Communications System is a complex network that provides communications among ambulances, medevac helicopters, dispatch centers, hospital emergency departments, trauma centers, specialty referral centers, health departments, emergency operations centers, and law enforcement. The MIEMSS Statewide Communications System is broken down into two components: Emergency Medical Resource Center (EMRC) and Statewide Communications (SYSCOM).

Maryland Department of the Environment - Accident Assessment Center
The Accident Assessment Center (AAC) supports the response to incidents at Fixed Nuclear Facilities (FNF) affecting Maryland. The Maryland Department of the Environment (MDE) coordinates field-level activities, such as environmental monitoring from the AAC. This is also the location where subject matter experts (SMEs) may meet to discuss long-term environmental recovery.

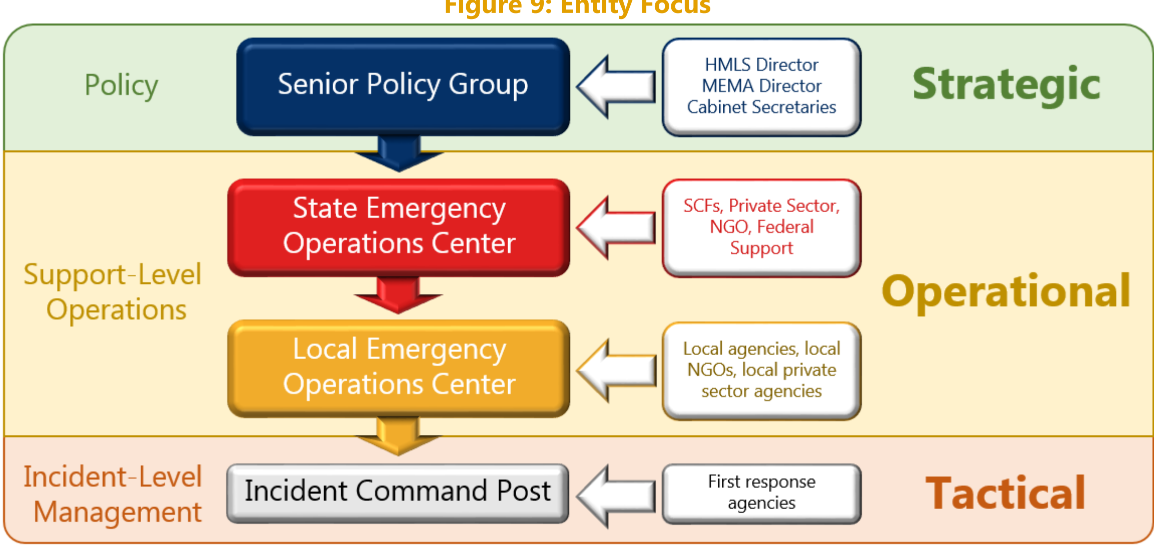
Maryland Department of Human Services - MDHS Command Center
The Maryland Department of Human Services (MDHS) Command Center supports mass care services and is the point of coordination for response and recovery operations for MDHS. Like other support centers, this center coordinates discipline-specific activities in the context of greater consequence management operations. Some of the processes that take place at the command center include logistics coordination, strategic planning, and reunification/disaster assistance hotline activities.

Maryland Department of Information Technology – Security Operations Center
The Department of Information Technology (DoIT) Security Operations Center (SOC) monitors State networks for cyber intrusions and disturbances. The National Operations Center leads the technical response to cyber incidents, and coordinates directly with the SEOC and/or Joint Operations Group for significant cyber incidents.

G. Operation Center Relationships

A distinct relationship exists between operations at the state-level, local-level, and incident command level. The following figure provides a summary of the relationships between State and local consequence management activities.

Figure 9: Entity Focus



Clearly distinguishing the roles of policy, support-level operations, and incident-level management is critical in a successful operation. The following table provides additional detail on the key aspects of each role.

Table 4: Agency Roles

Policy	Support-Level Operations	Incident-Level Management
Senior Policy Group	**Local EOC** **SEOC**	**Incident Command Post**
• Sets broad state-level support objectives • Identifies long-range priorities • Implements support mechanisms	• Supports on-scene operations with resources, information, and financial management • Supports long-range planning efforts	• Directs tactical first response agencies to complete incident tasks • Commands mutual aid • Facilitates on-scene incident management

III. Concept of Operations

This section describes the activities, tasks, and responsibilities for consequence management operations in Maryland. As noted, consequence management activities include the Prevention, Response, and Recovery Mission Areas. These Mission Areas serve as the basis for and frame the extent of state-level operations.

A. Mission Areas and Operational Phases

The figure below summarizes the Mission Areas, which are broken into operational phases, and are described in greater detail below.

Figure 10: Consequence Management Operational Phases

Prevention

Prevention refers to the measures agencies take to stop a consequence management incident from occurring. Prevention activities include daily steady-state activities (e.g., threat monitoring, information sharing), as well as enhanced activities aimed at lessening the impact of a threat (e.g., increasing security presence, moving resources in anticipation of hurricane landfall). The Prevention Mission Area has two phases:

- Prevention – Steady-state (activities occurring in absence of an active threat); and
- Prevention – Enhanced threat/hazard (activities occurring when there is an active threat to communities in Maryland).

Response

Response activities begin when the impact from a threat/hazard is imminent or communities in Maryland are currently being impacted. The Response Mission Area includes measures taken to save lives, limit property damage, and protect the environment. Response operations continue until the threat of imminent danger subsides, immediate unmet needs are filled, and the proper recovery structures are in place. The Response Mission Area has two phases, including:

- Response – Partial (incidents of a limited impact and/or damage); and
- Response – Full (incidents with widespread geographical impact and/or damage).

Recovery

When immediate activities to save lives and limit the impact of a threat/hazard subsides, consequence management activities transition to the Recovery Mission Area. Recovery refers to the actions taken to restore basic community functions, reestablish daily routines, and return a community to pre-disaster condition while, at the same time, improving overall resiliency. Recovery activities begin while response operations are ongoing. The planning for recovery starts early during response operations, and may continue for months or years. Recovery has three overlapping phases, including:

- Recovery – Short (activities focused on meeting basic human needs);
- Recovery – Intermediate (activities to reestablish essential services); and
- Recovery – Long-Term (the long-term rebuilding of the community).

While most impacts from threats/hazards will require some degree of recovery operations, few will escalate to the level of requiring long-term recovery operations.

B. State Actions by Mission Area

The table below summarizes the high-levels tasks the State accomplishes in each Mission Area. Detailed tasks for each Mission Area, phase, and SCF appear in the Prevention, Response, and Recovery Chapters of this CMOP.

Table 5: State Tasks by Mission Area

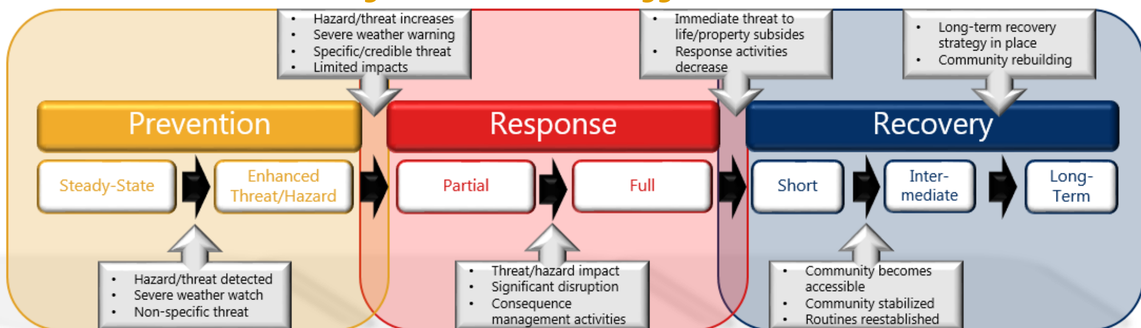
Prevention	Response	Recovery
• Monitor for threats/hazards impacting Maryland • Implement safeguards to prevent disasters from occurring • Enhance State activities to prepare for impending consequences • Take actions to lessen impact of disaster	• Leverage State Departments/Agencies/Offices to support local efforts • Address immediate threats to life/safety/environment • Manage public messaging for public safety operations • Declare a state of emergency and facilitates resource assistance	• Reestablish basic services and support normalization of disaster survivors • Support survivors with State programs and services • Prioritize actions to jumpstart recovery and the State's economy

C. Transition between Phases

The transition from one Mission Area or one phase to another occurs gradually or rapidly. Consequence management activities may begin at full response as a result of a no-notice impact. Specific phases might be bypassed depending on the nature of the impact. The following figure outlines the process of threat identification to resolution across the Mission

Areas and their corresponding phases, and depicts a general surge and decline in the activity level during each phase.

Figure 11: Transition Triggers



D. Escalation Process

When hazards impact and/or threaten Maryland, key stakeholders take deliberate actions to limit consequences. The figure below summarizes the escalation process, which initiates at one of Maryland's 24/7 operations centers described previously.

Figure 12: Incident Escalation Process

Threat Detected
Threat Increases
Threat Impacts
Routine Threat/Hazard Monitoring
Statewide Duty Officer Notified
Senior Executive Notifications
Increase in State Posture
Enhanced State-Level Coordination
MJOC & Duty Officer Coordination
SEOC Operations

Routine Threat/Hazard Monitoring

On an ongoing basis, the MJOC and the State's other 24/7 watch centers monitor for threats and hazards. The MJOC, as the State's all-hazards 24/7 watch center, initiates the consequence management process when an incident meets pre-established MJOC criterion (included in standard operating protocols). The MJOC coordinates with discipline-specific watch centers, synthesizing and packaging incident information into statewide notifications.

State Duty Officer Notified

When the impacts of a threat/hazard reach a level requiring enhanced coordination, the MJOC notifies the DO. From there, the DO analyzes the incident, and if necessary:

- Notifies senior leadership;
- Requests further analysis from the Risk Analyst (RA) team
- Initiates a call-down of State consequence management personnel; and

- Initiates conversations with local emergency management agencies to include a Statewide Emergency Management call (if appropriate).

Senior Executive Notifications

After notification of a significant or anticipated impact, the MEMA Director on call notifies State senior executives, including:

- Homeland Security Director;
- Senior Policy Group; and
- Governor of Maryland (if appropriate).

After notification, MEMA leadership conducts an SPG conference call to discuss the impact and anticipated actions. This conversation also includes a discussion of State actions and measures to limit consequences or prevent cascading impacts of the threat/hazard.

Increase in State Posture

If warranted, the State posture increases (see figure 12) and State Departments/Agencies/Offices will enhance efforts to resolve the threat and to limit impacts. MEMA will designate a Lead State Agency to provide subject matter expertise and drive the support to local jurisdictions. Upon an increase in the State's posture State Departments/Agencies/Offices initiate enhanced state-level coordination.

Enhanced State-Level Coordination

Once the State posture increases, State Departments/Agencies/Offices begin enhanced operations. Coordination occurs either in the SEOC or through the State virtual coordination process. Enhanced state-level coordination continues throughout all Mission Areas until the issue is resolved or at the point at which the operation transitions to a long-term recovery committee.

E. State Activation Level

The State Activation Level (SAL) is a reference to the level of activity and the posture assumed by State Departments/Agencies/Offices in coordination of consequence management activities. The SAL is not tied to a specific Mission Area or phase; rather, it is used to communicate the actions the State is taking and the impact of a threat/hazard. The SAL levels with descriptions are below.

Figure 13: SAL Levels

Level	Description
Full	Incident of such magnitude that it requires or may require response and/or recovery efforts and significant resources. EOC is fully staffed.
Partial	Incident or event requires significant monitoring or resources. Additional EOC staffing from agencies, functions, and supporting organizations.
Enhanced	Incident or event requires additional monitoring or resources. Core EOC Staff with potential augmentation from selected agencies, functions, and organizations.
Normal	Routine operation with no incident or event anticipated. State: 24/7 coordination and situational awareness through MJOC. Local: 24/7 coordination and situational awareness through local 911 centers.

F. Relationship between SAL and CMOP Operational Phases

While the operational phases outline the actions of CMOP stakeholders, they are not tied directly to the SAL, which describes the posture and the magnitude of activities. In general, however, the CMOP phase will be similar to the SAL. For instance, during a Full SAL, it is likely that CMOP phase will also be "Response-Full" for an incident with a significant impacts.

G. Levels of Disaster Declarations

A local jurisdiction or the State may declare a state of emergency when a significant consequence management incident occurs or in anticipation of an impact. A declaration of a state of emergency allows for expedited resource procurement, waivers of regulations, and other mechanisms aimed at resolving the issue as quickly as possible. A state of emergency can also release emergency disaster funding, and may make federal resources available to support the response.

Local State of Emergency

A local jurisdiction declares a local state of emergency when a threat/hazard is/will impact their community. A declared local state of emergency enables jurisdiction-to-jurisdiction resource sharing outside normal mutual aid through the Maryland Emergency Management Assistance Compact (MEMAC).

State Level State of Emergency

In anticipation of and/or in response to the impact from a threat/hazard, the Governor may declare a state of emergency for a single jurisdiction, several jurisdictions, or for the entire State. This declaration gives the Governor the authority to take necessary action to protect life and property, including acquiring out-of-state resources through the Emergency Management Assistance Compact (EMAC), and authorizing the Governor to deploy the National Guard under the State Active Duty designation. The table below outlines the programs and services which become available once the Governor declares a State-level State of Emergency.

Table 6 - State-Level State of Emergency Programs/Services

State Department/Agency/Office	Program/Service
Maryland Insurance Administration	• Suspend cancellation and/or non-renewal of insurance policies • Waive time restrictions on prescription refills and access to durable medical equipment, supplies and eye glasses • Extend the time for completion of repairs to property
Maryland Department of Health	• Permit medical providers to practices under an out of state license in various capacities • Implement evacuation/social distancing measures • Order isolation, quarantine, and compel medical testing/treatment* • Request supplies from the Strategic National Stockpile* (does not require SOE but conveys severity of situation)
Maryland Department of Housing and Community Development	• Implement the MD Business Recovery Loan Program • Implement the MD Disaster Housing Assistance Program • Implement the MD Disaster Relief Housing Program
Maryland Department of General Services	• Waive the competitive process for procuring architects and engineers • Activate emergency corporate purchasing cards
Maryland Department of Disabilities	• Expedite unsecured financial loans for assistive technology/ accessibility modifications* • Implement case management support* • Standing up a constituent hotline* • Transferring assistive technology and accessibility products*

* Denotes internal process and/or action that does not require a State of Emergency as defined in COMAR

Presidential Disaster Declaration

When the magnitude of an incident exceeds the State's capability to respond and supplemental federal assistance is necessary to support response activities, the Governor may request a Presidential disaster declaration. Additionally, the President may provide federal assistance if it is necessary to save lives or prevent severe damage. Depending on the impacts of an incident, supplemental financial assistance may be available through FEMA to assist state and local governments, and certain private nonprofit organizations with response and recovery efforts.

IV. Resource Management

At the state level, resource management efforts aim to effectively coordinate resource requests to ensure local jurisdictions and State Departments/Agencies/Offices have the necessary resources to manage incidents at the lowest level possible. As such, the State responsibility for resource management encompasses managing requests from local jurisdictions and State Departments/Agencies/Offices, coordinating state-owned resources for deployment, and making requests for out-of-state and federal resources.

A. Resource Management Process

The State follows a seven step resource management process for any and all resource requests. The resource management process applies regardless of the SAL. This process is outlined in the subsequent sections and figure below.

Figure 14: Resource Management Process

1 Identify Need
2 Make Request
3 Review and Validate
4 Source
5 Assign
6 Monitor
7 Close Out

Step 1: Identify Need

Resource requests originate from either local jurisdictions or from State Departments/Agencies/Offices. In either case, resource requests come to the State once internal resources have been or it is anticipated that they will be exhausted (including resources available through existing mutual aid agreements) or when a local jurisdiction or State Department/Agency/Office determines they need a specialized capability that they do not currently possess.

Step 2: Make Request

Resource requests are often initiated through informal communication, such as phone calls, face-to-face conversations or e-mails. For a resource request to be official, it must be entered on the Requests and Tasks Board in WebEOC. Ideally, the requestor of the resource should enter the request; however, the Liaison Officer (LO), Local Liaison, or other MEMA staff member may also assist in entering resource requests.

Key Point: Agencies making requests do so by indicating the mission they wish to accomplish rather than a specific resource.

Step 3: Review and Validate

Once a resource request has been entered, MEMA initiates a review of that request within 15 minutes. This initial review of the resource request is done to verify that all of the necessary information has been included.

Step 4: Source

Once the request has been properly vetted, MEMA works to task that request to the entity that can provide support. There are several options available for sourcing requests, which are detailed in the Resource Management Mechanisms.

Step 5: Assign

Once a source for the request has been identified, that resource request is tasked out and assigned in WebEOC to the appropriate entity to be fulfilled. The action of assigning a task serves to document any conversations that happened in Step 4.

Step 6: Monitor

Monitoring a resource request is a shared responsibility among MEMA, the requesting entity, and the resource-providing entity. WebEOC is the primary system used to monitor resource requests and tasks.

Step 7: Close Out

Resource requests and tasks are closed-out when the mission has been completed and/or when the resource is no longer needed.

B. Limited Resource Decision Making

During widespread impacts resources will be spread thin and it is likely that resource allocation will need to be prioritized based on need. In these cases, State senior leadership makes final determination of which impacted jurisdictions receive resources. The figure below outlines the process by which officials make limited resources decisions. This internal process is used only when the resource management process is taxed and all requests are unable to be immediately met.

Figure 15 - Limited Resource Decision Making Process

This process begins when there are more requests than available resources. Upon initiating the process, SEOC personnel gather information about resource status, incident priorities, and threats/hazards. After gathering information, personnel consider resource priority factors such as life safety, resource effectiveness, etc. and make a recommendation to senior leadership. Upon receipt of recommendation, the SPG authorizes the final resource allocation decision.

C. Resource Management Mechanisms

Obtaining resources expediently during a disaster is one of the most important activities within consequence management operations. A significant incident may require resources from outside of the jurisdiction, region, or even the State. The following figure summarizes the characteristics and application of various resource management mechanisms.

Figure 16: Resource Management Mechanisms

Mutual Aid
Resource sharing between jurisdictions with existing mutual aid agreements.

MEMAC
Resource assistance between jurisdictions for requests that are beyond pre-existing mutual aid agreements.

EMAC
Resource assistance between states to assist during major incidents.

State Agency Assistance
Assistance (non-routine) provided to local jurisdictions from State Departments/Agencies/ Offices.

State Contracts
Private sector vendors with active state contracts which local jurisdictions can use during significant incidents.

State Facilitated Assistance
Resource packages assembled by State Departments/Agencies/ Offices from a variety of sources.

Non-Governmental Assistance
Resources and services provided from non-governmental entities such as voluntary organizations and the private sector

Federal Assistance
Federal resources provided to assist state or local operations. May be available for Stafford Act or non-Stafford Act incidents.

Mutual Aid

Mutual aid includes the routine sharing of resources between jurisdictions. During incidents, jurisdictions with existing mutual aid agreements in place share resources to support ongoing operations. These agreements are entered into and executed by the local jurisdictions without assistance from the State.

Maryland Emergency Management Assistance Compact (MEMAC)

MEMAC is Maryland's intra-state mutual aid agreement, which allows participating local jurisdictions (identified in the Code of Maryland Regulations) to share resources beyond normal mutual aid. MEMAC is only available once the affected jurisdiction declares a local state of emergency. MEMAC addresses cost reimbursement, liability protections, and issues related to

workers' compensation. MEMA acts as a facilitator between jurisdictions, broadcasts requests, and assists jurisdictions with locating available resources.

Emergency Management Assistance Compact (EMAC)

When the resources needed to support an incident exceed those available within Maryland, MEMA uses EMAC to obtain outside assistance. EMAC is the national inter-state resource sharing system, which allows states and territories to assist one another during disasters. EMAC is only available once the Governor has declared a state of emergency. MEMA, as the signatory to EMAC, makes requests for resources via EMAC on behalf of State Departments/Agencies or local jurisdictions.

State Agency Assistance

When requested, State Departments/Agencies/Offices provide resource support, including specialized resources, to augment local jurisdictions' efforts. This support may be provided with or without the expectation of reimbursement, under conditions agreed upon prior to deploying the requested resources. State Departments/Agencies/Offices providing support to local jurisdictions are not eligible to use MEMAC; however, they may choose to enter into a contract with the requesting organization.

State Contracts

State Departments/Agencies/Offices maintain databases of companies with active State contracts. Local jurisdictions have the ability to draw upon contractors on the State contracts list to support consequence management efforts. Local jurisdictions drawing from the State contracts list enter into their own agreements with resource providers.

State Facilitated Assistance

In certain circumstances State Departments/Agencies/Offices assemble packages of resources to support local jurisdictions. In this capacity the State draws upon a variety of sources (e.g. local, state, non-governmental) to achieve the requested mission.

Non-Governmental Assistance

Agencies outside government structures often provide assistance during consequence management activities. Non-governmental assistance comes from a variety of sources including the private sector, voluntary organizations, and non-profit organizations. Non-governmental assistance is coordinated predominantly through the Non-Governmental SCF.

Federal Assistance

Depending on the scope of the incident, federal assistance, either through the Stafford Act or through regular federal mechanisms may be available. The FEMA Region 3 RRCC coordinates the request for, and deployment of, assets. Available resources include incident management

personnel, subject matter experts, or tangible resources (e.g., communications equipment). In certain circumstances, direct federal aid from agencies outside FEMA may be available (e.g., assets from United State Department of Agriculture during an animal-borne illness outbreak).

V. Information Management

Effective information management is critical to stakeholders' ability to provide overarching coordination and resolution of an incident. Within the consequence management structure, information drives operational objectives, informs resource management needs, and facilitates the transition between Mission Areas and operational phases. Additionally the public, must be informed throughout the duration of a consequence management incident. This section discusses tools, protocols, and processes of information management.

A. Internal Information Management

Clear and effective communication during a consequence management incident is critical to effective coordination and management. On an continious basis (during Prevention activities), the MJOC leads information management activities. In this capacity, the MJOC monitors a variety of situational awareness tools (described below), and analyzes and distributes information to stakeholders throughout Maryland.

During periods of enhanced threat/hazard and crisis response, State Departments/Agencies/Offices within the Consequence Management Program share information and gain situational awareness using the same processes and tools as during steady-state activities. During consequence management activities, the activity level, including the speed and number of messages, increases dramatically, as does the frequency of information shared and the products supporting operations. Table seven summarizes the informational products produced both during steady-state operations and during periods of heightened activity.

Table 7: Informational Products

Daily Products	Enhanced Products
• Daily Executive Briefing	• EM Conference Call Notes • Incident Executive Briefings

Informational Products

An overview of the products produced to support situational awareness is provided below.

Daily Executive Briefing

The MJOC produces a daily summary of issues and incidents affecting Maryland. The Daily Executive Briefing provides a snapshot of ongoing incidents, threats/hazards, and actions that State and local agencies are taking to resolve routine emergencies. The MJOC distributes this summary to MEMS stakeholders.

Emergency Managers Conference Call Notes

In anticipation of or during an impact from a threat/hazard, MEMS stakeholders coordinate activities and share information during Statewide Emergency Management conference calls. MEMA distributes conference call notes to stakeholders across Maryland to better inform their decision making processes.

Incident Executive Briefings

Periodically, throughout the duration of an incident, decision makers require a snapshot of information about activities. As necessary, Incident Executive Briefings are produced to outline critical aspects of the consequence management incident. While not all-inclusive, these briefings highlight key actionable information that decision makers can act on.

Operational Period Briefings

At the conclusion of an operational period SEOC staff produce an operational period briefing that summarizes the key activities, state actions, and outstanding issues of the incident. MEMA distributes the briefing to operational partners and MEMS stakeholders to enhance situational awareness.

Situational Awareness Tools

An overview of the situational awareness tools is provided below.

WebEOC

WebEOC is Maryland’s comprehensive information and resource management system; it facilitates tracking resource requests, local and State operational status information, and information sharing between local, State, and federal partners. WebEOC is also the primary system the MJOC uses to track daily operations.

OSPREY

The Operational and Situational Preparedness for Responding to an Emergency (OSPREY) tool is a Geographic Information System (GIS) visualization tool that provides a real-time, geographic view of data to assist in decision-making for emergencies, and contains a comprehensive database of facility and resource-related data, as well as real-time or modeled hazard data. A public version of OSPREY is available on MEMA’s website.

MView

State and local agencies own and operate different Closed Circuit Television (CCTV) camera networks that use multiple types of cameras and video formats, and Maryland created a single, statewide platform to access these CCTV feeds via MView, which makes various video formats accessible with a single login. This allows State and local first responders to better manage emergency incidents and special events.

RITIS

The Regional Integrated Transportation Information System (RITIS) is a traffic situational awareness tool. This system aggregates multiple sources of traffic information from the region's systems, including data from the Maryland Department of Transportation (MDOT), Virginia Department of Transportation (VDOT), District Department of Transportation (DDOT), and the Washington Metropolitan Area Transit Authority (WMATA).

HURREVAC

HURREVAC is a storm tracking and decision support software tool for government emergency managers. The program tracks hurricanes using the National Weather Service's National Hurricane Center Forecast/Advisory Product, and combines this information with data from the Hurricane Evacuation Studies (HES) to assist emergency managers in decision making.

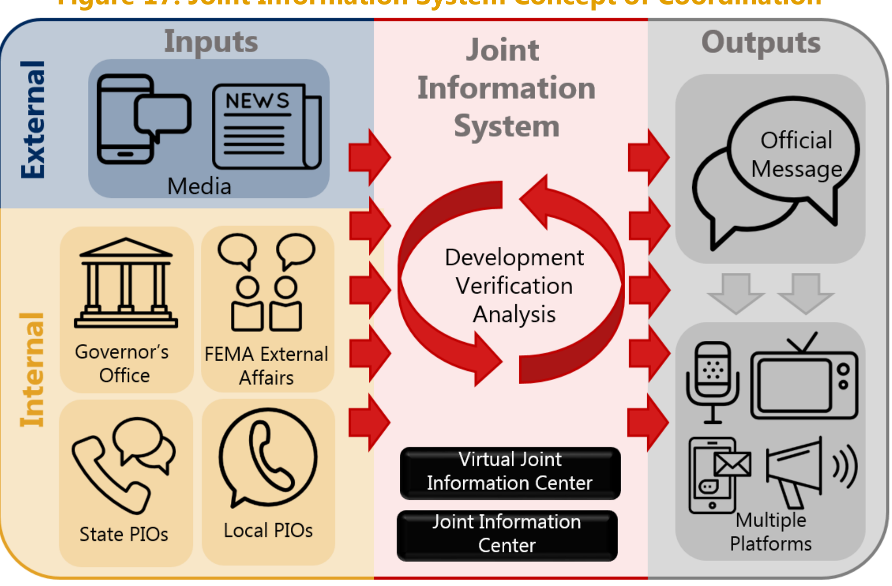
B. Public Information

Informing the public during disasters is a core function of agencies within the Consequence Management Program. In Maryland, State Departments/Agencies/Offices participate in a Joint Information System (JIS), which meets the needs of a dynamic environment during consequence management activities. The following section describes the components of the system.

Maryland Joint Information System

On a continual basis, Maryland Public Information Officers (PIOs) coordinate in the development of consequence management public information messages through the Maryland JIS. Depending on the complexity and extent of the impact, operators activate various components of the JIS. The goal of the JIS is to present a consistent, unified message to the public during consequence management incidents. The figure below provides an overview of the Joint Information System Concept of Coordination.

Figure 17: Joint Information System Concept of Coordination



Public information operators receive, process, and distribute information from a variety of sources. They receive, synthesize, and analyze information from internal inputs (shaded yellow) and external inputs (noted in blue in Figure 17). From there, the message is developed and distributed to the public through a variety of platforms.

During periods of heightened activity, a joint information center (JIC) may be needed to coordinate and distribute official public messages. When incident conditions necessitate a greater level of collaboration, a virtual joint information center (VJIC) or physical JIC opens. Regardless of the level of activity or if a JIC or VJIC is established, the process remains constant.

The following section describes the components of the Maryland JIS in greater detail.

Joint Information Center

A JIC is a physical place where PIOs carry out the functions of the JIS. The primary State JIC is located at the SEOC; however, depending on the nature of threat/incident, it may be located at an alternate location. While a physical JIC can be established for any type of incident, it is typically used during response and short-term recovery operations.

Virtual Joint Information Center

More common than a JIC, a VJIC is appropriate for smaller incidents and those with a smaller public messaging component. The VJIC accomplishes the same tasks as a traditional JIC but through a virtual platform. The VJIC allows public information staff to fulfill their obligations at a distance.

Internal Inputs

Governor's Office

The Governor's Office provides input into the official message, which helps PIOs with development. The Governor's Office may relay key citizen concerns or recommend priorities for public messaging during incidents. PIOs use this information in final decision making for messaging to the public.

FEMA External Affairs

State PIOs work in concert and collaborate with public affairs staff from FEMA Region 3. FEMA staff provide information about regional impacts, the actions other states are taking, and the messages coming from the Region and FEMA. Collaboration with FEMA Region 3 is particularly helpful for large, regional incidents.

State Agency PIOs

Most State Departments/Agencies have dedicated public information staff. When developing the message, State Department/Agency PIOs collaborate to include appropriate discipline-specific information within the message. Depending on the nature of the incident, a State Department/Agency other than MEMA (e.g., public health emergency) may be assigned as the lead agency.

Local PIOs

Local PIOs coordinate with the State to present a unified message. MEMA also provides press release templates to local jurisdictions. Like coordination with regional entities, message unity at the local and State levels is critical in developing a sense of confidence with the public.

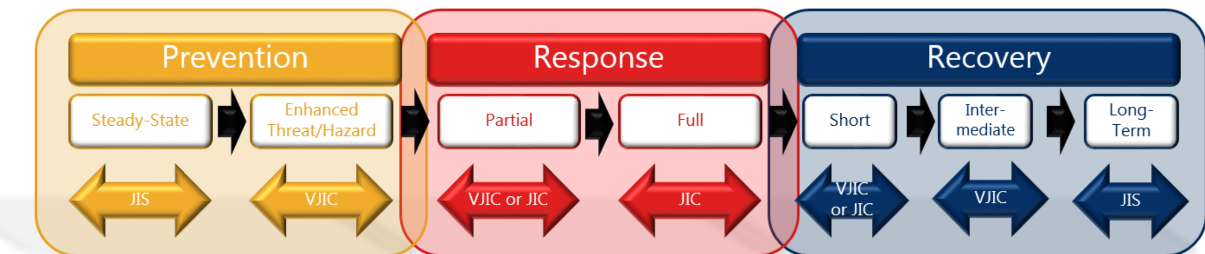
External Inputs

Media

The media provides a connection to the public and operates both as an input into the official as well as the messenger to the public. Information is received through a variety of mechanisms (e.g. social media, traditional media), is vetted, and if appropriate becomes a part of the official messaging.

Figure 18 below illustrates the relationship between operational phases and joint information postures.

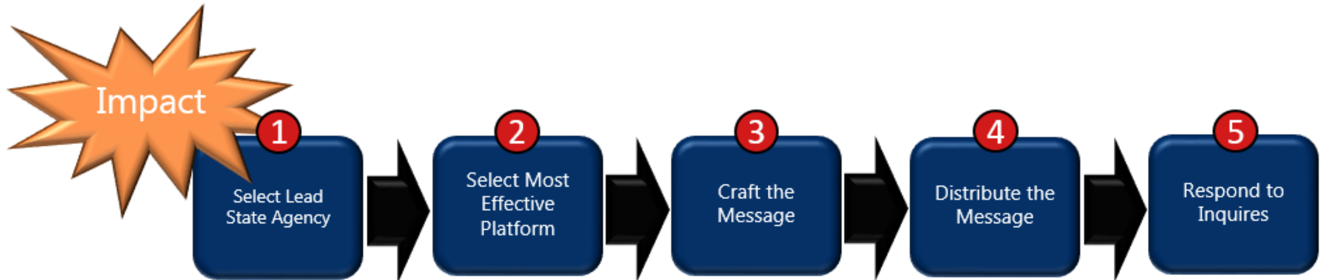
Figure 18: Joint Information Posture



Joint Information System Concept of Operations

Effective public information requires agencies to collaborate in a systematic manner. Regardless of the size or scope of the incident, public information managers follow a standard process. Figure 19 below outlines the JIS concept of operations. A detailed explanation of each step follows.

Figure 19: Joint Information System Concept of Operations



Step 1: Select Lead State Agency

The first step in the process includes selecting the appropriate Lead PIO State Department/Agency/Office to disseminate the public-facing message. For example, public messaging for a transportation incident should be led by MDOT. There are a number of factors to consider, including:

- The type of incident;
- The extent/scale of the incident;
- Implications of public messaging; and
- Historical context.

Regardless of which State Department/Agency/Office leads messaging, MEMA facilitates the coordination of individual State Department/Agency/Office PIOs when crafting the "State message."

Step 2: Select Most Effective Platforms

After the State Departments/Agencies select the Lead PIO, the next step is to select the most effective platforms for the message (e.g., press release, television interview, etc.). A number of factors affect which platforms are appropriate, including:

- The immediacy of the impact;
- What measures the public should take; and
- Regulatory requirements.

Step 3: Craft the Message

The extent and focus of the message depends on the results of Step 2. For example, social media messages tend to be short and focused, whereas formal press releases are longer and more detailed. Once crafted, PIOs comment and revise the message (given ample time).

Step 4: Distribute the Message

Next, the Lead PIO, in conjunction with the JIC Manager, distributes the message to the selected mediums for distribution (e.g., traditional and social media). If appropriate, support PIOs redistribute the message through either formal means or social media.

Step 5: Respond to Inquires

The Lead PIO (see Step 1) responds to questions and requests for additional information after message distribution. This step is important to quell concerns and to reassure the public of the steps the State is taking to address the issue. Supporting agencies should always redirect questions back to the Lead PIO when appropriate.

Public Information Platforms

A variety of public information platforms supports consequence management activities. These range from traditional press releases to innovative tools that bring emergent messages to the public in real time. This section summarizes the tools available to PIOs.

Media

Press Release/Statement/Media Advisory

The traditional tool used by PIOs is the press release statement. A press release provides detail on the threat, the actions the public should take, and typically is released in anticipation of an impact. Press release templates are also made available to local jurisdictions impacted by the issue.

Interviews

In anticipation of, or during a threat/hazard impact, PIOs may conduct print, television, or radio interviews. Local media markets remain one of the most effective ways to reach the community with verified information during a crisis. Interviews can also reinforce official messages.

Press Conferences

Formal press conferences often accompany many of the platforms previously discussed. Press conferences allow members of the media the opportunity to ask questions directly to officials. Formal press conferences are typically appropriate for significant incidents with dire impacts, and may be used to reinforce official messages (e.g., evacuation orders).

Maryland Prepares Application

The Maryland Prepares Application is available to Apple and Android devices. The Application has the ability to push threat information directly to users and can warn them of threats.

Social Networking Websites

MEMA and other State Departments/Agencies/Offices actively participate on a number of social media platforms, which allow for direct interaction between the government and the public. These platforms support text and video messages that are delivered straight to the public.

Integrated Public Alert & Warning System

The Integrated Public Alert & Warning System (IPAWS) allows for short messages to be distributed to cell phones within a geographic area prior to/during life threatening situations. The MJOC has the ability to push an IPAWS alert if needed.

Digital Billboards

In times of crisis, MEMA has the ability to leverage digital billboards to communicate emergency messages. Through a partnership with Clear Channel and other digital billboard advertisers, MEMA shares threat information with the public on billboards throughout Maryland.

VI. Financial/Administrative Management

Maintaining a clear and accurate accounting of funds expended or anticipated to support consequence management operations is vital in driving State operations. Accurate financial management also ensures that agencies can submit for federal reimbursement for incidents meeting a defined threshold. This section describes the general processes State Departments/Agencies use to support incident management activities.

A. Cost Tracking

Throughout the lifecycle of Prevention, Response, and Recovery, carefully tracking costs is paramount. During incidents, the Finance/Administration Section has primary responsibility for gathering all disaster-related costs, and if appropriate, submitting for reimbursement.

B. Maintenance of Records

Effective record management and retention of records is critical in ensuring the State complies with various State and federal regulations. As such, all documents should be maintained for a period of up to seven years in accordance with established State policies.

C. Disaster Assistance

In the aftermath of a disaster, financial assistance may be available to public safety agencies and individual members of the public. These programs become available when pre-defined damage thresholds are met. While detailed information about the application process exists in the forthcoming disaster assistance section of the CMOP, the following provides a high-level overview of process and programs.

Disaster Assistance Programs

A number of State and federal programs are available to disaster survivors. The availability of these programs varies based on disaster size, scope, etc. Figure 20 provides an overview of primary disaster relief programs. A brief of discussion of each program follows.

Figure 20: Disaster Assistance Programs

Stafford Act	SBA Loan Program	State of Maryland Disaster Assistance
Federal Emergency Management Agency	United States Small Business Administration	Maryland Departments/Agencies/Offices
• Financial assistance for significant disasters • Assistance to governments and individuals	• Low interest loans for disaster survivors • Can be used absent of Stafford Act Declaration	Assistance to survivors impacted by disasters not meeting Federal thresholds

Federal – Robert T. Stafford Disaster Relief and Emergency Assistance Act

The Stafford Act authorizes the President to issue major disaster or emergency declarations in response to catastrophes in the United States that overwhelm state and local governments. Such declarations result in the distribution of a wide range of federal aid to individuals and families, certain private nonprofit organizations, and public agencies.

There are two types of disaster declarations provided for in the Stafford Act: emergency declarations and major disaster declarations. Both declaration types authorize the President to provide supplemental federal disaster assistance; however, the events related to the two different types of declaration and scope and amount of assistance differ.

Table 8 outlines the characteristics and programs available for each declaration type.

Table 8: Stafford Act Declarations

Emergency Declaration	Major Disaster Declaration
Assistance for smaller emergencies not to exceed $5 million.	Assistance for disasters overwhelming state/local agencies. No monetary limit.
• Public Assistance Program • Individual Assistance Program	• Public Assistance Program • Individual Assistance Program • Hazard Mitigation Assistance

A detailed discussion of eligibility and program requires is located in the Disaster Assistance Appendix.

Federal – United States Small Business Association

The United States Small Business Association (SBA) provides low-interest disaster loans to businesses of all sizes, private nonprofit organizations, homeowners, and renters. SBA disaster loans can be used to repair or replace the following items damaged or destroyed in a declared disaster: real estate, personal property, machinery and equipment, and inventory and business assets. The SBA declaration process, while similar, is independent of Stafford Act programs.

State – Maryland Department/Agency/Office Programs

For incidents not meeting the threshold for Federal disaster assistance, the State of Maryland has programs in place to provide assistance to disaster survivors. These programs support unmet needs such as housing assistance and other assistance aimed at meeting the basic needs of disaster survivors. The availability of and extent to which these programs are available varies based on the scope and extent of the disaster.

Disaster Assistance Process

The process to provide direct financial assistance following a disaster transcends the Response and Recovery Mission Areas. This process involves collecting information on disaster losses, validating information, and formally requesting assistance. Figure 21 provides an overview of the assistance process for the three primary disaster aid mechanisms in Maryland.

Figure 21: Disaster Assistance Process

Response | Recovery

Impact → Initial Damage Assessment

- FEMA Stafford Act: State Requests Preliminary Damage Assessment → Joint Federal/State Damage Assessment → Governor's Request for Declaration → FEMA Reviews Request → Presidential Decision
- US Small Business Administration Disaster Loan Program: State Requests SBA Damage Assessment → Joint State/SBA Damage Assessment → SBA Decision
- State of Maryland Disaster Assistance Programs: Joint State/Local Damage Assessment → Request State Disaster Program Assistance → Gubernatorial Decision

→ Aid to Survivors

As noted, this process and program eligibility is defined in detail in the Disaster Assistance Appendix.

VII. Plan Management and Maintenance

A. Coordination

The CMOP outlines the processes for conducting consequence management operations in support of incidents within and outside of Maryland. The CMOP assumes the Whole of Community approach to integrate all agencies in the MEMS. As such, any supporting document developed must align with the CMOP and other State procedures.

As noted, all State Departments/Agencies/Offices play an important role in consequence management and emergency management in Maryland, and thus, must coordinate with other agencies identified in this plan during all activities.

CMOP Development

The planning *process* itself is an important component of the CMOP plan. It is imperative to ensure collaboration, communications and relationship development. The Maryland planning process follows the FEMA Comprehensive Preparedness Guide (CPG) 101 and the Departmental Plan Development Process (DPDP). The development of the CMOP was integrated across the local, state, and Federal levels to ensure that all the State Agencies/Offices/Organizations at each level are able to coordinate and work together.

Figure 22 The Maryland Planning Process

The CMOP writers conducted baseline research and developed a plan development strategy to help reach the decision of who was to be included on the Planning Teams as writers, stakeholders, subject matter experts (SMEs) and senior leaders and executives. Following the Maryland Planning process the CMOP Planning teams were put into three categories. The teams include:

1. Core Planning Team (CPT): The core planning team guided the planning process from start to finish. This included developing documents, setting timelines, etc. The CPT included MEMA Planning Staff, (as the overall project manager) and the lead subject matter experts (such as transportation department, and each Support Coordinating Function agencies at the local government and state level, etc.) from State Agencies/Offices/ organizations.
2. Expanded Planning Team (EPT): The expanded planning team included agencies with a core role in the development of the CMOP. These agencies met monthly and provided input into the plan. The EPT included agencies that MEMA typically works with during

disasters, such as State functional leads or emergency support function (ESF) lead agencies along private sector agencies working in conjunction with MEMA's Private Sector Integration Liaison Program.

3. Collaborative Planning Team (CoPT): The Collaborative planning team covered a broader audience who have a minor role in planning but did not need to be there every step of the way in the planning process. This included and FEMA Region 3, close Emergency Management partners like Federal Emergency Support Functions (ESF) Regional Support Functions (RSF) representatives. They were informed of the CMOP planning development and of the change from ESF to SCF. They were given an opportunity to provide input into the plan but not in the development or the editing of the plan itself. The CoPT received briefings and met in person as necessary to discuss the plan as it developed.

Figure 23 depicts the roles of the three planning teams.

Figure 23 Planning Team Roles in the CMOP Development

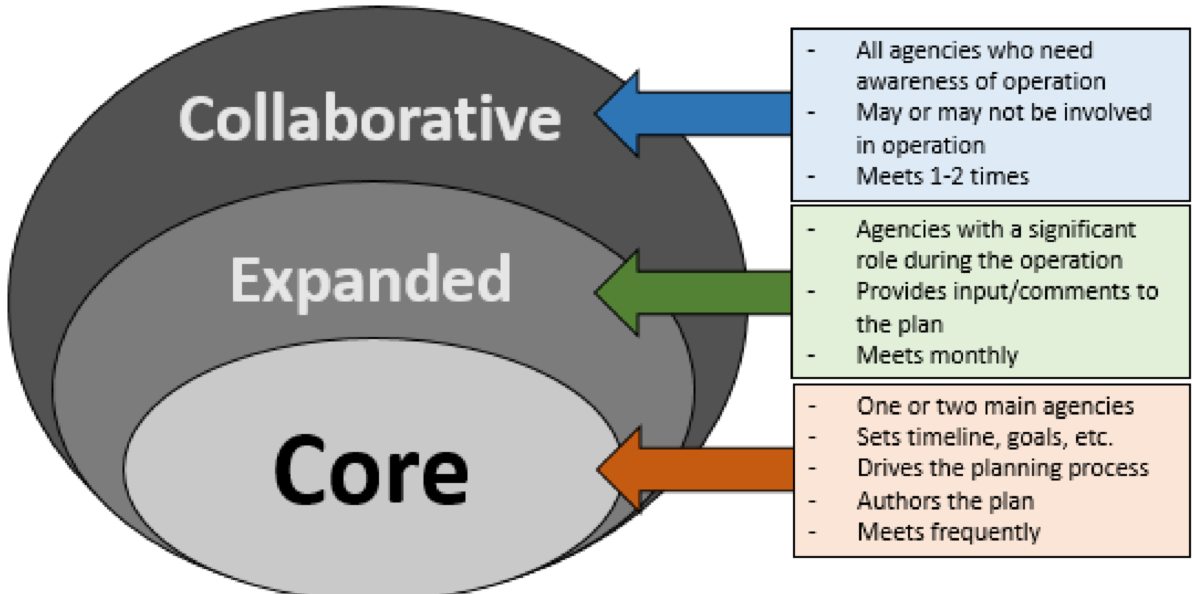


Table 9 the CMOP Planning Development Teams

Core Planning Team (CPT)
- MEMA Planning Staff (Project Managers) - State Agency Emergency Coordinators (EC)/Planners from the 17 State Agencies
Expanded Planning Team (EPT)
- State Agency/Organizations/Offices who support each of the SCFs (Refer to Table 2 for the Support SCFS and Support Department/Agency/Offices)
Collaborative Planning Team (CoPT)
- FEMA Region 3 - Local Jurisdictions Emergency Managers - PSIP Partners

B. Plan Updates

In order to ensure the components of the CMOP and all supporting annexes/appendices remain up-to-date, this plan will be reviewed annually and updated biannually. MEMA is responsible for ensuring this plan and supporting components remain up-to-date. MEMA is also responsible for ensuring that all supporting plans, procedures, protocols, etc. align with the principles of this plan and the vision of the MEMS.

In addition to the base plan and supporting chapters, SCF functional plans, included in the overall document, need to be updated at regular intervals. The SCF Lead State Agency is responsible for ensuring their plans remain up to date.

Table 9 outlines the update interval for the components of CMOP.

Table 10: CMOP Update Schedule

CMOP Component	Review	Update
CMOP Base Plan	Biannual	Odd Years
CMOP Prevention Chapter	Annual	Even Years
CMOP Response Chapter	Annual	Even Years
CMOP Recovery Chapter	Annual	Even Years
SCF Functional Plans	As needed	As needed
Annexes	Annual	As needed
SEOC Attachment	Biannual	Odd Years
Guides	Quarterly	As needed

All updated plans are vetted with appropriate agencies, including those impacted by a change. Changes are made with collaborative input from SCFs, other State Departments/Agencies/Offices, and other stakeholders within the Consequence Management Program.

C. Plan Testing, Training, and Exercises

Translating plans to action requires an ongoing commitment to training and exercising. Training and exercises conducted in Maryland follow FEMA's Homeland Security Exercise and Evaluation Program (HSEEP) guidance. The table below outlines the CMOP training and exercise schedule.

Table 11: CMOP Training and Exercise Schedule

CMOP Component	Training	Discussion-Based Exercise	Operations-Based Exercise
CMOP Base Plan	Monthly	Annual	Odd Years
CMOP Prevention Chapter	Biannual	Annual	Even Years
CMOP Response Chapter	Biannual	Annual	Even Years
CMOP Recovery Chapter	Biannual	Annual	Even Years
SCF Functional Plans	As needed	As needed	As needed
Annexes	As needed	As needed	As needed
SEOC Attachment	Monthly	Biannual	Odd Years
Guides	As needed	As needed	As needed

D. Plan Implementation

The plan is effective upon signature by the Executive Director of MEMA.

E. Authorities and References

- Presidential Policy Directive 8 (PPD-8)
- Homeland Security Presidential Directive 5 (HSPD-5)
- National Incident Management System (NIMS)
- National Preparedness Goal (NPG)
- National Preparedness System
- National Prevention Framework
- National Protection Framework
- National Mitigation Framework
- National Response Framework
- National Disaster Recovery Framework
- Robert T. Stafford Disaster Relief and Emergency Assistance Act (1998 as amended in 2007)
- Emergency Management Accreditation Program (EMAP)
- 2016 Annotated Code of Maryland; Environment; Title 8 Radiation
- 2016 Annotated Code of Maryland; Public Safety; Title 14 Emergency Management

  - Subtitle 1 Maryland Emergency Management Act §§ 14-101 et seq
  - Subtitle 7 Emergency Management Assistance Compact §§ 14-701 et seq
  - Subtitle 8 Maryland Emergency Management Assistance Compact §§ 14-801 et seq
- Maryland Emergency Preparedness Program

Chapter 1 – Prevention

I. Prevention Chapter Introduction

The focus of prevention is to provide for a safe and secure State and its jurisdictions. Prevention is a unified effort between the State, its jurisdictions, the private sector, and the public. The Prevention Operations Chapter outlines the overall prevention strategy, the operational and support processes, and the roles and responsibilities of entities within Maryland. Prevention activities focus on ensuring that the State is able to effectively share intelligence and information for situational awareness, and operationalize for direct action to stop threats/hazards from becoming incidents.

MEMA is the lead State agency for State coordination and support to local Maryland jurisdictions prior to an incident. The Maryland Department of State Police (MDSP), as the State law enforcement lead, is the co-lead for coordination and support due to the law enforcement nature of the prevention mission.

Key Point: The Prevention Mission Area in Maryland is an all-hazards construct that addresses natural hazards in addition to terrorism.

A. Purpose

The Prevention Chapter describes the coordination, operations, and roles and responsibilities of entities within Maryland during prevention operations, while outlining the process and organization for State-level operations and support for pre-incident actions impacting the State and any Maryland jurisdictions.

B. Mission

Ensure the ability of the State of Maryland and its local jurisdictions to avoid, prevent, or stop a threat and/or hazard from transitioning into an incident through prevention operations by engaging all necessary local, state, federal, and private sector stakeholders and organizations.

C. Scope

The Prevention Chapter outlines processes followed for all-hazards, State-level pre-incident prevention activities. The identified actions and activities in this chapter are based on existing State Department/Agency or entity statutory authorities, adopted policies and procedures across the local, State, and federal governments, and from lessons learned from past prevention efforts in the Maryland and around the country.

D. Objectives

The objectives met through the execution of this Prevention Chapter are as follows:

- Coordinate the activities of stakeholders in the State of Maryland to conduct prevention activities
- Leverage the public information and warning system for public alert and prevention activity engagement
- Conduct crisis action planning following the identification an imminent threat/hazard.

II. Concept of Coordination

The State coordinates prevention operations and operational support to local jurisdictions through the coordination of State resources. MEMA, in cooperation with MDSP and all SCFs, is the State agency designated to lead the coordination of prevention activities between the local jurisdictions and the State Departments/Agencies/Offices at the support level. These activities are based on the SCFs, which also contribute to the delivery of capabilities and resources to support local prevention operations and objectives.

A. State Coordinating Functions Prevention Responsibilities

SCFs address issues across all Mission Areas. Lead State Departments/Agencies are responsible for administering the assigned coordinating function. While the specific roles/responsibilities of each SCF are defined in greater detail under the Concept of Operations section, the following outlines the role of the SCFs in Prevention activities. Figure 22 below summarizes the SCFs and lead State Departments/Agencies/Offices.

Figure 24: State Coordinating Functions

State Coordinating Functions	Lead State Agency
Agriculture	Maryland Department of **Agriculture**
Cultural Resources	Maryland Department of **Planning**
Economic Impact	Maryland Department of **Commerce**
Electronic Infrastructure	Maryland Department of **Information Technology**
Environmental Protection	Maryland Department of the **Environment**
Fire & Emergency Services	Maryland **Emergency Management** Agency
Human Services	Maryland Department of **Human Services**
Law Enforcement	Maryland Department of **State Police**
Long-Term Housing	Maryland Department of **Housing & Community Development**
Military Support	Maryland **Military** Department
Natural Resources	Maryland Department of **Natural Resources**
Non-Governmental Services	Maryland **Emergency Management** Agency
Power Infrastructure	Maryland **Public Service Commission**
Public Health & Medical	Maryland Department of **Health** Maryland Institute for **EMS** Systems
Public Works & Infrastructure	Maryland Department of **Labor, Licensing, & Regulation**
State Resources	Maryland Department of **General Services** Maryland **Emergency Management** Agency
State Services	Maryland Department of **Budget & Management**
Transportation	Maryland Department of **Transportation**
Whole Community	Maryland Department of **Disabilities**

III. Concept of Operations

A. Prevention Phases

Prevention refers to the measures agencies take to prevent, avoid, or stop a consequence management incident from occurring. Prevention activities include both daily steady-state activities (e.g., threat monitoring, intelligence and information sharing, and interdiction operations), as well as enhanced activities aimed at lessening the impact of a threat (e.g., increasing law enforcement presence, moving and/or pre-deploying resources in anticipation of a hurricane landfall). The Prevention Mission Area has two (2) operational phases:

- Prevention – Steady-state; and
- Prevention – Enhanced threat/hazard.

Figure 23 summarizes the activities in the Prevention Mission Area.

Figure 25: Prevention Phases

Steady-State

- Conduct threat/hazard monitoring and detection on a global and statewide scale;
- Conduct intelligence and information sharing to provide stakeholders with situational awareness;
- Maintain a statewide common operating picture through communication and integration across local, State, Federal and private sector entities;
- Provide public education and awarness to public; and
- Identify and document resources to be utilized in prevention, response, and recovery operatons.

Enhanced Threat/Hazard

- Conduct notifications to appropriate stakeholders and decision makers;
- Conduct crisis action planning;
- Ready resources and State Departments/Agencies for possible response operations
- Engaged in interdiction and disruption operations and other law enforcement activities;
- Enhance monitoring practices for threat/hazard; and
- Provide public information and warning to the whole community.

Steady-State

Steady-state activities are those considered normal that are absent, perceived imminent, imminent, or active threat/hazard to the State of Maryland and its local jurisdictions. During the steady-state phase, the Statewide Duty Officer is responsible for monitoring and direction.

During the steady-state operational phase, State Departments/Agencies/Offices and prevention coordinating structures conduct routine prevention operations, including:

- Information sharing;
- Information analysis;
- Threat/hazard trend analysis;
- Contingency planning;
- Public education and awareness; and
- Response status and resource monitoring.

Enhanced Threat/Hazard

The Enhanced threat/hazard phase is an escalation from the steady-state phase which occurs when Maryland is faced with a perceived, imminent, or active threat/hazard. During the enhanced threat/hazard phase, State Department/Agencies/Offices conduct enhanced prevention activities, including:

- Enhanced situational awareness;
- Threat information analysis and assessment;
- Interdiction and disruption operations;
- Public information and warning; and
- Crisis action planning.

B. Triggers for Transition between Prevention Phases

The transition from the steady-state phase to the enhanced threat/hazard phase follows two tracks, either a rapid transition or a gradual process over time. The operations and activities of the steady-state phase are continuous as potential threats/hazards always exist; however, as a threat/ hazard is detected and/or identified, operations transition to the enhanced threat/hazard phase.

The transition from steady-state to enhanced threat/hazard can be unclear at times, so in order to ensure an appropriate transition can occur, the following actions may occur as enhanced threat/hazard prevention operations begin:

- Identification of an imminent or perceived imminent threat or hazard;
- Detection of an active threat or hazard; and
- Issuance of a severe weather watch or warning.

Figure 24 indicates the high-level triggers for transitioning between the phases of prevention. It is noted that these triggers are not definitive for every prevention activity, but serve as guidelines and benchmarks to acknowledge when creating objectives and identifying necessary operations and responsibilities.

Figure 26: Prevention Phase Triggers

- Hazard/threat increases
- Severe weather warning
- Specific/credible threat
- Limited impacts

Prevention

Steady-State

Enhanced Threat/Hazard

Response Mission Area

- Hazard/threat detected
- Severe weather watch
- Non-specific threat

C. State Department/Agency Tasks by Prevention Phase

Table 11 details the concept of operations, and general roles and responsibilities of each SCF during prevention activities in Maryland. The tasks, organized by prevention phase, and activities complement and build upon roles, responsibilities, and tasks described in statutory law, the Department/Agency/Office protocols, procedures, and SCF Annexes, and do not supersede the internal responsibilities established by the State Department/Agency/Office.

Table 12: State of Maryland Departments/Agencies Prevention Activities

SCF	Steady-State	Enhanced Threat/Hazard
	Daily activities and routine monitoring for threats/hazards that might impact the State.	Increased activities and enhanced monitoring following the identification of an imminent or active threat/hazard.
Agriculture	• Conducts normal operations • Conducts agricultural industry monitoring for threats to agriculture and animals • Enhances response capabilities through integrated preparedness activities including resource management • Communicates with MJOC and other 24/7 watch centers for agricultural specific threats and hazards awareness • Coordinates with and/or establish relationships with agricultural industry partners throughout the state/region • Participates in efforts to strengthen food safety in the State	• Coordinates with Public Health & Medical SCF for agricultural specific threats and hazards that have an public health nexus • Coordinates with MJOC & DO for agriculture/zoonotic threats/hazards and recommend courses of action • Provides subject matter expertise for agriculture-specific threats/hazards that may or are impacting the State • Coordinates with local and federal counterparts as appropriate • Takes measures to lessen the likelihood or impact to agriculture due to active threats/hazard
Cultural Resources	• Conducts normal operations • Coordinates with MEMS entities for threat/hazard awareness • Identify key areas in MD with cultural significance • Coordinates with and/or establish relationships with cultural resources sector partners • Monitors for threats to culture resources in MD and the country	• Develops a list of cultural resources which may be impacted • Takes measures to limit the impact on cultural resources • Suggests prioritization of operations which limits impact to cultural resources sites throughout Maryland • Provides subject matter expertise for cultural resources-specific threats/hazards that may or are impacting the state • Coordinates with local and federal counterparts as appropriate

SCF	Steady-State Daily activities and routine monitoring for threats/hazards that might impact the State.	Enhanced Threat/Hazard Increased activities and enhanced monitoring following the identification of an imminent or active threat/hazard.
Economic Impact	• Conducts normal operations • Monitors for threats/hazards with the ability to impact businesses in Maryland and the State's overall economy • Coordinates with MEMS entities for threat/hazard awareness • Coordinates with and/or establish relationships with economic, financial, commerce and business sector partners • Participates in efforts to improve financial cyber security	• Provides subject matter expertise for economic-specific threats/hazards that may or are impacting the state • Prioritizes ways to limit the impact of the threat/hazard on the business community and the State's overall economy • Addresses issues related to continuity of government and services for the business community and advise on impacts to economy • Coordinates with local and federal counterparts as appropriate
Electronic Infrastructure	• Conducts normal operations • Monitors for threats to the State's cyber networks including DoIT enterprise networks as well as threats to Maryland Citizens • Maintains the State's electronic infrastructure while building resilient systems with redundant backup capabilities • Coordinates with MEMS entities for threat/hazard awareness • Coordinates with and/or establish relationships with information technology, communications, radio, and cyber partners • Builds capacity and depth in the Maryland Cyber Response Team • Builds interoperable networks including Maryland 700MHz system	• Coordinates with MJOC for specific threats and hazards that have an cyber and/or electronic or communications infrastructure nexus • Provides subject matter expertise for electronic infrastructure-specific threats/hazards that may or are impacting the state • Activates the Maryland Cyber Response Team if indicated/appropriate • Coordinates with local and federal counterparts as appropriate • Coordinates enhanced threat/hazard operations specific to the electronic infrastructure sector • Takes measures to limit the impact to the State's electronic infrastructure if dictated by actual or anticipated impact

SCF	Steady-State Daily activities and routine monitoring for threats/hazards that might impact the State.	Enhanced Threat/Hazard Increased activities and enhanced monitoring following the identification of an imminent or active threat/hazard.
Environmental Protection	• Coordinates with MEMS entities for threat/hazard awareness • Coordinates with and/or establishes relationships with environmental, hazardous materials, and CBRNE partners • Conducts routine environmental monitoring for threats/hazards • Ensures readiness of response partners for fixed nuclear facility incidents including environmental monitoring capabilities	• Coordinates with the MJOC for specific threats and hazards that have an environmental, hazardous materials, or CBRNE nexus • Provides subject matter expertise for environmental-specific threats/hazards that may or are impacting the state • Coordinates with local and federal counterparts as appropriate • Coordinates prevention operations for environmental sector • Determines the potential environmental impact of the threat/hazard and recommend measures to limit adverse impacts to the State • Determines potential impacts to fixed nuclear facilities
Fire and Emergency Services	• Conducts normal operations • Coordinates with MEMS entities for threat/hazard awareness • Monitors for trends and threats to the State overall fire & emergency services sector • Coordinates with and/or establishes relationships with fire and medical partners	• Provides subject matter expertise for fire & emergency services-specific threats/hazards that may or are impacting the state • Coordinates with local and federal counterparts as appropriate • Takes measures to alert emergency services personnel that an incident may occur and to make proper arrangements to support operations • Considers pre-positioning of emergency services resources to augment anticipated response efforts

SCF	Steady-State Daily activities and routine monitoring for threats/hazards that might impact the State.	Enhanced Threat/Hazard Increased activities and enhanced monitoring following the identification of an imminent or active threat/hazard.
Human Services	• Monitors statewide/regional mass care services status and availability • Ensure readiness of state's mass care infrastructure and work with local jurisdictions to identify & resolve service gaps (including providing training and exercises) • Coordinates with and/or establishes relationships with human and social services partners	• Provides subject matter expertise for mass care-specific threats/hazards that may or are impacting the state • Determines likely threat/hazard impact and if needed place mass care services on standby such as shelters and feeding services • Prepares for possible opening of the reunification hotline • Supports other SCF prevention efforts as needed and requested • Coordinates with local and federal counterparts as appropriate • Coordinates prevention operations specific to human social services
Law Enforcement	• Conducts normal operations • Coordinates with MEMS entities for threat/hazard awareness • Coordinates with and/or establish relationships with allied law enforcement, security and intelligence partners • Disseminates, in a timely manner, threat and hazard awareness Information to law enforcement operators in the field • Provides leadership in the Prevention Mission Area including coordination of preparedness efforts both law enforcement and non-law enforcement centric activities	• Coordinates with MJOC for specific threats to law enforcement or requiring support from law enforcement • Provides subject matter expertise for fire & emergency services-specific threats/hazards that may or are impacting the state • Coordinates with local and federal counterparts as appropriate • Coordinates with local, state, and federal law enforcement agencies to enhance security posture in response to a threat/hazard • Prepares to assist with evacuations, sheltering, and other operations • Balances statewide law enforcement inventory limiting service gaps
Long Term Housing	• Conducts normal operations • Coordinates with and/or establishes relationships with housing partners • Monitors statewide and private sector housing status and availability	• Coordinates with local and federal counterparts as appropriate • Considers potential impacts to housing stock and prepare to request and implement the state's housing program if appropriate

SCF	Steady-State	Enhanced Threat/Hazard
	Daily activities and routine monitoring for threats/hazards that might impact the State.	Increased activities and enhanced monitoring following the identification of an imminent or active threat/hazard.
Military Support	• Conducts normal operations • Coordinates with MEMS entities for threat/hazard awareness • Coordinates with and/or establish relationships with Department of Defense and surrounding jurisdiction National Guard elements. • Monitors and maintain status of available resources to support the State and local jurisdictions • Maintains an active cyber response capability • Conducts trainings and exercises • Conducts integrated planning processes	• Coordinates with MJOC specific threats to or supporting • Provides subject matter expertise for military prevention operations • Coordinates with federal counterparts as appropriate and requested • Coordinates prevention operations specific to military operations • Considers potential threat/hazard impact and begin decision making process to place personnel on active duty status • Assesses potential impact of threat/hazard and determine appropriate military support to operations • Participates with the Maryland Cyber Response Team (CRT) as needed
Natural Resources	• Conducts normal operations • Coordinates with MEMS entities for natural resources, as CIKR, for specific threats and hazards awareness • Identifies key natural resource areas vulnerable to threats/hazards • Coordinates with and/or establish relationships with natural resources sector partners	• Coordinates with Public Health & Medical SCF for natural resources specific threats and hazards that have an public health nexus • Provides subject matter expertise for natural resources • Coordinates with local and federal counterparts as appropriate • Identifies areas of the State likely to be impacted by threat/hazard and determine ways to limit threat/hazard impact • Coordinates with natural resources partners to warn of threat/impact

SCF	Steady-State Daily activities and routine monitoring for threats/hazards that might impact the State.	Enhanced Threat/Hazard Increased activities and enhanced monitoring following the identification of an imminent or active threat/hazard.
Non-Governmental Services	• Conducts normal operations • Coordinates with and/or establish relationships with non-governmental, private sector and surrounding jurisdiction governmental partners • Develops inventories of organizations and resources available to support response operations • Coordinates with MD Volunteer Organizations Active in Disaster (VOAD) on an ongoing basis	• Provides subject matter expertise for governmental and non-governmental operations • Coordinates with local, federal, private sector, and non-governmental counterparts as appropriate and requested • Notifies NGO partners that an incident has the potential to occur and inform the community of ways assistance may be needed/requested • Maintains a list of offers of assistance from NGO organizations and resources which may be available to assist in response operations
Power Infrastructure	• Conducts normal operations • Coordinates with MEMS entities for threat/hazard awareness • Coordinates with and/or establish relationships with power infrastructure partners across electric, nuclear, hydroelectric, and natural gas sectors • Conducts routine network and system monitoring for potential threats and hazards	• Coordinates with MJOC for specific threats and hazards that have an power infrastructure nexus • Provides subject matter expertise for power infrastructure prevention operations • Coordinates with power providers in advance on an incident and take reasonable measures to prevent impacts to power infrastructure • Determines availability of out of region resources
Public Health and Medical	• Provides subject matter expertise for public health prevention operations • Conducts normal operations • Conducts public health and biological surveillance • Coordinates with the statewide 24/7 watch centers for unified effort • Coordinates with and/or establish relationships with public health and medical systems and partners • Coordinates with MEMS entities for threat/hazard awareness • Disseminates, in a timely manner, threat/hazard information	• Coordinates with all appropriate SCFs based on the imminent, perceived, or active threat or hazard • Enhances bio surveillance procedures in advance of threat impact • Enhances monitoring of hospital bed status • Prepares SCF partners for potential response operations • Coordinates with local and federal counterparts as appropriate • Coordinates operations specific to public health and medical

SCF	Steady-State Daily activities and routine monitoring for threats/hazards that might impact the State.	Enhanced Threat/Hazard Increased activities and enhanced monitoring following the identification of an imminent or active threat/hazard.
Public Works and Infrastructure	• Conducts normal operations • Coordinates with MEMS entities for threat/hazard awareness • Coordinates with and/or establish relationships with various sectors and entities of public works and infrastructure • Conducts routine system monitoring for potential threats/hazards • Monitors the status of state regulated facilities etc. and maintain a list of infrastructure vulnerable to threats/hazards	• Provides subject matter expertise for public works and infrastructure operations • Coordinates with local, federal, and private sector counterparts • Prepares SCF partners for a potential impact • Develops a list of key infrastructure likely to be impacted by the threat/hazard and take steps to prevent impacts
State Resources	• Conduct normal operations • Coordinates with MEMS entities for threat/hazard awareness • Monitors and maintain the status and availability of resources • Executes contracts with venders supporting CMOP operations	• Provides subject matter expertise for resource support • Coordinates with local, federal, and private sector counterparts as appropriate and requested • Supports resource needs and prevention efforts through state contracts and other mechanisms • Enhances security posture at DGS and other state-owned facilities
State Services	• Conducts normal operations • Coordinates with MEMS entities for threat/hazard awareness • Coordinates with and/or establishes relationships with various local, state, federal, and private sector sources for available resources • Monitors and maintains the status of state services and facilities as well as availability of funding and personnel	• Provides subject matter expertise for State services and personnel resources • Coordinates with local, federal, and private sector counterparts as appropriate and requested • Provides support for state entities not engaged in another SCF

SCF	Steady-State Daily activities and routine monitoring for threats/hazards that might impact the State.	Enhanced Threat/Hazard Increased activities and enhanced monitoring following the identification of an imminent or active threat/hazard.
Transportation	• Conducts normal operations • Coordinates with MEMS entities for threat/hazard awareness • Coordinates with and/or establish relationships with transportation system partners across ground transportation, commercial ground transportation, maritime, aviation, and rail sectors • Conducts threat/hazard monitoring for potential impacts to the Maryland transportation networks • Disseminates, in a timely manner, threat and hazard awareness information to State 24/7 watch centers	• Coordinates with all appropriate SCFs based on the imminent, perceived, or active threat or hazard • Enhances security posture for transportation networks as appropriate • Provides subject matter expertise for transportation including system, infrastructure and security • Coordinates with local, federal, and private sector counterparts as appropriate and requested • Coordinates prevention operations specific to transportation

SCF	Steady-State Daily activities and routine monitoring for threats/hazards that might impact the State.	Enhanced Threat/Hazard Increased activities and enhanced monitoring following the identification of an imminent or active threat/hazard.
Whole Community	• Conducts normal operations • Coordinates with MEMS entities for threat/hazard awareness • Conducts threat/hazard monitoring for potential impacts to the Maryland • Surveys client populations for needs and disseminates to their information regarding assistance programs • Select, survey, and maintain relationships with suitable public, semi-public, and private partnerships throughout the state to access their products and services in support of an incident • Conducts emergency preparedness training and participates in exercises with state and local partners • Prepares for the enhanced monitoring and staffing of a constituent services hotline for expedited information referrals, and case management support • Contributes to Federal and State planning efforts related to the provision of emergency management services and products to people with disabilities and others with access and functional needs (DAFN) • Evaluate documents and websites for conformance to universal design and accessibility to assistive technology, upon request • Prior to occupying a congregate shelter, perform an accessibility evaluation, in collaboration with Human Services SCF • Prepare accessibility kits for deploymen.	• Coordinates with all appropriate SCFs based on the imminent, perceived, or active threat or hazard • Prepares to supplement SCF activities in an effort to ensure assistance and services are accessible and inclusive • Develops a list of available supplies which would be deployed if needed • Advises all SCFs on issues related to inclusiveness in an effort to incorporate services for individuals with DAFN • Surveys client populations for needs and disseminates to their information regarding assistance programs • Select, survey, and maintain relationships with suitable public, semi-public, and private partnerships throughout the state to access their products and services in support of an incident • Conducts emergency preparedness training and participates in exercises with state and local partners • Contributes to Federal and State planning efforts related to the provision of emergency management services and products to people with DAFN • Evaluate documents and websites for conformance to universal design and accessibility to assistive technology • Prior to occupying a congregate shelter, perform an accessibility evaluation, in collaboration with Human Services SCF • Prepare accessibility kits for deployment. • Prepares for the enhanced monitoring and staffing of a constituent services hotline for expedited information, referrals, and case management support

Chapter 2 – Response

I. Response Chapter Introduction

The CMOP Response Chapter provides guidance for State Departments/Agencies/Offices to support to local jurisdictions when impacts form consequence management incidents exceed local capabilities. This chapter defines and illustrates the overall response support processes, and delineates the roles and responsibilities of State Departments/Agencies/Offices and other entities within Maryland.

A. Purpose

The Response Chapter describes the coordination, activities, and roles and responsibilities of entities during incident response activities within Maryland. Response activities focus on ensuring that the State is able to effectively support the response to any threat or hazard, including those with cascading effects, in order to save and sustain lives, protect property and the environment, stabilize the incident, rapidly meet basic human needs, and restore essential community services and functionality.

B. Mission

Ensure the ability of the State of Maryland to coordinate emergency activities in response to incidents of varying size and scope by engaging all necessary local, State, federal, private sector, voluntary, faith-based, and nongovernmental agencies in order to address the needs of Maryland residents, visitors, and communities.

C. Scope

The Response Chapter is a supporting chapter of the Maryland CMOP within the Consequence Management Program. The chapter outlines processes that are to be followed for all-hazards, State-level disaster response efforts. The identified actions and activities in this chapter are based on existing State Department/Agency/Office statutory authorities, adopted policies and procedures across State government, and lessons learned from past response efforts in Maryland and around the country.

D. Objectives

The objectives met through the execution of this chapter are as follows:

- Coordinate the activities of local, State, federal, private sector, voluntary, faith-based, and nongovernmental agencies in support of incident response
- Facilitate the transition from incident response, under the Response Chapter of the CMOP, to disaster recovery

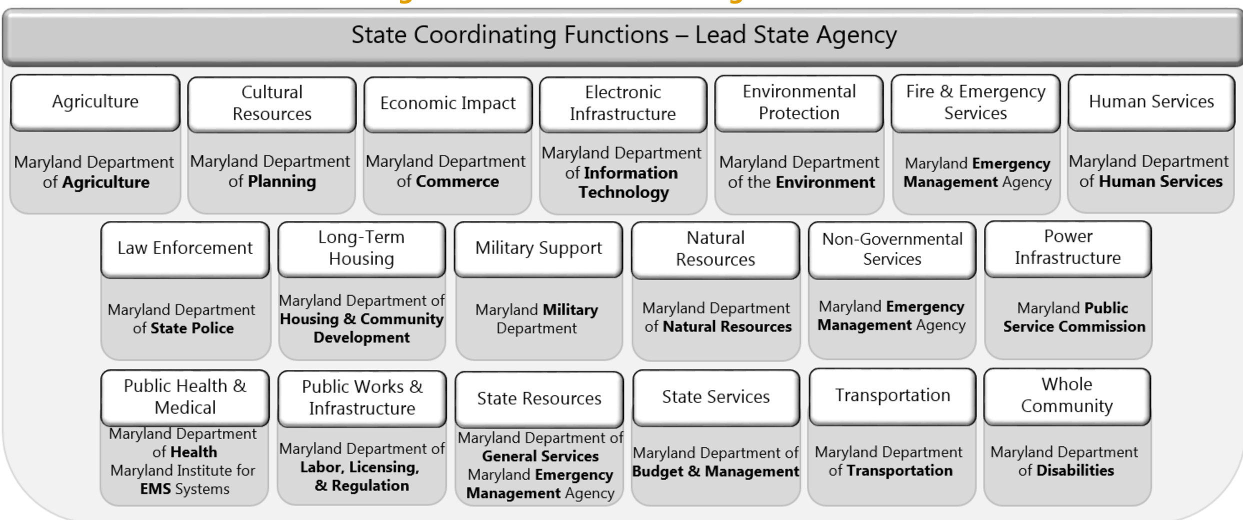
II. Concept of Coordination

All initial response activities begin with local jurisdictions working with local emergency management agencies. Local jurisdictions have the capability to effectively engage in response operations for most emergencies/disasters without any outside assistance. It is only after local incident response resources are exhausted or resources that the jurisdiction does not possess are requested, that local authorities may request State incident response resources and assistance.

A. State Coordinating Function Response Roles and Responsibilities

SCFs address issues across all Mission Areas. Lead State Agencies are responsible for administering their assigned coordinating function. While the specific roles/responsibilities of each SCF are defined in greater detail under the Concept of Operations section, the following outlines the role of the SCF in response activities. The figure below summarizes the SCFs and Lead State Agencies.

Figure 27: State Coordinating Functions



III. Concept of Operations

A. Response Phases

As the threat/hazard changes, so too does the operational phase of the CMOP. While the phase generally begins within the Prevention Mission Area, and transitions to response and then eventually to recovery, incidents may begin in the Response Mission Area, depending on the lead time and notice. The Response Mission Area includes two phases: Response-Partial and Response Full. The following figure summarizes the two phases.

Figure 28: Response Phases

Response-Partial

- Support to one or a few jurisdictions
- Limited impact of damage
- Increase of situational awareness and monitoring
- Increase communication between State EM and Local EM

Response-Full

- Significant impact
- Hazard affects multiple jurisdictions
- Widespread geographic extent
- Numerous State resources deployed
- Potential engagement with federal partners

Response-Partial

The response-partial phase involves an increase in statewide situational awareness of potential or limited impact/damage from incidents. These actions typically support one or a few jurisdictions, and mobilization of resources for a potential or imminent threat.

Other focus areas include:

- Identifying and deploying resources to support a limited number of jurisdictions or communities affected by disaster
- Increased coordination between local and State Departments/Agencies/Offices
- Increase SEOC staffing with SCFs from State Departments/Agencies/Offices, functions, and supporting organizations

Response-Full

The full response phase is signified by incident that has or may have a significant impact to one or many jurisdictions. The impacts for a full response may include widespread damage and disruption to communities. This operational phase requires the coordination and support of many State (and likely federal) resources to support many local jurisdictions. Characteristics of the full response phase include:

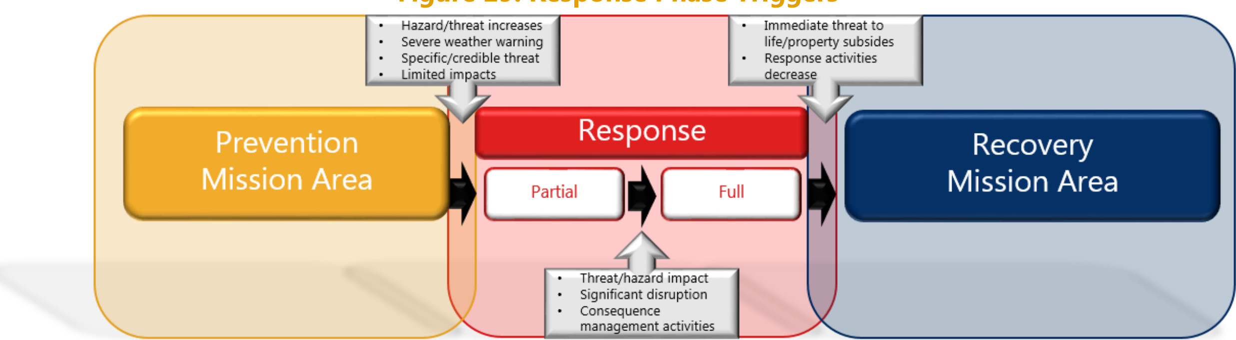
- Close coordination between Senior Policy Officials, SEOC; and SCFs
- Coordination and communication with federal and NGO partners
- Identification of objectives for the transition to short-term recovery

B. Triggers for Transition between Response Phases

The triggers between Partial and Full Response do not typically have definitive timelines or benchmarks. The transition between phases of response generally occurs as the impact increases and the need for resources to support local jurisdictions changes. As requests for resources increase the coordination for the mobilization of capabilities, those resources will also increase the response operational phase to a Full Response. The graphic below indicates the triggers for transitioning between the response phases.

Note: these are not definitive for every response, but serve as guidelines and benchmarks to acknowledge when creating objectives and identifying necessary operations and responsibilities within the response operation.

Figure 29: Response Phase Triggers



C. State Department/Agency Tasks by Response Phase

Table 12 details the concept of operations, and general roles and responsibilities of each SCF during response activities. The tasks, organized by prevention phase, and activities complement and build upon roles, responsibilities, and tasks described in statutory law, the Department/Agency/Office protocols, procedures, and SCF Annexes, and do not supersede the internal responsibilities established and by the State Department/Agency/Office.

Table 13: State of Maryland Departments/Agencies Response Activities

<table>
<tr><th rowspan="2">SCF</th><th>Response-Partial Phase</th><th>Response-Full Phase</th></tr>
<tr><th>Incident or event requires significant monitoring or resources.</th><th>Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.</th></tr>
<tr><td>Agriculture</td><td>• Coordinates with local and federal counterparts as appropriate
• Provides coordination for animal management
• Coordinates for the sheltering of pets with Human Services
• Coordinates for sheltering of service animals with their companions
• Assists in sampling and analysis with local agencies and Farm Service Agencies for an emerging or suspected zoonotic disease
o Submits samples to United States Department of Agriculture (USDA) if needed
• Removes and decontaminates deceased animals
• Monitors and performs surveillance and threat analysis as needed for farms, possible outbreaks, or contamination
o Tracks outbreaks within and out of the State
o Provides mapping for affected farms
• Provides laboratory analysis for biological, chemical and radiological agents and plant diagnosis
• Provides available personnel, equipment or other resource support including subject matter experts, as requested</td><td>• Coordinates with local and federal counter parts as appropriate
• Provides coordination for animal management
• Coordinates for the sheltering of pets with Human Services
• Coordinates for sheltering of service animals with their companions
• Assists in sampling and analysis with local agencies and Farm Service Agencies for an emerging or suspected zoonotic disease
o Submits samples to USDA if needed
• Removes and decontaminates deceased animals
• Monitors and performs surveillance and threat analysis as needed for farms, possible outbreaks, or contamination
o Tracks outbreaks within and out of the State
o Provides mapping for affected farms
• Provides laboratory analysis for biological, chemical and radiological agents and plant diagnosis
• Coordinates with press briefings with the JIC or Virtual JIC or JIS
• Assists with food sampling for incidents affecting the food supply
• Coordinates with other SCFs as needed</td></tr>
<tr><td>Cultural Resources</td><td>• Supports local historical agencies in protecting and mitigating damage to historical properties
• Provides available personnel, equipment or other resource support including subject matter experts
• Monitors for potential impacts to cultural and historical properties
• Coordinates with the local departments of planning and zoning and Maryland Historical Trust
• Provides available personnel, equipment or other resource support as requested by the SEOC</td><td>• Supports local historical agencies in protecting and mitigating damage to historical properties
• Provides available personnel, equipment or other resource support including subject matter experts, as requested
• Monitors for potential impacts to cultural and historical properties
• Coordinates with the local departments of planning and zoning and Maryland Historical Trust</td></tr>
</table>

SCF	Response-Partial Phase	Response-Full Phase
	Incident or event requires significant monitoring or resources.	Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Economic Impact	• Coordinate with local and federal counterparts as appropriate • Anticipates the potential or realized economic impact on Maryland • Coordinate with business to provide preparedness information • Communicates with the private sector on potential impacts to business • Monitor for potential economic impacts to business • Coordinate with local tourism, parks, chambers of commerce • Provide available personnel, equipment or other resource support including subject matter experts	• Coordinate with local and federal counterparts as appropriate • Coordinate with business to provide emergency preparedness information • Provide information on road closures that could impact businesses • Monitor for potential economic impacts to infrastructure and business • Coordinate with local tourism, parks, chambers of commerce • Develops ways to limit economic impact of ongoing response operations to the State and the private sector • Waives regulations etc. in an effort to ensure economy will remain strong • Prepares to support recovery operations in an effort to reestablish economy

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Electronic Infrastructure	• Coordinate with local and federal counterparts as appropriate • Develop and update assessments of the communications service situation and status in the impact area. • Coordinate requests for communications and emergency portable communications equipment resources • Coordinate for the restoration of the communications • Maintain critical State information technology services and systems • Provides a coordinated use of the State's communication and cyber security resources by facilitating the procurement of communication and protection technology related goods and services • Activates the Maryland Cyber Response Team as needed/appropriate • Determines extent of cyber impact, recommends/executes remediation efforts, & prepares for recovery operations as needed • Monitor for threats to the State's cyber infrastructure through the State Network Operations Center • Provide available personnel, equipment or other resource support including subject matter experts	• Coordinate with local and federal counterparts as appropriate • Develop and update assessments of the communications service situation and status in the impact area. • Coordinate requests for communications and emergency portable communications equipment resources • Coordinate for the restoration of the communications • Maintain critical State information technology services and systems • Provides a coordinated use of the State's communication and cyber security resources by facilitating the procurement of communication and protection technology related goods and services • Activates the Maryland Cyber Response Team as needed/appropriate • Determines extent of cyber impact, recommends/executes remediation efforts, & prepares for recovery operations as needed • Provides personnel and technology to systems involved in or threatened by cybersecurity acts of terrorism • Monitor for threats to the State's cyber infrastructure through the State Network Operations Center • Prepare for a transition to recovery efforts including supporting damage assessment of the State's electronic infrastructure

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Environmental Protection	• Leads the technical response to Fixed Nuclear Facility (FNF) incidents • Coordinates with local and federal counterparts as appropriate • Assists SCF Transportation, Law Enforcement, and local jurisdictions with hazardous materials disposal and mitigation • Coordinates with SCF Public Health and Medical and other State and local departments/agencies for decontamination operations of chemical, biological and radiological materials • Maintains awareness of local and state hazmat resources • Assists in the decision to evacuate and decontaminate populations • Assists in determining the scope of an environmental health or safety hazard incident. Identify the foot print of the incident. • Assists local efforts to protect the health and welfare of the affected population, responders, and other individuals. • Coordinates with local jurisdictions on the decision to allow for re-entry	• Leads the technical response to Fixed Nuclear Facility (FNF) incidents • Coordinates with local and federal counterparts as appropriate • Assists SCF Transportation, Law Enforcement, and local jurisdictions with hazardous materials disposal and mitigation • Waives fees for of state dumps for debris removal as needed • Coordinates with SCF Public Health and Medical and other State and local departments/agencies for decontamination operations of chemical, biological and radiological materials • Maintains awareness of local and state hazmat resources • Assists in the decision to evacuate and decontaminate populations • Assists in determining the scope of an environmental health or safety hazard incident. • Identifies the footprint of an FNF incident. • Assists local efforts to protect the health and welfare of the affected population
Fire and Emergency Services	• Coordinates with local and federal counter parts as appropriate • Coordinate non-mutual aid, non MEMAC fire and emergency services resources to impacted areas • Supports the tracking of patients from disaster areas to hospitals • Supports the coordination with hospitals regarding relevant patient data & incident information • Provides available personnel, equipment or other resource support including subject matter experts	• Coordinate with local and federal counter parts as appropriate • Coordinate non-mutual aid, non MEMAC fire and emergency services resources to impacted areas for recovery operations • Support the tracking of patients from disaster recovery areas to hospitals • Support the coordination with hospitals regarding relevant patient data, incident information and projections • Coordinate with other SCFs as needed

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Human Services	• Coordinates with local and federal counterparts as appropriate • Coordinate providing mental health assistance to affected citizens and response personnel • Supports people with disabilities and others with access and functional needs with assistive technology support and rented equipment • Coordinates mass feeding services to displaced residents and evacuees • Provides case workers to impacted residents • Coordinates with VOADs to determine availability of resources • Activates a reunification/referral hotline number on standby • Pre-stages shelter supplies in anticipation of shelter opening • Coordinates with partners to deploy volunteers to open shelters and other mass care facilities • Supports the local and/or DHR Family Assistance Center and other type of Mass Care Centers • Designates facilities capable of sheltering animals • Provides available personnel, equipment or other resource support including subject matter experts, as requested by the SEOC Commander or local jurisdiction	• Coordinates with local and federal counter parts as appropriate • Coordinate providing mental health assistance to affected citizens and response personnel • Supports people with disabilities and others with access and functional needs with assistive technology support and rented equipment • Coordinates mass feeding services to displaced residents and evacuees • Provides case workers to impacted residents • Coordinates with VOADs for response resources • Activates the family reunification/referral hotline • Opens pre-staged shelters • Coordinates providing medical support to local/state shelters • Coordinates with partners to deploy volunteers to open shelters and other mass care facilities • Supports the local and/or DHR Family Assistance Center and other type of Mass Care Centers • Deploys volunteers to open shelters and/or family assistance centers • Designates facilities capable of sheltering animals

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Law Enforcement	• Supports local law enforcement efforts including investigation of law enforcement activities • Assists with scene security and ensuring safety of personnel deployed to incident scene • Coordinates with other law enforcement agencies for land, air, and maritime security and law enforcement response operations • Executes a SLECC agreement to assist with law enforcement activities • Provides available personnel, equipment or other resource support including subject matter experts, as requested by the SEOC Commander or local jurisdiction. • Gathers intelligence regarding potential threats and/or hazards and suspicious activity • Tracks and processes law enforcement sensitive response information ensuring distribution to appropriate partners	• Provides available personnel, equipment or other resource support including subject matter experts, as requested by the SEOC Commander or local jurisdiction. • Gathers intelligence regarding potential threats and/or hazards and suspicious activity • Coordinates the provision of security and traffic control at staging, areas, reception centers, mass care shelters and other critical facilities • Enhances posture, communication, and protection of other critical infrastructure and key resources as needed • Provides traffic management and access control • Coordinates with other local, State, and regional law enforcement entities • Adjusts and mobilizes additional resources in the event of an influx of people entering other local jurisdictions or the State • Implements and manages evacuations as required by the situation. • Coordinates with higher levels of government for law enforcement support during emergency response activities. • Prepares for the transition to recovery operations

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Long Term Housing	• Coordinates with local and federal counterparts as appropriate • Coordinates with The Human Services SCF to identify potential housing units that can be used for long term sheltering • Provides emergency vouchers for housing under the Maryland Disaster Housing Assistance Program • Provides available personnel, equipment or other resource support including subject matter experts	• Coordinates with local and federal counterparts as appropriate • Coordinates with The Human Services SCF to identify potential housing units that can be used for long term sheltering • Provides emergency vouchers for housing under the Maryland Disaster Housing Assistance Program • Provides available personnel, equipment or other resource support including subject matter experts • Prepares for the transition to recovery operations
Military Support	• Coordinates with local and federal counterparts as appropriate • Coordinates and utilize and County Liaison Teams (CoLT) to support disaster response operations as necessary • Prepares to deploy MMD resources if indicated through State Active Duty Status • Places staff on “alert” status in advance of Gubernatorial Executive Order • Once deployed coordinates Maryland MMD resources • Communicates situational awareness to joint staff and MMD assets • Provide available personnel, equipment or other resource support including subject matter experts	• Activates the Maryland National Guard • Coordinates with local and federal counter parts as appropriate • Coordinates and utilize and County Liaison Teams (CoLT) to support disaster response operations in local EOCs • Coordinates Maryland MMD resources and assets deployed • Supports ongoing acceptable missions as dictated by the threat/hazard, executive order, and upon order of TAG • Communicates situational awareness to joint staff and MMD assets • Support other SCFs with activities such as logistics, security, and emergency services • Tracks deployed resources ensuring mission fulfillment and anticipating long-term deployment issues • Prepares for recovery operations, determining resource commitment beyond response operations

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Natural Resources	• Coordinates with local and federal counterparts as appropriate • Coordinates in the closure, evacuation, mitigation of local and state parks, the Chesapeake Bay rivers and streams • Acts as the lead administrative and operational agency for wildfire fighting, protection for natural resources maritime and environmental properties • Takes measures to warn natural resource provides of potential threats to resources • Provides available personnel, equipment or other resource support including subject matter experts	• Coordinates with local and federal counterparts as appropriate • Coordinates in the closure, evacuation, mitigation of local and state parks, the Chesapeake Bay rivers and streams • Acts as the lead administrative and operational agency for wildfire fighting, protection for natural resources maritime and environmental properties • Provides available personnel, equipment or other resource support including subject matter experts • Take measures to limit the impact of threat/hazards to natural resources • Assists with damage assessment as appropriate to determine impacts • Prepares to transition to recovery operations
Non-Governmental Assistance (MEMA)	• Coordinates with local and federal counter parts as appropriate • Notifies non-governmental partners that response operations are ongoing • Coordinates participation of VOADs in acquiring resources • Coordinates with the private sector for resources to support operations • Tracks offers of assistance for personnel and resources • Liaises with other non-governmental partners as required/necessary • Provides available personnel, equipment or other resource support including subject matter experts	• Coordinate with local and federal counter parts as appropriate • Notifies non-governmental partners that response operations are ongoing • Coordinates participation of VOADs in acquiring resources • Coordinates with the private sector for resources to support the operation • Track offers of assistance for personnel and resources • Liaises with other non-governmental partners as required/necessary • Identifies missions for NGOs to fulfill based on outstanding local needs • Provides available personnel, equipment or other resource support

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Power Infrastructure	• Coordinates with local and federal counterparts as appropriate • Coordinates with the energy/utilities to ensure that any utilities impacted by an incident are mitigated to restore critical infrastructure • Continuously communicates with utility critical infrastructures and provide timely updates on power outages and energy demands to State partners to assist local and state governments with decision-making and recovery objectives and operations • Provides available personnel, equipment or other resource support including subject matter experts	• Coordinates with local and federal counterparts as appropriate • Coordinates with the energy/utilities to ensure that any utilities impacted by an incident are mitigated to restore critical infrastructure. • Continuously communicates with utility critical infrastructures and provide timely updates on power outages and energy demands to State partners to assist local and state governments with decision-making and recovery objectives and operations. • Provide available personnel, equipment or other resource support including subject matter experts • Assist with locating out of state resources available to assist in the immediate short-term and long-term recovery phases

<table>
<tr><th rowspan="2">SCF</th><th>Response-Partial Phase</th><th>Response-Full Phase</th></tr>
<tr><td>Incident or event requires significant monitoring or resources.</td><td>Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.</td></tr>
<tr><td>Public Health and Medical</td><td>Coordinates with local and federal counterparts as
Assists in coordination of patient flow among Maryland hospitals
Assists local jurisdictions and health care facilities with coordinating resources to ensure continuation of care for their patients
Inspects food facilities and conduct food safety food sample collections and test when appropriate
Considers deploying Maryland Responds volunteers to assist with public health, and medical response, including medical aid stations at shelters and/or family assistance centers
Coordinates with MIA to waive prescriptions refill time restrictions as appropriate for affected citizens
Coordinates behavioral health assistance to affected citizens and response personnel
Supports radiological emergency response for the ingestion of Potassium Iodide to emergency workers and citizens
Coordinates with SCF Environmental Protection for monitoring and decontamination efforts and health issues related to radiological releases and contamination
Monitors ESSENCE and other biosurveillance tools for trends and report relevant data as appropriate.
Coordinates between EMS, hospitals and health department with the State Medical Examiner's Office for mass fatality response
Provides event information to hospitals and collect bed availability on a regular schedule
Coordinates with ambulance and EMS services for mutual aid response</td><td>Coordinates with local and federal counterparts as appropriate
Assists in coordination of patient flow among MD hospitals
Assists local jurisdictions and health care facilities with coordinating resources to ensure continuation of care for their patients
Inspects food facilities and conduct food safety food sample collections and test when appropriate
Consider deploying Maryland Responds volunteers to assist with public health, and medical response, including medical aid stations at shelters and/or family assistance centers
Coordinates MIA to waive prescriptions refill time restrictions as appropriate for affected citizens
Coordinates behavioral health assistance to affected citizens and response personnel
Supports radiological emergency response for the ingestion of Potassium Iodide to emergency workers and citizens
Coordinates with SCF Environmental Protection for monitoring and decontamination efforts and health issues related to radiological releases and contamination
Monitors ESSENCE and other biosurveillance tools for trends and report relevant data as appropriate
Increases dissemination of biosurveillance reports to local health departments and other stakeholders as appropriate
Coordinates between EMS, hospitals and health department with the State Medical Examiner's Office for mass fatality response</td></tr>
</table>

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
	• Provides available personnel, equipment or other resource support including subject matter experts • Prepares to transition to recovery operations including restoration of public health critical	• Provides event information to hospitals and collect bed availability on a regular schedule • Coordinates with ambulance and EMS services for mutual aid response • Provide available personnel, equipment or other resource support including subject matter experts • Prepares to transition to recovery operations including restoration of public health critical functions
Public Works and Infrastructure	• Coordinates with local and federal counterparts as appropriate • Assesses damage to public infrastructure and the transportation network in the affected area. • Waives fees and regulations for rapid restoration of critically damaged buildings if appropriate • Provides available personnel, equipment or other resource support including subject matter experts	• Coordinates with local and federal counterparts as appropriate • Coordinates with SCF Transportation and Law Enforcement for first push debris clearance and repairs, and other emergency construction of transportation infrastructure or assets as needed in conjunction with SCF Transportation • Assesses damage to public infrastructure and the transportation network in the affected area. • Waives fees and regulations for rapid restoration of critically damaged buildings • Provides available personnel, equipment or other resource support including subject matter experts, as requested by the SEOC Commander or local jurisdiction. • Coordinates with other SCFs as needed • Considers the transition to recovery and prepare to support operations

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
State Resources	• Coordinates with local and federal counter parts as appropriate • Supports local jurisdictions with contract support for operations • Notifies vendors that resource support may be needed • Prepares DGS facilities for potential impact from the threat/hazard • Coordinates with State fuel vendor to oversee fuel management for the State • Provides available personnel, equipment or other resource support including subject matter experts, as requested by the SEOC Commander or local jurisdiction. • Coordinates with other SCFs as needed	• Coordinates with local and federal counter parts as appropriate • Supports local jurisdictions with contract support for response operations • Notifies vendors of the incident and that resource support may be needed • Takes actions limiting impacts of threats/hazards on DGS facilities • Coordinates with transportation SCF to ensure state vehicles readiness or other vehicle/fueling requests may be fulfilled • Coordinates with Federal and State agencies to fulfill requests • Provides available personnel, equipment or other resource support including subject matter experts, as requested by the SEOC Commander or local jurisdiction. • Considers the transition to recovery operations and support SCF provides
State Services	• Coordinates with local and federal counter parts as appropriate • Provides available personnel, equipment or other resource support including subject matter experts • Provides support from State Departments/Agencies ensuring continuity of government and services for Maryland citizens • Considers waivers and legal actions to facilitate response operations	• Coordinates with local and federal counter parts as appropriate • Provides available personnel, equipment or other resource support including subject matter experts • Provides support from State Departments/Agencies ensuring continuity of government and services for Maryland citizens • Considers waivers and legal actions to facilitate response operations

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Transportation	• Coordinates with local and federal counterparts as appropriate • Restores and maintain operating conditions of state owned air, highway, maritime and transit systems • Assesses the State transportation network to determine the status of air, rail, maritime and road travel conditions • Processes and coordinate requests for transportation and infrastructure support • Coordinates alternate transportation services as available • Reports damage and service effects to transportation infrastructure as a result of the incident • Restores and maintain operating conditions at state owned air, highway, port, and highway systems. • Coordinates and maintain evacuation routes with local jurisdictions and alternate transportation routes if needed. • Issues or suspend transportation rules and regulations. • Acts as the lead agency providing law enforcement services at state owned transportation facilities • Coordinates the use of transportation resources and services necessary to support emergency operations or disaster assistance	• Coordinates with local and federal counterparts as appropriate • Restores and maintain operating conditions of state owned air, highway, maritime and transit systems • Assesses the State transportation network to determine the status of air, rail, maritime and road travel conditions • Processes and coordinate requests for transportation and infrastructure support • Coordinates alternate transportation services as available • Reports damage and service effects to transportation infrastructure as a result of the incident • Restores and maintains operating conditions at state owned air, highway, port, and highway systems. • Coordinates and maintain evacuation routes with local jurisdictions and alternate transportation routes if needed. • Issues or suspend transportation rules and regulations. • Diverts traffic out of incident locations to ease evacuation congestion • Acts as the lead agency providing law enforcement services at state owned transportation facilities (through Law Enforcement SCF). • Coordinate the use of transportation resources and services necessary to support emergency operations • Supports damage assessment efforts • Prepares for the transition to recovery including restoration of transportation

SCF	Response-Partial Phase Incident or event requires significant monitoring or resources.	Response-Full Phase Incident of such magnitude that it requires or may require extensive response and/or recovery efforts and significant resources.
Whole Community	• Notifies whole community partners that a threat/hazard is or may impact the community • Leverages whole community networks to assess potential needs and develops strategies to ensure inclusiveness • Assesses resource inventory and prepares to deploy whole community resources to support consequence management activities • Advises all SCFs on issues related to inclusiveness in an effort to incorporate services for individuals with DAFN • Perform on-site accessibility Quality Assurance reviews at shelters and congregate care facilities • Deploy accessibility kits to shelters, service centers, repatriation operations, reunification centers, etc. • Construct a disability-focused demographic profile of the population in the affected area, when possible • Provide enhanced monitoring and staffing of a constituent services hotline for expedited information, referrals, and case management • Obtain timely field information regarding the status of affected individuals with DAFN and measures taken to address their unmet accessibility requirements • Coordinates to ensure inclusiveness of services for the whole community including people with DAFN are considered when implementing sheltering and evacuation procedures • Advises on the needs of people with DAFN, who are displaced by a disaster, and provides information on specialty programs available	• Maintains lines of communication with whole community partners and networks • Assess resource needs and status, minimizing service gaps • Provides resources as needed/appropriate and coordinates the delivery of inclusive supplies to impacted community members • Advises all SCFs on issues related to inclusiveness in an effort to incorporate services for individuals with DAFN • Provide enhanced monitoring and staffing of a constituent services hotline for expedited information, referrals, and case management support • Deploy accessibility kits to shelters, service centers, repatriation operations, reunification centers, etc. • Construct a disability-focused demographic profile of the population in the affected area, when possible • Provide available personnel, equipment, or other resource support, including SME's, as requested • Obtain timely field information regarding the status of affected individuals with DAFN and measures being taken to address their unmet accessibility requirements • Coordinates to ensure inclusiveness of services for the whole community including people with DAFN are considered when implementing sheltering and evacuation procedures. • Advises on the needs of people with DAFN who are displaced by a disaster, and provides information on specialty programs available.

Chapter 3 – Recovery

I. Recovery Chapter Introduction

The State provides disaster recovery support to local jurisdictions following a disaster through a coordinated information sharing, resource management, and operational support process. The Disaster Recovery Chapter outlines and describes the overall recovery support process, and roles and responsibilities of entities within Maryland. Disaster recovery activities focus on ensuring that the State is able to effectuate the timely restoration, strengthening, and revitalization of impacted disciplines and functional components of Maryland communities.

A. Purpose

The Disaster Recovery Chapter describes the coordination, operations, and roles and responsibilities of entities within Maryland during disaster recovery activities, while outlining the process and organization for state-level support.

B. Mission

Ensure the ability of the State of Maryland to support local jurisdictions during recovery from any incident by engaging all necessary local, State, federal, private sector, voluntary, faith-based, and NGO partners in order to address the needs of Maryland residents, visitors, and communities.

C. Scope

The Disaster Recovery Chapter outlines processes that are to be followed for all-hazards, state-level disaster recovery efforts. The identified actions and activities in this chapter are based on existing State Department/Agency/Office statutory authorities, adopted policies and procedures across State government, and lessons learned from past recovery efforts in Maryland and around the country.

D. Objectives

The objectives to be met through the execution of the Disaster Recovery Chapter are as follows:

- Support local Maryland jurisdiction disaster recovery activities
- Facilitate the transition from incident response to disaster recovery
- Coordinate the activities of State Departments/Agencies/Offices to support local recovery efforts and liaise with federal agencies, nonprofit organizations, and private-sector partners in support of disaster recovery activities

II. Concept of Coordination

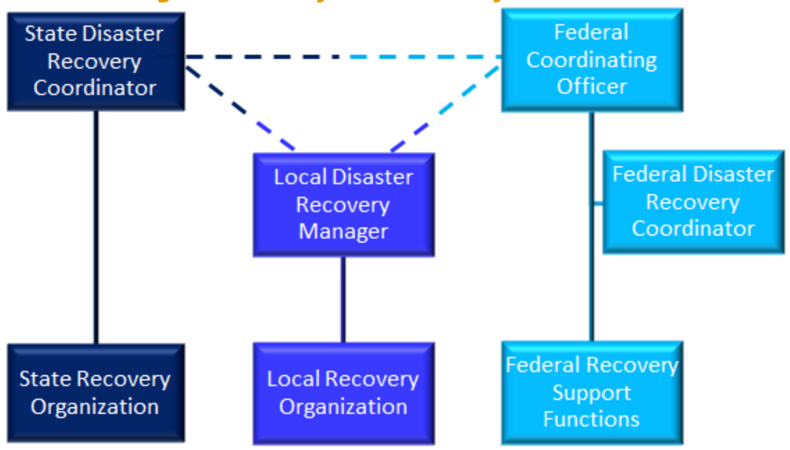
Disaster recovery begins at the onset of a disaster as life-safety issues of response come to a close, and operational control of the disaster is transferred to the State Recovery Organization (SRO) from the SEOC. Although local jurisdictions have the capability to effectively engage in recovery activities for most disasters without any State or federal assistance, if resources and/or coordination requirements exceed local capabilities, assistance may be necessary.

The State coordinates recovery support to assist local disaster recovery. This includes the coordination of State resources, as well as obtaining federal support. MEMA is the State agency designated to lead the coordination of recovery activities between the local jurisdictions and State Departments/Agencies/Offices at the support level.

A. State Recovery Coordination Structure

The State Recovery Organization adheres to Consequence Management Program principles such that the location can be physical or virtual to support one or multiple impacted jurisdictions. The State Recovery Organization also has the ability to co-locate with a FEMA Joint Field Office (JFO) during large scale disaster recovery efforts. MEMA's Executive Director has overall responsibility for the State's recovery operations and appoints the State Disaster Recovery Coordinator (SDRC) who builds out the State Recovery Organization. Figure 28 represents the Maryland Recovery Framework.

Figure 30: Maryland Recovery Framework



The local disaster recovery manager works with the SDRC and State Recovery Organization. When granted a Presidential Disaster Declaration, the Federal Coordination Officer (FCO) supports the local and state recovery organizations. The FCO coordinates federal assistance and is often supported by a federal Disaster Recovery Coordinator (FDRC). It should be noted that the federal government can be engaged during local and state recovery efforts prior to a Presidential Disaster Declaration.

B. State Coordinating Function Recovery Roles and Responsibilities

SCFs address issues across all Mission Areas, including recovery. Lead State Agencies are responsible for administering the assigned coordinating function. The specific roles and responsibilities of each SCF are defined in detail in the Concept of Operations and in the individual SCF Annexes. Figure 29 shows the Lead State Agency under each SCF for Recovery.

Figure 31: State Coordinating Functions

State Coordinating Functions – Lead State Agency

State Coordinating Function	Lead State Agency
Agriculture	Maryland Department of **Agriculture**
Cultural Resources	Maryland Department of **Planning**
Economic Impact	Maryland Department of **Commerce**
Electronic Infrastructure	Maryland Department of **Information Technology**
Environmental Protection	Maryland Department of the **Environment**
Fire & Emergency Services	Maryland **Emergency Management** Agency
Human Services	Maryland Department of **Human Services**
Law Enforcement	Maryland Department of **State Police**
Long-Term Housing	Maryland Department of **Housing & Community Development**
Military Support	Maryland **Military** Department
Natural Resources	Maryland Department of **Natural Resources**
Non-Governmental Services	Maryland **Emergency Management** Agency
Power Infrastructure	Maryland **Public Service Commission**
Public Health & Medical	Maryland Department of **Health** Maryland Institute for **EMS** Systems
Public Works & Infrastructure	Maryland Department of **Labor, Licensing, & Regulation**
State Resources	Maryland Department of **General Services** Maryland **Emergency Management** Agency
State Services	Maryland Department of **Budget & Management**
Transportation	Maryland Department of **Transportation**
Whole Community	Maryland Department of **Disabilities**

III. Concept of Operations

A. Recovery Operational Phases

The transition from response operations to recovery is a gradual process, the pace and timing of which depends upon the circumstances of the disaster. As response activities diminish, disaster recovery activities naturally begin. During this time period, direction and control of the State's response operations are transferred to the SDRC.

The transition from response to recovery can be unclear at times during enhanced activities, so in order to ensure an appropriate transition can occur, the following steps may occur as recovery operations begin:

- Completed life safety activities
- Property conservation needs have been identified and met
- Preliminary Damage Assessments (PDAs) begin locally and federal PDAs are requested

Figure 30 outlines the indicators and characteristics or each recovery phase.

Figure 32: Focus Areas of Recovery Phases

Short-Term Recovery

Short-term disaster recovery activities may overlap with response, and generally span the first days or weeks after a disaster; however, there is no pre-determined timeline for short-term disaster recovery. Short-term recovery operations continue to address the health and safety needs of disaster survivors that persist through the end of response actions.

Additionally, activities in this phase are characterized by, but not limited to, activities such as restoring basic infrastructure and essential community services. Other focus areas of the short-term recovery phase include:

- Assessing damage, and conducting damage assessments and economic impact analyses;
- Cleaning up and clearing debris from affected communities
- Restoring critical infrastructure, including transportation networks
- Restoring essential community services, such as basic medical services

Intermediate Recovery

Intermediate disaster recovery occurs when vital services are restored, and generally span the initial weeks and months after a disaster. Like short-term recovery, there is no pre-determined timeline for this phase. Intermediate recovery activities involve, but are not limited to, returning individuals, families, critical infrastructure, and essential government or commercial services to a functional, if not pre-disaster, state. Additionally, intermediate disaster recovery is characterized by activities, such as strategic planning to achieve permanent recovery measures. This phase also includes the beginning of a transition back to a community-driven recovery effort, such as a long-term recovery committee or group-supported community agencies and involves less emergency management direction. Other focus areas of the intermediate recovery phase include, but are not limited to:

- Providing interim housing to displaced evacuees leaving shelters
- Repairing other damaged infrastructure systems
- Providing ongoing medical care, including continuity of care
- Coordinating with federal partners
- Identifying mitigation opportunities and community resilience strategies
- Supporting the return of businesses
- Identifying/establishing an office of recovery or long-term recovery group/committee

Long-Term Recovery

Long-term disaster recovery involves ongoing recovery projects moving towards self-sufficiency, sustainability, and resilience. These operations generally span months and potentially years.

Activities in this phase may involve the completion of a redevelopment and revitalization strategy, and scope of work for the impacted communities. It is likely that, in this phase, the established office of recovery or the community group/long-term recovery committee will take control of the recovery effort and emergency management will return to normal consequence management activities, serving as a partner and liaison throughout the long-term recovery.

Additionally, long-term disaster recovery operations may involve activities, such as rebuilding or relocating damaged or destroyed resources and helping ensure future community resilience (e.g., through mitigation projects, community development strategies, etc.). Other focus areas of the long-term recovery phase are:

- Developing permanent housing solutions for displaced residents
- Reestablishing and creating resilient health care facilities
- Implementing mitigation projects, strategies, and funding
- Coordinating with VOAD and other NGOs to support community needs
- Implementing economic revitalization strategies and rebuilding businesses

B. Triggers for Transition between Recovery Phases

The transition between recovery phases does not typically have definitive timelines or benchmarks. The transition between phases of disaster recovery generally occur once certain triggers are met or initial objectives are completed, and new objectives begin based on the incident and progress of recovery operations. Figure 31 indicates recovery triggers.

Figure 33: Recovery Operational Phase Triggers

The transition from response to short-term recovery begins as response activities decrease and the immediate threat to life and property begins to subside. Short-term recovery actions and objectives focus on assessing the scope of the damage, conducting damage assessments, and ensuring essential community services continue and/or rebuild.

To move from short-term recovery (approximately 1-4 weeks) into intermediate recovery (approximately 1-3 months), the community should be accessible to emergency repair personnel, and essential services should be reestablished. Intermediate recovery focuses on returning displaced residents to homes and/or providing interim housing solutions, repairing other damaged infrastructure, and identifying potential mitigation and community resilience strategies. In tandem with future mitigation strategies, a community-driven long-term recovery group should be in place to allow for emergency management to begin to devolve recovery operations to the community and return to normal operations of emergency preparedness.

Once a long-term recovery structure is in place, the long-term recovery phase (approximately three months after a disaster) can begin. The long-term recovery phase focuses on creating new opportunities to create a resilient community and returning the community's identity to a "new normal." This phase can continue for years as community development strategies are finalized and implemented.

C. State Department/Agency Tasks by Recovery Phase

Table 13 details the concept of operations, and general roles and responsibilities of each SCF during recovery operations in the State of Maryland. The tasks, organized by recovery phase, and activities complement and build upon roles, responsibilities, and tasks described in statutory law, the Department/Agency/Office protocols, procedures, and SCF Annexes, and do not supersede the internal responsibilities established and by the State Department/Agency/Office.

Table 14: State of Maryland Departments/Agencies Recovery Activities

SCF	Short Term Recovery *Immediately following a disaster*	Intermediate Recovery *1-3 months following a disaster*	Long Term Recovery *3 months – years following a disaster*
Agriculture	• Clears and decontaminates deceased animals and crops • Coordinates with Human Services SCF for return of animals from shelters • Coordinates with local and federal counterparts as appropriate and requested • Coordinates agricultural damage and economic loss assessments	• Coordinates with agriculture businesses to repair and restore agricultural centers and support damage assessments • Coordinates with local and federal counterparts as appropriate and requested • Utilizes agricultural damage and economic loss assessments to drive long term recovery and mitigation strategies	• Identifies and support mitigation opportunities for agricultural centers and/or businesses • Coordinates with local and federal counterparts as appropriate and requested
Cultural Resources	• Assesses damage to cultural centers • Coordinates with community leaders to support cultural center restoration and repair • Coordinates with local and federal counterparts as appropriate and requested	• Supports restoration and repair of damaged cultural resources and cultural centers • Coordinates with local and federal counterparts as appropriate and requested	• Identifies and support mitigation opportunities for cultural centers as appropriate • Coordinates with local and federal counterparts • Supports long term recovery committee with community restoration and cultural resource preservation opportunities

SCF	Short Term Recovery *Immediately following a disaster*	Intermediate Recovery *1-3 months following a disaster*	Long Term Recovery *3 months – years following a disaster*
Economic Impact	• Begins economic impact analysis data collection • Communicates emergency operations and recovery information to affected businesses. • Coordinates with local and federal counterparts as appropriate and requested	• Utilizes economic impact analysis to drive business restoration and retention strategy for community • Coordinates with local and federal counterparts as appropriate and requested	• Supports long term recovery committee and local chamber of commerce to identify new business opportunities and retention/return strategies • Coordinates with local and federal counterparts as appropriate and requested
Electronic Infrastructure	• Restores essential electronic infrastructure services to ensure continuity of service and protection from malicious sources • Coordinates with vendors to support infrastructure repairs	• Ensures continuity of electronic infrastructure services to stakeholders • Coordinates with external vendors to identify areas for disaster risk reduction strategies in electronic infrastructure	• Identifies other mitigation opportunities for electronic infrastructure as appropriate
Environmental Protection	• Assists Transportation and Law Enforcement SCFs with hazardous materials disposal and mitigation • Waives fees of State dumps for debris removal • Coordinates for decontamination and disposal of radiological or hazardous materials • Supports Natural Resources SCF with identification and restoration of natural resources	• Coordinates with SCF Public Health and Medical for decontamination and disposal of radiological or hazardous materials • Supports Natural Resources SCF with identification and restoration of natural resources if affected by hazardous materials • Assesses long-term environmental impacts and include guidance on remediation efforts	• Identifies mitigation opportunities for environmental protection and hazardous materials safety • Coordinates with local and federal counterparts

SCF	Short Term Recovery *Immediately following a disaster*	Intermediate Recovery *1-3 months following a disaster*	Long Term Recovery *3 months – years following a disaster*
Fire and Emergency Services	• Coordinates non-mutual aid, non MEMAC fire and emergency services resources • Supports the tracking of patients from disaster recovery areas to hospitals	• Staffs a liaison to the State Recovery Organization if applicable and requested	• Staffs a liaison to the State Recovery Organization if applicable and requested
Human Services	• Coordinates and support shelter operations of local jurisdiction shelters and State shelters • Supports with assistive technology support and rented equipment • Coordinates mass feeding services to displaced residents and evacuees • Coordinates with disaster programs to provide case workers to impacted residents • Coordinates with VOADs for recovery	• Coordinates the return of shelter occupants to residences or interim housing solutions • Ensures people with disabilities and others with access and functional needs can safely and adequately return home. • Coordinate with partner agencies for the provision of continued case management support for affected residents	• Coordinate with partner agencies for the provision of continued case management support for affected residents • Participates and support State and/or local long term recovery organization for unmet needs and coordination with VOADs
Law Enforcement	• Works with partner agencies through established MOUs • Gathers intelligence regarding potential threats and/or hazards and suspicious activity	• Coordinates and responds to requested Transportation SCF activities and support transportation impacts to NSSE event area as appropriate • Coordinates the provision of security and traffic control at staging, areas, reception centers, mass care shelters and other critical facilities	• Responds and coordinate all emergency response State law enforcement activities in support of local jurisdictions

SCF	Short Term Recovery *Immediately following a disaster*	Intermediate Recovery *1-3 months following a disaster*	Long Term Recovery *3 months – years following a disaster*
Long Term Housing	• Coordinates and supports SCF Human Services with interim housing for displaced residents • Provides business impact information to Economic Impact SCF	• Provides loans to residents and businesses for repairs and restoration to property • Coordinates with Human Services SCF to transition evacuees from shelters to interim housing solutions	• Provides long term housing solutions to displaced residents affected by disaster • Continues to distribute loans to residents and businesses for repairs and restoration to property • Identifies mitigation opportunities for residents and businesses
Military Support	• Coordinates and utilize and County Liaison Teams (CoLT) to support disaster recovery operations as necessary • Coordinates MMD resources and assets as deployed	• Coordinates and utilize and County Liaison Teams (CoLT) to support operations and communication as necessary • Communicates situational awareness to joint staff and MMD assets	• Staffs a liaison to the State Recovery Organization if applicable and requested
Natural Resources	• Staffs a liaison to the State Recovery Organization if applicable and requested • Assesses the extent of impact on the natural environment and state parks following disaster	• Staffs a liaison to the SRO if applicable • Coordinates debris management of natural resources • Determines the long-term impact to Maryland parks and natural resources and propose solutions	• Staffs a liaison to the SRO if applicable • Reopens State Parks • Invests in mitigation projects for natural resource cleanup
Non-Governmental Services	• Coordinates participation of VOADs in short term recovery operations and donations and volunteer management	• Coordinates participation of donations and volunteer management in recovery operations to support local jurisdiction unmet needs	• Coordinates participation of VOADs in long term recovery organization • Coordinates distribution of donations to affected communities if appropriate or by appropriate VOAD

SCF	**Short Term Recovery** *Immediately following a disaster*	**Intermediate Recovery** *1-3 months following a disaster*	**Long Term Recovery** *3 months – years following a disaster*
Power Infrastructure	• Coordinates with utility companies for status of electrical grid and infrastructure restoration	• Coordinates with utility companies for status of electrical grid and infrastructure restoration	• Supports the identification and completion of appropriate hazard mitigation projects to electrical infrastructure
Public Health and Medical	• Assists in coordination of patient flow among Maryland hospitals • Ensures impacted residents have access to healthcare services • Assists local jurisdictions and health care facilities with coordinating resources to return patients to appropriate facilities • Inspects food facilities and conduct food safety food sample collections and test when appropriate • Deploys Maryland Responds volunteers to assist with public health and medical response, including medical aid stations at shelters and/or family assistance centers • Coordinates with MIA to waive prescriptions refill time restrictions • Coordinates behavioral health assistance to affected citizens and response personnel • Assist local jurisdictions with conducting a public health impact assessment	• Monitors and inspects food facilities related to areas to mitigate food-borne illnesses • Communicates with hospitals continuity of care • Assists to return patients to appropriate facilities • Coordinates behavioral health assistance to citizens and personnel • Supports health issues related to radiological releases and decontamination • Conducts laboratory sampling of food establishments, critical facilities debris and/or affected materials • Provides guidance on facility decontamination, detaining potentially adulterated foods for testing, organizing the laboratory testing • Provides guidance to retail establishments and retail food industry organizations and to food processors.	• Coordinate long term behavioral health assistance to affected citizens and response personnel

SCF	Short Term Recovery *Immediately following a disaster*	Intermediate Recovery *1-3 months following a disaster*	Long Term Recovery *3 months – years following a disaster*
Public Works and Infrastructure	• Participates in recovery coordination calls with partners • Coordinates with SCF Transportation and Law Enforcement for first push debris clearance and repairs, and other emergency construction of transportation infrastructure or assets • Assesses damage to public infrastructure and the transportation network in the affected area. • Waives fees and regulations for rapid restoration of critically damaged buildings	• Participates in recovery coordination calls with partners • Coordinates with SCF Transportation and Law Enforcement for debris management and infrastructure repair	• Supports the identification of mitigation opportunities to infrastructure
State Resources	• Supports local jurisdictions with contract support for recovery operations such as debris management and infrastructure repair • Participates in recovery coordination calls with partners • Conducts damage assessments to State-owned facilities	• Supports local jurisdictions with contract support for recovery operations such as debris management and infrastructure repair • Participates in recovery coordination calls with partners	• Supports the long term recovery committee with identification of future state contract support • Identifies projects and strategies for mitigation opportunities to State-owned facilities

SCF	**Short Term Recovery** *Immediately following a disaster*	**Intermediate Recovery** *1-3 months following a disaster*	**Long Term Recovery** *3 months – years following a disaster*
State Services	• Participates in recovery coordination calls with local, state, and federal partners • Supports the damage assessment process and impact analysis to other State services as applicable and requested	• Supports the identification and completion of unmet needs through coordination with other State services	• Supports the identification and completion of mitigation opportunities for State services and local jurisdictions
Transportation	• Participates in recovery coordination calls with partners • Maintains Statewide situational awareness of transportation networks • Processes and coordinate requests for transportation and infrastructure recovery support • Coordinates alternate transportation services as available • Provides resource support if available as requested to State/local departments/agencies • Reports damage and service effects to transportation infrastructure as a result of the incident	• Maintains public transportation services and increase services as necessary • Collects, analyzes, and distributes information on the status of the State's accessible transportation systems, resources and infrastructure • Provides liaison with WMATA, local Maryland EOC's, and other regional transportation organizations as appropriate and requested • Coordinates mutual aid requests for transportation services and resources • Communicates relevant information to transportation infrastructure stakeholders at the local level	• Collects, analyzes and distributes information on the status of the State's transportation systems • Identifies projects and strategies for mitigation opportunities to transportation infrastructure

Whole Community	• Identified immediate whole community needs and works to ensure inclusiveness • Forecasts needs within the recovery mission area • Advises all SCFs on issues related to inclusiveness in an effort to incorporate services for individuals with disabilities and others with access and functional needs • Facilitate equipment loans of assistive technology, portable ramps, and durable medical equipment (per availability) for survivors to return home or to the workplace • Support case management involving individuals and families with disabilities who have complex circumstances and unmet needs. • Provide Maryland Department of Disabilities representation to the FEMA Joint Field Office (JFO), upon request. • Administer specialty loan programs, when available • Participates in recovery coordination calls with partners	• Supports the ongoing recovery needs of the whole community • Advises all SCFs on issues related to inclusiveness in an effort to incorporate services for individuals with disabilities and others with access and functional needs • Facilitate equipment loans of assistive technology, portable ramps, and durable medical equipment (per availability) for survivors to return home or to the workplace • Support case management involving individuals and families with disabilities who have complex circumstances and unmet needs. • Provide Maryland Department of Disabilities representation to the FEMA Joint Field Office (JFO), upon request. • Administer specialty loan programs, when available.	• Supports the ongoing recovery needs of the whole community • Advises all SCFs on issues related to inclusiveness in an effort to incorporate services for individuals with disabilities and others with access and functional needs. • Support case management involving individuals and families with disabilities who have complex circumstances and unmet needs. • Provide Maryland Department of Disabilities representation to the FEMA Joint Field Office (JFO), upon request. • Administer specialty loan programs, when available

Appendix I – State Emergency Operations Center

I. State Emergency Operations Center Introduction

The State Emergency Operations Center (SEOC) is the physical location where State Departments/Agencies/Offices come together to support consequence management activities. As the primary entity for state-level coordination of response activities, the SEOC focuses on the operational level with two primary goals:

- Develop objectives to support policy decisions and priorities
- Coordinate information sharing and resource support

The SEOC is designed to accommodate the large number of emergency management partners present during a consequence management incident. The SEOC layout provides designated seating for partners, and is organized in pods based on functional areas of activity, allowing for maximum collaboration. The SEOC also provides specialized equipment and communications capabilities, along with other logistical support.

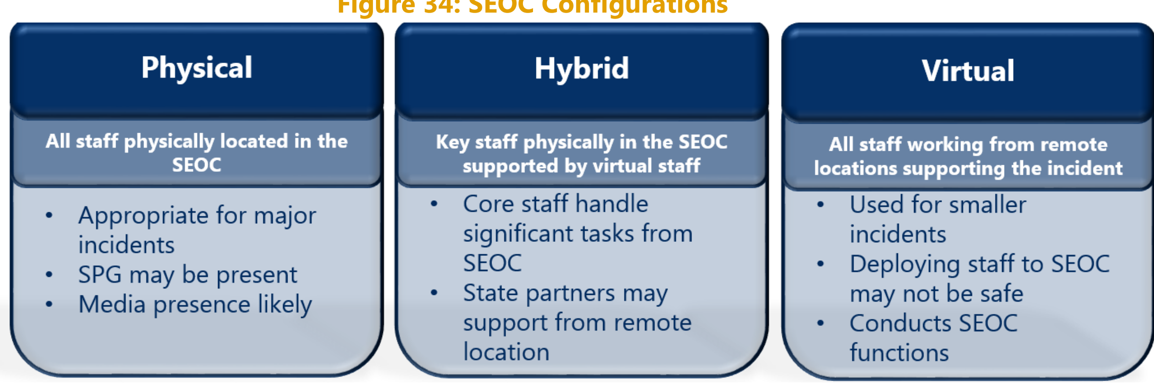
A. Physical Coordination vs. Virtual Coordination

While the SEOC is the physical extension of MEMS, emergency management partners have the ability to conduct consequence management activities outside of the physical construct of the SEOC. The processes, protocols, and procedures stakeholders conduct in the physical room may also be facilitated virtually or in a hybrid format. Virtually coordination has benefits, including:

- Limiting safety hazards by keeping staff in safe locations
- Minimizing staff burnout by preventing unnecessary travel, etc. between shifts
- Faster mobilization of the SEOC in no-notice incidents

Figure 32 summarizes the characteristics of physical, hybrid, and virtual SEOC configurations.

Figure 34: SEOC Configurations



II. Concept of Coordination

The SEOC structure provides and coordinates support to local jurisdictions, and to receives and coordinates resource support from the federal government, other states, and nonprofit and private sector partners. This structure is similar to the Incident Command System (ICS), which is used for both emergency operations and daily operations

Figure 33 illustrates the SEOC structure. A brief discussion of each component of the SEOC structure follows. Additional details about the specific roles and responsibilities of the SEOC positions are included in SEOC Playbooks.

Figure 35: SEOC Structure

A. Executive Staff

The Executive Staff are responsible for strategic and policy-level decision making during consequence management incidents. The Governor of Maryland has ultimate decision-making authority for consequence management activities described in the CMOP. The Governor leads a team of senior-level executives from Maryland Departments/Agencies/Office supporting consequence management activities. Figure 34 and table 14 provide further information.

Figure 36: Executive Staff

Governor of Maryland
Homeland Security Director
Senior Policy Group
MEMA Executive Director
Executive Liaison
Policy Analyst
Administrative Assistant

Table 15: Executive Staff Responsibilities

Position	Responsibilities
Governor of Maryland	Responsible for consequence management decisions in Maryland and is authorized to request federal assistance to impacted communities.
Homeland Security Director	Serves as the Governor's chief policy adviser for homeland security issues.
Senior Policy Group	Directs State Departments/Agencies/Offices to participate in CMOP activities and sets policy priorities.
MEMA Executive Director	Serves as the Governor's chief policy adviser for the MEMS ensuring State actions meet the needs of local jurisdictions.
Executive Liaison	Advocates courses of action based on threats/hazard and incident needs and serves as a liaison to the SEOC and local emergency management director.
Policy Analyst	Supports the executive liaison as needed/appropriate and analyzes impacts and outcomes for proposed/selected courses of action.
Administrative Assistant	Conducts administrative functions as needed/directed.

B. Command Staff

Within the SEOC, the Command Staff provide leadership and oversight of consequence management activities. Led by the SEOC Commander, the Command Staff are responsible for key functions, such as command, public information, and safety within the SEOC and MEMS. Figure 35 and Table 15 provide further information.

Figure 37: Command Staff

SEOC Commander
Deputy SEOC Commander/ SDRC
Administrative Assistant
Safety Officer
External Affairs Manager
Accountability Officer
BOC/VBOC Unit Leader
PIO
JIC/VJIC Unit Leader

Table 16: Command Staff Responsibilities

Position	Responsibilities
SEOC Commander/Deputy	Commands the SEOC and supervises Command Staff/General Staff ensuring SEOC objectives are met and local jurisdictions are supported.
State Disaster Recovery Coordinator	Oversees the State recovery operations and spearheads the transition from response to recovery operations.
Administrative Assistant	Conducts administrative functions as needed/directed.
Safety Officer	Ensures the SEOC, staff, and MEMA facilities are safe and verifies accountability of SEOC staff.
External Affairs Manager	Supervises the Maryland Joint Information System, ensuring the appropriate information management constructs are in place.
PIO	Gathers and verifies information from State Department/Agencies/Offices and represents MEMA and State response operations in media interviews.
JIC/VJIC Unit Leader	Assigns duties for and manages the JIC/VJIC staff as necessary and produces talking points as needed for Governor, Senior State Officials, etc.
BOC/VBOC Unit Leader	Facilitates communication, situational awareness, and information sharing with private sector businesses and provides periodic incident reports to the private sector

C. Planning Section

The Planning Section is responsible for the collection, analysis, evaluation, and dissemination of information regarding the status of consequence management activities. The section also develops operational plans, crisis action plans, and the State Support Plan. Figure 36 and Table 16 provide further information.

Figure 38: Planning Section

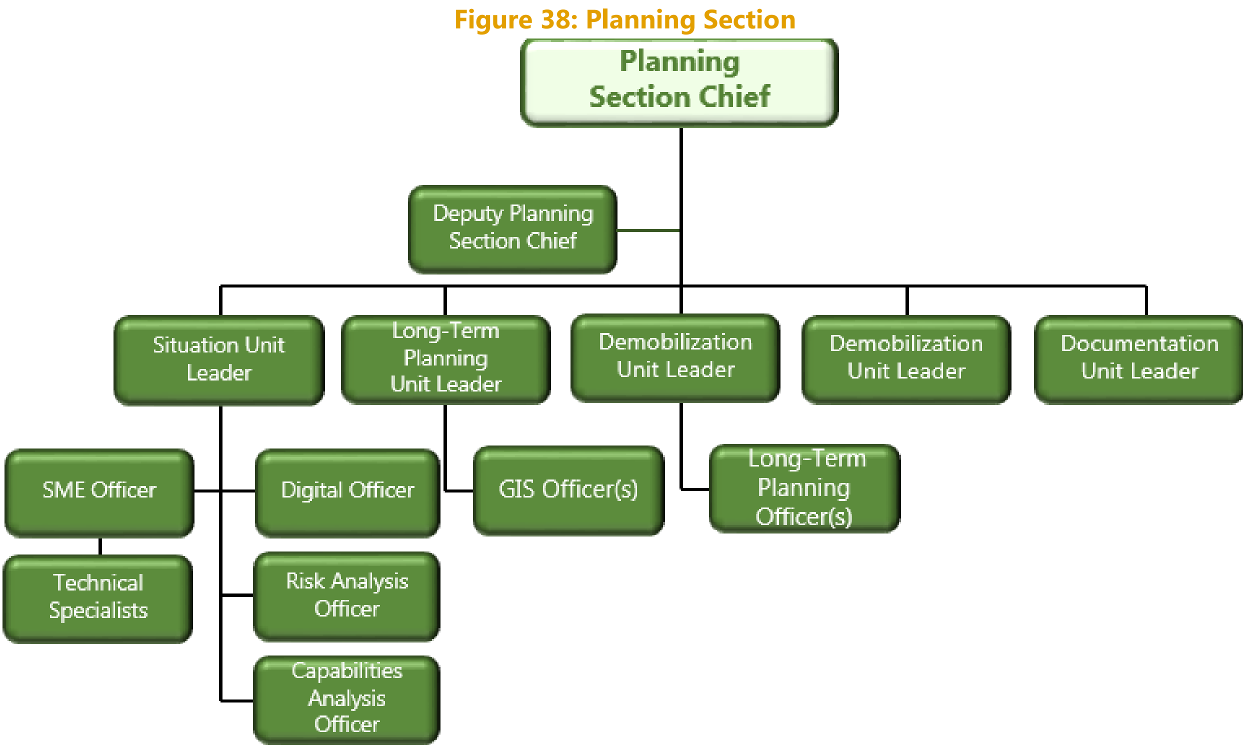


Table 17: Planning Section Responsibilities

Position	Responsibilities
Planning Section Chief/ Deputy	Establishes SEOC operational tempo and facilitates designated meetings and oversee the development of the State Support Plan
Administrative Assistant	Conducts administrative functions as needed/directed
Situation Unit Leader	Gathers and analyzes information from all relevant data sources for inclusion in WebEOC and other informational products
SME Officer	Coordinates with subject matter experts and supports the Situation Unit Leader with information and analysis
Technical Specialists	Provides technical expertise and an enhanced level of expertise and analysis to support operations and information products
Digital Officer	Leads development and maintenance of information is accurate and updated on an ongoing basis
Risk Analysis Officer	Analyzes, synthesizes, and processes incident-related information and inputs data into WebEOC while providing context and analysis.
Capabilities Analysis Officer	Determines if current activities and support are meeting incident needs and forecasts capability gaps.

Position	Responsibilities
GIS Unit Leader	Develops visual displays of data (including maps) and conducts enhanced data analysis including trend and incident analysis.
GIS Officer(s)	Support the duties of the GIS Unit Leader with activities as required/needed
Long Term Planning Unit Leader	Develops long-term strategies for incidents projected to last beyond 4-5 operational periods, including long-term staffing strategies.
Long Term Planning Officers	Support the duties of the Long Term Planning Unit Leader as required/needed
Demobilization Unit Leader	Develop and implement the demobilization plan, including reducing staffing, virtual operations, and document-retention policies.
Documentation Unit Leader	Attend all SEOC meetings and conference calls to take comprehensive and thorough notes, and creates and distributes meeting minutes

D. Operations Section

The Operations Section coordinates State Department/Agency/Office actions in response to a consequence management incident. The Operations Section also coordinates directly with State, local, federal, non-profit, and non-governmental organizations to ensure activities to support incidents are aligned and appropriate based on incident and capability needs. Figure 37 and Table 17 provide further information.

Figure 39: Operations Section

Table 18: Operations Section Responsibilities

Position	Responsibilities
Operations Section Chief/ Deputy	Leads the Operation Section, including coordinating with State Department/Agency/Office and external partners
Administrative Assistant	Conducts administrative functions as needed/directed
Liaison Unit Leader	Provides oversight and supervision of liaison officers and ensures a unified reporting/information flow is established
Local Liaison Officer	Coordinate with MEMA RLO to gather information from local jurisdictions throughout incident lifecycle
Federal Liaison Officer	Liaises with federal entities supporting incident operations
State Coordinating Functions	Supports the needs of local jurisdictions and State Departments/Agencies as needed and serves as agency/discipline subject matter experts

E. Resources Section

The Resources Section facilitates the resource management process as outlined in Section IV of the base plan in order to support consequence management activities. The Section carefully tracks and manages all resource requests from local jurisdictions and state agency partners. Figure 38 and Table 18 provide further information.

Figure 40: Resources Section

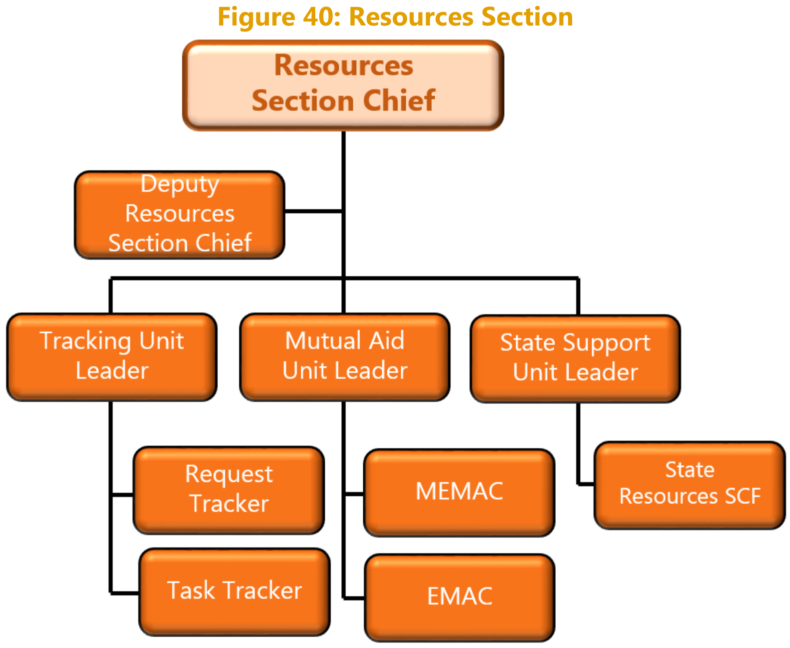


Table 19: Resources Section Responsibilities

Position	Responsibilities
Resources Section Chief/Deputy	Facilitates the resource management process and supervises the resource section while forecasting projected resource needs.
Administrative Assistant	Conducts administrative functions as needed/directed.
Tracking Unit Leader	Oversees the resource deployment process including the tasking/tracking of resources.
Request Tracker	Reviews, validates, de-conflicts, and prioritizes request.
Task Tracker	Follows up with SCFs/assignees to ensure tasks are updated and creates additional tasks as needed in coordination with the Request Tracker.
Mutual Aid Unit Leader	Implements and administers overall inter/intra state and federal mutual aid programs while ensures all federal aid and mutual aid requests are processed & tracked.

Position	Responsibilities
EMAC	Broadcasts approved EMAC requests in EMAC EOS and monitors EOS for offers of support and presents to SEOC Commander as directed by the Resource Section Chief
MEMAC	Coordinates with MJOC to send out MEMAC requests and reviews offers of support for completeness and provides to requesting jurisdiction.
State Support Unit Leader	Makes requests to FEMA or other federal agencies for resource support as directed by the Section Chief and/or the SEOC Commander and coordinates with POCs for incoming federal resources to determine any logistical needs.
State Resources SCF	Assists with state resource procurement through emergency contracts, agreements, etc. as needed for incident.

F. Finance/Administration Section

The Finance/Administration Section oversees the financial and administrative impact of consequence management incidents. This section is also responsible for initiating the disaster assistance and relief processes that opens up State and federal programs to assist survivors. Figure 39 and Table 19 provide further information.

Figure 41: Finance/Administration Section

- Finance/Admin. Section Chief
  - Deputy F/A Section Chief
  - Disaster Assistance Unit Leader
    - IA Officer
    - PA Officer
  - Technology Unit Leader
    - Information Technology
    - WebEOC
    - Webmaster
  - Cost Unit Leader
  - Facilities Unit Leader

Table 20: Finance/Administration Section Responsibilities

Position	Responsibilities
Finance/Admin Section Chief/Deputy	Ensures costs and personnel time are tracked and that the proper facility structure is in place to support operations and coordinates with SEOC Commander to prepare a letter of support for Federal Disaster Declaration as appropriate.
Administrative	Conducts administrative functions as needed/directed

Assistant	
Disaster Assistance Unit Leader	Coordinates the damages assessment processes related to specific designation of the State and localities eligible for disaster assistance and oversees the IA and PA processes.
Individual Assistance Officer	Serves as the SME for the FEMA IA Program and the SBA Disaster Assistance Program regarding eligibility of damages and other community impacts.
Public Assistance Officer	Facilitates the collection and verification of initial/Local Damage Assessment costs from State Departments/Agencies and local offices of emergency management
Technology Unit Leader	Supervises the Technology Unit ensuring SEOC technology is operating and available to support operations
IT	Maintains and restores IT infrastructure as needed.
WebEOC	Maintains and supports WebEOC including accessibility and functionality
Webmaster	Works with GIS to ensure that appropriate public-facing OSPREY maps are available from the MEMA website.
Cost Unit Leader	Analyzes incident costs, burn rates, and other financial information.
Facilities Unit Leader	Monitors building systems and facility supplies and cleanliness and coordinates with the Safety Officer to ensure the facility is hazard free.

III. Concept of Operations

This section describes the process for routine monitoring, mobilization, and the execution of SEOC operations. As noted previously, the SEOC functions in various formats (e.g., physical or virtual) and the processes described in this section apply to any threat/hazard across all Mission Areas and operational phases. The following figure provides an overview of the three phases (normal operations, mobilization, SEOC operations) and associated tasks required to effectively resolve consequence management incidents. A detailed description of each phase follows.

Figure 42: SEOC Concept of Operations

A. Normal Operations

Normal operations occur on an ongoing basis and provide the foundation for both MEMS and SEOC operations.

Routine Threat/Hazard Monitoring

Normal operations are facilitated through routine threat/hazard monitoring through the MJOC and the other 24/7 watch centers discussed in the CMOP base plan. The MJOC and Statewide Duty Officer are the first link in mobilizing the SEOC. Figure 41 describes the roles/responsibilities within this phase.

Figure 43: Routine Threat/Hazard Monitoring

MJOC
- Coordinates with other operations centers
- Notifies SDO of threats/hazards
- "Stead-state" SEOC

Duty Officer
- Receives threat/hazard information
- Recommends courses of action
- "Steady-state SEOC Commander

MJOC

The MJOC serves as the SEOC when the physical or virtual SEOC is not activated. The MJOC is the initial warning and notification point for any threat/hazard affecting the State. Upon receipt of a threat meeting pre-determined criteria, the MJOC notifies the Statewide Duty Officer, who in turn, may decide to notify State senior leadership and escalate the SEOC operation.

Statewide Duty Officer

The Statewide Duty Officer (DO) provides an extra layer of monitoring during normal operations. The DO also serves as the daily SEOC Commander when the SEOC is not activated. This person is the first escalation point when the MJOC or other stakeholders identify an active threat/hazard.

B. Mobilization

The Mobilization phase occurs once an active threat/hazard is detected.

Enhanced Threat/Hazard

The Statewide Duty Officer initiates the transition from normal operations to mobilization. Upon recognition that the incident requires a higher level of intervention, the DO:

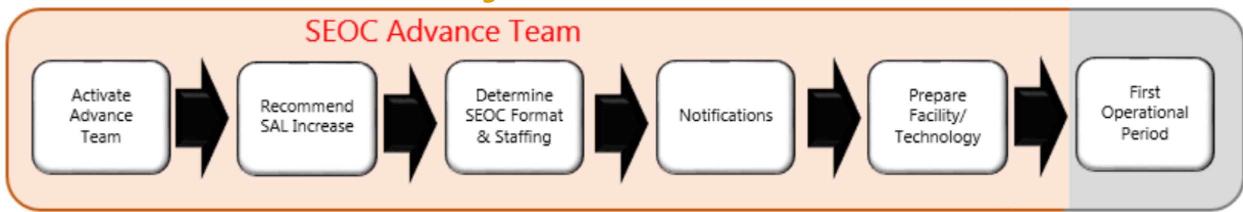
- Notifies senior staff;
- Recommends and facilitates Statewide Emergency Manager Conference Calls;
- Considers activating an Advance Team to prepare stakeholders for a State Activation Level (SAL) increase and SEOC configuration; and

- Considers notifying local and state stakeholders.

SEOC Escalation

If the threat/hazard is such that it requires an increase in the SAL, the SEOC escalation process begins. Figure 42 illustrates the components of an SEOC Escalation.

Figure 44: SEOC Escalation



Activate Advance Team

The purpose of the Advance Team is to assist with SEOC preparations. The Advance Team conducts briefings, makes notification, assembles staffing rosters, and all other activities needed to prepare for the opening of the SEOC. While all activities within the mobilization phase are the responsibility of the DO, they may delegate certain tasks to the Advance Team and MEMA's SEOC Manager. In the case of a no-notice event where the SAL needs to be immediately increased, the DO may opt to skip activating an Advance Team and move right into recommending SAL increase.

Recommended SAL Increase

When an impact to Maryland is likely, the DO recommends increasing the SAL. This decision is a joint discussion between the DO, senior leadership, and SMEs. Jointly, MEMA leadership determines the Mission Area and phase to begin the operation (e.g., Response, Full) to inform agency activities.

Determine SEOC Format & Staffing

Next, depending on the nature and severity of the threat/hazard, the DO recommends the SEOC configuration. Possible configurations include either physical, virtual, or hybrid physical/virtual. It is also during this step that officials determine the length of, and start time of, the operational periods. A staffing schedule is a product of this step.

Make Notifications

After the SAL, SEOC format, and staffing are determined, the MJOC notifies activated staff and agencies. Depending on the lead time for the incident (e.g., notice vs. no-notice) the MJOC can page individual staff, all staff, or all SEOC partners to report via phone calls, texts and emails.

Prepare Facility/Technology

As part of ongoing mobilization efforts, the DO and SEOC Manager prepare the facility for the activation. This includes any systems needed to support the operation.

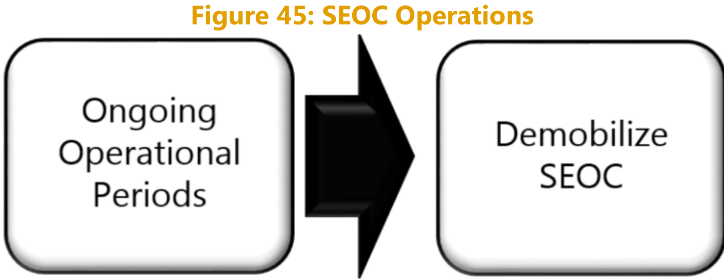
Begin First Operational Period

The last component of the mobilization phase is the start of the first operational period. Prior to the start of the operational period, the DO, Advance Team, and senior leadership facilitate a transfer briefing for the oncoming staff. At this point the DO transfers command to the SEOC Commander. The SEOC is now declared operational.

C. SEOC Operations

The SEOC Operations phase features two components depicted in Figure 43.

Figure 45: SEOC Operations



Ongoing Operational Periods

Ongoing operational periods continue until the threat/hazard passes or personnel are able to resolve the issue. The general operational tempo of the SEOC remains the same.

Operational Tempo

Figure 44 illustrates the basic operational tempo within the SEOC construct. Table 20 provides a summary of the purpose and scope of each meeting.

Figure 46: Operational Tempo

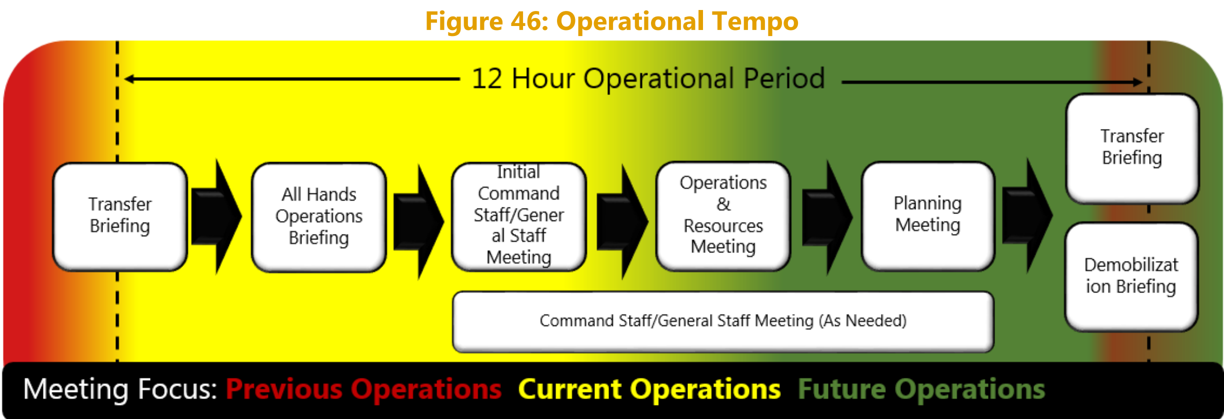


Table 21: Operational Tempo Meetings

Meeting	Purpose	Facilitator	Attendees
Transfer Briefing	Prepares the upcoming SEOC staff for operations	Duty Officer or SEOC Commander	Command Staff/General Staff
All Hands Operations Briefing	Provides a comprehensive overview of the upcoming operational period	Planning Section Chief	All SEOC Staff
Initial Command Staff/General Staff Meeting	To discuss the operation and ensure section chiefs are aware of key issues	Planning Section Chief	Command Staff/General Staff
Command Staff/General Staff Meeting	To discuss the ongoing operations as needed throughout the ops period	Planning Section Chief	Command Staff/General Staff
Operations & Resources Meeting	To discuss current and future operations and resources assigned to support	Operations Section Chief	Operations Section and Resources Section as needed
Planning Meeting	To review and approve the State Support Plan for the upcoming ops period	Planning Section Chief	Command State/General Staff
Demobilization Briefing	To discuss demobilization protocols	Planning Section Chief	All SEOC Staff

D. Demobilization

When the threat/hazard subsides, the SEOC demobilizes. Although demobilization occurs, it does not necessarily signify the end of the operation; rather, demobilization outcomes may be:

- A return to Normal Operations; or
- Transfer to a long-term recovery construct

IV. SEOC Technical Capabilities

A. Technology

The SEOC features systems to provide the staff with situational awareness and a common operating picture to coordinate with stakeholders during consequence management activities. Table 21 outlines technology within the SEOC.

Table 22: SEOC Technology

Technology	Description
Advanced Auto Visual Displays	Allows for multiple displays of many different inputs and information platforms to maintain situational awareness.
Video Teleconferencing Capabilities (VTC)	Maintains conference capabilities with local jurisdictions organizations/agencies and Federal partners.
Satellite hone capabilities	Satellite phones available in case of failure. In addition Peach Bottom and Calvert Cliffs satellite phones (with battery backup) stored in SEOC.
Phone Systems	Hybrid Voice over Internet protocol and digital phone systems available with cellular repeaters for ATT, Spring, and Verizon.
Telephone Service Priority	Government Emergency Telephonic System (GETS) available on site (assigned to Duty Officers and Directors) to allow a priority calling.
Electro Magnetic Pulse (EMP) failure room	High Frequency radio back up capabilities in case of EMP failure is in place. Additionally computer equipment is protected from EMP.
Direct ring down lines	Direct ring down lines in place for Peach Bottom Atomic Plant, Calvert Cliffs Nuclear Power Plant and Exelon/BGE Operations Center.
Files and computer systems backed up	SEOC backup files are located out of the State to prevent a single point of failure
National Warning System (NAWAS)	Four wire digital telephone system used nationwide for access to State Warning Points and other critical entities.
Federal National Radio System (FNARS)	FNARS is a FEMA high frequency (HF) radio network to provide a minimum essential emergency communications capability among governments.
MDFirst Radio System	Statewide 700 MHz public safety two-way radio system are maintained in the SEOC and MJOC and managed through MEMA.
EMnet	More than 650 Federal, state, local, tribal, and territorial governments currently use EMnet to construct and distribute alerts.
National Public Safety Advisory Radio	National 700 & 800 MHz interoperability radio systems available on site.
Calvert Cliffs NPP Radio System	VHF System patched into the MJOC, MDE, and 10 mile EPZ counties.

B. Safety

General Safety Practices

MEMA has policies, procedures and systems in place along with a designated full time Safety Officer to keep the workforce safe while operating within the SEOC. These procedures are contained in the Emergency Evacuation Plan and include procedures for fire, medical

emergencies, active shooter incidents, threatening phone calls, suspicious packages and or any incident requiring an emergency response.

The SEOC has built in safety systems within the building to protect staff and visitors. The following fire protection and emergency medical systems are in place for personnel within in the SEOC.

Table 23: SEOC Safety Systems

Fire Protection	Medical Emergencies
• Pull stations • Smoke detectors • Heat detectors • Sprinkler systems • Fire Doors • Fires extinguishers • All alarms go to the National Guard and the Baltimore County Fire Department • Mandatory building evacuation policy	• First aid station in the MJOC • Trained Licensed Maryland EMT-B's who are managed by a MEMA Emergency Medical Services Coordinator • Basic Life Support equipment and medication in the MJOC • Automatic Emergency Defibrillator • First aid kit (includes ;Band-Aids, Tylenol, tape) is in the cabinet within the finance office

Evacuation

The SEOC has pre-designated evacuation and assembly areas where staff go to that are safe distances away from the building to meet during an emergency.

Area 1: **(Primary)** Lower parking lot, located immediately across from the Maryland Air National Guard (MDANG) building entrance. All staff and visitors occupying the main portion of the MEMA building, including all front offices, the SEOC and Room 107 on the Military side.

Area 2: **(Secondary)** Upper parking lot, located east of the MEMA building. All staff and visitors occupying the main portion of the MEMA building, including all front offices, the SEOC and Room 107 on the Military side. *To be used ONLY as a backup to the primary location, at the direction of the Safety Officer.*

Maryland Department of Human Services
July 2019-December 2019
Title IV-E New Workshop Matrix

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
In-Service Course	**Ambiguous Grief and Foster Care** The majority of youth in foster care have experienced significant losses and have been separated from all they know including familiar people, places and things. The sense of grief and loss can be profound and difficult to process. This webinar will explore ambiguous grief (grieving someone who is still alive) in depth, helping participants to better understand and address the grief of non-death losses. The complexities of these losses will be addressed, along with uses of Pauline Boss's evidence-based approach to coping with ambiguous losses, both individually and as a family. Title IV-E Activities: Effects of grief and separation	1.5 hours	Child Welfare Academy Webinar	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
In-Service Course	**Building Capacity in Problem-Solving and Decision-Making for Human Service Professionals** This training is designed to strengthen child welfare professionals' capacity for critical decision making by first understanding their natural preferences based on the Myers Briggs Type Indicator (MBTI); and second, by learning to use the MBTI-based Z Problem-Solving Model, which provides a framework that anyone can follow for effective problem-solving and decision-making. Title IV-E Activities: Job performance enhancement skills	5.5 hours	Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 50% FFP after applying Title IV-E penetration rate
In-Service Course	**Community Violence and Trauma in Children and Adolescents**	1.5 hours	Child Welfare Academy	Child welfare Supervisors and	Title IV-E Waiver at 50% state and 50% federal

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	Children traumatized by community violence may experience a wide range of symptoms across multiple domains of functioning. Whether the community violence is an isolated incident or a common occurrence, the resulting impact is real and far reaching. This webinar will provide child welfare workers with an understanding of the traumatic impact of community violence, and will explore concrete strategies and interventions that can be employed to build resiliency in children who have witnessed or directly experienced forms of community violence.		Webinar	Workers	
In-Service Course	**Cultural Competence: Making Connections *Real*** Definitions of cultural competence include the reference to knowledge, skills, and attitudes required to facilitate effective cross-cultural practice. Cultural competence requires knowledge of the cultural world of the children, youth and families who are being served - their values, norms, history, rituals, etc. Cultural competence also requires an understanding of the cultural world of the practitioner. This webinar will provide an approach to that cultural self-exploration and how to use that self-knowledge to facilitate authentic/real connections with those we serve. Title IV-E Activities: Cultural competence	1.5 hours	Child Welfare Academy Webinar	Child welfare Supervisors and Workers	Title IV-E Training at 50% FFP after applying Title IV-E penetration rate
In-Service Course	**Direct Service Situation: Balancing Ethical Responsibilities** This workshop will discuss common practice areas that raise ethical dilemmas and explore the code of ethics and propose various ethical decision making models that can utilized to resolve these ethical conflicts. Issues explored	5.5 hours	Child Welfare Academy SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	will be: code of ethics, understanding direct service situations, exploring professional relationships and limitations, ethical framework model, and best practice techniques. This is an interactive workshop were cases vignettes will be presented and participants will work in a group setting to further maximize their understanding of the concepts presented. Title IV-E Activities: Ethics				
In-Service Course	**Grief of Addiction** This session will assist professionals in understanding the unique aspects of family grief while experiencing addiction within the family, examined through the lens of Pauline Boss's Ambiguous Grief research and therapy. It will then consider the unique challenges of coping with a substance-related deaths and approaches for providing support. Title IV-E Activities: Grief and loss	5.5 hours	Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
In-Service Course	**Helping Caretakers Parent the Wounded Child** This webinar will help child welfare workers better understand the behaviors of a child who has been hurt by trauma and broken attachments. Participants will learn how early childhood hurt and neglect from trusted adults impacts a child's brain development and ability to regulate emotions. There will be a focus on reframing challenging behaviors and developing empathic responses that affirm and nurture attachment. Workers will leave with concrete discipline strategies and approaches that they can share with caregivers who are caring for children impacted by trauma.	1.5 hours	Child Welfare Academy Webinar	Child welfare Supervisors and Workers	Title IV-E Waiver at 50% state and 50% federal

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
In-Service Course	**Helping Children Cope During the Reunification Process** It is imperative for individuals working within child welfare to understand the various reunification domains and the impact of reunification on the children and their entire family system. Various issues will be discussed including but not limited to reunification trauma, accessing readiness of reunification, protective factors and building resiliency. Title IV-E Activities: Effects of separation, reunification and trauma	5.5 hours	Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
In-Service Course	**Meeting the Ethical Responsibilities of Recent Changes to Child Abuse and Neglect Law** This workshop will highlight the recent changes in policy and law that describe public child welfare responsibilities and licensing requirements when reporting and responding to suspected child maltreatment. Content will address the complex legal, ethical, and therapeutic issues that arise when reporting or responding to suspected child maltreatment, including making reports when an adult discloses he/she was maltreated as a child. Topics to be covered include: child abuse and neglect civil and criminal definitions, reporting requirements, confidentiality law governing child abuse and neglect information, Social Work Code of Ethics, and DHS/SSA Policy Directives. Title IV-E Activities: Child abuse and neglect policy	5.5 hours	Child Welfare Academy SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
In-Service Course	**Personality Disorders** This training will provide a basic overview of the currently recognized personality disorders. In addition to discussing assessment, diagnosis,	3 hours	Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	and treatment of those with personality disorders, presenter will also discuss ways to work those with personality disorders professionally to facilitate effective engagement and planning with children and caregivers. Title IV-E Activities: Mental health awareness				
In-Service Course	**Problem Sexual Behavior in School Aged Children** Problematic sexual behavior in school-age children is a common occurrence, yet many communities have struggled to identify the best way to manage such problems for both the child who sexually acted out and the child who was acted upon. In this training, attendees will learn the differences between normative and problematic sexual behavior and common reactions from parents and other adults. Attendees will also learn about an evidence-based, comprehensive management and intervention strategy for address these behaviors for children and their families. Title IV-E Activities: Child Development	3 hours	Child Welfare Academy SSW/Regional	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
In-Service Course	**Stress Management for the Human Service Professional** As Human Service Professionals we often lose track of ourselves and find we are stressed to the max about all of our responsibilities both at home and at work. Getting off the fast track and learning how to de-stress your life is necessary to combat the cumulative and very real stress you face day to day. The goal of this workshop is to stop feeling so overwhelmed and to	5.5 hours	Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 50% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	increase both your personal and professional satisfaction. Title IV-E Activities: Stress management				
In-Service Course	**The Difficult Client** No workforce is devoid of difficult individuals, whether it be clients, coworkers, or both. This training aims to discuss challenging clients, identify causes for the symptoms that render them so difficult, and consider these clients impact on professionals. Additionally, attendees will learn ways to manage interactions with these individuals more effectively. Case vignettes and real-life examples from attendees will enrich this training by applying skills to everyday experiences. Title IV-E Activities: Communication skills required to work with difficult clients	3 hours	Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
In-Service Course	**The Power of Positive Thinking: An Advanced Approach for Human Service Professionals** In this dynamic, fast paced and interactive workshop you will learn how to change your thinking even when times get rough at work to reduce your stress reaction. You will learn ways to decrease the likelihood of burnout and you will learn practical strategies to decrease any feelings of being overwhelmed, stressed and burdened by difficult caseloads. You will leave the workshop feeling like you have more control over the situations that come your way every	5.5 hours	Child Welfare Academy	Child welfare Supervisors and Workers	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	day.				
In-Service Course	**Transracial Placements: Preparing and Supporting Families** Families who adopt a child of a different race or from another culture are confronted with a unique set of issues and concerns that require careful thought, preparation and ongoing education. This seminar is designed for professionals working with families who intend to adopt trans-racially or trans-culturally. It will provide information and strategies when working with parents to help them evaluate their readiness to embrace a multi-racial/multi-cultural family identity. It will also help professionals to prepare families for the realities and ongoing challenges of adopting trans-racially/trans-culturally to increase the likelihood of a smooth transition and successful placement. Title IV-E Activities: Cultural competency	5.5 hours	Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
In-Service Course	**Understanding the Behavior of Adolescents with Trauma Histories** This seminar is designed to help participants understand the relationship between trauma and adolescent development, with an emphasis upon how the normative developmental tasks of identify development, separation and individuation can be exacerbated for adolescents in care. Participants will gain a better understanding of adolescent brain development from a trauma lens, and will be able to differentiate between "typical" adolescent challenges versus behavior that has been negatively shaped by trauma. Workers will learn effective ways of assisting bio-parents/resource with communicating, setting limits, gaining trust, and building a positive relationship with the teens in their care.	5.5 hours	Child Welfare Academy	Child welfare Supervisors and Workers	Title IV-E Waiver at 50% state and 50% federal
In-Service Course	**Using Emotional Granularity to Solve Workplace Issues** In this workshop, we will learn the difference between affect and emotion, and how to identify your emotions so that you can find the best solution to the challenge that had you feeling that way. Applicable to both our professional and personal lives, emotional granularity is a skill that will help you truly harness the power of your emotions, ultimately impacting your job performance and ability to effectively serve children and families.	1.5 hours	Child Welfare Academy Webinar	Child welfare Supervisors and Workers	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
In-Service Course	**What to Do If a Child is Stuck in Blocked Trust** A child who has suffered from insecure attachment and the trauma of neglect and/ or physical and sexual abuse will have a difficult time trusting that any adult is emotionally safe and will meet his/her needs. This webinar will help child welfare professionals understand the needs of these children and support caregivers manage difficult behaviors while helping to create a healing household. Title IV-E Activities: Effects of trauma and child abuse and neglect.	1.5 hours	Child Welfare Academy Webinar	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Continuing Professional Education					
CPE In-Service Course	**Advanced Parenting Strategies for Your Clients** In this workshop participants will learn creative strategies to help their clients parent more effectively. This workshop will include how to help prevent behavioral problems and how to creatively work through behavioral problems that come up. Participants will leave with new strategies, which they can share with their clients to help them parent their children more effectively. Title IV-E Activities: Strengthening family relationships to support reunification	6 hours	Continuing Professional Education SSW	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Diverse and Inclusive Leadership** This workshop focuses on what emerging leaders need to understand about diversity and	6 hours	Continuing Professional Education	Child welfare Supervisors and Workers	State General Funds

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	how it supports effective leadership; what inclusive leadership is and aims to achieve; and what characteristics are necessary to successfully lead a diverse, multicultural, and innovative workplace.		SSW		
CPE In-Service Course	**Encouraging Growth Through Effective Performance Evaluation** As a supervisor, you are tasked with helping your staff grow in his/her professional skills. Using research-based tools to both measure performance and critically think about growth is crucial to that process. Title IV-E Activities: Supervisory Skills	3 hours	Continuing Professional Education SSW	Child welfare Supervisors and Workers	Title IV-E Training at 50% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Financial Social Work in Action: Direct Practice with Vulnerable Populations** This workshop will discuss the financial needs in different populations, such as older adults, IPV survivors, service members and family, vulnerable youth, those facing medical crisis, and returning citizens. This workshop will discuss how financial social work makes a difference in clients' lives.	1.5 hours	Continuing Professional Education Webinar	Child welfare Supervisors and Workers	State General Funds
CPE In-Service Course	**From Post-Traumatic Stress Disorder to Post Traumatic Growth** This workshop will focus on understanding the concept of and the theory what trauma is and how individuals can grow and thrive despite their trauma narrative. Different theories will be explored, but a particular focus will be on strength-based theories to help consumers build on or acquire resiliency concepts that help them reshape and reform the trauma narrative from that of victim to survivor.	6 hours	Continuing Professional Education SSW	Child welfare Supervisors and Workers	Title IV-E Waiver at 50% state and 50% federal
CPE In-Service Course	**Primer on Opioid Addiction and Treatment: How the Opioid Crisis Came to Be and How Social Workers Can Solve the Epidemic**	6 hours	Continuing Professional Education	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	The purpose of this course is to increase participants understanding of the biology and psychology of opiate addiction, the effect of addiction on the heath of individuals with opiate use disorder (OUD), how OUD affects children and families, and how to address stigma around substance use and its treatment. Title IV-E Activities: Substance Abuse		SSW		
CPE In-Service Course	**Practice & Ethical Consideration: Organizational Ethics** This workshop will explore the numerous practice and ethical considerations involved in understanding and applying Organizational Ethics to contemporary social work practice. An emphasis will be placed on understanding and applying the responsibility a social worker has to one's self and the agency's responsibility to the social workers within the realm of organizational ethics. Issues explored will be: Code of Ethics, understanding organizational culture, managerial ethics, bureaucracy, ethical framework model, and risk management. Participants will be able to identify the importance of understanding self-care in particular the significance of compassion fatigue and burnout. Title IV-E Activities: Ethics	3 hours	Continuing Professional Education SSW	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
CPE In-Service Course	**Social Work Supervision: Key Strategies for Transforming the Workplace** This interactive workshop is intended for anyone who supervises, or wishes to supervise, in a human services environment. The importance of the role of a supervisor in creating a positive work environment will be	3 hours	Continuing Professional Education SSW	Child welfare Supervisors and Workers	Title IV-E Training at 50% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	examined, along with the challenges a supervisor faces from a "realistic" picture of the field. Practical tools along with the opportunity to practice will be provided. Title IV-E Activities: Supervisory skills				
CPE In-Service Course	**The Language of Leadership** The way leaders communicate a message can be as important as the message itself. Effective leaders know how to design their messages in a way that ensures others will listen. This class will teach specific characteristics of the language of leadership. Participants will learn how to craft their communication so that their message will resonate with others.	6 hours	Continuing Professional Education SSW	Child welfare Supervisors and Workers	State General Funds
CPE In-Service Course	**Think it Over: Ways to Encourage Staff to Employ Critical Thinking** In this course which is directed towards supervisors and/ or administrators, learners review the ways to tackle the "difficult" employee that can lead to better work performance and a healthier overall work environment for all staff. Participants will describe different personality styles, including benefits and drawbacks and ways to adapt to the strengths of staff members. Title IV-E Activities: Supervision/Job performance and enhancement skills	3 hours	Continuing Professional Education SSW	Child welfare Supervisors and Workers	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Resource Parent Training					
Resource Parent In-Service Course	**The Brain Can Heal** Complex trauma impacts brain development knocking youth off of what would be their anticipated developmental trajectory. Come learn how to begin to build a foundation for	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	healing. Participants will understand the ways in which trauma impacts the brain and the importance of "creating safety" for a child's emotional growth and development. Participants will learn some ways to help shape the environment of a child of any age to support getting them back on track for their anticipated development.				
Resource Parent In-Service Course	**Children's Mental Health – Defined** Through this training, parents will understand some of the causes of mental health in children, prevalence of and criteria for a mental health diagnosis. Treatments for children will also be discussed.	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Resource Parent In-Service Course	**From Post-Traumatic Stress Disorder to Post Traumatic Growth** Trauma is a universal concept that every human being endures at some point in their lives. Often time's individuals sustain multiple traumas, and some become so pervasive and acute that they develop into Big "T" traumas and eventually manifest in the form of Post-Traumatic Stress Disorder (PTSD). Participants will be able to define and articulate the concept of Post-Traumatic Stress Disorder, Post Traumatic Growth and Toxic Stress. Parents will gain an understanding of the overall effects of trauma in relationship to core sense of self and the world. In addition to be being provided with coping skills and strategies to help them, help and support their youth so that they can move from trauma to growth.	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Resource Parent In-Service Course	**Happiness: The Power of Optimism** In this stress-busting course, you will learn the secret recipe to getting rid of stress and reaching a level of happiness, you never thought possible. You will understand how to shift your perspective to a more positive stance. This will	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	allow you to be an even better Resource Parent and a happier person. Join us to understand how to channel optimism to make your everyday interactions less stressful. It is time for you to live a life of joy, not stress—and the way to get there is learning the proven strategies taught in this workshop.				
Resource Parent In-Service Course	**Identity Formation: A Trauma-Responsive Approach to Supporting and Restoring the Sense of Self** This workshop will first identify the meaning of "self". Discussion will focus on how identity is impacted by traumatic events, and what to do when an event disrupts someone's identity. Parents will leave with an idea of how to support and grow a child's identity.	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Resource Parent In-Service Course	**The Power of Positive Thinking: Make Room for Joy** The way you think impacts you both as a Resource Parent and personally. Thinking negatively leaves you vulnerable to both burnout and stress related illness. Who really wants stress related illness? This course recognizes that although we are all different – and respond to the things around us differently – we all have the power to choose our thoughts. In order to do that we need to understand how thoughts affect our behavior and relationships. You can learn how to control what you think and what you say. In this dynamic, fast paced and interactive workshop, you will learn how to change your thinking even when times get rough with your foster child and in your life in general. You will learn how to turn that feeling of a frown upside down so you no longer feel as overwhelmed and stressed. You will leave the workshop feeling like you have more control over the situations that come your way every day.	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
Resource Parent In-Service Course	**Self-Care: Taking Care of You When Everything is Out-of-Control** This is a different kind of training on Self-Care. This training is solution-focused, engaging parents through role-play, mindfulness and other activities to learn strategies to take care of themselves during crises and other challenging moments with their child. Objectives: Know how self-care is critical to effective parenting, and prevents compassion fatigue and secondary trauma, to know experientially how mindfulness can help a parent stay calm in even the most challenging moments with their child, and to learn strategies that build resiliency and supports physical, cognitive, and emotional well-being.	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Resource Parent In-Service Course	**Trauma Informed Care** Participants will gain an understanding about trauma, the effects of trauma on the brain, and interventions. Participants will learn immediate interventions that help in the recovery process from trauma.	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate
Resource Parent In-Service Course	**What to Do If Your Child is in "Blocked Trust"** This workshop will help resource and adoptive parents understand youth who have experienced blocked trust because of the trauma that has happened to them. Parents will learn strategies for increasing their capacity to empathize and connect with a child who may be exhibiting challenging behaviors. Caregivers will understand the effect of disrupted attachment, and abuse and neglect on a child's emotions, behaviors and their developing brain. They will develop the self-awareness and the skills to look beyond the child's behavior to understand its true meaning and purpose. The training will teach strategies for managing the youth's blocked trust while sustaining a trusting and	3 hours	Child Welfare Academy SSW/Regional Venue	Resource Parent, Adoptive Parents, Kinship Parents In-service	Title IV-E Training at 75% FFP after applying Title IV-E penetration rate

Training Activity	Course	Duration	Provider/Venue	Audience	Cost Allocation
	healing relationship with them. Parents will leave with a toolbox of techniques to intervene effectively with children in blocked trust.				

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2021: October 1, 2020 through September 30, 2021

1. Name of State or Indian Tribal Organization and Department/Division:	**3. EIN:**	52-6002033
Maryland Department of Human Services (DHS)	**4.**	878358332
2. Address: (insert mailing address for grant award notices in the two rows below)	**5. Submission Type:** (select one)	
311 W. Saratoga St.		New
Baltimore, Maryland 21201		
a) **Email address** for grant award notices: stafford.chipungu@maryland.gov		
REQUEST FOR FUNDING for FY 2021: Hardcode all numbers; no formulas or linked cells.		
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$4,347,013
a) Total administrative costs (not to exceed 10% of the CWS request)		$434,701
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:	**% of Total**	$0
a) Family Preservation Services	20%	$1,023,928
b) Family Support Services	20%	$1,023,928
c) Family Reunification Services	20%	$1,023,928
d) Adoption Promotion and Support Services	20%	$1,023,928
e) Other Service Related Activities (e.g. planning)	10%	$511,963
f) Administrative costs (*STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %*)	10.0%	$511,963
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	100%	*$5,119,638*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$328,504
a) Total administrative costs (not to exceed 10% of MCV request)		$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (*STATES ONLY*)		$1,674,317
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		$1,361,905
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$408,571
11. Requested Education and Training Voucher (ETV) funds:		$413,450

REALLOTMENT REQUEST(S) for FY 2020:

Complete this section for adjustments to current year awarded funding levels.

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2020 allotment that will not be utilized for the following programs:

	PSSF	MCV *(States only)*			ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment):

	PSSF	MCV *(States only)*			ETV Program
$0	$0	$0	$0		$0

14. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		***Signature of Federal Children's Bureau Official***
Lourdes R. Padilla (signed) Lourdes R. Padilla		Joseph Bock for Jerry Milner
Title DHS Secretary		***Title***
September 11, 2020		
Date		***Date*** 11/9/2020

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: Maryland

For FY 2021: OCTOBER 1, 2020 TO SEPTEMBER 30, 2021

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	$ 1,564,925			$ 636,240				$ 72,910,638	24,640	-	Children	statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ 1,023,928		$ -				$ 21,639,424	-	450 families	children at risk of placement or al risk of being abused.	14 jurisdictions, both urbal and rural.
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ -	$ 1,023,928		$ 619,497				$ 298,709	-	450 families	families who need additional supports.	14 jurisdictions, both urbal and rural (some jurisdiictions have both family pres and family support dollars
4.) FAMILY REUNIFICATION SERVICES	$ 2,347,387	$ 1,023,928		$ -				$ 1,552,570	1,600 children	1,100 families	families who have child in foster care, or child who has been reunfified less than 15 months.	statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 1,023,928						$ 356,813	1,300 children	1,100 families	children with a goal of aodpilon.	statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ 511,963						$ 755,200	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 35,570,863	$ 23,309,958	4,748		Children	Statewide
(b) GROUP/INST CARE	$ -						$ 16,786,443	$ 131,963,967	725	-	Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 29,035,235	$ 17,273,484	-	-	-	-
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 618,478	$ 30,151,151	318	-	Children	Statewide
10.) INDEPENDENT LIVING SERVICES	$ -				$ 1,361,905		$ -	$ 122,450	2,113	0	Youth in Care 14-21	statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -				$ -	$ 413,450	$ -	$ 74,678	200	-	Current and Former foster care youth age 14-26 who attend post secondary education programs	statewide
12.) ADMINISTRATIVE COSTS	$ 434,701	$ 511,963	$ -				$ 5,896,788	$ 70,869,321				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ 418,580			$ -	$ 901,451				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ -	$ 901,451				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -	$ 1,095,279	$ 6,593,871				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 328,504				$ -	$ 62,699				
18.) TOTAL	$ 4,347,013	$ 5,119,638	$ 328,504	$ 1,674,317	$ 1,361,905	$ 413,450	$ 89,003,086	$ 379,737,835				
19.) TOTALS FROM PART I	$4,347,013	$5,119,638	$328,504	$1,674,317	$1,361,905	$413,450	-----	-----	-----	-----	-----	-----
20.) Difference (Part I - Part II)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-----	-----	-----	-----	-----	-----

(If there is an amount other than $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses ($) means Part II exceeds request)

21.) Population data required in columns I - L can be found:

X **On this form**

In the APSR/CFSP narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher
Reporting on Expenditure Period For Federal Fiscal Year 2018 Grants: October 1, 2017 through September 30, 2019

1. Name of State or Indian Tribal Organization:	**2. Address:**					**3. EIN: 52-6002033**
Maryland Department of Human Services (DHS)	311 W. Saratoga St.					**4. DUNS: 878358332**
5. Submission Type: (select one) New	Baltimore, Maryland 21201					
Description of Funds	**(A) Original Planned Spending for FY 18 Grants (from CFS-101, Pt I)**	**(B) Actual Expenditures for FY 18 Grants**	**(C) Number Individuals served**	**(D) Number Families served**	**(E) Population served**	**(F) Geographic area served**
6. Total title IV-B, subpart 1 (CWS) funds:	$ 3,799,778	$ 3,776,558	6,599	-	Children	Statewide
a) Administrative Costs *(not to exceed 10% of CWS allotment)*	$ 379,978	$ 377,655				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ -	$ -	-	-	-	-
a) Family Preservation Services	$ 884,891	$ 1,264,437				
b) Family Support Services	$ 884,891	$ 982,824				
c) Family Reunification Services	$ 884,891	$ 793,940				
d) Adoption Promotion and Support Services	$ 884,891	$ 1,185,709				
e) Other Service Related Activities (e.g. planning)	$ 442,445	$ 73,736				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF allotment)*	$ 442,445	$ 291,799				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	*$ 4,424,454*	*$ 4,592,445*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 278,697	$ 289,389				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ -	$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: *(optional)*	$ 1,275,300	$ 1,238,095	-	-	-	-
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of CFCIP allotment)*	$ 382,590	$ 22,343	364	-	Children	Statewide
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 413,838	$ 388,475	491 (* Number served includes multiple academic school years)	-	Current and Former foster care youth age 14-26 who attend post secondary education programs	StateWide

11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*	
Lourdes R. Padilla		Joseph Bock for Jerry Milner	
Title	***Date***	***Title***	***Date***
Maryland DHS, Secretary	9/11/2020		11/9/2020

STRATEGIC RECRUITMENT PLAN TEMPLATE

Task:
The overall goal of this plan is to help each locality develop a comprehensive recruitment plan informed by 1) local data and 2) best practice.

First, the plan will ask you to gather local data regarding recruitment and retention in order to develop a snapshot of the children in your locality. The snapshot should help you be able to better identify areas of recruitment need.

Second, the plan will review best practice strategies for three types of recruitment—general, targeted, child-specific—and offer guidelines of how to structure your recruitment campaigns.

Finally, the plan will ask you to develop a local-specific recruitment campaign for your jurisdiction. Your campaign plan will detail the activities that the recruitment team will undertake over the course of the year. Each activity will have a defined goal, potential partners, and a proposed timeline and budget.

SECTION I: DATA ANALYSIS

In this section, you will be using local data to develop a better picture of the children and families in your system and to guide you in the best way to meet their needs through resource family recruitment and support efforts.

Breakdown of Children in Care

Age Group	# of children in out of home placement	Sibling Group breakdown	Gender breakdown	Racial Breakdown	Placement Breakdown
All Ages		# of children in sibling group	Male	African-American	Unrestricted Homes
			Female	Caucasian	Restricted Homes
				Bi-Racial	Public TFC
		# of children not placed with siblings		Hispanic	Private TFC
				Other	Residential/Group
					Other
0-4	_____# of children	# of children in sibling group	Male	African-American	Unrestricted Homes
			Female	Caucasian	Restricted Homes
				Bi-Racial	Public TFC
	_____ % of total # of children	# of children not placed with siblings		Hispanic	Private TFC
				Other	Residential/Group
					Other
4 -9	_____# of children	# of children in sibling group	Male	African-American	Unrestricted Homes
			Female	Caucasian	Restricted Homes
				Bi-Racial	Public TFC
	_____ % of total # of children	# of children not placed with siblings		Hispanic	Private TFC
				Other	Residential/Group
					Other
10-14	_____# of children	# of children in sibling group	Male	African-American	Unrestricted Homes
			Female	Caucasian	Restricted Homes
				Bi-Racial	Public TFC
	_____ % of total # of children	# of children not placed with siblings		Hispanic	Private TFC
				Other	Residential/Group
					Other
15-17	_____# of children	# of children in sibling group	Male	African-American	Unrestricted Homes
			Female	Caucasian	Restricted Homes
				Bi-Racial	Public TFC
	_____ % of total # of children	# of children not placed with siblings		Hispanic	Private TFC
				Other	Residential/Group
					Other

18-21	______# of children	# of children in sibling group		Male		African-American		Unrestricted Homes
				Female		Caucasian		Restricted Homes
						Bi-Racial		Public TFC
	______ % of total # of children	# of children not placed with siblings				Hispanic		Private TFC
						Other		Residential/Group
								Other

Based on the data above, what are three general observations about your locality's child welfare population?(e.g. "We see that 70% of our children are over 15.")

1.

2.

3.

Based on your observations above, what do you consider to be the key child populations you need to recruit for (e.g. teenagers; young children; boys ages 10-12)? Why? Is there any other population not measured here that you would consider a key population for recruitment (e.g. drug addicted infants)? (e.g. "Since most of our kids are over 15, we need to concentrate on finding families who will care for teens.")

Breakdown of families in the system

Year	# of children in care	Racial Breakdown of families	# of Resource Families			# of Homes Closed			# of New Families			# of Families Retained		
			Reg.	Rest.	Resp.	Reg.	Rest.	Resp.	Reg.	Rest.	Resp.	Reg.	Rest.	Resp.
FY18		African-American												
		Caucasian												
		Bi-Racial												
		Hispanic												
		Other												
FY19		African-American												
		Caucasian												
		Bi-Racial												
		Hispanic												
		Other												
FY20		African-American												
		Caucasian												
		Bi-Racial												
		Hispanic												
		Other												

Reg. = Regular   Rest. = Restricted   Resp. = Respite

Based upon the above resource family data, what are a few trends that stand out to you?
(e.g. "Every year for the last three years we have approved more restricted homes and fewer regular homes.)

Based upon the trends you've observed above, what actions do you plan to take? (e.g. "As we certify more and more restricted placements we will have to find ways to support our kin families.")

Section II: RECRUITMENT PLAN GUIDANCE

A comprehensive recruitment plan will include:

- A description of the characteristics of children for whom foster and adoptive homes are needed;
- Specific strategies to reach out to all parts of the community;
- Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information;
- Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information;
- Strategies for assuring that ll prospective foster/adoptive parents have access to agencies that approve foster/adoptive parent, including location and hours of services so that the agencies can be accessed by all members of the community;
- Strategies for training staff to work with diverse communities including cultural, racial and socio-economic variations;
- Strategies for dealing with linguistic barriers; and
- Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in appropriate household is not delayed by the search for a same race or ethnic placement
-

This section provides a foundation to build your recruitment plan. There is information and guidance regarding the three major recruitment strategies (general, targeted, and child-specific) so that you can structure a complete recruitment campaign.

Strategy #1: General Recruitment

Guidance:
It is recommended that general recruitment take up only about **15%** of your budget and recruiters' work time. While reaching the largest audience, general recruitment is the least effective method of bringing in families who make it through the approval process.

Most media appearances and press coverage can be arranged for free. Rather than purchasing ads or paying for booth space at a fair, recruiters are encouraged to partner with local newspapers and provide them with profiles of children in care who can be publicized, or to partner with local organizations to arrange for a booth to be sponsored or for a speaking engagement at the event, rather than booth space. Recruiters are encouraged to make radio and television appearances on local shows and to use any and all opportunities to reach audiences.

Strategy #2: Targeted Recruitment

Guidance:
It is recommended that targeted recruitment take up about **60%** of your budget and the recruiters' work time. Targeted recruiting requires creativity to reach all possible connections. It is an

extremely effective method of bringing in families who continue all the way through the certification process, and who are dedicated and willing to work with some of the populations most in need.

Remember, there are people who are eager to connect to even our most difficult-to-place child populations (even if not for a placement, at least as a permanent connection). Often these people are already working with similar children in a professional or volunteer capacity.

Strategy #3: Child-specific Recruiting

Guidance:
It is recommended that agencies spend about **25%** of their budgets and the recruiters' time using this method. Child specific recruiting is a slower process in that it's a one-by-one solution, but it is the most effective method in finding a specific child's need for the right family.

Remember, efforts should include both intensive searching for any previous or ongoing connections in the child's life that could provide a permanent loving home, as well as extensive work in tracking down the right match who could be a stranger to the child.

Recruitment Plan and Guidance Chart

Recruitment Strategy *(Definition)*	**Goals of Strategy**	**Potential Activities**	**Potential Partners**
General Recruitment (15%) *General recruitment is intended to reach as many people as possible.*	• Raise public awareness of the need for foster and adoptive parents • Build a positive image of fostering and adopting in the community • Bring in new families interested in fostering or adopting	• Actively pursuing press coverage by reaching out to radio, television, newspaper and magazines with story ideas, articles and information • Creating and placing advertisements in various media including yellow pages, radio, television, and newspapers, billboards and free publications • Distributing information at community events including fairs parties and in public spaces • Speaking at clubs, organizations and community groups to provide general information	• Local media of all kinds • Local businesses, organizations and community partners who can donate services, goods or advertising space or allow the agency to reach their employees • Local Foster Parent Association
Targeted Recruitment (60%) *Targeted Recruitment seeks to find homes for specific populations of children that are especially high-need (e.g. teenage boys or mother-child placements).*	• Bringing in new families for the specific populations of children most in need of homes • Raising community awareness about the need for homes for specific populations of children	• Same activities as above, though they should be focused on finding families for specific, high-need child populations • Forming recruiting partnerships with those who can help the targeted population (e.g. foster parents who currently care for a child from high-need population and can speak about their experiences) For example: • Advertising in a nursing magazine or at a hospital using advertisements specifying the need for foster families for medically fragile children • Attending an autism awareness event with information about autistic children in need of homes • Speaking at the opening of a new youth recreation center if the targeted population is teenage boys	Same as above PLUS • Resource parents who are already working with children from the targeted population (their networks of friends, coworkers and acquaintances) • Formal and informal community organizations who will partner with us (schools, churches, hospitals, service providers, clubs, social groups, fraternities, sororities, clubs, gathering places including barbershops, restaurants, etc.)
Child-Specific Recruitment (25%) *Child Specific Recruitment seeks to find adoptive families for specific children (or siblings) whose parental rights have been terminated.*	• Find a permanent home for every child in need • Matching children with families who will best support their needs (locally or nationally)	• Creating a dynamic, strengths-based profile of the child to be shared publicly through AdoptUSKids, MARE and brochures • Recruit and partner with key identified people based on the child's personality and interests (e.g. if the child loves animals, connect with veterinarians, zoo workers, volunteers at the animal shelters, dog groomers, breeders and others who will spread the word) • Recruit and partner with key identified people based on the child's needs (i.e. if the child is deaf, talk to and connect locally and nationally with interpreters, staff at schools for the deaf, support groups, and deaf organizations)	Same as above PLUS • Any connections already in the child's life (e.g. networks of friends, coworkers and acquaintances even if they cannot themselves become a permanent home for the child) • National organizations with any relationship to the child's needs or interests

Regional Recruitment Plan

This is an example of an outline for a recruitment plan that will guide your locality's recruitment activities over the next six months, at which time you should revisit these plans and make changes as necessary. Remember, to do great targeted recruitment, you will need to be creative, detail oriented and you will need to follow up with the contacts you make by keeping track of them.

Targeted Population of children	**Who is likely to connect with these children?**	**Where do we find such people?**	**Specific Places and People**	**Recruiting Partners and connections**	**Planned Activity and Timeline** When/how often will event take place?	**Budget** How much will event cost? For what?	**Goal Number**
10 to 14 year old boys	*People who already work with teenagers*	***Schools:*** *Coaches* *Counselors* *Teachers* *Principals* *Secretaries*	*Georgia Middle School* *Holy Cross Day School*	*Mr. McIntire* *Mrs. Blackwell* *Sister Anne*	*Monthly speaking spot at PTA meeting,* *Monthly visits with school liaison*	*Free*	*15 new families*
15 to 18 year old boys with a court history	*Military families who may be able to help with structure*	*Military Bases* *Local ROTC leaders* *Veterans Associations*	*Fort Tom wives club* *American Legion Youth Clubs*	*Mrs. Hanks* *Cpt. Smith* *Mr. Wilkes.*	*Quarterly events at military base*	*100 dollars each time to pay for coffee, donuts and juice for 25 attendees*	*8 new families*

APPENDIX XVIII: GENERAL RECRUITMENT IDEAS

Many of the following ideas come from USDHHS, 1995.

No Cost/Free General Recruitment Ideas

- Television public service announcements or community interest stories.
  - To obtain posters, PSAs, and other promotional materials developed by the Ad Council in cooperation with AdoptUsKids and the US Department of Health and Human Services, go to http://www.adcouncil.org or http://www.adoptuskids.org.
  - The Dave Thomas Foundation has also made available a host of materials that can be used in the recruitment of adoptive parents. See http://www.davethomasfoundation.org/Adoption-Resources/Free-Materials.

- Information booths at events, foster care/adoption fairs, and events.
- Ask select churches to put a short announcement in the worship service bulletin each Sunday in the months of May (Foster Care Month) and November (Adoption Month) about the need for families. Include your contact information in the announcement and then be available after one or more services to answer questions about fostering, adoption, and volunteering.
- Speakers' bureau, scheduling presentations at churches, civic groups, etc.
- Notices in community bulletins
- Television and newspaper feature stories
- Adoption day in court (a ceremony to celebrate children's formal adoptions)
- Messages on business marquees
- Adoptive mother and father of the year
- Door-to-door canvassing
- Appearances on interview programs, including your county's public access TV station
- Surveys or flyers in shopping malls
- Write an ongoing newspaper column concerning the plight of children and the need for adoptive and foster families. This should include both major daily newspapers and local weekly newspapers. Ongoing columns have been effective because of their predictability.
- Provide information about fostering and adopting on websites

Using Community Marquees
Laura Chintapalli, from Chatham County, North Carolina DSS

My favorite pastime is scouting out roadside marquee signs. It's great free advertising. A billboard would cost us $800 for six months. I have had success with churches, community message signs, and local businesses such as oil and gas companies, gas stations, etc. If someone has a marquee, I will go and ask if we can use it. We usually ask to have the sign up for two weeks, but will take a week if this is more plausible. One company had it up for a month.

Our messages were simple: "Foster Parents Needed! Please call 642-6956" and "Be a Foster Parent! Call 642-6956." You want your message to be short, eye-catching, and easy to read as someone is driving by.

As for tips I would pass on to other agencies: don't be afraid to ask businesses for their help. The worst thing they can say is "no," and that's OK. Recruitment of resource families is not only an agency need, it's a community need. If agencies can involve the community, you not only find folks who want to help, but your recruitment efforts will be more effective.

Low-Cost General Recruitment Ideas

- Posters, flyers, and brochures could be developed for distribution throughout communities through churches, clubs, and other organizations and to doctors' offices, hospital and clinic waiting rooms, libraries, beauty parlors, barber shops, laundromats, community centers, etc.
- Business cards. In addition to providing each DSS employee with a business card, some agencies also provide generic business cards to foster and adoptive parents, who can then give them out to people interested in learning more about becoming a resource parent.
- Banners hung on main street or a prominent building; perfect for annual events such as National Adoption Awareness Month (November) or Foster Parent Month (May)
- Host a table at local farmers' markets
- Decals
- Theme night activities
- Puppet shows
- Giveaways: place slogans or themes with your agency name and phone number on bookmarks, pencils, balloons, key chains, rain hats, t-shirts, seed packets, bottles of cold water, travel mugs, sewing kits, bandage kits, beach balls, balloons, pens, bandanas, fold up flyers, paper fans, etc.
- Displays in store windows and libraries
- Placemats in restaurants
- Flyer attached to pizza boxes
- Flyer attached to drug store bags
- Bill inserts
- Calendars
- Newsletters

- Special events, carnivals, or fairs
- Picnics and ice cream socials
- • Welcome wagon packets for new residents distributed through the appropriate organization (e.g., Chamber of Commerce)
- Awards programs
- Appreciation nights and banquets
- Open houses
- Radio spot announcements

Mid-to-High Cost General Recruitment Ideas

- Bus and taxi cab placards
- Direct mailing and ad coupons
- Display ads in the phone book
- Recruitment videos/films
- Ads in newspapers
- Customized videos
- Billboards
- Rent space at a local mall or shopping area where you can leave posters and adoption information for everyone passing by.

Sources: The Rural Adoption Recruiter (Adoption Exchange, 2008)

Adapted from *Treat them Like Gold, A Best Practice Guide to Partnering with Resource Families*, North Carolina DSS, Child Welfare Service Section; Raleigh, North Carolina, January 2009.

APPENDIX XIX: TARGETED RECRUITMENT TECHNIQUES

How to Do Targeted Recruitment

STEP 1: Describe the children in care
Develop a profile of the children in care in your agency: how many are there in total? How many are in each category when broken down by age group, ethnicity, and special needs (sibling group, medical, educational, or emotional needs, etc.)?

STEP 2: Describe the homes currently available to them
Develop a profile of the foster homes and beds: how many are there in total? How many are in each category when broken down by ages of children accepted in the home, ethnicity, and willingness to care for special needs?

STEP 3: Make a plan to fill the gap
Identify and reach out to families who can care for the children most in need of homes. Here are some questions to guide you in identifying where to focus your efforts:

1) Where might you find people who reflect the children in need of care? Use census data for your city or county to inform your efforts (www.census.gov/index.html). Consider neighborhood schools, day cares, faith communities, businesses, voting precincts, and civic or community organizations where you could focus your efforts.

Your Current Families Can Help

In many cases, you can engage successful resource families in targeted recruitment simply by saying, "We appreciate all you do, and we need more resource families like you! How can we find them?" Resource families can:

- Reach out to their own friends, family and neighbors
- Advise you on how to be culturally sensitive in your outreach
- Tell you about the newspapers they read, radio and TV stations they tune in to, and places they shop so that you can target your community education efforts

2) What professional or civic organizations might be well suited to caring for the children in need of care? For example, schools, hospitals, and medical and mental health associations have people experienced in caring for special needs or medically fragile children. Area support groups and advocacy organizations have people motivated to care and lobby for children with special needs.

3) What current resource families might do well caring for these children with additional encouragement, training, and support? Here are some questions to guide you in planning how to reach out to the groups identified:

- What agency staff or resource parents are from the targeted community or belong to the targeted group? A community member can help you decide where and how to target your message, and can help with follow-up over time.

- What specific data can you use in your recruitment materials to highlight the need for resource families? For example, how many children are placed in foster care from that particular community and how many licensed homes are currently in that community? How many teens are in need of care and how many are placed out-of-county or in group placement due to a lack of family foster placements?

- How will you do your initial outreach/public information? What materials will you use (posters, brochures, flyers, business cards, etc.)? Where will you place them?

- What follow-up will be done and who will do it? Will a staff person make follow-up calls to select churches or schools? Will a resource parent speak to their civic group or PTA? Who will be responsible for maintaining contact with groups that agree to partner with you in recruitment and/or volunteer efforts? Remember that it's not just about a one-time effort: targeted recruitment often requires maintaining ongoing relationships with important leaders or organizations.

Source: Casey Family Programs, 2002

Examples of Targeted Recruitment for Teenagers

1) Develop current resource parents:
   a) Have licensed families provide respite or mentoring for teens in care so they can develop relationships with them
   b) Have teens and their resource parents speak to MAPP/GPS classes and participate in activities and events for resource families
   c) Provide or refer families to training that prepare them for parenting teens, such as managing common teen behaviors and adolescent development

2) Target community groups that have experience with teens, including:
   a) High School groups: PTAs, athletic events, teachers associations, etc.
   b) Community groups: Boy Scouts/Girl Scouts, church youth groups, teen community service organizations
   c) Professionals: group home staff, mental health associations, etc.
   d) Senior groups: civic and church organizations that have high numbers of empty-nesters or retirees

3) Ask teens:
   a) Have ongoing discussions with teens individually and in groups about permanency: a goal of long-term support, stability, and a "home base" for every youth

b) Ask teens to talk and write about related questions, such as: Who do you consider family? What does family look like? What would you look for in a family? What would you bring to a family? How can you combine birth and adoptive family connections in your life? What do other teens in foster care need from foster families?

Examples of Targeted Recruitment for Sibling Groups

Siblings can be comforters, caretakers, role models, spurs to achievement, faithful allies, and best friends. No matter how close they are, most brothers and sisters share years of experiences that form a bond, a common foundation they do not have with anyone else (Viorst, 1986). If parents are unable to provide the necessary care, sibling attachments can be even closer (Banks & Kahn, 1982).

Brothers and sisters separated from each other in foster care experience trauma, anger, and an extreme sense of loss. Research suggests that separating siblings may make it difficult for them to begin a healing process, make attachments, and develop a healthy self-image (McNamara, 1990). Indeed, because of the reciprocal affection they share, separated siblings often feel they have lost a part of themselves.

For these and other reasons, child welfare policy in North Carolina directs child welfare agencies to place siblings together whenever possible, unless contrary to the child's developmental, treatment, or safety needs. To do this successfully, agencies must recruit and prepare resource families willing to take sibling groups. The following suggests ways child welfare agencies can ensure they are sibling-friendly.

Sibling-Friendly Agencies and Practices Keep Children Together

By Regina M. Kupecky, LSW

Reprinted, from the June 2001 issue of Recruiting News, published by the North American Council on Adoptable Children, 970 Raymond Avenue, Suite 106, St. Paul, MN 55114; 651-644-3036; info@nacac.org; www.nacac.org

Although the child welfare field emphasizes birth family reunification and kinship adoption, the significance of sibling ties is often glossed over.

However, when a joint placement is in the children's best interests, placing siblings together not only reduces the children's losses and preserves kinship ties, it also reduces stressed agencies' adoption costs. Siblings can help each other process the past, remember experiences, and move into the future together.

Creating a Sibling-Friendly Agency

Part of recruitment is having a sibling-friendly agency. First, educate the entire staff about the importance of sibling connections – everyone from the adoption recruiters and workers to the pre-service trainers, supervisors, intake workers, subsidy staff, administrators, foster care departments, and support staff. A clear understanding of sibling connections could eliminate problems that result from separation and lack of

visitation in foster care. Everyone must be on board, whether from a sense of child-centered practice, or simply from the fact that placing four children in one home is cheaper than recruiting, educating, and providing post-placement services to four families.

Next, recruit for siblings all through the adoption process:

- Intake: That first telephone call from a prospective parent is key to setting up a friendly working relationship. The staff person should mention siblings as an option. Families need time to process new ideas.

- First mailing: When information packets go to families, do they mention siblings? Send a few child-specific flyers, at least one featuring a sibling group. For later education packets, the National Adoption Information Clearinghouse (www.calib.com/naic or 888-251-0075) has a useful article or Three Rivers Adoption Council (312-471-8722) can share a pamphlet I wrote, called Siblings are Family, Too.

- Pre-service training: If you don't have a section on siblings, fold it into sections about loss, birth families, or attachment. Be sure that parent panels include at least one family that adopted or fostered a sibling group.

- Also consider these ongoing sibling-friendly practices:

- If your office displays posters of waiting children, are some of them sibling groups? Newsletter articles should also mention the need for homes for siblings.

- Do all staff members recruit, including secretaries, administrators, and janitors? If they go to churches, YMCAs, stores, or libraries, have they hung sibling-friendly posters?

- When recruiters go out to malls or fairs, do they always post pictures of sibling groups on their display?

- Are workers who complete family assessments talking about sibling groups in a positive way? Do they remind parents that few people adopt one child – families usually come back for more? By taking two or three at once, families eliminate extra paperwork.

No one wakes up one morning, calls an agency, and says "Do you have a sibling group of four children that includes three boys, ages 8–14?" The only way to successfully recruit families for specific children is specific recruitment.

- Siblings need a recruitment plan. List who is doing what and when. Ensure the plan's timely execution.

- A great picture of the sibling group together is a powerful tool. When separate pictures of each child are shown, it gives parents a feeling they can pick and choose whichever child they want (usually the youngest).

- Sibling groups almost always get the most calls when presented in the media. Feature sibling groups often in newspapers, television features, agency newsletters, posters, or wherever your agency recruits.

- Pre-service training groups are a great place to recruit homes for siblings—all the parents are there because they want to care for children. Ask the trainer if you can have five minutes to present a sibling group. Pass out flyers and show a video of the children together.

- Don't eliminate singles or childless couples. They don't disrupt any more than married or repeat parents.

- Make sure recruiters know about available subsidies. Many parents feel they can't adopt a group because of costs and are reassured to learn of financial assistance.

- When an event such as a recruitment picnic is planned, buy each sibling in the group the same shirt so that prospective parents can spot them all in the crowd. Make sure they eat at the same table or play together.

- Measure success in terms of events, not time. Agencies separate children because "we haven't found a family in five months." But have you tried every recruitment idea once, then again? If so and still no response, then reassess the recruitment plan.

Some sibling groups cannot be placed together. Prior to recruitment, sibling groups' attachments to each other and their primary caretakers as well as their safety when in the same home should be assessed. But with lifebook work and careful pre-placement preparation, many more sibling groups can be together than are presently. We have 117,000 children waiting in the United States. If we place them two by two that is only 58,500 homes – if three by three only 39,000 homes. So make your life easier and the children happier. Create a sibling-friendly agency and recruitment practice.

Ms. Kupecky has spent more than 25 years in the adoption field and frequently presents workshops about siblings, attachment, and preparing children for adoption. She co-authored *Adopting The Hurt Child: Hope for Families with Special Needs Kids* and works at the Attachment and Bonding Center of Ohio. Contact her at 440-230-1960 ext. 5 or reginaku@msn.com.

Source: http://www.nacac.org/adoptalk/targeted.pdf

Adapted from *Treat them Like Gold, A Best Practice Guide to Partnering with Resource Families*, North Carolina DSS, Child Welfare Service Section; Raleigh, North Carolina, January 2009.

APPENDIX XXI: EXAMPLES OF CHILD-SPECIFIC RECRUITMENT

There are different types of child-specific recruitment:

Child-Specific Publicity
Agencies provide to the public a photo and written profile of a child free for adoption. NC Kids Adoption and Foster Care Network can provide assistance to agencies on writing profiles. "Child-specific publicity has two goals. First…it stimulates prospective parents' interest in a child and results in adoption. Second—and more commonly—it builds public awareness about the need for parents and generates resources for other children in the system" (Zemler, 2000). Following are some common venues for child-specific publicity:

- **Photolisting Book** of Waiting Children*
  In North Carolina, this service is provided by NC Kids Adoption and Foster Care Network through the Photo Adoption Listing Service (PALS)
  http://www.ncdhhs.gov/dss/adopt/pals/NC KIDSLINKBUTTONS.pdf
- **Internet Listings***
  NC Kids Adoption and Foster Care Network photolisting website (http://www.adoptuskids.org/states/nc/index.aspx) and many individual agency websites feature photographs and brief descriptions of waiting children, along with agency contact information. As more people turn to the Internet as a primary source of information, such listings become more and more important.

*Under the Multi-Ethnic Placement Act (MEPA), all children free for adoption must be registered with NC Kids to participate in these recruitment efforts.

- **Print and Television Campaigns** such as "Wednesday's Child"
  Each week a child or sibling group is featured, with photograph, description, and agency contact information. Suggestions for how to begin (Ortiz, 2001; cited in Casey Family Programs, 2003) include the following:
  - Send a press kit that includes a fact sheet and press release about your agency, a sample campaign item (photograph and profile of a child) and a letter to the features editor or the editor of the section most appropriate for the column.
  - Follow up with a phone call.
  - Pitch your idea: for example, a front-page feature profiling a child, a foster family, and a successful adoption that leads to announcing the regular column.
  - Meet with the reporter you'll be working with.
  - Be sure to make their deadlines so the column is not a burden for them. NC Kids can help you develop a Wednesday's Child program. Call them toll free at 1-888-NC KIDS-5.

- **Heart Galleries**
  Professional photographs of waiting children become part of a traveling exhibit at high-profile locations. A description of the child and agency contact information accompanies each photograph. NC Kids has a list of professional photographers around the state willing to provide this service for free to county DSS agencies.

- **Adoption Parties/Matching Events**
  Waiting children and potential adoptive families come together for organized activities and, in some cases, facilitated conversations. The families are able to review children's profiles before and after the events.

Child-Centered Recruitment
Youth take a leading role in deciding how to describe their strengths, needs, and interests, and in designing recruitment materials. This process often helps teens in resolving concerns about adoption and preparing them to accept new permanency goals.

A Youth-Directed Recruitment Resource

Under One Sky, a nonprofit based in Western North Carolina, has developed a new program to help North Carolina's children find adoptive families. What makes its approach unique is the extent to which it is directed by the youth themselves.

At the core of Under One Sky's efforts is Passages, a two-year, co-educational, camp-based mentoring village for youths aged 12 to 18 who are in foster care and free for adoption. The camp provides a supportive, honest, respectful place to explore the possibility of adoption.

Youths who choose to pursue adoption create their own promotional materials. Working with experienced professionals and their instructor-mentors, youths develop recruitment plans that may include a video, written profile, and radio public service announcement. The youth themselves act as creative directors of these projects and decide how the materials will be used.

The written profiles developed at Passages are 12-page booklets called 'Zines. Youths control each development stage. After pictures are taken they choose which shots to use. After the interview is transcribed, they select excerpts to appear in the 'Zine. They also do the final layout. The result gives prospective adoptive parents a vivid impression of the child's interests and spirit.

Youths participating in Passages also get to say where their promotional materials will be used. For example, one girl requested that her photograph not be shown in her community's newspaper.

Under One Sky is not itself a child placing agency. Instead, it works with public and private agencies to provide a community of support for youth.

For more information about Passages, including eligibility guidelines, costs, and registration information, contact Under One Sky (828/251-9703; e-mail: info@under1sky.org; www.under1sky.org).

Identifying Potential Caregivers from a Child's Life

- Children and teens are asked specifically and repeatedly about important people in their lives, even before they come into care. As the Casey Breakthrough Series Collaborative (Casey Family Programs, 2005) recommends, "Ask early and ask often."

- Case records are reviewed in detail to identify significant support people in the child's or birth family's history.

- Every Child and Family Team Meeting is an opportunity to identify, engage, and support potential caregivers for a child. Be sure to include professionals from other systems who are working with the child or family, such as schools, mental health providers, or juvenile courts. They may know of additional support people to bring into the planning.

Sources: Casey Family Programs, 2003; Zemler, 2000

Making the Most of Child and Family Team Meetings (CFTs)

- Carrie Lauterbach from Appalachian Family Innovations' Adoption Plus program uses a team approach to help with child-specific recruitment. Here are some suggestions based on what has worked for them:

- Cast a wide net to build your team. The core team of agency staff generates a contact list of other folks who know and care about each specific child. Invite them all to team meetings. The more people spreading the word in their own personal communities, the better.

- Share leadership on the team.

- Do "in-team training." This is critical, as it ensures all team members are using the same language, know how a recruitment plan is built and implemented, are sharing appropriate information, and have clarity about follow-up.

- Identify who the contact person will be for any interested families that come forward. Families can get lost in the process without clear guidelines.

- Immediate follow-up is critical.

- Teams review all outreach materials for accuracy and the right message.

- Never say "We are going to find your forever family." Don't make promises you not sure you can keep!

APPENDIX XXII: WRITING PHOTO LISTINGS

A good photo of the child can hook a prospective family's interest but it is the description that reels them in. A good description can transform the child into a real person in the reader's mind. The description has to speak effectively on the child's behalf to connect the right child with the right family. Key rules of writing a description include:

1. Know the child

- Take the time to meet and interact with the child.
- Take the time to talk to people close to the child for additional information (teachers, foster parents, residential staff, therapist, extracurricular activity leaders, caseworkers, etc.)
- Use your interview with the child to give details that make the child come alive
- Whenever possible use the child's own words in the write-up.

Old version: "Ivan watches movies for hours."
Rewrite: "Ivan believes that laughter is the best medicine. He says he has gotten through hard times in his life by watching Eddie Murphy and Dave Chapelle. He hopes to be able to make others laugh through his own stand-up routine someday."

2. Celebrate what makes the child unique

- Observe the child's special hobbies, dreams, background and quirks
- Ask the child why they like what they like and why they do what they do.
- Don't rely on clichés or say that the child is a "normal five year old"

Old version: "Lesha is a normal teenager who hangs out at the mall."
Rewrite: "Lesha loves fashion—she reads fashion magazines, studies changing styles and always gives her friends advice on how to update their looks. She loves shopping – though her allowance doesn't let her buy much – she just likes looking at the new styles. Lesha hopes to find a job at the mall this summer."

3. Write about the child as you would write about someone you care about

- Balance the ups and downs truthfully but optimistically.
- Note their needs in a caring way – this means do not generalize but give examples of a behavior problem and what causes it.
- Never write anything that would hurt the child if they read it now or in the future, or if their classmates read it.
- Don't give any personal information about the nature of the abuse suffered or any family information. These will be public documents.

Old version: "Due to his history of physical abuse, Dewan acts out with violent behavior against younger kids."
Rewrite: "Dewan has struggled to feel loved and to get attention. We hope to find him a home where he can be the baby because younger children make him feel threatened and anxious, resulting in some behavior problems."

4. Use the child's own words and voice

- Let the child speak for him or herself. It will be more compelling.

Old version: "Jaime would do best in a home with a loving family."
Rewrite: "Jaime says 'I want parents to come home to after school and tell all about my day.'"

5. Don't use diagnoses – describe the child's specific behaviors

- Describe THIS child's specific behaviors. All children with ADHD do not look the same.

Old version: "Allison is diagnosed with ADHD and may require medication."
Rewrite: "Allison has trouble concentrating in class. She's such an active child that sitting still can be quite tedious for her. Her dance classes after school are a favorite time for her and she is both graceful and energetic."

6. Make sure write-up is reviewed by a supervisor

- Get a second opinion on the write up before finalizing it.
- Double check the facts and the spelling of the child's name.

APPENDIX XXIII: SAMPLE UTILIZATION STUDY

Thank you for helping to collect information on the status of foster and adoptive homes. This review helps ensure the accuracy of information about families for use, identifies foster/adoptive families who can no longer be used, identifies placement resources that have been unused but that could be available, and identifies possible placements for children being "stepped down" from institutional care.

1. Complete the empty cells for each family. Please note that under "Recommended Capacity," indicate the ***actual maximum number*** of children that you recommend could be cared for by the family (if there are specifics to the recommendation regarding age, race, etc., please note). This number may be different from the number for which the home is approved.
2. Refer to "*Possible Reasons for "Not Used" Foster Homes,* to assist with "Current Family Status" (see examples below). The list does not give every reason; please use your own additional reasons as needed.
3. Under "What is needed for usage?" please make a note of the development plan to work with the family, *assign and timeline this task*, and estimate when they will be available.
4. Return to your Resource Family Specialist. Thanks for your help!

FAMILY NAME	APPROVAL DATE	FOSTER CARE? ADOPTION? DUAL?	APPROVED CAPACITY OF HOME?	RECOMMENDED CAPACITY (specify any sex/race recommendations)	AGE RANGE ACCEPTED	SPECIAL NEEDS? (that family can manage in children)	REFUSED PLACEMENTS? (if known, list # times refused in past year)	CURRENT FAMILY STATUS? (see below for specifics)	WHY HOME IS NOT BEING USED?	WHAT IS NEEDED FOR USAGE? (family development plan)
ABC	3/12/04	Dual	3	1 (F/Cau)	0-1 yrs	None	Yes-3	Open	No reason	Counsel family to expand usage, provide training on older age groups to possibly expand capacity
DEF	2/14/03	Dual	5	3 (M-F/Any)	6-12 yrs	Mild, MR/DD, some health issues	No	Family hold	Illness of foster parent	Check with family in 1 month
GHI	7/14/02	Foster Only	2	2 (female/any)	12-18 yrs	Moderate, behavioral, school issues, sexual abuse	No	Agency hold	Rule violation for supervision	Complete Corrective Action Plan
JKL	8/16/01	Dual	2	1 (M-F/AA)	5-12yrs	Mild, ADHD, bedwetting,	No	Adoptive Placement	Data error-adoption subsidy only	N/A—close in system

Possible Reasons for "Not Used" Foster Homes

Family Development and Usage	**Case Closure**
Family in need of further training and education Family available for respite only Family available for short-term, emergency placements only Family only wants to adopt-does not want to foster at all Family has adopted from another source-no longer interested Family should never have been certified-we will not use them Unable to contact/locate family Family's certification has expired-want to continue Family's certification has expired- want to discontinue	Family desires to close-change in circumstances Family desires to close-lost interest Family desires to close-will use another agency **Family "On Hold" Status:** Closing = family is in process of selecting out *or* agency is closing the home (please note which) Not in use = agency does not use this family Not viable = family is not a viable resource for the children who typically come into agency care Family Hold = family circumstances have changed (e.g., a family member is ill), home is at maximum capacity, family has requested a hold for personal reasons (working through financial issues, for example) Agency Hold = *Options may include:* Abuse/neglect allegation-investigation pending Abuse/neglect allegation-investigation completed-corrective action plan needs to be completed

AGENCY NAME: ________________________________ PERSON COMPLETING INFORMATION: ______________________________

PAGE _____of ______

(add pages as needed)

DATE DUE and/or FOLLOW-UP WITH FRS: ____

FAMILY NAME	APPROVAL DATE	FOSTER CARE? ADOPTION? DUAL?	APPROVED CAPACITY OF HOME?	RECOMMENDED CAPACITY (specify any sex/race recommendations)	AGE RANGE ACCEPTED	SPECIAL NEEDS? (that family can manage in children)	REFUSED PLACEMENTS? (if known, list # times refused in past year)	CURRENT FAMILY STATUS? (see below for specifics)	WHY HOME IS NOT BEING USED?	WHAT IS NEEDED FOR USAGE? (family development plan)

Name of Local Jurisdiction: ______________________

A. Recruitment and Retention Activities

Date	Budget Codes		Activities
	304.85 (Rec. and Ret.)	304.81 (Training)	
Jul-14			
Aug-14			
Sep-14			
Oct-14			
Nov-14			
Dec-14			
Jan-15			
Feb-15			
Mar-15			
Apr-15			
May-15			
Jun-15			
Totals			

B. Foster Parent Incentive Bonus

	Initial Incentive	Final Incentive
Jul-14		
Aug-14		
Sep-14		
Oct-14		
Nov-14		
Dec-14		
Jan-15		
Feb-15		
Mar-15		
Apr-15		
May-15		
Jun-15		
Totals		

C. Closed Homes

Foster Parent(s)	Reason for Closure*	Closure Date	Mailing Address	City	Zip	Phone #
(example) Jane Doe	*provider requested case*	*9/1/2009*	*123 Main Street*	*Baltimore*	*21215*	*4101234567*

From the Guidelines:

1. *Specific strategies from the Recruitment and Retention Guidelines to reach out to all parts of the community;*
2. *Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information;*
3. *Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community;*
4. *Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations;*
5. *Strategies for dealing with linguistic barriers; and*
6. *Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.*

Maryland's Statewide Recruitment and Retention Goals

Goal 1: Increase the number of resource parents in Maryland to meet the needs of the state. Target by 2024: 85% of Maryland's resource parents will be identified by their racial composition. Target by 2024: Ensure the percentage of racial composition of resource parents to foster care youth will be 85%.	Objective 1: Recruit and retain resource families appropriate for local department children in care.

Strategy 1: DHS will provide technical assistance to local departments to assist with recruitment and retention efforts. *(Strategy 1,4)*

#	Action step	Person or people responsible	Start date	Complete date
1	Reach out to Prince George's County, Montgomery County and Baltimore City who has the highest number of children in care and highest number of African American children to provide technical assistance as needed around the recruitment/retention of resource parents.	SSA Resource Home Team, LDSS Resource Home Recruiters	August 2019	June 2024

#	Action step	Person or people responsible	Start date	Complete date
2	Reach out to all local departments to ensure their racial demographic data is correct and their recruitment efforts for their population are appropriate. Specifically looking at those jurisdictions that have Hispanic and Native American youth.	LDSS Resource Home Recruiters, SSA Resource Home Supervisor, National Center for Indian Affairs,	August 2019	Continuous
Goal 2: Increase certification pre-service rate of eligible applicants to 95% statewide. Target by 2024: Maryland will increase the percentage of resource home pre-service training to 95% (Current rate CY2018, 90%, data source: MDCHESSIE).		Objective 1: Promote timely and diligent recruitment efforts in order to meet the needs of youth in Maryland's foster care system.		
#	Action step	Person or people responsible	Start date	Complete date
1	Revise the annual statewide recruitment and retention plan reporting form and quarterly analysis tool in order to trend data and give appropriate feedback to LDSS regarding recruitment and retention efforts.	SSA Resource Home Supervisor/Analyst, Chapin Hall Technical Assistance Partner	May 2019	June 2019
2	Utilizing the statewide recruitment and retention data, track the LDSS home study rate and provide technical assistance to eliminate barriers to home study approval.	LDSS Resource Home Caseworker, SSA Resource Home Supervisor/Analyst,	July 2019	June 2024
Strategy 2: Engage current/experienced Resource Parents and previous foster care youth in assisting with LDSS recruitment and retention efforts. *(Strategy 1, 4)*				

#	Action step	Person or people responsible	Start date	Complete date
1	Invite LDSS resource parents, previous foster youth to statewide resource parent engagement workgroups.	LDSS Resource Home Caseworkers, SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, Capacity Center for States, State Youth Advisory Board		
2	Identify experienced resource parents and connect them to prospective parents for support groups and peer to peer support options.	LDSS Resource Home Caseworker SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association	July 2019	June 2024
2	Identify previous foster youth to assist LDSS with recruitment and retention efforts.	LDSS Resource Home Caseworkers, SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, Capacity Center for States, State Youth Advisory Board	July 2019	June 2024
Strategy 3: Facilitate focus groups with prospective parents to discuss barriers to completing certification.*(Strategy 1, 2, 3)*				
#	Action step	Person or people responsible	Start date	Complete date
1	Survey LDSS applicants who have not completed the home study process to determine barriers to completion.	LDSS Resource Home Caseworker, SSA Resource Home Analyst, MRPA, State foster parent ombudsmen	July 2019	June 2024
Strategy 4: Increase the pre-service trainings at times and locations that are convenient to prospective families. *(Strategy 3)*				
#	Action step	Person or people responsible	Start date	Complete date

1	Ensure LDSS compliance with on-line foster parent training and the offering of in-person training if applicable for the pre-service training modules.	LDSS Resource Home Caseworker SSA Resource Home Supervisor/Analyst	July 2019	December 2019
2	Assess the current on-line hybrid foster parent training and evaluate its effectiveness since statewide implementation.	LDSS Resource Home Caseworker SSA Resource Home Supervisor/Analyst	July 2019	December 2019
Strategy 5: Provide timely responses to resource home inquiries with in the LDSS. *(Strategy 2, 3)*				
#	Action step	Person or people responsible	Start date	Complete date
1	Cross train foster and adoption staff with talking points on how to respond to inquiries.	LDSS Resource Home/Permanency Caseworker, SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, State Foster Parent Ombudsmen, Capacity Center for States, Current Resource Parents	July 2019	June 2024
2	Establish procedures for immediate response to inquiries. This will include providing information to work with diverse communities including cultural, racial, and socio-economic variations. This will also address linguistic barriers in those jurisdictions in which this is identified as a need.	LDSS Resource Home/Permanency Caseworker SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, State Foster Parent Ombudsmen, Capacity Center for States, Current Resource Parents	July 2019	June 2024

<table>
<tr><td colspan="3">Goal # 3: Public resource home placement stability will improve to 4.2 or less.

Placement Stability - current CY2018 rate is 4.38, data source: MD CHESSIE)</td><td colspan="2">Objective: Preserve willingness and strengthen the abilities of current foster parents.</td></tr>
<tr><td colspan="5">Strategy 1: Enhance visibility of resources and accessibility of training and support services to foster parents. (Strategy 1, 3)</td></tr>
<tr><td>#</td><td>Action step</td><td>Person or people responsible</td><td>Start date</td><td>Complete date</td></tr>
<tr><td>1</td><td>Provide resource parents with ongoing access to on-site and on-line training calendars. This will allow for information to be disseminated in regards to both general and child-specific information.</td><td>LDSS Resource Home Caseworker,
SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association, State Foster Parent Ombudsmen, University of Maryland Child Welfare Academy</td><td>July 2019</td><td>June 2024</td></tr>
<tr><td>2</td><td>Provide Maryland Resource Parent Association with access to all current resource parents across the state.</td><td>LDSS Resource Home Caseworker,
SSA Resource Home Supervisor/Analyst, Maryland Resource Parent Association.</td><td>June 2019</td><td>June 2024</td></tr>
<tr><td>3</td><td>Arrange for panel presentations by the State Youth Advisory Board of trainings and events</td><td>LDSS Resource Home Caseworker, State Independent Living Coordinator,
SSA Resource Home and Older Youth Supervisor/Analyst</td><td>June 2019</td><td>June 2024</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="5">Strategy 2: Ensure resource parents are present at Family Involvement meetings whenever possible to discuss placement options of youth and be included in the conversation.(Strategy 6)</td></tr>
<tr><td>#</td><td>Action step</td><td>Person or people responsible</td><td>Start date</td><td>Complete date</td></tr>
</table>

1	Upon revision of the FIM policy, SSA will monitor resource parent presence at FIM meetings by looking at the statewide CFSR, FIM data and LDSS resource parent surveys to assess whether they are at the table during the FIM meeting.	SSA Resource Home Supervisor/Analyst, SSA CQI Analyst, LDSS FIM facilitators and staff.	July 2019	June 2020
2	Ensure resource parent, LDSS casework staff, and biological parents are knowledgeable about FIM meetings and have access to participate.	SSA Resource Home, Outcomes Improvement Supervisor/Analyst, LDSS FIM casework staff, State Court Improvement Project	July 2019	June 2024
Strategy 4: Increase the availability of resource homes that are able to provide care for sibling groups. *(Strategy5)*				
#	Action step	Person or people responsible	Start date	Complete date
1	Assess the current resource parent pool for potential kinship providers and/or prospective adoptive homes to potential homes.	LDSS Resource Home Caseworker SSA Resource Home Supervisor/Analyst	July 2019	June 2024
2	Track/Trend state level sibling visitation data and monitor placement stability and provide technical assistance to the LDSS casework staff.	LDSS Resource Home/Permanency Worker, SSA Resource Home Supervisor/Analysts	July 2019	June 2024

Goal # 4: Increase the number of youth placed in a pre-adoptive home. Target: Maryland will increase the number of children placed by 20% by 2024. CY2018 data, monthly average: 26 children are in pre-adoptive homes.			Objective: Increase the number of homes for legally free children.	
Strategy 1: Public Awareness Campaign *(Strategy 1,6)*				
#	Action step	Person or people responsible	Start date	Complete date
1	Assess LDSS adoption data and contact the LDSs to inquire about barriers to placement.	LDSS Resource Home Caseworker/Permanency Worker SSA Resource Home Supervisor/ Analyst	July 2019	June 2024
2	Increase the profiling of youth on Adopt-us-Kids website.	LDSS Resource Home Caseworker/Permanency Worker, SSA Resource Home Supervisor/Analyst, AUK SSA Resource Home Supervisor/Analyst	July 2019	June 2024
3	Increase the practice of inter-jurisdictional adoptive placement.	LDSS Resource Home Caseworker/Permanency Worker, SSA Resource Home Supervisor/Analyst	October 2019	September 2020
5				
Strategy 2: Develop public-private partnerships with adoption agencies and other partners in order to increase adoption/guardianship placements within the state.*(Strategy 6)*				
#	Action step	Person or people responsible	Start date	Complete date

1	Partner with state adoption agencies such as the Center for Adoption Support and Education, Adoptions Together, Contracted CPA providers around adoption education and recruitment.	LDSS Resource Home/Adoption Caseworkers, SSA Resource Home Supervisor/Analyst, CASE, Adoptions Together	September 2019	July 2020
2	Increase LDSS caseworker adoption competency.	LDSS Resource Home/Permanency worker, SSA Resource Home Supervisor/Analyst	January 2020	December 2020
5	Utilize Adoptions Together and AUK technical assistance for locating placements through inter-jurisdictional matching	LDSS Resource Home/Adoption Staff, SSA Resource Home Analyst/Supervisor, Adoptions Together and AUK liaison.	September 2019	Annual Reviews

Policy Subject:	Guidelines for Foster Care Board Rate and Expenditures
Effective Date:	July 1, 2018
Approved By:	Rebecca Jones Gaston, MSW Executive Director Social Services Administration (SSA) Stafford Chipungu, Chief Financial Officer Budget Management and Finance
Policy Number:	SSA-CW# 19-13
Last Revision Date (s):	January 10, 2019
Originating Office:	Placement and Permanency
Supersedes:	SSA CW# 18-5
Program Affected:	Placement and Permanency

Legal information & Purpose

Resource parents are partners with the Local Departments of Social Services (LDSS) in providing appropriate care for children in need of safe and stable homes. Resource parents supply daily essentials that are required for the attainment of optimum health, comfort, and good grooming of children and youth in care. The board rate is set by the Maryland Department of Human Services (DHS) and applies to public resource parents. As a result of the Supplemental Budget No. 1 to House Bill 150/Senate Bill 170 in the form of an amendment to the budget for the Fiscal Year ending June 30, 2018, resource parents were allotted a 2% increase in Foster Care Maintenance Payments intended to augment the board rate and per diem for the purpose of meeting the needs of children and youth in out-of-home placement. In the FY19 DHS Budget Analysis, the Department of Budget and Management approved a 1% increase to public foster care board rates. A one-time adjustment payment will be processed on December 27, 2018 (via MD CHESSIE adjustment process) for public resource parents who had children in placement July 2018-Nov 2018. The 1% increased rate for public resource parents will then be part of the monthly board payment beginning in January 2019 and beyond.

Private Child Care Placement Agency (CPA) which include residential child care (RCC), group home providers and treatment foster care providers, submit an annual budget to the DHS Office of Licensing and Monitoring (OLM) and the Maryland Interagency Rate Committee (IRC) which outlines the cost for all services provided for each child in a privately run program. Private agencies are provided sufficient funds within their monthly payment amount to cover the approved clothing allowance for children in their programs and are not eligible to receive additional clothing allowance funds from the LDSS.

Policy

The purpose of this policy directive is to provide detailed guidelines for resource parents (regular, intermediate, public and private treatment resource parents and group home providers) to utilize the monthly board rate payment which is paid on behalf of foster youth. In addition, this policy directive includes specific requirements for the distribution of the clothing allowance and the weekly monetary allowance which meets the basic needs of children and youth in out-of-home placement.

Procedural Guidance

Board Rate:

Per COMAR 07.02.11.39, the monthly board rate is to be used to provide care for foster children and youth. The following items are to be covered in the monthly board rate:

- Food (including infant formula);
- Housing;
- Utilities used by the foster youth in the home;
- Over-the-counter medication;
- Transportation and bus pass for older youth; please note: (long distance travel specific to the foster youth is not included in the monthly board rate)
- Fees required for extracurricular activities (school trips, etc.)
- Bedding (pillow, sheets, comforter)
- Gifts for special occasions (birthday and Christmas, etc.)

- Toiletry and personal care items (hair care, styling, feminine hygiene products and diapers); and
- Allowance.

Mileage:
Per COMAR 07.02.11.31 it is expected that resource parents provide transportation for a foster child or youth for routine and necessary appointments and activities. This would include all medical and mental health appointments, school activities, visitation and other extracurricular activities. When a public resource parent must provide special long distance trips (**30 miles plus**) on behalf of a foster child, the resource parent can request reimbursement from the LDSS. These activities would include:

- Parent or relative visitation;
- Sibling visitation;
- Medical or mental health appointments; and
- Special school or extracurricular events.

Clothing Allowance
The LDSS is required to visit the child in the placement on a regular basis. These in-placement visitations shall include a clothing and personal care items review and inspection. Many resource parents go above and beyond the clothing allowance in providing for the clothing and personal care needs of the child. While they are under no obligation to utilize the other portion of the monthly board rate in this manner, they should be commended for prioritizing the direct needs of the child in utilizing monetary support provided by the agency.

It is expected that, at minimum, the identified clothing allowance be used to provide the child with clothing and personal care items. Clothing allowances are set as a standardized portion of the monthly board rate issued to public resource parents so that they may provide for the garments and personal care items required for each child. In addition, to the monthly board rate, there is also an initial **one-time** clothing allowance, categorized by the age of the child, which is available at the time of the initial entry into placement and upon removals. There may be special circumstances such as graduation, proms or medically-related circumstances when special planning or even further assistance may be warranted and flex funds may be expended for these situations.

Because children are often placed into placement on an emergency basis, shelter care may occur in the middle of the night. Often times, the sheltering occurs with the child having no more than the clothing they are wearing. The one-time allowance provides a means to help the resource parent supply immediate clothing and personal care items for the child. In addition, if needed, the LDSS may utilize flex funds to purchase immediate clothing for the child. All resource parents are eligible for a one-time only clothing allowance per placement.

When DHS is providing a foster care board rate, including if an IRC rate is a blended mother-baby rate, on behalf of a non-committed baby placed with their parent who is a committed foster care youth, all the requirements listed below apply as to the care and support of the baby.

If the child is placed in a Residential Treatment Center (RTC), the RTC may bill the LDSS for a

monthly clothing allowance not to exceed $75. The caseworker must ensure that the funds are expended for this purpose. The LDSS shall not pay a monthly clothing allowance for youth who reside in a RTC pursuant to a Voluntary Placement Agreement (VPA). It is the parents/guardians responsibility to provide clothing to the youth while in placement. The LDSS shall inform the RTC prior to placement that the LDSS shall not be billed for clothing and that the parent/guardian is responsible for the clothing. Minimum clothing allowance guidelines are as follows:
Infants to age 5 = $60
Ages 6 to 11 = $75
Ages 12 and up = $100
All additional clothing expense is to come out of the monthly board rate.

A suitcase or canvas bag (such as a large duffel bag) to transport clothing is considered an essential part of the things children in foster care should have. Plastic trash bags are not acceptable under any circumstances. The LDSS shall ensure that every child that enters out-of-home placement has a suitcase or duffel bag. This suitcase or bag shall travel with the youth to each placement.

Initial Placement
At the time of initial placement, the caseworker shall provide the resource parent with a copy of the Minimum Clothing and Personal Care Guidelines. The caseworker shall also inform the resource parent that meeting those guidelines will be discussed after a 60 day period.

At the first home visit after the child has been in the placement for at least **60 days**, the caseworker shall review the child's available clothing items to determine if the child's minimum clothing needs have been met.

If it is determined that the minimum clothing needs have not been met, the caseworker in collaboration with the resource parent, shall develop a **90 day** plan to meet the minimum clothing guidelines. It is up to the discretion of the LDSS, to grant the resource parent up to 3 months of clothing allowance, if needed. While the resource parent shall be encouraged to meet these guidelines as soon as possible, consideration shall be given to staying within the monthly clothing allowance.

General Standards

Ownership of Clothing and Personal Items:
Any items that have been purchased by the resource parent (including extended family members), donated or gifted are to remain the property of the youth and shall travel with the youth when a change in placement occurs. At no time shall a resource parent hold items belonging to the foster youth in exchange for damages. Any damages caused by the foster youth shall be reported to the caseworker and when applicable, a Foster Care Liability Insurance claim should be filed. In the event of a placement change, the caseworker shall make every effort to move all items belonging to the youth.

Multiple Placement Changes:
Should a youth experience multiple changes in placement, all belongings are to travel

with the youth to each placement. All decisions concerning whether clothing and personal items should be discarded is left up to the discretion of the youth. At no time, shall a caseworker not allow a youth to bring all their belongings with them. In the hospitalized or a respite care placement, the youth's belongings shall remain at the placement, pending the child's return. In the event the resource parent is not willing to take the youth back after a hospitalization or respite, the LDSS caseworker shall make arrangements to store the youth's belongings appropriately.

Clothing Storage by the Resource Parent:
Resource parents are required to supply the furniture and sleeping arrangements for foster youth. Appropriate space for the youth to store clothing is required. At no time may the youth store clothing worn on a regular basis in suitcases, laundry baskets or plastic containers.

Hand Me Downs or Thrift Shop Items are Discouraged:
Resource parents are discouraged from purchasing a foster youth's clothing from thrift shops or providing hand-me-down clothing. The Monthly Clothing Allowance which is part of the monthly board rate is to be used to purchase new items of clothing for the youth. In the event that a resource parent purchases a used item of clothing, the foster youth, must be in agreement and the item must be in good condition. All personal items shall be purchased new for the foster youth and not shared by other members of the household or placement, again unless the youth is in agreement.

All children shall be allowed to assist in picking out their own clothing, when age/developmentally appropriate.
Older youth should be primarily responsible for the management and purchase of clothing and personal care items as part of their independent living service agreement. All youth should be permitted to select clothing that meets their own specific needs or ethnic or religious requirements, including pregnant youth and Lesbian Gay Bisexual Transgender Questioning youth.

Spending Money / Allowances / Savings
Each child/youth shall be given a minimum weekly allowance based on their age.

Age 5 to 7 = $2
Age 8 to 11 = $5
Age 12 to 13 = $10
Age 14 to 16 = $15
Age 17 and above = $20

These amounts are minimum guidelines and may be increased depending on the children or youth's maturity, circumstances, and participation in household chore activities. The caseworker shall be consulted as to the appropriate allowance amount.

Allowances are not intended to cover items that would normally come out of the board rate such as toiletries. Resource parents are encouraged to establish savings accounts for children and youth. Monies in the accounts will accompany the child or youth upon their return home or to

another placement. Youth that are medically fragile or severely developmentally delayed shall still receive an allowance and the money shall be placed in a savings account.

Resource parents are encouraged to assist the child or youth with the purchasing of special occasion gifts for their foster family and birth family, e.g. Mother's/Father's Day, religious holidays, birthdays, and other special occasions.

Resource parents shall assist the child or youth with developing money management skills. This shall be essential for transitioning youth 14-21 years old. The child or youth's allowance shall be incorporated into the youth's spending plan. The spending plan is part of the transitional plan which will be incorporated into the Independent Living Service Agreement. The Casey Life Skills Assessment addresses budgeting and savings using the following goals:

- Is able to keep track of a weekly allowance;
- Knows and understands ways to save money;
- Is able to develop a savings plan;
- Can achieve a short-term savings goal; and
- Can achieve a long-term savings goal to help in the transition to self-sufficiency/self-responsibility.

Foster Family Care FY 2019 Monthly Board Rate

	Per Diem	**Monthly Clothing**	**Monthly Board**
Regular Care (Payment Category 2173, 7173) o Infant through age 11 o Age 12 and older	 $28.29 $28.79	 $60 $75	 $861 $876
Restricted- Relative Foster Care (Payment Category 2173,7173) o Infant through age 11 o Age 12 and older	 $28.29 $28.79	 $60 $75	 $861 $876
Emergency Care (Payment Category 2171, 7171) o Per Diem o Retainer (if applicable, rate to be determined)	$30.91		$30.91
Guardianship Assistance Program (Category 2173,7173) negotiated based on agreement	$19.82	$0	$603
Respite Care (Payment Categories 7157 - Foster Care and 7158 -Kinship Care)	$30.60		$30.60
Intermediate Care (Payment Category 2174, 7174) o Infant through age 11 o Age 12 and older	 $32.18 $32.67	 $60 $75	 $979 $994

Intermediate Difficulty of Care Stipend o Infant through age 11 o Age 12 and older	$38.75 $39.25	$60 $75	$1,179 $1,194
Public Treatment Foster Care (Specialized Care) (Payment Category 2175, 7175) o Infant through age 11 o Age 12 and older	$28.29 $28.79		$861 $876

Public TFC Level I (maintenance plus) $350.00

Public TFC Level II (maintenance plus) $500.00

Public TFC Level III (maintenance plus) $650.00

Public TFC Level IV (maintenance plus) $800.00

Please note: The monthly clothing allowance is built into the monthly board rate, as is indicated in the **Foster Family Care FY 2019 Monthly Board Rate** chart. The **Foster Family Care FY 2019 Monthly Board Rate** chart reflects the minimum amount that resource parents shall spend monthly, when providing clothing for foster children/youth.

Minimum Clothing and Personal Care Guidelines

BOYS	**GIRLS**
8 sets of underwear	8 undergarments: 4 bras (as needed) and 8 underwear
5 pairs of school pants or uniforms	2 dresses / 5 pairs pants for school or uniforms
5 sets of play clothes	3 sets of play clothes
1 pair dress pants, shirt, (tie if age applicable) & belt	1 dress or pants outfit suitable for a special event
8 pair of socks	6 blouses, light sweater or tops
6 shirts (not undershirts)	8 pair of socks / stockings as appropriate
1 pair tennis shoes – 1 pair non-canvas/dress shoes – 1 pair of everyday school shoes	1 pair tennis shoes – 1 pair non-canvas/dress shoes - 1 pair of everyday school shoes
2 sets of sleepwear, 1 robe, 1 pair of slippers	2 sets of sleepwear, 1 robe, 1 pair of slippers
1 bathing suit	1 bathing suit

SEASONAL WEAR

1 winter coat	1 Winter coat
1 light weight jacket	1 light weight jacket
1 pair gloves & hat	1 pair gloves & hat

1 pair boots	1 pair boots
Rain gear / coat	Rain gear / coat
Shorts, “T” shirts, sandals	Shorts, “T” shirts, sandals

Minimum Clothing and Equipment Items for Infants Ages Birth to One Year

Equipment	Clothing
2-4 Receiving Blankets	6 - 8 Undershirts
2 Regular Blankets	6– 8 Pajamas / Sleepers
Crib	6 Shirts
4 – 6 Crib Sheets	8 pair socks
1 Stroller	5 Every-day outfits
1 Car seat	2 Dress-up outfits
8 bibs	2 Sweaters
2 rattles and toys to stimulate the infant	1 Hat, scarf and mittens
	1 sun hat
	1 Snow suit
	1 Pair Shoes
	1 Pair winter footwear

Alignment with Practice Model and Desired Outcomes

Maryland’s goal is to ensure all children are placed in a safe and nurturing environment. This policy provides guidelines for the foster care board rate and expenditures to support the placement of a child while in care. This policy aligns with the Integrated Practice Model by supporting our partnership with resource parents and ensuring our commitment that the children’s needs are met.

Documentation

Board rate documentation
Mileage documentation
Documentation that age appropriate clothing has been provided by resource parent and documented in child’s visitation contact note or clothing inventory check list
Spending Money/Allowance/Savings

Forms

n/a

Related Policies and Information

SSA-CW #19-12 Differential Board Rates for Public Foster Care
SSA-CW #18-15 Local Department Referrals to Private Treatment Foster Care Programs
SSA-CW #17-19 Implementation of Families Blossom Funds
SSA –CW #10-11 Policy regarding placement of children in DHS’s care
SSA-CW #15-3 Guardianship Assistance Program

Appendix Data Tables for Recruitment and Retention Plan

1.

Maryland Public and Private Foster Homes				
	December 2015	**December 2016**	**December 2017**	**December 2018**
Public	1,920	1,927	2,123	2,033
Private	1,354	1,217	1,133	1,173
Total	3,274	3,144	3,256	3,206

2.

Children of Color

LDSS	All OOH	Gender						Race						Ethnicity	
		Female	Male		Female	Male		Black	White		Black	White		Hispanic	Hispanic
Total - Dec. 2015	4801	2319	2468		48%	51%		2964	1485		62%	31%		278	6%
Total - Dec. 2016	4576	2270	2306		50%	50%		2770	1439		61%	31%		294	6%
Total - Dec. 2017	4681	2341	2340		50%	50%		2803	1413		60%	30%		318	7%
Total – Dec. 2018	4703	2376	2325		51%	49%		2780	1398		59%	30%		322	7%

3.

Social Services Administration: Child Welfare Percent of Race 0-21									
	December 31, 2016			*December 31, 2017*			*December 31, 2018*		
Jurisdiction	**Black/ African-American**	**White/ Caucasian**	**Other**	**Black/ African-American**	**White/ Caucasian**	**Other**	**Black/ African-American**	**White/ Caucasian**	**Other**
Allegany	5%	91%	5%	12%	83%	4%	6%	91%	3%
Anne Arundel	44%	48%	9%	45%	45%	10%	52%	40%	8%
Baltimore City	81%	13%	6%	78%	13%	8%	78%	14%	8%
Baltimore County	46%	48%	6%	49%	42%	9%	44%	39%	17%
Calvert	33%	65%	2%	35%	63%	2%	25%	73%	2%
Caroline	17%	70%	13%	18%	68%	14%	25%	63%	13%
Carroll	15%	81%	4%	10%	86%	4%	13%	81%	6%
Cecil	20%	65%	15%	19%	55%	26%	15%	58%	27%
Charles	67%	32%	1%	62%	35%	3%	61%	35%	4%
Dorchester	72%	28%	0%	61%	32%	6%	64%	32%	5%
Frederick	30%	57%	13%	24%	67%	9%	25%	58%	17%
Garrett	0%	97%	3%	0%	100%	0%	2%	91%	7%
Harford	35%	58%	7%	36%	56%	8%	38%	57%	5%
Howard	67%	27%	6%	57%	33%	10%	56%	34%	9%
Kent	50%	50%	0%	50%	50%	0%	60%	40%	0%
Montgomery	54%	29%	17%	53%	30%	17%	51%	30%	18%
Prince George's	79%	9%	13%	78%	9%	13%	78%	8%	14%
Queen Anne's	50%	50%	0%	44%	56%	0%	44%	56%	0%
Somerset	50%	40%	10%	62%	32%	6%	46%	40%	14%
St. Mary's	55%	38%	7%	55%	35%	10%	53%	40%	7%
Talbot	19%	48%	33%	29%	50%	21%	33%	58%	8%
Washington	19%	71%	10%	28%	59%	13%	31%	61%	7%
Wicomico	76%	24%	0%	73%	23%	4%	60%	33%	7%
Worcester	17%	76%	7%	13%	81%	6%	17%	76%	7%
Subgroup Total	**61%**	**31%**	**8%**	**60%**	**30%**	**10%**	**59%**	**30%**	**11%**
Source: MD CHESSIE									

4.

Social Services Administration: Child Welfare Hispanic Ethnicity in Resource Homes				
As of December 31, 2018				
Jurisdiction	**% of Formal Kinship Care**	**% of Restrictive Foster Care**	**% of Regular Foster Care**	**% of TFC Public**
Anne Arundel	14%	0%	86%	0%
Baltimore City	31%	0%	62%	0%
Baltimore County	0%	43%	57%	0%
Caroline	0%	0%	100%	0%
Cecil	0%	0%	100%	0%
Charles	67%	0%	33%	0%
Frederick	0%	0%	100%	0%
Harford	0%	0%	100%	0%
Howard	33%	0%	67%	0%
Montgomery	32%	8%	52%	8%
Prince Georges	22%	0%	78%	0%
Somerset	0%	0%	0%	100%
Washington	0%	0%	100%	0%
Worcester	0%	0%	100%	0%
Subgroup Total	22%	5%	69%	3%
Source: MD CHESSIE				

5.

Social Services Administration: Child Welfare Hispanic Ethnicity in Resource Homes				
As of December 31, 2017				
Jurisdiction	**% of Formal Kinship Care**	**% of Restrictive Foster Care**	**% of Regular Foster Care**	**% of TFC Public**
Allegany	0%	0%	100%	0%
Anne Arundel	33%	0%	50%	0%
Baltimore City	17%	26%	52%	0%
Baltimore County	0%	33%	67%	0%
Calvert	100%	0%	0%	0%
Caroline	50%	0%	50%	0%
Carroll	50%	0%	50%	0%
Cecil	0%	0%	100%	0%
Charles	100%	0%	0%	0%
Frederick	0%	25%	75%	0%
Harford	33%	0%	67%	0%
Howard	0%	100%	0%	0%
Montgomery	30%	7%	52%	11%
Prince George’s	42%	0%	58%	0%
Somerset	0%	0%	100%	0%
Washington	20%	0%	40%	0%
Worcester	0%	0%	100%	0%
Subgroup Total	28%	10%	56%	3%
Source: MD CHESSIE				

6.

Social Services Administration: Child Welfare Hispanic Ethnicity in Resource Homes				
As of December 31, 2016				
Jurisdiction	**% of Formal Kinship Care**	**% of Restrictive Foster Care**	**% of Regular Foster Care**	**% of TFC Public**
Allegany	0%	0%	100%	0%
Anne Arundel	33%	0%	67%	0%
Baltimore City	26%	7%	67%	0%
Baltimore County	0%	45%	55%	0%
Carroll	0%	0%	100%	0%
Cecil	0%	0%	50%	50%
Charles	0%	0%	100%	0%
Frederick	29%	14%	57%	0%
Garrett	50%	0%	50%	0%
Harford	40%	0%	60%	0%
Montgomery	41%	8%	43%	8%
Prince George's	47%	0%	53%	0%
Saint Mary's	100%	0%	0%	0%
Somerset	0%	0%	100%	0%
Talbot	0%	0%	100%	0%
Washington	13%	0%	88%	0%
Wicomico	0%	0%	100%	0%
Subgroup Total	29%	8%	60%	3%
Source: MD CHESSIE				

7.

Social Services Administration: Child Welfare Placements Legally Free by Jurisdiction, Age and Percent													
As of December 31, 2018			**Age 0-10 Age/Percent in Jurisdiction**										
Jurisdiction	**Number of Youth**	**% of Statewide Total**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Allegany	4	1%	0%	50%	0%	50%	0%	0%	0%	0%	0%	0%	0%
Anne Arundel	10	2%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%
Baltimore City	127	31%	0%	8%	28%	23%	8%	10%	3%	10%	3%	5%	5%
Baltimore County	47	12%	11%	11%	22%	0%	22%	0%	11%	11%	11%	0%	0%
Calvert	12	3%	0%	0%	33%	17%	0%	0%	0%	0%	17%	17%	17%
Caroline	1	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%
Carroll	4	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%
Cecil	27	7%	0%	0%	0%	38%	15%	15%	15%	0%	15%	0%	0%
Charles	12	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dorchester	5	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Frederick	16	4%	0%	0%	25%	13%	0%	13%	0%	0%	13%	13%	25%
Garrett	3	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Harford	21	5%	0%	0%	0%	0%	0%	20%	20%	20%	20%	0%	20%
Howard	4	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Kent	1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Montgomery	45	11%	0%	8%	8%	16%	20%	8%	4%	8%	8%	4%	16%
Prince George's	25	6%	0%	29%	0%	0%	29%	0%	14%	0%	0%	14%	14%
Queen Anne's	2	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%
Saint Mary's	5	1%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Somerset	6	1%	0%	0%	0%	0%	0%	67%	33%	0%	0%	0%	0%
Talbot	6	1%	0%	0%	0%	0%	0%	0%	0%	50%	0%	0%	50%
Washington	17	4%	0%	0%	0%	0%	0%	0%	25%	25%	0%	50%	0%
Wicomico	4	1%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%
Worcester	2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Statewide Pop & Percent	**406**	**100%**	**1%**	**8%**	**17%**	**17%**	**11%**	**9%**	**7%**	**8%**	**7%**	**7%**	**9%**
Source: MD CHESSIE													

8.

Social Services Administration: Child Welfare Placements Legally Free by Jurisdiction, Age and Percent													
As of December 31, 2018			Age 10-20 Age/Percent in Jurisdiction										
Jurisdiction	**Number of Youth**	**% of Statewide Total**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
Allegany	4	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Anne Arundel	10	2%	0%	0%	0%	0%	11%	11%	22%	22%	22%	11%	0%
Baltimore City	127	31%	2%	2%	6%	6%	4%	12%	12%	8%	11%	22%	13%
Baltimore County	47	12%	0%	0%	3%	5%	11%	5%	11%	21%	13%	21%	11%
Calvert	12	3%	14%	0%	14%	14%	0%	29%	29%	0%	0%	0%	0%
Caroline	1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Carroll	4	1%	0%	33%	0%	0%	0%	0%	0%	0%	67%	0%	0%
Cecil	27	7%	0%	0%	0%	14%	0%	29%	0%	21%	7%	7%	21%
Charles	12	3%	0%	17%	0%	8%	0%	25%	8%	8%	17%	0%	17%
Dorchester	5	1%	0%	0%	0%	20%	0%	0%	20%	40%	20%	0%	0%
Frederick	16	4%	20%	0%	10%	0%	10%	0%	20%	10%	0%	10%	20%
Garrett	3	1%	0%	33%	0%	33%	0%	0%	0%	33%	0%	0%	0%
Harford	21	5%	6%	12%	6%	0%	0%	12%	29%	12%	12%	6%	6%
Howard	4	1%	0%	0%	0%	0%	0%	25%	25%	50%	0%	0%	0%
Kent	1	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%
Montgomery	45	11%	17%	0%	8%	8%	4%	4%	0%	8%	13%	13%	25%
Prince George's	25	6%	5%	5%	5%	0%	5%	5%	16%	11%	21%	16%	11%
Queen Anne's	2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100 %	0%
Saint Mary's	5	1%	0%	0%	0%	0%	50%	0%	25%	25%	0%	0%	0%
Somerset	6	1%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%
Talbot	6	1%	20%	0%	20%	0%	0%	0%	0%	0%	0%	20%	40%
Washington	17	4%	0%	8%	0%	8%	23%	0%	23%	15%	15%	0%	8%
Wicomico	4	1%	0%	0%	0%	0%	0%	33%	67%	0%	0%	0%	0%
Worcester	2	0%	0%	0%	0%	0%	0%	0%	0%	50%	0%	50%	0%
Statewide Pop & Percent	**406**	**100%**	**4%**	**3%**	**5%**	**6%**	**6%**	**10%**	**13%**	**14%**	**12%**	**14%**	**12%**
Source: MD CHESSIE													

9.

Social Services Administration: Child Welfare Placements Legally Free by Jurisdiction, Age and Percent													
As of December 31, 2017			Age 0-10 Age/Percent in Jurisdiction										
Jurisdiction	**Number of Youth**	**% of Statewide Total**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Allegany	12	3%	0%	25%	17%	8%	25%	8%	8%	0%	8%	0%	0%
Anne Arundel	14	3%	0%	14%	0%	7%	0%	0%	0%	0%	7%	0%	0%
Baltimore City	153	33%	0%	3%	7%	6%	7%	1%	3%	3%	1%	2%	2%
Baltimore County	51	11%	0%	0%	4%	2%	2%	2%	4%	4%	0%	4%	0%
Calvert	11	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	9%	0%
Caroline	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Carroll	6	1%	0%	0%	0%	0%	0%	0%	0%	0%	17%	0%	17%
Cecil	25	5%	0%	0%	4%	4%	8%	8%	4%	8%	0%	0%	0%
Charles	15	3%	0%	0%	7%	7%	7%	0%	7%	0%	0%	0%	0%
Dorchester	5	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Frederick	13	3%	0%	0%	0%	8%	0%	8%	0%	0%	0%	0%	0%
Garrett	3	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Harford	21	5%	10%	10%	5%	0%	5%	0%	0%	0%	0%	10%	0%
Howard	6	1%	0%	0%	17%	0%	0%	0%	0%	0%	0%	0%	0%
Kent	1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Montgomery	53	11%	0%	2%	11%	9%	4%	4%	8%	4%	2%	4%	0%
Prince George’s	27	6%	0%	4%	0%	4%	0%	4%	0%	0%	4%	7%	0%
Queen Anne’s	1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Saint Mary’s	10	2%	0%	0%	10%	0%	10%	10%	0%	0%	0%	0%	0%
Somerset	4	1%	0%	0%	0%	0%	25%	0%	0%	0%	0%	0%	0%
Talbot	7	2%	0%	0%	0%	0%	0%	0%	14%	0%	14%	0%	0%
Washington	20	4%	0%	0%	0%	5%	5%	10%	5%	0%	5%	0%	5%
Wicomico	5	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Worcester	3	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Statewide Pop & Percent	**466**	**100%**	**0%**	**3%**	**5%**	**5%**	**5%**	**3%**	**3%**	**2%**	**2%**	**3%**	**1%**
Source: MD CHESSIE													

10.

Social Services Administration: Child Welfare Placements Legally Free by Jurisdiction, Age and Percent													
As of December 31, 2017			Age 10-20 Age/Percent in Jurisdiction										
Jurisdiction	Number of Youth	% of Statewide Total	10	11	12	13	14	15	16	17	18	19	20
Allegany	12	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Anne Arundel	14	3%	0%	0%	0%	7%	7%	14%	14%	21%	7%	0%	0%
Baltimore City	153	33%	2%	3%	2%	1%	7%	8%	5%	7%	13%	8%	13%
Baltimore County	51	11%	0%	2%	6%	4%	4%	4%	10%	14%	18%	10%	8%
Calvert	11	2%	0%	18%	9%	0%	18%	27%	0%	9%	0%	9%	0%
Caroline	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Carroll	6	1%	17%	0%	0%	17%	0%	17%	0%	33%	0%	0%	0%
Cecil	25	5%	0%	0%	8%	0%	12%	0%	16%	4%	8%	12%	4%
Charles	15	3%	0%	0%	0%	0%	20%	7%	7%	13%	0%	20%	7%
Dorchester	5	1%	0%	0%	20%	0%	0%	20%	40%	20%	0%	0%	0%
Frederick	13	3%	0%	0%	8%	8%	0%	15%	8%	8%	8%	23%	8%
Garrett	3	1%	0%	0%	33%	0%	0%	0%	33%	33%	0%	0%	0%
Harford	21	5%	0%	0%	0%	0%	0%	14%	10%	10%	10%	5%	14%
Howard	6	1%	0%	0%	0%	0%	17%	17%	33%	0%	0%	0%	17%
Kent	1	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%
Montgomery	53	11%	0%	4%	4%	2%	0%	2%	6%	8%	8%	11%	9%
Prince George’s	27	6%	0%	4%	0%	0%	4%	7%	11%	15%	11%	11%	15%
Queen Anne’s	1	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%
Saint Mary’s	10	2%	0%	0%	0%	20%	10%	10%	10%	10%	0%	10%	0%
Somerset	4	1%	0%	25%	0%	0%	0%	0%	50%	0%	0%	0%	0%
Talbot	7	2%	0%	14%	0%	0%	0%	0%	0%	0%	14%	29%	14%
Washington	20	4%	5%	0%	10%	15%	0%	15%	10%	10%	0%	5%	0%
Wicomico	5	1%	0%	0%	0%	0%	20%	40%	0%	20%	0%	0%	20%
Worcester	3	1%	0%	0%	0%	0%	0%	0%	33%	33%	33%	0%	0%
Statewide Pop & Percent	**466**	**100%**	**1%**	**3%**	**3%**	**3%**	**5%**	**8%**	**9%**	**9%**	**10%**	**9%**	**9%**
Source: MD CHESSIE													

11.

Social Services Administration: Child Welfare Placements Legally Free by Jurisdiction, Age and Percent													
As of December 31, 2016			**Age 0-10 Age/Percent in Jurisdiction**										
Jurisdiction	**Number of Youth**	**% of Statewide Total**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Allegany	8	1%	0%	13%	13%	38%	13%	0%	0%	0%	0%	0%	0%
Anne Arundel	15	3%	0%	0%	0%	7%	0%	0%	0%	7%	0%	7%	0%
Baltimore City	205	37%	0%	3%	8%	6%	4%	3%	4%	1%	4%	3%	2%
Baltimore County	67	12%	3%	4%	6%	4%	3%	1%	1%	3%	0%	0%	4%
Calvert	17	3%	0%	0%	0%	6%	0%	0%	0%	0%	6%	6%	12%
Caroline	1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Carroll	4	1%	0%	0%	0%	0%	25%	0%	25%	0%	0%	0%	0%
Cecil	22	4%	0%	0%	0%	0%	9%	5%	9%	5%	0%	0%	0%
Charles	17	3%	0%	0%	12%	12%	6%	6%	6%	0%	0%	0%	0%
Dorchester	10	2%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%	10%
Frederick	19	3%	0%	11%	0%	5%	0%	0%	0%	5%	0%	5%	11%
Garrett	2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Harford	22	4%	5%	5%	5%	9%	5%	5%	0%	0%	5%	0%	5%
Howard	6	1%	0%	0%	0%	17%	0%	17%	0%	0%	0%	0%	0%
Kent	2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Montgomery	50	9%	0%	8%	8%	2%	4%	4%	2%	0%	0%	2%	4%
Prince George’s	30	5%	0%	0%	3%	0%	3%	0%	3%	3%	7%	3%	0%
Queen Anne’s	1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Saint Mary’s	9	2%	0%	22%	11%	0%	0%	0%	0%	0%	0%	0%	0%
Somerset	5	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	40%
Talbot	9	2%	0%	0%	0%	0%	11%	0%	0%	11%	0%	11%	11%
Washington	15	3%	0%	0%	7%	0%	13%	7%	0%	7%	0%	0%	0%
Wicomico	9	2%	0%	11%	11%	11%	0%	0%	0%	0%	0%	0%	11%
Worcester	5	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Statewide Pop & Percent	**550**	**100%**	**1%**	**4%**	**6%**	**5%**	**4%**	**3%**	**3%**	**2%**	**2%**	**2%**	**4%**
Source: MD CHESSIE													

12.

Social Services Administration: Child Welfare Placements Legally Free by Jurisdiction, Age and Percent													
As of December 31, 2016			Age 10-20 Age/Percent in Jurisdiction										
Jurisdiction	**Number of Youth**	**% of Statewide Total**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
Allegany	8	1%	0%	0%	0%	0%	0%	13%	0%	0%	0%	13%	0%
Anne Arundel	15	3%	0%	20%	7%	7%	13%	13%	7%	13%	0%	0%	0%
Baltimore City	205	37%	2%	2%	1%	4%	7%	5%	4%	10%	6%	10%	11%
Baltimore County	67	12%	4%	3%	7%	1%	3%	6%	9%	15%	7%	9%	7%
Calvert	17	3%	12%	12%	12%	12%	18%	0%	6%	0%	6%	0%	6%
Caroline	1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%
Carroll	4	1%	0%	0%	0%	0%	0%	0%	50%	0%	0%	0%	0%
Cecil	22	4%	0%	18%	0%	5%	0%	14%	5%	9%	14%	5%	5%
Charles	17	3%	0%	0%	0%	12%	6%	6%	12%	0%	18%	6%	0%
Dorchester	10	2%	10%	20%	10%	10%	10%	20%	10%	0%	0%	0%	0%
Frederick	19	3%	11%	5%	11%	5%	11%	0%	5%	5%	16%	5%	0%
Garrett	2	0%	0%	0%	0%	0%	0%	0%	50%	0%	0%	0%	50%
Harford	22	4%	5%	0%	0%	0%	9%	14%	9%	9%	5%	14%	0%
Howard	6	1%	0%	0%	0%	17%	17%	33%	0%	0%	0%	0%	0%
Kent	2	0%	0%	0%	0%	0%	0%	50%	0%	0%	0%	0%	50%
Montgomery	50	9%	4%	2%	0%	0%	2%	6%	8%	10%	12%	12%	14%
Prince George’s	30	5%	0%	3%	0%	3%	7%	3%	10%	13%	10%	13%	13%
Queen Anne’s	1	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%
Saint Mary’s	9	2%	0%	0%	11%	0%	11%	11%	11%	11%	11%	0%	0%
Somerset	5	1%	40%	0%	0%	0%	20%	40%	0%	0%	0%	0%	0%
Talbot	9	2%	11%	0%	0%	11%	0%	0%	0%	11%	22%	11%	0%
Washington	15	3%	0%	7%	13%	0%	7%	13%	13%	0%	7%	0%	7%
Wicomico	9	2%	11%	0%	0%	11%	22%	0%	11%	0%	0%	11%	0%
Worcester	5	1%	0%	0%	0%	40%	0%	20%	20%	20%	0%	0%	0%
Statewide Pop & Percent	**550**	**100%**	**4%**	**4%**	**3%**	**4%**	**7%**	**7%**	**7%**	**9%**	**8%**	**8%**	**8%**
Source: MD CHESSIE													

13.

Social Services Administration: Child Welfare Resource Homes (Public Homes) Youth Served December 2018						
Jurisdiction	**All Resource Homes (Public and Private) Served**	***Resource Homes Youth Age 0-20**	**Youth in Resource Homes Age 0-13**	**Percent of Youth in Resource Homes Served Total Age 0-13**	**Youth in Resource Homes Age 14-20**	**Percent of Youth in Resource Homes Served Total Age 14-20**
Allegany	56	54	45	2%	9	0%
Anne Arundel	74	55	46	2%	9	0%
Baltimore City	1457	913	803	39%	110	5%
Baltimore County	302	157	137	7%	20	1%
Calvert	40	31	23	1%	8	0%
Caroline	13	13	11	1%	2	0%
Carroll	40	18	17	1%	1	0%
Cecil	103	80	73	4%	7	0%
Charles	43	34	27	1%	7	0%
Dorchester	12	6	5	0%	1	0%
Frederick	43	33	29	1%	4	0%
Garrett	33	33	31	2%	2	0%
Harford	139	96	86	4%	10	0%
Howard	43	23	18	1%	5	0%
Kent	3	1	1	0%	0	0%
Montgomery	279	210	173	9%	37	2%
Prince George's	336	139	109	5%	30	1%
Queen Anne's	6	5	4	0%	1	0%
Somerset	11	7	7	0%	0	0%
St. Mary's	34	27	25	1%	2	0%
Talbot	4	2	1	0%	1	0%
Washington	95	66	57	3%	9	0%
Wicomico	18	16	13	1%	3	0%
Worcester	22	14	13	1%	1	0%
Served Total	**3206**	**2033**	**1754**	**86%**	**279**	**14%**
**Resource Homes (Public Homes) includes: Adoptive/Pre-finalized, Formal Kinship Care, Regular Foster Care, Restrictive (Relative), and Treatment Foster Care Public)* *Percentages updated.*						
Source: MD CHESSIE						

14.

Social Services Administration: Child Welfare Resource Homes (Public Homes) Youth Served December 2017						
Jurisdiction	**All Resource Homes (Public and Private) Served**	***Resource Homes Youth Age 0-20**	**Youth in Resource Homes Age 0-13**	**Percent of Youth in Resource Homes Served Total Age 0-13**	**Youth in Resource Homes Age 14-20**	**Percent of Youth in Resource Homes Served Total Age 14-20**
Allegany	100	98	90	4%	8	0%
Anne Arundel	79	56	46	2%	10	0%
Baltimore City	1,441	953	832	39%	121	6%
Baltimore County	327	163	136	6%	27	1%
Calvert	33	26	22	1%	4	0%
Caroline	18	17	13	1%	4	0%
Carroll	42	30	25	1%	5	0%
Cecil	106	82	72	3%	10	0%
Charles	66	55	49	2%	6	0%
Dorchester	12	5	4	0%	1	0%
Frederick	43	31	29	1%	2	0%
Garrett	38	38	35	2%	3	0%
Harford	112	77	64	3%	13	1%
Howard	31	14	12	1%	2	0%
Kent	3	1	1	0%	0	0%
Montgomery	269	200	165	8%	35	2%
Prince George's	336	136	100	5%	36	2%
Queen Anne's	6	6	4	0%	2	0%
Somerset	19	11	10	0%	1	0%
St. Mary's	57	40	35	2%	5	0%
Talbot	7	2	2	0%	0	0%
Washington	71	55	44	2%	11	1%
Wicomico	14	11	10	0%	1	0%
Worcester	26	16	16	1%	0	0%
Served Total	**3,256**	**2,123**	**1,816**	**86%**	**307**	**14%**

**Resource Homes (Public Homes) includes: Adoptive/Pre-finalized, Formal Kinship Care, Regular Foster Care, Restrictive (Relative), and Treatment Foster Care Public)*
Percentages updated.

Source: MD CHESSIE

15.

Social Services Administration: Child Welfare Resource Homes (Public Homes) Youth Served December 2016						
Jurisdiction	**All Resource Homes (Public and Private) Served**	***Resource Homes Youth Age 0-20**	**Youth in Resource Homes Age 0-13**	**Percent of Youth in Resource Homes Served Total Age 0-13**	**Youth in Resource Homes Age 14-20**	**Percent of Youth in Resource Homes Served Total Age 14-20**
Allegany	87	83	77	4%	6	0%
Anne Arundel	90	65	54	3%	11	1%
Baltimore City	1,337	794	682	35%	112	6%
Baltimore County	351	176	147	8%	29	2%
Calvert	28	20	15	1%	5	0%
Caroline	17	15	12	1%	3	0%
Carroll	32	24	18	1%	6	0%
Cecil	95	73	69	4%	4	0%
Charles	55	43	38	2%	5	0%
Dorchester	14	2	0	0%	2	0%
Frederick	64	49	47	2%	2	0%
Garrett	46	46	44	2%	2	0%
Harford	120	85	75	4%	10	1%
Howard	23	15	15	1%	0	0%
Kent	0	0	0	0%	0	0%
Montgomery	259	193	167	9%	26	1%
Prince George's	324	110	82	4%	28	1%
Queen Anne's	1	1	0	0%	1	0%
Somerset	18	11	10	1%	1	0%
St. Mary's	53	35	32	2%	3	0%
Talbot	14	6	6	0%	0	0%
Washington	76	58	46	2%	12	1%
Wicomico	15	11	9	0%	2	0%
Worcester	25	12	11	1%	1	0%
Served Total	**3,144**	**1,927**	**1656**	**86%**	**271**	**14%**

**Resource Homes (Public Homes) includes: Adoptive/Pre-finalized, Formal Kinship Care, Regular Foster Care, Restrictive (Relative), and Treatment Foster Care Public)*
Percentages updated.

Source: MD CHESSIE

16.

Social Services Administration: Placement of Siblings Together									
Some or all placed together									
Jurisdiction	**16-Oct**	**16-Nov**	**16-Dec**	**17-Oct**	**17-Nov**	**17-Dec**	**18-Oct**	**18-Nov**	**18-Dec**
Allegany	81%	82%	76%	86%	86%	80%	78%	76%	79%
Anne Arundel	65%	60%	52%	55%	61%	60%	48%	49%	56%
Baltimore City	60%	60%	60%	55%	55%	54%	55%	56%	54%
Baltimore County	73%	74%	74%	61%	62%	60%	57%	58%	60%
Calvert	64%	67%	73%	63%	54%	54%	77%	73%	63%
Caroline	82%	82%	82%	53%	53%	60%	69%	62%	62%
Carroll	86%	92%	68%	83%	79%	74%	69%	70%	67%
Cecil	60%	54%	57%	53%	51%	55%	60%	56%	60%
Charles	88%	90%	89%	82%	85%	82%	83%	81%	81%
Dorchester	60%	60%	60%	29%	29%	25%	50%	25%	25%
Frederick	81%	80%	80%	75%	70%	65%	62%	63%	55%
Garrett	95%	90%	91%	92%	84%	87%	83%	79%	76%
Harford	60%	56%	62%	64%	62%	64%	62%	64%	63%
Howard	85%	85%	85%	82%	78%	78%	93%	93%	91%
Kent	0%	0%	0%	0%	0%	0%	100%	100%	100%
Montgomery	85%	85%	84%	80%	80%	77%	69%	70%	69%
Prince George's	60%	55%	54%	56%	55%	56%	61%	61%	61%
Queen Anne's	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Somerset	71%	71%	71%	56%	56%	62%	75%	75%	77%
St. Mary's	76%	73%	72%	65%	56%	67%	50%	43%	36%
Talbot	83%	67%	67%	43%	29%	29%	0%	0%	0%
Washington	78%	76%	76%	60%	62%	59%	54%	57%	58%
Wicomico	70%	70%	73%	82%	82%	86%	86%	86%	100%
Worcester	75%	85%	100%	78%	78%	75%	67%	67%	60%
Served Total	**68%**	**67%**	**67%**	**62%**	**62%**	**61%**	**60%**	**60%**	**60%**
Source: MD CHESSIE									
Note: Percentages for 2017 have been revised based on updates to data methodology.									