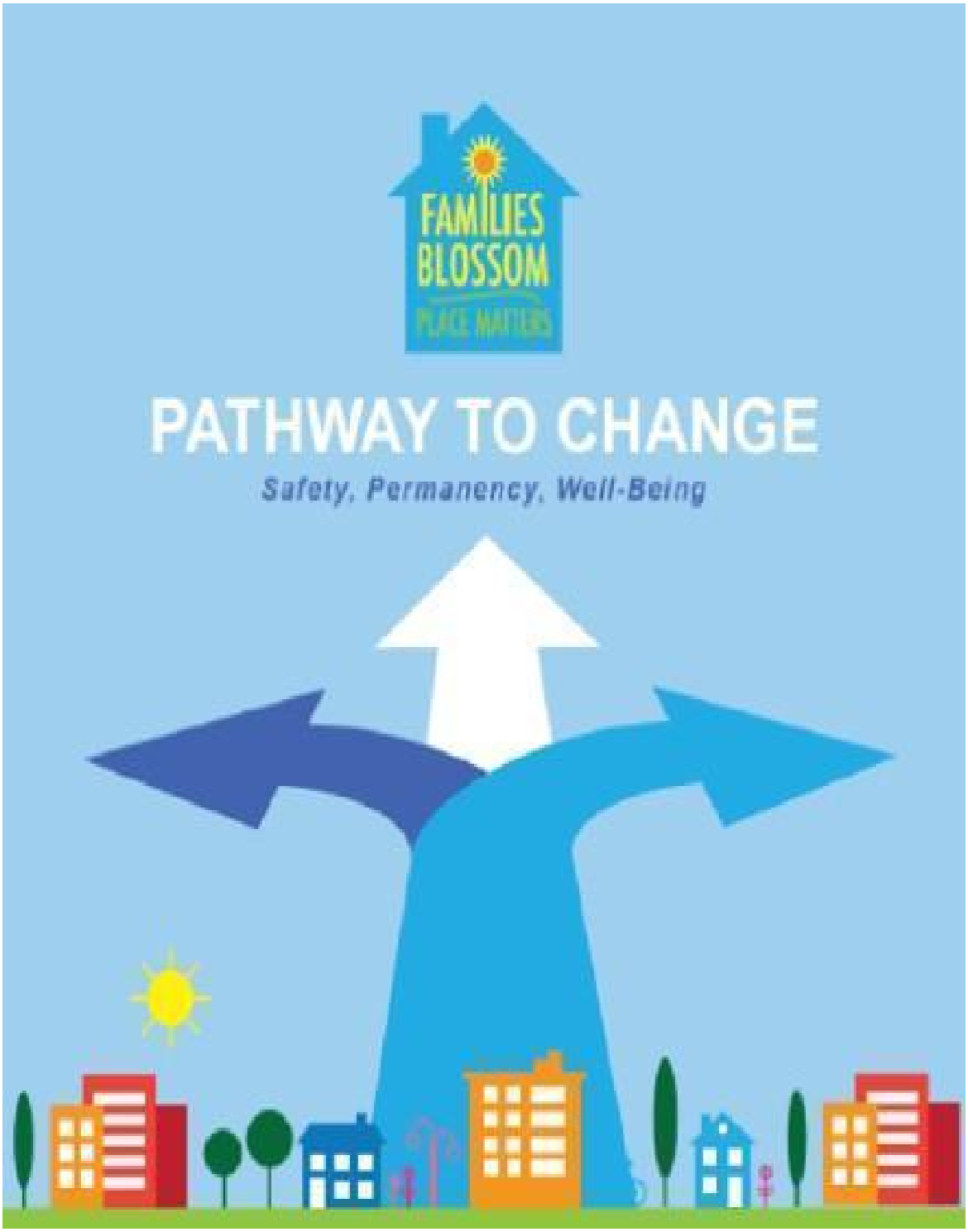
Maryland Department of Human Services
FY 2025 Annual Progress and Services Report



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Section 1: Collaboration

The Maryland Department of Human Services, Social Services Administration (DHS/SSA) maintains a robust collaboration network encompassing families, children, youth, tribes, as well as legal and court partners. This network is facilitated through various Implementation Teams, Networks, Workgroups, and connections to advisory boards such as the Provider Advisory Council, SSA Advisory Board, Youth Advisory Board, and Local Department of Social Services (LDSS) Director and Assistant Director groups.

Within this framework, DHS/SSA routinely reviews performance data, evaluates agency strengths and areas for improvement, and formulates strategic plans to enhance safety, permanency, and overall well-being. To ensure inclusive representation, DHS/SSA collaborates with the Maryland Coalition of Families (MCF), employing diverse recruitment strategies to engage families from across the state, spanning various demographics and backgrounds, including those historically underserved.

Moreover, each DHS/SSA Implementation Team comprises a diverse array of state, local, and community agencies actively contributing to the teams' objectives. These teams reflect the demographics of the children and families they serve, incorporating perspectives from historically underserved communities to inform the agency's strategies and approach.

In 2023, DHS/SSA continued its engagement with the Director of Ethnic Commissions at the Governor's Office of Community Initiatives (GOCI), exchanging information and data concerning Native Indigenous/Indian children and youth in care. In April 2023, a presentation was made to the Maryland Commission on Indian Affairs (MCIA) about the current policy regarding the Indian Child Welfare Act (ICWA). In May 2023, the Director of Ethnic Commissions presented information to the Placement and Permanency Implementation (PPI) team regarding Native Indigenous/Indian people, the role of the MCIA, and the collaborative work between our agencies. Additionally, representatives from DHS/SSA attended the 10th Annual American Indian Heritage Month Celebration at Bowie State University in November 2023.

Furthermore, alongside robust collaboration with key stakeholders, DHS/SSA continued to utilize feedback loops and the DHS/SSA Continuous Quality Improvement (CQI) cycle within the Implementation Structure to:

- Assess strengths and areas needing improvement,
- Review and modify goals, objectives, and interventions, and
- Monitor progress in implementing DHS/SSA's strategic vision.

Throughout 2023, the implementation teams met regularly (meeting frequency of each group listed below), strengthened and expanded membership to ensure representation from key stakeholder groups, and utilized feedback loops to assess performance, monitor progress, and adapt key strategies as needed. The following DHS/SSA workgroups represent meaningful collaboration and the effective use of feedback loops during the reporting period.

Outcomes Improvement Steering Committee (OISC) (Monthly until May 2023)
In 2023, the OISC meetings underwent a temporary suspension halfway through the year to allow for a period of reflection and re-evaluation of its charter and membership. There was a need to

evaluate the relevance of all implementation teams and network groups to decide which ones were still necessary and which should integrate their content into existing teams and groups.

The OISC was facilitated by the Deputy Executive Director of Programs and the Director of the Office of Adult Services. Representatives participated from MCF, LDSS, federal partners, University of Maryland School of Social Work (UMSSW)/Innovations Institute, Chapin Hall, Foster Care Court Improvement Program (FCCIP) representatives, lived experts (parents in the meetings), and youth when needed to review and provide feedback on materials.

Data was regularly shared by different groups along with the updated Headline Indicators Dashboard. The Headline Indicators Dashboard included storyline data concerning race/ethnicity, age, and circumstances of removal for all of the Permanency Indicators and Placement Stability. The additional data allowed for disproportionality and disparity around these measures to be evaluated.

Each of the implementation teams focused on specific areas related to reducing entry into care, achieving permanency, and ensuring placement stability for children/youth in care. Data from each area was incorporated into the discussion that were initiated at these meetings to review strengths and areas needing improvement. Each of the areas reviewed during monthly meetings included a review of the goals and objections. However, due to the suspension after only one cycle of meetings in 2023, there was limited opportunity to make modifications.

In January 2024, the SSA Steering Committee convened to discuss the format and membership of the OISC meetings. The objective was to explore avenues for enhancing dialogue and consultation to better align with DHS priorities.

Kinship Navigation Workgroups:
In 2023 SSA collaborated with LDSS Kinship Navigators and MCF Kinship Navigators, including individuals with lived experience from diverse ethnic and economic backgrounds, some of whom have personal experience, to elevate the voices of families receiving direct services from kinship caregivers in the community.

- **Kinship Navigator Peer Support Meeting (Monthly)**
  SSA along with University of Maryland, Baltimore, Institute for Innovation and Implementation (The Institute), Kinship Navigator Training Specialist provided Kinship Navigator's with targeted, specialized training relevant to topics affecting kinship caregivers. The Kinship Navigator Peer Support meeting was utilized as a forum for ongoing knowledge acquisition, skill building, and peer support to discuss practice issues, advocate for families, plan engagement activities and supportive events and share ideas about how to best address the needs of kinship families. Various guest speakers from community organizations also facilitated quarterly training sessions and collaborated with LDSS Kinship Navigators to discuss critical cases and intervention strategies using family voice.

- **Kinship Navigator Family First Workgroup (Quarterly)**
  The Kinship Navigator Family First Workgroup was established to enhance kinship awareness across the state. The workgroup serves to identify current trends, barriers, and gaps in services across programs. Feedback was obtained from stakeholders of diverse

backgrounds from various counties across the state to identify barriers and service gaps within the child welfare system and increase awareness of underserved families using targeted outreach. Stakeholders worked directly with youth and children to ensure representation of family voice and the needs of the community were included in the discussions.

Child Protective Services, Family Preservation, and Prevention Services Implementation Team (Monthly)
Through the active representation of community-based and family-serving agencies such as Family Connections, Maryland Family Network (MFN), and MCF, DHS/SSA has effectively engaged in targeted strategies to meet the needs of Maryland's children and families. MCF, for instance, provides Caregiver Advisors—parents with firsthand experience—who actively participate as members on SSA teams. Two Caregiver Advisors are currently assigned to this team, offering valuable feedback on program activities, goals, and objectives.

Meetings have covered a range of updates and program details across Prevention, Preservation, and Protection Services. These gatherings have provided platforms for community organizations and local departments to present special initiatives, fostering discussions and exchanging information that informs practice. Caregiver Advisors and family-serving agencies have contributed insights into the agency's performance data and Headline Indicators, such as entries into care and responses to Hospital Overstays for children in Child Protective Services (CPS) and Family Preservation. Moreover, they have actively discussed methods to enhance the evaluation of diverse family voices and address implicit bias in LDSS screening practices.

The Family Preservation Team actively participated in Integrated Practice Model activities with many of the LDSS. The process involved coaching and providing technical assistance (TA) on collaborative assessments and work related to Family Team Decision Making Meetings. Throughout 2023, SSA continued training and TA to the LDSS implementing Evidence Based Programs (EBPs) under the Family First Prevention Services Act (FFPSA) detailed in Section 4, Goal 5, and Section 6, FFPSA Grants.

The Family Preservation regulation, Code of Maryland Regulation (COMAR) 07.02.01, underwent a revision process with contributions from local jurisdictions, SSA leadership, the Attorney General's Office, and other SSA partners, including individuals with lived experience. The rewritten regulation incorporates family friendly language, updated approaches to practice, and enables more clinical interventions to support families in improved, efficient, and effective ways. Submitted for approval in July 2023, it is pending approval by the Governor's office.

SSA collaborated with LDSS, Title IV-E staff, FFPSA leads, data and finance staff to review outcomes and formulate a new FFPSA claiming process. Throughout 2023, SSA has remained dedicated to enhancing the FFSPA claiming process through strategic planning for improvements and updates, based on lessons learned.

SSA Advisory Board (Semi-Annually)
In 2023, the SSA Advisory Board convened once due to leadership changes within DHS/SSA earlier in the year. The November 2023 session entailed a comprehensive review of the ongoing initiatives spanning various areas including Child Welfare, Adult Services, Operations, Policy,

and Legislation. The primary objective was to assess current performance levels and to outline goals for the upcoming year.

During the session, partners contributed insights and feedback on the strategic plan and key initiatives, which included rate setting, Family First, kinship care, provider engagement, collaboration, and partnership. In addition, the Board reviewed and examined the five child welfare priorities to be implemented in partnership with the LDSS. They include:

1. Fully implementing the Family First Prevention Services Act to build prevention services for all children, with an emphasis on ages 0-5;
2. Expanding intervention efforts such as family findings and kinship care supports;
3. Enhancing reunification services to families;
4. Supporting youth transition from foster care to end aging out; and
5. Rate setting reform and building Maryland's licensed provider network.

Provider Advisory Council (Monthly)
The Provider Advisory Council (PAC) members include private placement providers (treatment foster care, group home, and independent living), LDSS, SSA, the Office of Licensing and Monitoring (OLM), Maryland Association of Resources for Families and Youth, Community Behavioral Health Association, and Court Appointed Special Advocate (CASA) who provide feedback observed from court involvement. The PAC evaluates collaboration effectiveness, identifies necessary changes, and reviews solutions in subsequent meetings. Progress is assessed, and ongoing needs are addressed to better serve foster youth in placement. Monthly meetings included dialogue on challenges faced by the LDSS and private provider community serving children and youth with more intensive needs. Solutions were brainstormed and information shared, including updates on regulations.

Workforce Development Network (Monthly after September 2023)
The Workforce Development Network (WDN) included a diverse and devoted membership of SSA, Child Welfare Academy (CWA), LDSS Managers and Caseworkers, University of Maryland and Morgan State University Title IV-E Faculty, DHS Learning Office staff and members with "lived experience." The WDN was on hold due to leadership changes in early 2023 and resumed monthly meetings beginning September 2023. Due to previous student evaluations, the focus of the discussions was on improving Pre-Service training offered to new hires from all 24 jurisdictions to better prepare them as they move to their role in the LDSS. To streamline meetings, the WDN merged with the Pre-Service workgroup to further these discussions.

Substance Use Disorder Workgroup (Monthly until April 2023)
The Substance Use Disorder (SUD) Workgroup brought together a diverse group of professionals and individuals representing key stakeholders such as birthing hospitals, families, Peer Recovery Specialists-lived experience, substance use treatment providers, state agencies, local health departments, LDSS program staff, and legal representatives from the Office of Attorney General and Public Defender Office.

Its focus was on addressing the needs of Substance Exposed Newborns (SEN) and the SUD population, aiming to improve outcomes. Discussions centered on building collaboration across state and local systems and expanding evidence-based interventions to support affected newborns, caregivers, and families.

Monthly meetings involved reviewing statewide and local data on SEN in child welfare. Strategies were proposed to reduce maltreatment, preserve families, and reduce foster care placements. Discussions also covered practices and policies of SSA, SUD treatment providers, birthing hospitals, and child health providers to improve cross-system collaboration and positive outcomes for SEN and SUD populations. Additionally, the workgroup, alongside state partners, SUD treatment providers, and birthing hospitals, participated in statewide training sessions and presentations to enhance service coordination, including effective implementation of Plan of Safe Care (POSC).

The workgroup concluded monthly meetings in April 2023. However, the SUD workgroup will continue to serve as a collaborative structure for the agency on an ad hoc basis to support SEN and SUD practice, areas needing improvement, and implementation of the Child and Family Services Plan (CFSP) and supplement APSRs. DHS/SSA will continue meaningful collaboration through the SSA SUD Listserv and the local SEN Supervisors Group.

The SUD Workgroup is also addressed in Section 6 "Population at Greatest Risk of Maltreatment."

Placement and Permanency Implementation Team (Monthly)
The PPI Team consists of SSA staff from various units, community members, providers, local departments of social services, resource parents, Court Improvement, Legal Aid, Child Welfare Academy, School of Social Work, and Chapin Hall (TA partner), and youth and family representatives including MCF. A primary purpose of the PPI Team is to enhance collaboration and garner a diverse review of the work done within the Placement and Permanency Units. This multidisciplinary group of stakeholders provide feedback to the Placement and Permanency Units with respect to SSA policies, initiatives, programming, COMAR, and relevant aspects of issues that affect youth in care. Priorities are driven by SSA's Headline Indicators and the Child and Family Services Review (CFSR), pertaining to improving outcomes related to placement stability, timely permanency, and successful planning and discharge for older youth exiting care.

The PPI Team collaborated with MCF in goal setting and development, as MCF represents a diversity of children, youth, young adults, and families with lived experience. Collaboration MCF and the feedback provided led to SSA advocating for strategic developmental strategies for marginalized children, youth, young adults, and families in Maryland.

Additionally, the PPI Team collaborated with members of the legal and court community with a focus on achieving permanency through guardianship. Strategies, including concurrent planning, Family Finding, and training with court partners and model court orders, were identified through this collaboration.

Listening sessions and CFSR meetings were held with local departments, legal partners, placement providers, focusing on permanency and using data from the CFSR, Headline Indicators, placement, and permanency dashboard. Discussions covered permanency trends, impacts of placement on permanency, and concurrent planning.

Stakeholders from organizations that represent children, youth, and families, tribes, courts were engaged to enhance permanency and placement stability outcomes. The PPI Team strengthened community partnerships to enhance the vision and mission of DHS. Each monthly meeting the members weighed in on charter and CFSP outcomes related to increasing exits to permanency,

such as reunification, adoption, custody and guardianship and successful transition of young adults aging out of foster care. CFSR data and impacts of LDSS were reviewed to assess future permanency and placement implementation needs for continued development of CFSP goals.

Emerging Adults Workgroup (Monthly)
The Emerging Adults (EA) Workgroup serves as a platform for training, information sharing, and feedback gathering among child welfare agencies, focusing on improving outcomes for older youth in care. The EA Workgroup consists of a diverse set of stakeholders, including SSA staff, LDSS staff, including supervisors and independent living coordinators, Adult Services representatives, and private agency staff from organizations like CASA, Freestate Justice, and Maryland State Department of Education (MSDE). This composition of stakeholders ensures representation from marginalized and underrepresented groups such as LGBTQIA and racial minorities. Continued efforts will be made to recruit members from various professional, community, and academic affiliations such as legal/law enforcement, foster youth alumni, homeless services providers, colleges, landlords/property managers, and civic organizations to further enhance the range of perspectives and expertise within the group.

The EA Workgroup's primary purpose is to develop strategies that improve outcomes for older youth while in care and after they leave care. These strategies include addressing issues related to successful transition to adulthood and establishing permanent connections with caring adults.

In 2023, the EA Workgroup engaged in various collaborative initiatives aimed to increase exits and permanency for youth and young adults in care, including providing cannabis and expungement training in partnership with legal services, offering LGBTQ name change training in collaboration with Freestate Justice, and participating in the End Aging Out Initiative with Annie E. Casey Foundation (AECF). AECF also conducted a landscape analysis for DHS to increase exits to permanency for youth and young adults in care. The EA Workgroup actively examined the current service array available to older youth and made recommendations, identified challenges in permanency planning, and developed strategies to address them. The EA Workgroup reported its findings and provided recommendations to the Placement & Permanency Team, ensuring that insights and suggestions were incorporated into the broader decision-making processes within the child welfare system.

Health Workgroup (Monthly)
The Health Workgroup plays a vital role in fostering collaboration, identifying challenges, and implementing strategies to enhance the health and well-being of children, youth, and families across the state. The members are a diverse group of individuals with lived experience and expertise in child welfare and health care services including Medicaid contractors for health, dental, and behavioral health, case management, behavioral health, and school health services at the state and local level. The Health Workgroup partners with other relevant groups such as SSA's EA Workgroup and PPI Team. This collaboration ensures representation from youth, young adults, and community stakeholders that serve families of various diversities from across the state, to improve health performance measures and care coordination.

In 2023, the Health Workgroup collaborated with the Office of the Attorney General (OAG) to address medical decision-making for children, youth, and young adults in foster care. The OAG presented on medical consent (parents' involvement in decision-making; youth's right to consent and make healthcare decisions), court orders of control (limited guardian for medical, dental,

psychiatric purposes), and information sharing. DHS/SSA will continue to utilize the Health Workgroup as a collaborative structure to identify service barriers and address health care needs and services for children, youth, and young adults in foster care. The Health Workgroup is addressed in Section 2 Well-Being Outcome 3.

Quality Service Reform Initiative Workgroup (Bi-Weekly)
The Quality Service Reform Initiative (QSRI) workgroup comprises a diverse array of stakeholders, including SSA leadership, private provider representatives covering congregate care, treatment foster care, and independent living, as well as representatives from Maryland Department of Health, Public Consulting Group (actuary company), University of Maryland, Baltimore/University of Connecticut (TA partner), Department of Juvenile Services, OLM, Department of Budget Management, and Maryland State Department of Education. This diversity ensures that various perspectives and expertise are represented in the decision-making process.

The QSRI Workgroup has remained dedicated to implementing a new rate structure with the overarching goal of ensuring that placements are available to meet the needs of all children and youth in care. Throughout the past year, the workgroup has shared updated information regarding the new class structures and proposed rates based on direct and clinical costs. Members have had the opportunity to respond, ask questions, share concerns, and make suggestions. Private providers have also provided feedback on the proposed rates and shared insights into their services to ensure that the rates enable them to offer services and care based on the needs of children, youth, and families that they will serve.

The input and feedback received from members and private providers were incorporated where relevant in the subsequent iterations of the rate structure. This iterative process ensures that concerns and suggestions are addressed, and relevant adjustments are made to enhance the effectiveness and fairness of the rate structure. Questions asked during the presentation of the final draft were used to create a Frequently Asked Questions (FAQ) document, which was shared with all private providers during the meeting in December 2023 regarding the Interagency Rates Committee budget submission.

Continuous Quality Improvement Network (Monthly)
The CQI Network expanded its membership to include court personnel. During 2023, the CQI Network successfully collaborated with the courts on an ongoing basis around improving permanency outcomes for children and youth in foster care. Members include the SSA leadership, CQI Unit, Adult Services, LDSS representatives (directors, assistant directors, data/Quality Assurance analysts, supervisors, case workers), Court personnel (Office of the Public Defender, permanency liaisons), Court Improvement Program representative, University of Maryland School of Social Work, and Chapin Hall.

Monthly meetings focused on the CFSR performance and evaluation process and integrating youth and families' voices and perspectives. LDSS reflected on current practices and policies affecting the quality of services provided to youth and families. They also developed strategies to address barriers to ensure the safety, permanency, and well-being of children. Headline Indicator data was examined within the context of racial/ethnic disparities. Examination of racial/ethnic disparities ensured that discussions on strengths and areas needing improvement prioritized marginalized and oppressed communities served through the child welfare system.

Through a random selection of cases for review, families, youth, and occasionally parent and child attorneys were interviewed as a part of the CFSR process, which was used to identify areas of strength and areas needing improvement for each local department as it related to safety, permanency, and well-being. The CFSR results were then shared in the CQI Network meetings alongside Headline Indicator data. By including youth and family voice, the CQI Network gained a richer understanding of the barriers impacting areas of practice needing improvement and highlighted the current landscape of family engagement and teaming throughout the lifespan of the case.

Additionally, focus group data is shared in the CQI Network meeting. The focus groups are conducted with several key stakeholders in the child welfare system, including judge/magistrates, attorneys, youth, and biological parents. The focus group results highlight major themes related to systemic factors impacting practice. By reviewing the qualitative and quantitative data from these various data sources in the CQI Network meetings as well as routinely including personnel from the court system in these meetings, the CQI Network is able to develop strategies for targeted practice improvement that can be disseminated and implemented at the local level and able to determine the interventions needed to support the State in meeting the identified goals and objectives. By comparing focus group results across implementations, the CQI Network can monitor how systemic barriers are persisting or changing overtime, allowing for a deeper understanding of the efforts needed to enact system-level change.

To support continuous improvement plans and provide coordinated technical assistance to the local departments, the CQI Network continued to focus on improving the State's compliance with Item 6 (timeliness of achieving permanency), per the CFSR and Maryland's Program Improvement Plan (PIP), as Item 1 (timeliness of initiating investigations) had already been achieved in CY2022. Through collaborating with the LDSS, partners at Chapin Hall and the University of Maryland School of Social Work, and the SSA Permanency unit, the CQI Network was able to have ongoing dialogue identifying barriers to achieving strength ratings for Item 6 and unpacking storylines that were identified to be predictive of permanency outcomes, including visiting with biological parents and caregivers, case planning with biological parents and caregivers, utilizing Family Find, placing children with kin, and conducting formal needs and strengths assessments (i.e. CANS).

The multiple perspectives and voices shared through the CQI network allowed for identifying practices that support the timely achievement of permanency, leveraging the Integrated Practice Model (IPM) to promote permanency, and determining practical assistance SSA can provide to the LDSS that will improve their capacity to achieve Item 6. For example, a pervasive theme that emerged from these conversations was the need for improved collaboration between child welfare staff and the courts. To strengthen the communication and relationship between the local departments and the courts, the CQI Network connected the local departments with their permanency liaisons and provided education around their role.

End Aging Out Implementation Team (Meeting Frequency: Weekly)
The End Aging Out Implementation Team began in June 2023. Members include the Older Youth Permanency Team, DHS Leadership Team, Annie E Casey Foundation, Foster Youth Ombuds, Independent Living Coordinators and other LDSS representatives. The facilitators of this team organized listening sessions with young adults aged 18-26, representing diverse racial backgrounds and communities across Maryland, who had firsthand experience with the foster care

system. In collaboration with agency leaders, staff, young adults, and communities, the group formulated strategies to ensure that youth leaving foster care do so within supportive family networks and with the resources needed to thrive.

Implementation meetings, focus groups and one on one interviews with staff and Court partners were held to gain a better understanding of the dynamics of the child welfare system and how the court system impacts exits to permanency and/or youth remaining in out of home care through age out on their 21st birthday. Engagement strategies were developed to promote lifelong supportive connections for youth; enhance the system's capacity to address racial disparities, foster authentic partnerships with youth and families, and prevent unnecessary entry into foster care for youth.

Section 2: Update on Assessment of Current Performance in Improving Outcomes

Safety Outcome 1

Table 1: Safety Outcome 1 CY2019 - CY2023

Safety Outcomes	*Time Period*	*Overall Determination*	*State Performance*
Safety Outcome 1: Target Goal: 95%	January-December 2023	Not in Substantial Conformity	94% Substantially Achieved
	January-December 2022	Not in Substantial Conformity	86% Substantially Achieved
	January-December 2021	Not in Substantial Conformity	79% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	75% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	67% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Table 2: Safety Outcome 1 Performance Items CY2019 - CY2023

Safety Outcome 1 Children are, first and foremost, protected from abuse and neglect	*Time Period*	*Performance Item Rating*	
		S	*ANI*
Item 1 Timeliness of initiating investigations of reports of child maltreatment	January-December 2023	92%	8%

Safety Outcome 1 Children are, first and foremost, protected from abuse and neglect	*Time Period*	*Performance Item Rating*	
		S	*ANI*
	January-December 2022	86%	14%
	January-December 2021	79%	21%
	January-December 2020	75%	25%
	January-December 2019	68%	32%
Data Source: Online Monitoring System (OMS)			

Table 3: Timeliness of CPS Responses CY2019 - CY2023

Timeliness of CPS Response with Alleged Victim(s) (Target: 90% or greater for abuse and neglect contacts.)		
Calendar Year	**% Within the first day**	**% Within the first 5 days**
2023	79%	93%
2022	81%	83%
*2021	67%	82%
*2020	61%	81%
*2019	51%	84%
*Data from 2019-2021 has been updated from previous APSR submissions to reflect corrected data. Data Source: Child, Juvenile and Adult Management System (CJAMS) -for CY21, 20, and 19 milestone report and for CY22 HB1248 as this report was developed in 2022. CY2023; CJAMS		

Assessment of Performance

The data trend for Maryland's performance on the Safety Outcome "Children are, first and foremost, protected from abuse and neglect" as presented in Table 1, shows a significant improvement from 2019 to 2023. In 2019, only 67% of the cases reviewed during the Child and Family Services Review (CFSR) were rated as substantially achieved. By 2023, this percentage had increased significantly, with 94% of cases rated as substantially achieved. Maryland is steadily closing the gap toward achieving the substantial conformity standard of 95%.

Over the past five years, Maryland has significantly improved its timeliness in responding to Child Protective Services (CPS) cases, as shown in Table 2. In 2019, only 51% of cases met the state's timeliness standard of responding within the first day. By 2023, this figure had risen to 79%, reflecting a substantial improvement in urgent response times. Similarly, the percentage of

cases meeting the five-day response standard increased from 84% in 2019 to 93% in 2023. These enhancements demonstrate the agency's commitment to prioritizing timely interventions, ensuring children's safety and well-being are addressed promptly.

Strengths

During the reporting period, the agency worked to better understand what affects the timeliness of CPS responses. In 2023, the agency made major improvements to CJAMS to more accurately reflect CPS response times. These updates fixed significant data issues, allowing the system to capture essential information on response timeliness. Specifically, the improvements allowed for the inclusion data about contact with more people such as additional caregivers and other children in the home. This enhancement allowed for accurate differentiation of data concerning face-to-face contact with alleged victims and initial contact with other household members. Overall, these enhancements to CJAMS are a notable step forward in the agency's ability to accurately assess and address the timeliness of CPS responses, ultimately contributing to improved child protection services.

The implementation of a pivotal initiative in 2023 aimed to enhance the efficiency of initial face-to-face contact within the agency. Workers were required to specify reasons for delays in completing initial face-to-face safety checks, utilizing a drop-down menu of options. This meticulous data collection process provided valuable insights to SSA, enabling strategic resource allocation towards targeted training and technical assistance programs. The integration of virtual and in-person connectivity has ushered in a transformative era for workforce training across the state. This innovative approach has facilitated more frequent and timely training sessions, empowering the agency to cultivate a highly skilled and responsive workforce. This approach has proven instrumental in swiftly identifying and addressing challenges related to Safety Outcome 1. Table 3 above reflects corrected data for 2019–2021, aligning with enhancements made to the milestone report. The data from 2019-2021 was updated to accurately reflect this measurement.

The SSA CPS programs and the Audit, Compliance, and Quality Improvement (ACQI) unit, provided monthly technical assistance (TA) to each local department of social services focused on the timeliness of CPS response. During these sessions, the TA aimed to identify challenges faced by local departments in ensuring timely CPS response, provide guidance and support in addressing these challenges, and offer solutions and ideas on how to enhance collaboration across agencies to ensure the safety of children. This collaborative approach is evidence of a concerted effort to improve the efficiency and effectiveness of CPS responses, ultimately prioritizing the safety and well-being of vulnerable children in the community.

Concerns

The data analysis, TA provided to local departments, and insights from the CFSR focus groups have collectively highlighted a significant issue: staff challenges are having a profound impact on the timeliness of Child CPS responses. Although not explicitly measured in the CFSR process, the recurring theme of staff-related issues in focus group summaries and TA sessions underscores their critical influence on the broader child welfare landscape.

One of the key issues identified is the high turnover rates among staff, which has been consistently emphasized by community partners and resource parents. Acknowledging the commendable efforts of staff in meeting mandated responsibilities, participants across the focus

groups noted the challenges arising from turnover and the time needed to establish new partnerships between families and community entities. This turnover impedes the ability to provide prompt and effective services. Additionally, with an increase in complex cases being handled by the workforce, staffing challenges become even more problematic.

The shift from caseload standards to workload standards by Child Welfare League of America (CWLA) reflects a growing recognition within the child welfare sector of the limitations of solely considering the number of cases handled by workers. This new approach acknowledges the significance of workload intensity and complexity in effectively serving vulnerable children and families.

The DHS 2023 Annual Report on Child Abuse and Neglect Investigations Timeliness highlighted a concerning trend wherein over 230 CPS responses experienced delays in initial face-to-face contacts. These delays were attributed to various factors, including workers being assigned multiple cases requiring a 24-hour response time and overwhelmed screening teams struggling to promptly assign cases. This data, highlighting the trend of delays in CPS responses, underscores the critical need for a nuanced understanding of workload demands in child welfare settings. Simply measuring caseload numbers may not accurately reflect the true demands placed on workers or the challenges they face in providing timely and effective interventions. By shifting towards workload standards that consider factors such as intensity and complexity, organizations can better support frontline workers and improve outcomes for the children and families they serve.

In addition to grappling with high turnover rates, concerns about worker retention, and staffing issues, there are several other challenges impacting the timeliness of CPS responses. One significant challenge is the difficulty in locating families, which can impede CPS's ability to conduct assessments and provide essential support. Moreover, there exists a prevalent issue of mistrust or negative experiences with the child welfare system, leading parents to resist engagement with CPS. This reluctance by parents can result in delays in intervention and support for children at risk. Language barriers further compound the problem, as communication challenges stemming from linguistic differences hinder effective engagement with families and impede CPS's capacity to assess and address child safety concerns.

Furthermore, CPS teams encounter limitations in reaching families located in neighboring jurisdictions. When families reside outside of Maryland, coordination with other jurisdictions becomes necessary, introducing logistical hurdles and potentially delaying CPS responses. Additionally, staffing challenges in neighboring jurisdictions exacerbate the situation. Similar to Maryland, these jurisdictions may also grapple with staffing shortages or turnover, impacting their ability to promptly respond to child welfare concerns and conduct essential assessments.

Update on Activities to Improve Performance

- SSA developed an Internal ACQI unit to assist with supporting local departments in completing key child welfare activities, including responding to maltreatment reports in a timely manner. During 2023, the ACQI unit continued to partner with the CPS unit on the CJAMS system, enabling DHS/SSA to better track compliance data. All information is also available in CJAMS to front-line staff and management to assist them in tracking and monitoring the LDSS performance on face-to-face contact in CPS cases.
- Throughout 2023, the ACQI and CPS units held at least monthly TA sessions with metro

LDSS to review, among other things, Safety Outcome 1 data. During these TA sessions, the group discussed barriers LDSS staff identified in making timely CPS responses.

- ACQI and CPS units facilitate bi-weekly statewide TA sessions. During the Statewide TA sessions, the group focused on and explored practices that enabled a local department to perform at or above the standard for Safety Outcome 1. The TA sessions utilized a problem-solving model involving "plan-do-study-act" (PDSA) cycles used to improve or change a process. The PDSA cycles addressed documentation delays and challenges with making initial contacts.
- DHS/SSA enhanced CJAMS to resolve glitches and capture data around the timeliness of CPS responses to include a broader array of individuals (i.e., additional caregivers, other children in the home) to better understand performance related to initiating a CPS response with the family. DHS/SSA will continue to utilize this data monitoring tool paired with technical support and coaching to the local departments that do not meet the 95% initial face-to-face contact requirement to improve outcomes.
- ACQI distributes selected CJAMS data to local departments to allow them to track compliance, including safety outcome 1 data.
- Documentation training continues to ensure the workforce documents the contacts so the system can accurately detect them. To further support these efforts, DHS/SSA's ACQI and CPS units are partnering to offer joint technical assistance.
- Implementing the 2022 amendments to Family Law Article §5-706 highlighted why some cases fall in the "not-achieved" category for timely initial contact. As a result, DHS/SSA can now identify trends around barriers for the initial response.

Activities Planned for 2024 and Beyond

- DHS/SSA will complete a child welfare workload assessment to analyze workload versus caseload. In 2025, DHS/SSA hopes to utilize information from this assessment to better understand how we can support the workforce. The analysis will provide insights into staffing needs that could improve outcomes for Safety Outcomes 1: Children are, first and foremost, protected from abuse and neglect. (2025-2029 CFSP Goal 3, Strategy 3A)
- Moving forward, SSA will explore how to track the actual number of case-carrying positions and workers available to receive cases. This effort will involve collaboration with Human Resources Development and Training (HRDT) and the use of data from our time management system, Workday. (2025-2029 CFSP Goal 3, Strategy 3A)
- The agency plans to address challenges identified through coordinated effort involving collaboration between local CPS programs, community organizations, and other relevant stakeholders. Strategies will include improving language access, enhancing interagency communication and collaboration protocols, and implementing recruitment and retention initiatives to address staffing shortages. Additionally, efforts to build trust and rapport with families through transparent and respectful engagement practices can help overcome barriers to parental cooperation and facilitate timely intervention to ensure child safety and well-being. These plans are further described in 2025-2029 CFSP Safety Outcome 1, Table 4 and Goal 3, Strategy 3A.

Safety Outcome 2

Table 4: Safety Outcome 2 CY2019 - CY2023

Safety Outcomes	*Time Period*	*Overall Determination*	*State Performance*
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate Target Goal: 90%	January-December 2023	Not in Substantial Conformity	86% Substantially Achieved
	January-December 2022	Not in Substantial Conformity	88% Substantially Achieved
	January-December 2021	Not in Substantial Conformity	83% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	76% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	63% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Table 5: Safety Outcome 2 Performance Items CY2019 - CY2023

Safety Outcome 2 Performance Items	*Time Period*	*Performance Item Rating*	
		S	*ANI*
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care	January-December 2023	94%	6%
	January-December 2022	90%	10%
	January-December 2021	95%	5%
	January-December 2020	91%	9%
	January-December 2019	71%	29%
Item 3: Risk and Safety Assessment and Management	January-December 2023	87%	13%
	January-December 2022	90%	10%
	January-December 2021	83%	17%

Safety Outcome 2 Performance Items	*Time Period*	*Performance Item Rating*	
		S	*ANI*
	January-December 2020	76%	24%
	January-December 2019	63%	37%
Data Source: Online Monitoring System (OMS)			

Table 6: Safety Indicators CY2019 - CY2023

Statewide Data Indicator	National Perform - ance Target	Directions of Desired Performa - nce	Baseline Data CY2018	State Data CY2019	State Data CY2020	State Data CY2021	State Data CY2022	State Data CY2023	MD Target for 2024
Reentry to foster care in 12 months	8.1%	Lower	16.0%	14.0%	10.0%	10.0%	9.0%	8.0%	8.1%
Recurrence of Maltreatment	9.5%	Lower	14%	12%	9.0%	7.0%	7.0%	7.0%	9.5%
Maltreatment in foster care (victimizations per 100,000 days in care)	9.67	Lower	12.4	13.8	12.2	11.7	9.53	9.49	9.67
Data Source: CJAMS 2023 (CY2018-CY2023 Maltreatment items revised due to previous data issues)									

Assessment of Performance

Maryland did not meet substantial conformity between January 2023 and December 2023 for Safety Outcome 2 as 86% of the cases reviewed received a substantially achieved rating (Data source: OMS). Although this performance demonstrates a decrease from the 88% last year, this is an increase of 23% over the last 5 years.

Overall performance for CFSR Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care during CY2023 was 93.55%. CFSR Item 3: Risk and Safety Assessment and Management during CY2023 was 86.72%. Since 2019, DHS has been trending in the right direction in regard to items in Safety Outcome 2. The rating for Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care increased from 70.83% in CY2019 to 93.55% in CY2023. Similarly, the rating for Risk and Safety Assessment and Management increased from 75.94% in CY2019 to 86.72% in CY2023.

In reviewing CFSR data related to risk and safety assessments, a few examples of areas needing improvement included multiple substantiated maltreatment allegations during the review period involving similar circumstances, incomprehensive assessments where the agency did not assess the safety and risk of a caregiver's home, inaccurate risk and safety assessments, and unmonitored safety plans. Additionally, there were several cases where the risk and safety of children who remained in the family home were not assessed while their sibling was in foster care.

DHS/SSA achieved a satisfactory outcome for the recurrence of maltreatment in CY2023 at 7%

which is lower than the target of 9.7% (data source: CJAMS). Over the past 5 years, recurrence of maltreatment has decreased from 14% down to 7%. DHS/SSA child maltreatment of foster youth while in care also decreased slightly this reporting period from 9.54 in CY2022 to 9.49 (victimizations per 100,000 days) in CY2023. During the past 5 years this number has decreased from 12.4 down to 9.49 which is trending in the right direction. Re-entry into foster care in 12 months also decreased slightly during CY2023 from 9% in CY2022 to 8% in CY2023. DHS/SSA is and will continue to explore data points related to these outcomes in efforts to identify ongoing strengths as well as continued areas of concern and to identify strategies likely to improve outcomes.

Strengths

Overall, Maryland has continued to demonstrate efforts towards improvement for safety outcomes. The implementation of the IPM training that DHS/SSA developed to increase engagement and teaming efforts between child welfare staff and families served in CPS, Family Preservation, and Foster Care programs is showing a shift in practice evident by the data.

The CFSR data shows that Maryland has remained steady in the past 3 years with regards to children who were victims of indicated or unsubstantiated maltreatment not having a recurrence within 12 months of closure of the previous case (Maryland Headline Indicators). Maryland has been at 93% in this area consistently. Additionally, the state increased from 95% to 96% of children who received Family Preservation Services not having a maltreatment report within one year according to Maryland's Headline Indicators. 96% is the target that was set for Family Preservation Services, and it has been met showing that there is a positive impact and support to families from Family Preservation Services.

The most recent Family Teaming policy was released in September 2021, which provides guidance to the LDSS on the expectation of teaming as a core practice of Maryland's IPM; a follow up frequently asked questions (FAQ) document was released in May 2022. The Coach Approach Model training that began in 2022 continued to be offered to LDSS leadership staff during the beginning of 2023; however, it was paused for the rest of the year. The Coach Approach training will begin again in 2024. The Coach Approach Model works to build LDSS leadership skills in an effort to empower staff to solve problems. Leaders will model these skills for staff, who can then use the same skills to empower families to solve problems. A Coach Approach Mentor program was developed and began in April 2022, it was also paused but is scheduled to start again in 2024. Coaching is an IPM principle in action to ensure a Safe, Engaged and Well-Prepared Professional Workforce. "Coaching Intensives" continued in 2022 and 2023 allowing 21 of 24 jurisdictions to complete the coaching intensives by the end of 2023. See Goal 2: Strengthen Workforce Knowledge and Skills to Support the Full Implementation of Maryland's IPM for more information on Coaching Intensives. Feedback from CFSR focus groups noted youth and biological parents had an overall positive experience teaming with the LDSS.

Significant enhancements were made in CJAMS to provide reports for substance exposed newborn cases due to an audit finding stating that safety and risk assessments were not always completed for SEN cases. This report updates daily to allow staff and leadership within the LDSS and SSA to track timely assessments for SEN cases. There were months of daily validation of this report to ensure its accuracy. The validation process included LDSS staff who reviewed the report and provided feedback for improvements. DHS/SSA is seeing improvements in the timely completion of assessments with this new report available. SSA's established target goal for timely safety and risk assessment is 90%. At the time of this report, timely safety assessment completion

for SEN is 89% and 91% for risk assessments. The most significant improvement was safety assessment completion which reflects a 20% increase since fall 2022. See Section 6, Updates on Service Descriptions, Populations at Greatest Risk for further information on the SEN report.

In March 2022, SSA started a state-wide push to ensure that all jurisdictions' staff were up-to-date and trained in Child and Adolescent Needs and Strengths (CANS) and /or Child and Adolescent Needs and Strengths-Family (CANS-F), as appropriate. As of March 2023, all 24 jurisdictions received CANS/CANS-F training. See Service Array section 3 item 29 for further information on strengths and concerns related to available services for youth and families.

Concerns

Safety Outcome 2 did not meet the target goal of 90%. Maryland did have an increase in providing services to stabilize families and prevent a child's entry into foster care as shown by the state's CFSR data that went from 90.24% in CY2022 up to 93.55% in CY2023. This increase was due to only two families interviewed that did not receive safety related services from CY2023. In the CFSR data it was noted that safety related services for substance use and mental health were needed for one family while the other family needed safety related services for only mental health. There were no barriers identified as to why the LDSS did not provide safety related services. Some overall barriers are discussed in the Service Array section 3 item 29. It will be important to continue to explore what barriers exist and how SSA can support LDSS staff in overcoming these barriers.

Staff challenges were a prominent theme throughout all the CFSR focus groups. Although staff challenges are not systemic areas that are measured through the CFSR process, it was such a consistent theme in the focus groups that it was included in the summary of the focus group. When there are staffing challenges, there is a negative impact on several key aspects of the system, including quality of service delivery, trust and relationship building with families, collaboration with resource parents and service providers, and the caseworkers themselves.

Update on Activities to Improve Performance

DHS/SSA plans to implement the following activities to improve performance on supporting children safely staying in their homes whenever possible:

- Continue to offer TA to staff using coaching skills as a way of modeling what "teaming" can look like with families. (2025-2029 CFSP Goal 3, Strategy 3C)
- Restart "Coaching Intensive" training for supervisors to improve transfer of knowledge to caseworkers to support skills and competencies in creating authentic partnerships with youth and families. (2025-2029 CFSP Goal 3, Strategy 3C)
- Restart the Coach Approach training that enhances critical thinking and core components of the IPM. (2025-2029 CFSP Goal 3, Strategy 3C)
- There was one learning circle in 2023 related to how to utilize coach approach techniques and more will happen in 2024 with the restart of Coach Approach training. There were two other learning circles this year based on self-care and burnout vs. compassion fatigue. These will be important conversations to continue. (2025-2029 CFSP Goal 3, Strategy 3C)
- Another training that is scheduled for 2024 is Use of Collaborative Assessments in Supervision which should also improve performance in this area. (2025-2029 CFSP Goal 3, Strategy 3C)
- Weekly or bi-weekly meetings involving SSA's CPS/Family Preservation staff, ACQI, and Systems Development Teams will continue to be held to create User Stories to correct

defects and develop enhancements to CJAMS to improve functionality and capture more accurate data including trends around assessments. These meetings also facilitate the development of Tip Sheets and How-to Guides to support staff use of CJAMS and accurately recording information and data. CJAMS has a quarterly schedule for adding enhancements and user stories. The team prioritizes the most critical needs to ensure enhancements and user stories are in the right order. (2025-2029 CFSP Goal 6, Strategy 6D)

- DHS/SSA will be reviewing and updating the resource parent training module. The state will switch from PRIDE (Parent Resources for Information, Development, and Education) to the National Training Development Curriculum (NTDC) in 2025. NTDC is a trauma informed and culturally relevant curriculum that is free. NTDC is based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. DHS/SSA will hear directly from parents and professionals about how this fee resource is educating and empowering them. NTDC will train resource parents with the importance of trauma informed care and will specialize in training that will assist the youth in their home. (2025-2029 CFSP Goal 5, Strategy 5C)

Permanency Outcome 1

Tables 7 and 8 below represent DHS/SSA's performance on Permanency Outcome 1 between January 2019 - December 2023.

Table 7: Permanency Outcome 1 CY2019 - CY2023

Permanency Outcomes	*Time Period*	*Overall Determination*	*State Performance*
Permanency Outcome 1: Children have permanency and stability in their living situations Target Goal: 90%	January-December 2023	Not in Substantial Conformity	25% Substantially Achieved
	January-December 2022	Not in Substantial Conformity	21% Substantially Achieved
	January-December 2021	Not in Substantial Conformity	26% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	12% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	10% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Table 8: Permanency Outcome 1 Performance Items CY2019 - CY2023

Permanency Outcome 1 Performance Items	*Time Period*	*Performance Item Rating*	
		S	*ANI*
Item 4: Stability of Foster Care Placement	January-December 2023	78%	23%

Permanency Outcome 1 Performance Items	*Time Period*	*Performance Item Rating*	
		S	*ANI*
	January-December 2022	84%	16%
	January-December 2021	74%	26%
	January-December 2020	83%	17%
	January-December 2019	70%	30%
Item 5: Permanency Goal for Child	January-December 2023	55%	45%
	January-December 2022	50%	50%
	January-December 2021	55%	45%
	January-December 2020	39%	61%
	January-December 2019	25%	75%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned	January-December 2023	36%	64%
	January-December 2022	31%	69%
	January-December 2021	34%	66%
	January-December 2020	16%	84%
	January-December 2019	22.5%	77.5%
Data Source: Online Monitoring System (OMS)			

Table 9: Permanency Indicators CY2019 - CY2023

Statewide Data Indicator	National Performance Target	Directions of Desired Performance	Baseline Data CY2018	State Data CY2019	State Data CY2020	State Data CY2021	State Data CY2022	State Data CY2023	MD Target for 2024
Permanency in 12 months for children entering foster care	42.7%	Higher	37.5%	34%	30.8% COVID (Mar-Dec)	29.4% COVID (Jan-Jun)	28%	27%	42.7%
Permanency in 12 months for children in foster care 12-23 months	45.9%	Higher	44.3%	34%	24.8% COVID (Mar-Dec)	28.7% COVID (Jan-Jun)	31%	35%	45.9%
Permanency in 12 months for children in foster care 24 or more months	31.8%	Higher	28.3%	20%	20.2% COVID (Mar-Dec)	28.4% COVID (Jan-Jun)	28%	34%	31.8%
Placement stability (moves per 1,000 days in care)	4.12	Lower	4.38	4.36	5.27 COVID (Mar-Dec)	6.47 COVID (Jan-Jun)	6.83	5.44	4.12
Data Source: CJAMS (2023) - performance updated 8/23/2024 following evidence that permanency data was missing elements due to new labels									

Assessment of Performance

Maryland's percentage of timely permanency within 12 months from the date a child enters foster care is currently 27%. Maryland's target goal for 2024 is currently 42.7%. In assessing the decrease noted since 2018, the concern shared by local departments is the reluctance of the courts to approve the proposed permanency plan. Even though LDSS have the authority to change a permanency plan prior to the courts formal order, many LDSS indicate a hesitancy to make changes until the court formally acknowledges the change. This delay impacts timelines, as legal representatives advise the parents to focus on the goal set by the court not by the LDSS. Permanency for children in 12 months for children in care for 12-23 months is currently 35% while Maryland's target is 45.9%. Permanency for children in foster care for 24+ months is currently 37% while Maryland's target 31.8%, the only area that is now meeting federal standards. As noted in the CFSR, Maryland is still challenged in its permanency performance measures meeting federal standards. As it relates to the achievement of appropriate permanency goals, 63.75% of cases reviewed were rated as areas needing improvement. Placement stability rates have increased from 70% in CY2019 to 78% in CY2023. However, there was a slight decrease in CY2023 with 5.44% moves per 1,000 days in care from the 6.83% moves reported in CY2022 and above the national target of 4.12 indicating that children are experiencing slightly

less moves in their foster care placements. This decrease could be attributed to the increased efforts to limit the use of congregate care and providing additional support to children in lesser restrictive settings. In evaluating reasons, anecdotally it continues to show, youth coming into care have more complex mental health needs, limited local resource homes, and specialized placements such as treatment foster care agencies and congregate care providers are experiencing placement limits due to hiring and retaining staff, contributing to more frequent placement disruptions.

Strengths

In 2023, stability of foster care placement was noted as a strength at 78% according to the Item 4 rating in the CFSR (table 8). Between 2019 and 2023, Maryland has experienced fluctuations, but the overall trend remains positive, with an 8% increase during this period. Although DHS/SSA leadership did not participate in quarterly meetings with the FCCIP in CY2023, it was agreed that continued focus on the permanency outcomes and strategies to adjust the downward trend of achieving timely permanency (Item 6) outcomes were necessary. Between February 2023 and August of 2023, utilizing permanency planning data supplied by Operations, the Permanency, CQI and a court partner met with each LDSS to provide technical assistance and court resources aimed at supporting locals in permanency planning and ensuring placement stability for children and youth in care.

Furthermore, in July 2023, SSA offered a refresher technical assistance on concurrent planning for both the workforce and court partners to enhance their capabilities in this area.

Concerns

The timely identification of appropriate permanency goals (Item 5) at 55% and achieving permanency timely (Item 6) 36.25% remains a concern. Court postponements caused by continuations, exceptions, or appeals initiated by legal representatives of parents, coupled with a lack of clarity and awareness among the workforce regarding effective concurrent planning, are believed to be significant factors contributing to the delays.

Update on Activities to Improve Performance

- DHS/SSA will offer training for NTDC (a newer training curriculum) for foster parents to increase their preparedness to meet the more complex needs of youth, which is being planned for 2024 for pilot sites. The full transition to NTDC is targeted for 2025. (2025-2029 CFSP Goal 5, Strategy 5C)
- Maryland continues to explore how best to meet the needs of youth in care. A statement of need (SON) to provide options for respite and crisis respite will be explored as the state works to expand its array of licensed providers for 2024. (2025-2029 CFSP Goal 4, Strategy 4D)

Table 10: Update on Activities to Improve Performance

Update on Activities for Permanency Outcome 1	Target Completion Date
Develop referral mechanisms and pathway documents for decision-making about a child's placement.	**2019**

Update on Activities for Permanency Outcome 1	Target Completion Date
Implementation Status: Completed Progress: ● The Placement Request form, FTDM summary CANS Decision Support Tool and QI Assessment were developed and released in paper/fillable electronic versions in 2022. In 2023 the Placement Request Form was in process of testing with the CJAMS/MD THINK team for use in CJAMS. However, CJAMS activities were paused. The Placement Request Form and the FTDM meeting summary forms were impacted, as was the QI Assessment Form and the CANS decision support tool, which were in line for being added to CJAMS. The forms continued to be used offline and uploaded manually to CJAMS.	
Begin using a new transition planning tool with the goal of transitioning children out of group homes to non-congregate placements that will increase permanency achievement. (Plan to phase in a group of children in group care for 12 + months.)	**2020**
Implementation Status: Completed Progress: ● Training was provided to the Qualified Individuals on March 28, 2023. This training reviewed the QRTP/QI assessment process, and tools including the CANS decision support tool, as well as the transition planning tool. The transition tool provides assistance in assessing a youth's readiness to transition from a QRTP placement,, and focus on length of stay QRTP reassessments for youth in QRTP for more than 12 months.	
Begin implementation of strategies to implement QRTP and tracking of performance data in pilot jurisdictions (new activity added in 2020)	**2020**
Implementation Status: Completed Progress: ● Starting in 2023, monthly learning collaborative meetings were held for QIs in the pilot jurisdictions to provide implementation support and address process questions and clarifications. A tracking spreadsheet was developed for jurisdictions to report QI activities and monitor performance. Consultants participated to offer additional support, particularly around the CANS decision support tool and its use in the QI assessment process. During 2023, one additional jurisdiction nominated a QI, bringing the total to five jurisdictions implementing the QRTP process. ● A QRTP application information webinar was held on February 24, 2023, in preparation for the opening of the QRTP application window. The webinar was recorded for interested providers to view at a later date also. The application window yielded no new applications for the QRTP designation. As a result, SSA reviewed the program questionnaires completed by providers to preliminarily assess which providers might be close to meeting the requirements for the QRTP designation. Contact was made with those providers and readiness conferences have begun to provide space for question and answer, clarification, and readiness assessment.	
Identify strategies to address permanency through root cause analysis of reassessment findings of youth in QRTPs (new activity added in 2020)	**2020**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 5, Strategy 5C) Progress: ● This activity continues to be in early stages, as reassessments have begun to be an area of focus as implementation of the QRTPs entered its second year.	
Train child Placement & Permanency Units and Providers on new placement tool and process (new activity added in 2020)	**2020**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 5, Strategy 5B) Progress:	

Update on Activities for Permanency Outcome 1	Target Completion Date
● The standardized placement request form continues to be in process of implementation. Delays in the rollout were experienced due to challenges related to CJAMS, which postponed the form's release in the system. A focus for 2024 will be getting the form placed into production in CJAMS and training will be completed.	
Provide technical assistance to LDSS and private provider agencies related to decision making about child placement.	**2020**
Implementation Status: Completed Progress: ● The Placement Unit added a placement specialist, and one placement specialist became the unit supervisor. This expansion has allowed for increased availability of technical assistance to the LDSS teams and provider agencies. Additional assistance and collaboration with hospitals and the SSA youth hospital liaison is provided to assist with placement needs for children and youth in hospitals, as well as to address youth in temporary living arrangements. ● The Placement team collaborates with program area experts at SSA, as well as with other state agencies including Behavioral Health Administration and the Developmental Disabilities Administration to work to meet the placement and treatment needs of youth in care.	
Analyze CQI related to the appropriate placement efforts and placement stability and refine practice based on results.	**2020-2024**
Implementation Status: Completed Progress: ● During 2023, quantitative and qualitative data was compiled and analyzed to evaluate placement stability and placement efforts in local jurisdictions and across the state. Headline Indicator reports, which highlight state and local trends in the placement stability rate (measured by how many moves occurred for every 1,000 days that children were in care) were shared with the local departments on a quarterly basis. Additionally, the ten local jurisdictions who participated in the CFSR in 2023 received a CFSR results report following the on-site review, detailing the local department's strengths in practice and areas in need of improvement based on aggregate results from the on-site review and Headline Indicator data in order to support the development of their Continuous Improvement Plan (CIP). Barriers to maintain stable placements were illuminated by the annual focus groups held with key stakeholders across the child welfare system in September of 2023 and Orientation and Practical Data Meetings with local departments participating in upcoming on-site reviews. ● The barriers discussed included lack of available placement resources (i.e., foster homes, group homes, RTCs), youth with mental/behavioral health concerns that necessitate a higher level of care, and insufficient teaming between resource providers and the local departments. Based on these results, SSA continues to have ongoing conversations with the local departments prior to and following the onsite review to explore the impact of the placement crisis in their jurisdiction and identify strategies to navigate barriers to placing children in appropriate placements based on their level of need and maintaining these placements when challenges do arise.	
Review Headline data for Placement Stability process that will ensure that children are placed in the most appropriate placements the first time and monitor the reduction of placement disruptions.	**2020**
Implementation Status: Completed Progress: ● In CJAMS, there is now validation of efforts for least restrictive placement, with documentation of why the placement is the least restrictive. In addition, the new placement request form/QRTP referral requires documentation to support the level of care/placement requested.	
Revise policy as needed (one on one) in the Placement & Permanency Meeting process (new activity added).	**2020**

Update on Activities for Permanency Outcome 1	Target Completion Date
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 5, Strategy 5C) Progress: ● The revision of one-to-one policy continues to be in process. The need to clarify the parameters of using one-to-ones made it necessary to revise the one-to-one policy. It was submitted for review, and issues related to procurement were raised and will need to be addressed before finalization. There are efforts under way to release an RFP for statewide contractors to provide this service in support of youth and placement stability.	
Center for Excellence (CfE) in Foster Family Development Resource Parent Training Model Development	**2020**
Implementation Status: Completed Progress: ● The Center for Excellence in Foster Family Development four-year grant period concluded September 30, 2023. ● The CfE evaluation revealed that CfE had an overall positive impact on children/youth in CfE resource homes where the caregivers completed KEEP/KEEP SAFE or all the CfE training requirements. ● DHS/SSA is considering continuing the KEEP/ KEEP SAFE program as part of its efforts to develop resource parents and placement options. This initiative aligns with the administration's goal of keeping youth within family settings.	
New Activity 2021: Evaluate fidelity and outcomes for the resource parent model. Use findings to inform refinements to implementation and training. (PIP Activity)	**2024**
Implementation Status: Completed Progress: ● Overall evaluation of CfE activities occurred in 2023 resulting in the following outcomes and perceptions. ○ The broad consensus is the education and training provided to the resource parents through the CfE was informative and useful. ○ Resource family caregivers who graduated KEEP and KEEP SAFE identified that they had an increased level of competence (increasing their perceived level of competence in the topic from 6.9 out of a 10-point scale to 8.5 out of a 10-point scale). Resource family caregivers also felt that the training will have a large impact on their caregiving in the future and they had confidence that they could integrate the training content into their caregiving. ● The overall strain experienced by resource families in the CfE program decreased based on the training and support provided to them. ○ As expected, the overall strain experienced by resource families decreased significantly between pre-test and post-test and at the three-month follow-up. This change suggests that the resource families are able to use the skills that they learned during the CfE to manage the behaviors of the children placed with them. Similarly, the perceived severity of problem behaviors experienced by resource families had a significant decrease between pre-test and post-test, dropping from a score of 143.8 at pretest to 98.7 at post-test. Similarly, the number of behaviors that resource parents viewed as problematic also decreased from pre-test to post-test, dropping from an average of 9.8 problem behaviors to an average of 6.9 problem behaviors. However, at the three-month follow-up the perceived severity of problem behaviors had increased to 129.7, higher than at post-test, but below the pre-test level, as had the number of problem behaviors reported. ● Fully trained CfE resource homes have higher placement stability overall (as measured through remaining in the same placement or moving to a less restrictive placement or permanency) compared to children placed in other homes.	

Update on Activities for Permanency Outcome 1	Target Completion Date
○ The results of the administrative data examination of placement stability suggests that children placed in CfE resource homes (either those that became fully certified or who just graduated from KEEP/KEEP SAFE) have greater stability in their placements or will move to more desirable placements or permanence compared to resource homes in the same counties that did not participate in the CfE, and when compared to a matched group of children. Of the children placed in fully trained and certified CfE homes, 86.5% (90% of those who had a permanency plan of reunification) achieved what is considered positive stability (either remain in the same home, move to a relative placement, or exit care to permanency). Of the children who were placed in resource homes that graduated from CfE, 73% (72.5% of those who had a permanency plan of reunification) achieved what is considered positive stability. Of the children who were placed in resource homes that were referred to the CfE but did not complete or chose not to participate, 68.2% (56% of those who had a permanency plan of reunification) achieved what is considered positive stability. Of the administrative data comparing children who were matched to children placed in fully trained and certified CfE homes, 47.1% (50% of those who had a permanency plan of reunification) achieved what is considered positive stability.	
Begin a process to transition youth out of congregate care and into family settings.	**2021**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 5, Strategy 5C) Progress: ● Training was provided to the QIs on March 28, 2023, which included reassessment of youth needs and youth readiness for transition to family-based care. ● Transition of youth out of congregate care to family-based settings has continued to be greatly challenged by provider capacity. The capacity for child placement agencies/treatment foster care has been impacted by a shortage of social workers as well as a reduction in the number of resource families. Providers continue their efforts to recruit resource families and social workers. In addition, the capacity and availability of providers to accept youth with complex care needs continues to be a challenge in 2023.	
Implement Placement Referral process statewide to target placement stability	**2021**
Implementation Status: Completed Progress: ● The CJAMS issues with the functionality of the placement referral form continued in 2023, and further delayed the comprehensive rollout of the standardized Placement Request Form. Addressing these issues remains a priority. An electronic version of the form was used in the interim and uploaded to CJAMS in the documents section. The form requires information to justify the level of care, and any services to support placement stability.	
Design and implement CQI protocols, including performance data from providers	**2021-2024**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6C) Progress: ● QSRI efforts continue, and more clearly define the specific standards that align and meet the requirements for QRTPs as part of FFPSA. The rate development for congregate care providers is being finalized in early to mid-2024. Rate development for CPAs is also continuing as part of the QSRI efforts.The Providers Advisory Council has provided a vehicle for communication and understanding of the standards, expectations, and collaboration with providers.	

Permanency Outcome 2

Table 11: Permanency Outcome 2 CY2019 - CY2023

Permanency Outcome	*Time Period*	*Overall Determination*	*State Performance*
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. Target Goal: 90%	January-December 2023	Not in Substantial Conformity	69% Substantially Achieved
	January-December 2022	Substantially Achieved	82.5% Substantially Achieved
	January-December 2021	Substantially Achieved	81.25% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	67% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	43% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Table 12: Permanency Outcome 2 Performance Items CY2019 - CY2023

Permanency Outcome 2 Performance Items	*Time Period*	*Performance Item Rating*	
		S	*ANI*
Item 7: Placement with siblings	January-December 2023	91%	9%
	January-December 2022	87.18%	12.82%
	January-December 2021	82.4%	17.6%
	January-December 2020	84.2%	15.8%
	January-December 2019	82.5%	17.5%
Item 8: Visiting with parents and siblings in foster care	January-December 2023	73%	27%
	January-December 2022	84.06%	15.94%
	January-December 2021	82.5%	17.5%
	January-December 2020	74%	26%

Permanency Outcome 2 Performance Items	*Time Period*	*Performance Item Rating*	
		S	*ANI*
	January-December 2019	51.1%	48.9%
Item 9: Preserving connections	January-December 2023	66%	34%
	January-December 2022	86.25%	13.75%
	January-December 2021	88.8%	11.2%
	January-December 2020	83%	17%
	January-December 2019	55%	45%
Iem 10: Relative placement	January-December 2023	77%	23%
	January-December 2022	79.69%	20.31%
	January-December 2021	74%	26%
	January-December 2020	73%	27%
	January-December 2019	55.3%	44.7%
Item 11: Relationship of child in care with parents	January-December 2023	64%	36%
	January-December 2022	74.63%	25.37%
	January-December 2021	74.4%	25.6%
	January-December 2020	77%	23%
	January-December 2019	49.3%	50.7%
Data Source: Online Monitoring System (OMS)			

Assessment of Performance

DHS/SSA experienced a decline in improvement in its Permanency Outcome 2, achieving 69%

conformity in this measure. There was a decrease in preserving connections, likely due to older youth and acuity of youth entering care requiring specialized placements. The percentage of preserved connections dropped from 86.25% in CY2022 to 66% in CY2023. However, placements with siblings showed a positive upward trend, with 91% in CY2023. However, visits with parents and siblings in foster care decreased to 73%, relative placements dropped to 77.9%, and maintaining relationships of children in care with parents fell to 64% from CY2022-CY2023.

Overall since CY2019, there have been notable improvements in several areas: Placement with siblings increased as a strength from 82.5% in CY2019 to 91% in CY2023; Visiting with parents and siblings in care has increased from 51% in CY2019 to 73% in CY2023; Preserving connections saw an increase from 55% in CY2019 to 66% in CY2023; Relative placements improved from 55.3% in CY2019 to 77% in CY2023; and Relationships of children in care with parents increased from 49.3% in CY2019 to 64% in CY2023. While there have been fluctuations in these areas, the substantial increases from CY2019 to CY2023 indicate that Maryland is moving in the right direction.

Strengths

The most notable improvement in the Permanency Outcome 2 areas mentioned above during CY2023 was the increase in youth placed with siblings. The state has been focusing on the importance of kinship as a placement option, which strengthens connections and supports family bonds for youth and their biological parents. In CY2023, a total of 934 children were placed in kinship/relative placements, marking an increase from CY2022. As a result of this focus on kinship placements, the percentage of siblings being placed together increased from 82.5% in CY2019 to 91% in CY2023.

Regarding youth visiting with parents and siblings, there was a significant increase from 51% in CY2019 to 73% in CY2023. Similarly, there was a significant increase in preserving connections, rising from 55% in CY2019 to 86% in CY2023. The state also saw an increase in relative placements, from 55% in CY2019 to 77% in CY2023, due to the emphasis on placing with kin/relatives Lastly, the relationships of children in care with their parents improved significantly, from 49% in CY2019 to 64% in CY2023.

Concerns

In CY2023, there was a decrease of almost 20% in preserving connections compared to 2022. Despite this drop, there has been an overall increase in preserving connections, from 55% in CY2019 to 66% in CY2023. The decline in performance in preserving connections across CY2022 and CY2023 can be attributed to an increase in cases where it was determined the local department did not make concerted efforts to maintain all important connections from prior to the child's entry into foster care that were identified. Important connections that were most frequently not maintained by the agency were children’s relationships with extended family members who had been identified as important to the child, siblings who were not in foster care, and parents who were not working towards a goal of reunification, but had a relationship with the child.

Update on Activities to Improve Performance

The 2020-2024 CFSP was about specifically strengthening MD's CQI processes to understand safety, permanency and well being and increasing those numbers. Maryland met all CQI CFSR PIP and performance goals during the last CFSP period except for CFSR Item 6 "Achieving

Reunification, Guardianship, Adoptions or other Planned Permanent Living Arrangements." This area will be addressed in the 2025-2029 CFSP under Goal 5 Permanency. See additional updates below.

- Continuation of the previous strategies and activities in the CFSP surrounding the empowerment of families of origin and youth in partnering in their child welfare experiences. (2025-2029 CFSP Goal 5, Strategy 5C)
- The Placement and Permanency Implementation team will continue to work on policies connected to fostering relationships between both birthparent/families of origin, and the timely achievement of permanency to include family finding as a regularly occurring practice during the lifecycle of the case.(2025-2029 CFSP Goal 5, Strategy 5B)
- Continue to monitor/track parent/child/sibling visitation on a quarterly basis and provide technical assistance to the LDSS as needed to ensure quality visitation between birth parents, resource parents, and youth/siblings by SSA staff. (2025-2029 CFSP Goal 5, Strategy 5B).
- Coordination between Permanency, Operations, CQI and LDSS to address barriers to maintain family bonds through the utilization of data, technical assistance, and other methods to support local departments.(2025-2029 CFSP Goal 5, Strategy 5B).

Well-being Outcome 1

Table 13 below represents DHS/SSA performance on Well-being Outcome 1 between January - December 2023.

Table 13: Well-being Outcome 1 CY2019 - CY2023

Well-being Outcomes	*Time Period*	*Overall Determination*	*State Performance*
Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs. Target Goal: 90%	January-December 2023	Not in Substantial Conformity	49% Substantially Achieved
	January-December 2022	Not in Substantial Conformity	43.9% Substantially Achieved
	January-December 2021	Not in Substantial Conformity	48% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	39% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	22% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Table 14: Well being Outcome 1 Performance Items CY2019 - CY2023

Wellbeing Outcome 1 Families have enhanced capacity to provide for their children's needs	***Time Period***	***Performance Item Rating***	
		S	***ANI***
Item 12: Needs and services of Child, parents and Fosterparents	January-December 2023	50%	50%
	January-December 2022	44%	56%
	January-December 2021	48%	52%
	January-December 2020	44%	56%
	January-December 2019	23%	77%
Item 12A: Needs Assessment and Services to Children	January-December 2023	95%	5%
	January-December 2022	95%	5%
	January-December 2021	92%	8%
	January-December 2020	88%	12%
	January - December 2019	65%	35%
Item 12B: Needs Assessment and Services to Parents	January-December 2023	52%	48%
	January-December 2022	45%	55%
	January-December 2021	51%	49%
	January-December 2020	42%	58%
	January - December 2019	20%	80%
Item 12C: Needs Assessment and Services to Forest Parents	January-December 2023	81%	19%
	January-December 2022	84%	16%

Wellbeing Outcome 1 Families have enhanced capacity to provide for their children's needs	***Time Period***	***Performance Item Rating***	
		S	***ANI***
	January-December 2021	79%	21%
	January-December 2020	87%	13%
	January - December 2019	68%	32%
Item 13: Child and Family Involvement in Case Planning	January-December 2023	60%	40%
	January-December 2022	55%	45%
	January-December 2021	59%	41%
	January-December 2020	45%	55%
	January - December 2019	30%	70%
Item 14: Caseworker Visits with Child	January-December 2023	93%	7%
	January-December 2022	95%	5%
	January-December 2021	94%	6%
	January-December 2020	85%	15%
	January - December 2019	66%	34%
Item 15: Caseworker Visits with Parents	January-December 2023	55%	45%
	January-December 2022	40%	60%
	January-December 2021	54%	46%
	January-December 2020	38%	62%

Wellbeing Outcome 1 Families have enhanced capacity to provide for their children's needs	*Time Period*	*Performance Item Rating*	
		S	*ANI*
	January - December 2019	25%	75%
Data Source: Online Monitoring System (OMS)			

Assessment of Performance

The agency continues to show progress in Well-being Outcome 1. As shown in Table 13, the most recent CFSR report from February 2024 with reviews from January to December 2023, indicates 49% of cases reviewed substantially achieved this outcome of families having enhanced capacity to provide for their children's needs. Although not in substantial conformity, the agency has continued progress towards this outcome since CY2019. The CFSR PIP target was set for 37.6% and the state's latest performance (January 2023-December 2023) indicates that the agency has surpassed this target for 4 years and continues to show a positive trajectory. The state was able to achieve the identified CFSR PIP target for assessing the needs and services to children (Item 12A). The CFSR PIP target was set for 37.6% and the state's CFSR 2023 data for 12A indicates 94.53% of cases were rated as a strength. For CFSR Item 12C Needs and Needs Assessment and Services to Foster Parents, the CFSR data indicates 81.43% of cases were rated as a strength. When examining the frequency and quality of caseworker visits with children (Item 14), the CFSR PIP target was 79.4%, and the CFSR data report indicates 92.97% of cases were rated as a strength.

CFSR Qualitative Focus Group Report of October 2023 stakeholder responses focused on ten key topic areas including involving the parents and children in the case planning process, overall workers acknowledged the significance of including family members in the case planning process and collaboratively establishing goals with them based on the family's willingness and ability to engage with the agency. While youth reported being involved, most biological parents indicated that the caseworker did not team with them to incorporate their goals, strength, and self-identified needs in the case plan. This finding supports the CFSR data that indicates the agency is doing slightly better at engaging and teaming with youth than biological parents. This information is consistent with data from the latest CFSR report for Item 12B, Needs Assessment and Services to Parents in which only 51.69% of cases were rated as a strength, up from 45% in CY2022. For CFSR Item 13; Child and Family Involvement in Case Planning, 60.16% of cases were rated as a strength up from 55% in CY2022. DHS is trending in the right direction.

Caseworkers and supervisors discussed times in which teaming with families can be challenging, especially when biological parents are homeless and/or whereabouts are unknown. There is difficulty teaming with family members who are actively struggling with substance use and mental illness or don't want to engage with the caseworkers. There was also discussion among caseworkers and supervisors that noted staffing challenges and high caseloads. Families, youth, and biological parents who participated in the focus group expressed mixed experiences of teaming, both positive and negative experiences throughout the life of the case. Teaming experiences also varied among various stakeholders.

Strengths
The agency does well in assessing the needs and services to children, quality of caseworker visits, and adequately assessing the need of foster parents and providing the services needed to ensure they have the capacity to provide for children in their care. The agency's continued use of the IPM in practice has shown improved outcomes with workforce enhancing core practices such as engaging, assessing, and teaming with parents and caregivers as well as service providers. This improvement is supported by qualitative data from Family Team Decision Meeting (FTDM) and stakeholder interviews, where parents consistently report that their voices were heard when they attended FTDMs. However, several factors influence the quality of teaming between families and the local departments were identified. For example, participants shared that teaming experiences varied based on the assigned caseworker. Family members expressed that they were able to express themselves and partner with some workers, but not others. These activities are described in more detail in the Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland's IPM Section and Item 20 – Written Case Plan.

During this reporting period, the agency continued its efforts to strengthen system partnerships to support children and families. The activities focused on this outcome are described in 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.

Even though this report suggests that there are areas of improvement, the report also suggests that the agency continues to make progress toward meeting and exceeding the CFSR PIP targets.

Concerns
The agency's ability to visit with parents directly impacts caseworkers' ability to involve parents in assessing needs and in case planning. As previously noted in the CFSR, the agency struggled with engaging biological parents to assess needs and case plans. During this reporting period, the most recent CFSR data for Item 15; caseworker visits with parents, reflects 55.08% of cases rated as a strength increased from the 45% of CY2022. Caseworker visits with parents have been trending up but continue to need improvement.

At this time SSA is unable to extract caseworker visits with parents through its Comprehensive Child Welfare Information System (CCWIS)/CJAMS. A CJAMS story is being written to ensure caseworker visits with parents are properly documented in CJAMS.

Data continues to reflect a need for further improvement in conducting accurate needs assessments and providing appropriate service to meet identified needs, particularly for biological parents/legal guardians and foster parents. For biological parents/legal guardians, cases were rated an Area Needing Improvement (ANI) due to 1) a lack of consistent engagement with all applicable parents to assess their needs, and 2) a lack of service provision, including parenting classes, housing assistance, mental health services, and substance abuse services. For foster parents, cases rated an ANI indicated that while the agency accurately identified foster parents' needs, they did not consistently provide appropriate services to support the foster parents' capacities to provide appropriate care and supervision to the children placed with them.

Most recent CFSR report from February 2024 with reviews from January to December 2023 for

Item 12: Needs and Services of Child, Parents, and Foster Parents indicate 50% of cases reviewed as an area needing improvement down from 56% last year, but improvements are still needed. CANS data indicate that for CY2023, there were 1,329 children who entered care and only 44% (584) had a CANS completed. 56% of children who entered care did not have a CANS assessment completed within the first six months. CANS information is described in further detail in section 4: Goal 1: Increase families of origin and youth voice in their child welfare experiences to improve safety, permanency, and well-being outcomes.

Also noted above and previously reported, major themes impacting families having enhanced capacity to provide for their children's needs is the service array and the lack of available quality critical services as well as effectively teaming with absent parents and/or parents who are actively struggling with substance use and mental illness. Concerns and activities related to service gap barriers are described in further detail in the Service Array Systemic Factor section.

As previously reported, in many instances, caseworkers have difficulty engaging parents perceived as resistant who may not be as active in the planning and establishing of goals as needed. Caseworkers have identified incarceration, previous negative experiences with the agency or the negative perception of CPS, severe substance abuse, mental illness and absent parenting, and high turnover of caseworker staff as factors contributing to poor parent engagement.

Multiple agency data sources such as the CFSR, Focus Group Sessions, Community Partnership and Services Survey reflect a major theme impacting families having enhanced capacity to provide for their children's needs is the service Array and the lack of availability and quality of critical services as well as parents who are absent and/or actively struggling with substance use and mental illness.

Update on Activities to Improve Performance

The agency intends to continue to support the workforce in meeting the needs of complex families through continued coaching, application of the Integrated Practice Model and enhanced offering of training at the CWA. These activities are updated in the 2025-2029 CFSP Goal 3, Strategy 3C.

Additionally, the agency intends to improve training and technical assistance related to appropriate case planning with the family (2025-2029 CFSP Goal 4, Strategy 4A) and enhancing efforts to support an array of services that are available for families to access when needed (2025-2029 CFSP Goal 4, Strategy 4D). The agency will continue to partner with the local departments to reinforce attending training (2025-2029 CFSP Goal 3, Strategy 3C), address staffing (2025-2029 CFSP Goal 3, Strategy 3A) and family engagement to address the needs of foster parents and link biological families with supportive services (2025-2029 CFSP Goal 4, Strategy 4A).

The agency also intends to support the workforce to ensure quality assessments are taking place for each child within the IPM framework (2025-2029 CFSP Goal 6, Strategy 6B) with a focus on data integrity. There are future opportunities to analyze data to assess disproportionality in CANS and CANS-F assessments, case planning and service provisions (2025-2029 CFSP Goal 6, Strategy 6C). As CJAMS enhancements are made and more data becomes available, activities include a more robust data analysis of these activities (2025-2029 CFSP Goal 6, Strategy 6D).

The agency will continue to partner with the local department and CJAMS developers to enhance available reports, assess data validation, and resolve data entry barriers that will support child welfare caseworkers and state oversight.

Additionally, a pilot is planned for the beginning of 2024 to survey parents after they receive Family Preservation Services. The survey will help DHS/SSA better understand specific needs of families that may or may not be met during Family Preservation cases and how caseworkers and families are teaming and what could improve this. It is the hope that this pilot will move statewide and spread to other programs in the future. See 2025-2029 CFSP Goal 6, Strategy 6A.

Well-being Outcome 2

Table 15 below represents DHS/SSA performance on Well-being Outcome 2 for CY 2019 - CY2023.

Table 15: Well-being Outcome 2 CY2019-CY2023

Well-Being 2 Outcomes	*Time Period*	*Overall Determination*	*State Performance*
Well-being Outcome 2: Children receive appropriate services to meet their educational needs. Target Goal: 95%	January - December 2023	Not in Substantial Conformity	92% Substantially Achieved
	January - December 2022	Substantial Conformity	100% Substantially Achieved
	January - December 2021	Substantial Conformity	95% Substantially Achieved
	January - December 2020	Not in Substantial Conformity	94% Substantially Achieved
	January - December 2019	Not in Substantial Conformity	88% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Table 16: Well being outcome 2 Performance Items CY2019 - CY2023

Wellbeing Outcome 2 Children Receive appropriate services to meet their educational needs.	*Time Period*	*Performance Item Rating*	
		S	*ANI*
Item 16 Education Needs of the Child	January-December 2023	92%	8%
	January-December 2022	100%	0%
	January-December 2021	95%	5%
	January-December 2020	94%	6%

	January-December 2019	88%	12%
Data Source: Online Monitoring System (OMS)			

Table 17: Education Indicator CY2019-CY2023

Education Measure	*Target*	*CY2019*	*CY2020*	*CY2021*	*CY2022*	*CY2023*
Children entering foster care and enrolled in school within five days	85%	81%	43%	76%	92.5%	90.6%
Data Source: CJAMS (2023)						

Assessment of Performance

Over the past five years, Maryland has made progress in addressing Item 16: Educational Needs of Children, with an overall improvement of 4%, increasing from 88% to 92%. However, this is still short of the CFSR target goal of 95%. Additionally, the 92% performance in CY2023 represents a decline compared to the higher performance levels achieved in the preceding three calendar years.

In CY2023, CFSR Item 16, which assessed children receiving appropriate services to meet their educational needs, was not in substantial conformity. Of the applicable cases reviewed, 92% (n=60 cases) were rated as a strength, while 8% (n= 5 cases) were rated as needing improvement. Item 16 assesses whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

In four of the five cases rated an ANI, the agency did not provide appropriate services to meet the child's identified educational needs. These services included ensuring that a child's IEP was revised to support their current needs, providing services to increase attendance for children with chronic truancy, and enrolling a child in tutoring, night school, and summer school. In the one case rated an ANI where the child was not of school age, the agency did not provide appropriate services (i.e., cognitive evaluation) to meet the child's identified developmental needs (i.e., developmental and speech delays) in a timely manner. Over the past three years, a consistently identified area for improvement has been special education, specifically ensuring that IEP evaluations and re-evaluations are provided. Last year, Maryland achieved a 100% performance rating for the 61 cases reviewed. In these cases, identified needs were met with appropriate services, including IEP evaluations, summer school, after-school tutoring, Infants and Toddlers referrals, and developmental assessments.

Over the past 5 years, Maryland has significantly improved its enrollment of youth in school within 5 days. In CY2019, Maryland's performance was at 81%, with a CFSP target goal of 85%. By CY2023, CJAMS data shows 90.6% of children entering foster care were timely enrolled in school within five days of initial placement, or a change in placement, which meets the target goal of 85%. This improvement is particularly noteworthy considering the impact that COVID-19 had

on enrollment within 5 days, which dropped to 43% in calendar year 2020. Over the past three years there has been a 47.6% increase in enrollment of youth within 5 days. However, this is a slight decrease from CY2022, when 92.5% of youth were enrolled within 5 days. This decline can be attributed to the decrease in timely enrollment during the summer, which dropped to 69.6% of youth compared to 81% last year. In contrast, timely enrollment during the school year is 96.5% compared to 96.4% last year. Seventeen of the twenty-four jurisdictions in Maryland have timely enrollment performance levels at 85% or higher, meeting the target goal, while seven jurisdictions are below target performance for timely enrollment. Also, the data shows that 50% of youth remained in their school of origin after removal, a decrease from last year.

In addition, the CJAMS data from CY2023 was analyzed based on youth gender, race, and ethnicity for disparities in timely enrollment. The data shows for school-age youth (age 5 to 18 years old) who identified as Black or African American youth, 395 of 446 (92.1%) were enrolled within 5 days of placement, and for White youth, 203 of 230 (89.4%) were enrolled within 5 days of placement. While 54 of 72 (83.1%) youth identified as Hispanic were enrolled within 5 days of placement, and 37 of 44 (92.5%) identified other youth were enrolled within 5 days. In addition, the data by gender shows that 92% of female youth were enrolled within 5 days while 88.2% of male youth were enrolled in 5 days. While there is variation in timely enrollment for youth who identify as Hispanic it is not a significant difference. Currently, there is no evidence of disparity or disproportionately in timely enrollment based on youth gender, race, or ethnicity.

MSDE data was utilized to look at additional indicators for disparity, specifically the identification of special education services and disciplinary actions. The 2023 MSDE Legislative Report on Students in the Child Welfare System (data from the 2021-2022 academic year) reports that 683 of the identified 1820 youth in foster care are students with disabilities (has an IEP), which is a rate of 37%. Comparatively, MSDE reports that statewide 12% of students are identified as a student with a disability. The legislative report identifies that the suspension rate for students in foster care for all grades is 14.8%, compared to the state average for in-school, out-of-school suspensions, and expulsions percentage of 4.5%. Additionally, the report indicates that students in foster care are 3 times more likely to be identified as a student with a disability and 3 times more likely to experience disciplinary action compared to their non-foster care peers.

Strengths

Throughout the year, weekly data reports were sent to LDSS by the ACQI unit for monitoring, with a compliance goal of 90% of school-age children in out-of-home care having an updated case record. At the end of December 2023, 96% of youth had an updated case record. CJAMS data shows 90.6% of children entering foster care were timely enrolled in school within five days of initial placement or a change in placement which meets the target goal of 85%. In addition, SSA updated the Education Policy by combining three older policies to clarify responsibilities and expectations for school enrollment. When the new policy was released, a training was held for caseworkers to review updates and discuss resources. A resource folder was created and shared with all local departments to include letter templates for the school, standardized enrollment documents and best interest forms, contact lists, and state educational resources for special education and post-secondary. The resource folder gives all workers access to updated contact lists and new resources in real-time, such as information for the Family Support Centers within the local school system, which LDSS staff can utilize to support youth and families receiving special education services. A CJAMS update was made to upload report cards directly

into the education tab in May 2023. Also, two trainings were coordinated with the Child Welfare Academy to focus on education for youth in foster care, “Learning and the Effects of Trauma: A Guide for Social Work Professionals” and “Navigating the Education System: A Guide for Social Work Professionals,” that had 135 registered participants.

Concerns

While CJAMS data shows target goal attainment, there has been a decline in timely enrollment and children receiving appropriate educational services to meet their needs in the CFSR. Through technical assistance provided to the LDSS, identified contributing factors are the lack of knowledge, availability, and accessibility of services to meet specialized education services such as tutoring and educational testing. Another contributing factor is inconsistent communication with the local school system to enroll children in an education setting or address transportation and attendance concerns. Transportation concerns have been consistently identified as a barrier and can be seen in the increase of youth (50%) changing schools after a placement change this school year. There have been persistent concerns with timely enrollment of youth with IEPs, especially youth identified for a private separate day school. In coordination with the MSDE and local school systems' non-public school coordinators, we have improved communication but found that the non-public school placement process takes about 60 days on average, which can lead to delays when a youth is discharged from the hospital or Residential Treatment Center before a school placement is found. To improve our efforts to ensure that children in foster care are enrolled in school and have access to education services, there needs to be more robust collaboration and communication between all parties. This involves maintaining updated contact lists for LDSS and the local school systems to ensure the appropriate personnel, such as foster care liaisons, transportation coordinators, and non-public school coordinators, are promptly notified and involved in the enrollment process. The agency has regular meetings with the MSDE to ensure any personnel changes are updated on our contact lists, which can then be distributed to LDSS.

Additionally, further work and collaboration are needed to determine the educational outcomes of youth in a timely manner to intervene appropriately. Youth in care are at risk for lower academic achievement, higher rates of participation in special education, higher grade retention rates, higher rates of discipline, and lower rates of high school graduations and postsecondary enrollment. Additional data is reported by MSDE that can be utilized for determining needs. Still, that data is typically for the prior school year, and there is a discrepancy in the number of students they have identified as foster care (it is lower than the number SSA had identified as school-aged). The MSDE includes a special section in its Report Card for the 2021-2022 academic year specifically dedicated to youth in foster care as a distinct population. Youth in foster care had an attendance rate of 83.1% versus all students at 91.1% and a chronic absenteeism rate of 46% versus all students at 30.9%. Youth in foster care had a mobility rate (the movement of students from one school to another during the school year) of 66.0% versus all students at 13.5%. The graduation rate (4-year cohort) for youth in foster care in 2022 was 42% versus 86% for all students, decreasing from 57% in 2021. Also, the dropout rate for youth in foster care increased from 22% in 2021 to 32% in 2022, compared to the all-student dropout rate of 7% in 2021 and 8.5% in 2022.

Another entity that provides data on youth in foster care is the Citizens Review Board (CRB) which reviews cases of children in out-of-home placement and monitors child welfare programs,

making recommendations for system improvements. During their 2023 Annual Review report (July 1, 2022-June 30, 2023), they reviewed 505 cases of school-age youth. The CRB found that 244 (48%) of the 505 school-age children/youths enrolled in school or another educational/vocational program had a 504 or Individualized Education Plan (IEP). A current report card was available for 249 (49%) youth enrolled in school. Also, the CRB reported that the local boards agreed that 441 (79%) of the children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals. This data identifies that there is a continued need for additional support and information for youth, the LDSS needs to ensure the agency has the most accurate information and we ensure youth get the accommodations and services necessary to meet their educational needs.

Update on Activities to Improve Performance

Tables 18 and 19 below outline the agency's update on activities to improve performance on Well-being Outcome 2.

Table 18: Update on Activities to Improve Performance: Well-being Outcome 2

Activities for Educational Needs (Well-being Outcome 2)	Target Completion Date
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**
Implementation Status: Not Completed (See 2025-2029 CFSP, Table 8: Activities to Improve Performance for Well-Being Outcome 2) Progress: ● MSDE and SSA do not have an MOA. The previous one expired and MSDE would not enter into a new agreement. However, under the new administration for both agencies, a renewed request has been made.	
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**
Implementation Status: Not Completed (See 2025-2029 CFSP, Table 8: Activities to Improve Performance for Well-Being Outcome 2) Progress: ● An enhancement to CJAMS was created to capture report cards more easily for youth. ● The foster care milestone is used weekly to review education enrollment and current school information to ensure compliance and discuss barriers with the LDSS. ● SSA is in discussion with UMSSW and Maryland Longitudinal Data System Center (MLDSC) to access relevant state education data to analyze the performance of youth in out-of-home care. UMSSW plans to submit a research proposal in June 2024 for review and approval by MLDSC.	

Table 19: Activities to Improve Performance: School Enrollment

Activities for Measure: Children enrolled in school within 5 days	Target Completion Date
Coordinate with MSDE to develop processes that will enhance collaboration between the LDSS and the LEA around timely school enrollment.	**June 2024**

Implementation Status: Completed Progress: ● Ongoing coordination with MSDE to ensure contact lists for foster care liaisons, transportation coordinators, and special education directors are kept up to date throughout the school year. ● Updated SSA Policy on Education Stability to promote coordination of the BID process and documentation of enrollment.	
Conduct routine 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**
Implementation Status: Completed/Established an Ongoing Process Progress: ● The education specialist monitors the weekly reports for ongoing compliance with the goal of 90% of school-age children in out-of-home care having an updated case record and if any county is not meeting that goal technical assistance is offered. The LDSS conducts quarterly case reviews of children in out-of-home placement for compliance and appropriate documentation. Technical assistance is provided to jurisdictions that are regularly non-compliant, and at the request of any jurisdiction. ● CJAMS enhancements have been identified to improve compliance with enrollment dates and documentation.	

Well-being Outcome 3

Table 20: Well-being 3 Outcomes CY2019 - CY2023

Health Outcomes	*Time Period*	*Overall Determination*	*State Performance*
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs. Target Goal: 90%	January-December 2023	Not in Substantial Conformity	73.5% Substantially Achieved
	January-December 2022	Not in Substantial Conformity	87.5% Substantially Achieved
	January-December 2021	Not in Substantial Conformity	86% Substantially Achieved
	January-December 2020	Not in Substantial Conformity	85% Substantially Achieved
	January-December 2019	Not in Substantial Conformity	66% Substantially Achieved
Data Source: Online Monitoring System (OMS)			

Table 21: Well being outcome 3 Performance Items CY2019 - CY2023

Wellbeing Outcome 3 Children receive adequate services to meet their physical and mental health needs	*Time Period*	*Performance Item Rating*	
		S	*ANI*

Item 17: Physical Health of the Child	January-December 2023	82%	18%
	January-December 2022	91%	9%
	January-December 2021	88%	12%
	January-December 2020	90%	10%
	January-December 2019	81%	19%
Item 18: Mental/ Behavioral Health of the Child	January-December 2023	79%	21%
	January-December 2022	88%	12%
	January-December 2021	91%	9%
	January-December 2020	84%	16%
	January - December 2019	66%	34%
Data Source: Online Monitoring System (OMS)			

Assessment of Performance

In CY2023, the CFSR assessed whether children in care were receiving sufficient services to address their physical and mental health requirements. The CFSR report reflected a decline in this area compared to the previous report. Qualitative feedback gathered from resource parents, agency personnel, and the children themselves, along with documentation in both case and electronic records, corroborated and mirrored the state's 14% decrease in performance rating for CFSR criteria 17 and 18, which pertain to the physical and mental health of the children. The data reflects In-Home Service and Foster Care cases. A significant portion of the deficiency in physical health pertained to dental care. Delays in scheduling appointments were noted, posing a considerable obstacle to timely access to dental health services. The persisting barriers that hinder compliance with dental health milestones remain a challenging aspect to address.

Well-Being Outcome 3: Item # 17 Physical Health of the Child

Over the past 5 years, physical health outcome #17 showed initial improvement from CY2019 to CY2022 of 81% to 91%, with 90% being the benchmark goal. This was noteworthy given the challenges in finding providers during the pandemic of 2020. In CY2023, performance dropped to 81%. Overall improvements were attributed to the agency collaborating extensively with program staff from LDSS and state health partners, through ongoing TA calls.. These calls were aimed at discussing performance measures, understanding the current challenges surrounding timely health

examinations, and identifying resources to sustain progress in this domain. Additionally, partnerships were fostered and maintained through regular meetings with both internal and external agencies, including the Maryland Department of Health (MDH), Managed Care Organizations' (MCO) Special Needs Coordinators, SkyGen LLC staff (the Medicaid dental contractor), and members of the Maryland Dental Association. The timing, components and importance of the Early and Periodic Screening, Diagnostic Treatment of the American Academy of Pediatrics was emphasized so as to clarify medical visits that fulfilled regulatory requirements.

In order to address delays in health exams being performed secondary to Medicaid (MA) processing issues, the agency conducted a statewide health services survey regarding MA Enrollment for Children in Foster Care with local DSS to identify the processes and staff being used to facilitate MA enrollment for children in OOH care and opportunities to more rapidly detect those children with delays in enrollment. The agency's ACQI unit sent weekly reports on out-of-home (OOH) milestones for monitoring and compliance to LDSS as a basis for TA sessions and for individual assistance with the health team with specific children with difficulties receiving required medical services.

Well-Being Outcome 3: Item # 18 Mental/ Behavioral Health

Over the past 5 years, well being outcome #18 showed initial improvement from 2019 at 66% to 88% in CY2022. In CY2023 this domain declined at 79% perhaps reflecting increasing mental health access challenges for children with more complex mental health needs. The agency maintained ongoing assessments of the mental/behavioral health needs of the children to ensure identification and provision of suitable services. However, challenges arose in promptly connecting children to mental/behavioral health services once their needs were identified. Nevertheless, the agency is actively enhancing collaborative endeavors to pinpoint resources and devise solutions aimed at addressing systemic hurdles that hinder the timely delivery of services to children. This entailed working with the mental health Administrative Service Organization (ASO) Optum and LDSS to highlight mental health services available and how to access them for OOH youth. SSA has actively nurtured a collaborative partnership with Optum, with the aim of ensuring timely access to mental/behavioral health services and enriching support for children and youth in foster care. Through this statewide collaboration, the agency has facilitated numerous webinars and training sessions for LDSS, focusing on equipping staff and resource providers with resources to enhance the timely delivery of services, and will continue to provide opportunities for learning and collaboration of best practices that allow for successful outcomes of health care services.These resources encompass clinical consultation and case management to assist in identifying services tailored to specific treatment needs.

The agency has faced challenges in accurately capturing CJAMS data to reflect the comprehensive mental health needs of children and youth in care, as well as in ensuring timely delivery of services. Recognizing the need for improvement in this area, the agency remains dedicated to its state-level collaboration with Optum and other key stakeholders to optimize mental/behavioral health service outcomes.

DHS/SSA is currently in the process of updating the psychotropic medication policy and standard operating procedures, informed consent and enhancements to CJAMS, which will assist LDSS in obtaining and monitoring mental health services for children in OOH care.

Table 22: Health Indicators CY2019 - CY2023

Health Measures	*Target*	*CY2019*	*CY2020*	*CY2021*	*CY2022*	*CY2023*
Comprehensive Health Assessment for foster children within 60 Days	90%	90%	66%	64%	79%	77%
Annual Health Assessment for foster children in care throughout the year	90%	84%	51%	59%	72%	72%
Annual Dental Assessment for foster children in care throughout the year	90%	66%	45%	51%	52%	66%
Data Source: CJAMS						

Assessment of Performance

Over the five-year reporting period, dental assessment compliance has fluctuated, reaching a low of 45% in CY2020 due to provider availability issues. By CY2023, compliance improved to 66%, with slight incremental progress observed over the past 3 years. Similarly, the annual assessment, which was at 84% in CY2019, declined to 51% in CY2020 but has gradually improved to 72% by 2023. Likewise, the comprehensive health assessment, which was at 90% in CY2019, dropped to 64% in CY2021 but has since risen to 77% in CY2023. DHS/SSA will continue to identify strategies to improve well-being outcomes including improving CJAMS health care functionality and data reporting in CY2023, which has been noted by locals as an area in need for enhancement. DHS/SSA has continued to collaborate with key stakeholders to provide guidance to LDSS staff and placement providers on accessing health care services including behavioral health, specifically telehealth services that can be accessed post-pandemic for foster children and youth. These services have been developed since the COVID-19 pandemic when health services could not otherwise be accessed. They have since continued as an option for health services such as mental health therapy when appropriate and timely scheduling for face-to-face health care is problematic.

In addition, the COVID-19 vaccination policy was updated in October 2023 to reflect new effective vaccines developed for pediatrics. The consent was likewise updated to reflect these new vaccines and new pediatric age guidelines for use.

Strengths

In terms of ensuring that health services are adequately provided and supporting health outcomes including behavioral health, SSA's program staff collaborated throughout the reporting period to facilitate ongoing TA calls with LDSS program staff to discuss performance measures, understand current barriers with completing timely health exams, and identify resources to maintain progress in this area. Collaboration with state agencies supported SSA program staff during ACQI TA calls with the LDSS. Partners involved in this effort included the Managed Care Organizations (MCO) Special Needs Coordinators, SkyGen LLC staff (dental contractor) and the Local Health Department, Administrative Care Coordination Unit (ACCU) / Ombudsman units. They collaborate in identifying available health resources and addressing barriers identified by LDSS impacting timely completion of health exams. DHS/SSA's regular health monitoring and technical assistance provides a method to immediately address data discrepancies (such as incomplete,

missing, or untimely documentation) and develop strategies to work on root causes of barriers to timely and appropriate dental, medical and mental health care.

Concerns
TA sessions with the LDSS revealed several barriers and challenges impacting the timely completion of health exams. Two primary challenges are:

1. Health providers or resources failing to provide LDSS program staff with documentation of the child's health exams.
2. Systemic barriers reported by LDSS that delay children's eligibility and enrollment into Medicaid, subsequently delaying the provision of services.

Additionally, timely and accurate data entry remains an area needing improvement. Without accurate and timely documentation of health services, the agency cannot fully assess health service needs and address barriers effectively.

Update on Activities to Improve Performance
During this reporting period, SSA's program staff and the ACQI unit collaborated to support monitoring and compliance of health services for children. The ACQI unit, medical director, and program staff conducted 1:1 meetings with local program directors and staff to inform and emphasize the role of the MCO's Special Needs Coordinator to support health care services. In addition, the TA calls identified local jurisdictions' success with timely completion of health exams including dental, accurate data entry that was used as a resource for counties with worse performance. In addition, the TA addressed common needs/barriers that resulted in non-compliance based on the Out-of-Home Milestone Health report. TA calls with LDSS provided an opportunity for SSA's program staff and ACQI unit to identify CJAMS enhancements and best practices that may assist with addressing non-compliance and timely completion of health exams. The agency continues to strive towards achieving the health performance measure target through work conducted in-state lead workgroups and collaboration among DHS/SSA's program areas, resource parent association, and state agency partners such as with MDH to identify system challenges, resources, and best practices.

Post-pandemic, the state has continued its efforts to build strong state and local collaborations to improve communication and collaboration with LDSS staff, community providers, and MDH programs including Medicaid and the ACCU. Collaborating with MDH's Managed Care Organizations, the dental and mental health Administrative Service Organizations (ASO) SkyGen and Optum respectively to identify systematic challenges and resources has been a top priority to improving coordination of health services for children and youth in foster care. Meaningful engagement with SkyGen has been instrumental in addressing various dental challenges. This collaboration has helped resolve issues related to provider reimbursement for dental exams required before the next routine bi-annual exam, the shortage of dental providers serving the foster care population, and the lack of providers in certain jurisdictions. Additionally, a state level contact person has been assigned to address dental service questions or issues from LDSS staff. SSA program staff collaborated with MDH's Office of Eligibility and Enrollment to address LDSS program staff challenges regarding Medicaid changes, MCO enrollment, and other Medicaid issues that impact timely completion of health services.

As a result of ongoing work by the Health Workgroup, SSA held a statewide Health Services Spotlight webinar in fall 2023. The webinar served as an extension of the Health Services Town

Hall based on feedback received from participants along with SSA's program staff identifying the need to provide child welfare and resource providers ongoing resources and information such as statewide training and presentations to improve cross-system collaboration. The focus of the Health Services Spotlight was to promote Medicaid provider services that are targeted to support the foster care population areas of needs. This health activity was well attended by child welfare staff, resource parents, school personnel, local health departments, SSA program staff, and various MDH personnel. Webinar presentations reflected the agency's ongoing, meaningful collaborations with key stakeholders involved with serving children and youth in foster care. Presenters included MSDE, MCO's and several MDH programs (School-Based Health Center Program; Maternal & Child Health; EPSDT; Optum).

SSA's Health Workgroup members are a diverse group of professionals with lived experience and experience in child welfare, health care services including dental, case management, behavioral health, and school health services at the state and local level. Workgroup members' active participation allowed for a variety of perspectives on the delivery and coordination of health services for children in foster care and supported shared decision making on strategies or activities to increase performance measures. This workgroup serves as a feedback loop to inform SSA on systematic changes, program needs, workforce development, and state level capacity building. Health activities identified in Table 23 below were accomplished and helped inform SSA's program staff on areas of need to further explore and consider for the agency's next CFSP. Areas of need identified through health activities and SSA's Health TA sessions include the following:

1. Cross-system training and information sharing to ensure health services completed and recorded for children/youth detained in juvenile or correctional facilities.
2. Resource providers education, training, and resources to ensure adherence to health requirements and adequate health needs.
3. LDSS reported providers refusing to schedule health care appointments due to fear of nonpayment.

The agency continued to participate in the Centers for Medicare and Medicaid (CMS) quality improvement learning collaborative during 2023. The goal was to drive measurable improvement on the completion of comprehensive health assessments within-state guidelines among children and youth newly enrolled in Title IV-E foster care and Medicaid. The CMS is a state level group consisting of Maryland's child welfare agency program staff and Maryland's Department of Health's program staff addressing systemic challenges and pursuing innovative system changes that may lead to improving timely health care for children in foster care. The Affinity Group's work involved comparing and sharing best practices across various states to achieve targeted health performance measures. It also included recommendations for systematic changes, best practices, and enhanced collaboration. The agency intends to further investigate recommendations to address Maryland's specific health barriers and needs by collaborating with state and local teams to identify next steps. The Affinity Group concluded its work in the fall of 2023.

To address the barrier related to LDSS staff not receiving the child's health exam information from resource providers, SSA's Contracts Unit developed a process to address challenges with private placement providers to ensure the LDSS receives the health information necessary to record the health exam in CJAMS and inform the child's case plan. In addition, the agency continues to work with state partners to address challenges related to transportation (service providers not in close proximity to the child's current placement), issues with providers

completing the required health passport (631 forms), and challenges with timely enrollment into a MCO when a child comes into care.The agency will continue to identify CJAMS system enhancements to reduce worker data entry errors and improve health data reports that may inform the agency on systematic, program and policy changes i.e., capture day-to-day health exam challenges (reason for missed or untimely appts due to circumstances beyond child welfare staff's control).

Several activities conducted by the agency during this reporting period were achieved and served to strengthen and continue progress in this area. See below in the *Activities to Improve Performance* section for more specific information and updates on TA activities conducted with the local jurisdiction during CY2023.

Table 23 below outlines the agency's activities to improve performance on Well-being Outcome 3.

Table 23: Update on Activities to Improve Performance: Health Indicators

Activities for Health Measures: Comprehensive Assessment within 60 days, Annual Health Assessment, and Dental Assessment	**Target Date**
Enhance cross-system collaboration with Maryland's Managed Care Organizations (MCO) to improve coordination of health care services including strategies addressing scarcity of dental providers accepting Medicaid and/or limited providers in rural areas impeding dental performance measures and oral health outcomes.	**September 2024**
Implementation Status: Not Completed (See 2025-2029 CFSP, Table 9: Activities to Improve Performance for Well-Being Outcome 3) Progress: ● Monthly: DHS/SSA along with Maryland's MCOs, and SkyGen, LLC (dental contractor) provided support to the LDSS' by attending program staff meetings and individualized case consultation meetings to identify potential solutions for jurisdictional or case specific barriers. Met periodically with State and local ACCU/Ombudsman units to address Medicaid services access.	
Conduct routine monitoring of health assessments and provide LDSS Permanency Units TA addressing barriers and areas of concerns to ensure compliance with health performance measures. MCOs and SkyGen, LLC partnering with the state to support and assist the LDSS' with meeting health performance measures.	**December 2024**
Implementation Status: Not Completed (See 2025-2029 CFSP, Table 9: Activities to Improve Performance for Well-Being Outcome 3) Progress: ● Monthly: The agency's ACQI unit oversight and monitoring included meetings with LDSS leadership and foster care program staff to address timely documentation of health exams and jurisdictional challenges faced by the LDSS related to completing the required health exams. Collaborated with MDH Healthy Kids program and conducted a webinar presentation on the EPSDT program requirements to emphasize purpose and importance to workers to achieve timely health care visits outcomes. The webinar was well attended with positive feedback from participants. ● Collaborative efforts during 2023 supported health measure compliance with the most significant increase of 14% for dental exams. The agency continues to explore barriers and identify solutions to increase comprehensive and annual performance measures.	
Coordination at state and local levels with MCOs to assess Transitioning Youth barriers to health services and identify strategies to improve health outcomes for this population.	**December 2024**

Implementation Status: Not Completed (See 2025-2029 CFSP, Table 9: Activities to Improve Performance for Well-Being Outcome 3)
Progress:

- SSA resumed work on this activity during 2023 to identify specific strategies to improve health outcomes for this population.
- DHS/SSA discuss strategies and best practices utilized by LDSS to increase the number of older youth to attend health care visits.
- MCO's informed DHS/SSA and LDSS of incentives available to their members for attending healthcare visits.
- Refer to section 9 which outlines DHS/SSA Health plan.

Section 3: Systemic Factors

Item 19 - Statewide Information System

Assessment of Performance

The CJAMS is the State of Maryland's Comprehensive Child Welfare Information System (CCWIS). The system is a cloud-based application with permission rights access that allows over 4,000 staff for Child Welfare, Adult Services, IV-E, Contracts, Finance, and Provider management to conduct their work in office, remotely and in the field.

Implementation of the Child Welfare component of CJAMS began with a pilot program in a single county (Washington) in CY2019 before expanding across the State in June 2020. All Child Welfare programs and services were operating in CJAMS across all jurisdictions by July 2020 with the Adult Services and Provider modules joining with their own implementations by March 2021 and Sept 2021. The system includes migrated data from the now obsolete legacy system: MD CHESSIE. Data reports are available in the Quality-Learning-Interaction and Knowledge (QLIK) module across the various CJAMS systems and are available through ad-hoc requests when necessary.

The system is broken down into three applications:

- production - this is the live application.
- training environment - allows for system trainers to educate staff on key elements of the system as well as train on new functionality.
- staging environment - incorporates the functionality of Production with updated data sets but is not considered real-time. Users can test defect resolutions within the system using near-current data.

Data Quality takes many forms but is considered as the measure of how well suited a data set is to serve its specific purpose for the case management work accomplished in Maryland. The State of Maryland believes that data quality in the case of its CCWIS, CJAMS, has standards designed to reduce errors and improve security, protection, and privacy of data. This is achieved by establishing, maintaining, and monitoring the standardizing usage of its data elements received through the system. DHS Social Services Administration works closely with its technical partners such as Maryland Total Human-services Integrated NetworK (MD THINK) and its Data Governance Council. Through collaboration with both business and technical stewards at DHS, its Local Departments of Social Services, and partners, the State of Maryland can continue its efforts in improving data quality while ensuring CJAMS functions for the ultimate goal of protecting its youth, adults, and families being served. The data quality monitored also helps to

support the state's case workers, supervisors, program administrators, advocates in their efforts to serve. Data is the path to our success and improving our quality of care.

The State of Maryland, Department of Human Services has been working in partnership and collaboratively with executive leadership, agency leadership, IT staff, program staff, and end users throughout the state to establish, confirm, manage, and advance its data governance around its current CCWIS, CJAMS. Our data governance structure & data quality framework aims to cover business rules and policies, the quality and integrity of data, security of data and compliance with rules and regulations, audits, and controls, and much more. Since the implementation of CJAMS in 2020, within SSA there have been several initiatives and processes to address data governance and decision making for the CCWIS data categories and standards. Some of these are regularly scheduled, standing meetings and others occur as needed.

Our Data Quality Standards are broken down by Data Categories; for each there is a prescribed minimum required guideline:

- Accessibility
- Completeness
- Conformity
- Validity
- Integrity
- Auditability
- Security Classification
- Protection

The standards apply to all MD THINK platform architecture components (mission specific applications and the entire data layer) and Business use components, which Maryland's CJAMS is a part of.

The agency engages the MD THINK team weekly to address Data Quality Priorities and the Solutions Roadmap related to the CCWIS Data Quality Plan. During Calendar Year 2023 the Agency improved understanding of documenting efforts in CJAMS (where, how frequently, and multiple places to enter the same information) and identified issues. Having more than one place to document information leads to inconsistencies in documentation across the local departments. Enhancement stories have been written to address key focus areas such as contact notes, court documents, medical appointments, and service plans that affect all programs and data quality. These enhancement stories directly impact and increase quality assurance. During every CQI review, a preliminary debrief is held to allow the reviewers to communicate any challenges they have noted in CJAMS. This information is then discussed with MD THINK to determine what enhancements or training needs to occur to resolve the challenge brought forward. Child welfare caseworkers across all Maryland counties and jurisdictions are responsible for updating the child/case record. CJAMS is the system of record, and all data entry and documents are housed in this system. Each entry uses a date stamp to record the trail of work completed within the system. The system incorporates ticklers and reminders for staff to complete certain required activities.

The State of Maryland utilizes an application interfaced within CJAMS called QLIK (Quality-Learning-Interactions and Knowledge) to report the data points from the CJAMS application, identifying the child's foster care removal status, demographic characteristics, placement and location, and permanency goals for every child who is within foster care. Please

refer to Item 22: Permanency Hearings section for more information on permanency goal data. Table 24 below provides detailed information on foster care children in care:

Table 24: Demographics and Location Documented in CJAMS for Children in Foster Care

Child Welfare Demographics and Location in CJAMS December 30, 2023	
Age	**% of Children**
< 1	4%
1-5	26%
6-13	28%
14+	42%
Gender	**% of Children**
Female	49.9%
Male	49.6%
Other	0.5%
Race	**% of Children**
Black	57.9%
White	30.0%
Multiracial	7.4%
Other (all other races)	0.7%
Unknown	3.8%
Ethnicity	**% of Children**
Hispanic	9%
Not Hispanic	86%
Unknown	5%
Physical location of Children	**% of Children**
*Family Homes	72%
*Missing CPA Homes	4%
Group Homes	13%

Residential Treatment Centers	2%
Independent Living	6%
Other living situations	4%
**No placement identified	3%
**Runaway	2%
*Missing CPA homes is a subset of Family Homes percentage **Runaway is a subset of no placement identified percentage	

The physical location of 93% of the children in out of home care is able to be identified in CJAMS. For the remaining 7%, 4% are known to be residing in a treatment foster home which is evident by the fact that they are linked to a child placement agency (CPA) but the specific home is not documented. This might be due to the fact that while a former child has moved physically from the home, they have not been moved electronically (thus creating another unknown location) or the CPA home is so new that they have not yet been finalized in CJAMS. Both of these affect the timeliness of documenting physical locations. Mitigation processes are being identified and will be implemented in future system enhancements. This leaves 3% of children, 2% of which are identified as being on runaway and only 1% of which have no physical location documented. This demonstrates improvement from the 2021 APSR which noted that 2.5% of children had no known physical location documented. As part of the CCWIS Data Quality Plan, more timely documentation will be a priority.

The ongoing priorities continue to be ensuring baseline data quality standards, enhancing the quality-of-service delivery, and sharing of updated information across programs and services provided by CJAMS users. The State of Maryland increased activities around data quality across programs that would be jointly using applications such as E-360 and the Master Data Management (MDM) tool. This ongoing work aims to ensure the availability of clean, reliable data. These goals continue to include ensuring that the Adoption and Foster Care Analysis Reporting System (AFCARS) 2.0 data collection that began October 2022 continues to be done appropriately as well as growing efforts to integrate new data through additional third-party applications connecting other program areas that impact the quality of care for our youth and adults.

The DHS/SSA leadership in coordination with a variety of stakeholders have identified several data quality priorities for 2024:

- Creation of data standards to support data accuracy, reliability, and validity.
- Verification and standardization of Department-wide specific data timeliness Policy and Procedure.
- Continue ongoing data completeness efforts to improve the complete entry and maintenance of valid data focusing on key areas.
- Ensure that CCWIS reduces documentation errors, improves accuracy, and advances the potential for usable data to improve service provision to Maryland children and families.

Missing data contributes to a record that lacks the fullness of the client story and person information. Mandatory fields are critical in establishing key documentation areas and in supporting the end user to target the data entry for these key areas. CJAMS must be a tool that helps to support the data entry. Missing data can impact the record, our reporting and ultimately the funding. We recognize through the review of key federal report submissions that this is an area of concern and a key component of data quality where we can improve. We need to maximize data completeness to improve the wholeness of the record and maintenance of valid data focusing on key areas.

Users have access to reports that verify that the data is accurate and entered into CJAMS with varying levels of access. As part of Maryland's audit quality review process, the timeliness of documentation is being assessed in several key areas, including initial face-to-face contacts in CPS. For these CPS initial face-to-face contacts, with a target of 95%, there was an increase in compliance from 74% to 87% during CY2023. At the beginning of the year, only 6 jurisdictions met the 95% target or higher, but by the end of the year, 21 jurisdictions exceeded 95% compliance, with 19 of them reaching 100%, and one jurisdiction at 92%.

A similar improvement was observed in cases involving newborns referred due to substance exposure, where timely initial face-to-face contacts increased from 81% in January to 92% in December 2023. Regular technical assistance sessions are conducted with local departments to review data points and discuss potential strategies for improving practice and documentation.

The Foster Care Milestone report tracks data on children receiving care from authorized foster care service providers in each of the 24 local departments of social services. Users can easily access this report and filter it to show their assigned children in foster care. A wide variety of data is collected on this report, including race, ethnicity, date of birth, gender, placement structure, primary provider or caregiver name, and many other data points which allow the worker to assess, analyze, and determine types of service needs for the youth in foster care. The report includes all children as well as those recently exiting foster care, to verify that valid exit dates are recorded when appropriate. Maryland previously had AFCARS non-compliance regarding late documentation regarding exits from care being greater than 60 days. Since the implementation of AFCARS 2.0, Maryland has been able to meet the 30 day timeliness with most being documented very close to the actual exit and continues to evaluate potential system enhancements and training for both workers and staff. Entries also continue to be monitored via a dashboard that is updated three times a week, allowing data analysts the opportunity to examine date stamps for documentation of entries (and exits). In CY2023, the AFCARS report was launched into production. This report is available to the locals to monitor these federally mandated fields.

DHS/SSA has an established training program to assist workers in understanding data entry within the application and the purpose of the data point. While there are systematic checks within the CJAMS application to alert users to not proceed until certain items are entered, the goal in the coming years is to make the system more intuitive to support users in their work in safeguarding our state's youth and families.

Strengths

DHS/SSA Operations, working closely with the CJAMS coordinators for child welfare, adult services, and resource providers from each local department to provide technical assistance and to identify solutions for both long and short-term issues. In CY2023, DHS continued to implement a

collaborative strategy for training caseworkers on application updates and changes to help with their understanding of timely data entry of accurate information. The team has used small group sessions such as workgroups focused on Report Development, larger group sessions like LDSS Coordinator Groups for Child Welfare that works with the SSA Training Team in partnership with MD THINK staff, and weekly focus sessions through our ACQI unit. These sessions allow the Agency to evaluate the effectiveness of the reports and listen to potential areas of concern the jurisdictions are facing in their efforts to document data. The ACQI unit researches, evaluates, assesses reports and data, then works with Program staff to communicate through periodic meetings with LDSS leadership and staff to discuss information that is missing, data that is required and why it is required. The state has also expanded its use of technical written documents through the form of how-to guides for CJAMS and all modules.

Concerns

Prior to the arrival of the new Administration in CY2023, MD THINK work was running over budget. Development was shut down until the start of the new Federal Fiscal Year (Oct 2023) to bring the operation into balance. Maintenance and Operation (M&O) of the system takes up a significant portion of the current budget and the amount available for development is limited. Some areas in need will have to wait 2-3 years to gain the funding for implementation. There is a general lack of system functionality: the ability to receive an alert for a compliance mandate, dashboards that provide information beyond a list of cases, far too many clicks to access various parts of the system (entering a health exam takes six clicks), a user interface that is low on updated technology. The system provides the basics for data entry, but some parts of the system lack logic to ensure quality checks on the data. This deficiency presents ongoing issues when trying to validate reports, particularly when it relates to Federal reports or State data to the legislature. In a data driven environment, we need to have a system that provides us with consistent and accurate data. The system does not allow for self-service ad-hoc reporting. All ad-hoc reports are all requested and provided by MD THINK and billed as part of the maintenance and operation of the system. There are a few developed reports that we rely on but they are limited to a certain data set. In 2024, MD THINK will launch an analytical tool to allow reports to be created by workers based on individual need and desired outcomes.

Update on Activities to Improve Performance

Table 25: 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**

Implementation Status: Ongoing (See 2025 - 2029 CFSP Section II, Information System)
Progress:

- Work has begun on the MDM which will link individuals between the different administrations. MD THINK worked with SSA and other DHS agencies and departments to delineate elements that could be used to determine a single record for one child. Also, MD THINK worked with the program teams to distinguish roles relevant to managing data quality that includes Data Quality Stewards & Deputy Data Stewards, which would serve as program individuals serving as decision makers, approvers of any updates/changes required of the Entity 360/MDM systems that will impact AFCAR elements and records. The process is currently managed through a back-end process by MD THINK with input from program staff (review/approval process) for required changes to data impacting multiple programs. The goal is to build automation in the E360/MDM that will provide ease of use and efficiency in combining multiple records for one youth and in the future, one adult. Teams will continue working with the DHS Data Governance Council through 2025 to ensure the process set up is working as designed and continues to produce the desired outcome of youth with one record across all platforms.

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**

Implementation Status: Ongoing (See 2025 - 2029 CFSP Section II, Information System)
Progress:

- In 2023 on a weekly basis SSA collaborated with the Locals Departments on creating business stories for needed modifications, enhancements, or new areas to be included in CJAMS/CCWIS to improve the user experience and/or data quality management.
- In 2023 SSA made a pivoting change to ensure there was cross cutting in all program meetings to ensure all system needs were met and processes did not need to be repeated unnecessarily to ensure the work moved forward in the system.

Selected data elements will be reviewed as part of the CQI and CFSR reviews that will be conducted on an ongoing basis, for data accuracy, reliability, and timeliness.	**2021/monitored monthly**

Implementation Status: Ongoing (See 2025 - 2029 CFSP Section II, Information System)
Progress:

- Workgroups continue to identify necessary mandatory fields and to discuss how to structure them to ensure workers complete them.
- DHS/SSA issued written technical documents to help workers find and understand the updates made to CJAMS impacting AFCARS 2.0 data elements.
- In AFCARS 23B Maryland was non-compliant in the following elements 123, 125, 127-133, and 135. Those correspond to Foster Parent Marital Status, Foster Parent DOB, Foster Parent Race, and Foster Parent Sex
- DHS/SSA designated particular staff with case management experience to review youth records with compliance demographic compliance errors and bring these areas into compliance based on data within the system.
- System enhancement needed on all profiles to make marital status mandatory

Develop data sharing master agreements that are coordinated through the Data Council to build trust among participating member agencies.	**2022/monitor quarterly**

Current or planned Activity to improve performance	**Target completion date:**

Implementation Status: Ongoing (See 2025 - 2029 CFSP Section II, Information System)
Progress:

- With the addition of the Data Office within SSA, data sharing agreements continue to be enhanced to ensure data integrity and security.

Standards for Data Clarity	
Establish clear definitions of data elements and picklist values; and distribute data definitions throughout the interagency structure.	**2022/monitor quarterly**

Implementation Status: Ongoing (See 2025 - 2029 CFSP Section II, Information System)
Progress:

- During 2023 the following reports were pushed to production to aid in data quality and data reporting efforts; AFCARS (broken out by main category), Foster Care Entries (Detail, Summary and Trends), and Foster Care Exits (Detail, Summary, and Trends).
- During 2023 Child Welfare's Data Dictionary was fully established with all current fields mapped and a Entity Relations Diagram to pair with the data. The data dictionary process will be on-going to ensure all system changes are reflected as the Child Welfare process evolves.

Provide training and support on an ongoing basis in order to reinforce the reliable use of data elements.	**2022/provided and monitored quarterly**

Implementation Status: Ongoing (See 2025 - 2029 CFSP Section II, Information System)
Progress:

- In 2023 a ticket dashboard was added to CJAMS for more effective tracking and review of tickets. The dashboard provided data around what kinds of tickets are coming in by category, completion rate, and outstanding tickets.

Provide caseworkers the support they need to use SmartLists to help guide their work, making the system more user-friendly and useful.	**2022/monitored quarterly**

Implementation Status: Change in Priority/Tool
Progress:

- The use of SmartList was not a priority in 2023. The priority for more user-friendly and useful tools for end users was focused on system interfaces with Immunet and Chesapeake Regional Information System for our Patients (CRISP). These interfaces will reduce the work on the end user to track down medical records on children in foster care. The data will be more reliable and entry into the system will be more time effective.
- In 2024 there will be more work and discussion with MD THINK on what automated tools and processes can be interfaced with CJAMS in an effort to support timely data entry and integrity of our data.

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**

Implementation Status: Ongoing (See 2025 - 2029 CFSP Section II, Information System)
Progress:

- Collaboration with program staff and local jurisdictions to review this data on a weekly basis to improve compliance.
- Updating training materials to train new and existing staff on timeliness of data entry.

● Ongoing report development to better identify the required information.	
Employ Master Data Management tools across the interagency structure to avoid duplicated clients and services.	**2023/monitored monthly**
Implementation Status: Ongoing (See 2025 - 2029 CFSP Section II, Information System) Progress: ● Work towards the Master Data Management continued through 2023 and included MD THINK, Family Investment Administration (FIA), Child Support Enforcement Administration (CSEA), Social Services Administration (SSA), Department of Juvenile Services (DJS), MDH, and other administrations who share clients and provide services across systems however this has not yet been finalized. Priorities were set regarding the level of reliability for different data types from the various administrations and continues into 2023. ● These teams focus on shared data across agencies but are related to the utilization of CJAMS for Child Welfare case management, CSEA, and FIA at present. A primary objective of the CCWIS related to data is managing a master record containing all data necessary for processing a person related to a given transaction. Focus on such work allows administrators and users to decrease and eliminate duplicate and erroneous records. The Golden Record refers to a record determined by program and data/ technical staff to be the primary record resulting in a search and to be used for updating when conducting client searches. It is processed using the MDM, which is an MD THINK application called the Master Data Management that is designed using application programming interfaces (APIs) between multiple agencies and programs. Current focus is on ensuring the right stakeholders are participating in a collaborative effort across agencies to determine data standards and business practices related to shared data amongst the various agencies. SSA manages and is responsible with MD THINK for the Child Welfare, Provider, and portions of the Report modules within CJAMS.	
Revised 2023: Implement a Data Quality Scorecard application	**2024**
Implementation Status: Not Completed (See 2025 - 2029 CFSP Section II, Information System) Progress: ● The agency is in the preliminary stage of the development of a Data Quality Scorecard application utilizing Informatica. The initial focus will be on our Out of Home program performance data. The Data Quality Scorecard application will have rules for Validity, Conformity, and Completeness. ● Conversations around the needs of validity, conformity, and completeness have occurred with the Amazon Workspace team. An infrastructure process will need to be established in 2024 to set clear goals and deliverables of a Data Quality Scorecard in CJAMS.	

Case Review System

Item 20 - Written Case Plan

Assessment of Performance

Parent involvement in case planning is tracked three (3) ways in Maryland: CFSR, Family Team Decision Meeting (FTDMs) feedback surveys, and Stakeholder Focus Groups. According to CFSR data from CY2023, FTDMs were used to support positive case planning practices with at least one caregiver in 18.8% of all foster care cases reviewed in 2023. The CJAMS system currently is challenged with the ability to extrapolate accurate data for parent's participation in case planning for FTDMs. The stakeholder focus groups do not currently separate data of parents and caregivers, versus others.

FTDM feedback surveys are administered twice each fiscal year, in March and October, to gather feedback from participants on their experience at FTDMs. In March 2023, the response rate for biological parents was 26.7%. In October 2023, the response rate decreased to 21.8%. During the calendar year 2023, SSA continued to partner with the UMSSW to analyze trends in response rates across jurisdictions, explore barriers to survey completion, and revise methodology. SSA and UMSSW determined that incentives should continue to be provided to youth/family participants in an effort to increase response rates and better capture youth/family voice. As in the past five years, parents that completed the survey in March 2023 and October 2023 received monetary incentives, such as an electronic gift card of their choice, for their participation.

SSA partnered with the UMSSW to analyze trends in responses. Enhancements to CJAMS were started to assist in data collection. The enhancements will continue into 2024, as CJAMS updates were put on hold in 2023. In 2024, FTDM surveys will be revamped to shorten the length and focus on the top five questions that SSA needs to analyze performance.

In CY2023 Maryland had 4,053 children in foster care, of which 1,950 or 48% had written case plans. Out of 80 CFSRs done for foster care children in 2023, 15 (18.8%) identified both mother and father as caregivers and being involved in case planning, 16 (20.0%) reviews identified only the mother as a caregiver and identified her as involved in case planning, 3 (3.8%) reviews identified only the father as a caregiver and identified him as involved in case planning, and 9 (11.3%) reviews identified that both parents were caregivers, but only the mother was involved in case planning.

FTDMs are a primary strategy for collaborating and jointly developing goals and tasks that become a part of written case plans with families. FTDMs are scheduled to address specific concerns: when separation is considered, during youth transitional planning, when a change in placement is being considered, and when there is a potential change in permanency plan.

Facilitated family meetings and other visits with parents may also be used for incorporating family voice in written case plans; unfortunately, there is not a way to adequately capture this data yet. Facilitated family meetings are the meetings with families that are facilitated but occur at times other than specified in the new FTDM policy (as indicated above).

Strengths

Over the past 5 years, FTDMs have been the primary strategy for collaborating and jointly developing goals and tasks that become a part of written case plans with families. In CY2019, survey results indicated a 92% overall satisfaction rate. Additionally, 86% of families were satisfied with the Family Involvement Meeting process, now known as FTDM, and 82.6% of all participants believed that the services offered in these meetings would meet the needs of the family.

In March 2022, 85.7% of parents surveyed stated they felt heard at an FTDM meeting. In October 2022, the surveys revealed that 77.7% of parents felt they were given an opportunity to share their goals, and 69% felt the plan addressed their concerns about their family. However, the size of the sample was small compared to the overall population served.

To gain more insight, Maryland will continue to solicit feedback from parents to better understand their involvement in their plan. In March and October of 2023, 75.5% of biological parents felt comfortable sharing their thoughts in an FTDM meeting; 69% of parents felt that they

worked well as a team during the meeting, and 74% felt that their strengths were recognized. Again, the sample size was small compared to the general population served, underscoring the need for ongoing efforts to gather more comprehensive feedback from parents.

In CY2023, the UMSSW revised questions related to case planning to ensure clarity among parents/caregivers and youth. The focus groups were held one time in CY2023 compared to biannually in CY2022. Having the focus groups one time a year assisted with a greater pull of participants so they could focus on the strengths of youth and families' voices.

In CY2023, a facilitated meeting referral form was developed and added to CJAMS. The facilitated meeting referral must be sent to a supervisor for approval upon completion. The supervisor can approve, reject, or return to the worker.

To increase the participation of parents in the FTDM process, SSA designed a statewide FTDM brochure to educate parents about the importance of their involvement. Case workers have been instructed to provide families with the brochure before an FTDM meeting. A consent form was also rewritten, so that it is more family friendly to promote participation in FTDM meetings and case planning. The consent was not launched in CY2023 but will be an attachment to the new policy in CY2024.

For quality assurance purposes, all participants are given several options to complete a survey via: a link through text or email, or they are given a paper copy at the end of the meeting. Additionally, SSA will continue to explore better ways to encourage participation in the survey.

Concerns

Survey responses from families and youth regarding FTDM success and case planning showed decreases from March to October 2022. Specifically, understanding what the meeting was about decreased from 95.3% to 89.7%, understanding the next steps dropped from 92.1% to 87.5%, and feeling that the family's needs were discussed fell from 78% to 76.2%. Additionally, only 67.4% of families in March and October 2023 were overall satisfied with the FTDM process.

There remains a significant gap between staff perceptions of success and families' perceptions of success surrounding the FTDMs and involving families in case planning. This disparity is not unexpected, as both groups come with different expectations of outcomes. To address these issues, this data is shared with FTDM facilitators at quarterly meetings to explore barriers and develop strategies to promote family-driven case planning in FTDMs.

Update on Activities to Improve Performance

During CY2023, work groups convened to plan more effective regulations, training and system needs around case plans and service plans for functionality around input and extraction of data. In CY2023, the enhancements did not go into the system as intended. The work groups continue to convene to ensure the proper enhancement stories are written and designed for end user functionality and proper reports to be designed to pull the information to guide practice.

In CY2024, FTDM facilitators will be trained on how to use the new facilitated meeting referral form. SSA will also have the statewide FTDM brochure translated to Spanish in the same year. Additionally, the FTDM survey will be enhanced for better data collection and end user engagement. These improvements aim to yield more accurate, high-quality data, fostering overall quality improvement within FTDM and aligning with its core purpose. (See 2025-2029 CFSP

Goal 5, Strategy 5C).

Item 21 - Periodic Reviews

Assessment of Performance
Periodic Review Court Hearings are conducted by the courts every 3-6 months in Maryland depending on the jurisdiction. Periodic Review Hearings are held to review progress in the case at a minimum of 6 months. Before CY2022, DHS/SSA faced challenges in collecting and providing data to demonstrate the state's functioning in timely holding of periodic reviews. In the last quarter of CY2020, DHS/SSA began assessing the accuracy of documenting periodic reviews in CJAMS by extracting data from CJAMS and comparing the documented reviews with the number of periodic reviews that should have occurred. In CY2020, out of 3,760 youth who should have received periodic reviews, only 435 (11.55%) had a review hearing documented in CJAMS. In CY2021, there were a total of 4,244 children, of which, 3,516 had been in care up to 6 months. Differentiating between periodic and permanency hearings remained a challenge.

During CY2022, there were 4,015 children in care as of December 31st. Out of those, 2,878 children and youth were in care for the entire reporting period and 2,503 (86.97%) had review hearings. In this group, 19.87% had a permanency plan hearing, 49.20% had a permanency plan review hearing, 8.72% had a guardianship review, and 13.03% had no review hearing.
Of the 4,015 children who were in care as of December 31, 2022, 577 of them were in care up to 6 months. Among this subset of children (577), 0.69% had a permanency plan hearing, 3.81% had a permanency plan review hearing, and 0.52% had a guardianship review, and 88.39% did not have a review hearing.

In CY2023, there were a total of 3,959 children in care for six months or more, with 58.9% having a periodic review hearing. There were 3,870 children in care on the last day of the reporting period who had been in care for at least 1 year. Of this group of children, 36.7% had a permanency plan hearing, and 28.8% had an additional hearing. See Table 26 in Item 22: Permanency Hearings. For children and youth in care a year during the last reporting period, the number with permanency review hearings decreased from 49.2% to 36.2%.

Several challenges continue to affect the timeliness of periodic reviews occurring every 6 months. These include attorney scheduling, contested hearings, delays in attorney assignments for parents, and court findings, as highlighted in stakeholder discussions during the Placement and Permanency Implementation meeting.

Strengths
There are some jurisdictions whose courts review cases before the 6-month requirement in Maryland and some that require scheduling before the 6-month mark in order to manage the scheduling and contested hearing issues that get in the way of timely reviews.

The Permanency Team at SSA worked with Concurrent Permanency Plan Workgroup participants to co-design an enhanced concurrent planning refresher training that featured both stakeholder perspectives on effective concurrent planning. The training was facilitated twice in July 2023. This training also discussed the need for concurrent permanency planning and the hearings to develop the concurrent permanency plan.

Concerns

Participants in the CQI focus group expressed several concerns, including scheduling issues, contested hearings, and confusion over concurrent planning. Some LDSS and attorney focus group participants reported that concurrent plans are not always worked on simultaneously which hinders the periodic review process. Therefore, the effectiveness of the reviews in achieving timely permanency is impacted by the timeliness of the reviews, as well as the content of what is being reviewed in the hearings.

Update on Activities to Improve Performance

The Permanency Team, in partnership with the FCCIP representative, conducted in-depth reviews of data and provided technical assistance around achieving permanency in 2023. The initiative included an assessment of the root causes for local permanency delays, while also providing the LDSS with technical assistance needed to help achieve permanency for children and youth in out-of-home care. In the future Permanency Enhancement meetings will be developed to support local practice efforts in achieving timely permanency and will be monitored through 2025 - 2029 CFSP Goal 5 activities.

Through ongoing engagement, FCCIP and SSA continued to enhance opportunities to review, discuss, and consult on child welfare data. SSA reappointed a designee to participate on the Research, Analysis, and Data Team (RAD). The RAD Workgroup is composed of judges, magistrates, court representatives, court researchers, Judicial Information System staff, permanency planning liaisons, and agency CQI representatives. RAD reviews court practices and performance data on timeliness and court performance. The RAD Workgroup reviews court timeliness and court performance data quarterly. In 2023, the RAD Workgroup revised its data reports to incorporate the initial 6-month review measures to obtain a baseline for compliance.

Item 22 - Permanency Hearings

Assessment of Performance

Permanency plan hearings are required to be held within 12 months of a child entering care. The Qlik milestone report captures when these hearings occur and indicates if a hearing is missing or completed, as well as when the next hearing should be scheduled.

A key concern is the low percentage of youth in care who had a permanency plan hearing within the 12 months time frame. The data below show that only 36.7% of youth requiring a permanency plan hearing had one within 12 months of entering care. DHS/SSA and the FCCIP plan to take a deeper dive into the data and identify any inaccuracies that may be contributing to the low percentage of timely hearings. This has been a long standing challenge for Maryland, exacerbated by the transition from SACWIS to CCWIS and court delays during the COVID 19 pandemic, making it difficult to compare data accurately over time. Data from CY2022 indicates that the percentage of timely hearings has remained virtually unchanged. In CY2019, data collected through a different process showed 92% of children in care having permanency plan hearings but were unable to identify timeliness.

Table 26: Permanency Hearings

Permanency Hearing Within 12 Months of Entry (N = 1,398)	
Number of Children	**Perm. Plan Hearing**
1,398	380/ 36.7%

Data Source: CJAMS - Children entering care between 1/1/2023 and 12/31/2023 and stayed in care for at least 12 months

In 2023, the state court continued its migration to a single judiciary-wide integrated case management system, the Maryland Electronic Courts (MDEC). MDEC's final implementation will be in May 2024 with the scheduled launch in Baltimore City. This single system will improve case flow management of court cases from filing to final case closures. MDEC is the primary source of court data, in 2023, the case management system did not include all 24 jurisdictions.

Please note that the court data was not used as a comparison in CY2023, as the state court was still implementing MDEC, the statewide case management system.

Strengths

SSA met with each local department to review their individual permanency data and offered technical assistance during CY2023. The purpose of these meetings was to address permanency, specifically looking into any issues that may be causing delays in permanency hearings. This process helped ensure that the local departments are equipped to address permanency effectively in the upcoming year.

Concerns

The local jurisdictions report that one concern is the postponements of court hearings (shelter, adjudication and disposition hearings) and how this impacts the future trajectory of hearings. Another concern is the data entry error of the type of hearing that is being entered in CJAMS. During case reviews, it was noted that some types of hearings selected did not match the court order or the type of hearing that was held. DHS/SSA plans to improve the partnership with court and legal communities to ensure there is ongoing collaborative, strategic planning and relationship building between the court and legal communities and SSA/LDSS (2025-2029 CFSP Goal 5, Strategy 5A).

Update on Activities to Improve Performance

During the round three CFSR process, SSA and FCCIP collaborated on a plan to regularly share specific data reports and provide opportunities for review and discussion of the data. The data included CFSR item measures and permanency outcomes data for children and families. The APSR data needs were also identified for ongoing data sharing, review, and discussion. Throughout the past year, FCCIP and SSA exchanged related court, CFSR, AFCARS and CJAMS data. FCCIP and SSA continue to review court practice and data as it relates to the CFSR, the Title IV-E foster care eligibility reviews, CFSP, and Annual Progress and Services Report (APSR). Additionally, ongoing data sharing, review, and discussion for APSR were identified as areas requiring attention.

FCCIP and SSA planned a training on data awareness and permanency performance for stakeholders in 2023. At the Annual Child Abuse, Neglect, and Dependency Options (CANDO) Conference in October 2023, a statewide multidisciplinary training opportunity, SSA and FCCIP collaborated on a session entitled *CANDO Data Talks: Maryland Report Card* to discuss state and national child welfare data metrics and performance measures. The session participants included judges, magistrates, attorneys, case workers, SSA representatives, and justice partners. The session included a collective agreement on the importance of data to assist in improving

permanency outcomes for children and families. Another outcome was to increase opportunities for cross training to improve data reporting and performance.

Item 23 - Termination of Parental Rights (TPR)

Assessment of Performance

During CY2023, the data outlined in Table 27 below shows that out of the 3,742 youth in care on December 31, 2023, 2,484 (66.4%) youth were in care for 15 of the past 22 months. Of that number, 187 had TPRs filed. This perchanges is an improvement from CY 2022 when only 4% (84) of those who were in care for 15 of 22 months had TPR filed. Data from CY2019 shows almost twice as many children in care for at least 15 of 22 months and 12% (537) had TPR.

Table 27: TPR Cases CY2023 for the youth who had been in care 15 of 22 months.

	In Care as of 12/31/2023	In Care 15 of 22 Months	Total TPRs Filed During 2023
Children in Care	3,742	2,484	187 (7.5%)

Strengths

The CJAMS How-to Guide: Termination of Parental Rights was completed in October 2021 and continues to be updated. In 2023, LDSS staff continued to report improvements with documentation in CJAMS as a result of the How to Guide and additional information and support provided through TA offerings.

In CY2023 there was a slight increase from 4% to 7.5% of TPRs that were completed. Most LDSS have a formal procedure in place for tracking their own TPR timelines. LDSS staff indicate that it is a shared responsibility between the agency, DSS attorneys, and the courts but it can vary from jurisdiction to jurisdiction.

SSA policy directs the LDSS to petition to terminate parental rights for youth who have been in care for 15 out of the past 22 months. However, there are instances where it is not appropriate to file for TPR. These exceptions would be documented in the court order and discussed in FTDM meetings when planning for permanency plan change.

Concerns

During TA sessions LDSS staff report experiencing longer than preferred wait times to file for TPR due to court hearings being postponed or continued, disruptions in placements, lack of resources in the communities and the lack of treatment options for the parents. The postponement of hearings can prolong the life of a case especially if it is determined that a parent is making progress.

There continue to be delays in filing for TPR and there can be case specific issues for the delay. Some courts and DSS' request more time for parents to work on the case plans if they are showing progress as this could be a compelling reason to delay filing TPR. An example of this is

if parents are struggling with substance use or mental health concerns but start to engage in services outlined in their case plan. Limited availability of resources can delay a parent receiving treatment which can prolong the case. For any delay in the TPR filing, the caseworkers are responsible for documenting these reasons in CJAMS as reasonable efforts that have been completed and must document compelling reasons not to file for TPR. However, this information is not entered in a field that can be pulled to a report at this time.

There continue to be challenges with accessing data to identify the actual filings of the TPR hearings as well as ensuring that the hearings are occurring timely. DHS/SSA continues to be aware that changes need to occur with regards to data availability for timeliness of TPR filings including the need for additional data from the courts and the LDSS regarding the number of TPR filings and the dates in which the filings have been requested from the courts. Although it appears that there is a general consensus around TPRs being filed timely, the state does not have the data currently within CJAMS to accurately reflect if that is true. Therefore, there is a need for further enhancements to CJAMS to be able to track TPR filings and this has not occurred. These areas of concern are addressed in the 2025-2029 CFSP Goal 5, Strategy 5A

Update on Activities to Improve Performance
CJAMS does not currently track when TPR's are filed, instead tracks when the TPR occurs in court. CJAMS enhancements will need to occur to track the filing of the TPR. Plans are underway to develop CJAMS capacity to integrate court data related to permanency achievement (2025 - 2029 CFSP Goal 6, Strategy 6D).

Item 24 - Notification of Hearings

Assessment of Performance
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.

During the Permanency and Placement Implementation Team meetings, concerns regarding notifications of hearings have been discussed. CJAMS enhancements are being developed to ensure timely notifications of hearings, including the right to be heard in any review hearing with respect to the child.

The Resource Parent Ombudsman continues to address concerns of resource parents attending hearings, but not being provided the opportunity to be heard. SSA will be following up to address the concerns that may be case specific and with good cause. The Resource Parent Ombuds and LDSS staff continue to share information with foster parents regarding their right to be notified of court hearings as well as any opportunity to be heard at each hearing. The Resource Parent Ombuds responds to and addresses calls from foster families who have not been notified of court hearings.

Each LDSS is required to notify resource parents, pre-adoptive parents, and relative caregivers for any child in the care of the LDSS. Notifications must be documented and placed in the child's record.

Strengths
The Resource Ombudsman is working with the local departments to ensure resource families are not only being notified but also have the chance to be heard. This can include writing letters, testifying and meeting with attorneys.

Concerns
CJAMS continues to lack the ability to track notifications of hearings unless the letters are entered in the document sections of CJAMS.

Update on Activities to Improve Performance
SSA is actively exploring methods to track the notification for court hearings in the electronic system of record. SSA will further develop a process to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have the opportunity to be heard in any review hearing held with respect to the child. Each LDSS will be advised that being heard can be in the form of letters, through attorneys, and other means. The 2025-2029 CFSP intends to address these issues under the Permanency Goal 5 through legal and judicial partner collaboration.

Item 25 - Quality Assurance System

Assessment of Performance
Maryland continues to grow and leverage its Quality Assurance (QA)/CQI system to implement improvement activities outlined in the 2020-2024 CFSP across all 24 jurisdictions in the state. Stakeholder focus groups were held in September 2023 to understand the functioning and impact of the QA/CQI system. LDSS directors and assistant directors, caseworkers, supervisors, attorneys, judges and magistrates were each asked a set of designated questions about their knowledge of and involvement in local and state- level QA and CQI efforts. Stakeholders' knowledge of these efforts was dependent upon their level of involvement in the CFSR process. Directors and assistant directors reported receiving CFSR results from DHS/SSA but the dissemination of this information to caseworkers and supervisors was inconsistent. The focus groups also revealed that greater technical assistance and support is needed to translate CFSR results into feasible practice improvement efforts that support the safety, permanency, and well-being of children in the child welfare system. In light of these findings, and with the dual purpose of preparing for CFSR Round 4, the CQI unit has revised the structure of all CFSR-related meetings (i.e., Orientation and Practice Data Meeting, Continuous Improvement Plan (CIP) Meeting, CIP Monitoring Meeting, etc.) to evoke more effective collaboration between the LDSS and DHS/SSA in developing and executing quality improvement strategies derived from CFSR and Headline Indicator data. Moreover, the CQI unit will revamp efforts to include caseworkers and supervisors in these CFSR data sharing meetings in 2024 to ensure the dissemination of data to all levels of the LDSS work structure.

Maryland's Quality Assurance System
Maryland's QA system continues to function statewide in alignment with federal standards. DHS/SSA uses performance measures for safety, permanency, and well-being outcomes, known as Headline Indicators, to regularly generate and distribute dashboards reflecting statewide and local department performance. To illuminate the practice that impacts the performance indicators, Maryland continues to conduct monthly qualitative case reviews (MD CFSRs) in four small, two medium, and three large jurisdictions, including Baltimore City (metro) which is reviewed biannually. The ongoing case review schedule includes six 6-month review periods. The reviews

use a random sampling methodology to ensure comparability between each 6-month period. In 2023, a total of 128 cases (80 foster care cases and 48 in-home cases) were reviewed across ten LDSS: Prince George's, Cecil, Dorchester, Baltimore City, Charles, Washington, Somerset, Kent, Caroline, and Harford. An additional 6 cases (2 foster care cases and 4 in-home cases) were reviewed for Item 1 in order to meet case applicability criteria for Maryland's PIP. The PIP period concluded in September 2023, and Maryland achieved substantial conformity for all items except Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement. Maryland's underperformance in the timely achievement of permanency has also been revealed in the statewide Headline Indicator data for CY2023. Compared to five years ago, there has been a 34% change for Permanency in 12 mos. (entries), a 62% change for Permanency in 12 mos. (12-23 mos.), and a 65% change for Permanency in 12 mos. (24 mos. +), all moving away from the desired targets. Statewide and local jurisdiction performance is discussed on an ongoing basis with the 24 jurisdictions throughout the CFSR cycle as well as in the CQI Network meeting with various stakeholders in an effort to glean the practice efforts and barriers that are impacting the CFSR and Headline Indicator data, especially as it relates to the timely achievement of permanency.

Maryland also implemented stakeholder focus groups in September 2023 to evaluate the quality of services and systemic factors impacting the child welfare system in Maryland. These focus groups were previously held twice a year but reduced to once a year in order to increase youth and family voice through a revitalized recruitment strategy. The jurisdictions chosen to participate in this focus group series each participated in the CFSR on-site review process from October 2022 to August 2022. These jurisdictions include Baltimore City, Cecil County, Charles County, Dorchester County, Howard County, Prince George's County, Somerset County, and Washington County. The focus groups provide further insight to the barriers to achieving permanency, which can be leveraged to support the development of CIPs at the micro-level and to advocate for policy change, funding, and community integration at the macro-level, with the intention of improving the timely achievement of permanency for children and youth in foster care. The results of the focus groups were shared with DHS/SSA leadership and will be presented to the CQI Network in the Spring of 2024.

Maryland has continued implementation of a Local QA Process designed to assess compliance with key child welfare activities, using a standardized tool. These QA reviews allow each LDSS to critically assess the quality of practice and local level processes. Included are case-level and resource-provider level reviews to support an ongoing understanding of LDSS performance related to national and statewide standards. These efforts are informing opportunities to improve practice and ensure quality service delivery for children and families receiving in-home and out-of-home services. In addition, these reviews facilitate targeted course corrections where needed in local jurisdictions. The LDSS QA reviews occur in parallel with the statewide CFSR reviews and aid the state in identifying statewide versus local trends in practice and understanding which additional resources, training, technical assistance, or other supports are needed to address gaps and areas needing improvement. Through these reviews, LDSS can elevate local insights on performance for DHS/SSA to review cumulatively in tandem with other evidence and data gathered on statewide performance. Insights and trends noted through QA reviews are leveraged for statewide policy and program decision-making while also enabling LDSS to monitor their own performance to guide locally driven improvement efforts.

Standards to Evaluate the Quality of Services

Maryland's CFSR uses the federal Onsite Review Instrument (OSRI) and Headline Indicator

dashboard to evaluate the quality of services provided to children. DHS/SSA identifies practice strengths and needs using CFSR results, which are extracted from reports within the federal Online Monitoring System (OMS), and Headline Indicator dashboard performance. Statewide CFSR results are disseminated to external and internal stakeholders every 6-months or after each review period along with Headline Indicator results. Through annual stakeholder focus groups and Orientation and Practical Data meetings with each local department, LDSS staff can provide additional context around the quality of their service provision by discussing challenges and effective practice strategies as well as share their experiences with receiving and integrating feedback from DHS/SSA in their local CQI/QA efforts. Additionally, DHS/SSA can review the relevancy and accuracy of the reported CFSR through these conversations as well as identify the supports each LDSS needs in order to interpret and apply the data to their practice. DHS/SSA strives to bridge the gap between practice efforts and policy compliance by providing technical assistance around data comprehension and exploring the clinical work that is informing the data so that best practices are celebrated and areas in need of improvement are bolstered.

Strengths and Needs of the Service Delivery System

Maryland continues to utilize the statewide and local performance on Headline Indicators, aggregate CFSR performance data, and anecdotal experiences from the LDSS staff and community stakeholders during Orientation and Practical Data meetings to develop comprehensive CFSR Results Reports, which are shared with the local department following their CFSR implementation, and inform discussions during CIP meetings for performance improvement with internal and external stakeholders at a variety of venues within the DHS/SSA Implementation Structure. These discussions are critical for identifying trends across program and service areas and assessing progress in meeting performance goals. During these discussions, stakeholders reflect on practice strengths and barriers to performance and specify contributing factors and analyze root causes to further improve planning conversations. Additionally, focus group results are utilized to understand the service delivery system and FFPSA through the perspectives of staff within the local departments and external stakeholders, including youth and families, community services providers, resource parents, and court personnel.

Over the last year, these measures have collectively indicated state-wide challenges in securing positive permanency outcomes for children and youth in foster care. In 2023, 36.25% of foster cases were rated a Strength for Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement. Headline Indicator data for CY2023 shows that even less children were exiting care timely, with 25% of children exiting to permanency within 12 months of entry, and 15% of children exiting to permanency in 12 months after being in care for 12 to 23 months. Focus group data collected in September 2023 highlighted that the lack of quality services available in the community, the ongoing placement crisis, challenges engaging biological parents, and poor court partnerships were key factors delaying the achievement of permanency. While many of these challenges are systemic, DHS/SSA conferred with LDSS leadership and partners at the University of Maryland School of Social Work and Chapin Hall to target areas of measurable change at the local level. For example, DHS/SSA leveraged the CQI Network Meeting to foster a relationship among permanency liaisons and their assigned LDSS to support interdisciplinary collaboration with the courts. Additionally, focus group data underlined FTDMs as a critical tool for engaging with families and facilitating interdisciplinary collaboration throughout the lifespan of a case, and as such, DHS/SSA encouraged LDSS to utilize FTDMs to promote family engagement, with the intent of promoting collaborative case planning to support safety and permanency.

Quality Assurance Related Reports
The CQI unit provides the local departments with quantitative and qualitative data to support their internal CQI/QA processes. Quantitative Headline Indicator data reports are provided to the local departments on a quarterly basis to outline trends in the local department's efforts to meet targeted performance outcomes related to safety, permanency, and wellbeing. Additionally, the Headline Indicator data contains storylines that depict racial disparities and other child-level factors associated with performance outcomes. To support the development of a CIP, each local department is provided a CFSR results report following the completion of their onsite review. The CFSR results report incorporates anecdotal feedback gathered from the local department during their Orientation and Practical Data meeting, qualitative CFSR results, and the Headline Indicators to summarize the identified strengths in practice, area needing improvement, and recommendations to bolster the LDSS's work with children and families. Lastly, following the focus groups held in September 2023 to explore systemic factors impacting child welfare practice, partners at the UMSSW developed a report based on the qualitative analysis of the focus group transcripts, identifying practice themes as it relates to the CFSR systemic factors and the IPM. The focus group reports were shared with DHS/SSA leadership and will be disseminated to the CQI Network in the Spring of 2024.

Evaluation of Implemented Program Improvement Measures
The CQI Unit has developed a comprehensive guided template and enhanced skills around facilitating rich discussions following an onsite CFSR case review at a LDSS to inform a data-driven CIP. Following the development of the CIP, the CQI Unit reviews the plan and collaborates with the LDSS to make necessary adjustments prior to finalizing. Once the CIP has been finalized, the CQI Unit continues to provide targeted technical assistance to the LDSS and facilitates CIP Monitoring meetings with the LDSS and necessary stakeholders bi-annually to evaluate the implementation of program improvement measures identified in the CIP. During these monitoring meetings, participants track progress of strategy implementation, celebrate successes, address challenges, and adjust the plan as needed in response to lessons learned. In addition to the bi-annual monitoring meetings, the CQI Unit also monitors and evaluates the implementation of the program improvement measures by corresponding with the LDSS periodically in between the formal meetings via telephone and email. The CQI Unit also continues to develop and share presentations and summary analysis of local and statewide CFSR performance each quarter to the LDSS and SSA leadership.

Plans for Improvement
Throughout the five-year period of the 2020-2024 APSR, Maryland's Quality Assurance system has significantly strengthened the State's ability to achieve positive outcomes for children and families. The State has developed additional methods for reviewing the quality of services available to families through local QA processes, conducted six stakeholder focus groups to gain deeper insights into the functioning of the CQI system, and revised the structure of meetings with stakeholders as part of Maryland's ongoing case review process to foster more effective collaboration between LDSS and DHS/SSA. SSA will continue to work with the LDSS to strengthen their local CQI practices, increase access to CFSR outcomes by internal and external stakeholders, and address limitations to CFSR performance data.

A major limitation of the CFSR data is the lack of participation from biological parents, given the voluntary nature of the on-site review. When biological parents decline to participate in the on-site review the CQI Unit reaches out to families directly to explain the CFSR process and how their feedback will be used to improve practice across the state. If biological parents still decline

to participate, reviewers are reliant on biological parents' attorneys or other family members to speak on behalf of the biological parent to avoid case elimination. Family voice is a critical aspect of the CFSR process that is necessary to capture a holistic perspective of the local departments' strengths and weaknesses within their practice. The lack of biological parent participation, particularly for in-home cases, must be explored to better understand barriers to participation and differences among families who choose to participate in the CFSR and those who do not. Further, DHS/SSA will work with the LDSS to review and strategize effective recruitment efforts that will address these identified barriers and ensure an equitable representation of family voice. This will be addressed through the activities outlined in Section III, Goal 6, Strategy 6A of the 2025-2029 CFSP.

One inherent limitation to collecting and analyzing qualitative data is the potential for researcher bias in the data collection and data analysis process. However, within the CFSR process there are several ways that this potential limitation is minimized. First, the use of peer review teams ensures that both peer reviewers are included in the data collection process and must come to an agreement on case ratings which minimizes any potential bias held by any one reviewer. Additionally, the case debrief process provides another layer of discussion of the data. Further, the QA process aids in ensuring that the data collected is being analyzed and reported correctly.

In addition to these CFSR processes, DHS/SSA will continue to hold regular follow-up trainings for peer reviewers, conduct quality assurance checks on the interviewing process, seek guidance and support from the Children's Bureau, and make adjustments to the process as needed to ensure the validity and consistency of the data compiled through the on-site review instrument. As the state prepares for Round 4, additional training materials and supporting documents were developed and shared with the core CQI team and regular volunteers in the CFSR process. In 2024, guidance from the Children's Bureau will be critical in ensuring appropriate understanding and use of the tool to ensure that the circumstances of cases are captured accurately. Although there are inherent limitations to collecting and analyzing qualitative data, the benefits of the CFSR and the data gleaned from this process far outweigh any potential limitations.

The usefulness of Headline Indicator data in CQI/QA processes is limited by data accuracy and LDSS staff's data literacy. To address these limitations, DHS/SSA regularly reviews the Headline Indicator dashboards in meetings with each LDSS and provides supplemental information on the individual cases informing each Headline Indicator. The LDSS is then able to reconcile data discrepancies with DHS/SSA in real time and identify data entry challenges in the state's administrative system (i.e., CJAMS) that are impacting data accuracy. Additionally, in 2023, DHS/SSA elicited feedback from the LDSS on the Headline Indicator data reports with the aim of developing new measures that more aptly reflect practice efforts, especially as it relates to prevention outcomes and placement stability. Improving the comprehensiveness of the reports in 2024 will provide the LDSS with a better snapshot of practice efforts and invoke more nuanced conversations about the stories behind the data, which subsequently lends to collaborative strategy planning for ongoing service improvement. Expanding these reports will be supported by the efforts to strengthen data infrastructure as outlined in Section III, Goal 6, Strategy 6D of the 2025-2029 CFSP.

Limitations of the stakeholder focus groups include the inclusion criteria for jurisdiction participation being limited to completing the CFSR in the six months prior to the focus group implementation and low participation rates across stakeholder groups. As such, the qualitative data cannot be reliably generalized to all Maryland jurisdictions, impacting the ability to provide

applicable technical assistance to support CQI/QA efforts to all jurisdictions across the state. To address these limitations, the focus groups were held once in 2023 and will continue to be held annually moving forward. This approach will increase the number of jurisdictions who will be participating in the focus groups and provide the allotted time needed to implement bolstered recruitment efforts. Additionally, DHS/SSA collaborated with individuals with lived experience to revise recruitment materials and methodology to increase the participation rate for youth and families. This effort included developing flyers that were shared with service provider agencies and the participating LDSS. DHS/SSA will continue to develop new ways to engage individuals with lived experience to ensure there are adequate feedback loops to address long standing disparities and inequities per Section III, Goal 6, Strategy 6A of the 2025-2029 CFSP

Staff and Provider Training System

Item 26 - Initial Staff Training

STAFF TRAINING

Data to Demonstrate Current Performance

The DHS/SSA continues to provide pre-service and in-service training to child welfare staff across the state through a longstanding partnership with the Child Welfare Academy (CWA) at the University of Maryland, Baltimore School of Social Work. Data related to the statewide functioning of this item is included in both DHS/SSA's 2023 Final Report and the Maryland CFSR 2023 Final Report.

Table 28: **Staff Satisfaction with Pre-service Training FY2023**

*FY	Number Participating in Pre-service	Staff satisfaction with quality and content of training	Staff satisfaction with trainer knowledge and expertise	Staff belief that training is relevant to their work	Staff belief that they will consistently apply knowledge and skills learned
2023	108	9.3/10	9.6/10	9.4/10	9.2/10
2022	139	9.4 / 10	9.5 / 10	9.4 / 10	9.1 / 10
CY					
2021	140	97%	96%	96%	86%
2020	171	97%	94%	93%	91%
2019	188	96%	94%	94%	89%

Data Source: FY23 & FY 22 Annual Preservice and Inservice IOTTA Report

CY 2019-2021 - survey results

*The CWA reports data out on a FY and not a calendar year. All items were rated on a scale of 1 to 10, with higher scores indicating more positive ratings. There is a standard deviation ranging between 1 and 1.6 for these measurements.

Over the past five years, staff satisfaction surveys have shown high levels of satisfaction with the training but still areas for improvement around applicability to their actual work, resulting in ongoing modifications to the training content and structure which will continue through the next 5 years as well through 2025-2029 CFSP, Goal 3.

Changes and modifications were made to both the Pre-Service and In-Service training to align with SSA priorities and LDSS feedback, to include IBM, FFPSA, and LGBTQ training. The Workforce Development Network (WDN) met during this time to look at revisions and suggestions about Pre-Service and In-Service training. Virtual training was also implemented during the pandemic, for all areas of training, including CJAMS. The WDN shifted in the beginning of CY '23 to reevaluate the Pre-Service training, modifying it from eight weeks to four weeks, framing it as an initial training followed by offering a six month schedule of Foundation courses, beginning one month after the initial Pre-Service. In-Service training was enhanced based on local request and SSA priorities The training for both the Pre-Service and In-Service moved towards an andragogy theory of "Learn, See, Do, Review." The Pre-Service training was also adapted to include both asynchronous and synchronous elements. Training modules included soft skills such as: communication, problem solving, decision making, and implicit bias. Foundation training was expanded to include topics such as: Court, Assessing and Planning for Risk and Safety, Trauma and Child Development, Trafficking, and Voices with Lived Experiences. In-Service course additions included: Diversity, Equity, Inclusion, and Belonging and Coach Approach, Supervision Matters, and Coach Approach.

Update on Assessment of Performance

Efforts were made to increase continuous feedback from staff during training to better assess readiness and need for additional training. Staff requested greater infusion of Diversity, Equity, Inclusion, and Belonging (DEIB) in training modules, where applicable. This included additional meetings with the University of Maryland, SSA, and the LDSS. As a result, certain training, such as Adoption Training and Licensure Preparation, will now be conducted by the DHS Learning Office to ensure more comprehensive training options. Additionally, we will continue to explore other topics that can be delivered internally. The Child Welfare Academy continued to use the Impact of Training and Technical Assistance (IOTTA) surveys, feedback from which were provided both quarterly and annually to SSA. Training for both Pre-Service and In-Service moved towards an andragogy theory of "Learn, See, Do, Review."

<u>Preservice</u>

SSA continues to partner with the CWA to provide mandated pre-service training for all newly hired child welfare case workers and supervisors. Through a long-standing partnership with SSA, the CWA is contracted to support the strategic vision of SSA through the provision of meaningful, impactful training programs and support for the child welfare workforce. This includes a comprehensive, competency based preservice training for new child welfare workers to equip them with the foundational knowledge and skills needed to operationalize Maryland's child welfare transformation efforts including the Integrated Practice Model (IPM) and FFPSA. Grounded in adult learning theory and training best practice, preservice training addresses foundational child welfare concepts, guiding principles and practices, and mandated laws/policies with a strong focus on family-centered, strengths based, culturally responsive, and trauma-responsive practice. Recognizing that training is just one step toward a well-prepared and competent workforce, there is an intentional emphasis on the reinforcement and practical application of knowledge and skills through enhanced simulations and transfer of learning (TOL)

opportunities before, during and after training completion. All modules build along a continuum from awareness to knowledge to skill building to application in the field.

New child welfare employees are required to complete pre-service upon starting employment. At the completion of the training all attendees take a competency exam. Potential barriers to the completing pre-service as mandated occur when anyone misses more than 3 hours of a module (generally personal reasons or illness), they then are assigned to make-up the missed modules in the subsequent cycle, or if they resign in the middle of the cohort. These barriers result in extending the pre-service program timeframe. While rare, if a participant doesn't pass the exam after 2 attempts, they would not be eligible to work in direct child welfare service. If an employee is a licensed social worker with two years of child welfare experience, they can request to be exempt from preservice training and proceed straight to taking the exam. If the individual does not pass the exam, they will be registered to complete the pre-service training.

In 2023, the focus centered on a revamp of the Pre-Service based on feedback and Impact of Training and Technical Assistance (IOTTA) evaluations. The revision work was merged with the former Workforce Development Network (WDN) group (which includes locals, those with lived experiences, SSA and the Child Welfare Academy) which assumed participation in the Pre-Service Revamp. The pilot of the Pre-Service revamp is slated for late 2024 or early 2025 which will include shorter segments of the Pre-Service, as opposed to one six-week period. Areas such as Field study (time spent working within a local department), more case-focused training, and three separate tracks (such as for CJAMS) have been proposed: CPS/Intake; Family Preservation, and Out-of-Home (Placement and Permanency), framing it as an initial training followed by offering a six month schedule of Foundation courses, beginning one month after the initial Pre-Service.

The current iteration of the Pre-Service is six weeks long and includes synchronous and asynchronous online learning, augmented simulations, field experience at the local departments, supplemental transfer of learning activities outside the classroom, and co-facilitators and speakers with lived experience and/or expertise in relevant content areas and is currently virtual with the exception of the local field work. Current training areas include soft skills such as: communication, problem solving, decision making, and implicit bias. However, the CJAMS portion of the Pre-Service has already been modified based on feedback from participants to allow for more hands-on practice during the two tracks of CJAMS planning. Thus, each track, "Intake/CPS/Family Preservation" and "Placement and Permanency" now extended to 2.5 days for each to allow this to occur. Feedback from new participants showed this was much more effective for learner retention of CJAMS.

The pre-service class size is deliberately capped at 35 participants to enable trainers to get to know each participant, assess their knowledge and strengths, and provide individual instruction and support as needed. A smaller class size also allows for the meaningful inclusion of large and small group discussions, virtual break-out groups, and enhanced simulation activities focusing on interviewing skills and court testimony.

The comprehensive exam was administered virtually the day after the final day of class for all five cohorts. Although 3 hours are allotted for administration, participants generally take approximately 90 minutes on average to complete the exam. Exam results are typically sent to the DHS Testing Administration Office the day the exam is administered so that there is no delay in participants receiving their scores. Virtual, electronic administration allows CWA to immediately

score the exams and provide results to DHS quickly and efficiently. Participants who do not pass the exam the first time are provided with a breakdown of their score by module and are afforded two additional opportunities to take and pass the exam.

In fiscal year 2023, 108 preservice training participants took the preservice competency exam after completing their training. The vast majority passed the exam on the first attempt, with only one participant requiring a second attempt. In May 2023, all 28 Title IV-E students who took the exam passed on their first attempt.

Since 2019, the percentage of participants passing the preservice competency exam on the first attempt has increased and demonstrates steady and sustained improvement over the past five years:

Year	N	First Attempt	Second Attempt	Third Attempt	Did not pass
2023	108	99% (107)	1% (1)		
2022	137	93% (129)	6% (8)		2
2019	171	91% (156)	6% (10)	3% (5)	

Foundation courses continued beyond the Pre-Service and were mandatory for LGBTQ, Teaming, Trauma, Assessing, and Planning for Risk and Safety and was expanded to include topics such as: Court, and Child Development, Trafficking, and Voices with Lived Experiences. There were six Foundation sessions that occurred in 2023. Efforts were made to increase continuous feedback from staff during training to better assess readiness and need for additional training. This included additional meetings with the University of Maryland, SSA, and the LDSS. As a result, some training, such as Adoption Training, and Licensure Prep will now be conducted by the DHS Learning Office to ensure a more comprehensive training catalog; ongoing exploration of other topics that can be delivered internally will continue. The Child Welfare Academy continued to use the Impact of Training and Technical Assistance (IOTTA) surveys, feedback from which were provided both quarterly and annually to SSA.

<u>In-Service</u>
The Child Welfare Academy (CWA) operates on a quarterly cadence for the In-Service Catalog that they provide. Through planning with SSA Programs, the 24 local jurisdictions (including the Service Affiliates Group of Assistant Directors), and the DHS Learning Office, the In-Service catalog of training was enhanced to better align with the Agency's goals, including FFPSA, Service Planning, and Psychotropic Medication Monitoring and Oversight. Several new training initiatives have taken place over the past five years, including Supervision Matters and Coach Approach.

There was a pilot of the Supervision Matters module for 35 Supervisor staff in the summer. This pilot was hybrid with some SSA staff participating as actors to further enhance the learning of the supervisors. The curriculum covered: CAB - Culture, Administrative and Business. There was a second session that occurred in the fall.

Coach Approach, Coach Mentor, Learning Circles, and Adaptive Leadership training occurred throughout 2023 as a means of reinforcing presence and coaching skills to work with families and

co-workers.

In the winter of 2023, there was a pilot of a Family Support Worker Training for Baltimore City for 25 Family Support workers to cover: teaming, assessing, working with families, and trauma.

The CWA continued to provide In-Service training for all workers as needed and included some of the following training: Licensure Prep; Ethics; Sobriety Treatment and Recovery Teams (START); FFPSA, and START, Red Light/Green Light, among other requests from both SSA, and the LDSS.

Resource Parent Training

The Resource Parent Training (RPT) Program is designed to equip resource parents and kinship caregivers with the knowledge and skills needed to provide loving and appropriate care to the children served by Maryland's LDSS. With a strong focus on supporting permanency and timely reunification, the RPT program provides resource parents and kinship care providers with in-service training on a wide variety of relevant topics including but not limited to medication management, mental health, behavior management, trauma-responsive care, educational advocacy, and cultural responsiveness. Additionally, there are two large-scale regional conferences each year with key-note speakers and targeted workshops. All RPT program offerings support learning acquisition and transfer of learning through targeted training that appeals to different learning preferences, incorporates practical application and best practices, aligns with state policies and priorities, and is grounded in the principles of adult learning theory. Resource Parent Training continued to ensure that Resource Parents received continued training on: Early Childhood Challenging Behaviors; Working with African American Children and their Trauma: "Where does it come from?"; Unpacking the "No" Understanding Children's Resistance to Permanency; Healing Childhood Trauma in Foster Care, and Improving Communications with your Teens. The following training will also be added: Medication Management for licensed resource parents a minimum of 3 times per year and two virtual resource parent conferences.

Initial Training Strengths

Quality of Training – In 2023, as the above training evaluation results indicate, staff and supervisors expressed satisfaction with the overall quality and relevance of pre-service training. The IOTTA surveys garnered from Pre-Service, Foundations, and In-Service revealed that participants found the training to be relevant. Additionally, the local departments and SSA were able to provide training suggestions and express needs that were incorporated by the CWA. The Supervision Matters and Coach Approach trainings were both widely recognized as being very beneficial to worker training and thus were extended beyond their respective pilot phases.

Training Attendance – In 2023, attendance during all training offered by the CWA was very positive, with the result of only a few sessions needing to be canceled due to lack of registration. This positive outcome was bolstered throughout the year by the continued input of SSA and the DHS Learning Office, collaboratively providing blast notifications about impending training sessions. As well, the monthly participation in the Assistant Director Affiliate call enabled the locals to have greater input in the training offered, thus increasing attendance.

Staff "Actors" for Simulation Activities – Structured feedback and debriefing sessions are embedded into preservice training to support skill development and growth following the interviewing and court testimony simulation experiences infused into Modules Three and Eight, respectively. In preparation for the Module Three family interview simulation, participants are

provided with clear guidelines and principles for effective observation and feedback (e.g., focused on key skills, strengths-based and balanced, relevant, and clear, behaviorally specific, etc.). Participants are also provided with an observation checklist that outlines specific interviewing competencies and behaviors (e.g., use of teaming language, attempts to establish comfort/safety, transition statements, use of solution-focused questions, showing appreciation, use of tools/strategies to gather information, etc.), and are instructed to utilize this tool both to offer feedback to fellow participants, as well as assess their own performance along these dimensions. Once all participants have completed the interview simulation in their assigned small group, a facilitated debriefing session is held to share and process interviewing strengths, opportunities, and next steps. 13 Module eight provides participants with an opportunity to prepare and provide court testimony through a simulation experience co-facilitated by CWA trainers and attorneys. Participants are divided into small groups, and using the Dawn family scenario, each participant testifies for approximately 10 minutes (7 minutes direct and 3 minutes cross-examination). Prior to the simulation experience, participants are provided with a tip sheet that outlines expectations and best practices for testifying in court (e.g., professional appearance, calm demeanor, advance preparation, honesty, etc.), as well as an observation form asking observers to rate their classmates on a scale of 1-5 on specific competencies and behaviors (e.g., avoiding social work jargon, use of interviewing techniques, speaking clearly and confidently, painting a clear picture, appearing knowledgeable and prepared, etc.). Similar to the interviewing simulation, participants participate in a structured debriefing exercise following the court testimony simulation, where each participant is asked to complete a self-assessment and share behaviorally specific feedback with fellow trainees.

Virtual Training Format – In 2023, all training that was offered, with the exception of two modules from the Supervision Matters sessions remained virtual, with the potential return to a more hybrid method of training in 2024.

Completion and Approval of Post Training Evaluation Plan – In 2023, IOTTA surveys continued to show that Pre-Service, Foundation, and In-Service training was very effective.

Initial Training Concerns

Tracking Foundations Training Enrollment and Completion – In 2023, concerns were expressed around the length of the Pre-Service and what the students are taking away to do his or her work effectively. However, with the advent of the changes to the Pre-Service revamp, steps are being taken to change the Foundation and shorten the length of the Pre-Service. The aim is to create a more conducive learning environment and prepare staff better for placement in their actual program areas.

Update on Activities to Improve Performance

In 2024, changes will be made to the Pre-Service and In-Service (currently under development) that will help improve performance. Changes were made to CJAMS and In-Service offerings, along with FFPSA (to improve Claiming). Collaboration with the DHS Learning Office on training sessions, Licensure Prep, Coach Approach, Supervision Matters, and Family Support worker training, all were conducted as a means of improving performance. These will be addressed in the 2025-2029 CFSP, Goal 3.

Item 27 - Ongoing Staff Training

Update on Assessment of Performance

In 2019, 4,385 (duplicated count) child welfare workers participated in training throughout the year; in 2022, 3,044 (duplicated count) and 3,125 (duplicated count) in 2023. Duplicated counts are due to workers taking more than one training throughout the year.

Surveys provided to participants have changed since 2019 (N=4,385) when:

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

Current surveys show:

FY	Number Participating in In-service	Staff satisfaction with quality and content of training	Staff satisfaction with trainer knowledge and expertise	Staff belief comprehensive scope conducive to diverse training needs	Staff belief that training is relevant to their work	Staff belief that they will consistently apply knowledge and skills learned
2023	3,125	95%	91%	90%	88%	89%
2022	3,044	93%	91%	90%	88%	86%
Data Source: FY23 & FY 22 Annual Preservice and Inservice IOTTA Report						

While satisfaction with quality & content and belief in integration into work has shown an increase, there is still room for improvement around the other three areas, particularly direct impact on their job. This shows a need to continue to review suggestions and feedback for enhancement of training to meet practice expectations.

In 2023, a comprehensive In-service training series was offered to meet the diverse professional development needs of child welfare staff. The In-service training catalog is updated annually and reviewed/modified quarterly by the CWA to ensure alignment with SSA system transformation efforts/initiatives and legislative policies and priorities. Other factors such as recommendations from SSA CQI reviews, participant training surveys and special requests from LDSS managers are also considered when building the training catalog. In-service training is offered steadily throughout the year to approximately 3,600 child welfare staff statewide. The In-service training series is designed to provide staff with the advanced knowledge and skills to successfully meet the diverse and complex needs of children and families served. There were over 160 distinct In-service training topics and 235 in-service training days offered throughout CY2023 (CWA 2023 Annual Report). This is an increase just from last year where data was first available when there were 150 distinct training topics and 218 days of training offered.

The In-service series covers a wide and extensive spectrum and includes standard courses such as ethics and child welfare policy, as well as more specialized courses such as clinical diagnoses, paradigms/interventions, trauma informed assessment/intervention, substance abuse/addiction, diverse family dynamics and matters of systemic racism and racial equity and inclusion. Practical skill building courses such as effective communication, case planning and clinical documentation are also offered. Continued attention was given to SSA priority initiatives which include the IPM, Family First Prevention Services, Human Sex Trafficking and LGBTQ Competency. These courses were mandatory and offered consistently throughout the year. Each of the training modules offered is evaluated through a quarterly Impact of Training and Technical Assistance (IOTTA) survey that is shared with SSA from the CWA.

Aggregated CWA quarterly training reports show that 3,125 child welfare staff participated in various training throughout 2023. Workshops range from 2-3 hours to a full day training. Several of these classes are included in the Foundation Track training series which is required for all new workers upon completing the competency exam. The workshops include:

- Introduction to CPS Responses
- Introduction to Family Preservation
- Introduction to Permanency and Placement
- SOS: Growing Our Practice
- Secondary Traumatic Stress
- Photography 101: Merging Your Trauma and Development Lenses to Capture the Whole Picture
- Enhancing Your Credibility in Court
- Basic LGBTQ Competency for Child Welfare Professionals
- Engaging Child Victims of Sex Trafficking: The Role of the Child Welfare Worker
- Ethics and the Importance of Human Relationships
- Ethics and the Competency of the Child Welfare Professional
- Ethics Boundaries and Dual Relationships
- Medication Management - Effective Mental Health Treatment through a Trauma Informed Lens
- Cannabis use in Maryland -Child Welfare Practice - Harm Reduction

All the Foundation Track workshops are full day classes. The Foundation Track class training, while required, has not been fully enforced by SSA due to issues with how the system was tracking the completion of training. This resulted in a varied participant response of completion. The Workforce Development Workgroup is looking at ways to monitor and enforce the completion of this training. All results were derived from the yearly IOTTA report, provided by the Child Welfare Academy.

In-service Training-Strengths

Transfer of CWA Training Catalog to DHS LMS (HUB) – The DHS Learning Office, SSA Workforce Development Team and CWA Program Management and IT Teams worked extensively to facilitate the transition of all Learning Management System (LMS) functions from the CWA Ideas@TheInstitute System to the HUB System. This included Pre-Service, Foundations and In-Service training curricula, manuals, handouts, and assignments. In compliance with Section 508 of The Rehabilitation Act of 1975, all content was remediated to support the needs of any staff with identified disabilities. The transfer of the LMS offers a “One Stop Shopping” experience for staff as they can review the training catalog, register for courses,

download training materials, and monitor their personal transcripts on the HUB. Additionally, this will assist with the ability to pull unduplicated reports to track completion of required Foundations training and other ongoing training requirements. This work continued in 2023 with collaboration from the DHS Learning Office, the CWA, and SSA. Additionally, "training producers" were added to serve as technical liaisons during each session and to help track attendance of participants.

LGBTQ Competency Training – This mandated training has remained a priority with a total of 12 full day sessions offered throughout 2023, and a total of 165 staff successfully completed the training. The LGBTQ Competency training is required for all child welfare workers and supervisors. In total, approximately 2,500 have completed the training between 2019-2023. The training is still scheduled routinely as part of the In-service. SSA is re-evaluating the training that was initially offered to staff to come up with an alternative training to complete the mandate. However, it is now part of the mandated Foundations Track effective February 2023. LGBTQ training continues to be delivered by qualified facilitators. Core content of the training includes but is not limited to Best Practice Language, Use of Appropriate Pronouns, Early Messaging, Understanding the Coming Out Process, Accessing LGBTQ Community Resources, and Strategies to Build an Affirming LGBTQ Organization.

The Family First Prevention Services Training – This training series initially rolled out in October 2021 with 1,032 staff from 13 identified jurisdictions completing the training between October – December 2021, with enrollment posted through the HUB. Cohort II was rolled out in January – February 2022 with HUB reports documenting 243 staff completing the training. A recorded session remains on the HUB for on-going review and access. Course content includes the following:

- History of Family First Legislation
- Guiding principles of Family First Prevention Services
- Understanding Family First Eligibility Criteria
- Role of Workforce in Implementing Family First Services
- Developing Child Specific Case Plans
- Conducting Risk and Safety Assessments

Supervisors monitor training completion and include training as part of performance evaluations.

In 2023, staff were mandated to attend the first FFPSA training. Cohort I (13 counties completed their FFPSA introduction course in 2021, Cohort II (4 counties) completed in 2022, and the final 7 completed training by February 2023.

Supervision Matters
There were three pilot sessions of Supervision Matters in the Spring and Summer of 2023, for 45 participants. The sessions covered the following topics, both virtually and in-person: (Staff from SSA and the DHS Learning Office lent assistance as "actors" during simulation exercises.)

- Culture: Topics related to creating and maintaining a work culture and climate that promotes physical and psychological safety and embraces diversity, equity and inclusion.
- Administrative: Topics related to the education and professional development of workers.
- Business: Topics related to promoting and maintaining high standards of work.

Enrollment for Supervision Matters (voluntary program) is set at 25 participants to facilitate a more intimate environment, increased participation and communication between participants and trainers. The training series is designed to support new supervisors (five or less years as a supervisor) and has enhanced content and sessions to incorporate the following: Racial Equity and Inclusion in Supervision, Effective Coaching and Family First Preventions Services. Supervision Matters is only one option of supervisory training available to staff. Other non-mandatory supervisory training is offered throughout the year (such as Clinical Supervision, Supervisor's Role in a Trauma Responsive Child Welfare System or SOS: The Supervisor's Role in Implementation etc.). Additionally, the DHS Learning Office requires supervisors to attend Fast Track classes.

There was a pilot of the revised Supervision Matters in the Spring of 2023 and then there were two other Supervision Matters sessions conducted and evaluations were generated through the IOTTA survey.

In 2023, Virtual Format – Like pre-service and Foundations Training, In-service training remains totally virtual currently. The plan is to eventually offer a hybrid platform, offering both virtual and in-person sessions, but an implementation has not been determined. In-service participants were asked to evaluate the current training format. A total of 85% of participants completed the survey, and the results are below:

"How Would You Describe Your Overall Learning Experience Using an Online Platform?"

- 65% described experience as very positive
- 32% described experiences as somewhat positive
- 06% described experience as neither positive nor negative
- 0% described experience as somewhat negative

"If Given the Choice between Taking Courses in Person or Online, What Would You Prefer?"

- 56% indicated they prefer online
- 11% indicated they prefer in person
- 32% indicated they prefer a hybrid of both online and in person
- 04% indicated they had no preference

In-service Training Concerns

In 2023 The WDN morphed into the Pre-Service Revamp group in the Fall of 2023 and continues to work on that revamp to be piloted in the late 2024/early 2025.

Update on Activities to Improve Performance

The following activities occurred during 2023:

- Enhancements were implemented for pre-service to include better technical hands-on activities for transfer of knowledge;
- Supervision Matters update was launched in 2023;
- Utilizing data from the HUB training system to track completion of training allowed for an unduplicated count;
- A Revamping of the Pre-Service training curriculum Enhancements to CJAMS with Program Areas highlighted was begun as part of the reconfigured WDN; and Post Training Evaluation Surveys were administered at two- and six-month intervals and

will use a Likert rating scale. (This was done through the IOTTA survey)

Planned Activities for 2024

These areas will be monitored in the 2025-2029 CFSP Goal 3

- Continued Revamp of the Pre-Service to include CJAMS, to be piloted late '24 or early '25
- Supervision Matters
- Family Support Worker Pre-Service
- Coach Approach
- Learning Circles (as part of Coach Approach)
- Coach Mentors (as part of Coach Approach)
- Adaptive Leadership (for graduates of Coach Approach and selected by locals)
- Psychotropic Medication Monitoring Oversight and Management
- Trafficking Training for Sex and Labor Trafficking
- CJAMS enhancements
- Additions to the Child Welfare Academy In-Service Catalog to be determined by SSA and LDSS requests

Item 28 - Resource Parent Training

Public Homes

Update to Assessment of Performance

SSA continued to provide training to current and prospective resource and adoptive parents as is required in accordance with COMAR 07.02.25.14. Resource parents in Maryland are required to have 27 hours of pre-service training and 10 hours a year of in-service training. Table 29 below shows data from the Child Welfare Academy reports for resource parents that participated in both required pre-service opportunities and in-service opportunities. The state has shown a decrease in participation in training over the last calendar year, however, there has been an increase in the percentage achieving the desired number of hours.

In Calendar Year 2023 the data reflected a 53% decrease in the total number of providers that attended training from CY2022, signaling a decline in recruitment of new foster parents. While the total number of providers is listed for each calendar year, it is important to note that there are resource parents who would have completed their required pre-service training in a prior reporting period and therefore are not captured in the pre-service and in-service training numbers for each calendar year. The resource parents could have also obtained the training hours from outside the CWA or Foster Parent College (FPC) which is a nationally recognized interactive, multi-media training course for adoptive, kinship and foster parents. It is available to resource parents 24 hours a day. To have more comprehensive information around resource parent training, all training hours are required to be documented in CJAMS and it is not possible for resource parents to have their annual reconsiderations completed without the minimum requirements being met.

Table 29: **Resource Parent Training Participation CY2019 - CY2023**

Resource Parent Training					
Reporting Period	**Total Providers**	**In-Service**		**Pre-Service**	
		Total No. of Providers	**10 or more training hours**	**Total No. of Providers**	**27 or more training hours**
January - December 2023	892	722	673 (93%)	170	169 (99%)
January – December 2022	1,672	408	Not available	501	244 (48.7%)
January – December 2021	1,021	785	720 (92%)	207	200 (97%)
January – December 2020	763	652	592 (91%)	129	122 (95%)
January – December 2019	1,542	637	521 (82%)	124	123 (99%)
Data Source-Provider Training 2023 CJAMS					

Strengths

In 2023, SSA partnered with Maryland Resource Parent Association (MRPA), LDSS, Child Welfare Academy (CWA) and CWLA to improve training opportunities for the resource parents in Maryland. MRPA continues to provide support services to all resource families in the state of Maryland, providing various virtual trainings and webinars to meet the needs of youths and families. The LDSS continues to offer ongoing training and recruitment efforts for the ongoing needs of resource homes within all 24 jurisdictions. The continuation of virtual training has allowed for greater accessibility and reach across jurisdictions, enabling more resource parents to take advantage of training opportunities throughout the year. SSA and the CWLA provided training to LDSS staff and private providers in May of 2023. This was a week-long training and 14 LDSS staff were trained, and nine private providers were trained. The CWLA training was a train the trainer titled, PRIDE, The New Generation.

SSA also offers the Foster Parent College (FPC) webinars online to all resource parents in Maryland. See CY2023 data below.

Training Activity Report

- **Report Period: 1/1/23-12/31/23**
- Number of individuals who participated in FPC online training: 2,767
- Number of courses enrolled: 18,957
- Number of courses started: 18,084
- Number of courses completed: 17,363
    - Total Completed Credit Hours: 34,376

Course Evaluation Report

- **Report Period: 1/1/23-12/31/23**
- Total Records: 13,668
- User feedback ratio: 83.7%
- Average Rating for "This course added to my knowledge about caring for children" (4.43)
- Average Rating for "I liked the presentation of the training material" (4.36)
- Average Rating for "I would recommend this course to others" (4.39)
- Average Rating for "I feel the training was worth the time spent" (4.38)

The Resource Parent Training (RPT) division of CWA will continue to work collaboratively with SSA, MRPA, contract trainers, and the LDSS to identify and respond to the training needs of foster, kinship, and adoptive parents throughout the state. In 2023 the following occurred:

During FY 2023, 2,277 trainees (duplicated count) attended a Resource Parent training session and of those, 877 completed a feedback survey. The unique count representation of the FY23 Resource Parent training participants was 429 individuals who attended training at the Child Welfare Academy. After each training, participants were asked questions related to mastery & competence, training satisfaction, and expected impact on future work in a post training feedback survey. For the purposes of this report, "future work" refers to parenting skills and the ability of a resource parent to care for a child placed in their home.

During FY23, a total of 75 training sessions were offered. Overall, participants indicated that the training was very well organized, coherent and that it held their attention very well. Participants from all 24 jurisdictions were represented over the course of the year. The largest number of respondents indicated they live in Prince George's County (15.9%, 68 respondents) followed by Baltimore County (12.8%, 55 respondents), Montgomery County (8.9%, 38 respondents), Cecil County (7.2%, 31 respondents), and Harford County (7.2%, 31 respondents). Three counties were reported by an almost identical number of respondents: Washington County (5.4%, 23 respondents), Anne Arundel County (5.1%, 22 respondents), and Frederick County (5.1%, 22 respondents). The remaining counties all received less than 5% of the responses, with the smallest number of participants being from Somerset County (0.5%, 2 respondents), Dorchester County (0.2%, 1 respondent), Garrett County (0.2%, 1 respondent), and St. Mary's County (0.2%, 1 respondent).

During this reporting period, including two conferences, resource parents were offered 75 in-service training sessions (including conference breakout sessions) accounting for 146 total training hours. Training was offered on a wide variety of topics including but not limited to mental health, medication management, effective communication, resource and birth parent partnership, grief and loss, behavior management, educational advocacy, cultural responsiveness, disruption prevention, and trauma responsive care. A total of 19 of the training sessions offered met the Behavior Management Requirement. The Child Welfare Academy also offered five sessions of Medication Management – Effective Mental Health Treatment Through a Trauma Informed Lens. Of particular note this reporting period was the coordination and implementation of two fully virtual large-scale conferences, and the planning and launch of the state-wide mandatory medication management training for resource parents (Effective Mental Health Treatment Through a Trauma-Informed Lens).

Concerns

RPT results showed a significant decrease in the number of resource parents that participated in training through the CWA compared to previous years. In response to parent feedback, all RPT training sessions were offered virtually, allowing for greater accessibility and a wider reach across the state. A total of 3,916 resource parents registered for CWA/RPT training during this fiscal year. Of these, 2,277 resource parents (duplicated count) actually attended. Of the above numbers, 788 resource parents registered for the Fall 2022 Resource Parent Virtual Conference, and 393 attended. This attendance figure represents a duplicated account across one keynote and four breakout sessions. For the Spring 2023 Resource Parent Virtual Conference, 747 resource parents registered and 443 attended.

In 2023, SSA continued to meet with LDSS representatives weekly and identified enhancements needed in CJAMS to ensure data was available and could be pulled accurately. In February 2023, the provider milestone went to production. Training was also offered to Resource Parents around Psychotropic Medication Monitoring and Oversight, which was a recorded session made available to Resource Parents in the Summer of 2023.

Update on Activities to Improve Performance

The Provider Milestone report will assist the state with correcting data inaccuracies. There will continue to be enhancements to the milestone report including but not limited to tracking the training hours for resource parents. These activities will be monitored in the 2025 - 2029 CFSP Goal 3.

The Spring Resource Parent training is scheduled to be held on April 27, 2024, and planning began in the fall of 2023. The training will be virtual again and a few LDSS are hosting viewing parties. There are opportunities for resource parents to gain more training hours. See additional progress and activities to improve performance below.

Table 30: Update on Activities to Improve Performance

Resource and Adoptive Parent Training	
Review annual resource home survey data to determine the added support resource parents need.	**Annually**
Implementation Status: Ongoing (See 2025-2029 CFSP Goal 5, Strategy 5C) Progress: ● SSA continues its collaboration with the CWA to address the training needs of foster, kinship, and adoptive parents across the state. This collaboration involves working with the CWA to identify and fulfill training requirements, including sponsored training sessions. The CWA allocated a resource to provide this training, which had previously been divided between the Center for Excellence (CfE) and Resource Parent training. That individual is now solely committed to Resource Parent Training.	
Partner with 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.	**Semi-annually**

Resource and Adoptive Parent Training	
Implementation Status: Ongoing (See 2025-2029 CFSP Goal 5, strategy 5C) Progress: ● The collaboration with the Child Welfare Academy continued with training for resource parent initial training and in-service training to include: ○ Conflict Resolution and Strengthening Families; Helping Children deal with Managing Behaviors; Realities of Reunification; Creating Teachable Moments; Concrete Tools to Help Families Deal with Loss; Mental Health Treatment Through a Trauma Informed Lens; Attachment and Trauma, and A Means to Support Families of Origin.	
Work with the Center for Adoption Support and Education to train/strengthen the skills/knowledge of existing child welfare adoption staff.	**2020**
Implementation Status: Not Completed (See 2025-2029 CFSP) Progress: ● SSA worked on an RFP for post adoption services. The plan was to release the RFP in 2023, but it was not released as anticipated. The current contract has been extended several times due to the RFP not being released. Part of the current contract includes staff training for child welfare workers.	

Child Placement Agencies and Residential Child Care (RCC) Programs

Residential Child Care Programs (Group Homes)

The training requirements for group home staff is listed in COMAR 14.31.06.05 F. Required training varies based on position:

- RCC Direct Care staff: 40 hours of initial and 40 hours annual training are required and the staff must pass a Residential Child & Youth Care Practitioner (RCYCP) Board approved written examination.
- RCYCP certification requires 30 hours of initial and annual training per COMAR 10.57.03.03 A (2).
- RCC Program Administrators are required to become certified and receive training hours as well. Part of their recertification includes obtaining 40 hours of training every 2 years per COMAR 10.57.02.05 C (3).

To ensure that staff providing direct care in DHS-licensed RCC agencies are properly certified as Residential Child Care and Youth Practitioners (RCYCP), the DHS OLM verifies certification by reviewing the Board for the Certification of Residential Child Care Practitioners (RCCPP) online database.

Documentation of training is maintained in the employee record and reviewed by the OLM Licensing Specialist quarterly. Training documentation is also submitted as part of the recertification application to the RCCPP Board. Licensing Specialists also interview a random sample of staff on various subjects, including training. Interviews of RCC staff are completed by OLM on a quarterly basis based on a random sample. Interviews include questions related to whether they have received the necessary training to perform their job duties and whether they felt that the training was useful. Results of the calendar year 2019 - 2023 review are listed below:

Table 31: Training Compliance for Group Homes/Residential Child Care Centers (RCC) CY2019 - CY2023

CY	# of RCC employee records reviewed*	Compliant for Training	Non-Compliant for Training
2023	575	515 (90%)	60 (10%)
2022	211	156 (74%)	55 (26%)
2021	65	63 (99%)	2 (1%)
2020	474	468 (99%)	6 (1%)
2019	474	421 (89%)	53 (11%)

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

Programs that have not provided the required training are cited and must complete a Corrective Action Plan (CAP). During 2022 a new process was put in place by OLM to address noncompliance with training requirements which are directly related to safety. These trainings include but are not limited to CPR, First Aid, Behavior Management, and Medication Management. The provider must be in compliance in these areas before their re-licensure is issued. During the calendar year 2023 in continuation of the practice that was established in 2022, OLM intensified the monitoring practices to a 100 % review of staff records. This review included ensuring compliance with the RCYCP requirement for all direct care staff. Over the past five years data for training requirements for Residential Child Care Programs compliance fluctuated between 99% before COVID, 74% during COVID and 90% after COVID.

Child Placement Agencies (Private Homes)

Supervisors and child placement workers employed by Child Placement Agencies (CPAs) are required to receive at least 20 hours of training activities during each employment year and the Chief Administrator annually receives at least 10 hours of training per COMAR 07.05.01.16 B (3). The required training topics are listed in COMAR 07.05.01.16 B (1). OLM provided technical assistance during a quarterly meeting with providers and reviewed COMAR 07.05.01.16 B (3). During that meeting the regulation was reviewed and guidance was subsequently developed and issued to all child placement agencies with information on how to ensure compliance.

CPAs must provide 24 hours of pre-service training to prospective foster parents per COMAR 07.05.02.12. In addition, foster parents must receive an additional 20 hours of training every year prior to being recertified as a treatment foster parent as outlined in COMAR 07.02.21.10B. The pre-service training provided to CPA homes is the PRIDE training.

Failure by the foster parent to complete the annual training hours will cause their certification to be suspended or denied. OLM completes random sample interviews of foster parents quarterly utilizing an interview tool that includes questions related to training and whether they have the adequate training knowledge to parent the children placed in their home.

To monitor compliance with training requirements OLM Licensing Specialists complete regular reviews of provider agency records. As of December 2023, there are approximately 1977 certified CPA homes by child placement agencies. The following data was based on the OLM monitoring visits for the year.

Table 32: Training compliance for Child Placement Agencies (CPA) CY2019 - CY2023

CY	# of CPA home records reviewed*	Compliant for Training	Non-Compliant for Training
2023	555	531 (95%)	24 (5%)
2022	466	443 (95%)	23 (4%)
2021	61	59 (97%)	2 (3%)
2020	482	470 (97%)	12 (3%)
2019	390	378 (97%)	12 (3%)

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

Data from the 2023 calendar year shows that 95% of CPA-certified homes are in compliance with training requirements. Over the past five years data for training requirements for certified CPA homes compliance fluctuated between 97% before COVID, 95% during, and 95% after COVID.

Strengths

COMAR does not require quarterly monitoring of private providers; however, the data shows that increased and consistent monitoring results in a higher percentage of compliance. Program Managers and Licensing Specialists schedule meetings to review private provider corrective action plans. Program Managers ensure CAPs are detailed and in compliance with COMAR. Licensing Specialists are required to monitor the successful resolution of COMAR violations identified in CAPs through a variety of methods, including site visits, documentation reviews, and interviews. In addition, a new process of identifying COMAR deficiencies that are safety related has been implemented. Providers are not able to renew their agency's license if any safety related deficiencies are outstanding.

Concerns

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

Update on Activities to Improve Performance

Table 33 below provides updates to the activities identified to improve performance on the staff and resource parent training system.

Table 33: Update on Activities to Improve Performance

Current or planned Activity to improve performance	Target Completion Date
Child Welfare Training System	
Partner with the 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 2020 Quarterly Reviews**
Implementation Status: Ongoing (See 2025-2029 CFSP, Goal 3) Progress: ● SSA and CWA continued to meet monthly to identify training priorities, address issues and concerns, and discuss any needed changes to the registration/participation/attendance process and requirements to better support full participation and training completion. ● In order to establish clear and consistent expectations around virtual training participation, the participation policy was continued with particular emphasis on the need for participants to have cameras on during training, unless an extenuating circumstance exists. ● The Impact of Training and Technical Assistance (IOTTA) participant feedback survey continued to be distributed to participants following each preservice module and in-service training to assess self-reported participant knowledge gain, skill development and training satisfaction, with a section exclusively devoted to the virtual learning experience. CWA continued to develop and provide quarterly reports with participant registration and attendance numbers, as well as aggregate feedback across trainings. Feedback was readily shared with trainers and utilized by SSA and CWA to inform needed changes and enhancements to the virtual training catalog. ● Training reminders and confirmations were sent to all participants on a consistent basis to encourage attendance. ● Following preservice training completion, participants were automatically enrolled in the first class in the mandatory foundation track, as well as their program specific foundation track course to support satisfactory training completion. Discussions around feasibility, approval, and implementation of the plan are ongoing. ● Attendance and completion reports continued to be pulled from the HUB to monitor registration and completion rates. If a course had low registration, targeted messages were sent to the LDSS, and announcements were made in Administrator and Supervisor meetings to bolster registration numbers.	
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 2020 Quarterly Reviews**
Implementation Status: Ongoing (See 2025-2029 CFSP, Goal 3) Progress: ● The WDN was reconfigured to participate in the involvement of the Pre-Service Revamp. SSA and the CWA continue to meet both every Tuesday and monthly with the DHS Learning office to review training modules. SSA met with Programs, the Assistant Director Affiliate Group, and the DHS Learning office to review and consider all training options.	
Current or planned Activity to improve performance	**Target Completion Date**
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**

Implementation Status: Ongoing (See 2025-2029 CFSP, Goal 3)
Progress:

- In 2023 the CWA used IOTTA surveys to glean a rating on training effectiveness, which SSA continued to monitor, advise on and review.
- In 2023 Post Training Evaluation Surveys were administered at two- and six-month intervals and will use a Likert rating scale to monitor/evaluate the following:
    - As a new worker, pre-service provided me with a solid foundation of relevant knowledge and skills.
    - Pre-service training is an important component in preparing new child welfare workers for their job.
    - What I have learned from pre-service has made me a more effective worker.
    - I have been able to successfully apply what I have learned in pre-service to my work.
    - I believe I will see a positive impact when I apply what I have learned in pre-service training.
    - The family engagement, interviewing and court simulations have prepared me to do my job more effectively.
    - The opportunity to participate in field experiences during pre-service allowed me to apply newly learned information and skills.
    - What I learned in training is still valid and beneficial to my current work duties.

Consult with CWA to discuss in-service trainings that receive unsatisfactory ratings, discuss needed modifications and need for continuation of training	**Monthly**

Implementation Status: Completed
Progress:

- Starting in April 2022, CWA reported quarterly to SSA the Child Welfare Academy IOTTA. The IOTTA report shows the number of trainees and the satisfaction of the training attended.
- Throughout 2023 SSA continued to review CWA reports from the IOTTA showing the number of trainees and satisfaction of training attended.

Partner with CWA and LDSS to develop opportunities for peer-to-peer trainings among staff to better align actual and practical work experiences with training content	**December 2020 Annual Reviews**

Implementation Status: Ongoing (See 2025-2029 CFSP, Goal 3)
Progress:

- In 2023 Coach Approach, Coach Mentor, Learning Circles, and Adaptive Leadership sessions were offered through the CWA and a subcontractor Keagen Leadership as a means of bolstering presence and coaching skills to work with families and co-workers.

Request "no show" training data from CWA to strategize with LDSS to ensure attendance and completion of trainings	**Quarterly/Annual Reviews**

Implementation Status: Change in Priority
Progress:

- The review of "no show" data did not continue, as the WDN determined that the priority was to focus on the Pre-Service revamp, which included meeting on a monthly cadence with the CWA, SSA, Learning Office, locals, and those with lived experience to reach this goal in 2024.

Current or planned Activity to improve performance	Target Completion Date
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**	**Monthly**

Implementation Status: Ongoing (See 2025-2029 CFSP, Goal 3) Progress: ● SSA Continued to monitor and review IOTTA surveys to gauge participant attendance and satisfaction with training offered.	
Share data from training reports with SSA WDN to further identify and support training needs of staff	**Monthly**
Implementation Status: Change in priority Progress: ● Monthly sharing of training evaluation data did not continue, as the WDN determined that the priority was to focus on the Pre-Service revamp, which included meeting on a monthly cadence with the CWA, SSA, Learning Office, locals, and those with lived experience to reach this goal in 2024.	
Partner with CWA and LDSS 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	**Quarterly/Annual Reviews**
Implementation Status: Ongoing (See 2025-2029 CFSP, Goal 3) Progress: ● This activity did not continue due to competing priorities, however SSA continued to monitor the IOTTA survey to gauge participant attendance and satisfaction with training offered	
Consult with SSA WDN to further analyze program and evaluation data to identify and support training needs of staff.	**Bi-Monthly**
Implementation Status:Change in Priority Progress: ● This activity did not continue, as the WDN determined that the priority was to focus on the Pre-Service revamp, which included meeting on a monthly cadence with the CWA, SSA, Learning Office, locals, and those with lived experience to reach this goal in 2024.	
Develop a monthly resource home milestone report to track all resource home compliance which will include training (pre- and in-service) training data.	**2020**
Implementation Status: Completed Progress: ● The public provider milestone is in production since February 2023 ● The report is used to track compliance areas as well as ensure the case is open in the right structure. ● There has been a major cleanup of cases on this report to ensure providers with a subsidy only program structure are not on this report.	
Resource Parent Training	
Current or planned Activity to improve performance	**Target Completion Date**
Provide technical assistance to the LDSS to ensure that documentation of training is accurately recorded.	**September 2019 Annual Reviews**
Implementation Status: Completed Progress: ● In 2023 technical assistance occurred through the Operations and ACQI unit around Compliance in CJAMS. The ACQI unit provided weekly calls and TA to the locals. As well as continued CJAMS training as enhancements occurred, along with CJAMS How To Guides. Through the DHS HUB, our Learning Management System training sessions were recorded for attendance and issuance of CEU credits. Technical assistance also occurred when CJAMS Contact Support tickets were opened for existing issues in CJAMS. AFCARS training was conducted to ensure the proper documentation of AFCARS fields in CJAMS and an understanding of AFCARS. Weekly provider calls were held with	

SSA and Local staff to determine and write user stories needed to enhance the application.	
Implement a management level review of CAP responses to improve the quality of the responses and increase effectiveness. (OLM)	**2022/Monthly**
Implementation Status: Completed Progress: ● At least Monthly: Meetings held to review each CAP submitted for compliance with COMAR by the Licensing Specialist 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 compliance. ● OLM has increased engagement and technical assistance with providers to ensure COMAR compliance.	
Revise the monitoring process to include quarterly monitoring of major regulatory standards. Currently the Licensing Specialists are required to meet all the licensing requirements over the 2-year licensing period. (OLM)	**2022/quarterly**
Implementation Status: Completed Progress: ● Licensing Specialists with oversight from Program Managers perform quarterly site visits that require monitoring of: ○ 10 records plus 10% of the current census of youth, staff, and foster parents per quarter. ○ Conduct two foster parent interviews, two staff interviews and two youth interviews per quarter. ○ Conduct physical plant inspection of all sites per quarter.	
Develop and implement a structured follow-up to CAP responses and repeat findings. (OLM)	**2022/Quarterly**
Implementation Status: Completed Progress: ● Licensing Specialists with oversight from Program Managers, perform periodic site visits, record reviews, and /or interviews specific to the deficiencies/violations to ensure they are corrected and implemented prior to approval of the CAP. Repeat deficiencies/violations require a detailed step by step plan with staggered target dates to ensure resolution of recurring deficiencies/violations. OLM may issue sanctions to address repeat violations that present imminent or serious risk to children including limiting the license, suspension, or revocation.	

Service Array

Item 29 - Service Array and Resource Development System

Assessment of Performance

Between 2019 and 2023, Maryland undertook several initiatives to build a diverse and accessible array of services. However, findings from our CFSR conducted during this period indicate that Item 29 (Array of Services) and Item 30 (Individualizing Services) remain areas in need of improvement.

DHS/SSA built on the previous year's service array assessment findings and leveraged opportunities to enhance and expand its service array and resource development system. The agency continued to utilize formal assessment tools, an implementation structure, qualitative data from stakeholders, focus groups, the Community Partnership Survey, and the CFSR to assess the service needs of children and families, as well as the State's ability to meet those needs across the child welfare service continuum.

Services that address the strengths and needs of children and families
The agency assesses the strengths and needs of children through several formal and informal tools. Throughout this reporting period, the agency performed well at assessing needs; however, some assessment tools are utilized more appropriately and efficiently than others. The latest CFSR data indicates the agency performs well in assessing risk and safety. For Risk and Safety Assessment and Management (Item 3), which explores the agency's efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care, 86.72% of cases reviewed were rated as a strength. In 2019, 63% of cases were rated as a strength for this item. This percentage of cases reviewed reveals a significant increase for the agency. The agency performs well in assessing needs and services to foster parents and children; however, assessing the needs and services of parents continues to be an area needing improvement. The latest round of CFSR, for Item 12B, showed that 51.69% of cases reviewed were rated as strength, representing an increase from CY2020, which was 45%.Additionally, 48.31% were rated as an area needing improvement, marking a decrease from last year. Although there is room for further improvement, this shows the state is trending in the right direction.

As reported in previous reports, to continually assess the strengths and needs of children and families, the agency utilizes collaborative assessment tools such as the Maryland Family Risk Assessment (MFRA), Maryland Safety Assessment for Every Child (SAFE-C), Child and Adolescent Needs & Strengths (CANS), and Child and Adolescent Needs & Strengths-Family (CANS-F). These assessment tools are used to organize the collective knowledge and understanding of the individuals and family's needs and to support clear communication and sound recommendations when making safety, permanency, and well-being decisions.

During this reporting year, SSA has continued the development of an "assessment policy" and "collaborative assessment guidance" to help the workforce better understand the connection between all our system's assessment tools in order to better apply them to critical decision making throughout system interventions for families. A new risk assessment manual was released on August 8, 2023, to supersede an outdated policy as SSA continues to develop the collaborative assessment policy.

The Maryland Family Risk Assessment
The MFRA is used to help child welfare staff identify risk factors and determine services the family needs to reduce risk to the child(ren). The use of the MFRA assists LDSS by identifying if the family needs on-going services and what services are needed for the family to reduce risk. This process includes the Maryland Family Initial Risk Assessment (MFIRA), which is the initial risk assessment completed for every child as part of the CPS investigation. Subsequent Maryland Family Risk Re-Assessments (MFRRA) are completed within 30 calendar days of acceptance of services and whenever there are significant changes in family structure or dynamics and again prior to termination of services. For children served in CPS and Family Preservation Services (FPS) in CY2023 there were a total of 32,876 Initial MFIRAs completed. Of the MFIRAs completed, 31.5% were rated as low risk, 50% were rated as medium risk, 13% were rated as high risk, 3% were rated as very high risk and 2.5% of cases were missing a rating.

The Maryland Safety Assessment for Every Child
The SAFE-C is a tool designed to alert staff to situations that pose an imminent danger to

children. The SAFE-C is completed for every child receiving services and is conducted for both children in-home and out-of-home placements, at 90- or 120-day intervals depending on the program, at the time a child is initially placed in out-of-home placement, and after placement changes. For CY2023 for children served in CPS, there were a total of 20,746 SAFE-C assessments completed out of 22,625 children served. In FPS, there were a total of 9,841 SAFE-C assessments conducted out of 10,251 children served. For children in out-of-home placement, there were a total of 12,368 SAFE-C assessments completed.

The CANS and CANS-F

The CANS is a tool for identifying needs and collaborating in planning service delivery with families at initial and on-going intervention points throughout a case. The CANS is used to identify on-going needs of children and youth in care and to plan for service needs collaboratively with caregivers and birth families to meet permanency and reunification goals. It also identifies strengths of the family so these can be built upon. Initial CANS assessments are completed within 60 days of case opening and subsequently every 180 days until case closure. Of the children who entered care in CY 2023 (1,329) only 44% (584) had a CANS completed. Fifty-six (56%) percent of children who entered care did not have a CANS assessment completed within the first six months. Although SSA is trending in the right direction, more work needs to be done on timely completions. SSA has been providing targeted TA to improve the completion rate of CANS.

The CANS-F for In-Home Services is an assessment intended to support caseworkers in a consensus-based approach to assessment and planning with families and youth. All Families who received FPS should have a CANS-F completed. The tool assists with family and youth engagement, accurate identification of a family's needs and strengths and the measurement of change in functioning throughout the life of a case. Initial CANS-F assessments are completed within 45 days of case opening and subsequently every 90 days until case closure and within 7 days of case closure. Of the families who received FPS in 2023 (5,212), 80% received at least one CANS-F assessment. This is an increase from the previous year's assessments.

In March of 2022, SSA started a state-wide push to ensure that all jurisdictions' staff were up-to-date and trained in CANS and /or CANS-F as appropriate; this was completed in March of 2023. Data trends indicate that the assessments are not being conducted accurately. A large percentage of CANS and CANS-F assessments have no needs identified. In November 2022 through 2023, SSA has been receiving routine CANS data after data accuracy issues were resolved in CJAMS. Planning has commenced, in partnership with our TA partners, to support proper use of the tool as data reflects poor compliance. TA will help LDSS identify how CANS and CANS-F can be used to identify the needs of youth and inform practice tools. It is believed that effectively linking CANS and CANS-F to practice, will improve assessment completion rates.

The Lethality Assessment is a screening tool used to promote the assessment for intimate partner violence to enhance victim safety as a standard of practice. The assessment is used to assist Child Welfare and Adult Services caseworkers assess for both safety and risk concerns to determine the victim's risk of being killed by an intimate partner. The Lethality Assessment is initiated as soon as the worker suspects intimate partner violence and may be administered at any time while there is an active case with the agency. With the victim's consent, all high danger screens are referred to

the domestic violence hotline and families are offered services to prevent further abuse and assess the risk and safety in the home.

In February 2022, SSA identified local jurisdictions that were struggling to either complete lethality assessments or identify supportive services for the victim-parent and the children in their care. Those local jurisdictions were connected with other LDSS who were meeting the screening and reporting requirement and have been working closely with the local domestic violence service professional and other community supportive services. As a result of this initiative, SSA received 95% of the lethality reports for all 24 jurisdictions in 2023, LDSS who were previously struggling with reports and resources reported that they successfully connected with domestic violence services providers and resources from surrounding counties and have improved their partnership with local providers.

Services to meet the needs of children and families to create a safe home environment and services to enable children to stay safely with their parents when reasonable

The agency's progress towards enhancing the Service Array and service availability to meet the needs of children and families, are indicated in the latest CFSR outcomes. When assessing the provision of services to families to protect children in their homes and prevent removal or re-entry into foster care (Safety Outcome 2) the most recent CFSR data shows LDSS programs at 93.55% this is an increase from last year, which was 90%. This provision rating increased from 70.83% in CY2019 to 93.55% in CY2023. Last reporting period, the agency engaged select LDSS in interviews to learn more about successful interventions with service agencies and how service gaps are impacting serving families. Based on information gathered through interviews, a summary of recommendations was developed for the agency to utilize in future strategic planning. Some recommendations included establishing a state-wide vision across Maryland state agencies to ensure agencies are aligned in prioritizing children in foster care and their necessary services and helping LDSS make better use of federal and state funding and support to better align funding with service needs. These recommendations were used throughout CY2023 and will continue to be used moving forward.

A statewide needs assessment survey regarding the evidence-based programs in the Maryland Title IV-E Prevention Plan was conducted this reporting period to help in determining the expansion needs of these programs. After this was completed, SSA began planning for meetings with counties about expanding our array of services. In the latter part of 2023, SSA hosted their first regional meeting to begin planning for the new Title IV-E Prevention Plan with local departments, caregiver advisors (county level and community partners who have lived-experience), and other stakeholders. SSA will continue these regional meetings in 2024.

While progress has been made in some areas, there continues to be persistent and systematic service gaps in some areas particularly the mental and behavioral health services. During this reporting period, the agency continued to track the types of children and situations in which children were receiving CPS or FPS and had a hospital overstay due to lack of appropriate behavioral health setting available to them. This information is being used for Prevention Services strategic planning as well as collaboration with Maryland Behavioral Health Administration and SSA's Placement Unit to identify how the state can meet the needs of these children sooner and avoid out-of-home placement.

As in previous years, focus groups were held with each of the following key stakeholder groups: youth, biological parents, resource parents, caseworkers, supervisors, resource home workers, attorneys, judges and magistrates, service providers, directors and assistant directors, and OLM. The participant groups were asked about the service array in their local jurisdictions. Specifically, participants were asked which services they found to be most helpful for families as well as what service availability, service access, and/or service quality issues they experienced.

Participants listed the following resources as some of the most helpful for families in their individual jurisdiction: Fields and Fields, Chrysalis House, Sage House, Healthy Families, Judy Center, Assertive Community Treatment (ACT) Team, Mobile Crisis, Multi-Systemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), START program. Another resource mentioned in the focus groups was,
Parenting Through Change for Reunification (PTC-R), a support group offered to families of origin working towards reunification through the Center for Excellence in Resource Family Development.

Focus group participants indicated that many families, children and in particular youth, need access to quality mental health services and substance abuse treatments. Participants indicated that both access to and quality of these resources are significant challenges. Participants highlighted the following as the reasons for interruption in service provision: the shortage of therapists in certain geographic areas such as eastern shore or western Maryland, distance to services, as well as a lack of trained therapists to deal with specific needs of children and families and the overall lack of quality of these services. Participants acknowledged that while more mental health and substance use services are needed due to the high demand, these services need to be evaluated to ensure that they are of good quality.

Housing and transportation needs were noted as significant issues as well as quality parenting classes or coaching.

In addition to CFSR focus groups, SSA partnered with MCF to host two focus groups in English, and one in Spanish to parents regarding their experience in Child Welfare. A total of 13 family members participated. Parents that participated in the focus group conducted with MCF indicated that overall, they were satisfied with the services they were able to access. Financial aid, childcare, mental health, counseling, parenting classes and medical support were found to be helpful to themselves and their families. The participants had positive things to say and were thankful for the interventions. One father who was struggling indicated the comfort in the comprehensive support offered by child protective services, including counseling and parenting classes.

The participants did not provide clarity on whether they were specifically questioned about their service needs; rather, they focused on sharing their overall service experiences. Notably, most families expressed positive sentiments regarding the services received. These services addressed a wide array of family and child-related challenges, encompassing support related to child discipline, parent counseling sessions with their spouse, and assistance with their child's living conditions.

Child welfare staff routinely conduct evaluations and offer assistance during family challenges, extending to financial support during periods of participant inability to work. Moreover, professional therapy, including family therapy sessions, were arranged to address the child's mental health needs. Overall, the participants conveyed satisfaction with the services provided, highlighting their crucial role in maintaining and catering to the needs of their children.

Overall, the state performs well in supporting families to ensure children remain safely in their home. In 2023, DHS served 10,251 children in 5,212 families through its FPS. Family Preservation Services are service programs designed to promote the safety and well-being of children and their families, enhance a parent's ability to create a safe and stable home environment, and maintain permanency while preserving the family unity.

Since 2018, on average, 96.4% of the children served through FPS were able to remain with their families throughout their service period. Moreover, within the same timeframe, an average of 98.3% of children remained in their homes and avoided out-of-home placement and 95.3% of children remained free from indicated maltreatment findings for up to 12-months after completing In-Home services. DHS/SSA is unable to provide the exact percentage for CY2023 because SSA is not a year out to compare. With the continued Implementation of the Family First Prevention Services Act, DHS/SSA looks forward to maintaining this trend.

In Maryland's approved Family First Prevention Plan, there are four evidence-based programs that are currently being offered and utilized: Healthy Families America, Parent Child Interaction Therapy, Family Functional Therapy, and Multisystemic Therapy. Nurse Family Partnership is limited in use in Maryland so was not identified as a program for implementation. These evidenced-based programs were agreed to due to a needs assessment that the School of Social Work helped conduct with SSA. Another needs assessment survey, as noted earlier in this section, was completed in 2023 after all jurisdictions had completed FFPSA training.

In addition to these evidence-based programs that are utilized through FFPSA, jurisdictions have their own partnerships with agencies based on the needs they notice in their own county. Some of these services include START, Partnering for Success (PfS), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Bester Community Services, Family Connections, Nurse Family Partnership, Parents as Teachers home visiting model, and Parent Partner program.

Services to help foster and adoptive parents achieve permanency

The latest round of CFSR during the PIP period indicates for assessing the needs and services provided to resource parents (Item 12C), 84.21% of cases reviewed were rated as a strength. There was very little change in performance for this item from 2022-2023 during the PIP period. Similarly to the previous report, the CFSR data suggests that while the agency can provide needed services to help resource and adoptive parents achieve permanency, addressing service barriers to achieving permanency continues to be an area for growth and development. Current services the agency provides that help children in foster and adoptive placements achieve permanency are described in Section 6: PSSF Adoption Promotion and Support Services section.

Partnership interviews with the LDSS revealed a need for more behavioral health placements for youth and a need for stronger collaboration with MDH. During the CFSR focus groups, all

participants were asked to answer questions related to service gaps, delivery, and quality issues. An overwhelming response expressed concerns about obtaining stable placements, which is critical to achieving permanency in a timely manner. The placement crisis has been especially prominent for older youths because resource homes usually prefer to care for younger children more than older ones. Additionally, some of the participants emphasized that kinship providers generally require extra support from the agency because they are oftentimes not treated as regular foster parents and are therefore, excluded from general guidance, benefits, and rights. This reporting period, after the federal government signed a law allowing for less stringent regulations for kinship families, SSA began working on updating Maryland's regulations as well. For the emerging adult population (youth ages 14-17), DHS/SSA continues to provide a credit monitoring service. Credit reports are pulled annually and made available to the emerging adult. This process helps to protect the emerging adult and empowers them to make decisions about the use of credit and promotes financial independence.

The free credit reports contain payment history, amounts owed, and credit history. The emerging adult data was retrieved from the CJAMS generated milestone report. Approximately 936 older Maryland foster youth in out-of-home placements received a credit report from Equifax, Experian, and TransUnion respectively. The largest amount of credit reports (33.01%) was prepared for out-of-home youth in Baltimore City.

Concerns

Enhancing the Service Array Continuum to ensure quality and equitable services to support children and families continues to be an area of improvement and development in Maryland. The state is not in Substantial Conformity for this measure as indicated by the Maryland CFSR Final Report. As reported in 2021 and 2022, SSA continues to face challenges around ensuring quality and equitable services are available and accessible across jurisdictions. As further described in the Well-being Outcome 1 section, the latest round of CFSR reflects only 50% of cases that were reviewed during the reporting period substantially achieved the goal of families having enhanced capacity to provide for their children's needs.

As was noted in the 2022 Community Partnership and Services Summary (CPSS) Report, the top 5 most critical unmet service needs across jurisdictions based on LDSS respondents as well as examples provided of those service needs are described in Table 34. These continue to be the most critical unmet needs and SSA and partnering agencies are striving to address them.

Table 34: Most critical unmet service needs of child welfare-involved children, youth, and families in your jurisdiction

Category	No. of Jurisdictions Responding	Examples
Mental health/psychiatric services	22	• Behavioral health services for children/youth. • Easy access to addictions and mental health treatment. • Mental health/substance misuse for teens. • Co-occurring disorder treatment. • Emergency respite. • Respite care for families. • Emergency psychiatric services. • Psychiatric services for children and adolescents. • Medication management for youth. • Lack of psychiatrists for children. • Mental health therapy for children ages 3-6. • Intensive mental health services. • Mobile crisis services. • Lack of hospitals performing adequate psychiatric stabilization for youth in crisis. • Quality trauma informed individual family therapy. • There is a lack of trauma informed therapists and qualified counselors. • Trauma treatment for children and adults regardless of ability to pay. • Programs for out-of-control teenagers and their families. • Consistent access to reliable mental health service providers. • Specialized mental health services for children and families. • Resources to carry out the recommendations of psychiatrists or evaluators for families and children.
Housing	14	• Safe and affordable housing. • Housing and addiction services for pregnant and new mothers. • Housing is a huge issue, multiple families living under the same roof.

Category	No. of Jurisdictions Responding	Examples
Out-of-home placements/providers	11	• Child placements. • Appropriate placements. • Group home placements. • Safe and stable (in-state) placements for children with high intensity needs. • Foster care placements for disabled children. • Therapeutic foster care providers. • Placement resources for high needs youth. • Lack of resources and residential treatment programs for children and youth with severe mental health issues/behaviors. Difficulty with finding placements for children/youth who are dually involved with DJS and DSS. • Lack of resource homes for foster children. • Placements for transitional aged youth & treatment foster homes. • When children and youth have to enter out-of-home care, our resource parent cadre is ill equipped to handle even seemingly "normal" behaviors that kids who have been traumatized exhibit. There are no therapeutic foster homes in St. Mary's and the current statewide placement crisis makes it very difficult to access appropriate levels of care for youth who need it.
Transportation	8	• An individual transportation service to assist customers in accessing transportation. • Transportation in the most rural areas.
Substance use disorder treatment	7	• Substance Use Disorder treatment for adult • Inpatient drug treatment facilities for teenagers. • Evidence-based substance abuse treatment programs. • Housing and addiction services for pregnant and new mothers. • Substance abuse treatment for adults and youth.

Update on Activities to Improve Performance

During this reporting period, the Service Array Implementation Team was discontinued, and members were dispersed between various Implementation Teams including The Protection, Preservation, and Prevention Implementation Team and the Placement and Permanency Implementation Team. Partnerships with the LDSS and stakeholders were maintained through this regrouping, SSA received several recommendations that will support the agency in building the Service Array Continuum and Key Partnerships. Some of these recommendations include establishing a centralized source for information on services and resources in CJAMS, investment in true prevention services, help LDSS identify better uses of federal and state funding and

supports better alignment to free up funding, develop a state-wide vision across Maryland state agencies so all agencies are on one accord around prioritizing children in foster care and their necessary services, and establish service coordinators within each jurisdiction.

As the agency prepares to develop the next Child and Family Services Plan, SSA plans to utilize the service-related data available to strategically plan and build the Service Array Continuum.

Table 35: Update on Activities to Improve Performance

Current or planned Activity to improve performance	Target completion date
Review existing program services and existing funding streams to ensure alignment with established priorities.	**June 2024**
Implementation Status: Not Completed(See CFSP 2025-2029 Goal 4, Strategy 4A, 4B, 4C) Progress: ● Needs survey was administered to counties to assess where to expand current FFPSA EBPs ● Institute of Innovations helped SSA identify where and how much funding would be needed for expanding EBPs.	
Through braiding and blending funding, enhance partnerships and funding opportunities by building community partnership that creates a pathway towards prevention	**June 2024 and annually**
Implementation Status: Ongoing (See CFSP 2025-2029 Goal 1, Strategy 1B) Progress: ● Planning and discussions occurred for opportunities to braid and blend funding including talking with other states. Meetings are continuing, but no decisions have been made as of yet. ● Maryland began working with counties to discuss writing the new Title IV-E Prevention Plan near the end of 2023 and discussions about the community pathway continue to take place.	
Strengthen allocation of funding process to the LDSS which include helping them identify better uses of federal and state funding and supports to meet the needs of children and families and maximizes available funding and addresses service gaps	**2020 and annually**
Implementation Status: Ongoing (See CFSP 2025-2029 Goal 1) Progress: ● All 24 counties are trained in FFPSA and 18 out of 24 have at least one EBP being used in their county. ● All counties completed the Needs survey. ● Agency will leverage fiscal subject matter expertise regarding braiding and blending of funding to support the full service array	
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**
Implementation Status: Completed 2023 Progress: ● Provider contracts have continued. IPM language is included in the contracts.	

Current or planned Activity to improve performance	Target completion date
Conduct ongoing CQI to assess outcomes, identify strengths and areas needing improvement, and implement improvement plans as needed.	**2021-2024**
Implementation Status: Completed 2023 Progress: ● Maryland's CQI process continued to be utilized to understand how service availability and quality impacts safety, permanency, and well-being outcomes. See Section 4: Goal 3.	

Item 30 - Individualization of Services

Assessment of Performance

Over the past 5 years, the ability to provide individualized services to meet the unique needs of children and families served by the agency continues to be an area of growth and development. While individualized services exist and are available for some, qualitative data from annual CFRS Focus Groups and Community Partnership and Services Summary (CPSS) indicates that when individualized services exist, there is not enough of the services to meet the need. There is a need for more certain individualized services that can be accessible throughout the state.

Each year, the agency solicited feedback from caseworkers, biological parents, foster parents, attorneys, service providers, youth, judges/magistrates, and parents about the accessibility and quality of services through CFSR Focus Groups.

The latest CFSR Focus Group interviews identified a theme of a lack of available, quality services. These gaps in services have been a persistent theme over the last five years. These services include:

- Parenting classes that are specialized and tailored to family's needs
- Parenting mentors for parents with intellectual disabilities and substance abuse disorders
- Substance use services
- Mental Health services, including trauma-informed services, intensive in-home services and services for youth with aggressive behaviors
- In-person over virtual therapeutic services
- Consistently detailed psychological evaluations
- Housing and housing programs/assistance
- Public transportation and transportation assistance
- Supports for youth transitioning out of care and preparing for adulthood
- Placements for youth with behavioral/mental health needs

In a targeted effort to focus on parents including Spanish speaking parents, SSA partnered with MCF to host focus groups one in English and one in Spanish to parents regarding their experience in Child Welfare. A total of 13 parents/caregivers participated (11 families in the English-speaking group and 2 in the Spanish-speaking group). The number of participants was notably lower than the past few years. SSA plans to collaborate with MCF to enhance

recruitment efforts in 2024 to attract more parents/caregivers to join the focus groups.

Parents that participated in the focus groups conducted with MCF indicated that overall, they were satisfied with the individualized services they were able to access though LDSS. Financial aid, childcare, mental health, counseling, parenting classes and medical support were found to be helpful to themselves and their families. The participants had positive things to say and were thankful for the interventions. Some of the parents noted developmental and/or learning disabilities that children had and specific resources/services that were given to them to help. One single father who was struggling indicated the comfort in the comprehensive support offered by child protective services, including counseling and parenting classes. Another parent shared that their child suffered from a mental illness and expressed how the caseworkers aided them in accessing needed services.

Parents had specific suggestions for areas that need improvement to include better communication, increased staffing, additional platforms for communicating, and expanded mental health services, including additional funding. Several families also highlighted the necessity for workers to enhance their understanding of diversity and ethnic backgrounds, improve cultural awareness, and they expressed the need for better use of the language line.

SSA allocates flex funding to LDSSs to meet individual needs of families. Flex funds are utilized to provide supportive services for families being served through Family Preservation such as interpreter services for non-English speaking families; supportive services not covered by medical assistance, anger management; In-Home Aide services that provides teaching and modeling of parenting skills, life skills, employment and job search techniques; and advocacy, play therapy, classes, daycare/summer camps; supportive services for kinship families, rent and utility assistance.

During this reporting period, the agency continued its restructuring efforts to more fully develop The Prevention Services Unit. This unit is designed to focus on a “front porch” approach, community pathways to prevention that aims to ensure families can access services within their community without or with limited involvement with child welfare. Prevention Services programs are designed to reorient child welfare services and how families access services through community-based providers rather than child welfare programs. The unit has initiated discussions with community-based providers and participated in various councils to support the development of pathways to prevention from early childhood intervention and the education system, working with grandparent and kin caregivers and informing Maryland’s FFPSA implementation and evidence-based models that support children living safely with their families, aiming to reduce and prevent entry into foster care or open services cases in the child welfare system.

Strengths

SSA made some improvements this reporting period in individualizing services to meet the needs of Maryland families. One of the improvements is expanding the awareness of the language line we use to ensure families have an interpreter when there are language barriers. There are many languages that this service helps with; however, one barrier is that American Sign Language (ASL) is not available.

SSA has continued to partner with MCF to have caregiver advisors join team meetings and policy meetings to have lived-experience voices involved in writing and reviewing policies.

Our CANS and CANS-F assessments have various developmental disabilities, learning disabilities, and other specialized services that the family may need services for. When the CANS and CANS-F are used accurately these needs are identified and can be addressed. The problem is that caseworkers are having significant difficulties completing the assessment and then, there are accuracy concerns. As noted in Section 4: Goal #1: Increase families of origin and youth voice in their child welfare experiences to improve safety, permanency, and well-being outcomes, the CANS completion rate has increased from 26% to 44% of children in foster care receiving a CANS assessment, so Maryland is moving in the right direction, but there is a lot of room for improvement. As also noted in this section, CANS-F assessments completion rate for children in the home reached 80% this year which was the target.

SSA updated the LGBTQ+ policy in 2023 to support local jurisdictions with direction regarding placement and case management services (safety, permanency and well-being) for our LGBTQ+ youth in care. The policy includes affirming sexual orientation, pronouns/placement, dress, and confidentiality. In addition, in 2023 LGBTQ+ Competency for Child Welfare Professionals was added to Foundation training as part of pre-service and is mandatory during the first year of employment. It is conducted by the Child Welfare Academy and uses the new policy information. This training will continue to be part of our pre-service training.

Concerns

Overall, during this reporting period, the state is not in substantial conformity in the Individualization of Services Systemic Factor. Some of the challenges that impact the agency in making progress include accurate child-specific data to inform decisions. The challenges include a lack of sufficient data to understand the number and type of disabilities and children with special needs that are served by the agency, as well as the ability to determine which services were met once they have been identified and provided. Another item that is not always captured and added to CJAMS prior to meeting with the family is language preference.

As mentioned previously, the agency utilizes the CANS and CANS-F tools to track services; however, caseworkers struggle with accurate use of this assessment tool. SSA has started work with our TA partners on the utilization of the CANS and CANS-F for assessing youth needs and services in 2023, but more work is needed. The plan for the upcoming reporting period is to target supervisors with a “use of collaborative assessments in supervision” training, this will include using CANS and CANS-F. Caseworkers also need additional training and guidance on the development and monitoring of service plans. This additional training would build staff knowledge and support the agency in data collected from the Service Plan. In order to strategically plan with the lens of diversity, equity and inclusion and determine if services are racially/ethnically and culturally appropriate, the state needs to improve the capturing of race data as it relates to service delivery. Race data is not currently being captured consistently.

Update on Activities to Improve Performance
As indicated above in the Service Array and Resource Development System, the agency plans to make progress towards this outcome through improved strategic planning. This includes improving data collection and use of data to assess individualization of services and measures of progress, scale up of existing services, align funding streams with needs and priorities, further develop community pathways to prevention focus by and utilizing existing agencies and funding streams to partner to meet the unique needs of children and families served by the agency, and utilize opportunities within Family First to expand Service Array Continuum. DHS/SSA will explore what opportunities exist to accurately assess race data as it relates to service delivery. See CFSP 2025-2029 Goal 4 Strategy 4A and 4C)

The Integrated Practice model teaches trauma responsive, family centered, culturally and linguistically responsive, outcomes driven, individualized and strength-based, community-focused, and having a safe, engaged, well-prepared workforce. SSA plans to renew the local departments' strive to accomplish these strategies through training and meetings during the next reporting period (See CFSP 2025-2029 Goal 3 and Training Plan)

Agency Responsiveness to the Community

Item 31 - State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR

Assessment of Performance
From 2019 to 2023, SSA maintained its utilization of the implementation structure to engage Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and various public and private child- and family-serving agencies. This involvement extended to the development, monitoring, and adjustment of goals, objectives, and annual updates of the CFSP. For further insights into SSA's Implementation structure and the status of other teams and networks engaging stakeholders in these processes, as well as coordinating services or benefits of other federal, or federally assisted programs serving the same population, please refer to the Collaboration section.

Over the last year, SSA evaluated its implementation structure and identified strategies to strengthen its effectiveness to identify areas of improvement during the 2025-2029 CFSP. The decision to evaluate and consider adjusting the implementation structure was because some teams and cross-cutting networks were very active, others seemed to be outliving their initial purpose. During this process, it was determined that combining the CPS and Family Preservation Implementation Team with Prevention and Family First Implementation would be more effective. Maryland has also been striving to move towards more prevention work. This consolidation resulted in the formation of a new team called the Protection, Preservation, and Prevention Implementation (PPP)Team. The PPP Implementation Team, along with the Placement and Permanency Implementation Team, has been carrying on the work of sustaining the Integrated Practice model since its implementation concluded last year.

Over the past five years DHS has diligently worked to implement the Family First Legislation by establishing the Family First Implementation Process. The Family First Implementation Meeting underwent a temporary pause after the initial two quarters of this year for a restructuring aimed at optimizing its effectiveness. Simultaneously, the Family First Leads Meeting has been revamped

to include just the leads of each program and select key partners (such as Chapin Hall, Institute for Innovations, and Department of Juvenile Services). The main purpose of these meetings has been to develop a new work plan to move the work forward and make sure the work plan is kept up to date.

The Outcome Improvement Steering Committee also took a pause in May of 2023 to allow for a period of reassessment of the charter and membership based on the overall course and direction from 2019-2023 . The OISC needed to take a pause to also assess which implementation and network groups were still needed and which ones would fold their content and priorities into existing teams and groups. The meeting frequency, format and membership will be discussed with SSA's Steering Committee in 2024. Decisions will be sought on the reinstatement of the OISC and/or on which implementation teams and existing groups will continue to the charters and priorities of the OISC.

Another group within the implementation structure that was addressed during this review process is the Policy Network Group (PNG). During 2023, SSA continued to conduct plan-do-study-act (PDSA) cycles from research conducted from 2019-2023 with the policy development process to enhance the process and gather feedback from stakeholders. The Resource Parent Ombuds and Foster Youth Ombuds continue to play crucial roles in the Policy Network Group. In 2023 the PNG continued to make intentional efforts to ensure that persons with lived experiences and other external stakeholders impacted by SSA policies were included in the drafting of new or revised policies, and/or providing feedback. One example of this was in revising the Childcare Services for Children in Out-of-Home Care. The following stakeholders were consulted, and many were active participants in the PNG meetings:

- Individuals with lived experience
- Resource parents
- Dually licensed resource providers/childcare providers
- LDSS leadership and staff
- SSA Permanency Team
- Resource Parent Ombuds
- Foster Youth Ombuds

With the feedback and research conducted by stakeholders noted above, SSA was able to remove barriers that existed in the previous policy, most notably regarding when and how local departments and resource families are notified of changes in the reimbursement rates.

Placement providers are a key stakeholder group that supports children and families in foster care. In response to data and qualitative concerns received by DHS over the past five years, listening sessions were held in March and April of 2023 with placement providers from across the state. These sessions aimed to gather their perspectives on the placement crisis and the resources and strategies they believe could drive change. The following is a summary of the trends that emerged from these discussions.. Staffing is more of a problem than it has ever been before. Providers need support recruiting, retaining, and providing valuable growth opportunities for staff. Providers need help providing financial incentives to attract staff. However, they also need investments in training and coaching and skill-building to provide quality care and to be able to offer growth opportunities that can retain staff.

- Increase teaming among LDSS and placement providers and grow opportunities to do this in support of youth they jointly serve. Some expressed doing away with "key decision point/trigger FTDMS" in favor of simply using teaming as a practice in all we do.
- Providers need help sustaining and maintaining quality practice and EBPs. The limited grant opportunities they have had to do this have helped initially but these efforts often can't be sustained because the money runs out before they are able to build the infrastructure to sustain these efforts at growing quality care.
- ILPs and Group Homes have expressed struggling with how to manage cannabis use now that legalization and medical marijuana cards are accessible for youth. Apartment complexes have policies that may conflict with a provider's policy and navigating this legal change has left providers with limited guidance for making changes that keep up with this change.
- Providers do not want a no eject/no reject policy but acknowledge the changing landscape of congregate care and need help to make practice changes to keep up.

Among the suggested strategies, it was recommended that an analysis be completed of provider type and provider capacity, and an analysis of the needs of children in hospital overstay or in temporary placements to determine the current unmet need. In November 2023, SSA engaged Chapin Hall to complete a placement needs assessment. This assessment will be completed by May 2024.

Strengths

In 2023, SSA policy collaboration allowed for substantial stakeholder input during the drafting process of the PNG. Stakeholders were able to ask direct questions and provide feedback, which the PNG addressed prior to implementation by staff at our local offices. Placement providers collaborated with SSA to emphasize the importance of a Placement Needs Assessment in promoting the placement stability of children, youth in and young adults in care.

SSA has been successful in evaluating needs, adjusting the implementation structure to streamline meetings and get more stakeholders to the table. The implementation teamwork was more integrated and comprehensive of newly implemented programs such as the integrated practice model and Family First Prevention and Services Act. In addition, SSA has continued to use the implementation structure to provide information related to performance on outcomes via Headline indicators and CFSR results.

SSA found that completing a CQI review of its implementation structure yielded constructive feedback resulting in several enhancements planned for the next reporting period. These enhancements include continuing to add new members and streamlining agendas to ensure the state is poised to effectively meet CFSP goals.

Concerns

Though adjustments have been made to the implementation structure at SSA, this is and should remain an on-going process. In 2023, SSA has seen increased productivity in getting policies revised and released, integrating the work of the implementation teams, however SSA is still working to incorporate family and youth voice in our implementation structure. In addition, SSA needs to continue to make great strides to include families and youth with lived experience in our policy decisions on an ongoing and routine basis. SSA plans to continue these goals in the 2025-2029 CFSP Goal 6, Strategy 6A.

Update on Activities to Improve Performance

Table 36 below highlights updates to planned activities to improve performance.

Table 36: Update on Activities to Improve Performance: Agency Responsiveness to the Community

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 - 2024**
Implementation Status: Completed Progress: ● SSA's Service Array Implementation team reviewed membership to ensure inclusive representation and it was discontinued in January 2023. Efforts to address service gaps and ensure inclusive representation of local representatives, Tribal representatives, service providers, public and private child and family serving agencies, service providers, and courts are being incorporated within all the SSA implementation structure teams and SSA programs. ● The CPS/Family Preservation Team was restructured this year to include a larger emphasis on Prevention. The team was also renamed the Protection, Preservation, and Prevention Implementation Team. This team continued to have representation of LDSS, Maryland Family Network, Maryland Coalition of Families caregiver advisors and SSA's Kinship Navigation Program Administrator/policy analyst, Education specialist, and Family Engagement specialist. ● As Maryland continues to implement Maryland's Title IV-E Prevention Services Plan, meetings were looked at for effectiveness and some have been restructured. The Implementation team was paused after the first two quarters of the year. The Team Leads meeting has been restructured and just leads from each program and partners from DJS, Chapin Hall, UMSSW are involved at this time. There are strategy teams, claiming meetings, and planning and CQI meetings. These teams have representation from the DJS, Chapin Hall, UMSSW, LDSS staff from various jurisdictions, the judicial system, Maryland Department of Health, and especially has included partners and staff with "lived experience." The LDSS check-in meeting was paused in November as the local jurisdictions wanted more individualized TA and check-ins. ● After careful consideration, review of the purpose and stakeholders in 2023, it was decided to refocus and change the work of WDN's Pre-Service, by the Child Welfare Academy. Stakeholders included local department staff, SSA, the Child Welfare Academy, and the Maryland Coalition, with the ultimate goal of enhancing the learning and outcome experience for new staff. A pilot of this revision to the Pre-Service is projected for the Fall of '24 as the group continues to re-evaluate and determine a curriculum and Foundation courses to follow the initial Pre-Service	
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**

Current or Planned Activity to Improve Performance	Target completion date
Implementation Status:Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6D) Progress: ● The CFSR Performance Report continues to be posted to the internal and external DHS platforms. The results were shared and discussed with the Implementation Teams, Outcomes Improvement Steering Committee, FCCIP, and SSA Advisory Board. Updated Headline Indicator data was posted to the internal DHS platform and emailed to each of the LDSS on a quarterly basis. Headline Indicator dashboards continue to be produced for each of the LDSS prior to CFSR Orientation and Practical Data Meetings, Continuous Improvement Plan (CIP) Meetings, and CIP Monitoring Meetings so that they can compare their outcomes and progress with their trend data. CFSR Results Reports that are provided to LDSS following CFSR case reviews continue to include data around IPM practices, principles, and values observed. In 2024, SSA plans to add additional storylines to provide additional context to the Headline Indicator data, such as tracking lateral placement moves and changes in levels of care to distinguish positive placement changes from adverse placement disruptions. ● The CFSR Performance Report was reviewed and modified to account for the upcoming CFSR Round 4. The CFSR Performance Report was revised to more succinctly highlight the areas of practice that resulted in Strength or Area Needing Improvement (ANI) rating.	
Develop a schedule to regularly review and clarify goals, objectives, and updates of the CFSP with stakeholders and as part of SSA's Implementation Structure.	**2019 and Semi Annually**
Implementation Status: Completed Progress: ● The CQI Network group presented at a quarterly OISC meeting to review the most recent CFSR performance and progress towards Timeliness of Initial Face to Face for Investigations/Assessments (Item 1) and Permanency Achievement (Item 6), which were the two remaining goals that had not yet been achieved. Item 1 was achieved by the closing of the PIP in September 2023. ● Implementation team meetings for Placement and Permanency and network group meetings for CQI allowed for continued identification of barriers towards achievement of these two goals, along with two discussions with the Foster Care Court Improvement group around the court role around achievement of permanency.	
Increase stakeholder accessibility of headline indicators and the CFSR results dashboards.	**2020**
Implementation Status: Completed Progress: ● January – December 2023: The CQI Unit continues to routinely review and discuss the most recent LDSS Headline Indicators with each LDSS bi-annually during their CFSR CIP Monitoring meetings. Following each LDSS CFSR case review, the CQI Unit reviews the CFSR findings in comparison with the LDSS Headline Indicator data with the LDSS leadership, staff, and external stakeholders in a CIP Meeting and provides the LDSS with a CFSR Results Report outlining the strengths, areas needing improvement, and recommendations. The SSA Headline Indicator dashboard and CFSR results continue to be reviewed regularly in a variety of internal and external stakeholder meetings, and leadership and staff are actively aware of agency performance trends. Case review narratives were analyzed as a part of thematic analysis in partnership with Chapin Hall to understand practices that inform the timely achievement of permanency. Results were provided by DHS/SSA to implementation teams in order to provide additional context for CFSR and Headline Indicator performance. These summary analyses continue to be particularly useful in providing actionable insights, especially related to permanency planning, family engagement, service provision, and teaming practices with families and the court, thus equipping LDSSs with the knowledge needed to develop targeted strategies for improvement.	

Current or Planned Activity to Improve Performance	Target completion date
Enhance State CQI cycle to support regular reviews of progress, identify areas of growth, and test out small measures of change.	**2020-2021**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6D) Progress: ● January – December 2023: Qualitative data collected through the state CFSR case review process using the narrative summaries from the On-Site Review Instrument (OSRI) continues to inform practice improvements related to safety, permanency, and well-being. The CQI Unit in partnership with Implementation Teams within the DHS/SSA Implementation Structure and local jurisdictions have used this information to identify areas of growth to improve teaming efforts between the agency, court, community service providers, and families. Through the existing CQI process, stakeholders were engaged in LDSS convenings. In addition, each jurisdiction receives targeted assistance and facilitation from the CQI Unit following their site's CFSR case review to construct a data-driven, comprehensive continuous improvement plan that is tailored to address opportunities for improvement illuminated during the on-site review process. This process will continue to be utilized throughout 2024.	
Monitor implementation of CQI cycle making adjustments as needed.	**2021-2024**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6A) Progress: ● January – December 2023: The CQI Unit continued to monitor implementation of Maryland's State CQI cycle. This has included regular review and discussion of outcomes data to identify performance improvement opportunities, prioritize performance issues, conduct thematic analysis, and develop strategies to address the priority areas needing improvement. CFSR and Headline Indicator performance data were regularly reviewed with key internal and external stakeholders through the DHS/SSA Implementation Structure. During the routine meetings with the LDSS as a part of the CQI cycle, the CQI Unit elicits feedback from the LDSS leadership about the CQI cycle and process. In preparation for Round 4, the CQI Unit has reviewed and revised CQI materials based on this feedback to bolster the efficacy of this process. ● In 2024, the CQI Unit will continue to involve key internal and external stakeholders in conducting root cause analyses as needed to understand performance outcomes and develop strategies to improve practice.	

Item 32 - Coordination with Other Federal Programs

Assessment of Performance

Over the last 5 years, DHS/SSA has maintained ongoing collaboration with a number of federal programs benefiting families and children, including the Maryland State Department of Education (MSDE), Family Investment Administration (FIA), Maryland Department of Health (MDH)/Behavioral Health Administration (BHA), Family Unification Program (FUP)/Public Housing Authority, Maryland Coalition of Families (MCF) and Women, Infants, and Children Program (WIC). These partnerships facilitated the implementation of strategic initiatives aimed at addressing the specific needs of Maryland's children and families. These efforts have effectively identified underserved populations, enabling targeted support and resource allocation to bridge community-agency gaps and foster relationships with local service providers.

Technical sessions have been held with the SSA Kinship Navigation Program Administrator, MCF

Kinship Navigators, and MCF leadership, and The University of Maryland Baltimore/The Institute of Innovations. Guidance and check-in huddles were conducted with LDSS Assistant Directors in Wicomico, Worcester, and Cecil with key staff involved in the Enhanced Kinship Navigator Pilot Program to increase collaborative partnership and coordination of services.

The SSA Kinship Navigation Program Administrator collaborated with MSDE Pupil Personnel and state liaison to deliver a presentation on Kinship Care and its dynamics during the Spring MAPP (Maryland Association of Pupil Personnel) conference in Ocean City, MD, in 2023, aimed at PPWs (Pupil Personnel Workers) and school Social Workers. This partnership effectively bridged connections between educators, community partners, and LDSS, enhancing access to resources and support for kinship families while facilitating referrals for kinship navigation services. During the past 5 years, kinship caregivers were connected with FIA (Family Investment Administration) staff to assist with federal benefits through the caretaker child-only TCA (Temporary Cash Assistance) program which provided a monthly stipend to the caretaker based on the child/children in their home excluding the caretaker's income.

Over the last five years, SSA worked collaboratively with the 24 jurisdictions around Family Unification Program (FUP) vouchers and the utilization rates in Maryland. From the research that was conducted it was concluded that 17 jurisdictions in Maryland are currently utilizing and requesting FUP vouchers. Each Maryland jurisdiction has a Public Housing Authority (PHA) and in conjunction with a survey to the jurisdictions' Independent Living Coordinators (ILC), the following number of barriers were cited in relationship to the utilization of FUP vouchers: rising housing costs, limited landlords willing to rent to young adults, lack of follow up from the young adults and accessible transportation options. DHS will continue efforts to monitor and increase FUP participation by revising the FUP policy and increasing communication with our LDSS and PHAs.

Over the last 5 years, there has been an emphasis on early childhood education in Maryland. The Maryland General Assembly passed the Blueprint for Maryland Future in 2021 to transform public education in Maryland over the next 10 years. One of the core aspects of the Blueprint is the expansion of Early Childhood Education, specifically full-day pre-K, to ensure all children are ready to learn when they enter kindergarten. In order to ensure DHS can meet this expectation and collaborate with MSDE to coordinate services, SSA developed an Early Childhood Specialist (ECS) position.. One of the key focus areas of this role is to coordinate efforts with early childhood programs and service providers such as maternal and child health, head start, infants and toddlers, early childhood centers, family resource centers, home visiting/family support services, pediatrics, parenting education, Temporary Assistance for Needy Families (TANF), Women Infants and Children (WIC). Currently this collaboration is taking place through the Building Better Beginning Initiative (B3) with Maryland Family Network (MFN). The ECS partners with the MSDE Infants and Toddlers and the State Interagency Coordinating Council (SICC) to foster alignment between community engagement and state policy. The collaborative effort with MSDE is focused on identification and advancement of early childhood services and programs for children aged 0-5 and their families. The goal is to ensure that all young children in Maryland have access to high-quality early childhood services that are personalized to their unique needs and supportive of their healthy development.

Partnership efforts during SICC meetings involve the ECS furnishing guidance and support to facilitate the promotion, organization, coordination, and enhancement of early childhood intervention.

The Education Specialist has continued to collaborate with the MSDE, Division of Student Support, Academic Enrichment, and Educational Policy over the last five years to implement the requirements of Every Student Succeeds Act (ESSA). In conjunction with this work, the Education Specialist and Education Point of Contact participate together in the American Bar Association's Foster Care and Education Community of Practice which brings state representatives together to discuss the barriers to implementing ESSA. Also, the Education Specialist participates in Maryland's Special Education State Advisory Committee to assist in addressing concerns related to youth in foster care and special education services and to learn about state programs and resources. These collaborative efforts will continue in the next CFSP as we continue to improve educational stability and outcomes for youth in foster care. See 2025-2029 CFSP Goal 4, Strategy 4D.

To address parental substance abuse, the agency has continued its partnership and collaboration with MDH, Behavioral Health Administration (BHA). BHA utilizes the resources and services provided through the Federal Substance Abuse Prevention and Treatment Block Grant (SABG) to support the implementation of the START services. The coordination and partnership with BHA and the SABG allow the agency to leverage existing resources to enhance services of Peer support to Pregnant women and women with dependent children while focusing on preventing children from entering out-of-home placement. For additional details related to START implementation, please refer to Section 9, CAPTA state plan.

The agency has continued to partner with programs to address human trafficking. In 2023, the Maryland Regional Navigators Program Grant (RNPG) expanded to all 24 local jurisdictions to further support victims and increase referrals from local authorities. As of 2023, 59 incidents of sex trafficking have been reported to the RNPG. To streamline the referral process and address any questions or concerns, SSA has collaborated with the RNPG and the University of Maryland in visiting all 24 local Child Advocacy Centers (CACs), meeting with their staff, law enforcement, and human trafficking community partners. To address the shortage of placements for trafficking victims, the agency completed a Statement of Need (SON) requesting 40 additional beds throughout Maryland for minor victims of trafficking. The SON is scheduled for release in March 2024. To more efficiently track the number of sex and labor trafficking cases, a trafficking button was incorporated into CJAMS through a written story. This button allows cases to be identified as trafficking during the initial screening process or at any point during an investigation. Proper identification is crucial, as a significant number of trafficking cases are not identified initially, negatively impacting final numbers. The Quick Youth Indicators for Trafficking (QYIT) tool was implemented to better assess the trafficking experiences of committed youth. Additionally, Policy #23-02 and the trafficking guidance, as well as screening guidance, were updated to include labor trafficking and reflect the new foster age of 23.

DHS and the Department of Juvenile Services (DJS) have a close working relationship, especially in relation to prevention services. DJS and DHS have monthly meetings about prevention. In 2023, DHS received and approved DJS's written proposal on how they will put the Maryland Title IV-E Prevention Plan into action. DHS and DJS have agreed to share available slots with the vendor they share for multisystemic therapy in specific local jurisdictions. In 2024, DJS plans to begin joining prevention claiming meetings with DHS to help them start claiming federal reimbursement for evidence-based programs.

DHS/SSA continues to maintain collaborative efforts with the MDH to ensure the identification and forwarding of birth match notifications to the respective LDSS for evaluation. These birth

matches pertain to minors born to parents whose parental rights of another child were terminated due to child abuse or neglect. Additionally, SSA continued to partner with the judicial system to conduct birth matches for individuals convicted of murder, attempted murder, or manslaughter involving a child. During 2023, DHS/SSA received a total of 118 birth match notifications. It is anticipated that all birth matches from the year 2023 will be resolved and concluded by the end of January 2024.

Over the past five years, DHS/SSA has continued its partnership with the Maryland Network Against Domestic Violence (MNADV). In 2023, DHS/SSA became an allied member, with membership extending from January 1, 2024, to December 31, 2025. The membership permits all DHS/SSA staff inclusive of all LDSS child welfare and adult services staff to access various training, technical assistance, as well as opportunities to collaborate with other members. This membership aligns with DHS/SSA's vision to increase awareness about intimate partner violence (IPV) which will ultimately reduce incidents of domestic violence (DV) and its adverse effect on children and vulnerable adults.

In 2023, DHS/SSA updated its lethality assessment program (LAP) screen to include MNADV updates and to ensure the document's legal efficacy. The DHS/SSA LAP coordinator continues to collect and share LAP data. The LAP coordinator continues to provide technical support and aids in clinical decisions on cases as required by the LDSS. There were a total of 681 LAP screens completed in 2023.

Strengths

DHS/SSA, in conjunction with LDSS, have continued to partner with other federal programs that serve similar populations as demonstrated by the collaborations listed above. Specific strengths of these partnerships include:

- Kinship navigation work for streamlining access to benefits for kinship providers.
- The hiring of Early Childhood Specialists that allowed for targeted partnerships with federal and state programs.
- SSA and the ECS also collaborate with MFN on strategies to coordinate services and initiatives through the Community-Based Child Abuse Prevention (CBCAP) grant.
- SSA's partnership with MSDE Infants and Toddlers and SICC focuses on ensuring community-based access to high quality early childhood services and interventions for parents and children ages 0-5.
- Federal Substance Abuse Prevention and Treatment Block Grant program to support the implementation of the Sobriety Treatment and Recovery Treatment programs services.
- Collaboration in national organizations and meetings have allowed for the sharing of information and strategies to address ongoing barriers.

Concerns

Placement capacity reductions stemming from the impacts of COVID-19, coupled with staffing shortages and program closures, have posed significant challenges in securing placements to meet the care and treatment needs of children and youth in care. These difficulties have also extended to hospital discharges and overstays. To address this issue, weekly interagency workgroup meetings were initiated in January 2022. This collaborative effort involves DHS/SSA, MDH/BHA, Developmental Disabilities Administration (DDA), DJS, and MSDE. Additionally, information and strategies have been presented at weekly meetings attended by the Secretaries of

DHS, MDH, and DJS. These meetings have served to shed light on the complex care needs that often hinder discharge to appropriate settings. Despite ongoing efforts, providers continue to report staffing shortages, impacting their capacity to accept placements. The interagency workgroup has maintained weekly meetings throughout 2023, focusing on addressing the challenges posed by youth in hospital overstay and fostering cross-agency collaboration to meet their complex care needs.

Update on Activities to Improve Performance

DHS/SSA will continue to work in conjunction with seasoned LDSS Kinship Navigators to revise the current Kinship Navigator Services policy to improve practice and develop a more standardized approach. (2025-2029 CFSP Goal 2, Strategy 2A)

- DHS/SSA will engage in conferences, workgroups, and committee's with MSDE, Local Behavioral Health Authority (LBHA), FIA and other community partners to improve communication and awareness of resources and support for kinship caregivers and their families (2025-2029 CFSP Goal 4, Strategy 4B).
- DHS/SSA will continue to track barriers and trends affecting kinship caregivers and include family voices to alleviate unnecessary hardships. (2025-2029 CFSP Goal 2, Strategy 2C)
- Weekly interagency meetings will continue into 2024 to strategize and collaborate to meet the complex care needs of children in care. Through the collaboration with MDH, a pathway was created for payment for a youth to have single occupancy of a normally double occupancy room to maintain safety and allow the youth to receive treatment. This pathway was utilized for the treatment of three DHS youths during 2023. Continued activities of the interagency workgroup include collaboration for short term placement and treatment while awaiting admission to a longer-term placement and treatment, i.e. a Residential Treatment Center (RTC), to allow for hospital discharge. (2025-2029 CFSP Goal 4, Strategy 4B)
- Collaboration with MDH, including BHA, and DDA will continue to be a focus in 2024 to provide services and treatment to children in care. (2025-2029 CFSP Goal 4, Strategy 4B)

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33 - Standards Applied Equally

Assessment of Performance

Public Homes

According to data in CJAMS, SSA had 2,993 active public resource homes in CY2023 compared to 1,672 in CY2022. Resource Home eligibility requirements continue to be outlined in state regulation, statute, and policy for the purpose of assessing resource parent's ability to meet the needs of children in placement and ensuring that standards are applied equally[1]. During this reporting period, SSA and LDSS continued to meet weekly and identified the enhancements needed in CJAMS to ensure data was available and could be pulled accurately. The work group continued to meet and discussed different areas of enhancements and information needed for the milestone report. Once this report went into production in February 2023, the group continued to meet to discuss ongoing needs.

The Permanency Team started working with MRPA in November 2022 to start planning the resource parent appreciation event for 2023. Resource parent appreciation event was held on

May 20, 2023, aboard the Spirit of Baltimore. Twenty-one Resource families attended the event. The event celebrated the Resource Parents of the Year for 2023 for each jurisdiction. This event focused on retention of the resource parents by celebrating their work throughout the year.

Overall, there continues to be an increase in providers from 2,210 in CY2019 to 3,491 in CY2022. Due to a contrasting data pull for CY2023, not only were open resource homes pulled but closed adoption and guardianship homes and CPAs were included in the count skyrocketing the provider total to 8,050.

Child Placement Agencies and Residential Child Care Programs (Group Homes)
OLM monitors Maryland's DHS-licensed CPAs and RCCs for compliance with COMAR regulatory requirements. for the recruitment and retention of treatment foster homes. COMAR section 07.05.02, 14.31.06 outline the requirements for initial and continued licensure of foster family homes and childcare institutions. Child Placement Agencies and Residential Child Care programs respectively. These regulations ensure that standards are applied equally across the State.

Child Placement Agencies and Residential Child Care Programs (RCC) (Group Homes) The Office of Licensing and Monitoring (OLM) within the Department of Human Services (DHS) is tasked with ensuring that DHS-licensed residential child care programs and child placement agencies adhere to licensure requirements as set forth in COMAR. Compliance with these regulations is enforced through rigorous monitoring activities and penalties for non-compliance. OLM applies these requirements uniformly, with no exemptions or waivers for Child Placement Agencies (CPA). Residential Child Care (RCC) programs do have a regulatory process for requesting waivers to certain regulations per COMAR 14.31.05.12. To maintain consistency, OLM conducts monitoring activities of provider agencies on at least a quarterly basis, overseeing approximately 1,977 certified CPA homes as of December 2023. Private providers are required to input necessary data regarding RCC staff and CPA home certifications into the CJAMS portal. Each quarter, OLM Licensing Specialists conduct a random review of CPA home records, sampling 10% of records, with a maximum of 20 per quarter. As of December 2023, DHS-licensed CPA providers had approximately 1,977 certified CPA homes. The compliance rates for RCC programs and CPA homes for the calendar year 2023 are detailed below.

[1] Policy: SSA 21-09 CW Resource-Parent-Home-Standards;
Public Resource Homes: COMAR 07.02.25 Resource Home Requirements;
Office of Licensing and Monitoring COMAR regulations for Child Placement Agencies (CPA) and Residential Child Care (RCC)

Tables 37 and 38 provide CY2019 - CY2023 data showing reviews completed to assess program compliance for RCCs and CPAs. OLM applies regulations consistently and impartially when monitoring for compliance with regulatory requirements, ensuring that no external factors influence the monitoring of programs.Additionally, the data reflects that a thorough and consistent monitoring is occurring in the private provider community.

Table 37: Residential Child Care (RCC) Programs CY2019 - CY2023

CY	# of RCC Providers	# of Site Visits	# of Site Visits that Met Requirements	# of Site Visits that Resulted in a CAP
2023	26	101	32 (32%)	69 (68%)
2022	27	87	0	87 (100%)
2021	29	62	8 (13%)	54 (87%)
2020	41	151	39 (26%)	112 (74%)
2019	44	177	53 (31%)	122 (69%)

There is a high amount of non-compliance for RCC's because every type of COMAR deficiency is included in this review. Most of these deficiencies are related to the physical plant. In the future, with the development of CJAMS SSA will be able to determine the breakdown of deficiencies by type. Non-compliant RCC programs are required to submit a Corrective Action Plan (CAP) to OLM to resolve the COMAR violation. The Licensing Specialist reviews the CAP response and confirms the CAP implementation through documentation assessment and follow up visits. As of 2022, a new process of identifying COMAR deficiencies that are safety related has been implemented. Some common safety deficiencies that OLM has assessed centered around physical exams and training. Providers are not able to renew their agency's license if any safety related deficiencies are outstanding. If the COMAR violations are not resolved, sanctions can be imposed. During the calendar year 2023 in continuation of the practice that was established in 2022, OLM intensified the monitoring practices to include a 100 % review of staff records for compliance with criminal background clearances, CPS clearances, and for RCC providers, RCYCP certifications . Over the past five years data for Residential Child Care Programs compliance of all regulatory requirements fluctuated between 26% before COVID, 21% during COVID and 32% after COVID.

Table 38: Child Placement Agencies (CPA) Homes CY2019 - CY2023

CY	# of CPA Home Records Reviewed	# Met Requirements	# Needed CAP
2023	555	539 (97%)	16 (3%)
2022	466	418 (89%)	47 (10%)
2021	61	49 (80%)	12 (20%)
2020	482	477 (99%)	6 (1%)

2019	366	280 (77%)	86 (23%)

All programs undergo quarterly monitoring by OLM to ensure compliance. CPA providers must maintain documentation in each treatment foster parent's record, confirming that both initial and ongoing certification requirements are met. As part of this process, Licensing Specialists conduct interviews with a random sample of certified treatment foster parents, addressing various topics including certification requirements. Foster parents are asked whether they have received the necessary training to care for the youth in their home and if they found the training effective.

Programs that fail to meet certification requirements are cited and required to implement a Corrective Action Plan. Compliance rates for CPA homes over the past five years have varied: 90% before COVID, 85% during COVID, and 97% post-COVID.

OLM offers supportive technical assistance to provider agencies both upon request and through quarterly support sessions. When issues arise related to the interpretation of regulations, OLM proactively develops and distributes guidance to help providers meet compliance requirements effectively.

Strengths

Quarterly monitoring of providers continues to allow OLM to inspect private provider facilities. OLM also performs periodic site visits to ensure corrective action plans are implemented prior to correction action plan approval. Additionally, quarterly technical assistance meetings allow private providers to ask questions and receive guidance on the interpretation of regulations.

Concerns

Last year, only 32% of RCC providers achieved full compliance. OLM conducts comprehensive assessments of compliance with COMAR regulations, and deficiencies related to physical plant conditions—such as dirty vents or broken furniture—are frequently identified. OLM is in the early stages of developing data to identify trends and patterns in COMAR violations among providers. This data report is being created within the CJAMS system, as outlined in the Plans for Improvement. The completion timeline for this report depends on the priorities and progress of the MD THINK team in system development.

Update on Activities to Improve Performance

OLM continues to work on development and enhancements to CJAMS. Private providers are required to enter employee and foster parent records in CJAMS. In addition, at the time of re-licensure, DHS-licensed private providers must upload all documents required for re-licensure for review. CJAMS Private Provider Portal training occurs monthly. It is designed to assist providers with navigating CJAMS and resolving any user issues. While there are many aspects of CJAMS functionality that continue to be addressed, the goal is to utilize the system to gather data that will support the work of OLM. See 2025-2029 CFSP Goal 6, Strategy 6C.

Item 34 - Criminal Background Checks

Assessment of Performance

Criminal Background Checks continue to be a mandated COMAR tool to solicit additional information to identify issues for discussion with prospective resource parents or which would eliminate those prospects entirely from approval as resource parents. In order to document compliance with state regulation and policy, there continues to be a field in CJAMS to enter the date the criminal background check was completed for required individuals in the resource home. In addition, when a new resource home was licensed SSA reviewed the data entry into CJAMS as well as uploaded documents. Following this review, any missing information was noted, and the local department was contacted to make the corrections.

COMAR states the Director of LDSS has the authority to deny, suspend, or revoke resource home approvals based on the criminal backgrounds. The Director can also grant a waiver after reviewing the background checks if there are compelling reasons such as the charge was prior to five years before the application to become a licensed resource parent. As the state has continued to enhance its new child welfare data system, challenges were experienced in extracting data and determining its accuracy from CJAMS. There were challenges related to having staff enter the background clearance information due to statewide staffing shortages and timely entry into CJAMS making it difficult to monitor criminal background checks related to licensing or approving foster care and adoptive placements. The LDSS continued to address the safety of children in foster care and pre adoptive placements by getting updates and alerts through the statewide Criminal Justice Information System (CJIS). If the individual (applicant) accrues a new charge, a notification is sent to the local who requested the initial criminal background check. This is completed through CJIS, and the reports are maintained locally.

The current report that SSA receives from the local has the updated information from the CPS investigation and any pending charges. The CJIS report is received if the charges filed are prosecuted. SSA utilized this data to provide additional technical assistance to the LDSS when there was an indicated finding to ensure there was corrective action taken against the resource parent when applicable.

Policy dictates that when a LDSS receives a placement provider involved concern the LDSS would then notify SSA via a document referred to as a 1080. This document provides a background on the alleged victim as well as the alleged maltreater. It also gives SSA a snapshot of the concerns and what the agency has done to ensure the child's safety. Within this form, there is the necessary information if needed, SSA can complete a deep dive into the history and current investigation of maltreatment. SSA regularly partners with the LDSS by either attending rapid response review team meetings or participating in separate consultations. Upon completion of the investigation, the LDSS forwards information related to the finding and any action taken by the agency as it pertains to the future of the placement provider.

Historically, there was an attempt to have SSA capture a manual data count of provider-related maltreatment. However, human error and staffing shortages have led to these attempts being incomplete. In response, SSA has moved to a process where the information captured in the 1080 form is input directly into the electronic record system. This change should be incorporated in the July 2024 build CJAMS development schedule. The LDSS are required to notify SSA in the same manner and SSA will provide support to the LDSS. By putting the data directly into the system, SSA will ensure that more accurate data is captured for broader assessment in the future.

Strengths
SSA has continued to manually keep track of the maltreatment reports and findings in agency-approved resource homes this reporting period. However, once the information is added into CJAMS, tracking will become more accurate. The state has also been able to staff cases with the LDSS regarding maltreatment findings. SSA will be able to pull accurate background information from CJAMS as it is input by the local jurisdictions.

Concerns
SSA continued to be unable to provide an analysis of the data for this reporting period due to data and report limitations for CJAMS. In addition, due to resource home staff shortages, SSA was unable to oversee the monitoring and provide technical assistance for the provider's criminal background requirement. The state is still pending development of a maltreatment finding tickler within CJAMS.

The tracking of background clearances may be a moving target as individuals in the home who are not considered providers may turn 18 or already be 18 requiring an additional background check that would not be reflective of provider numbers. COMAR states that once a resource home is approved, if any new members are 18 years old (or older), or if any household members become 18 years old, the local will complete the criminal background check within 30 days. This process requires communication between the local and the resource parents. It is also reviewed during the annual reconsideration.

Update on Activities to Improve Performance
In the future SSA would like to improve how background checks are documented in the provider milestone to improve completion. This change would also include an update to the provider milestone in CJAMS to track residents in the home that are 18 years or older and if the criminal background check was completed and added to the provider record. An alert for workers prior to a provider’s own child turning 18 is planned, ensuring that this is also completed timely. See 2025 - 2029 CFSP, Goals 3 and 6.

Child Placement Agencies and Residential Child Care Programs (Group Home)

Assessment of Performance
All Residential Child Cares (RCCs) and Child Placing Agencies (CPAs) are required to receive and review state and federal criminal background checks according to COMAR. Maryland is in compliance with the federal requirements for receiving criminal background checks. RCC providers must be in compliance with COMAR. 14.31.06.05 D (7) and COMAR 14.31.06.05 E (1)(e). CPA providers are required to be in compliance with COMAR 07.05.02.11 B (7)(a) . RCC personnel records must contain documentation of the criminal background check request and a copy of the initial outcome and any periodic updates. Per the FFPSA, 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.

In addition, CPAs are required to receive and review the criminal background check results before a CPA home can be certified. When a household member turns 18 years of age, prior to the next annual certification, criminal background checks are required. When a resource home provider

transfers to another CPA provider, the following are immediately required: schedule a meeting with the foster parent and have them complete all required forms to begin the certification process, including the home study, CPS clearances on everyone in the household over 18 and State and Federal clearances on everyone in the household over 18. OLM has developed a process in CJAMS to assist with maintaining compliance on criminal background checks of household members turning 18. A notification is sent to the CPA provider 30 days prior to the youth turning 18, stating that the criminal background check must be completed. OLM monitors compliance with this COMAR requirement by completing a review of the CPA home.

Quarterly monitoring of providers allows OLM to inspect random samples of 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.

Incidents of alleged maltreatment occurring in a CPA placement or group home are required to report to the LDSS/CPS unit, OLM, and private provider agency. CPA homes are placed on hold pending the investigation and youth are removed, if warranted. The decision to remove the youth from the home is made in conjunction with the local department placement worker, the investigation worker and the CPA provider. OLM receives the reports when there is an indicated maltreatment finding to ensure that the CPA provider has taken appropriate action, if necessary, with the CPA home. Regarding group homes, the private provider agency provides an initial and final written plan to 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. OLM reviews all CPS Alerts to determine if the CPS Alert indicates possible regulatory violations that require OLM investigation. OLM responds to the complaint within 24 hours of receipt. Investigations may require the Licensing Specialist to provide technical assistance and/or impose a sanction.

CPAs and RCC providers are required to submit a Uniform Incident Report (UIR) via CJAMS. UIRs are reviewed daily by an OLM Program Manager. CJAMS also sends a copy of the uniform incident reports to the Licensing Specialist for further review and follow up. 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.

A sample of youth, foster parent, and staff records are required for 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 quarterly licensure period. A random sample of interviews with youth, foster parents and staff are also required quarterly.

Analysis of Data

Listed in Tables 39 and 40 below is the CY2019 - CY2023 federal clearance compliance data for Residential Child Care Programs and CPA Homes.

Table 39: Residential Child Care Programs CY2019 - CY2023

CY	# of RCC employee Records Reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
2023	575	572 (99%)	3 (1%)
2022	367	358 (93%)	26 (7%)
2021	211	209 (99%)	2 (1%)
2020	65	63 (99%)	2(1%)
2019	474	468 (99%)	6 (1%)

Based on the calendar year data Residential Child Care Programs are compliant with criminal background clearances at a rate of 99%. Over the past five years data for clearances requirement for Residential Child Care Programs compliance remained consistent 99% before COVID, 99% during COVID and 99% after COVID.

Table 40: Child Placement Agencies (CPA) Homes CY2019 - CY2023

CY	# of CPA home records reviewed*	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
2023	555	526 (94%)	29 (6%)
2022	371	345 (93%)	26 (7%)
2021	61	61 (100%)	0
2020	466	453 (97%)	13 (2%)
2019	482	477 (99%)	5 (1%)
**As of December 2023, there are 1,977 CPA homes.*			

Based on the CY 2023 data, CPA homes show compliance with criminal background clearances at a rate of 94%. Over the past five years, data on clearance requirements for CPA homes compliance fluctuated averaging 99% before COVID, between 97%-100% during COVID, and 94% after COVID.

Strengths

The OLM has been consistently verifying compliance with federal requirements for completing federal background checks in RCCs as reflected in the 99% compliance rate. During the calendar year 2023 in continuation of the practice that was established in 2022, OLM intensified the monitoring practices to a 100 % review of CPA home records.

Concerns

The CPA providers had a 6% non-compliance rate which will need to be addressed with the CPA providers through technical assistance and provider meetings. See 2025-2029 CFSP Goal 6,

Strategy 6C that addresses the plan for developing comprehensive written procedures for monitoring and ensuring compliance with regulatory requirements.

Update on Activities to Improve Performance
Currently Licensing Specialists are able to determine which monitoring activity is completed at each review. However, in FY2023, Licensing Specialists were required to complete minimum monitoring activities at each quarterly review. This process includes reviews of employee records, youth records, foster home records, and interviews of youth, staff, and foster parents. This practice allows the Licensing Specialist to better determine compliance over time and promote improved consistency among providers. In 2023, OLM revamped the quarterly provider meeting format to focus on provider support. Following the meeting, As a result of the meetings, OLM issues regulatory guidance to the providers with information and expectations to ensure compliance with COMAR regulation.

Item 35 - Diligent Recruitment

Assessment of Performance
Resource family recruitment is vital to ensuring a wide pool of placement options for youth in care. Innovative programs are finding a variety of creative ways to successfully recruit new foster families that meet the needs of children in care. The 24 LDSS continue to be responsible for diligent recruitment. The foster parent cash award incentive continues to be awarded to utilize existing foster parents as part of the Foster Parent Recruitment and Retention Team. The current foster parent/families receive $500.00 for referring others to become foster parents. Using current Resource Parents in the recruitment process is one of the strongest tools available.

For CY 2023, data was extracted to show the race of each licensed provider rather than the household. This difference in data extraction will show differences in the total numbers for each race. Data for the first four years was extracted by household race.

When reviewing race and ethnicity data for youth in foster care and resource parents, in comparison to 2022, Maryland has remained stagnant with respect to resource parent racial composition which is consistent with the number of youths in care. The data outlined in Table 41 below continues to reflect consistency in all racial compositions from 2019-2023. Maryland has a higher number of Asian youth (1%) in care compared to Asian resource parents (< 1%). Maryland also has a stagnant number of Hispanic youth (1%) to Hispanic resource parents (1.2%). In December 2022, 55% of youth in care were African American, which has shown an increase to 56.6% in the December 2023 data. Meanwhile, the African American providers decreased from 58% in 2022 to 49% in 2023. There was a slight decrease in White providers (26%), as well as a decrease in the White youth in care population to 24.6% in 2023, respectively. Although the number of missing/unknown youth decreased slightly (70), there was a slight percentage decrease from 2.83% in 2022 to 1.9% in 2023, likely due to the decrease in the total number of children in care from 3,964 in 2022 to 3,742 in 2023.

As shown in Table 41 below, the percentage of Black resource parents increased significantly compared to the other races of resource parents.

Table 41: Racial Composition of Youth in Care and Placement Providers

Race	Youth in care					Placement Providers				
	Dec. 31, 2019	**Dec. 31, 2020**	**Dec. 31, 2021**	**Dec. 31, 2022**	**Dec. 31, 2023**	**Dec. 31, 2019**	**Dec. 31, 2020**	**Dec. 31, 2021**	**Dec. 31, 2022**	**Dec. 31, 2023**
Black	2,574 (57.1%)	2,699 (57.1%)	2,628 (62.0%)	2,175 (55%)	2,118 (56.6%)	628 (28.4%)	1,670 (56.0%)	2,008 (58.3%)	2,058 (58.95%)	3,973 (49%)
White	1,228 (27.2%)	1,110 (25%)	1,126 (26.4%)	1,044 (26%)	920 (24.6%)	533 (24.1%)	927 (31.0%)	1,082 (31.4%)	1029 (29.48%)	2,098 (26%)
Hispanic	314 (7.0%)	344 (8.0%)	355 (8.3%)	348 (9%)	350 (9.4%)	50 (2.3%)	210 (7.0%)	247 (7.2%)	281 (8.05%)	86 (1%)
Asian/Hawaiian Pacific Islander	33 (1.0%)	30 (1.0%)	25 (1.0%)	25 (.63%)	22 (.59%)	40 (0.2%)	21 (0.7%)	19 (0.55%)	21 (.60%)	7 (.0008%)
American Indian/Native Alaskan	8 (0.25%)	8 (0.18%)	10 (0.23%)	14 (.35%)	2 (.05%)	5 (0.2%)	3 (0.10%)	10 (0.29%)	7 (.20%)	4 (.0004%)
All others (Refused, Unable to Determine) Multi-Race (**bold**)*	50 (1,1%)	3 (0.07%)	7 (0.16%)	5 (.13%)	0 (less than 0%) **260 (7%)**	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)	41 (1%) **142 (2%)**
Missing/Unknown**	302 (6,7%)	288 (6.4%)	112 (2.6%)	112 (2.83%)	70 (1.9%)	90 (4.5%)	158 (5.25%)	78 (2.3%)	0 (0%)	1,699 (21%)
Total	4,509 (100%)	4,482 (100%)	4,509 (100%)	3,964 (100%)	3,742 (100%)	2,210 (100%)	2,988 (100%)	3,444 (100%)	3491 (100%)	***8,050 (100%)

Data Source: CJAMS

*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. SSA is working to reduce these numbers by ensuring workers work to obtain racial demographics and inputting the information into the system.

*** This is the total number of resource parents, not the total number of homes.

Strengths

Maryland has seen a slight increase in Black youth in care and a slight increase in available Black resource parents in accordance with the chart above.

CWLA provided the "PRIDE, The New Generation" training to DSS staff and private providers in May of 2023. This was a weeklong training and 14 DSS staff were trained, and nine private

providers were trained. The attendees are able to teach PRIDE to potential resource parents after the completion of the training.

The AdoptUS Kids (AUK) website is a place for inquiring families to learn more about adopting from foster care, as well as how to get started with state specific information. AUK emails SSA weekly with a list of consumers that requested information on foster care and adoption from the AUK website. SSA sends the list of names and contact information to the LDSS where the consumer resides.

Concerns

Most LDSS report that the lack of recruitment and retention funds continue to be an issue that prohibits them from doing more diligent recruitment.

In 2021 there were 78 (2.3%) providers with missing/unknown race. In 2022, there were zero providers whose race was missing or unknown. In CY 23 there were 2,983 providers whose race was missing or unknown.

Update on Activities to Improve Performance

SSA will continue to utilize AUK to educate families about foster care and adoption and give child welfare professionals information and support to help them improve their services. AUK also maintains the nation's only federally funded photo listing service that connects waiting children with families. The local 24 jurisdictions can add a youth to the photo listing for child specific recruitment. This practice will continue for the next reporting period. AUK will continue to send weekly requests to SSA for families interested in becoming a foster parent or adopting. SSA received 87 referrals from AUK from January 1 – June 30, 2023. This information is forwarded to LDSS recruiters on a weekly basis for follow-up. SSA received 72 referrals from AUK from July 1 – December 31, 2023. SSA designated staff sends the interested party information to the local jurisdiction for follow up.

During this reporting period, the data indicates the addition of three new children to the photo listing, 13 child inquiries, placement of one child, and recruitment of 37 new families. Demographic settings reveal that the majority age groups are between 6-8 and 15-18, with a predominant representation of African American youths. For further details on activities aimed at enhancing performance, refer to Table 42 below.

Maryland will continue to assess the need for additional TTT sessions for NTDC. Maryland's goal is to have all 24 jurisdictions training in NTDC by February 2025. All these activities will be monitored through 2025-2029 CFPS, Goal 5.

Table 42: Update on Activities to Improve Performance

Resource Parent Recruitment and Retention	
Utilize the Maryland Resource Parent Association (MRPA), Foster Parent Ombudsman and State Youth Advisory Board (SYAB) to assist LDSS with targeted recruitment efforts to increase resource homes for African American, Asian, and Hispanic youth in care.	**Semi-Annually**

Implementation Status: Ongoing (See 2025-2029 CFSP, Goal 5)
Progress:

- SSA met with the National Training and Development Curriculum (NTDC) to discuss and review the program to move toward transitioning to NTDC. This occurred subsequent to the Foster Parent ombudsman exploring an updated foster parent curriculum that is more culturally competent and marketable to the State's need to target recruitment of African American, Asian, and Hispanic foster parents. This will be an ongoing goal as MD transitions to NTDC. MRPA will continue to support and increase outreach efforts to the Baltimore County Department of Social Services foster parent association.

Meet with the Maryland's Commission on Indian Affairs to speak about child-specific recruitment for this population.	**2020**

Implementation Status: Not Completed (See 2025-2029 CFSP, Goal 5)
Progress:

- SSA continued to meet with the GOCI bi-monthly.
- Data was shared with the GOCI representative regarding children in care identifying as Native American/American Indian in the Maryland foster care system.
- The GOCI presented to the Placement and Permanency Implementation team in May 2023.
- In November 2023, DHS/SSA was invited and attended the 10th Annual American Indian Heritage Month Celebration held at Bowie State University in Bowie, MD. This celebration was presented by Maryland Commission on Indian Affairs, Maryland Governor's Office of Community Initiative and Bowie State University.

Adoption Call to Action

Monitor and track LDSS utilization of AUK website for photo listing of legally free and eligible for adoption to obtain increased adoption finalization.	**Quarterly**

Implementation Status: Ongoing (See 2025-2029 CFSP, Goal 5)

- AUK emails SSA weekly with a list of consumers that requested information on foster care and adoption from the AUK website. SSA sends the list of names and contact information to the LDSS where the consumer resides.

Work with AUK to implement a work plan to improve adoption practice and outcomes.	**2019**

Implementation Status: Not Completed (See 2025-2029 CFSP, Goal 5)
Progress:

- Permanency Unit staffing challenges continued into 2023, which impacted our ability to develop a work plan as intended.
- SSA updated each local jurisdiction's workers that have access to the AUK website.

Include cultural competency as a component in the adoption competency training as well as in the recruitment efforts for additional resource homes.	**2020**

Implementation Status: Not Completed (See 2025-2029 CFSP, Goal 5)
Progress:

- SSA began to explore alternative foster parent training curricula in 2022 and had planned a pilot in Washington County. However, it was put on hold as the state met with the National Training and Development Curriculum (NTDC) to learn more about the program.
- SSA researched and gained more knowledge about the NTDC program.
- SSA will sponsor a train-the-trainer for NTDC in the Spring of 2024.

Explore with jurisdictions and AUK, issuance of LDSS adoptive parents open to attending matching events to obtain cross jurisdictional adoptive resources.	**2020/annually**

Implementation Status: Not Completed (See 2025-2029 CFSP, Goal 5)
Progress:

- DHS/SSA met with AUK to develop a digital commercial that will have MD contact information in the end frame. This digital commercial can be used as a recruitment tool.

Item 36 - Cross-Jurisdictional Resources / Interstate Compact

Assessment of Performance

There has been a steady increase in the number of home studies completed within 60 days over the five year period from CY2019 through CY2023. As seen below in Table 43, the percentage of Interstate Compact on the Placement of Children (ICPC) home studies used in cross jurisdictional cases and completed within or under 60 days in year 2023 was 70% (155 out of 221) per Tetrus data for incoming cases, which was a remarkable increase from CY2019. The percentage of ICPC home studies completed after 60 days was 72% in CY2019; only 28% were completed in the 60 day time frame. Only 30% (66 out of 221) took more than 60 days in CY2023. Maryland also processed and sent out 202 referrals to other USA states and other states completed 174 (86%) in compliance with the 60-day deadline, 28 (14%) did not, per Tetrus data.

When Maryland receives an incoming National Electronic Interstate Compact Enterprise (NEICE) referral or is e-mailed a home study referral request by states not yet using the NEICE, the MD-ICPC State Central Office sends the request to the LDSS through the NEICE within 1-3 business days. The LDSS is informed of the required 60-day response timeframe, consistent with Public Law 109-239. MD-ICPC also provides the LDSS with a monthly report of pending or overdue home studies. The improved completion percentage for CY2023 is not exactly clear but appears due to more consistent efforts by LDSS to complete it timely.

As indicated above, Maryland submitted 202 ICPC referrals to other states. Maryland utilizes concurrent permanency planning, which at times means a placement resource (most usually a family member or person familiar with the child and interested in caring for the child) may be located outside of Maryland. When this occurs the ICPC Compact is utilized to study the prospective placement resource and obtain approval for placement. However, several states adjacent to Maryland (Pennsylvania, New Jersey, Virginia) do not expedite relative home studies, requiring Maryland to submit comprehensive foster home studies that take longer to complete and involve additional "licensing" factors. If the child is placed, and continued placement is needed, the receiving state provides post-placement services until the child is reunified (with the out-of-state parent) or permanency is achieved with the out-of-state resource by custody and guardianship or adoption decree. Typically, other states, just like Maryland, are not able to respond within 60 days unless it is a parent or relative placement resource (not requiring “licensing” factors, pre-service foster parent training, home lead and asbestos inspections) and not a foster or adoption home study referral. While the data exists to discern the placement rate and outcomes of the 221 incoming and 202 outgoing referrals, it is not data readily available for analysis by either SSA or the LDSS. Unfortunately, the NIECE-CCWIS-(i.e., CJAMS)-Interface did not get completed in 2023 as expected. The new roll out is planned for 2025. A more in-depth analysis may be practical after its completion. This will be monitored in 2025-2029 CFSP in Goal 5 for permanency and Goal 6 for the data.

Table 43: Home Studies Completed within 60 Days in CY2019 - CY2023

	Home study not completed within 60 days					Home study completed within 60 days				
	CY2019	CY2020	CY2021	CY2022	**CY2023**	CY2019	CY2020	CY2021	CY2022	**CY2023**
Number of Children	468	474	239	134	**66 out of 221**	181	216	277	181	**155 out of 221**
Percent	72%	69%	43%	43%	**30%**	28%	31%	50%	57%	**70%**
Data Source: ICPC Compact - NEICE										

State Use of the ICPC Compact for access to Cross-Jurisdictional Resources for Permanency Placements

DHS/SSA continues to support youth being placed with family or otherwise sought resources outside of Maryland, and within Maryland by other states, working collaboratively with the local departments and private parties to ensure home studies are completed timely. As an example, once again in 2023, each of the 24 LDSS designated ICPC Liaisons were notified by email with NEICE summary reports of "pending/overdue home studies and the safe and timely due date" on a monthly basis. Support was provided to clarify and resolve technical questions related to referrals and next steps to ensure cases could be completed.

The existing Memorandum of Understanding (MOU) between Washington, D.C. and Maryland was updated in 2023. It continues to be primarily utilized by Washington D.C. due to resources it locates in Maryland to place, visit, monitor and allow a decree of supervision of the approximately 260 children in Maryland jurisdictions on any given day in MD during CY2023. Maryland does not need or require the MOU agreement to place in DC; instead, it utilizes the typical ICPC process for placing children in private or public agency placements in Washington D.C. This border agreement was renewed in Summer 2023, and meetings will be conducted with the pertinent individuals to ensure that it continues to meet the needs of both parties.

AdoptUSKids (AUK)

In conjunction with the ICPC cross-jurisdictional resources aimed at supporting timely permanency, Maryland has sustained the utilization of AUK. This resource helps families throughout the foster or adoption process, aiding them from the initial stages of receiving a child to accessing supportive services. If appropriate, these children are profiled on the AUK website. SSA, collaborating with AUK liaison, ensures that youth profiles are available on the AUK website. See Section 35 for additional information on AUK.

Strengths

As noted above, DHS/SSA has made improvements with regards to the completion of home studies within the 60-day period. Communication with the local departments has ensured that those home studies approaching the deadline are identified as well as continuing development of the NEICE integration into CJAMS (in 2025), which will allow SSA to create data for the LDSS for better monitoring of timeliness and reduce the redundancy of working in two separate systems. Currently, all 24 MD counties have ICPC Compact Liaisons that utilize the NEICE for ICPC Compact cross jurisdictional work and 500+ MD LDSS staff have been trained in NEICE since 2017.

Concerns

There are still difficulties in meeting the 60-day mandated time frame for the completion of home studies for cross jurisdictional ICPC case purposes. The greatest challenge, as reported by

local departments, is the ability to have prospective resource parents complete the initial resource parent training in the initial 60-day period. Although it is allowable for this training (i.e., initial pre-service foster parent training) to occur after the initial 60 days, the home study itself cannot be considered completed until the pre-service foster parent training is actually completed and by all prospective household caretakers. Also, it should not be delayed any longer than another 60 days maximum, as per the 2008 IV-E Plan memo. Ensuring that the date for initiation and expected completion is communicated along with the rest of the home assessment is crucial, as most jurisdictions do not understand this. Placements cannot be legally made across State lines without ICPC approval and the completion of pre-service foster parent training. In addition, a State cannot utilize federal monies for foster care board rate payments. This restriction applies nationwide, not just in Maryland. Inspections conducted by other agencies for fire, home health, and other factors outside of the control of the local department can take time to schedule and are not under the control of SSA. This scheduling delay might extend beyond the initial 60 days, consequently delaying the completion of the home assessment. If it does, the delay must be recorded in the ICPC case in the NEICE. LDSS staff report that this - lack of on-demand pre-service foster parent training - occurs across the state and is the primary factor contributing to non-compliance with 60-day home study completions required by Pub.L.109-239.

There is currently no standard way (except for consulting NEICE ICPC Compact case reports in the NEICE) to easily track the number of children who were placed across jurisdictions and into other States or placed in Maryland counties in relation to the number of home studies completed. Once the interface of NEICE with CJAMS is completed, the department will have a mechanism to track this information via the Milestone Report.

Table 44: Update on 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**
Implementation Status: Ongoing (See CFSP 2025-2029 Cross Jurisdictional Resources, Activities to Improve Performance) Progress: Monthly throughout 2023 SSA authors initial ICPC Compact NEICE case assignment memos targeting home study due dates at 60 days, per PL 109-239 and continued to provide each of the 24 Maryland LDSS with a monthly NEICE LDSS-specific list highlighting pending and/or overdue home studies. In CFSP 2025-2029, Permanency Goal 5, Strategy 5B this work will be continued going forward. The monthly NEICE list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving as needed regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study. ● For approved ICPC homes with children placed in them in Maryland, the Maryland LDSS send quarterly reports via the NEICE (detailing monthly contacts) summarizing post-placement services provided, assessments made, and overall progress assessed and pertaining to continued placement and readiness for permanency in the Maryland should it be needed. Same will occur in 2024. ● Resource homes to secure "hybrid" (state public children and MD private CPA homes) Foster and adoptive placements as permanent homes are frequently (once per month) only requested by other States of MD utilizing MD private agencies. SSA and 1 LDSS (Washington Co.) will seek public funding for 1 case out of State in 2024.	
Track/Monitor resource home study completion for 60-day compliance initial certification and 60-day ICPC completion.	**Quarterly**
Implementation Status: Ongoing (See CFSP 2025-2029 Cross Jurisdictional Resources, Activities to Improve Performance) Progress: ● Monthly throughout 2023 SSA continued to provide each of the 24 Maryland LDSS with a NEICE LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving as needed regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study. ● CJAMS did not interface with NEICE for a Go-Live in November 2023 and efforts to do so in 2024 will continue, however 2025 now is the roll out target per Operations and MD Think.. ● SSA continues to lack on-demand access to needed pre-service foster parent training when new Foster and Adoption home study referrals arrive. Additionally, LiveScan CJIS fingerprinting is not available to all 24 MD LDSS.	
Provide technical assistance to jurisdictions that indicate barriers to completion according to the milestone report.	**Quarterly**
Implementation Status: Ongoing (See CFSP 2025-2029 Cross Jurisdictional Resources, Activities to Improve Performance) Progress: ● All 24 MD LDSS counties continue to have training and access to the NEICE since 11/6/2017, a service not commonly provided by many other states across the USA. Additionally, the SSA through Tetrus/APHSA provides daily E-Learning refresher training access to users upon request and provides	

technical assistance to all stakeholders regarding the ICPC Compact, the ICAMA Compact, NEICE, its utilization, and its goals.
- Monthly throughout 2023 SSA continued to provide each of the 24 Maryland LDSS with a LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving as needed regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study.

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**

Implementation Status: Ongoing (See CFSP 2025-2029 Cross Jurisdictional Resources, Activities to Improve Performance)
Progress:

- Monthly throughout 2023: SSA provided each of the 24 Maryland LDSS with a comprehensive LDSS-specific pending and/or overdue home study list and invitation to report, update and/or collaborate, problem solve, as needed. Utilized automated "alert notifications" sent 10 days before home study is due to assist with tracking the completion of home studies.

Provide technical assistance to the LDSS to ensure compliance and clarify any questions.	**Quarterly**

Implementation Status: Ongoing (See CFSP 2025-2029 Cross Jurisdictional Resources, Activities to Improve Performance)
Progress:

- Monthly throughout 2023, SSA continued to provide each of the 24 Maryland LDSS with a LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving as needed regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study.
- In 2023, 70 new Maryland LDSS staff throughout Maryland were provided with NEICE E-Learning for ICPC Compact work. Tetrus offers live and recorded NEICE trainings monthly throughout each year, as well.

Create and issue a memorandum regarding ICPC compliance to LDSS.	**Annually**

Implementation Status: Completed
Progress

- Monthly throughout 2023, SSA continued to provide each of the 24 Maryland LDSS with a LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving as needed regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study.

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**

Implementation Status: Not Completed (See CFSP 2025-2029 Cross Jurisdictional Resources, Activities to Improve Performance)
Progress:

- Monthly throughout 2023, SSA continued to provide each of the 24 Maryland LDSS with a LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving as needed regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study.
- SSA continued to meet regularly in 2023 to build the CJAMS-NIECE interface for the development of Resource Homes Milestone reports. The Go-Live date of November 2023 was not met. The NEICE

interface with CJAMS (CCWIS) is expected to be completed in 2025.	
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**
Implementation Status: Completed Progress: ● The quarterly training calendar continues to be posted on the MRPA website to ensure resource parents have another means of accessing resource parent training. The training can also be found on The Institutes dashboard for resource parents to register. ● The CWA shares the prospective quarterly calendar with SSA prior to production of the schedule. This activity will continue in 2024.	
Re-institute the Quarterly Resource Home Regional Meetings to ensure communication from State level to LDSS is consistent	**2019/Quarterly**
Implementation Status: Completed Progress: ● The Quarterly Resource Home Regional Meeting has continued to be held monthly by DHS Resource Parent Ombuds grassroots meeting. SSA staff attend and present as needed. The 24 LDSS are able to participate in monthly grass roots meetings hosted by the Resource Parent ombuds. The group identifies the topics for the agenda.	
Criminal Background Checks	
Explore options to get Live Scan electronic criminal history fingerprinting and Criminal Justice Information Services (CJIS) clearances at each Maryland LDSS or in an adjacent LDSS location to assist with 60-day home study requirement.	**2020**
Implementation Status: Discontinued Progress: ● SSA has explored options to get Live Scan electronic criminal history fingerprinting and CJIS clearances at each Maryland LDSS or in an adjacent LDSS location to assist with 60-day home study requirement and has determined that the feasibility of accomplishing this with all jurisdiction is more complex than originally anticipated. SSA will explore the feasibility of reinstating this task at a later time as needed and as appropriate.	
Cross-Jurisdictional Resources for Permanency Placements	
Review NEICE to determine best methods to complete home studies in 60 days.	**Quarterly**
Implementation Status: Ongoing (See CFSP 2025-2029 Cross Jurisdictional Resources, Activities to Improve Performance) Progress: ● SSA worked with MD THINK and SSA Operations to interface by November 2023, but this was not completed due to a shift in priorities. The NEICE, or future 2025 interface of the NEICE with CJAMS, stores and transmits ICPC Compact work.	
CJAMS will replace Maryland CHESSIE, and SSA plans to integrate NEICE with CJAMS.	**2020**

Implementation Status: Not completed (See CFSP 2025-2029 Cross Jurisdictional Resources, Activities to Improve Performance)
Progress:

- CJAMS did not interface with NEICE by November 2023, as planned. Efforts to complete this interface will continue in 2024. New goal is 2025.

Section 4: Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

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

Assessment of Performance
CFSR data in Table 45 has shown improvement in the areas of case reviews related to children being safely maintained in their homes as well as families having enhanced capacity to provide for their children's needs. The goals set for these areas for this CFSP were achieved. Family participants in stakeholder focus groups in 2023 indicated that they felt that they do team with their caseworkers, and they were somewhat included in written case plans. Youths voiced feeling more involved than the biological parents.

The completion of Child and Adolescent Needs & Strengths (CANS) assessments appears to have increased over the past 3 years after an initial drop with the introduction of our new CJAMS. However, the goal of achieving an 80% completion rate for CANS assessments was not met, see Table 45. This will continue to be a focus in our 2025 - 2029 CFSP Goal 4, Strategy 4A.

SSA continued to experience challenges with data accuracy in pulling this information from CJAMS and conducted more customized technical assistance sessions about the CANS and Child and Adolescent Needs & Strengths-Family (CANS-F) at the beginning of 2023. As a result, the data accuracy issues improved, and CANS-F data was able to be pulled this year after not being able to pull accurate information last year. Despite an initial drop due to the introduction of CJAMS, the completion rate of CANS-F assessments increased, meeting the 80% target.

The Family Engagement Specialist, who provides an element of lived experience, continues to work with the Constituent Services Office to track constituent calls, emails and texts related to concerns they have with the child welfare system. The calls are tracked in a system called Constituent Referral Management system (CRM), as well as a google document. Data collected continues to inform SSA about trends that develop around families' needs, concerns, and barriers to improve practice for all families. Additional staff were added to the CRM system to help track outcomes of calls and inquiries. Training for the additional staff is planned for 2024 to better ensure detailed documentation and a seamless transfer of calls. Collaboration with the Secretary's Office and Constituent Services helped prioritize partnerships across SSA. Additionally, a Machform was added to the public facing state website to make it easier for constituents to submit an inquiry for help.

Another element of family of origin work is the Parent Partner Program. This program was relaunched in Washington County in November 2022 after a hiring difficulty with SSA's partner agency – MCF. The Parent Partner Program involves offering parents who are currently working with the child welfare agency the opportunity to have support from a parent who has been through the child welfare process. The program is designed to increase authentic partnerships with families that increase families' ability to navigate the child welfare system and engage in services. The long-term goals of the program are to improve safety, permanency, and well-being outcomes by empowering the families served. DHS/SSA selected the Iowa Parent Partner Program Model for pilot implementation and contracted with MCF to hire a parent partner/peer support for parents. DHS/SSA had also partnered with the Capacity Building Center for States (CBCS) to help in building, preparing for, launching, and evaluation of the project back in 2021-2022. During 2023, the CBCS concluded their contract with SSA. CBCS provided support until March 2023. A reflection and closing meeting were held on March 29, 2023.

The Parent Partner Program is being monitored and evaluated utilizing resources that CBCS helped SSA develop while they were involved. CBCS was very supportive in helping to produce materials such as process maps and PowerPoints, assisted in ensuring that this project was representing and building authentic partnering, assisted in measuring successes and assessing barriers along the way with each step of the process. SSA, the local department, and the vendor are tracking services, assessing fidelity, identifying challenges, and determining the impact of a parent partner program on improving outcomes for families, including safety, permanency, and well-being.

During the program's initial relaunch, there were challenges with referrals stemming from unfamiliarity within the LDSS. Families were referred who either did not require peer services or did not perceive the need for them. The shift in focus then targeted families that had been separated, aiming to provide support to parents in navigating services and facilitating a quicker reunification with their children. The Parent Partner Program in Maryland has encountered challenges in adhering to the Iowa model yet remains committed to achieving fidelity. SSA has engaged in multiple meetings with Iowa's Parent Partner experts to enhance comprehension of the model and better understand how referrals are made and handled. Additional training is being explored for 2024-2025 to be provided by Iowa to the Parent Partner and SSA/MCF staff. The program continues to build upon lessons learned and overcome barriers as they arise.

In 2023, DHS conducted a landscape analysis for the new initiative of Ending Aging Out in Maryland. DHS partnered with the Annie E. Casey Foundation to conduct the landscape analysis and to support the implementation of the new initiative. During the landscape analysis, DHS conducted six youth listening sessions across Maryland. Two listening sessions were held in person and the other four were held virtually. During the listening sessions, youth lifted up their lived experiences and offered suggestions on how to improve outcomes for youth aging out of care. The youth who participated in the listening sessions asked for additional life skills classes in the areas of building credit, substance use referrals and programs; housing navigation; reproductive health and parenting. In addition to the listening sessions, there were 3 additional focus groups held in which a total of 8 youth from across Maryland participated to offer feedback to strengthen the child welfare system in Maryland. Lastly, 259 youth participated in a youth survey that was designed to gain our youth's feedback regarding how to improve child welfare practices in Maryland. During the landscape analysis discussed above, DHS received valuable feedback from youth and young adults with lived experience ages 14-25.

To improve upon family and youth voice in 2024, SSA plans to begin a pilot survey aimed at gaining insights into the experiences of families who receive Family Preservation Services. A Post Family Preservation/In-Home Services Satisfaction survey was recently developed, and questions focus on garnering feedback from families about the services they received from Family Preservation/In-Home Services. The distribution of this survey will begin in 2024 with 5 pilot jurisdictions throughout the state.

Table 45: Goal 1 5-Year Monitoring Targets

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2025 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 (Safety 2)	69%	63%	76%	83%	88%	86%
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 (Well-being 1)	31%	22%	39%	48%	44%	50%
CANS compliance rate will increase to 80% or higher by the conclusion of the CFSP period.	61%	53%	Not Available*	29%	26%	44%

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2025 APSR CY2023

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%	Not Available*	62%	*	80%
*Maryland's data system was unable to extract and analyze CANS/CANS-F data correctly at that time.						

Table 46: Goal 1 Objective 1:1 Measures

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 Maryland Child Electronic System Information Exchange (CHESSIE) (CJAMS)

Table 47: Goal 1 Assessment of Performance

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**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 4, Strategy 4A and Training Plan) Progress: ● The agency issued a risk assessment policy that superseded previous policies. Writing of a comprehensive collaborative assessment policy has begun to include all of the agency's assessments. Activities to improve performance: ● Training will be provided to child welfare staff to ensure appropriate and effective use of the tools. Policy and training will focus on effectively engaging and partnering with families to assess safety and risk and utilizing information gathered to develop safety and service plans with families and youth. ● Work with community partners to identify assessments that will more accurately assess Maryland families and identify their strengths and needs.	
Improve utilization of collaborative assessment data at State and local level to design and provide individualized, tailored technical assistance plans for LDSS.	**2020**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 4, Strategy 4A, Goal 6, Strategy 6D) Progress: ● The agency had meetings to identify and address issues with accuracy of assessments. ● TA continued this year, and the TA was not just the assistance but also the data reports on the accuracy of the assessments and the importance of improving upon this data. Activities to improve performance: ● Develop processes for the assessment and identification of individual family needs and ensure Maryland can continually respond to emerging service needs. ● Develop lead measures to assess child strengths and/or difficulties, including but not limited to usage and quality of child and family assessments and integrate into the lead and lag measure dashboards that are routinely reviewed by SSA and LDSS..	
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**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 3, Strategy 3C and Training Plan) Progress: ● The agency teamed with Chapin Hall to continue providing support on CANS and CANS-F and how to improve the use by child welfare staff. ● TA was given to locals who reached out regarding help needed with assessments. ● SSA holds quarterly Family Team Decision Making meetings (FTDM) in which family teaming is discussed with facilitators of FTDMs. In 2023, additional lunch and learns or mini sessions have been discussed to ensure consistency of policy across the state. ● SSA will continue to provide TA and coaching to jurisdictions on an as needed basis to ensure use of the Integrated Practice Model which reinforces engagement and teaming with families as core practices. Activities to improve performance: ● The Coach Approach training will continue in 2024. The agency will strengthen supervisory practice through the continued implementation of the Coach Approach and Adaptive Leadership.	

Continue monitoring meaningful use of collaborative assessments.	2021-2024

Implementation Status: Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6B, 6D)
Progress:

- SSA continued to experience challenges with data accuracy in pulling this information from CJAMS and conducted more customized technical assistance sessions about the CANS and Child and Adolescent Needs & Strengths-Family (CANS-F) at the beginning of 2023. As a result, the data accuracy issues improved, and CANS-F data was able to be pulled this year after not being able to pull accurate information last year. Despite an initial drop due to the introduction of CJAMS, the completion rate of CANS-F assessments increased, meeting the 80% target.
- In 2023, the milestones for programs were used to track timeliness and completion of assessments.
- In 2023, a meeting was held in our largest jurisdiction to identify issues and talk about the importance of the use of assessments in supervision with casework staff.

Activities to improve performance:

- Develop and implement a process to measure, monitor, and support quality casework practice in accordance with national best-practices and key performance indicators (KPIs) as established by DHS.
- Develop lead measures to assess child strengths and/or difficulties, including but not limited to usage and quality of child and family assessments and integrate into the lead and lag measure dashboards that are routinely reviewed by SSA and LDSS; and develop CJAMS enhancements if necessary.

Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland's Integrated Practice Model (Program Improvement Plan Goal)

Assessment of Performance

In 2023, there was an expansion of the Coach Approach model, to integrate Learning Circles, Coach Mentors, and Adaptive Leadership for Managers and Directors. These virtual sessions occurred throughout the year (two in the Spring); Adaptive Leadership (over the Summer) and Learning Circles and Coach Mentors throughout the year based on selections of those who had completed the Coach Approach and could serve as Mentors for others and to encourage participation in the Coach Approach. Ten locals participated, and every jurisdiction but five identified a Coach Mentor.

Table 48: Goal 2 5-Year Monitoring Targets

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2025 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 if appropriate will increase to 79% or higher by the conclusion of the CFSP period. (Safety 2)	69%	63%	76%	83%	88%	86%

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. (Well-being 1)	31%	22%	39%	48%	43.9%	50%
*Reentry rate from all types of permanency will decrease to 8% or lower by the conclusion of the CFSP period. (Permanency Headline Indicator)	14%	10%	10%	9%	8%	*N/A*
*Recurrence of maltreatment rate will decrease to 9% or lower by the conclusion of the CFSP period. (Permanency Headline Indicator)	12%	9%	7%	7%	7%	*N/A*
The percentage of Foster Parents completing required ongoing training will increase to 95% or higher by the end of the CFSP period. (Data Source: CJAMS)	75%	82%	86%	92%	99.8%	95%
*Data Source: CJAMS 2022 (CYs 2018-CY2022 Headline Indicators revised due to previous data issues) N/A: Data is not currently available as the reentry data is retrospective by 1 year.						

Five-Year Monitoring Progress

As depicted in Table 4**8** above, Maryland successfully met all its monitoring targets by the conclusion of this CFSP period. Practice improvements led to an increased rating as a strength for children remaining safely in their homes, increasing from 69% to 86%, and the rating for parents' capacity to provide for their children's needs increased from 31% to 50%. Additionally, reentry rates decreased from 14% to 8%, and recurrence of maltreatment decreased from 12% to 7%. However, the percentage of foster parents who completed required ongoing training decreased in CY2023 from CY2022. One of the barriers identified was that foster parents were not able to register for these training sessions through the DHS Learning Management System, the HUB. In CY2023 out of the 892 providers, 407 had more than 27 hours of training and 436 had 10 or more hours of training leaving 49 (5%) of foster parents that did not achieve the required amount of training. Overall, while there was a decrease in the percentage of foster parents completing the required ongoing training, it still increased significantly from 75% to 95%, resulting in Maryland successfully achieving all of its 5-year monitoring targets.

Table 49: Goal 2 Objective 2:2 Measures

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 TOL 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 TOL and skill for staff and on-going coaching strategies to better enhance knowledge and skill development of staff.

Table 50: Goal 2 Objective 2.2 Assessment of Performance

Key Activities	**Benchmarks for Completion**
Provide guidance for supervisors to build TOL opportunities into ongoing structured supervision.	**2020-2024**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 3, Strategy 3C) Progress: ● Coach Approach, Coach Mentors, Coaching circles, and Adaptive Leadership continued to be offered to both Child Welfare and Adult Services staff through the CY 2023 to continue the integration of the IPM and to enhance coaching capabilities for other internal staff and with external clients.	
Revise pre-service and ongoing training curricula to align with and support implementation of the IPM (PIP Activity).	**2019**

Implementation Status: Completed Progress: ● In 2023, the CWA incorporated the IPM into every Preservice and Inservice training offered.	
Implement surveys immediately after pre-service and ongoing training and at 3 months 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 - Ongoing**
Implementation Status: Ongoing (See 2025-2029 CFSP, Goal 3) Progress: ● SSA received IOTTA (Impact of Training and Technical Assistance) surveys quarterly to cover Pre-Service, In-Service, and Resource Parent training.	
Integrate innovative TOL activities into all pre-service and ongoing learning opportunities to support learning and adoption of IPM.	**2020-2024**
Implementation Status: Completed Progress: ● In 2023, the IPM continued to be integrated into all sessions, both through Pre-Service and In-Service training that was offered. This was also added to Supervision Matters training; Family Support Worker training, and FFPSA training that was offered. Supervision Matters in the pilot and the second offering returned to Face-to-Face training and engaged simulations with the support of SSA staff to further strengthen the IPM and understanding of its tenets.	
Integrate the IPM within Bachelor of Social Work (BSW) and Master of Social Work (MSW) programs at local universities (Renegotiated activity from CFSR PIP)	**2024**
Implementation Status: Not Completed (See 2025-2029 CFSP, Goal 3) Progress: ● The WDN was on hold until September 2023. However, the work continued with the integration of IPM within BSW and MSW programs at the subcontracted universities (Morgan and Bowie Universities).	

Table 51: Goal 2 Objective 2.3 Objective Measures

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.

2.3 IPM information is included in the Scope of Works for residential childcare (RCC) and child placement agency (CPA) provider Contracts since 2020 - present.

Table 52: Goal 2 Objective 2.3 Assessment of Progress

Key Activities	**Benchmarks for Completion**
Develop a common glossary of terms to include in solicitations.	**2020**
Implementation Status: Not Completed (See 2025-2029 CFSP, Goal 3) Progress: ● In 2023 the glossary of terms was reviewed prior to the release of the FY2024 Provider program questionnaire in order to have consistency in program description. The Provider Program Questionnaire has not yet been added to CJAMS for providers to complete within the CJAMS Provider portal. This continues to be a goal for 2024.	
Partner with Provider Advisory Council to clarify terminology and strategies for the IPM.	**2020-2024**
Implementation Status: Not Completed (See 2025-2029 CFSP, Goals 3 and 5) Progress: ● In 2023 a Provider Relations group was established, and it is co-facilitated by SSA and a member of the provider community. There has been a focus on teaming, collaboration around identifying and meeting	

the needs of youth, with an emphasis on what it would take for providers to accept and be able to meet the needs of youth in care. These activities will continue in 2024 in continued efforts to address placement and treatment needs of youth in care.	
Review and develop standard compliance reporting methods that align with the IPM.	**2021**
Implementation Status: Completed Progress: ● As reported in the previous APSR, the Provider Questionnaire and the Annual Report language were both revised and aligned with each other as well as revised to align with the IPM model. The FY 2024 Provider Program Questionnaire was reviewed prior to the release of the FY2024 Provider Program Questionnaire to providers.	
Customize technical assistance for providers based on need.	**2021-2024**
Implementation Status: Not Completed (See 2025-2029 CFSP, Goal 5) Progress: ● In 2023 SSA Placement team expanded its technical assistance teaming beyond the LDSS and provider to include relevant partners, colleagues, and subject matter experts. These have included education specialists, child wellbeing specialists, hospital teams, SSA youth hospital liaison, SSA medical director and nurse, and sister state agencies including Developmental Disabilities Administration, Behavioral Health Administration. Providers are encouraged to schedule regular team meetings to maintain open communication and proactively address issues to prevent them from escalating into a crisis or placement disruption. These activities will continue in 2024.	

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

Assessment of Performance

DHS/SSA continued to utilize the State and Local CQI Cycle to strengthen Maryland's CQI processes to understand safety, permanency, and well-being outcomes. The use of the CQI cycles allowed for regular sharing of CFSR and Headline Indicator data performance with internal and external stakeholders through the DHS/SSA Implementation Structure, SSA Advisory Committee, and Foster Care Court Improvement Program (FCCIP). DHS/SSA Implementation Structure groups actively participated in the CQI cycle, facilitated by the CQI Unit, by discussing performance data, considering qualitative data gathered for additional context, and identifying areas needing improvement to be further analyzed and addressed through small tests of change and improvement strategies.

As reflected in Table 53 below, Maryland made steady progress towards achieving the target (79%) for Safety Outcome 2. The target was surpassed in CY2021 and has stayed above the target since. This same trend is also seen for Well-Being Outcome 1. Similarly, the target (89%) was achieved for Item 16 in CY2020, increasing to 100% in CY2022. Despite a slight decrease in CY2023, Maryland has still achieved this goal at 92%.

However, Maryland did not achieve the target (60%) for Item 6 over the past five years. Performance in this item trended down for the first two years of the CFSP. The state has been making slow but steady progress back towards the baseline (50%). DHS/SSA has consistently partnered with Chapin Hall over the past three years to conduct root cause and thematic analyses

to improve the state's understanding of the barriers and systemic challenges contributing to delays in achieving permanency and understanding the characteristics of cases that in which Item 6 was rated a Strength versus and an Area Needing Improvement (ANI). In CY2023, performance in Item 6 increased to 36%, which is the highest performance the state has had since CY2019. Improvement in this item can be attributed to the ongoing conversations DHS/SSA has had with internal and external stakeholders developing strategies to address the challenges identified through the root cause and thematic analyses. For example, one area in need of improvement was the relationship between the LDSS and the court system. DHS/SSA, through the CQI Network meeting as well as individual meetings with each LDSS, provided education around the role of permanency liaisons and shared the contact information for each liaison when the LDSS did not previously have an established relationship with their respective permanency liaison. Through this effort, LDSSs are able to utilize the permanency liaisons to bridge the gap with the court system, particularly as it relates to systemic issues.

Additionally, this past year, DHS/SSA alongside representatives from the LDSS thoroughly explored and analyzed storylines that were correlated to permanency outcomes in order to drive improvements in Item 6. These storylines included visiting with biological parents or caregivers, case planning with biological parents or caregivers, utilizing Family Find, exploring kinship placements, and completing formal needs and strengths assessments (i.e., Child and Adolescent Needs and Strengths/CANS). Furthermore, in conjunction with the Permanency team, the CQI/QA unit held meetings with each of the 24 LDSS to facilitate jurisdiction-specific conversations around successful practices and barriers influencing timely permanency achievement as well as provide technical assistance to ensure the successful implementation of targeted strategies to improve Item 6 performance.

DHS/SSA continues to implement the IPM in order to sustain outcomes and improve Item 6. In addition to understanding performance on key measures, IPM training, IPM Coaching Intensives, Coach Approach Model training and learning collaboratives are integrating opportunities to adjust continuous support of sustainable skill building related to authentic partnership and engagement, teaming, assessing, planning, monitoring, and adapting goals of families, children, and youth with the ultimate goal of transitioning them out of our system. Feedback obtained from participants was immediately incorporated into the training curriculum and learning collaborative sessions to enhance skills directly related to the CFSR items outlined in table 53 below.

Table 53: Goal 3 5-Year Monitoring Targets

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2025 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 will increase to 79% or higher by the conclusion of the CFSP period. (Safety 2)	69%	63%	76%	83%	88%	86%

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%	16%	34%	31%	36%
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. (Well-being 1)	31%	22%	39%	48%	44%	50%
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. (Item 16)	79%	88%	94%	95%	100%	92%

5-Year Measures of Progress:	**Baseline CY2018**	**2021 APSR CY2019**	**2022 APSR CY2020**	**2023 APSR CY2021**	**2024 APSR CY2022**	**2025 APSR CY2023**
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. (Well-being 3)	58%	81%	90%	86%	88%	70%

Table 54: Goal 3 Objective 3.1 Measures

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 the fidelity, quality, and impact of the IPM. Evaluations after training, TOL, 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: ● Post 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.

Table 55: Goal 3 Objective 3.1 Assessment of Performance

Key Activity	Benchmarks for Completion
Based on lessons learned, refine evaluation plan & practice.	**2021-2024**
Implementation Status: Not Completed(See 2025-2029 CFSP Goal 6, Strategy 6A) Progress: ● The CFSR Focus Group methodology was revised in September 2023 to increase biological parent and youth voice, resulting in the CFSR Focus Group being held annually instead of biannually. CFSR Focus Group data concludes that SSA is making progress, according to parent and youth feedback, in teaming with them. However, feedback from the courts and resource parents reflect a need for better collaboration. Additionally, weak court partnerships were among the various barriers identified to achieving permanency. To improve teaming between the child welfare and court systems, SSA worked with local departments to connect them to their permanency liaisons to support court partnerships. ● In 2023 two court partner trainings were held, the second of which was recorded to ensure that all child welfare staff have access to the training. Additionally, a concurrent permanency planning training was available on the Hub.	
CQI to improve implementation and outcomes of the IPM.	**2021-2024**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6B) Progress: ● January – December 2023: The CQI unit continues to discuss the IPM in the Orientation and Practical Data meetings with the LDSS to understand how the LDSS are implementing the core IPM principles and practices in their work with families in order to support the safety, permanency, and well-being of children. The CQI unit provides feedback on the LDSS's use of the IPM principles and practices in the context of their CFSR review through the CFSR Results Report, which is shared during CIP meetings and used to develop the objectives and strategies outlined on their CIP. The CQI unit encourages open and honest conversations about barriers to implementing the IPM and the resources and initiatives the LDSS is utilizing to support teaming efforts with families, within their agency, and with community partners. ● After reviewing the report from the focus group conducted in September 2023, several main themes were identified as it relates to engaging and teaming with families. For example, although the FTDM process could be improved, FTDMs are fundamentally a critical tool for engaging with families and facilitating interdisciplinary collaboration throughout the lifespan of the case. Moreover, teaming experiences varied by stakeholder. Biological parents and youth tended to have more positive experiences, but stigma around CPS and the foster care system as well as worker bias served as barriers to teaming with families. Resource parents tended to feel like they were not involved in decision making and there was a lack of information sharing from the LDSS. Community partners also identified inconsistent and infrequent communication as a barrier to collaborating effectively with the LDSS. Finally, despite several opportunities for collaboration, the working relationship between the child welfare system and the court system needs to be strengthened to support positive outcomes for families. In CY2024, the CQI Unit will bring these findings to meetings with the LDSS in order to strategize	

ways to more effectively implement the IPM.

Table 56: Goal 3 Objective 3.2 Measures

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 were 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 57: Goal 3 Objective 3.2 Assessment of Performance

Key Activity	**Benchmarks for Completion**
Continue to refine and enhance Headline Indicator and the CFSR results dashboards to support utilization of data by state and local staff.	**2019**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6D) Progress: ● The CFSR Performance Report continues to be posted to the internal and external DHS platforms. The results were shared and discussed with the Implementation Teams, Outcomes Improvement Steering Committee, FCCIP, and SSA Advisory Board. Updated Headline Indicator data was posted to the internal DHS platform and emailed to each of the LDSS on a quarterly basis. Headline Indicator dashboards continue to be produced for each of the LDSS prior to CFSR Orientation and Practical Data Meetings, Continuous Improvement Plan (CIP) Meetings, and CIP Monitoring Meetings so that they can compare their outcomes and progress with their trend data. CFSR Results Reports that are provided to LDSS following CFSR case reviews continue to include data around IPM practices, principles, and values observed. In 2024, SSA plans to add additional storylines to provide additional context to the Headline Indicator data, such as tracking lateral placement moves and changes in levels of care to distinguish positive placement changes from adverse placement disruptions. ● The CFSR Performance Report was reviewed and modified to account for the upcoming CFSR Round 4. The CFSR Performance Report was revised to more succinctly highlight the areas of practice that resulted in Strength or Area Needing Improvement (ANI) rating.	
Provide ongoing presentations to LDSS to enhance the quality of the data and the capacity of staff to use it effectively.	**2019 and annually**

Implementation Status: Ongoing (See 2025-2029 CFSP Goal 6, Strategy 6C)
Progress:

- January – December 2023: SSA data analytics leadership continues to provide regular data presentations on various aspects of agency performance in Maryland on safety, permanency, and well-being outcomes. This has included presentations on CFSR performance to LDSS throughout the year to enhance data quality and the capacity of staff to use it effectively in improvement planning. During CFSR Orientation and Practical Data Meetings, Continuous Improvement Plan (CIP) Meetings, and CIP Monitoring Meetings with LDSS, DHS/SSA reviews and explains the local Headline Indicator data related to safety, permanency, and well-being as well as CFSR case review qualitative data to identify practice strengths and areas needing improvement. These meetings include participation by LDSS leadership and staff to increase their understanding and capacity to utilize data for practice improvement. DHS/SSA encouraged LDSS leadership and staff to identify the stories behind the data to translate the data into lessons learned that can support meaningful changes to practice. SSA data analytics leadership continues to provide technical assistance to the local departments as needed through means that best support their understanding of the Headline Indicator data.

Increase statewide accessibility of Headline Indicators and the CFSR results dashboards.	**2020**

Implementation Status: Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6C)
Progress:

- January – December 2023: The CQI Unit continues to routinely review and discuss the most recent LDSS Headline Indicators with each LDSS bi-annually during their CFSR CIP Monitoring meetings. Following each LDSS CFSR case review, the CQI Unit reviews the CFSR findings in comparison with the LDSS Headline Indicator data with the LDSS leadership, staff, and external stakeholders in a CIP Meeting and provides the LDSS with a CFSR Results Report outlining the strengths, areas needing improvement, and recommendations. The SSA Headline Indicator dashboard and CFSR results continue to be reviewed regularly in a variety of internal and external stakeholder meetings, and leadership and staff are actively aware of agency performance trends. Case review narratives were analyzed as a part of thematic analysis in partnership with Chapin Hall to understand practices that inform the timely achievement of permanency. Results were provided by DHS/SSA to implementation teams in order to provide additional context for CFSR and Headline Indicator performance. These summary analyses continue to be particularly useful in providing actionable insights, especially related to permanency planning, family engagement, service provision, and teaming practices with families and the court, thus equipping LDSS with the knowledge needed to develop targeted strategies for improvement.

Develop and implement a local quality assurance process to monitor compliance with state and federal regulations.	**2020 and biannually**

Implementation Status: Ongoing (See 2025-2029 CFSP Goal 6, Strategy 6A)
Progress:

- Maryland has continued to utilize a QA Review process with LDSS with a CPS-only review conducted in March 2023 and a review of all program areas (CPS, Family Preservation Services, Out-of-Home, and Resource Homes) beginning in November 2023. These QA Reviews allowed each LDSS to critically assess the quality of practice and local-level processes. Included are case-level and resource provider-level reviews to support an ongoing understanding of LDSS performance related to national and statewide standards. These efforts are informing opportunities to improve practice and ensure quality service delivery for children and families receiving in-home and out-of-home services. In addition, these reviews facilitate targeted course corrections where needed in local jurisdictions. The LDSS QA Reviews occur in parallel with the statewide DHS/SSA Administration QA Reviews. They aid the state in identifying statewide versus local trends in practice and understanding which additional resources, training, technical assistance, or other supports are needed to address gaps and areas needing improvement. Through these reviews, LDSS can elevate local insights on performance for SSA to review cumulatively. This is in addition to other evidence and data gathered on statewide performance across CFSRs and safety, permanency, and well-being indicators, in addition to program improvement measures. Insights and trends noted through QA Reviews are leveraged for statewide policy and program decision-making while also enabling LDSS to monitor their own performance to guide locally

driven improvement efforts. ● Due to staffing changes in SSA, it is to be determined if the QA Reviews will continue to be utilized alongside the CFSR on-site reviews to drive policy and practice reform in 2024.	
Enhance state CQI cycle to support regular reviews of progress, identify areas of growth, and test out small measures of change.	**2020-2021**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6B) Progress: ● January – December 2023: Qualitative data collected through the state CFSR case review process using the narrative summaries from the On-Site Review Instrument (OSRI) continues to inform practice improvements related to safety, permanency, and well-being. The CQI Unit in partnership with Implementation Teams within the DHS/SSA Implementation Structure and local jurisdictions have used this information to identify areas of growth to improve teaming efforts between the agency, court, community service providers, and families. Through the existing CQI process, stakeholders were engaged in LDSS convenings. In addition, each jurisdiction receives targeted assistance and facilitation from the CQI Unit following their site's CFSR case review to construct a data-driven, comprehensive continuous improvement plan that is tailored to address opportunities for improvement illuminated during the on-site review process. This process will continue to be utilized throughout 2024.	
Monitor implementation of CQI cycle and local quality assurance process, making adjustments as needed.	**2021-2024**
Implementation Status: Not Completed (See 2025-2029 CFSP Goal 6, Strategy 6C) Progress: ● January – December 2023: The CQI Unit continued to monitor implementation of Maryland's State CQI cycle. This has included regular review and discussion of outcomes data to identify performance improvement opportunities, prioritize performance issues, conduct thematic analysis, and develop strategies to address the priority areas needing improvement. CFSR and Headline Indicator performance data were regularly reviewed with key internal and external stakeholders through the DHS/SSA Implementation Structure. During the routine meetings with the LDSS as a part of the CQI cycle, the CQI Unit elicits feedback from the LDSS leadership about the CQI cycle and process. In preparation for Round 4, the CQI Unit has reviewed and revised CQI materials based on this feedback to bolster the efficacy of this process. ● In 2024, the CQI Unit will continue to involve key internal and external stakeholders in conducting root cause analyses as needed to understand performance outcomes and develop strategies to improve practice.	

Goal 4: Improve workforce wellness to reduce the impact of secondary traumatic stress and decrease turnover rates

Assessment of Performance

DHS/SSA has prioritized addressing Secondary Traumatic Stress (STS) throughout the training system to support worker wellness and foster Safety Culture. This process involves offering STS training throughout the training system, from pre-service modules to in-service sessions. New staff are introduced to issues related to child welfare trauma in pre-service module one: Foundations of Child Welfare Practice. This is followed by Trauma Responsive Casework in module two: Complicating Factors Impacting Child Abuse and Neglect. Modules one and two first discuss client related trauma and then STS more generally; concentrating on the definition and common factors that contribute to STS. Module six: Family Driven Planning, Intervening and Monitoring has several sections devoted to the actualization of the IPM which looks at STS with a more impactful lens and focuses on issues of self-awareness, burnout, compassion fatigue, DSM-V-Acute Stress Disorder, resilience, and post traumatic growth. These topics are also

covered and reinforced in Foundations and in-service with even more concentration on the emotional, physiological, behavioral, interpersonal, and cognitive elements of STS. In these full day sessions staff are involved in developing a "Self-Resiliency Plan" which identifies professional strategies and self-care practices to address STS. Additionally, this is also offered as a stand-alone training within the Child Welfare Academy's In-Service Training catalog.

SSA is now able to quantify the percentage of new staff completing the STS and Safety Culture training. In CY2023, due to the addition of STS and Safety Culture within the mandatory Pre-Service, 100% of the students who completed the Pre-Service participated in the STS and Safety Culture training. DHS/SSA remains committed to introducing the Safety Culture concepts to SSA Leadership, Directors, Program Managers, and Supervisors as well as maintaining the training as part of the ongoing curriculum. As shown in Table 58 below, completion of training on STS and Safety Culture was at 67% in CY2019 and continued to decline over the next two years (58% in CY2020 then 48% in CY2021). However, in CY2023, due to the addition of STS and Safety Culture within the mandatory Pre-Service, 100% of the students who completed the Pre-Service participated in the STS and Safety Culture training, resulting in the successful accomplishment of this goal. .

SSA has begun collecting data on turnover rates among child welfare caseworkers, which decreased from 15.75% in CY2022 to 12.07% in CY2023. This data from year to year shows a decrease of 23.36% over last year. The child well-being retention rates are crucial for understanding the experience and knowledge within the agency and it is also important to see the overall turnover of staff from year to year. Our retention rate provides valuable information on the experience and knowledge of agency staff.

The five-year retention rate for workers increased to 57% in CY2023 due to factors like cost-of-living adjustments (COLAs), step increases, teleworking and hybrid work schedules, bonuses to work in the locals, and additional training opportunities such as Supervision Matters, Coach Approach, Licensure Prep, Listening Sessions, and LGBTQ competency. The SSA will continue monitoring and reporting on this upward trend in retention.

Table 58: Goal 4 5-Year Monitoring Targets

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2025 APSR CY2023
NEW MEASURE: Increase percentage of new staff completing trainings on STS and Safety Culture included in Foundations training within one year of joining the workforce by 6% (2% per year) over the CFSP period. **Due to a transition in data collection between our contract with the Child Welfare Academy and the DHS Learning office, SSA is unable to quantify the percentage of new staff completing the STS and Safety Culture trainings in CY2022.* *** In CY2023, due to the addition of STS and Safety Culture within the mandatory Pre-Service, 100% of the students who completed the Pre-Service participated in the STS and Safety Culture training.*	47%	67%	58%	48%	*Not Available	**100%
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. (Data source: HRDT)	41%	43%	50%	49%	46%	57%

Table 59: Goal 4 Objective 4.1 Measures

Goal 4 Objective 4.1: NEW OBJECTIVE CY2020: Incorporate worker wellness and safety culture into pre-service and in-service training to raise awareness of and mitigate STS.
Measure for Objective 4.1*:* NEW MEASURE: Percentage of new staff completing training on STS and safety culture within one year of joining the workforce.
Implementation Status: Completed. ● New staff are introduced to issues related to child welfare trauma as a mandatory part of pre-service. ● In CY2023, due to the addition of STS within the mandatory Pre-Service, **100% of the students who completed the Pre-Service participated in the STS training and Safety Culture training.

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.

Assessment of Performance

During the reporting period of 2019-2023, SSA has been successful in continuing to develop authentic partnerships by collaborating with LDSS, service agencies, and community partners, to assess the effectiveness of interventions and collaborative efforts to improve safety, permanency, and well-being of youth and families. Throughout this reporting period, SSA has facilitated and participated in various stakeholder collaboratives to engage community partners and other stakeholders to improve outcomes for children and families as evidenced by closing service gaps that are impacting serving families and addressing barriers to accessing supportive services. These collaborations have been instrumental in closing service gaps and addressing barriers that impact families' ability to access supportive services. Through these partnerships and collaborations, SSA has been able to identify and address key issues, leading to more effective service delivery and better support for families in need.

These efforts included further exploration of key components through partnerships, including collaboration with Annie E. Casey Foundation to improve exits to permanency outcomes for older youth in care, aiming to end aging out in Maryland; ICPC, which is now enacted by 16 states; partnering with Maryland Courts to ensure timely communication between LDSS and the courts that grant protective orders; and collaboration and membership with the Maryland Network Against Domestic Violence (MNADV) for statewide training on intimate partner violence to effectively leverage the case workers' respective skill sets to address survivors, children, and their families' health and social needs, and eliminate the risk factors through prevention programs.

Throughout this reporting porting period, SSA has continued to engage with other partners including MFN and its 17 grantees to ensure that young children have robust family structures, access to high-quality learning environments, and support systems to navigate their formative first five years. The team's collaboration with START fostered the opportunity to implement focused interventions for families with substance use disorders who have children aged 0-5. We partnered with the MCF Parent Partner Program to incorporate the voices of those with lived experiences into our initiatives, along with kinship services. Additionally, SSA collaborated with the Institute for Innovations for data, Chapin Hall to update work plans to move the work forward for claiming and TA, and the Department of Juvenile Services (DJS) to enable them to claim for FFPSA.

SSA has utilized these partnerships and child welfare data to close gaps to services for families, establish a working plan to build lasting partnerships with community providers and other agencies, track successes and lessons learned, identify things that are going well and areas to make immediate changes to processes and strategies for better service coordination, and making thoughtful and purposeful changes based on the data, various interviews, and feedback for ongoing development in the various service areas.

SSA continues to strengthen system partnerships to improve safety, permanency, and well-being of youth and families through the implementation of FFPSA. This effort involves collaborating with agencies to provide services to families. Currently there are 18 out of 24 LDSS participating in evidence-based programs under FFPSA. Prevention services included in Maryland's Family First plan are: Family Functional Therapy (FFT), Multi-Systemic Therapy (MST), Parent Child Interaction Therapy (PCIT), and Healthy Families America (HFA). Nurse Family Partnership (NFP) is also part of Maryland's plan but is only available in one jurisdiction, which has opted not to utilize this service as part of their FFPSA implementation. START and Family Centered Treatment (FCT) are included in Maryland's plan, but due to their designation as Supported rather than Well-supported, an evaluation is needed to include these two EBPs into FFPSA reimbursement claims.

Monthly check-in meetings were held with LDSS through November 2023 to discuss counties' progress and barriers to implementation. In 2023, significant root cause analysis was performed to address these barriers. A "barriers and strategies" document utilizing Plan Do Study Act (PDSA) strategies, was employed to address statewide challenges. Several barriers were highlighted during discussions with the counties, including family engagement, how to talk with families about imminent risk, and how to know what EBP will work best and how to explain these to families. However, the most prominent barrier identified was the completion of service plans. A particularly valuable resource developed to assist jurisdictions in their service planning is a checklist designed for caseworkers and supervisors. This tool ensures the comprehensive completion of all components of a service plan essential for qualifying a youth for FFPSA reimbursement claiming. The checklist received positive feedback during the October 2023 check-in meeting. In the November 2023 meeting, the local department representatives decided that in 2024 they would like to switch to quarterly meetings and focus more on individualized TA. An individualized TA plan and approach will be created and rolled out in 2024.

In February 2023, the final training of Cohort III was completed and FFPSA Implementation was able to begin in the final 7 counties. They were trained in what the Family First Prevention Services Act of 2018 is and how it will change their work with families.

FFPSA evidence-based practice utilization and outcome data for PCIT, MST, and FFT are collected and analyzed by The Institute. Model-specific calendar year (CY) 2023 data for each EBP are summarized below.

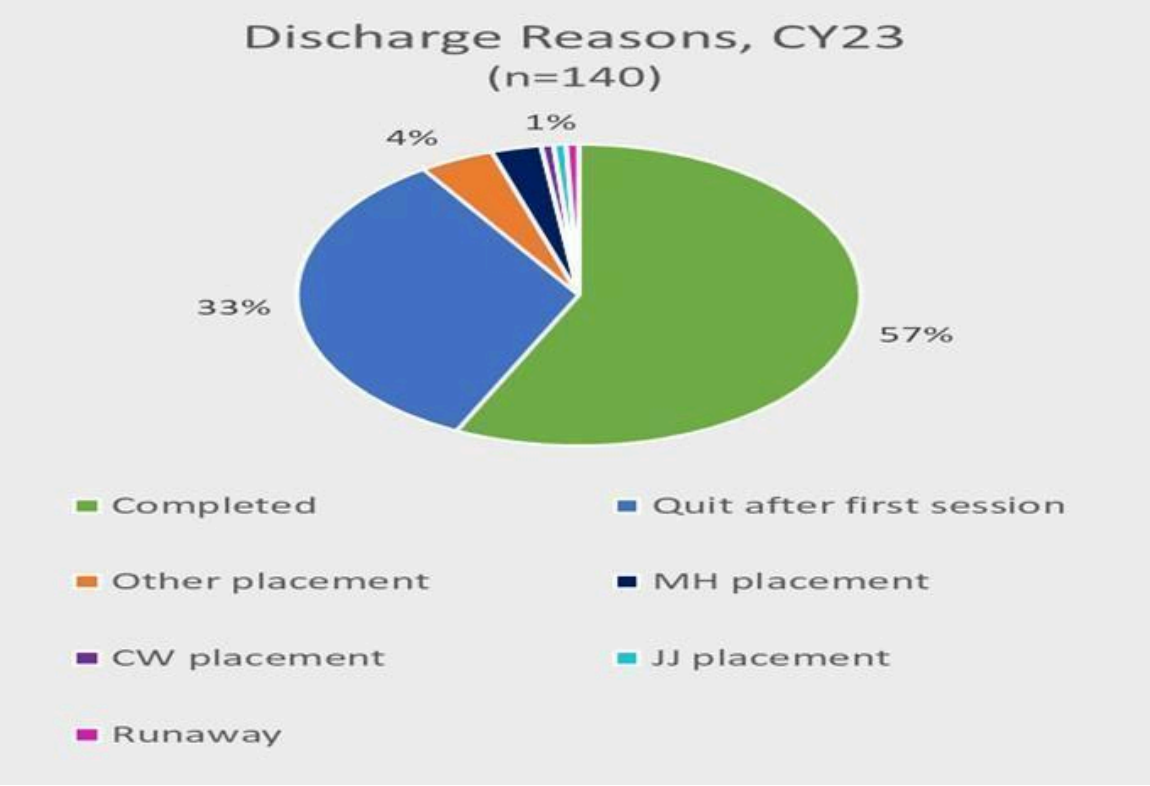
Table 60 provides data on the number of children or families served in each EBP and is inclusive of those who started treatment as well as those who were discharged during this period. HFA counts the number of children served; 41 children were served through HFA during the calendar year 2023. Each of the other evidence-based practices counts the number of families served, and includes16 families through PCIT, 192 families through FFT, and 70 families through MST.

Table 60: CY2023 Numbers Served in Maryland FFPSA EBPs

Maryland's FFPSA Evidence Based Practice	# Served CY2023
Healthy Families America	41 Children
Parent-Child Interaction Therapy	16 Families
Family Functional Therapy	192 Families
Multisystemic Therapy	70 Families
Data Source: The Institute for Innovation and Implementation, 2023	

Figure 1 below outlines FFT discharge reasons for families discharged during CY23. Completion rates improved from 45% in CY22 to 57% in CY23. However, 33% of families in CY23 discontinued services after one or more sessions. With TA from The Institute, SSA continues to work on this issue during quarterly implementation meetings via a PDSA process.

Figure 1: CY2023 FFT Discharge Reasons

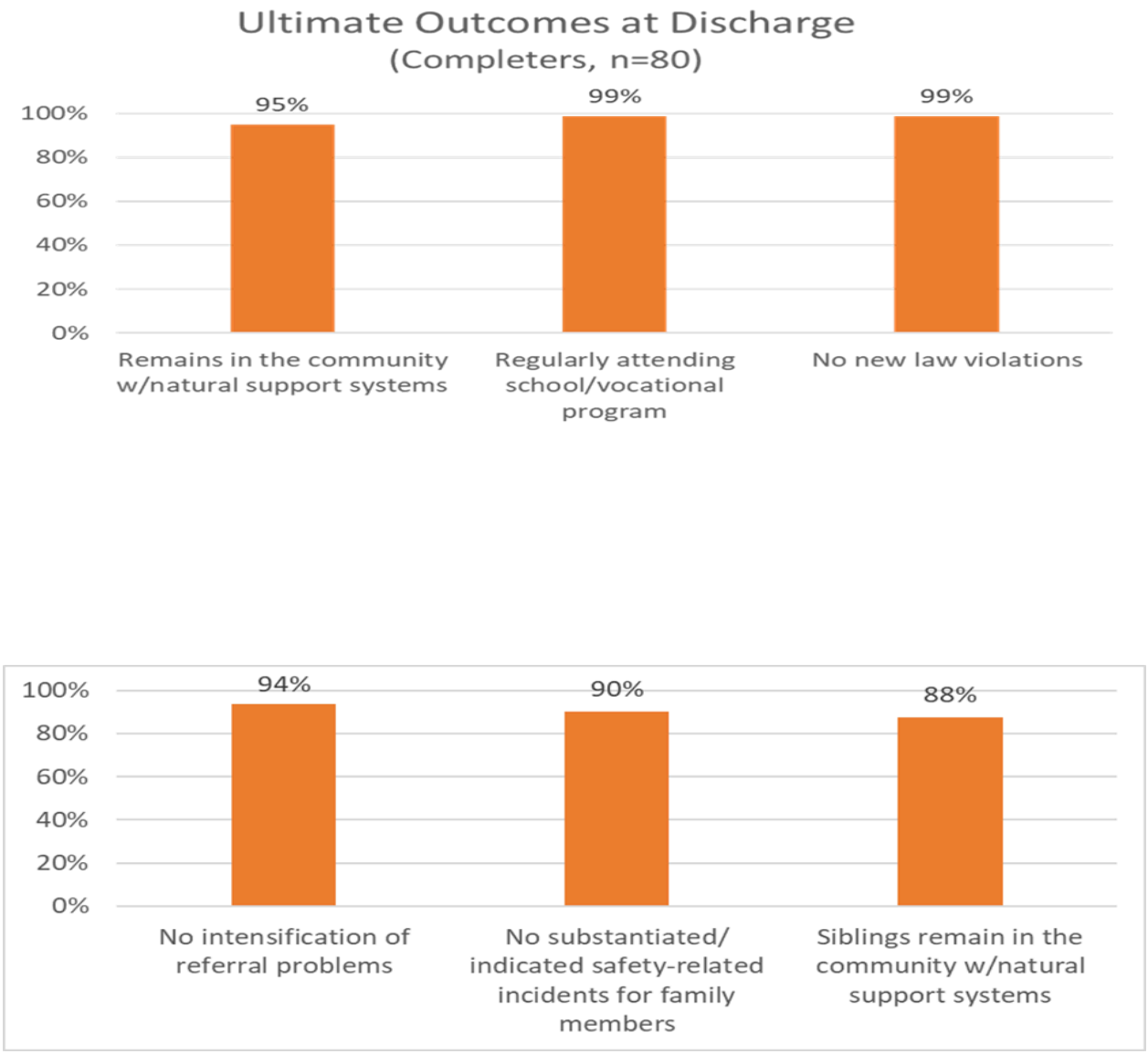


Data Source: The Institute for Innovation and Implementation, 2023

Figure 2 includes FFT outcomes for families who completed services in CY23. Notably, all outcomes positively exceeded agency target levels. These outcomes are based on self-reports from participating providers. Specifically: 95% of children served remained in the community with natural supports; 99% regularly attended school; 99% did not receive new law violations;

90% had no substantiated or indicated safety-related incidents for family members; 94% had no intensification of referral problems; and 88% of their siblings remained in the community with natural supports.

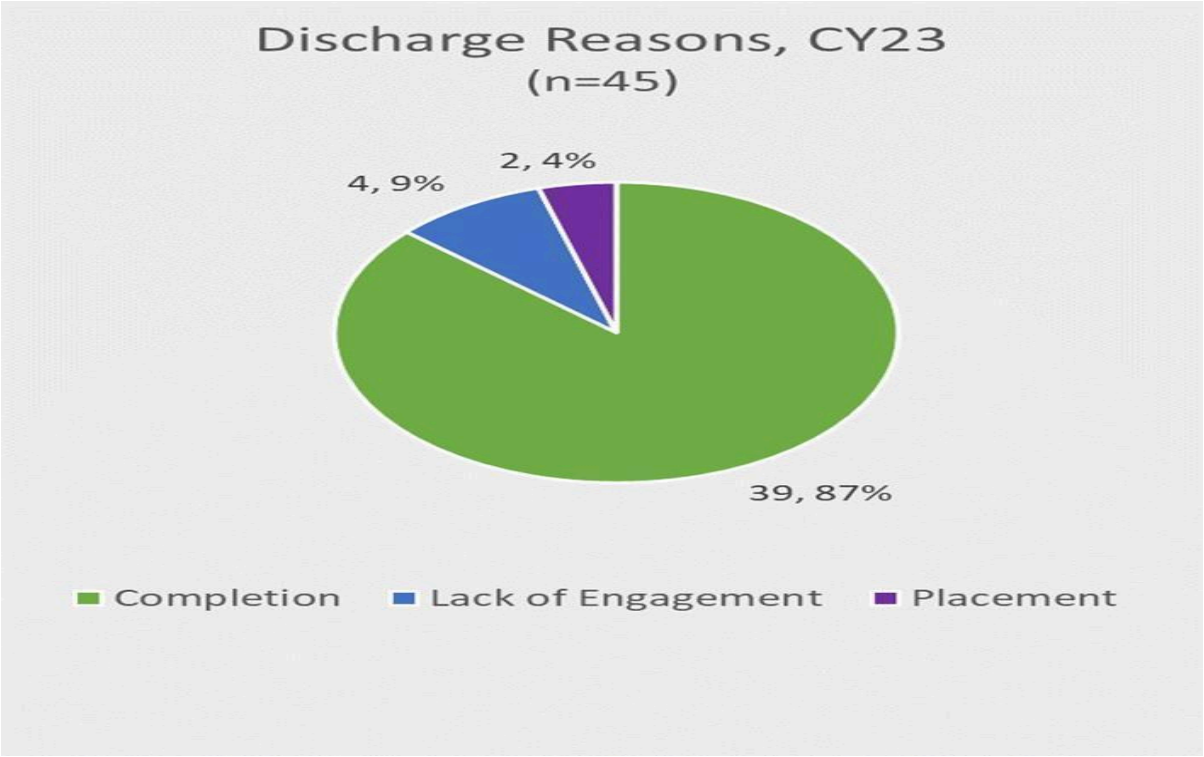
Figure 2: CY2023 FFT Outcomes at Discharge



Data Source: The Institute for Innovation and Implementation, 2023

Figure 3 outlines MST discharge reasons for families discharged during CY23. Completion rates were high in CY23, with 87% of families successfully completing services. Nine percent (9%) of families did not complete MST due to lack of engagement, and 4% did not complete services because the child was placed out of home.

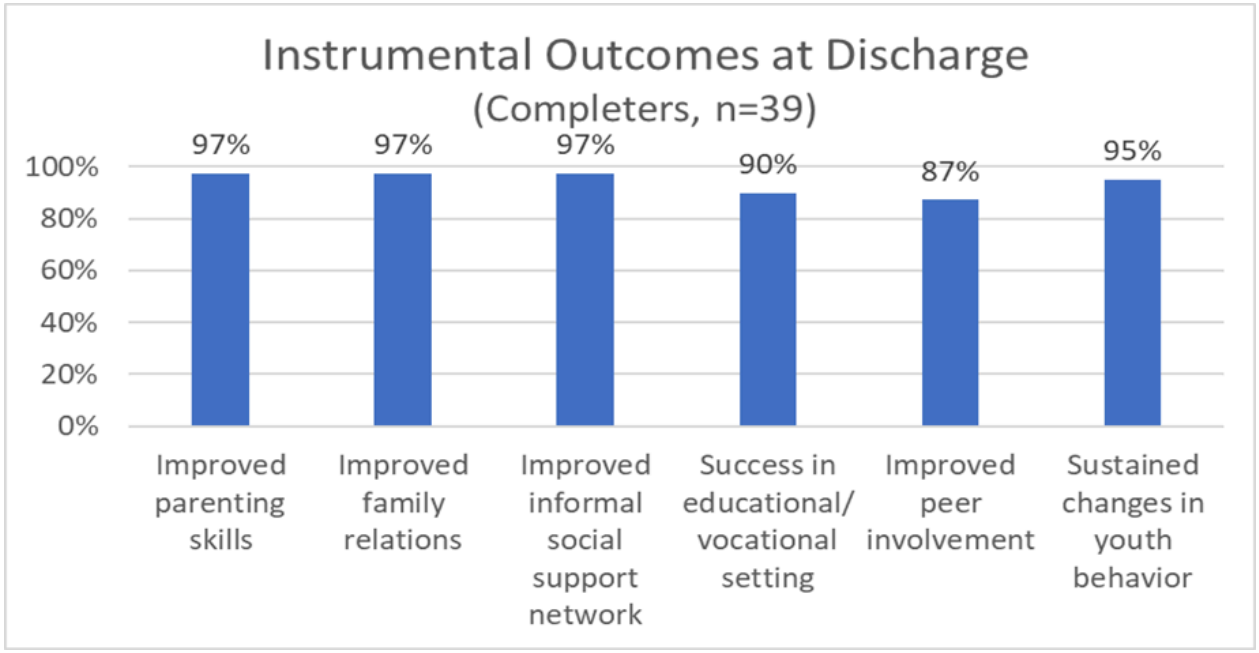
Figure 3: CY2023 MST Discharge Reasons

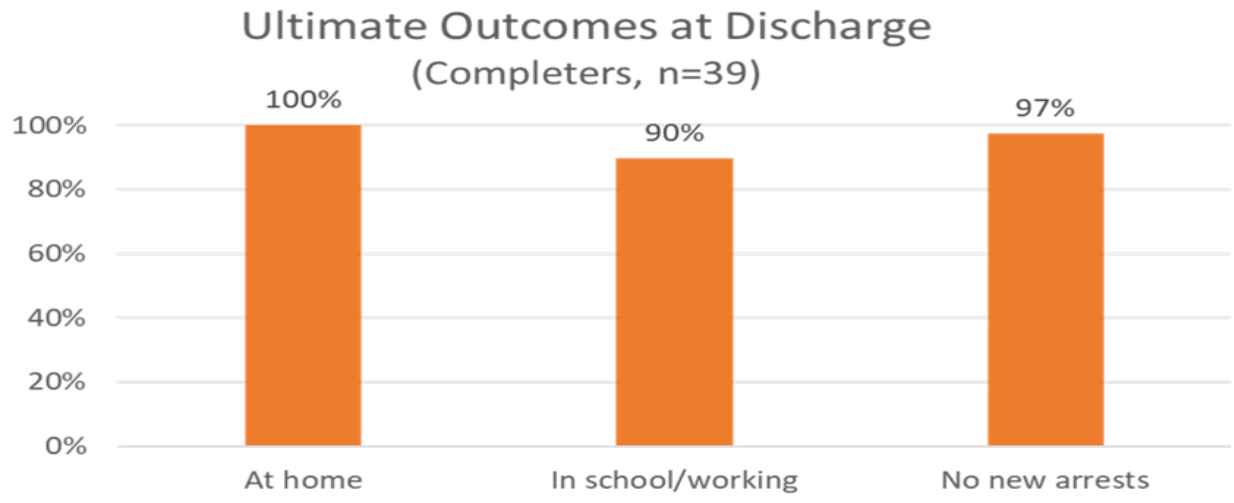


Data Source: The Institute for Innovation and Implementation, 2023

Figure 4 includes MST instrumental and ultimate outcomes for families who completed services in CY23. As with FFT, all outcomes positively exceeded agency target levels and all outcomes are based on self-reports from participating providers. Specifically: 97% of families that completed MST services had improved parenting skills, 97% had improved family relations, 97% had improved informal social supports, 90% of children had success in educational/vocational setting, 87% had improved peer involvement, 95% had sustained changes in behavior during the program. At the time of discharge, 100% of youth stayed at home, 90% were in school or work, and 97% had no new arrests.

Figure 4: CY2023 MST Outcomes at Discharge

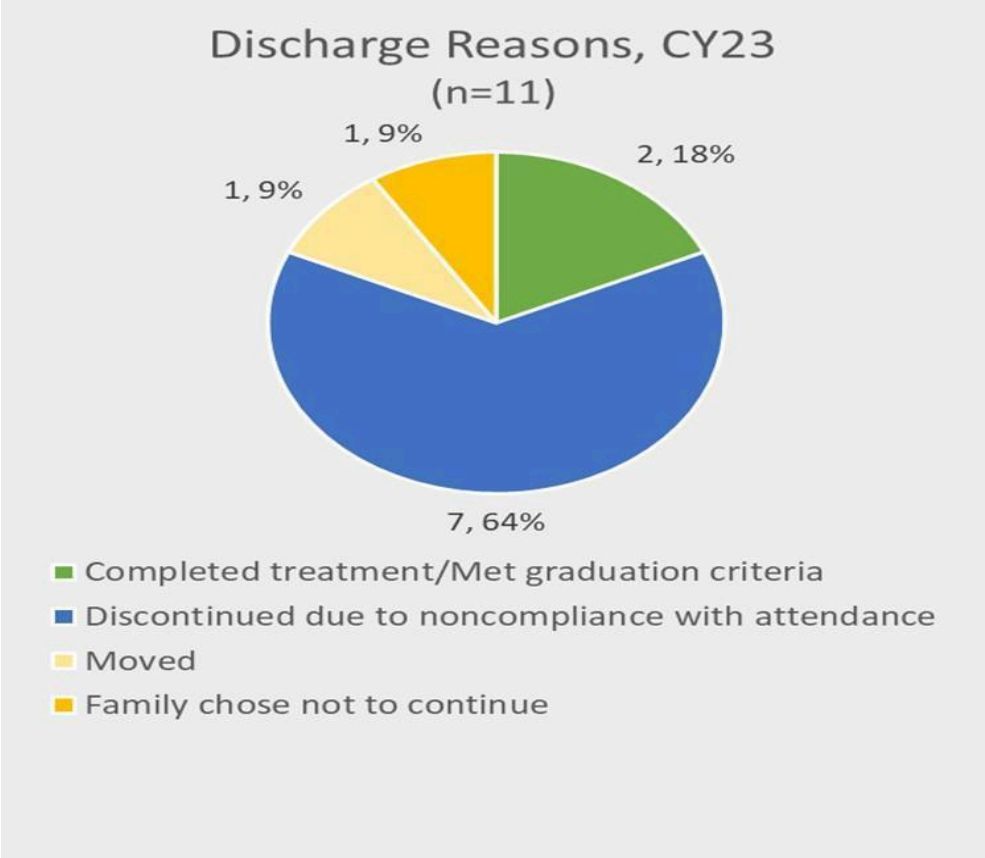




Data Source: The Institute for Innovation and Implementation, 2023

Figure 5 outlines PCIT discharge reasons for families discharged during CY23. Of note, only 18% (n=2) of the 11 families who were discharged from PCIT in CY23 met PCIT graduation criteria and completed treatment. Despite this low completion rate, research has shown that despite high dropout rates in community-based PCIT (Lyon & Budd, 2010), even small doses of the intervention (i.e., 3-4 sessions) can result in improvements in parenting skills (Hakman et al., 2009) and children's behavior (Lieneman et al., 2019). Among the 9 families that did not complete services, they attended an average of 5.1 sessions, so may still have received some therapeutic benefits to parenting skills and children's behavior.

Figure 5: CY2023 PCIT Discharge Reasons

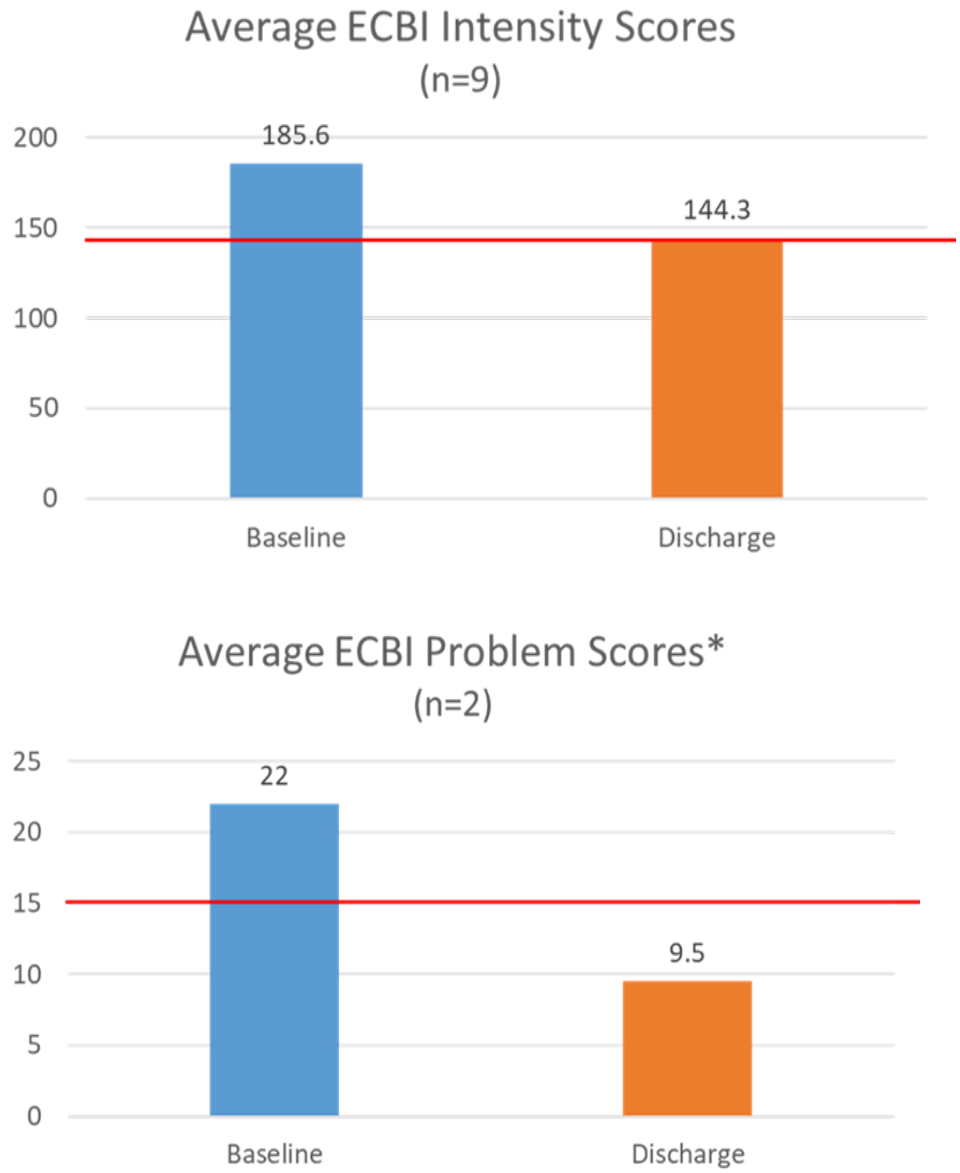


Data Source: The Institute for Innovation and Implementation, 2023

Figure 6 includes PCIT outcomes for families who completed services in CY23. The Eyberg Child Behavior Inventory (ECBI) is administered with caregivers during PCIT and measures the intensity, or frequency, of the child's problem behaviors, as well as how problematic the caregiver perceives their child's behaviors (note: the Intensity Scale is collected at each session and the Problem Score is only completed with families who complete both phases of PCIT and graduate). Figure 6 indicates that of all families discharged from PCIT who completed the Intensity Scales (n=9), the average score decreased from 185.6 at baseline to 144.3 at discharge, a score below the clinical cut off. Of those who graduated from PCIT (n=2), the average Problem Score declined from 22.0 at baseline to 9.5 at discharge, again, below the clinical cutoff. In both instances, lower

scores represent lower levels of intensity and perception of child behavior problems. Despite these observed improvements, it should be noted that due to the small sample size, these findings cannot be extrapolated to all LDSS served families.

Figure 6: CY2023 PCIT Outcomes at Discharge



Data Source: The Institute for Innovation and Implementation, 2023

On July 31, 2023, SSA and The Institute hosted a PCIT Collaborative which brought together Child welfare staff and PCIT providers to build the partnership between the agencies and give them an opportunity to learn from each other.

Regarding HFA, SSA has been unable to contract with a vendor for HFA data purposes; this will be a focus in 2024.

Implementation and Program Support

Data Systems
During 2023, technical assistance and support to case workers was provided through a variety of processes. Most surrounded improving performance of CJAMS for case workers although training around utilization of the Headline Indicator Dashboard and program Milestones continued to be provided to supervisors and managers as requested. System enhancements continued in 2023 to include AFCARS 2.0 specific training. Several trainings have been provided over the past 5 years to assist staff with the transition from SACWIS to CCWIS, to support improved federal and state reporting requirements. Using the various reports mentioned above, these have assisted workers and supervisors to better understand the importance of data entry to inform the reports that can inform practice. Some of the progress has been noted through the reduction of the entry rate into care and the increased provision of services to children and their families in home, thus preserving connections and reducing the trauma for children and families as a result of removals.

Data Reports
Throughout the transition from SACWIS to CCWIS which began in 2019 (early in the 2020-2024 CFSP) the focus was on ensuring that accurate data reports would be available to SSA and LDSS to support the monitoring and understanding of data to improve practice that had begun early in 2019. Since mid-2020 when all jurisdictions transitioned to CJAMS, the focus was on data integrity and the stability of the current milestone reports in Qlik (CJAMS Reports). This has been a collaborative process with the LDSS and MD THINK and included developing a better understanding of where the data was located in the application, ensuring the report logic was accurate, and supporting data entry into the system. Data validation of the milestone reports occurs at least three times per week, ensuring that they maintain a high degree of stability and accuracy for the LDSS.

The report development team also focused on crucial application fixes to ensure proper data flow to the QLIK reports. This group met weekly to review reports already in production and deploy any needed fixes, as well as to discuss the prioritization and development of other child welfare and provider reports needed to support case management and program processes. However, due to the continued updates to CJAMS to improve functionality, there has been an impact on the accuracy of reports and the full complement of data that was available prior to the transition is still not available.

Throughout 2023 there was a concerted effort to review both report functionality and the way users interact with the reports on a regular basis. Research and Evaluation continues to partner with MD THINK to design and construct reports to be both user-friendly and to provide a clear and effective visualization of the data.

During 2023, five new CJAMS reports were able to be launched into production. Two of the reports were related to AFCARS 2.0 which allows data entry validation to occur more often in effort to meet AFCARS compliance on a routine basis. Two additional reports were moved to production to gather historical data on Out of Home Entries and Out of Home Exits. These

reports include detailed summary and trend reports. Reports at this level support day to day decision making as well Legislative and federal reporting requirements. The final report that went into production was a hospitalization and overstay report. This report allows individual tracking of children in foster care entering a hospital stay or overstay for medical or psychiatric reasons. This report is historic and allows for the state to gather trends and data to make informed decisions around children in foster care. This final report is critical due to the fact that extended hospitalization has been a challenge in Maryland and affects time to permanency for the youth involved. Reports in prior years also provide information on timely initial face-to-face contact in CPS Investigations and Alternative response, as well as additional milestone reports for caseworkers concerning substance exposed newborns, Birthmatch for new babies born in families where there were prior TPRs or child fatalities, allowing for monitoring of casework to ensure safety and wellbeing for these vulnerable infants and their families.

Baltimore City Consent Decree Reports

For much of the past several years, Research and Evaluation has been focused heavily on providing support to Baltimore City in the development, testing, and implementation of over 60 reports for their active consent decree. These reports have eliminated the necessity for hand counts for all of the required data, and they can be validated with other QLIK reports derived from the same CJAMS elements. Some of these measures include placement with siblings in foster care, monitoring of weekly visits between parents and their children in foster care, placement usage for all children in a jurisdiction, and use of family meetings at key decision points during a child's time in foster care.

During this same time frame, increased attention was paid to aligning business specifications and policy, creating and implementing application enhancements, and identifying and carrying out user training. Most of the reports focus on elements of foster care and the work completed by the case workers. All reports were developed such that they will meet the needs of the consent decree, but also be more broadly usable by every jurisdiction statewide. Research and Evaluation's involvement with these reports will decrease once they have all been moved into production, though modifications and changes will be made as needed to ensure the accuracy and usability of these reports over time.

During 2023, priority was placed on 14 consent decree measures to ensure all application issues and report barriers were resolved around these measures to ensure they functioned properly in production. During the course of 2024 there will be enhanced focus to complete exit standard measures by the way of application stories and completed reports.

Documentation Trainings

In 2021, a major initiative was the provision of tablets to workers to ensure that documentation processes in CJAMS could continue as they are in the field, which served to strengthen data and documentation outcomes. Training and Technical Assistance (TA) has been provided to the LDSS on the differences between court hearing types to ensure accurate documentation and understanding as well as focus on missing documentation identified in reports to ensure more timely and accurate data availability. Collaboration continued with the LDSS Assistant Directors to ensure the involvement of each LDSS to bolster training and additions to CJAMS.

Worker Trainings

The Child Welfare Academy (CWA) integrated the IPM into all of its Pre-Service and In-Service

training in 2020 for stronger outcomes around teaming, planning, assessing, and coaching. A desired key caseworker skill to be identified in training was strong engagement skills to partner authentically with children, families, resource families, and other stakeholders. Strong engagement is a critical underpinning of all child welfare practice, as it is essential to obtain accurate information about family circumstances and goals to inform assessments and case plans. Continued enhancements around this integration have occurred over the last few years as well. This past year, Reducing Secondary Traumatic Stress training for the Child Welfare Workforce to help retain and better prepare workers for the challenging situations that they encounter in their work.

CJAMS Support & Enhancement

Systems Management provided coordinator groups to discuss challenges and concerns with CJAMS functionality and to help troubleshoot issues. Meetings occur bi-weekly. Representatives from all LDSS, DHS/SSA, and MD THINK applications participated in these meetings. The focus was to ensure that caseworkers can document information about their children and families accurately, efficiently, and effectively, and to support the overall case management process. Additionally, bi-weekly calls are held with CJAMS Child Welfare Coordinators to cover agenda items such as upcoming demos, how-to guides, user training, questions on CJAMS functionality, and outstanding CJAMS ticket issues.

On a weekly basis, representatives from LDSS, SSA, and MD THINK met to discuss needed modifications, enhancements, and new features to be included in CJAMS to improve both the user experience and data quality management. The membership of the group included a DHS/SSA systems development team member whose focus was on the application and the training needs for the enhancement being requested. This group also participated in viewing demonstrations and testing these enhancements, asking questions about their applicability and scope. This process helped to ensure that any enhancement would work for the end user as well as support reporting requirements.

Intermittently, there has been added focus on defect tickets within CJAMS. MD THINK is able to provide valuable information on focus areas where tickets were occurring. This process allowed enhancement stories to be developed to resolve the system issue causing defects to occur. During the course of the year, SSA worked with MD THINK to develop and plan Program Increments to determine which user stories would be focused on during development. This process included demos, testing, and implementation.

Adoption and Foster Care Analysis and Report System Updates

Maryland began implementing enhancements to CJAMS for AFCARS 2.0 early on and by October 1, 2022, most updates had been made so that the 2023 A submission had almost all of the required elements. Some of the updates were inadvertently missed or not implemented accurately, thus necessitating changes. Research and Evaluation implemented a Foster Care AFCARS and a Guardianship/Adoption AFCARS Qlik report in production to allow for continuous review of AFCARS requirements. These reports allow LDSS the ability to complete periodic checks of their data compliance in drill down areas within the report. There was a training PowerPoint developed to provide AFCARS training to workers and supervisors in separate sessions. During 2023, eight training sessions were offered to Workers and 8 sessions were offered to Supervisors.

Section 5: Quality Assurance System

Maryland continues to grow and leverage its QA/CQI) System to implement improvement activities outlined in the 2020-2024 Child and Family Services Plan.

Foundational Administrative Structure
The CQI/QA unit at SSA oversees the QA System and local CQI processes in the state of Maryland. The CQI/QA unit provides CFSR peer reviewer training and quality assurance training throughout the year to SSA staff, volunteers from local departments, and partners at Chapin Hall and the UMSSW. This training consists of applying the federal On-site Review Instrument (OSRI), reinforcing high quality reviews, reviewing written CQI policies and procedures, and building capacity of newer staff. In 2023, additional CFSR training sessions were developed to provide instruction and guidance on the changes made in the Round 4 OSRI. These Round 4 trainings were then presented to SSA staff, frequent volunteers from the local departments, and partners at Chapin Hall and UMSSW in preparation for the upcoming state-led CFSR in 2025. In addition to peer reviewer and quality assurance training, SSA staff also receive training in understanding Maryland's Headline Indicator dashboard performance. Staff meet with external reviewers on an ongoing basis to assess overall trends towards improving outcomes and discuss the overall quality of the reviews to promote fidelity to the CFSR review process.

Maryland continues to build capacity to enhance its current CQI/QA system by working closely with Chapin Hall and the University of Maryland School of Social Work. Through these partnerships, DHS/SSA can anticipate and plan for staff attrition and maintain a highly functional CQI/QA system. Additionally, at the beginning of CY2023, the CQI/QA team worked with Chapin Hall to build additional capacity in understanding performance by conducting a thematic analysis of achieve Reunification, Guardianship, Adoption, or Other Planned Living Arrangement (Item 6) to enhance Maryland's performance in achieving improved outcomes for children and families. This work served as a starting point for initiating further CQI conversations with the LDSS around improving Item 6 performance in an effort to meet the PIP target by September 2023.

Quality Data Collection
The Maryland CFSR is conducted using the federal OSRI, which assesses the quality of practice and service delivery to children, youth, and families. Through Maryland's CQI/QA System process, DHS/SSA identifies practice strengths and needs of the service delivery system using data extracted from reports within the federal Online Monitoring System (OMS). This information is combined with the Headline Indicator dashboard performance, which utilizes data extracted from CJAMS (i.e., CCWIS).

In 2021, Maryland initiated the implementation of a local QA review process designed to assess compliance with key child welfare activities. Through the use of a standardized tool, these QA reviews allow each LDSS to critically assess the quality of practice and local level processes. Included are case-level and resource-provider level reviews to support an ongoing understanding of LDSS performance related to national and statewide standards. These efforts are informing opportunities to improve practice and ensure quality service delivery for children and families receiving in-home and out-of-home services. In addition, these reviews facilitate targeted course corrections where needed in local jurisdictions. Over the past year, the QA review tools have continued to be revised as needed in order to maintain validity.

Historically, stakeholder focus groups have been held biannually to collect qualitative data on the systemic factors impacting child welfare practice and inform SSA's understanding of the IPM. In 2023, the focus group methodology was revised with the intent of increasing youth/family voice, resulting in the decision to only hold focus groups annually in September moving forward. Targeted strategies were developed to expand recruitment efforts, including direct outreach to individuals identified by SSA and the participating LDSS as well as the distribution of flyers to LDSS and community organizations. The results of the focus groups will be shared with DHS/SSA leadership and presented to the Outcomes Improvement Steering Committee in 2024.

Case Record Review Data and Process
Maryland's CQI/QA System supports LDSSs through the completion of ongoing case reviews, utilizing administrative and case-review data to assess and understand progress towards achieving positive outcomes for children and families. Maryland conducts monthly state-led reviews of the 24 local departments over the course of six 6-month periods. Each period, two large jurisdictions (including Baltimore City, the state's largest metropolitan region), one medium jurisdiction, and two small jurisdictions are reviewed, with the sample of cases selected proportional to the size of the jurisdiction. The reviews use a random sampling methodology to ensure comparability between review periods. In 2023, ten local departments were reviewed spanning three review periods: Prince George's, Cecil, Dorchester, Baltimore City, Charles, Washington, Somerset, Kent, Caroline, and Harford.

Case reviews are led by the CQI/QA unit and supported by volunteers from other units at SSA, child welfare staff from jurisdictions other than the one under review, and partners from Chapin Hall and UMSSW, all of whom undergo a formal peer reviewer training process. Reviewers utilize information provided in the case record and interviews of key participants to understand the quality of services provided, the local department's assessment process, and progress toward case goals. With written manuals and instructions provided by the Children's Bureau (CB) for support, cases are entered into the federal OMS and the validity of the ratings are reviewed through a three-tiered QA process. The current infrastructure and ongoing relationship with our partners will support a state-led review for CFSR Round 4 in 2025.

When further information is needed regarding specific domains related to the CQI/QA process, program managers at SSA partner with the local departments to conduct deeper analyses and provide targeted technical assistance as needed. For instance, in 2023, the CQI/QA unit continued to support local departments in analyzing trends in the timely achievement of permanency outcomes (Item 6) using the CFSR data from OMS to understand contributing factors to a rating of Area Needing Improvement (ANI) for Item 6.

Analysis and Dissemination of Quality Data
Maryland's CQI/QA System evaluates the quality of services using administrative data pulled from CJAMS (i.e., CCWIS) to track progress across sixteen key outcomes that measure safety, permanency, and well-being through the Headline Indicators dashboard. DHS/SSA distributes Headline Indicators on a quarterly cycle statewide to all the local departments. The data show statewide and jurisdiction-level progress towards achieving outcomes as well as statewide and jurisdictional trends on storylines that consider racial disparities and explore child-level factors associated with performance outcomes. Additionally, statewide CFSR results are disseminated to LDSS and to internal and external stakeholders every 6-months. The CFSR Results Report is a summary analysis of local CFSR performance following each CFSR onsite case review. This Results Report outlines the aggregated findings of the LDSS onsite case review, including trends

around their practice areas of strength and areas needing improvement. The report then summarizes the overall CFSR performance trends in comparison to the local Headline Indicator data and provides recommendations for practice improvement, with a particular emphasis on the use of IPM principles to drive enhancements. In 2023, the CFSR Results Report was revised in preparation for Round 4. The revised report aims to concisely outline the areas of practice that influence the rating of a Strength or an ANI and will be used in 2024.

DHS/SSA continues to regularly review and discuss aggregate CFSR performance data with external and internal stakeholders at a variety of venues within the DHS/SSA Implementation Structure (see Collaboration section for additional information). These discussions focus on identifying trends across program and service areas, assessing strengths and barriers, and identifying potential root causes impacting performance. SSA is committed to improving the CQI/QA system by amplifying family voice and the voices of those with lived experience by creating spaces alongside other stakeholders for ongoing discussions around the data and eliciting feedback to make substantive changes to practice.

Feedback to Stakeholders and Decision-makers and Adjustment to Program and Process
The CQI/QA unit reviews the CFSR Results Report with the local departments following the on-site review to ensure understanding of the data analysis and collaborate with the local department to develop strategies to implement recommendations for practice improvement and navigate identified barriers. The CQI/QA unit provides the LDSS targeted assistance to construct a data-driven, comprehensive Continuous Improvement Plan (CIP) to leverage their strengths and develop strategies to address areas of growth. Such strategies include, but are not limited to, bolstering training, forming and strengthening community partnerships, and providing technical assistance to translate policy to practice. The CIP is then monitored on an ongoing basis bi-annually through meetings between the CQI/QA unit and the local department until the LDSS restarts the cycle.

The CFSR on-site review process is reflected upon on an ongoing basis to determine its successes and areas needing adjustment. The CQI/QA unit elicits feedback for the on-site reviews by surveying first-time CFSR peer reviewer volunteers and by having open and honest discussions with the local department during the exit debrief following the on-site review. Additionally, QA huddles are held each review to discuss the process in real time. In combination, these multiple avenues of obtaining feedback on the CFSR process aid the CQI/QA unit in determining additional training and guidance needed to adequately support the efficacy of the CFSR process. In 2023, the CQI/QA unit, in partnership with UMSSW, conducted an internal review of the CFSR process in its entirety, from the Orientation and Practical Data Meeting held at the start of the LDSS's CQI cycle to the ongoing CIP Monitoring Meetings. Through this internal review, it was determined that the CFSR process would benefit from greater collaboration in the data sharing process, allowing for the LDSS to take greater ownership of their storylines. The review also determined that the CQI/QA unit needed to provide more technical assistance in the development of the CIP. Based on these findings, the CFSR-related materials were updated to support the achievement of these two goals. The materials will be utilized starting in 2024.

The LDSS QA reviews occur in parallel with the statewide CFSR reviews and aid the state in identifying statewide versus local trends in practice and understanding which additional resources, training, technical assistance, or other supports are needed to address gaps and areas needing improvement. Through these reviews, LDSS can elevate local insights on performance

for DHS/SSA to review cumulatively in tandem with other evidence and data gathered on statewide performance. Insights and trends noted through QA reviews are leveraged for statewide policy and program decision-making while also enabling LDSS to monitor their own performance to guide locally driven and developed improvement efforts.

Maryland has also implemented bi-annual 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 to improve practice. In 2023, focus groups were transitioned to being held annually instead of biannually in an effort to increase youth and biological parent voice. Additionally, recruitment efforts were reviewed and enhanced in 2023 to improve participation. While participation rates cannot be calculated due to the methodology used, the number of youth participants in the September 2023 focus group was at least double of any focus group previously held.

Section 6: Update on 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 Navigation
- Placement and Permanency
- Adoption Assistance Program
- Mutual Consent Voluntary Adoption Registry
- Adoption Search, Contact and Reunion Services
- Ready By 21
- Guardianship Assistance Program

The estimated number of individuals and families to be served (the number of individuals and families to be served by service/activity with the total estimated funding indicated); the population(s) to be served (the population that has been targeted for the designated services); and the geographic areas where the services will be available are reported in the Maryland FY2025 CFS-101s.

Services for Children Adopted from Other Countries
Maryland does not provide any specific programs targeted to children adopted from other countries. If children enter care post adoption, they continue to receive the same services as those provided to children born in this country, aimed at reunifying the family as soon as possible. Prior to removal, the family would need to access family preservation services in attempts to preserve the adoption. At the time of removal, families are eligible to receive post adoption support. Maryland offers services to all post adoption families regardless of where the youth was adopted from.

All adoptive families can receive post adoption therapeutic services through two sole source contracts. Adoptions Together and Center for Adoption Support and Education (CASE) provide pre and post adoption services in Maryland regardless of the type of adoption. Maryland has continued to maintain these two contracts to support all adoptive families. The current contracts are valid through June of 2024.

When a child enters foster care, the electronic system has a "person" tab that helps identify if the youth has been previously adopted. It asks, "Has the child ever been legally adopted?" If it is marked yes, it asks for a prior adoption date and was the prior adoption intercountry. The AFCARS 2.0 continues to track this data.

Services for Children Under 5

As indicated in Table 61, The data from 2020 to 2023 shows an increase in longer stays for children under the age of five. In 2020, 59% of children under five who entered care had a length of stay of 12 months or more, out of a total of 1,274 children. By 2023, this percentage increased to 78%, though the total number of children under five in care had decreased to 673. This data indicates that although fewer children under five are entering care, those who do are more likely to stay for longer periods.

Maryland has also seen a decrease in shorter stays for children under the age of 5. In 2020, 40% of children under five had a length of stay of less than 12 months. By 2023, this percentage dropped significantly to 22%. Despite the increase in the percentage of children staying in care for 12 months or more, the total number of children under five in care has significantly decreased from 2020 to 2023. In 2020, 1,274 children under five were in care. In 2023, 673 children under five were in care. The data shows that while fewer young children are entering care, those who do are more likely to have extended stays of 12 months or more. This data underscores the importance and need for Maryland to continue to focus on strategies to prevent entry into care and work to achieve timely permanency for those who do enter foster care.

Table 61: Children Under Age Five Length of Stay CY2020 - CY2023

Social Services Administration: Children Under Age Five in Foster Care, Length of Stay (LOS)				
LOS in Care (In Months) of Children Under Five in Out-of-Home				
Calendar Year	**6 months or less**	**7-11 months**	**12 months or more**	**Total**
2023	116	35	522	673
Percentage of population	17.2%	5.2%	77.6%	100%
Percentage Point Change: 2022 to 2023	5.5%	16.4%	21.9%	43.8%
2022	248	236	609	1093
Percentage of population	22.7%	21.6%	55.7%	100%
Percentage Point Change: 2021 to 2022	-.09%	3.7%	-2.7%	

Social Services Administration: Children Under Age Five in Foster Care, Length of Stay (LOS)				
LOS in Care (In Months) of Children Under Five in Out-of-Home				
Calendar Year	**6 months or less**	**7-11 months**	**12 months or more**	**Total**
2021	278	211	687	1,176
Percentage of population	23.6%	17.9%	58.4%	100%
Percentage Point Change: 2019 to 2020	3.3%	-1.9%	-1.5%	
2020	259	252	763	1,274
Percentage of population	20.3%	19.8%	58.9%	100%
Percentage Point Change: 2018 to 2019	-8.1%	-1.5%	9.4%	
The goal is for 80% of the children 0-5 will have a length of stay of 11 months or less by 2024.				
Data Source: CJAMS				

During this reporting period, the agency continued with its implementation of the FFPSA and the five identified prevention evidence-based practices. The agency continued to offer workforce development training and TA to the child welfare workforce focused on engaging families, assessing needs, appropriate service matching, and coordinating with service providers to ensure service plan goals were being met.

Through Maryland's FFPSA plan, the agency currently supports and collaborates to implement several evidence-based interventions for young children and their families. These interventions include:

- Parent Child Interactive Therapy (PCIT) which 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, Carroll, and Allegany counties. There are other jurisdictions that would like to include PCIT in their plan also. 11 families received this EBP in 2023.
- Healthy Families America (HFA) is an evidence-based home visiting program designed for pregnant mothers and parents with children up to 24 months of age. The program will assist the family until the youth turns 5 years old. It is being implemented in six jurisdictions. This intervention allows for expansion to other jurisdictions in coming years as well. 60 families utilized this EBP in 2023.

Maryland also has several programs that increase recovery from substance use disorders, encourage retention in treatment, increase parenting skills and capacity and coping skills, and enhance child well-being which can support in reducing lengths of stays for children. These services include:

- Safe Babies Court Team Approach (SBCT) (Frederick County)
- Peer Recovery Coaches (Harford County)

- Judy Centers (Various counties)
- Family Recovery Courts (5 Jurisdictions)
- Sobriety Treatment and Recovery Teams (7 jurisdictions)
- Nurturing Parenting Program (NPP) is a promising parent-education program that is being implemented in two jurisdictions, but it is not part of the FFPSA.

Since the submission of the 2023 APSR, the state has undertaken numerous activities and initiatives to reduce the length of stay, addressing the developmental needs for children under 5 in foster care as well as for those served in-home and, in a community-based setting. The state is partnered with the MFN to collaboratively support efforts around the prevention of child maltreatment. The Community-Based Child Abuse Prevention (CBCAP) work that MFN directly leads, as well as our Family Support Center and Early Head Start Networks, for which MFN provides administrative oversight and funding, play crucial roles in supporting families and preventing child abuse. These initiatives and programs are prevention-focused, and SSA applies a Strengthening Families approach to promote families' and communities' protective factors. And, as part of the CBCAP portfolio, SSA is focusing on building collaborations between public-private, local, and state organizations in the service of amplifying prevention-focused impacts. MFN presented their Strengthening Families CBCAP model during the implementation team meeting that resulted in a robust conversation about community pathways to prevention and opportunities to collaborate with the department, community providers, and partners.

As reported in the 2021 APSR, the state continues to address system infrastructure related to childhood development and Maryland is currently the recipient of the Pritzker Family Foundation Prenatal-to-Age-Three State Grant also known as the Building Better Beginnings (B3) initiative. DHS continues to serve as a key leader on the B3 initiative. B3 focuses on expansion of high-quality services available for expectant families and families with children from birth to age 3 who are living at or below 200% of the federal poverty level. The initiative focuses on increasing receipt of services in three broad areas: high-quality prenatal and early childhood care and services to support health and development (Healthy Beginnings); comprehensive services that promote maternal health, infant and toddler development, and family well-being (Supported Families); and high quality, affordable infant-toddler childcare, and early learning experiences (High-Quality Early Care and Learning). The agency spent 2021 as a key collaborator on the B3 initiative to develop the state's inaugural Prenatal-to-Three Equity Report, which is essential to promoting equity in the three broad domains and in addressing the developmental needs of all vulnerable children aged 3 including children in foster care, as well as those served in Family Preservation Services and within community-based agencies. During this reporting period, Maryland continues to support this work by collaborating with partners to identify reasons families are encountering difficulties in finding childcare for children under 2. Maryland is also committed to increasing the number of slots for infants and toddlers, including those in foster care.

Finally, as previously noted, DHS/SSA underwent a restructuring process to establish an Early Childhood Specialist position specifically dedicated to children aged 0-5. The role of this specialist is designed to bolster service coordination and identify avenues for enhancing collaborations, aimed at mitigating instances of child abuse and maltreatment while prioritizing safety, permanency, and overall well-being. The Early Childhood Specialist assumes responsibility for offering TA to LDSS on developmentally appropriate screenings, assessments, and service planning, with the overarching goal of improving safety, permanency, and well-being outcomes for the 0-5 population, including Substance Exposed Newborns.

The services targeted to children under the agency of 5 and the activities described helps the agency progress towards the goal of strengthening system partnerships and building a prevention service array to support children and families in their homes and communities. These efforts aim to improve safety, permanency, and well-being of youth and families, while also building a comprehensive prevention service array.

Efforts to Track and Prevent Child Maltreatment Deaths
DHS/SSA receives child death information from the LDSS when they complete and submit a fatality data collection form. Looking ahead to 2024, we plan to streamline this policy, ensuring a multi-disciplinary approach to the information received. This involves the Office of the Secretary for DHS receiving information to examine maltreatment fatalities from a legislative perspective. The forms, submitted by all 24 jurisdictions, were initially intended to be shared through the national Research Electronic Data Capture (REDcap) system in 2022, a more advanced Web-based tracking system. Despite collaborative efforts with the Office of Technology for Human Services (OTHS) to address access issues, compatibility problems with the University of Maryland VPN necessitated a reevaluation.

In response, a new approach emerged in 2023 with a request to integrate fatality reporting into CJAMS, allowing local jurisdictions to input data directly for more timely notification. DHS/SSA gains access to a corresponding report, enhancing Maryland's ability to monitor trends and provide guidance, technical assistance, and training while ensuring more accurate reporting to the National Child Abuse and Neglect Data System (NCANDS). SSA has already commenced validation of information, cross-referencing data from notifications with data directly entered into CJAMS.

Attending rapid response review team meetings organized by local jurisdictions following a child fatality report, SSA collaborates with LDSS to address investigation steps, child safety, and conduct comprehensive family assessments. SSA offers technical assistance to improve data accuracy and conducts trend analysis outside of formal data tracking.

DHS/SSA has recently implemented The Child Maltreatment Fatality Review (CMFR), which uses a system-focused critical incident review process to identify areas for learning and systems improvements. The CMFR takes a supportive and non-punitive approach to learn from child fatalities. The review aims to have candid conversations about system challenges without blame. Participation from the teams that worked directly with the families is crucial to the success of a review. Four reviews were attempted in 2023; the local jurisdictions participated in two, and two received no participation from the local jurisdiction. This participation rate is a slight reduction from 2022 when six reviews were attempted, and the local jurisdiction elected to participate in four. While staffing challenges led to fewer total fatality reviews in 2023, there is a renewed commitment to individual case reviews. SSA is exploring different approaches to ensure comprehensive assessments. In May 2022, SSA released Safe Sleep Guidance to support staff in engaging families and managing risks related to sleep practices. Participation in the State Child Fatality Review Team, including contributions to the state's combined efforts, continued in 2023 with an update to the guidance reflecting the latest American Academy of Pediatrics recommendations. Jurisdictions statewide organized safe sleep symposiums in 2023, where SSA played an active role, contributing data to foster collaboration among professionals and individuals with lived experience, all aimed at reducing sleep-related fatalities. The activities

focused on tracking and preventing child maltreatment deaths directly contribute to the agency's achievement of Safety Outcome 1, ensuring that children are, first and foremost, protected from abuse and neglect. By systematically monitoring and addressing factors that contribute to child maltreatment, the agency enhances its ability to safeguard children.

Moreover, these activities also support Goal 4, which is to improve workforce wellness. By addressing child maltreatment proactively, the agency helps reduce the emotional and psychological burden on its workforce, mitigating the impact of secondary traumatic stress. This supports lower turnover rates as staff feel more supported and less overwhelmed by the challenges of their work..

Promoting Safe and Stable Families (PSSF)

Please refer to the CFSP and previous Annual Progress and Services Report (APSRs) for background information on the PSSF grant. The PSSF grant was used to help LDSS fund services to help families and children in the following categories: family preservation, family support, family reunification, and adoption promotion and support services. These funds are allocated to the LDSS for contracting with local community-based organizations to provide these services to families and children within their local jurisdiction. In 2023 and over the past 5 years, Maryland allocated PSSF funds to all 24 jurisdictions utilizing at least 20 percent of the PSSF grant in each of the service categories; approximately 10 percent of the grant was administration and discretionary spending. There were no changes or additions in services or program design during this reporting period. Estimated expenditures for the described services are provided on the CFS-101, Part I.

Service Decision-Making Process for Family Support Services
(Family Preservation and Family Support Services)
Family Preservation and Support Service Funds help local jurisdictions to fill in service gaps. Each jurisdiction is different, and these funds allow for individualized planning based on the needs in the respective jurisdiction. Family preservation and/or family support funds through PSSF were allocated to all twenty-four (24) LDSS in Maryland in 2023 resulting in approximately 5,528 families and 11,306 children being served in 2023. This was a slight decrease from the 5,565 families and 11,440 children served in CY2022. Over the last five years, there has been a 10% reduction in new Family Preservation cases, although this trend has stabilized in recent years. The most significant declines were observed in 2020 and 2021, likely attributed to the impact of COVID-19. Nonetheless, there has been a rise in Family Preservation cases in the last two years, although these increases did not match the counts for FY2019.

Family Preservation are service programs designed to promote the safety and well-being of children and their families, enhance a parent’s ability to create a safe and stable home environment, and maintain permanency while preserving family unity. Family Preservation Services programs are designed to enable a child to remain safely at home while receiving intervention services. Since 2018, on average 96.4% of the children served through Family Preservation were able to remain with their families throughout their service period. Moreover, within the same timeframe, an average of 98.3% of children remained in their homes and avoided out-of-home placement and 95.3% of children remained free from indicated maltreatment findings for up to 12-months after completing In-Home services.

Most of the LDSS operate specific programs with their allocated Family Preservation and Family Support funds that provide family visiting, counseling, or evidenced-based services. The LDSS 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.

Some of the services paid for through "flex funds" include community-based parent education programs and structured parenting classes that are an essential part of child welfare services; some of these programs offer parenting development opportunities such as vocational training as well. In addition, home visiting services were also provided, which served families with children ages 4 months to 5 years old. These "flex funds" achieve program goals by providing services to families to preserve and strengthen families and to prevent children's entry into foster care. 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 the family preservation and support programs are different and are based on the needs in the respective jurisdiction.

SSA conducted a needs assessment with all 24 counties in 2023. Counties were asked to review their current and anticipated needs for evidenced-based programs that are in Maryland's current Title IV-E Prevention Plan. After this was completed, SSA began planning for meetings with counties about expanding our array of services. In the latter part of 2023, SSA hosted their first regional meeting to begin planning for the new Title IV-E Prevention Plan with local departments, caregiver advisors (county level and community partners who have lived-experience), and other stakeholders. SSA will continue these regional meetings in 2024.

The PSSF funding and activities described support the agency with the goal of strengthening 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 as well as building a quality service array. By providing direct resources for family support and preservation services, the agency is able to help families address challenges that lead to instability or separation.

Family Reunification Services
Approximately 214 families and 280 were served in SFY2023. Family Reunification services provided by the LDSS have been tailored to the individual family and have addressed the issues that brought the family into the child welfare system. Family Reunification services support Safety Outcome two (2) in the CFSR that children are safely maintained in their home when possible and support Permanency outcome one (1) in the CFSR that children have permanency and stability in their living situation. These Family Reunification services that were provided by the LDSS helped achieve both reunification and prevent re-entry in the foster care system.

The types of services provided include:

- Supervised visitation
- Therapy not covered under Medical Assistance
- Tutoring assistance
- Family bonding activities
- Individual, group and family counseling
- Mental health services (i.e., trauma therapy)

- Parenting classes
- Parent mentors
- Sibling visitation

Adoption Promotion and Support Services
Approximately 586 families and 502 children were served in SFY2023. The 24 LDSS offer adoption promotion and supportive services to assist families during the adoption process, encourage more adoptions for those youth seeking permanency and finalize adoptions. During the five year period including SFY2023, the allocation for each LDSS was 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. The Adoption Promotion and Support Services assisted families and youth with the preparation of adoption. The funds are used to support the LDSS and the families they serve. The Adoption Promotion and Support Services funds were linked to the adoption goals and are specifically geared to ensure that children with the goal of adoption are adopted. The funds were spent on services that remove barriers to finalized adoption.

The types of services provided include:

- Respite and childcare
- Adoption recognition celebration gifts
- Recruitment advertisement (radio, billboards, movie theater)
- CPR trainings for families
- Monthly parent support groups facilitated by a specialist
- National Adoption Month gifts
- Newspaper ads to aid in the TPR process
- Mentoring, counseling, and occupational therapy for pre-adoptive youth
- Promotion and recruitment activities
- Visitation and bonding activities
- Travel expenses for youth to travel to pre-adoptive placement
- Resource parent retention and appreciation events
- Barker Adoption Conference for agency staff
- Speech and trauma therapy for pre-adoptive youth
- Therapeutic recreational activities
- Educational tutoring for youth in pre-adoptive placements
- Fire, Health, Lead Paint, and Environmental inspections for pre-adoptive families
- Deposits for adoption celebrations
- SAFE Home Study Trainings
- Support staff de-escalation trainings
- Family-Centered practice trainings
- Safety & well-being coaching
- Adoption books & folders for Adoptive families
- National Council for Adoption Conference for staff
- Fingerprinting and physical/TB test reimbursement for potential adoptive/foster parents
- Specialized medical equipment to prevent injuries for clients
- TPR mediation & attorney fees
- Consultation, education, and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption
- Legal advertising for petition for guardianship to support adoption & the purchase of a biological parent's death certificate to support pre-adoptive needs.

- Phone cards to support pre-adoptive children & families contact with their biological families, tablets to support educational needs, school supplies and clothing to support pre-adoptive children.

Populations at Greatest Risk of Maltreatment
The agency continues to identify SENs as a population at greatest risk of maltreatment and works diligently to maintain the well-being of these newborns and their families utilizing available resources. During this reporting period the agency continued to support and address the SEN population under Social Services Administration's (SSA) Risk of Harm Assessment, which is a statewide approach that incorporates a comprehensive assessment to determine a family's strengths, needs, and locate services for the newborn and parent/caregiver to promote safety and family wellness. The agency's SEN activities, which focus on maternal health, child health, and substance use disorder, have significantly contributed to the program's goal of strengthening system partnerships to improve the safety, permanency, and well-being of youth and families. Additionally, these efforts support the development of a comprehensive prevention service array to assist children and families within their homes and communities. By identifying appropriate services for newborns and their caregivers, these activities aim to enhance safety and overall family wellness. For more information on SEN activities, data, and outcomes, please see the section titled "Summary and Update of SEN Activities."

The SUD Workgroup continued to support implementation of the POSC and APSR activities: 1.) building state and local cross-system collaboration and 2.) utilizing the expertise of various stakeholders involved in the delivery of services to align the array of services and resources to meet the needs of SENs and family members impacted by SUD. System partners involved with the SUD Workgroup welcomed and embraced a state-lead collaborative approach for addressing SEN and parental substance use. In April 2023, the agency held the last monthly SUD Workgroup. The SUD Workgroup will continue to serve as a collaborative structure for the agency on an ad hoc basis to support SEN and SUD practice, areas needing improvement, and implementation of CFSP and supplement APSRs. The agency's creation of SUD Listserv and local SEN Supervisors Group will continue to support meaningful collaboration and information sharing to improve outcomes for SENs and families impacted by parental substance use. The SUD Listserv with TA provided by The Institute will foster community connections with other professionals including individuals with lived experience, working to improve lives of Maryland families impacted by SUD and share updates on relevant SEN training and resources. SSA will oversee the SUD Listserv. The SEN Supervisors Group is an extension of the SUD Workgroup that meets every other month, facilitated by LDSS staff, and serves as a feedback loop.

CAPTA State Grant funding to support the development implementation, and monitoring of Plans of Safe Care
The agency utilized a portion of CAPTA funding to support the implementation of the START model in several Maryland Jurisdictions. In Maryland, START is targeted to families that come to the attention of the agency having a SEN or families with parental substance use as an identified need or risk factor. START aims to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders by serving eligible families through a dyad that includes a Child Welfare Supervisor, Case Worker and a Family Mentor. Since 2022, START has served over 92 families with more than 3,000 Family Mentor family encounters documented and focused on implementation of the POSC and parental recovery support. The agency utilized CAPTA funding during this reporting period to support SUD and SEN training for child welfare staff and community providers focusing on effective implementation of the POSC

specifically newborns prenatally exposed to Cannabis and opioids.

Policy
SSA issued a statewide SEN policy February 2021. The policy provided updated guidance and best practices on cross-system collaboration aligning with federal requirements to improve service delivery and continuum of care for SENs and parents. Key elements included consultation and partnership with birthing hospitals, medical professionals, substance use treatment providers, and other stakeholders engaged in serving this population. The agency introduced the revised SEN written notification form and standardized the POSC statewide. The POSC 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).

The agency's POSC addresses care, referrals, and services for the newborn and for parent/caregiver including substance abuse treatment, mental health, and parenting support. The POSC promotes engagement and education with parents/caregivers on safe sleep, home safety, and fire safety. Ensuring the implementation of services identified in the POSC is crucial for addressing the ongoing health and needs of the newborn and parent/caregiver effectively. To facilitate the monitoring process of the POSC, the agency integrated the full POSC into CJAMS September 2021.

Notification, federal reporting, and data collection
Maryland's SEN statute, §5–704.2., sets the requirements related to SENs for hospitals, birthing centers, health care practitioners, and child welfare. Maryland's child welfare CPS receives reports of alleged maltreatment, abuse and neglect, and SEN notifications. However, there is a distinct difference in the agency's response to SEN. Maryland's family-based approach to supporting and addressing the needs of SENs through a comprehensive assessment led to the agency's shift from "SEN reporting" to "SEN assessment notification" as reflected in policy, practice, and proposed SEN regulation amendments. During this reporting period, SSA submitted amendments to the SEN regulations. These amendments aim to support the agency's family-based approach, ensuring that the needs of SENs are adequately addressed to promote safety and family wellness.

The agency reports on the number of SEN notifications received for a SEN assessment. In order to support notifications of SENs and meet the National Child Abuse and Neglect Data System (NCANDS) reporting requirements, the agency reviewed and identified enhancements in CJAMS to improve SEN data reports and inform decisions regarding SEN practice and programming including data to identify equity issues. SSA's program staff and MD THINK created a SEN Milestone report that reflects the agency's timely completion of safety and risk assessments and POSC. The agency continues work with MD THINK and SSA's Research & Operations to successfully report the number of SENs for whom referrals for services were made (including services for the affected parent/caregiver). The anticipated completion of the SEN enhancements is by the end of 2024 or beginning of 2025. These enhancements will enable the agency to submit additional SEN data for NCANDS reporting and will support decision-making related to utilization of funds to ensure healthy outcomes for SENs and families impacted by substance use.

POSC Protocol Summary
SSA's protocol to support the implementation and monitoring of POSC includes:

- The hospital, birthing center, health care practitioner, and/or other professionals making a

SEN notification completes and submits the written notification to the LDSS not later than 48 hours after the contact, examination, treatment or testing that promoted the notification. The SEN written notification form identifies the newborn and parent's substance exposure, newborn's symptoms resulting from prenatal exposure, preparations for newborn including pediatrician if known, referrals initiated by the hospital, and any additional relevant information on the newborn and family that will assist the LDSS with assessing the family.

- The caseworker will engage the parent/caregiver in the SEN assessment (including formal & informal assessments), consult with the newborn and parent/caregiver's community providers (obtain medical reports, treatment plans and progress reports), and provide material and child health information (safe sleep; fire safety; medication safe storage) to support the develop of the POSC.
- The caseworker and family develop a POSC based on the assessment information gathered.
- The POSC ensures the newborn and parent/caregiver are referred for services and supports that reduce risk factors and increase protective factors. Services included but are not limited to:

    - Health care services
    - Home visiting services
    - Early Intervention services
    - Parenting support and education
    - Treatment for SUD and recovery support services

Monitoring

POSC are monitored at the state and local levels. At the local level, the caseworker who develops and completes the POSC with the family during the SEN assessment monitors POSC. At the state levels CJAMS documents the POSC information for all SEN assessments and SSA utilizes the SEN Milestone report and/or other ad hoc reports to assess implementation progress, address challenges, and identify programmatic changes.

Collaborating with Stakeholders

The agency engaged in numerous meaningful collaborations with internal and external stakeholders to inform policy, regulation, and practice to improve services for SEN and families impacted by SUD. Please view Section I: Collaboration, for specific updates and information.

Summary and Update of SEN Activities

- To support Comprehensive Addiction Recovery Act (CARA) implementation, adherence to Maryland's Family Law Article § 5-704.2, and effective implementation of the SEN policy, SSA collaborated with Maryland Department of Health's Behavioral Health Administration, Maryland's Patient Safety Center, and Maryland Department of Health's Maternal and Child Health to conduct a two-day SEN policy training. Target audience for the training included birthing hospital staff, health care practitioners (HCPs), mandated reporters, and community health providers serving SEN or parents with a substance use disorder, and LDSS staff. The SEN policy training informed internal and external stakeholders on DHS/SSA's new SEN policy, SEN resources, and resources for parents to ensure effective implementation of the SEN policy and cross-system collaboration at the state and local levels.

- SEN Policy Survey: Developed for and completed by LDSS late spring of 2021. The survey focus was to assess policy comprehension to support policy implementation and statewide development. Some of the areas that were identified as a training need were the use of the POSC, the development oversight and monitoring of the POSC, and the SEN supplemental policy document "Parental Authorization for Care of a Child by a Caregiver." As a result, the agency conducted targeted TA sessions. The TA sessions provided additional policy guidance and informed the agency on areas of needs for future SEN training and activities.
- The Institute and SSA program staff facilitated a statewide POSC training, Integrating the Plan of Safe Care into Child Welfare Practice, as a result of targeted TA sessions with LDSS program staff (continuation from the 2021 SEN Policy Survey) and the POSC being embedded in CJAMS. The training provided a walk-through of the POSC in CJAMS with interactive discussions focused on strategies and workflow for case management and utilizing assessment information including formal tools (CANS-F) to develop POSC i.e., appropriately organize and manage; service planning; identifying interventions.
- An area of focus identified through DHS/SSA's TA to LDSS and stakeholders was medical and recreational Cannabis. Maryland's recreational Cannabis law (adults 21 and older may possess, use, and grow Cannabis) began July 1, 2023. SSA collaborated with an expert in the field of public health and Maryland's state agency that provides oversight and monitoring of medical and recreational Cannabis. This collaboration was aimed to educate child welfare staff, resource providers, caregivers, and community providers on the health implications of Cannabis use, harm reduction, and current Maryland medical and recreational Cannabis laws and regulations.
- SSA with the state's Opioid Operational Command Center and TA from The Institute and Chapin Hall introduced the SEN Collaborative Team Toolkit with supplemental material for child welfare program administrators. The toolkit is designed to build and enhance current cross-system collaboration teams to enhance service delivery, support program outcomes, improve practice across systems, and support development and implementation of the POSC. Support and guidance were provided 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. This assistance was provided through a statewide webinar.
- Birthing Hospital Listening Session: A statewide webinar focused on the completion of the SEN notification form required by Maryland's Family Law § 5-704.2., to ensure a timely notification is made to the LDSS providing necessary information for the SEN and the family needed to initiate a SEN assessment. Facilitated by SSA's SEN program staff and Chapin Hall, the goals were to understand barriers and challenges related to completing the written notification in order for the agency to identify actionable items that will support timely completion and submission. The target audience was hospital staff and medical personnel responsible for making SEN notifications to the LDSS. The results of the listening session were: 1.) Adherence to the SEN law inconsistent among LDSS and 2.) Ongoing workforce development and patient education on SEN law, policy, and practice. SSA continues to explore strategies to address identified barriers in considering the agency's new CFSP plan.
- The agency worked with University of Maryland School of Social Work, Ruth Young Center for Families and Children CWA to update and enhance the current SEN training curriculum for child welfare staff. An advanced skills POSC lab was held focusing on Medication for Opioid Use Disorder (MOUD) and Cannabis Use. The POSC labs served

to enhance frontline staff skills to conduct a SEN assessment and utilize information gathered during the SEN assessment including collaborating with service providers to develop and effectively implement the POSC.

- SEN-MOUD Fall Webinar Series (annual event). The agency collaborated with CWA, University of Maryland School of Medicine Maryland Addiction Consultation Services, several local community providers, and MDH's Behavioral Health Administration (BHA), Maternal & Child Health, and Center for Tobacco Prevention and Control to conduct statewide webinars for internal and external stakeholders. The webinar series served to support best practices, harm reduction, strengthen collaborative practices, and implementation of the POSC that may improve positive outcomes for families impacted by substance use disorder.

SEN activities reflect the agency's substantial and meaningful collaborations to accomplish CFSP goals. The SUD Workgroup and training (cross-system; targeted child welfare) facilitated by the agency were well attended with participants informing the agency on areas of needs to further explore and consider for the new 2025-2029 CFSP. A few areas of need the agency plans to explore are the following:

1. Streamlining SEN notifications in the agency's current CPS reporting system (1-800-91Prevent);
2. Improving array of services & supports for SUD population by leveraging FFPSA (maternal substance treatment programs focused on enhancing parental child caring abilities, supporting parent-child attachment and family support systems to improve children's health) and strengthening our workforce development trainings to ensure our personnel are equipped with the necessary skills and knowledge to effectively support individuals and families affected by SUD; and
3. Achieving timely permanency for SENs.

Assessment of Data

During this 5 year reporting period, there has been a general decline in SEN notifications, dropping from 2,134 in 2020 to 1,950 in 2023 (see Table 62, "Total SEN Notifications"). Although notifications saw a slight increase in 2021, they have continued to decrease. Ongoing cross-agency training is essential to ensure that all parties fully understand the law (Family Law Article § 5-704.2) concerning SEN definitions, notifications, and exemptions.

Factors that may influence this include the understanding of the SEN definition and the SEN notification exemption by child welfare staff and healthcare practitioners, as outlined in Maryland's Family Law Article § 5-704.2 Ensuring accurate screening of notifications hinges on this understanding. Additionally, the toxicology testing procedures implemented by birthing hospitals play a pivotal role. Child welfare staff and health care practitioners personnel/staff changes, organization procedural changes, and toxicology testing procedure differences among birthing hospitals across the state of Maryland contribute to the lack of understanding of the SEN definition and notification exemption. The section titled, "Summary and Update of SEN activities" reflects the agency's efforts to keep health care practitioners, community providers, and child welfare staff informed on the law and the agency's SEN process, thereby promoting wellness and ensuring compliance. The agency will continue ongoing collaborations with birthing hospitals and health providers to identify opportunities for cross-system SEN activities and collaboration that will promote a consistent understanding of Maryland's SEN definition and the SEN notification exemption to accurately identify SENs.

Enhancing CJAMS functionality for SEN service cases has been a primary focus for the agency over the past five years. SEN notifications are screened in when the provided information identifies and meets the SEN criteria, which may include the newborn's presumptive toxicology results. Maryland's law requires an oral SEN notification to the LDSS as soon as possible and a written notification not later than 48 hours after the contact, examination, attention, treatment or testing that promoted the notification. The law does not specify the type of testing (newborn urinalysis, meconium, hair, or etc. testing) or whether definitive testing results are required before making a SEN notification to the LDSS. Per SSA's policy, a SEN notification may be screened in with the newborn's presumptive toxicology results to ensure the agency does not overlook appropriately assessing a SEN and parent/caregiver for services.

When meconium results are received and false-positive indicated, the LDSS must submit a system request to remove the SEN designation from the newborn. To improve SEN data, a system enhancement allows frontline staff, with supervisor approval, to "uncheck" the SEN designation once new information indicates a false-positives toxicology result. This enhancement enables the agency to promptly address infants incorrectly identified as SENs. Continual system enhancements remain a focus to review and validate SEN data, identify trends, and inform the agency's decisions to support the SEN population and programmatic needs.

With SSA's ACQI team, regular TA meetings are held with each of the 24 LDSS to monitor the timely completion of safety assessment, risk assessment, and POSC for all SEN cases. These meetings aim to ensure compliance and stay updated on current data trends. Feedback from the sessions led to proposed revisions in COMAR, CJAMS enhancements (including POSC), and staff training. Other opportunities for improving timely completion of assessments and connecting families to needed resources are discussed with the LDSS based on best practices and support from key stakeholders such as Maryland's Public Behavioral Health Administrative Services Organization (ASO), Local Health Departments, and SUD treatment providers.

Table 62: Total SEN Notifications

Calendar Year	SEN Notifications Received for Risk of Harm Assessment
CY2020	2,134
CY2021	2,359
CY2022	2,119
CY2023	1,950

Table 63: Update on Activities to Improve Performance

Activities to Improve Performance for SENs	Target Date
Enhance cross-system collaboration to support early intervention/prevention services, implementation of the POSC and build SEN Collaborative Teams to improve services for SENs, pregnant women, postpartum women, fathers, and families impacted by substance use.	**June 2024**
Implementation Status: Completed Progress: ● Refer to "Summary and updates of SEN Activities"	

Develop targeted SEN and substance use training and enhance current agency training to improve practice to serve SEN, support effective implementation of the POSC, and decrease negative outcomes related to this population e.g., SEN critical incidents; parental overdose or overdose deaths; SEN fatalities.	**December 2024**
Implementation Status: Completed Progress: ● Refer to "Summary and updates of SEN Activities"	
Improve the methods by which Maryland monitors SEN cases and improves upon Quality Assurance.	**December 2024**
Implementation Status: Completed Progress: ● Refer to "Summary and updates of SEN Activities"	

Sleep-related Child Fatalities

In 2023, the Department continued efforts that focused on increased awareness and education, identifying trends to inform policy and advancements in safe sleep practices. Due to the great risk and correlation of SENs and sleep related deaths, SSA's SUD Workgroup identified a need for current, statewide material for parents, child welfare staff, and community providers on Sudden Unexpected Infant Death (SUID) and Safe Sleep. The SUD Workgroup member representatives from Maryland Department of Health, Maternal and Child Health Bureau developed Sudden Unexpected Infant Death (SUID) data and Safe Sleep infographic material. The SUID data infographic is designed to help educate and inform community partners, legislators, health care providers and other key stakeholders who can be engaged in conversations about issues related to infant mortality, SUID, and child death disparities across the state. The Safe Sleep infographic is designed for parents, caregivers, and community providers to ensure those caring for infants have a clear overview of SUID risk factors, and what our statewide data tells us about the most common risk factors observed in Maryland SUID cases. The updated SUID data and Safe Sleep infographic materials can be accessed on the DHS' Substance Exposed Newborn webpage.

To aid in enhancing data tracking of sleep-related child fatalities, the Department convened a workgroup that met to discuss the needs of the local departments and the priorities of SSA so that a reporting mechanism could be designed that facilitates both the case management responsibilities of the local departments, and the data tracking needs of SSA. The agency enhanced reporting forms to ensure when the agency receives reports of child fatalities, we are able to determine if the child fatality was related to safe sleep. This enhancement will allow the Department to quickly identify trends in sleep-related fatalities and be responsive to communities with the highest need. Additionally, the agency continues to utilize the Child Maltreatment Fatalities review process to identify and highlight system barriers in our fatality prevention efforts.

Kinship Navigator Funding

Assessment of Performance

Over the past five years (2019-2023), Maryland delivered specialized training to Family Investment Administration (FIA) staff to better support Kinship caregivers. This initiative enhanced access to SNAP benefits and caretaker/relative-only Temporary Cash Assistance

(TCA) for Kinship caregivers, leading to increased stability for children and families. By connecting Kinship caregivers with local Kinship Navigators, we successfully coordinated community resources and support, further stabilizing services for these children and families. (2025-2029 CFSP Safety Outcomes).

In 2023, Maryland continued the implementation and evaluation of the Enhanced Kinship Navigator Pilot Program model to evaluate the process of serving kinship caregivers. Through ongoing support of the Kinship Navigator Pilot Program this initiative aimed to optimize support for kinship caregivers by conducting comprehensive evaluations, delivering training on study protocols to key staff within LDSS jurisdictions, and facilitating community engagement for program improvements. Comprising eight pilot jurisdictions, the Enhanced Kinship Navigator Pilot Program enlisted three Maryland Coalition of Families (MCF) Kinship Navigators, employing a peer-to-peer support framework, comprehensive assessment protocols, and centralized access to services. While the program concluded on June 30, 2023, evaluations of served families persisted until October 2023.

Throughout the year, the DHS/SSA Kinship Navigation Administrator led monthly meetings with LDSS Kinship Navigators and MCF navigators. These sessions aimed to bolster targeted outreach efforts, devise strategies for reaching underserved communities and unrecognized kinship caregivers, foster transparent communication with partner agencies, and allocate supplementary resources statewide. The integration of kinship caregiver voices via workgroups, phone consultations, and local meetings enriched the implementation process.

Maryland continues to organize and facilitate professional development training to engage kinship caregivers and identify needed resources. Training programs include in-service training for LDSS staff, Kinship Navigators, MCF Kinship Navigators, UMB-The Institute provided technical assistance and training to pilot staff as needed. In addition, through collaboration with UMB- The Institute and surveys conducted with kinship caregivers from the Enhanced Kinship Navigator Pilot Program we were able to raise kinship awareness and identify barriers and needs of the kinship caregivers and evaluate the effectiveness of Maryland’s Kinship Navigator program in preventing and diverting children from foster care.

SSA sustained outreach endeavors to heighten community awareness regarding kinship dynamics and support for kinship caregivers within Maryland's Kinship Navigator program. Enhanced resources were made available through several channels, including LDSS Kinship Navigators, the DHS/SSA Kinship Care webpage, an updated Kinship Care fact sheet, collaboration with 211 Maryland, and a dedicated kinship texting subscription service. This monthly subscription, facilitated by partnerships with 211 Maryland, delivers essential updates directly to subscribed kin caregivers.

In addition to quarterly Kinship Navigation Family First workgroup sessions, monthly Kinship Navigator Peer Support meetings were held to disseminate resources and support to partner agencies and stakeholders, enhancing outreach efforts to diverse populations. In March 2023, the Kinship Navigation Program Administrator collaborated with the Maryland Association of Pupil Personnel (MAPP) through the MD Department of Education, engaging in a conference with PPWs and school Social Workers to address terminologies related to kinship care, service access barriers, and strategies for bridging the gap between the schools and the community and how to access the Kinship Navigation Program in Maryland through the local DSS.

Through this funding DHS/SSA was able to continue to collaborate with the University of Maryland (UMB)-The Institute, Chapin Hall, and MCF to implement and evaluate the Enhanced Kinship Navigator Pilot Program across eight pilot jurisdictions. The Institute executed an evaluation design to operationalize Maryland's Enhanced Kinship Navigator Model, provided professional training to LDSS staff and SSA, identified service gaps within Maryland's Kinship Navigation structure, and conducted listening sessions and surveys to capture lived experiences from kinship caregivers. Financial support was allocated to the Maryland Coalition of Families for direct kinship services, peer-to-peer support, and other requested resources, with additional incentives provided to kinship caregivers participating in the pilot program.

The Department of Human Services (DHS)/Social Services Administration (SSA) is committed to identifying an EBP that integrates the perspectives of kin caregivers to address service gaps, enhance resource availability, and forge new partnerships, thereby fortifying the Kinship Navigator Program across Maryland and establishing standardized services. Presently, Marylandhas not established a definitive timeline for the program's evaluation by the Title IV-E Prevention Services Clearinghouse; however, this objective has been earmarked for future attainment.

Kinship Navigation Funding supports Maryland towards goals of building a prevention service array to support children and families in their homes and community and ensuring the continuity of family relationships and connections by establishing and sustaining a kin first culture. Funding supports the services that help children and families within their own homes and communities and reduces the need for foster care placements. This funding helps Maryland strengthen family units while offering resources and guidance to kinship caregivers. This is crucial to Maryland's prevention strategy.

Table 64: Temporary Cash Assistance (TCA) Data CY2023

Caretaker Relative Cases January 2023-December 2023 TCA-Non-Needy		
Jurisdiction	**Non-Needy Caretaker Relative Cases**	**Needy Caretaker Relative Cases**
Allegany County	119	20
Anne Arundel County	348	31
Baltimore City	891	121
Baltimore County	633	71
Calvert County	36	2
Caroline County	79	6
Carroll County	71	4
Cecil County	194	17

Charles County	105	10
Dorchester County	36	2
Frederick County	150	12
Garrett County	32	3
Harford County	180	27
Howard County	92	15
Kent County	21	2
Montgomery County	285	19
Prince George's County	417	39
Queen Anne's County	40	6
St. Mary's County	112	16
Somerset County	43	2

Caretaker Relative Cases January 2023-December 2023 TCA-Non-Needy		
Jurisdiction	**Non-Needy Caretaker Relative Cases**	**Needy Caretaker Relative Cases**
Talbot County	41	3
Washington County	245	21
Wicomico County	236	10
Worcester County	61	4
Total	4,467	463

The above table indicates the number of kinship caregivers in each county who were beneficiaries of Temporary Cash Assistance (TCA) TANF benefits in CY2023. Needy caretaker relatives are relatives that are also requesting assistance for themselves. They are included in the TCA household and therefore are counted in the grant. If the relative has any income their income will be counted against the TCA grant. Non-needy caretaker relatives are relatives that are not requesting assistance for themselves. They are not included in the TCA household and therefore not counted in the grant. Their income is not considered, and this is sometimes commonly referred to as relative/child only TCA. The total number of caretaker relatives who were beneficiaries of the needy and non-needy TCA grant during calendar year 2023 is 4,930.

Table 65: Kinship Navigator Services

Totals for Kinship Navigators Services between January 1, 2023 and December 31, 2023 Includes the number of families and children involved in the child welfare system.				
		Involved in Child Welfare System		
	Families Served	Cases		Children
County	(A)	(B)	(B/A)	(C)
Maryland	330	282	85.5%	486
Allegany	3	3	100.0%	2
Anne Arundel	1	1	100.0%	1
Baltimore City	158	140	88.6%	233
Baltimore County	3	0	0%	0
Calvert	3	3	100.0%	2

Totals for Kinship Navigators Services between January 1, 2023 and December 31, 2023 Includes the number of families and children involved in the child welfare system.				
		Involved in Child Welfare System		
	Families Served	Cases		Children
County	(A)	(B)	(B/A)	(C)
Caroline	6	4	66.7%	8
Carroll	5	2	40.0%	4
Cecil	12	12	100.0%	14
Charles	0	.0	.0%	.0
Dorchester	7	7	100.0%	22
Frederick	51	49	96.1%	95
Garrett	7	7	100.0%	11
Harford	0	.0	0%	0.
Howard	6	5	83.3%	5

Kent	7	7	100.0%	14
Montgomery	7	6	85.7%	6
Prince George's	3	3	100.0%	3
Queen Annes	2	2	100.0%	2
Somerset	12	10	83.3%	24
St. Mary's	6	5	83.3%	10
Talbot	4	3	75.0%	3
Washington	0	.0	.0%	.0
Wicomico	27	13	48.1%	27
Worcester	0	0	0%	0

The kinship chart above illustrates the quantity of formal kinship families per jurisdiction benefiting from Kinship Navigation Services administered by the local Department of Social Services during the period of January 2023 to December 2023. It is important to clarify that this data specifically pertains to youth and families engaged with the child welfare system, particularly those in out-of-home care, who actively sought and received assistance through the Kinship Navigation Program assignment. Column (A) indicates the total number of families served through the local department of social services per county. Column (B) indicates the total number of families served that had open cases within child welfare services per county. Column (B/A) indicates the percentage of cases involved with child welfare services in comparison to the total number of families served overall per county. Column (C) indicated the total number of children served that were involved in child welfare services.

Notably, this data does not encompass kinship providers who may have contacted the LDSS exclusively for information and referral (I & R) purposes through the Kinship Navigation Program. SSA staff is currently working with the MD THINK/CJAMS team to create a Kinship Navigation Pathway within CJAMS to capture data pertaining to the number of informal families served statewide.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

To better support families and improve the quality of caseworker visits, staff was offered training in various areas. This training included team building within the local jurisdictions and across different units, techniques for de-escalation to help staff engage with families effectively, and training on autism spectrum disorder to enhance their understanding of working with youth and families. Additionally, training was offered on upgraded equipment that was purchased to assist during family visitations. Laptops were also purchased for workers to complete visitation documentation in CJAMS, and other devices such as cameras were purchased to assist in providing resources to families and workers during hybrid visits.

These efforts supported the training of staff to provide more effective and efficient services to

families with specified needs. To continue addressing the needs of families, LDSS would like to receive more training on permanency, as well as supplies that will upgrade and enhance observation rooms and visitation rooms, such as toys, books, crafts, and furniture. Local leadership would also like to host more staff appreciation opportunities for their workers.

Adoption and Legal Guardianship Incentive Payments
Analysis of the Data

Table 66 below outlines the award year, award amount, and amount expended for Adoption and Legal Guardianship Incentive funding.

Table 66: Adoption and Legal Guardianship Incentive Expenditures FFY 2023

Award Year	Award Amount	Amount Expended
FFY 2018 (10/1/2017 - 9/30/2021)	$619,500	$619,500
FFY 2019 (10/1/2018 - 9/30/2022)	$85,000	$28,998
FFY 2020 (10/1/2019 - 9/30/2023)	$20,000	$20,000
*FFY 2021 (10/1/2020 - 9/30/2024)	N/A	N/A
*FFY 2022 (10/1/2021 - 9/30/2025)	$228,000	$73,151
FFY 2023 (10/1/2022-9/30/2026)	$626,500	TBD
*Did not receive a grant award for FFY2021		

In 2023, the Adoption/Guardianship funds were used to provide adoption incentive funding to LDSS to maintain adoptions/guardianships. Services provided were psycho-educational services, evaluation services, mental health & educational advocacy, trauma informed therapy, summer camp, trauma focused therapy, neurobehavioral evaluation, tutorial services, speech and language therapy, and other specialized services. In CY2023, SSA approved $98,270.08 in Adoption/Guardianship Incentive funds serving adoptees and families. The Adoption and Guardianship Funds were used to maintain and stabilize families pre and post permanency finalization with services such as therapy, evaluations. and other needs.

In 2024, the state will continue to assess the needs of the families in Maryland by receiving and reviewing requests for Adoption and Guardianship Incentive funds. The requests can include child specific recruitment activities such as photo listing and matching events, and direct client services such as medical treatment, mental health services, respite care, educational services, and camp. The state will also utilize the funds to assist LDSS with stabilizing pre adoptive placements and other direct client services and services for Custody and Guardianship cases.

Overall, the State was able to support families pre and post adoption or guardianship permanency by assisting with services psycho-educational services, evaluation services, mental health & educational advocacy, trauma informed therapy, summer camp, trauma focused therapy, neurobehavioral evaluation, tutorial services, speech and language therapy, and other specialized services

Adoption Savings
As outlined in the CFSP, DHS/SSA continues to work on utilizing Adoption Savings funds as delineated in the Adoptions Savings Plan to impact the following outcomes: child welfare case worker adoption competencies, increase adoption/guardianship permanency, increase services offered to adoption/guardianship families post adoption finalization, as well as resource parent education. As of October 2023, DHS/SSA was able to spend the following:

- $1,390,585 in Post Adoption
- $574,535 has been obligated in Post Adoption (open purchase orders)
- **Total: $1,965,120**

Maryland is not making changes to its Adoption Savings methodology and will continue to utilize the funds to support permanency through guardianship and adoptions.

The state calculates adoptions savings based on the number of finalized Title IV-E adoptions per fiscal year. For FFY, DHS/SSA has a cumulative total (2015-2023) of $1,965,120 unspent funds as of September 2023. Given the federal guidelines for the use of these funds, the following percentages will be used to spend the funds by September 30, 2024, on the activities outlined in the plan below: **10% At-Risk ($375,510); 70% IV-B/IV-E ($2,628,572); and 20% post-Adoption ($1,390,585).**

- National Adoption Association Membership $35,000 (2023-2025) executed.Center for Adoption Support and Education Post Adoption Contract $2,213,125 (2023-2024) executed with six-month extension. Adoptions Together Post Adoption Contract $1,977,526 (2023-2024) executed with six-month extension.
- Maryland Post Adoption and Preservation Services Request for Proposals (RFP) – The state is procuring post-adoption and preservation services to offer educational and therapeutic services to youth and families within Maryland's five regions. The RFP was scheduled to be completed by the end of FY23 but has not been released to the public yet. The contract is a three-year base period with two (2) 1-year renewal options. The term start date would be 2/1/2025 and will run (2025-2030). The total 3-year base is
  $4,499,179, year 1 Option: $1,498,358 and year 2 option $1,502,463 totaling $7,500,000.
- 2023 Resource Parent Training Curriculum – The state is continuing the Maryland Resource Parent training contract with the Child Welfare League of America. The contract is set to be a multi-year and will run from (2/15/2024-2/14/2025). Total: $161,990

Strengths
The current adoption support programs served 149 new families in fiscal year 2023 and engaged all 24 jurisdictions to provide post-adoption services. Fifteen jurisdictions had families utilizing post-adoption services. One provider provided 85 support groups, totaling more than 1,300 hours of individual and family therapy. These support groups included post-adoption support, interracial adoption parent groups, interracial adoption child groups, and a book club. The other provider engaged in more than 1,380 hours of individual and family therapy.

Concerns
The RFP was due to be completed in 2023. However, due to the rigorous review of procurement

processes and procedures by the new Administration, there has been a delay in the approval of the RFP. It is expected to be posted in 2024. At the end of CY2023, there have been several multi-month extensions on the post-adoption contracts until the RFP can be posted.

Family First Prevention Services Act Transition Grants
DHS/SSA made no changes to the proposed uses of the FFPSA Transition Act Grant funds outlined in the 2024 APSR. A large portion of the Transition Act Grant supports Maryland's infrastructure to implement Evidence Based Practices. Listed below are the activities from 2023:

Support residential placement providers to improve quality and better meet the needs of child welfare-involved families
In 2023 there were no additional Transition Act Grant funds issued. During the Qualified Residential Treatment Program (QRTP) application period between March 2023 and May 2023 no new QRTP applications were received.

Develop a rigorous evaluation strategy for certain evidence-based programs
This activity is targeted to provide funding to support the development of evaluation plans for Family Centered Treatment (FCT) and START that were included in Maryland's original Prevention Plan submission. To date, DHS/SSA has not added either intervention to its prevention plan although both were approved by the Title IV-E Prevention Clearinghouse and rated as [promising/supported]. DHS/SSA focused its efforts in 2023 on continuing to train staff and stand up EBPs currently approved in Maryland's Prevention Plan that are well-supported. As these EBPs are fully implemented in identified jurisdictions, DHS/SSA will explore opportunities to add the evaluation to the Prevention Plan to include FCT and START.

Support building the evidence for certain interventions previously funded under Families Blossom (Title IV-E waiver)
During the reporting period DHS/SSA has continued state level funding for several promising programs that were funded under Families Blossom, Maryland's title IV-E Waiver that may be potentially viable for FFPSA funding with support to build demonstrable evidence required by FFPSA. During 2021, DHS/SSA drafted a scope of work to support the development and implementation of an evaluation plan that aligns with FFPSA requirements for two interventions funded under Families Blossom, Maryland's title IV-E Waiver: Community of Hope (COH) being implemented in Washington County and Partnering for Success (PfS) being implemented in Baltimore County. DHS/SSA worked on an agreement to be in place by 2022, but with delays now expects an agreement to be in place after the new Maryland Title IV-E Prevention Plan is submitted in September 2024. The Partnering for Success and Bester Community of Hope are two interventions being implemented in Baltimore County and Washington County, respectively, for which DHS/SSA is looking to build evidence around their effectiveness. The interventions collaborative framework plan to improve cross systems partnerships with the integration of evidence-based treatments in order to meet the behavioral needs of children, youth, and caregivers with the goal to maintain a place where children are safe, and caregivers are supported to prevent maltreatment from occurring in the first place and prevent further maltreatment.

Support for existing providers implementing EBPs included in Maryland's Prevention Plan and expansion of providers able to implement EBPs in Maryland's Prevention Plan
The EBPs in Maryland's Prevention Plan are programs that are already implemented in several localities across the State. The plan is to continue to increase the reach of these interventions, either by expanding in the current jurisdiction with existing providers and by installing in new

sites with vendors that meet fidelity criteria. During 2021, DHS/SSA worked with local jurisdictions to identify which EBPs each jurisdiction wanted to expand or install. Using this information DHS/SSA developed an expansion and installation plan that included proposed numbers to be served, start-up and implementation costs for SFY22 and 23, potential vendors to provide services and any needed collaborations between jurisdictions and other state agencies in order to have sufficient capacity to support EBP implementation. During 2023, DHS/SSA continued utilizing these funds to support expansion and/or installation in some of the identified jurisdictions.

Families that are served through the EBPs that are in Maryland's Title IV-E Prevention Plan are families with youth in the home from prenatal to age 17. It is important to clarify that Healthy Families America (HFA) is not counted in these numbers because HFA is covered by insurance.

The families that have utilized the EBPs the most are those families with youth between ages 14 years and 17 years old; 55% of the youth were in this age range. The next highest population was families with youth aged 11-13 years old; 35% of the youth were in this age range. 5% of this population were families with 5–10-year-olds and 4% were families with 1–4-year-olds. Families with youth under 1 year old followed in how many families were served making up about 1% of this population.

In terms of race of youth served through EBPs in 2023: 44% were Black/African American, 38% were White/Caucasian, 11% were Biracial/Multiracial, and 6% were listed as Unknown/Other. With regards to ethnicity of youth served through EBPs in 2023: 92% were Not Hispanic/Latino, 7% were Hispanic/Latino, and the ethnicity of 2 youths was marked as unknown (this was less than 1%).

In reference to the gender of youths served through EBPs in 2023: 54% were female, 44% were male, and 1% were non-binary.

The youth that Maryland has identified as "prevention eligible" or that Maryland identifies as candidates for these services are youth from families with one or more specific risk factors that could lead to the removal of a youth from the home if the issue is not addressed. These specific risk factors (listed in order from highest to lowest occurrence among families that used EBPs in Maryland in 2023) are: complex psychological or behavioral needs, prior child welfare experience, risk of harm, informal kinship, DJS involvement, substance use disorder, complex medical needs, unsafe living conditions, and victims of trafficking.

Support infrastructure for EBP CQI efforts
Family First requires that Maryland monitor the services that families/children are receiving pursuant to child specific prevention plans and collect information and conduct CQI related to fidelity and outcomes. DHS/SSA has worked with the University of Maryland School of Social Work to develop and enhance existing processes to collect needed data. During the reporting period, DHS/SSA has continued its agreements with the University of Maryland and has shifted existing CQI reports to a web-based dashboard format for most of the EBPs that is available to the state and LDSS. The only EBP that this has not worked for is HFA. SSA intends to continue efforts to shift this EBP's reports as well.

Rebrand child welfare services as family support services
DHS/SSA continued to identify opportunities to rebrand messaging related to the services and

supports provided by the agency. Efforts have included the initial development of materials providing information related to Maryland's transformation efforts and the implementation of FFPSA. There have been discussions of PSA-type videos and other types of messaging. In addition, DHS/SSA continued discussions and meetings related to the redesigning of portions of the DHS website in 2023 to align with efforts to shift from a child welfare system to a system focused on child and family well-being. Some drafting of new language also occurred later in the year. DHS/SSA hopes that in future reporting periods these funds will be maximized to support these and other efforts.

DHS/SSA also recognizes that the Family First Prevention Services Act Transition Grant is meant for assistance in building up prevention of out of home placements and for shortening the stay in out of home placement, when necessary, but is a time-limited grant. Due to this, Maryland has had discussions in Family First Prevention Services Act lead meetings in 2023 and ongoing about how to continue the services that have been expanded and increased after this grant expires in 2025. Maryland plans to continue to discuss grants that may be available, continue connecting with other states that are having similar discussions, and consider changes in current policies for support services or uses of other funds available such as John H. Chaffee funds.

Family First Prevention Services Transition Act grant supported Maryland's goals of strengthening 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. Transition act funds allowed Maryland to ensure the continuation of services during the transition from the IV-E waiver ensuring no disruption in the services provided to families. These funds aided in Maryland's ability to establish and expand Evidence Based Programs and increase the number of families accessing these services.

Family First Prevention Services Act Certainty Grants
Maryland was not eligible for the FFPSA Funding Certainty Grant during the reporting period.

John H. Chafee

Assessment of Performance
Chafee Programming remains an integral part of independent living services for current and former youth in care. It seeks to promote safety, permanency, and well-being. All programming is intended to be collaborative, informative, and youth-involved. Programming is designed to provide resources and services to improve outcomes and assist youth in successfully aging out of care.

Collaboration and Feedback from Youth
Over the last 5 year period,the following initiatives embraced youth voice and youth-driven plans by directly involving youth in planning and decision-making processes, ensuring that youth feedback and experiences shaped the programs and policies that affected them. This approach empowered youth and affirmed that the services provided were relevant, effective, and aligned with their needs and goals as they transitioned out of foster care.

1. Youth Engagement and Listening Sessions

    a. Youth in care with lived experience were directly involved in the planning and execution of listening sessions, which ensured that the experience met the actual needs and embraced youth voice, making the process truly youth-driven.
    b. By organizing listening sessions in-person, and virtually, the initiatives provided a safe space for youth to openly share their experiences, challenges, and suggestions. Therefore, the feedback was directly from the youth.
    c. Youth Feedback in Program Design: Youth feedback from listening sessions and focus groups were incorporated into the Family First Prevention Services Act (FFPSA) programming adjustments by highlighting how youth input was collected and acted upon. This ensured that transition programs were relevant and responsive to the actual needs and aspirations of the youth. This goal was achieved.
2. State Youth Advisory Board (SYAB)
    a. Leadership Roles: SYAB members were given leadership roles in facilitating sessions at significant events such as the annual Emerging Adults Executive Internship, and the Emerging Adults Summit. By leading discussions and presenting to their peers, the youth were positioned as experts of their own experiences, thus reinforcing the value of their voices. Participants completed interviews and presentations on topics that affected them, which placed youth in the driver's seat of their professional development journey, aligning with their personal and career aspirations. This goal was achieved.
    b. Policy and Curriculum Development: SYAB members reviewed and provided feedback on new foster parent training materials, teen mother programs, and runaway tracking, which shaped training content and incorporated youth perspective into crucial areas of policy and practice. The revisions were supportive of the youth's needs. This goal was achieved.
3. Emerging Adults workgroup.
    a. No progress was made in increasing youth participation or developing a system to compensate youth for contributing to the Workgroup. This goal was not met.
4. DHS Services Provided to Youth
    a. Continuous Engagement and Support: The Older Youth Team engaged with current and former youth in care through consultations, by providing resources, policy development and YTP improvements. These actions reflect DHS's commitment to continuously involve youth in their transition planning. This teamwork approach allowed for real-time adjustments and ensured that the youth's voice was a constant factor in decision-making. This goal was achieved.
    b. MyLife Website and Accessibility of Information: The MyLife website, designed with youth in mind, provides a platform for youth to access information relevant to their transition. The site's content empowers youth to take charge of their own planning and transitions, making the process more personalized and youth-driven. This goal was achieved.

Ending Aging Out Initiative

On July 20, 2023, the kickoff for the partnership between DHS and the Annie E. Casey Foundation (AECF/Casey Team) was announced to local DSS and DHS staff, along with representatives from the Family Well-being Strategy Group. DHS and the AECF have entered into a partnership and have agreed to work with agency leaders, staff, youth, and communities to develop strategies that prevent teens from entering foster care and ensure they exit foster care

with family connections and resources needed to thrive. This collaboration was formalized in a partnership agreement (shared with this group in July) where AECF committed a team of experts and resources for an assessment process and facilitation of work with state, local, youth and community leaders in support of this initiative. DHS agreed to provide access to managers and line staff, stakeholders, data, and documents as needed to complete the scope of work, which must be done in partnership. To guide this work internally at DHS, an implementation team was formed to partner with the Casey team in the completion of this shared work.

The goals and objectives of the initiative are:

1. Partner in the development of youth engagement/listening session strategies and help to execute with the Casey team (location, communications, recruitment, etc.)
2. Partner and work with the Casey team to plan for and carry out qualitative analysis.
3. Partner and work with the Casey team to plan for convening local DSS leaders again.
4. Partner to guide and inform communications, framing and development of "aging out" work and help to execute with the Casey team.

Following the kickoff, there was a qualitative survey given to participants (total of 36) to solicit feedback about the session. When asked what was most helpful during the kickoff meeting, the survey revealed: in- person meeting and interfacing with the Secretary, along with DHS/SSA staff to introduce this initiative; sharing barriers to permanency and being able to speak openly about systemic issues. When asked how they could contribute to ending aging out, respondents listed: working with community partners, using Family Finding, preventing children from coming into care by placing them with family and kin; and partnerships with the court system.

After the kick-off, implementation meetings started weekly with DHS/SSA and AECF staff. One of the first items in the planning was a series of listening sessions for youth ages 18-25, which included current and former youth in care. The listening sessions were part of the group's assessment of the state's foster care system. Two young adults with lived experience were co-designers for all six youth listening sessions. They worked diligently with DHS and the Casey teams to ensure the agendas for the listening sessions were co-developed with the youth and young adults in mind as a priority. The first listening session was held in Baltimore City on September 14, 2023. Subsequent sessions were held on September 25 (Virtual); October 19 (Virtual), October 27 (virtual), October 30 in Prince George's County, and November 7 (virtual). The initial goal was to have all the sessions in-person in various parts of the state to allow youth to express their experiences; however, some were moved to virtual due to logistical constraints. A total of 116 youth participated in the statewide listening sessions.

As part of the landscape analysis, a workforce survey was also developed and given to local DSS staff for completion. The statewide workforce survey was completed by 315 DHS staff. There were also 29 staff and leadership interviews conducted from eight jurisdictions and the Central State Office.

Six focus groups consisting of four small and four large jurisdictions were conducted. Small and large jurisdictions were purposely included to allow feedback based on their organizational dynamics. The four small jurisdictions were: Talbot, Frederick, Charles and Anne Arundel counties. The four large jurisdictions were: Baltimore City, Baltimore, Prince George's, and

Montgomery counties. The professional groups were caseworkers, supervisors, directors, independent living coordinators, and FTDM facilitators. In addition, eight youth participated in three focus groups from the corresponding jurisdictions.

As a result of the extensive landscape analysis that represented the voices of youth and professionals, the following high-level recommendations were proposed: build a kin-first culture; promote lifelong supports and connections for youth and young adults; and identify alternate ways to address housing, poverty and behavioral health needs for families that can prevent youth from entering care.

The State Youth Advisory Board

The State Youth Advisory Board (SYAB) consists of 10 members currently or formerly in care between the ages of 14 and 26 years old. Meetings continued to be held monthly throughout 2023. Youth who participated received a stipend for attendance at meetings. An identified goal for the year was to increase the number of youths joining the SYAB. In an effort to increase participation, existing members were encouraged to bring a fellow youth in care to a meeting for possible recruitment. The guest youth received a stipend for attendance. This initiative resulted in the addition of two members total for 2023, bringing membership from eight members to 10. The plan will be to extend membership to individuals who participated in the Ending Aging Out focus groups who meet the age requirement and can attend meetings. In addition, information about the role of the SYAB and how to join was shared with youth during SSA sponsored events.

In 2023, the SYAB participated in two important activities: facilitating a session at the 2023 Virtual Emerging Adult Summit and reviewing training material for a new foster parent curriculum DHS wants to implement. The session, facilitated by SYAB members with the support of SSA staff, was about the Strategic Sharing model. Those who participated presented to their fellow youth in care about the importance of knowing how and when to share personal information, as well as tools that can be utilized to gauge the appropriateness of the information they may disclose. They also reviewed a new foster parent pre-service training curriculum, the National Training and Development Curriculum and provided feedback to the agency on perceived strengths, weaknesses, and possible improvements for implementation of the new curriculum.

Family First Prevention Services Act

FFPSA has changed John H. Chafee Foster Care Independence Program to now the John H. Chafee Foster Care Program for Successful Transition to Adulthood. This reflects the change in focus from independence to transitioning to adulthood. FFPSA calls for changes in programming for older youth in the areas of independent living and pregnant and parenting youth (PPY). There were several activities completed in this area during 2023. The Emerging Adult Workgroup developed a questionnaire that workers could use for assessing the needs of pregnant and parenting youth. Other assessment tools were discussed, and a final assessment will be determined in 2024.

In July 2023, two focus groups were held with PPY providers who manage independent living programs. The providers were given an overview of FFPSA. They were presented with 5 questions: Who are your community partners (mental health, parenting classes, education, home visiting nurse)? How are pregnant and parenting youth engaging in the services, including EBPs)? What is your process for assessing program effectiveness? How are your programs engaging non-custodial fathers? What are the gaps in services? The providers were given a

survey to assess the EBPs they utilize, desire to continue meeting as a group, provision of technology for their youth in the programs, and services they provide. The survey was sent to a total of seven agencies, with six agencies responding. There were a total of 10 responses. The top EBPs utilized were: Multisystemic Therapy, Functional Family Therapy, Parent Child Interaction Therapy, and Healthy Families America. Most of the programs offered trauma responsive care and in-home parenting skills programs. The top three resources and services provided were: housing support and referral, employment workshops, and vocational training programs.

The providers who attended were Challengers Independent Living, CONCERN-Professional Services for Children, Youth, and Families, King Edward, Hearts and Homes for Youth, St. Ann's Center for Children, Youth, and Families, and Progressive Life Center. Themes that emerged from the discussions: challenges in finding and paying for childcare, adjusting to a post-COVID environment while still providing some services virtually, including youth who attend school virtually; difficulty contracting with apartment complexes in better neighborhoods; challenge in finding consistent mental health services and engaging youth to participate; and strong commitment among providers to service youth despite challenges and lack of resources.

In November 2023, there were two follow-up focus groups conducted: one with pregnant and parenting youth and one with both providers and youth together. In the provider/youth group, feedback was given about the types of community organizations that support their program. These programs included WIC, child support, immigration/translation services, and mental health services. Providers reported gaps in service needs such as the need for legal assistance for child custody issues, assistance with obtaining a GED and completing education while pregnant. The youth-only session yielded information about experiences in teen mother programs. Youth reported overall positive experiences in these programs citing learning coping skills and supportive foster parents as a benefit. Youth also discussed services that were helpful such as childcare, WIC, family classes with the father of the child present, and therapy. Youth also offered feedback that the foster care system should be more centered around them.

DHS Services Provided to Youth

DHS has provided and participated in multiple service areas of work supporting older youth within out of home care statewide. These services range from engagement with youth to supporting local jurisdictions with technical assistance. This work will continue on in the 2025-29 CFSP Permanency goal 5.

MyLife (Maryland Youth Launching Initiatives for Empowerment) Website

This is a state-maintained website that contains a variety of information for current youth in care and foster care alumni. It is designed to use pop-ups that youth can complete regarding education and other needs they may have. Specifically, there is information on the Ready by 21 (RB21) Benchmarks, the Maryland Youth Transition Plan, and resources for youth who have left care. This website is a starting point to understand older youth and emerging adult programming in the state of Maryland. It is not only designed for the youth, but also for caseworkers and other LDSS staff, foster parents, and community members. It contains information on how to contact DHS program staff. For 2023, there were a total of 6,400 users of the website, an increase of 53% from 2022 (4,200 users). Website users viewed a total of 49,700 pages from the website, an increase of 125% from 2022 (22,100 users). The most popular pages were the MyLife homepage, the State Youth Advisory Board, Regions of Maryland, and Social Awareness and Care. Most users of the page accessed it from their desktop computer (67.7%), which decreased from 69.7% in 2022; mobile device (31.4%), which increased from 28% in 2022. The smallest percentage (0.9%) was

accessed via a tablet computer. The primary languages usage was English, followed by Spanish, Chinese, and French. The website was most accessed on Mondays. The website continues to be updated on a regular basis. There could be potential growth in the number of website visitors with the use of an app and social media sites.

Technical Assistance and Support
The Older Youth Team continues to support constituents, including former youth, professionals, and community partners by providing resources and consultation. Some inquiries are directed to the team through the Foster Youth Ombudsman. Information and referral are in the areas of education, post foster care support (such as rent and food assistance), mental health services, housing/homeless services, and transitioning from foster care to community Medicaid. These services allow the Older Youth Team an opportunity to engage with constituents, including former youth in care, to evaluate ongoing needs and enhance outcomes for youth transitioning out of care. Other professionals working with youth also contact SSA to request information.

In 2023, the State Independent Living Coordinator conducted individualized meetings with several jurisdictions as part of the technical assistance effort. The purpose of the meetings was to get an understanding of the Ready by 21 Program staffing (presence of an independent living coordinator or not, supervisory and case worker staffing), provide technical assistance with the Youth Transition Plan, Casey Life Skills, and tracking of requirements for older youth in care. These meetings also provided an opportunity for introductions between the Older Youth Team and local agencies on a more personal level.

The Emerging Adult Summit
The Emerging Adult Summit was held virtually on April 6th and 7th. Twenty-three youth participated in the event along with several SSA staff and a foster parent. The keynote speaker, Antonio Grate, focused on overcoming challenges and setting goals for a better life. Classes focused on healthy eating, healthy relationships, financial empowerment, music therapy, creative writing, positive police interactions, and sex education. Workshops reflected the RB 21 Benchmarks which were emphasized during the summit.

The Emerging Adult Executive Internship
The 2023 internship was held August 7-11. There were 25 applicants and 16 participants. Each participant could earn a maximum of $450 USD if they completed the entire week. This incentive was calculated to provide and inspire further professional development in our youth by highlighting both the importance of being paid for their time, and the responsibility to adhere to program and job requirements. The internship was held in person for four days and a virtual session held on the last day. Youth who were accepted reported to the local department of social services office in the county in which they resided. Youth had the opportunity to gain hands-on experience with agency operations, resume building, communication skills, mental health supports, and interviewing. Youth participants were required to complete interviews with local staff in order to complete a presentation on a subject of their choosing in reference to issues which affect older youth in care. This presentation assignment was designed to strengthen participants' professional skill set in alignment with the Ready By 21 Benchmark of Education and Employment. The goal is to continue the in-person format for 2024 and continue to build the local DSS supervisory relationships needed to support the program.

The Emerging Adult Mini-Conference
Returning to in-person activities was a goal of the Independent Living Program. The Emerging

Adult Mini-Conference, held on October 20, 2023, was the first in-person conference for the year. There were a total of 17 youth who participated. The purpose of this event was to provide information and generate critical thought surrounding issues that personally affect foster youth in Maryland, as well as facilitate healthy and effective life skills that can positively affect youth transitioning out of care and into independent living. The conference supported our Ready By 21 Benchmarks of Permanent & Supportive Connections and Well-being & Civic Engagement. Sessions included maintaining permanent connection with relatives and friends when in foster care and upon exiting. Youth also received a lesson from the Love Notes Curriculum on how to identify healthy relationships and domestic violence. Both sessions were presented by the Court Appointment Special Advocates of Maryland of Baltimore County, Inc.

Runaway Tracking and Monitoring
SSA continues to monitor runaways that are reported by the local departments of social services through a formal report sent. Each week the reports sent to SSA are checked against reported runaways in CJAMS. Requests are sent to the local DSS to complete missing reports. Assistance is offered to the locals upon submitting the request. Most youth ran away from locations in Baltimore City. A new policy, Children and Young Adults Missing from Placement, was released in April 2023. This policy was enhanced to reflect alignment with the IPM, coordination with the Sex Trafficking Policy, and ensuring that terminology matches AFCARS for data collection. It also provides additional support for best practices when working with youth who chronically run away and those over the age of 18 and still in care. A live webinar was held for staff at the local DSS to learn more about both policies and ask questions. There were a total of 48 participants.

A revision of the aforementioned policy was done to ensure compliance with the Trafficking Victims Prevention and Protection Reauthorization Act of 2022 (P.L. 117-348) with respect to Title IV-E agencies. The revised policies reflect the following changes: redefined “young adult” to mean individuals between 18 and 21 years old for whom the State agency has responsibility for placement, care, or supervision, and individuals between 18 and 23 years old receiving Chafee program services; clarified that the National Center for Missing and Exploited Children (NCMEC) will not enter young adults 21 years and older, regardless of whether they are receiving Chafee program services; incorporated the federal language referencing the policy applying to those “for whom the State agency has responsibility for placement, care, or supervision.”

The Older Youth Team attended a meeting with the National Center for Missing/Exploited Children (NCMEC) Team to discuss services they provide, resources to parents, local agencies, police, and missing young adults ages 18-20. In addition, SSA has been contacted for technical assistance by NCMEC and police departments regarding follow-up issues: locating children and contact information for local DSS case workers.

2023 Runaway Statistics

Total Number of Runaway Incidents	309
Male Identity	121
Female Identity	184
Transgendered	4

Race	
Asian/Native Hawaiian/Pacific Islander	1
Black/African American	216
Caucasian	54
Hispanic	26
Other	12

Semi-Independent Living Arrangement Program

The Semi-Independent Living Arrangement (SILA) program gives youth in care ages 16-20 the opportunity to practice living independently while being supervised by the LDSS and/or receive support from community agencies. Youth in SILA can live in a variety of settings including renting a room, living in their own apartments, or staying on campus in a dorm. SILA eligible youth receive a monthly stipend if they meet eligibility requirements by continued enrollment in school/vocational training or employment. Stipends can be used for rental payments/room and board, utilities, education, food, transportation, clothing, and recreation. In 2023, there were a total of 75 Title IV-E eligible youth ages 18-21 who received SILA payment. There were 103 non-Title IV-E eligible youth ages 16-21 who received stipends. Baltimore County and Prince George's County had the most youth receiving SILA stipends, 19 and 18, respectively. The majority receiving stipends statewide were black (58% for IV-E eligible; 49% for non-IV-E eligible youth) and female (57% for IV-E eligible; 53% for non-IV-E eligible youth).

Credit Report Monitoring

SSA continues to secure credit reports for youth ages 14-17 to support the LDSS by ensuring that the state is in compliance with the Child and Family Services Improvement and Innovation Act (Public Law 112-34). Youth ages 18-21 are responsible for securing their own credit reports with the assistance from their case workers. The state maintains contracts with the three major credit bureaus: Experian, TransUnion, and Equifax. There were a total of 936 individual credit reports retrieved from each credit bureau for youth aged 14 thru 17 in 2023. Most of the reports were for Baltimore City DSS youth. The Credit Report and Identity Theft policy is in the process of being updated and will be released in 2024. The new policy will provide enhanced resources and guidance to local departments on addressing errors/fraud on credit reports and increasing

compliance among local DSS in securing reports for youth ages 18-20.

COVID 19 Monitoring and Division X Funding
DHS continued to track COVID 19 positivity among children and youth in care until May 31, 2023. When a child or youth tested positive, the local agency sent a critical incident report to SSA to document the positivity and whether the child was in the hospital or not. A brief narrative of the incident is included in the report about how the infection occurred.

There was no Division X Funding disbursed during 2023, as the program ended September 30, 2022.

2023 COVID 19 Statistics

Types of incidents

Number of Exposures	2
Number of Positive Cases	24
Number of hospitalizations	0
Total number of COVID Incidents	**26**

Gender Breakdown

Number of incidents involving females	12
Number of incidents involving males	14

Racial Breakdown

Asian/Pacific Islander	0
Black/African American	11
Caucasian	11
Hispanic/Latino	2
Biracial	2

NYTD Data Collection
NYTD data collection for Cohort 5 -2023B (17- year-olds) started in April 2023. The collection period was from April 1 to September 1, 2023. A total of 152 youth surveys needed collection in this period. At the end of December 2023, 125 surveys were collected. NYTD survey collection started for Cohort 4- 2024A (21-year-olds) in November 2023. There were a total of 70 surveys

due for this cohort. The Older Youth Team collaborated with the Data Team to gain an understanding of how NYTD surveys are collected for youth who have exited care. For youth who have exited care, a variety of ways are used to collect the data such as checking CJAMS and asking assistance from local DSS agencies. The Older Youth Team was asked to support this task by providing any information on youth who have exited care. The Older Youth Team also started providing TA to the local departments regarding youth in care whose NYTD surveys were due. In addition, the team ensured that the appropriate staff at the local departments were on the DHS/SSA NYTD email distribution list, which provides information on data collection, requests for assistance, and surveys due. This initiative aims to enhance the overall data collection process. NYTD data collection continues to be an area that needs strengthening. Guidance to local departments will be issued in 2024 on the NYTD process and how to best collect data before youth exit care at age 21.

Public and Private Sector Involvement to Help Youth Achieve Independence

Independent Living Coordinators Meeting (ILC)
The monthly ILC meeting remains an integral part to independent living programming and connection to the work done at the local agencies. Members are independent living coordinators and supervisors from across the state who are the main contacts for guiding emerging adult activities at the local DSS level. There were a number of topics discussed and guest speakers presentations in 2023: Maryland Commission on Indian Affairs, the Maryland Healthcare Authorization form, challenges youth face when they exit care, public benefits training, including Medicaid training, Fiscal Responsibility Act of 2023, Clinical High Risk for Psychosis (CHiRP Program-University of Maryland School of Medicine), which seeks to help youth with mental health disabilities achieve independent living skills, and Casey Life Skills. In addition, three policies were discussed: Identity Theft and Credit Report, Educational Stability, and LGBTQIA. Workgroup members were given an overview of how to access and utilize Code of Maryland Regulations. Additionally, events were also regularly shared with all members, and assistance with recruiting and registering youth for events was provided upon request.

Emerging Adult Workgroup
This workgroup consists of community stakeholders/partners, such as foster parents, DSS workers, independent living coordinators, SSA staff, and other state agencies. Youth are able to attend, but currently there are no active/participating youth. Efforts will be made to include youth once a stipend can be determined. Increasing the number of community stakeholders/partners is essential to enhancing services to youth, improving the service array, and advocating for the needs of youth in care and alumni. Outreach to a number of community agencies, including law enforcement and local government was done. A range of topics was discussed including, updating the Emerging Adults Workgroup charter, improving permanency and concurrent planning for older youth, FFPSA and how it affects older youth, and PPY assessment needs. The workgroup provided Medicaid coverage updates for youth formerly in foster care, collaborated with the Maryland Legal Aid to provide training on “Cannabis Laws, Safety and Harm Reduction in Maryland." The workgroup also advocated for LGBTQIA youth through a partnership with FreeState Justice, an LGTBQIA legal advocacy organization, to provide crucial information about name changes and gender identity.

Intra-agency Collaborations
The Older Youth Team collaborated with several units within the Social Services Administration

and the Office of Licensing and Monitoring. The team assisted the Placement Unit in attending weekly meetings for youth who are difficult to place. The purpose of this support was to address issues specific to youth and offer assistance to them. In addition, the team participated in group home listening sessions. Issues that emerged during the discussion included: medically fragile youth and securing support for them in their homes upon aging out to help in managing their healthcare, medications, and treatments; places college students stay when they are not at their college campus; and placements needed for older youth. The top mental health needs identified by the group homes included: ADHD, anger, depression, anxiety, Oppositional Defiant Disorder, substance abuse, and attachment issues. Group homes also requested guidance around marijuana policies given legalization in Maryland; need for regular staff training regarding LGBTQIA youth, foster parent recruitment specific to this population, service connection, single bed accommodation, and the need for crisis stabilization services.

Collaboration with the Office of Licensing and Monitoring included review of the regulations pertaining to private independent living programs. These regulations reviewed the basic qualifications for entry, including review of the usage of IQ scores and discussion on what would qualify as a reason for reassessment and discharge from such programs. Private independent living programs were consulted to provide feedback on how the regulations should address admission qualifications and reasons for discharge.

The Older Youth Team also worked with the Prevention Team to write a CJAMS story to document critical incidents and statewide emergencies. Critical incidents include runaways/AWOL status, maltreatment, and fatalities. Statewide emergencies once included COVID and Monkeypox, but now would be any statewide declared emergency that needs to be tracked for children and youth in care.

There was a partnership with the SSA Office of Adult Services (OAS) to discuss the challenges of transitioning youth in care who need an adult guardianship upon exiting care. The workgroup also included the Older Youth Team and local DSS staff. Discussion focused on the needs and challenges of this population, need for training of local staff, filing guardianship petitions in a timely manner, and the need to connect the Child Welfare and Adult Services systems in CJAMS. The CJAMS story focused on enhancing the Youth Transition Plan by alerting case workers to complete a questionnaire for youth who need a guardianship petition filed as part of their aging out process.

The CJAMS Team provided an overview of the case plan process to better provide technical assistance to local DSS agencies in an effort to increase compliance in this area. The Older Youth Team also participated in TA cases to support the ACQI unit.

The ICPC/ICAMA Unit provided a presentation/overview of the ICPC process as it relates to transition age youth who are living in foster care outside of the state of Maryland, as well as youth who are referred for foster care services in Maryland. These presentations help to equip the team with the knowledge needed to effectively advise on such inquiries and referrals to the ICPC/ICAMA Unit as necessary.

Interagency Collaborations

Maximus
SSA partners with Maximus to implement the Maryland Disability Benefits Advocacy Project (DBAP), whose website went live in 2023. The Project works with state funded foster youth to obtain long-term Social Security benefits by working directly with local departments of social services and Maximus to refer children and youth in care. There are six claim types foster youth could file disability benefits for: initial applications, disabled adult child, Survivor Benefits, Adult Conversion of SSI benefits, representative payee, and placement change. The state tracks the number of youth who apply for disability through its partnership with Maximus. Meetings are held each month with the state's Family Investment Administration (FIA) and Maximus to discuss issues with the project. A quarterly meeting is supposed to be held with a larger group that consists of representatives from the Social Security Administration and other state agencies. These meetings have not been as consistent. In 2023, 156 children and youth in care were referred for SSI claims.

SSA collaborated with Maximus to provide training to local departments of social services to inform case management staff and supervisors of the referral process, documentation, and need for follow-up with DBAP regarding disability awards. The training sessions were held June 27 (73 attendees) and July 13 (53 attendees).

Chapin Hall
DHS/SSA continues to partner with Chapin Hall from the University of Chicago for technical assistance in building capacity for implementing strategies, policies, regulations, outreach, and partnerships impacting older youth. Meetings were held weekly to review the need for data, policy, and recommendations. Chapin Hall assisted the Older Youth Team in developing a readiness assessment to determine the strengths, weaknesses, and opportunities in the Older Youth Unit in the implementation of FFPSA. From the assessment, local DSS agencies need to enter data into CJAMS about pregnant and parenting youth in the Health Tab, including if the youth is a parenting father, more emphasis on programming for and inclusion of fathers, and pregnant/parenting youth with intellectual and physical disabilities.

University of Maryland School of Social Work-The Institute for Innovation and Implementation
DHS/SSA continues to partner with The Institute for Innovation and Implementation, University of Maryland School of Social Work to update the Ready by 21 Manual. Several changes will be made, including incorporation of the Integrated Practice Model (IPM). It will reflect the need for increased focus on building relationships with workers/independent living coordinators and youth. Youth ages 14-21 will be required to have transition planning meetings every 6 months at a minimum. The manual will emphasize the need for the workforce to better prepare youth and their teams for transition planning meetings. Youth will be expected to lead their team transition meetings. The manual will provide guidance and resources for the workforce to assist special populations: undocumented, pregnant, and parenting, incarcerated, and LGBTQIA youth. The manual is expected to be completed in 2024.

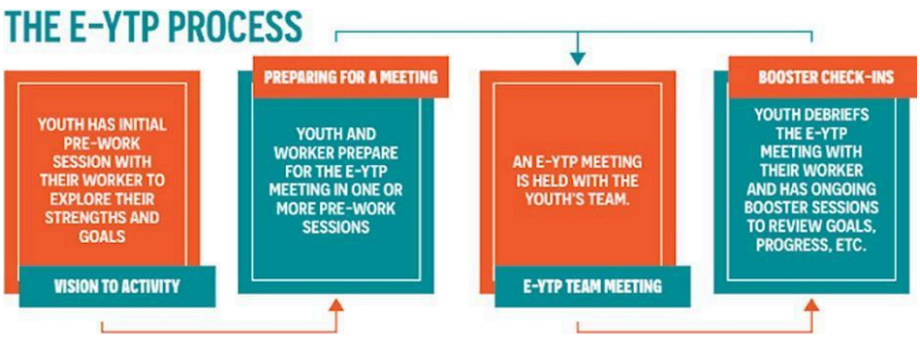
Enhanced-Youth Training Planning (E-YTP) was developed with funding from the federal Children's Bureau as part of The Institute for Innovation and Implementation's Youth At-Risk of Homelessness demonstration grant (2013-2015) and implementation grant (9/2015-9/2020). Initially, E-YTP was implemented as a pilot program in five rural counties on Maryland's Eastern Shore (Talbot, Queen Anne's, Kent, Dorchester, and Caroline), but as of December 2023,

the pilot has transitioned to two jurisdictions: Talbot and Caroline counties. E-YTP is culturally responsive to the needs of Black, Indigenous People of Color (BIPOC) and LGBTQ+ youth and relevant to both rural and urban communities. E-YTP supports the use of strong, youth engagement skills through the required certification of all foster care supervisors and workers in Achieve My Plan (AMP). The Institute selected AMP as the E-YTP's youth engagement overlay to ensure that workers are engaging with youth by using skills and techniques that support the goals of E-YTP and reduce the risk of young people experiencing homelessness after exiting from foster care.

E-YTP is grounded in implementation science. It utilizes skill-based, behavior change coaching with each foster care supervisor to ensure that skills and techniques learned during training are developed further and that they result in high-quality practice. The E-YTP empowers youth and their teams to reach their goals across the designated *Ready By 21* benchmarks: education and employment, financial empowerment, permanent and supportive connections, safe and stable housing, well-being and civic engagement. *(QIC-EY.org, 2023)*

Each month SSA meets with the enrolled LDSS and The Institute to discuss implementation of the E-YTP process and to address any issues with CJAMS, strengths and challenges with staff implementation, and training needs. Staff in the Department of Social Services (DSS) in Caroline County and Talbot County were engaged in AMP certification and the implementation of E-YTP in 2023. In January of 2023, there were 3 AMP-certified staff across these counties. At the end of December 2023, seven staff were AMP-certified with two more certifications in progress. At the beginning of the year, there were 11 transition-age youth involved with DSS in Caroline or Talbot County, thereby eligible to receive the E-YTP intervention. Fifteen young people were eligible in December that year. Overall, 10 youths were served in 2023 with 23 E-YTP meetings. Assessments from the Maryland Child and Adolescent Needs and Strengths-Emerging Adult module (CANS-EA) were collected 22 times. Core components of the E-YTP intervention are that engagement with the youth be strength-based, youth-driven, and team-supported. Therefore, youth are encouraged to invite people to their transition planning meetings with their social workers. Over the past year, 61% (14/23) of the meetings had at least one naturally supportive team member attend the meeting. Youth were encouraged to utilize all that is offered through child welfare services for as long as they are eligible. In 2023, four youths exited care and were discharged from E-YTP: two turned 21 years old, one Voluntary Placement Agreement (VPA) ended, and there was one court-supported voluntary sign-out (for a young person over 18). Among E-YTP exits, the average length of time in care was 58.5 months.

(The Enhanced-Youth Transition Planning (E-YTP) Model, 2021)



Services to LGBTQIA+ Youth
Services and support to LGBTQIA+ youth is an area that needs continued strengthening. In 2023, the LGBTQIA policy was updated and released. A workgroup consisting of SSA staff, local DSS staff, and youth, with the support of the Maryland Attorney General's Office, met to update the policy. The policy provides guidance on how to work with LGBTQIA youth, particularly in the areas of placement and affirmative care. In addition, the team will also work to enhance CJAMS' gender identification options. Currently, the indication of male and female within the system exists. There needs to be an update to include other gender identifications, in order to more accurately capture this data. Freestate Justice provided a presentation to the Emerging Adults Workgroup about how to change names and genders on vital documents. Continued focus needs to be on the effect of placements on youth, training providers, and provision of resources for local agencies to assist youth.

Service Coordination with State and Federal Programs
Housing needs continue to be an important issue for youth who are ready to exit care and those who have already done so. Several activities were conducted to gain a better understanding of the housing resources available to emerging adults. The Team consulted with the National Center for Housing and Child Welfare about the Family Unification Program (FUP) and Foster Youth to Independence (FYI) vouchers and the need to increase utilization.

Research was conducted with the majority of public housing agencies and independent living coordinators to assess the utilization of FUP and FYI vouchers in Maryland. ILCs were also contacted to assess their jurisdictions relationship with the Public Housing Authority (PHA), barriers to utilization, and program needs. Each jurisdiction in Maryland has a public housing authority. There are several counties whose FUP/FYI process is managed by the Maryland Department of Housing and Community Services: Allegany, Caroline, Dorchester, Frederick (excludes the city of Frederick), Garrett, Kent, Somerset, Talbot, Wicomico, and Worcester. The other jurisdictions' housing authorities administer the FUP/FYI. There are three counties that utilize FIY only. Seventeen counties utilize FUP only. Two counties administer both FUP and FYI. There are two counties which utilize neither program. The relationship between the local DSS and the PHA was mixed. It ranged from ongoing regular communication/meetings to a nonexistent relationship. Some of the barriers for emerging adults utilizing these vouchers include lack of affordable housing options, lack of landlords willing to rent to youth, lack of connection to youth, and transportation. SSA released guidance to the ILCs regarding the concurrent utilization of the SILA program stipends and FUP vouchers.

Utilization of FUP/FYI Vouchers by Jurisdiction

FUP only	FYI only	FUP and FYI	Neither FUP nor FYI
Allegany, Baltimore City, Calvert, Caroline, Carroll, Cecil, Dorchester, Frederick (excluding the City of Frederick), Garrett, Kent, Montgomery, Prince George's, Somerset, St. Mary's (mostly for families), Talbot, Wicomico, and Worcester	Frederick, Harford (in the process of applying for vouchers), Howard, Queen Anne's	Baltimore County Washington	Anne Arundel Charles

There was also outreach to the Maryland Department of Housing and Community Development (MHCD) regarding the Section 811 housing program and how to refer youth in care. A presentation was conducted by a representative to educate the Older Youth Team about housing options for youth exiting care.

The New Futures Program under the MHDC was contacted to gain further understanding of this program and to develop ways to increase the number of youths in care who are referred to the program. The Chafee/ Independent Living Program was placed on the listserv of housing voucher availability for New Futures so that information can be sent to SSA and disseminated to local DSS agencies to facilitate referrals. Currently, there are two local departments of social services that participate in the program: Baltimore City DSS and Prince George's County DSS. Former foster youth comprise about 15% of the total population of New Futures Program voucher recipients.

There remains a tremendous need to improve housing outcomes for older youth. Several activities can be espoused to improve outcomes. These include: establishing a housing workgroup to bring together local departments, community partners, landlords, property managers, homeless services, and housing advocates to help improve access to affordable housing and reduce homelessness among former youth in care; exploring Section 811 and improving the referral process; and increasing the percentage of New Futures voucher recipients who are former youth in care. Housing training for local department case workers and supervisors is needed to improve the assessment of youth's readiness for housing, helping youth improve independent living skills, facilitating housing placement for successful aging out, and knowledge of how to build relationships with the affordable housing/landlord community. Additionally, the FUP policy needs to be updated.

The Family Investment Administration provided a presentation to the ILCs regarding how to refer

youth to state employment through the Hiring Agreements Program. A hiring agreement is a supplement to a state procurement contract, an agreement between a contractor and DHS, which agrees to cooperatively identify and hire former and current Family Investment program recipients to fill job openings on the contractor's State procurement project. This agreement is also extended to current and former youth in care.

The Older Youth Team reconnected with the Woodstock Job Corps, which covers western half of the state, to facilitate referral of foster youth to the program. This was in direct response to a local ILC who requested the need to reconnect with this agency. Efforts have been made to connect with the Woodland Job Corps, which covers the eastern part of the state. The plan is for DHS/SSA to continue to re-establish the relationship with the Job Corps. Further efforts should include providing training to local departments about the Job Corps referral process, continued outreach to Woodland Job Corps, and increasing the number of youths who are referred and accepted into the program.

Mental health and substance abuse services remain critical aspects of treatment for youth in care. This also remains an area that needs strengthening. Continued dissemination of resources and information on substance abuse and mental health programs are needed. These topics should continue to be discussed in the Emerging Adults and Independent Living Coordinators meetings. Supporting state legislation to increase access to mental health and substance abuse services is essential. One of the most critical needs in Maryland is inpatient substance abuse treatment for youth under the age of 18.

Access to Medicaid and Other Public Benefits
Accessing Medicaid beyond foster care remains critical to helping foster youth appropriately transition from care. It helps to add continuity to mental and somatic care, which is still needed for their well-being. The ILC and Emerging Adults workgroups received information and training on ensuring Medicaid for youth once they age out of care, whether they remain in Maryland or move to another state. In addition, representatives from the Maryland Department of Health, Office of Eligibility Services, delivered a presentation on Medicaid eligibility in general. A Medicaid Tip Sheet was developed, which needs to be incorporated into the MyLife website.

The Fiscal Responsibility Act of 2023 had SNAP Provisions which affect young adults who have had interaction with Maryland's Foster Care system through out-of-home placements. The Supplemental Nutrition Assistance Program (SNAP) provisions reinstate the Able-bodied Adults Without Dependents (ABAWD) standards for all Maryland SNAP applicants and establish an additional exemption for the ABAWD time limit for individuals aged 24 or younger and in foster care on their 18th birthday (or higher age if the State offers extended foster care to a higher age). To ensure eligible former foster youth are aware of and granted the program's new work requirement exemptions, DHS developed a timeline for information dissemination. The State Independent Living Coordinator shared information with members of the ILC and Emerging Adults workgroups in order to be proactive in educating youth about the changes in benefits and qualifications for SNAP prior to exiting care. ILCs also received training on public benefits for current and former youth in care via a presentation by the Family Investment Administration. Continued effort to disseminate public benefits information will be exhibited by updating the The MyLife website and educating the local workforce about eligibility and providing technical assistance.

Education and Training Vouchers (ETV)
Foster Care to Success continued to provide services to ETV recipients through the 2022-2023 academic year. At the end of the 2022-2023 academic year, FC2S had funded 91 students. Our new vendor, Foster Success Education Services (FSES), began creating the online platform for Maryland in March 2023 and officially took over as Maryland's ETV vendor on July 1, 2023. Unfortunately, there was a delay in hiring the Maryland ETV coordinator until November 2023. There was initial confusion for youth in using the new platform and receiving funding electronically. But FSES and Maryland's Education Specialist coordinated to answer questions, provide guidance and inform youth on appropriately completing their ETV application to receive funding. As of December 31, 2023, there have been 171 youth that have applied for ETV funds, and 53 youth have received funding. To ensure youth understand the process for the spring semester and that the necessary forms are completed in a timely manner, the Maryland ETV Coordinator will be hosting a webinar for all youth who have applied for ETV. The webinar will also be recorded so future applicants can access information and the step-by-step process. The online application and webinar support assist in achieving goal one, increasing the number of new unduplicated recipients. FSES will also offer monthly check-ins beginning in 2024 for academic support, coaching and to answer questions about funding, students earn an incentive for these monthly check-ins. These check-ins will support youth in maintaining satisfactory academic progress in order to achieve goal two, to increase the student retention rate to 69% of students return from a previous academic year. In the 2023-2024 academic year, Maryland achieved goal two with 75.5% of youth returning from a previous academic year, although total youth funded was low this academic year. Unfortunately, Maryland did not achieve goal one, increasing the number of new unduplicated student recipients to 78 students, therefore this goal will be continued in the next CFSP.

Unduplicated number of ETVs awarded in 2022-2023 (academic year)

In the academic year July 1, 2022- June 30, 2023, there were 91 recipients, 34 new recipients, and 57 returning students. Since the 2019-2020 school year the number of new students and total number of recipients decreased. As reported by Foster Care to Success, in their monthly contacts with students, they continued to express challenges due to mental health and being behind academically, which could be attributed to the pandemic. The largest percentage of ETV funds support youth housing (33%), living expenses (29%), tuition (17%), transportation (14%), and childcare (4%) to support youth while attending school. Living expenses include on-campus food or meal plans, utilities, and personal living expenses. Most students receiving ETV funds are age 21 and older (55%), which is when they need funds the most, as at 21, they age out of care and lose other financial aid associated with being in foster care (Semi-Independent Living Arrangement /SILA stipend, etc.). Most of the youth were attending 2-year public colleges in Maryland.

Between July 1, 2023 and December 31, 2023, Foster Success Education Services has funded 53 students, with 13 new recipients and 40 returning students. A total of $94,139.51 was dispersed during the fall semester. The largest percentages of ETV funds support living expenses (35.8%), tuition (31.7%), transportation (8.4%), and technology (6.1%). These numbers are expected to rise in the spring semester because there were several students who applied but did not submit their final documents for us to process them before the end of the fall semester.

The below goals were identified for ETV on the CFSP. The baseline data used was the 2018-2019 academic year (highlighted in the chart below) which had 174 total recipients, 70 unduplicated new and 104 returning students (59% of total served):

- **Goal One:** To Increase the Number of new unduplicated student recipients.
  - Measure 1: Increase the number of ETV recipients by 3% annually.
  - Outcome 1: By the academic year 2022-2023, Maryland will have a total of 78 unduplicated new recipients funded.

- **Goal Two:** To Increase Student Retention Rate
  - Measure 1: Increase the returning student rate by 2% annually.
  - Outcome 1: By the academic year 2022-2023, 69% of total ETV recipients will return from the previous year.

Table 67: Number of Youth Receiving ETV Funding

Number of Youth Who Received ETV Funding by Academic Year				
Academic Year	**Total**	**Number of Returning Youth**	**Number of New Youth**	**Number of Graduates**
2017-2018	171	103	68	
2018-2019	174	104 (59%)	70	7
2019-2020	155	95 (61%)	60	28
2020-2021*	129	89 (69%)	40	8 (not verified by NSC)
2021-2022	145	92 (63%)	53	8
2022-2023	91	57 (63%)	34	not reported
2023-2024**	53	40 (75.5%)	13	
*2021-2022 includes youth who received Division X funding. **Data as of December 31, 2023				

In the 2022-2023 academic year, there were 57 returning students, 63% of the total ETV recipients, and the number of new youths accessing ETV funds declined to 34. Goals 1 and 2 have not been consistently achieved. With the change in ETV Vendors, the plan is to increase outreach and support to increase student persistence and new enrollment.

Standard services provided through the current ETV program are:

ETV Awards: Direct payments made to full time students of up to $5,000.00 for college and vocational training. Part-time students may be eligible for up to $2,500 annually. All applications were reviewed per the state's ETV program plan, to fully fund those with the greatest need, students who are progressing, and those soon to graduate.

Academic Success Plan (ASP): ASP provides age-appropriate information to students 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 are encouraged to meet with the ETV Coordinator for support monthly and earn a $15 stipend for each monthly meeting.
Financial Literacy, Budgeting and School Choice: Foster Success Education Services helps students develop budgets based on each semester's combined funding and explains how Maryland ETV students can pay for school without incurring excessive debt. Foster Success Education services have assisted youth with loan repayment or school bills and provided support in understanding how to appropriately withdraw from classes to ensure youth do not acquire further debt.

ETV Division X Funding
DHS/SSA was awarded $449,718 in additional Division X ETV funding. All funds were expended during the 2021-2022 school year.

Chafee Training
Throughout 2023 a total of 11 full-day training sessions were offered for LGBTQIA+ competency training for all child welfare staff statewide, with 274 staff served in total. These trainings are delivered by qualified facilitators who have undergone facilitation training through The Human Rights Campaign. The LGBTQIA+ competency training addresses: pronouns; best practice language; early messaging; the lack of LGBTQIA+ resources for foster youth; youth coming-out experiences; and insight on how agencies can become more affirming organizations. In 2023, SSA made an effort to update and expand our LGBTQIA+ training to include resource families and placement agencies, as well as provide the most up-to-date and comprehensive training possible to child welfare staff. SSA is working to implement discussed changes to the curriculum in 2024. In addition to incorporating placement organizations in our training efforts, SSA updated the LGBTQIA+ policy in 2023 to expand definitions and clarify placement requirements and best practices for LGBTQIA+ youth.

Consultation with Tribes
In January 2023, the Governor's Office of Community Initiatives, MCIA made a presentation at the Independent Living Coordinators meeting. The presentation covered an overview on the MCIA, recognized Indian Tribes, goals of the commission, legislative agenda, and accomplishments. Strengthening this area is a priority for the upcoming year. More activities need to be focused on having an ongoing dialog between Independent Living/Chafee programming and the tribes, including additional presentations by the Commission on Indian Affairs. Native American youth in care who are ages 14-20 need to be identified and outreach to the LDSS for consultation should be completed annually. In addition to outreach to the LDSS, assessment should be done to ensure the youth are aware of their tribal affiliation, along with the resources and benefits such an affiliation can provide to them once they exit care.

Section 7: Consultation and Coordination Between States and Tribes

Consultation and Coordination Between States and Tribes
There are no federally recognized tribes in Maryland. DHS/SSA continues efforts to collaborate

with GOCI to better support the ICWA. DHS and the GOCI continue to have bimonthly meetings to review current SSA policy on Native Americans Family and Children (SSA/CW 16-05). DHS/SSA is reviewing our current ICWA policy and will update it with the most current federal laws and regulations.

The state continues to engage with the Director of Ethnic Commissions. The director serves as the coordinator for the Commission on Indian Affairs and is also a representative of the Native American community who meets with SSA Permanency staff every other month. The GOCI presented to the Placement and Permanency Implementation team in May 2023.

As of December 2023, DHS has seventeen youth in foster care that identify as Native American. During bimonthly meetings, the state presents data to the GOCI on the number of youths who identify as Native American and review if the education, medical and placement needs are being addressed. DHS/SSA presented and participated in an April 2023 meeting with the Maryland Commission on Indian Affairs and reviewed the current ICWA policy.

In November 2023, DHS/SSA was invited and attended the 10th Annual American Indian Heritage Month Celebration held at Bowie State University in Bowie, MD. This celebration was presented by Maryland Commission on Indian Affairs, Maryland Governor's Office of Community Initiative and Bowie State University.

As part of AFCARS 2.0 there are questions in CJAMS related to ICWA. When information about a child is entered in CJAMS, the persons tab has a section that asks about ICWA status inquiry. There are dropdown options in CJAMS regarding ICWA status inquiry. The dropdown options address if the youth is a current member or eligible for membership, the name of the federally recognized tribe, and whether legal notice was sent to the tribe. There is also an information icon to assist with identifying the Tribal Identification code. DHS can accurately collect data for youth that identify as Native American through the electronic record. With the assistance of the AFCARS questions the state will be able to identify if there are any youth that identify with federally recognized tribes that have been established in other states.

Section 8: CAPTA State Plan Requirements and Updates

There have been no significant changes to Maryland's laws, regulations, previously approved CAPTA plan that would impact the state's eligibility for CAPTA. The use of CAPTA funding has remained the same since the previous reporting period.

Maryland continues to utilize CAPTA funding to support child abuse and neglect prevention activities. This includes supporting community-based programs that provide an array of case management services for children and families focused on child maltreatment prevention. CAPTA funds support two prevention services contracts with Family Connections Baltimore and The Family Tree; two community-based agencies that provide true prevention services. Family Connections Baltimore provides prevention services to at least 65 families within Baltimore City, MD. The prevention services promote the safety and well-being of children and families through community-based services, professional education, training, and research evaluation. In 2023, Family Connections Baltimore enrolled 87 families into Family Connections, 16 families into Grandparent Family Connections, and 10 families into Trauma Adapted Family Connections. 100% of these families remained unified and 100% of families that completed the programming

had zero reports to child welfare.

The Family Tree is a prevention services program that promotes safety for children and vulnerable adults obtain services designed to reduce and ultimately prevent the incidence of child abuse and neglect. The direct (in-person and virtual services) include parent education classes, parent support groups, and lay therapy/in-home visitation services. The services include conducting at least 20 parent education classes for at least 400 participants, facilitating six (6) support groups involving at least 60 participants, and providing in-home visitation services for between 40-60 families. Each of the direct (in-person and virtual) services are provided in at least two jurisdictions across the State. Primarily The Family Tree serves Baltimore City, Baltimore County, and Prince George's County.

In addition to the in-person/virtual services, The Family Tree also maintains a 24-hour, statewide, toll-free telephone Parent Helpline that provides resources and support to parents experiencing stress and needing help with appropriate discipline methods, parent-child interactions, concerns that children have, referrals to public and private social service agencies throughout the State, or other relevant information concerning parenting decisions. From 2016-2023 the Parent Helpline received 4,000 calls on average.

CAPTA funds support professional development by improving the skills and qualifications of individuals providing services to children and families including supervisors and supporting Child Advocacy Centers (CAC). CAPTA funding also supports the investigation of reports of child sexual abuse through a grant to the Center for Hope (formerly Baltimore Child Abuse Center (BCAC). The Center for Hope provides forensic interview services to support investigations involving primary and precautionary cases of child sexual abuse and assault, child witnesses to domestic violence and homicide, and cases of human trafficking and cybercrime. A portion of CAPTA funding was leveled funding and allocated to 24 LDSS to improve outcomes of child maltreatment services by providing funds for client needs through the allocation of Flex Funds. Funding supports an array of services such as:

- Training for CAC coordinators: This ensures that professionals responsible for coordinating services at CACs are adequately trained and equipped to handle cases of child maltreatment effectively.
- Consultation fees for specialized therapy such as Eye Movement Desensitization and Reprocessing (EMDR): EMDR therapy is sought for treatment for trauma, and having funds available for therapists trained in this method ensures that children receive appropriate care for their specific needs.
- Trauma intervention to address second-hand trauma experienced by the workforce: Recognizing that case workers, supervisors and other professionals are often experiencing secondary trauma, funds are allocated to provide interventions and support services to address their mental health and well-being.
- Support for assessments of children's mental or psychological functioning: This includes funding for assessments conducted by professionals to evaluate children's mental health and ability to function in various domains.
- Support for multidisciplinary teams: Funding is provided to facilitate the collaboration of professionals from different disciplines involved in child maltreatment cases, ensuring a comprehensive approach to assessment and intervention.
- Offsetting costs to participants: This includes expenses such as mileage reimbursement, childcare costs, and other expenses incurred by participants involved in the provision of

services to children and families.
- Bringing specialists to team meetings: Funds are utilized to bring in experts and specialists to team meetings, enhancing the expertise available to address complex cases and ensure the best possible outcomes for children.
- Providing for the team's infrastructure: This includes supporting the logistical and operational needs of multidisciplinary teams, such as meeting space, technology, and other resources necessary for effective collaboration and service delivery.

Overall, the allocation of Flex Funds from CAPTA aims to strengthen the capacity of local child welfare systems to respond to and prevent child maltreatment by addressing the diverse needs of children, families, and professionals working with the agency.

A large portion of CAPTA funding supports the prevention of out-of-home placement by supporting parents affected by substance use disorder as well as addressing the safety needs of substance exposed newborns through peer support of the START model. START is being implemented in 7 LDSS. As previously reported, CAPTA funding is used to hire and retain the services of START Family Mentors. Key components and goals of the START model are child safety & well-being, helping parents achieve recovery, and preventing foster care entry utilizing a family-centered services approach. START model staffing includes a Family Mentor housed at the LDSS that collaborates directly with LDSS staff as a dyad to support the START model and the development, implementation, and monitoring of the POSC. START targets families referred to Family Preservation Services with parental substance use as the primary child welfare risk factor and at least one child in the home is between 0-5 years of age with a priority focus on Substance Exposed Newborns.

There were 146 families with child(ren) 0-5 referred to the START program during CY2023. At the time of referral, 67% of families were receiving Risk of Harm (ROH), Substance Exposed Newborn services, 16% were receiving Investigative Response (IR)-Neglect services, 10% were receiving ROH-Caregiver Impairment services, 1% were receiving IR-Abuse services, and another 5% were receiving other services within the LDSS. Of the 146 referred families, 38 (26%) consented and began START services. Of those who did not begin START services, 29% did not begin because they did not meet other selection criteria, 17% did not begin because the jurisdiction caseload was full, while 41% of referred families declined participation (10% had an “Other” unspecified reason for non-participation). Most of the enrolled family care heads were white (84%) and women (97%).

Including families who began services before 2023, there were 48 families whose START case closed in 2023. Of those 48 families, the child(ren) remained with at least one parent in 44% of cases, the child(ren) was in temporary care of relatives in 21% of the cases, the child(ren) was in the care of relatives who had attained or were seeking custody in 15% of cases, and 3% of cases had a mixed status of children at case closure. The child(ren) was placed in foster care in 15% of cases. When the family's case closure was within START team control (defined as case closure reason being "Closed START Case, end services", "Case transferred to the out-of-home placement unit", "Case transferred to another unit for adoption", or "Voluntary, care head discontinued participation in START") 33% of care heads achieved indicators of early recovery by the end of their START services.

In total, 65 unique START families (including those that began services prior to 2023) and 69 non-START families were served by Family Mentors (FMs) in 2023. Across START and

non-START families, FM had 1,749 and 750 child-focused interactions, respectively.

Additionally, FMs had 1,362 START parent interactions and 825 non-START parent interactions. FMs also had 297 and 124 interactions, respectively, with relatives or resource parents. These interactions and other related activities translated into 2,771 hours of activities: 48% of which were spent on START families, 23% was spent on non-START families, while 29% was spent on advocacy activities. Among the START served families, most of the FMs' activities related to parent recovery support (55%). The second most common activity related to promoting child safety (21%), followed by performing activities on-behalf of a family contact (11%), followed by coaching parents in navigating systems (8%), and lastly providing support to others in the family (6%).

For more information on the state's continued efforts to support and address the needs of Substance Exposed Newborns or the development, implementation, and monitoring of the POSC, refer to Section 6: Populations at Greatest Risk of Maltreatment, SEN.

SSA does not utilize CAPTA funds, alone or in combination with other funds, to improve legal preparation and representation including provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

American Rescue Plan Act (ARPA) of 2021 CAPTA State Grant:
In 2023, the agency reassessed and redetermined the plans for use of the one time APRA CAPTA funding. The agency conducted a survey of local departments to identify their needs and based on survey results, SSA repurposed the plans. While funds have not been fully expended, the agency fully intends to utilize theses resources in a timely an effective manner to support child abuse and neglect prevention and the child welfare workforce.

Thus far, ARPA funding has supported the professional development of staff and professionals to attend specialized training and improve the skills and qualifications of staff serving children and families as well as managers and supervisors. In 2023, SSA developed and facilitated the Annual Medication for Opioid Use Disorder (MOUD) and Substance Exposed Newborn webinar series.

This webinar series offers subject matter experts and professionals in the field focused on addressing parental substance abuse, covering topics such as "Cannabis Use: Know and Understand The Risks," "Overdose Prevention & Supporting Recovery: Maryland's Comprehensive Approach to the Overdose Crisis," "Cannabis Use in Maryland: Child Welfare Practice-Harm Reduction," and "MOUD Substance Use Disorder Treatment & Recovery: What Child Welfare and Family Service Providers Need To Know." ARPA funding supported this effort.

ARPA Funding also supported the use of Coach Approach Training Facilitation. This foundational training creates the individual paradigm shifts for supervisors to build critical thinking and greater capacity for generative solutions to assist families. The training supports the ongoing culture shift to create a person-centered and solution-focused approach with children, youth, adults and families.

Current plans for the use of ARPA funding support several key areas that include:

- Enhanced Training for CPS Caseworkers: Utilizing virtual reality (VR) training

experiences to improve skills in developing authentic partnerships with families and reducing the impact of implicit bias. This can enhance the effectiveness of CPS interventions and improve outcomes for children and families.

- Support for CACs: Allocation of funds to LDSS to support and enhance services provided through Child Advocacy Centers. CACs play a crucial role in coordinating multidisciplinary responses to child abuse cases, providing support to child victims, and facilitating access to services.
- Allocation to LDSS specifically to support the provision of services that assist children and families exposed to domestic violence, parental substance abuse; the delivery of services and treatment provided to children and families including substance abuse treatment supports, address the health needs, including mental health needs of children identified as victims of child abuse or neglect.
- Public Education and Awareness: Funding public education and awareness campaigns to promote the Child Abuse and Neglect hotline and encourage statewide mandated reporting. Additionally, supporting research initiatives aimed at reducing implicit bias in child welfare systems.
- Supplies for Safe Measures Implementation: Providing supplies to support the implementation of safety measures, such as safe sleep education with safe sleep simulation kits and lockboxes. These measures aim to reduce risks to children's health and safety, including those related to sleep environments and home safety.
- The plan for these initiatives were developed collaboratively and reflect a comprehensive approach to improving child welfare services, focusing on training, support for victims, public awareness, and preventive measures to ensure the safety and well-being of children in communities.

State Council on Child Abuse and Neglect (SCCAN) Annual Report

- See Appendix A for 2022-2023 SCCAN Annual Report

State's response to the State Council on Child Abuse and Neglect Annual Report

- See Appendix B: for SSA's written response to the 2022-2023 SCCAN Annual Report

Citizens Review Board for Children (CRBC) Annual Report

- See Appendix C for CRBC FY2023 Annual Report

State's response to the annual citizen review panel report(s)

- See Appendix D for SSA's written response to the CRBC Annual Report

Supporting the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder

- See Populations at Greatest Risk of Maltreatment Section.

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Section 9: Targeted Plans

Disaster Plan

During CY2023, the Maryland Department of Human Services was activated to support statewide emergency management activities on one occasion: a task force was convened to support plans to provide basic health and safety resources for people who are in the state and awaiting asylum hearings. This activity required regular planning and monitoring activities, but no field-level response was required. There were no necessary changes to the state plans based on this activation.

During the COVID-19 pandemic, a larger-scale plan for home delivered food was required. The state now has multiple scalable support systems to accommodate home delivered food during disasters, including receiving referrals from 2-1-1 Maryland and providing funding to the Maryland Food Bank to accommodate home delivered food under some specific disaster conditions.

In the past year, the Department participated in statewide planning efforts to enhance partnerships with non-profit social service providers who focus on providing services for immigrants, refugees and asylum seekers. The Agency's emergency response liaison and its Director for the Maryland Office for Refugees and Asylees began meeting with the non-profit groups twice a month, and the Maryland Department of Emergency Management began a regular meeting to stand-up support services to provide non-profit support for any gaps in services for this potentially vulnerable population.

The Maryland Department of Disabilities (MDOD) is an integral support agency for all disaster mass care planning efforts. The MDOD ensures that all mass care state operations account for the unique access and functional needs of individuals and that services provided align with the commitment the State has made to ensure inclusiveness. The MDOD liaisons are present in all aspects of preparedness, planning and response, including: the provision and dissemination of assistive technology equipment, quality assurance visits at mass care sites to ensure inclusion, and the creation or editing of all mass care plans to ensure equality of state programs.

Also, during any specific disaster, The Maryland Department of Human Services works closely with the Maryland Department of Planning to create a general statistical analysis of the community impacted. The information provided by the Department of Planning usually includes (situationally dependent) information on the primary languages used in the communities impacted, the transportation capabilities of the community impacted and an economic analysis of the impacted communities. For example, during COVID-19 response, the Maryland Department of Human Services worked with the Maryland Department of Planning to create a statewide map layering statistical information on COVID positive infection rates, unemployment rates and similar data to help determine potential food distribution needs for impacted communities.

Health Plan

The agency has not made any significant updates or revisions to the Health Plan.
The agency updated the Health Care Oversight and Coordination Policy in September 2022 and disseminated the information via webinars to SSA staff, resource parents and providers and medical providers. In 2023 the agency started to revise the psychotropic medication oversight

policy and consent originally instituted in October 2014. The policy is critical to ensure that children involved in the child welfare system with mental health needs receive restorative, supportive, and holistic care that is monitored to ensure safety and optimal outcomes and is anticipated completion in 2024. Psychotropic medications can be an important part of a youth's treatment plan when used in a considerate and careful way under close medical/clinical supervision. This policy revision updates mandatory processes and procedures regarding informed consent and oversight and monitoring for psychotropic medication. These activities have been guided by the development of a Statewide Advisory Task Force: Oversight and Monitoring of Psychotropic Medications with key stakeholders in DHS, community providers, pharmacists, and child psychiatrists to develop clinical considerations, secondary review, monitoring, and oversight, and training and communication regarding the use of psychotropic medications for children in out of home care.

The agency continues to monitor psychotropic medication use among use in foster care from a population-level perspective via a contract with the University of Maryland School of Pharmacy. A report produced in March 2023 based on data from calendar years 2015 through 2020 provided a historical trend and overview of psychotropic medication usage among the majority of children in our care. This information informed on usage and trends for 2015-2020 period describing 40%-44% received a psychotropic medication each year with 30% received an ADHD medication, 15% received an antidepressant, 10% received an antipsychotic, and 8% received a mood stabilizer anticonvulsant with no significant changes over time. Geographically, for the same period, we learned that the Western and Eastern regions of the state had the highest proportion of psychotropic use though the fewest in foster care. Finally, and somewhat reassuring, overall, 95%-97% of youth who received any psychotropic medication had a healthcare visit associated with a mental health diagnosis with 99% for antipsychotic drug use.

In the September 2023 report, we attempted to describe the patterns of psychotropic polypharmacy use from 2015 to 2020 among youth in foster care and to estimate the average duration of psychotropic polypharmacy use per year. The data was summarized as a population-level description. This high-level overview is a critical step in understanding the magnitude of use among youth in foster care and in identifying subgroups that are most vulnerable to psychotropic polypharmacy. We found that the total number of youths who received psychotropic medication decreased from 3,824 in 2015 to 3,420 in 2020.Psychotropic polypharmacy for ≥90 days approximates 10% of youth with foster care Medicaid eligibility who received psychotropic medication. This proportion increased by 4.5% from 2015 to 2020. Psychotropic polypharmacy for <90 days approximates 7% of youth with foster care Medicaid eligibility who received psychotropic medication. This proportion increased by 4.1% from 2015 to 2020. Youth with foster care Medicaid eligibility who received psychotropic medication but did not receive ≥3 therapeutic classes concomitantly comprise 81%. This proportion decreased by 1% from 2015 to 2020. Thus, the decrease in the total number of youths who received psychotropic medication was due mainly to the decrease in the number of youths without psychotropic polypharmacy. Youth who receive three or more therapeutic classes may represent those with more complex mental health needs.

Two training webinars on this material were delivered to the DHS workforce in July and August 2023 with the objectives of learning about psychotropic use in key subgroups (age, gender, and race), geographic characteristics, and associated psychotropic prevalence; identifying Maryland's psychotropic medication trends in foster care and learning about SSA's newly developed psychotropic medications tipsheet, which was developed and distributed to support children and

youth in foster care to help manage mental health needs. In September 2023, a webinar on Medication Management: Effective Mental Health Treatment Through a Trauma-informed Lens was given to DHS staff and providers. This webinar aimed to deepen understanding of the clinical and safe use of psychotropic medications for children in foster care. Further training sessions will be developed as the revised policy and consent become finalized.

The COVID-19 vaccination policy was updated in October 2023 to reflect new effective vaccines developed for pediatrics. The consent was likewise updated to reflect these new vaccines and new pediatric age guidelines for use.

Assessment of Performance

During this reporting period, the agency, under the leadership of the DHS/SSA State Child Welfare Medical Director, completed work with the Improving Timely Health Care for Children and Youth in Foster Care Affinity Group in December 2023. Through small change Plan Study Do Act (PSDA) exercises, we worked to improve compliance with initial and comprehensive exams for foster children to 90%. This was achieved by examining process flow maps of the steps involved in obtaining these exams and comparing high-performing Maryland counties to counties with lower compliance. This work was facilitated with TA from Chapin Hall and data from the ACQI team. Other work outcomes included continued development of a revised updated foster care health assessment form (Health Passport) by partnering with pediatrician stakeholders from the Maryland American Academy of Pediatrics and developing a dental assessment form by partnering with the Maryland Academy of Pediatric Dentistry. These forms are anticipated to be completed in 2024. Additionally, a revised consent and authorization for medical care and medical records are being developed for children under 18 and over 18, which will be incorporated in a revised health passport in 2024. Other areas in the medical record will be focused on the documentation of behavioral and mental health assessments.

The Department successfully renewed the Chesapeake Regional Information System for our Patients (CRISP), Maryland's state-designated health information exchange (HIE), Memorandum of Understanding (MOU) for the Medical Director and nurse. This agreement enables workers to access immunization records for children in foster care. In 2024, efforts will be directed towards developing a statewide report on immunization status for children in foster care. DHS/SSA will partner with CRISP to obtain other relevant clinical information such as chronic medical and behavioral/developmental conditions, immunizations, medications, hospitalizations and Emergency Department visits, and children in psychiatric overstay status. Children in psychiatric overstay status in the Emergency Department hospital inpatient units comprise an increasing problem for children in foster care. Through interagency work with the Maryland Department of Health, the Developmental Disabilities Administration, the Department of Juvenile Services, and Maryland Hospitals, we will develop strategies to optimize placement and meet the medical and psychiatric needs of these children with complex issues.

With the ACQI team, there continues to be regular TA meetings with each of the 24 LDSS to monitor compliance with medical and dental exam requirements and current data trends. Feedback from these sessions has led to proposed revisions in COMAR, which clarify regulations to deliver care to children in foster care. Other opportunities for performance improvement are discussed with local jurisdictions based on best practices and support from key partners such as Medical Assistance, Managed Care organizations via the Health Advisory Council, mental and dental providers, and local professional organizations such as the Maryland American Academy of Pediatrics and Maryland Dental Association. These strategies have identified barriers to

compliance and implemented strategies that have led to improved compliance in these health exam metrics.

The medical team continues to collaborate with ACQI, MD THINK, and CJAMS teams to create improvements in health services by creating “stories" to facilitate medical care coordination and improved documentation. Using CRISP and CJAMS data, analysis is planned in 2024 for medical and psychiatric conditions, hospital and Emergency Department utilization, and follow-up compliance.

Foster and Adoptive Parent Diligent Recruitment Plan

The agency has not made any significant updates or revisions to the Foster and Adoptive Parent Diligent Recruitment Plan. DHA/SSA continues to partner with Maryland Resource Parent Association (MRPA), CWA, and Adopt-Us-Kids (AUK) for ongoing recruitment and retention efforts.

SSA is in the process of drafting an updated statewide recruitment and retention plan, which will also inform revisions for the next CFSP. The revised plan for recruitment and retention will include: the development of a statewide recruitment and retention logo, updating the DHS website so it is more user friendly, transitioning from PRIDE (Parent Resource for Information, Development, and Education) pre-service training to NTDC (National Training and Development Curriculum), partnering with locals to identify specific recruitment needs, and increasing targeted recruitment based on the population of children and youth in out of home care. The statewide recruitment and retention plan is a living document and is subject to ongoing updates as additional recruitment and retention needs are identified by the agency.

SSA has been working to develop relationships with recruitment and retention staff at the twenty-four local jurisdictions. This has included attending their monthly grassroots meetings and leading workgroups around resource home licensure requirements.

In May 2023 New Generation PRIDE training was held for staff members in the twenty four local jurisdictions. Fourteen local DSS staff and nine private providers attended the training.

In May 2023 permanency staff attended the Permanency Summit in Washington, DC. During the summit staff was introduced to the NTDC for Foster and Adoptive Parents. Since that time SSA has been working with Spaulding for Children to determine if the training program will work for the population in the state of Maryland. Part of SSA’s exploration of the program will include meeting with other states that currently utilize NTDC to learn more about their experience with the training program. Maryland will be applying to be one of five states that receives free NTDC Train the Trainer services through Spaulding for Children.

The Child Welfare Academy has increased resource parent training by transitioning training sessions from in-person to virtual. Additionally, AUK has targeted media outreach and continues to submit families’ names for recruitment to SSA on a weekly basis. SSA then sends the family information to the local Department to follow-up. Maryland will be working with AUK to develop a digital commercial that can be used on online platforms. MRPA provides training and webinars for all resource parents. Foster Parent College (FPC) provided the following data.

Training Activity Report

- **Report Period: 1/1/23-12/31/23**

- Number of individuals who participated in FPC online training: 2,767
- Number of courses enrolled: 18,957
- Number of courses started: 18,084
- Number of courses completed: 17,363
    - Total Completed Credit Hours: 34,376

Course Evaluation Report

- **Report Period: 1/1/23-12/31/23**
- Total Records: 13,668
- User feedback ratio: 83.7%
- Average Rating for "This course added to my knowledge about caring for children" (4.43)
- Average Rating for "I liked the presentation of the training material" (4.36)
- Average Rating for "I would recommend this course to others" (4.39)
- Average Rating for "I feel the training was worth the time spent" (4.38)

The continuation of virtual training allowed for greater accessibility and reach across jurisdictions, enabling more resource parents to take advantage of training opportunities throughout the year.

SSA continues to contract with CWLA to provide training to the local jurisdictions on the New Generation PRIDE curriculum. The CWLA also provides access to all resource parents on the Foster Parent college webinars. DHA/SSA continues to contract with Center for Adoption Support and Education (CASE) and Adoptions Together for ongoing permanency and stability for Maryland youth. DHS/SSA continues to provide Adoption and Legal Guardianship Incentive payments and Post Adoption Permanency funds to families that apply and are eligible.

Training Plan

During 2023 training covered new topics such as FFPSA, Psychotropic Medication Monitoring and Oversight, Supervision Matters, Family Support Worker training, Coach Approach, Coach Mentor, Adaptive Leadership, and Learning Circles, and the training sessions that were offered by the Child Welfare Academy as part of their In-Service training catalog available to all Child Welfare staff. All training sessions offered during this time, unless otherwise noted below (Supervision Matters) was conducted in a virtual platform. The training budget for 2023 was $1,904,779.00.

New Training Offered in 2023

- Psychotropic Monitoring and Medication Oversight training: As part of a DHS lawsuit, SSA offered Psychotropic Medication Oversight training for all staff (DHS, Providers, and Staff at RTC'S) who are involved with the placement of children and was conducted by the Child Welfare Academy. This training covered multiple subjects including Informed Consent, Understanding of Psychotropic medications, Red Flags, Working with Providers and youth; and LDSS. This was mandatory training and facilitated by the DHS Learning Office and SSA. The training was recorded and posted to the DHS HUB. There were two sessions offered. The first session was in the Summer of 2023 which introduced Psychotropic Medication by the School of Pharmacy. The second training was offered in the Fall of 2023 around Psychotropic Medication Monitoring and Oversight from a Trauma Informed Lens.
  COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- FFPSA training: These sessions provided a background of the Family First Prevention Services Act, Maryland's prevention services plan, what this means for our child welfare work across the State, and a step-by-step walkthrough with CJAMS experts on how to document a child specific service plan needed for FFPSA documentation. This training occurred on January 12, 18, 20 of 2023 and was designed for all In-Home Staff. These sessions were conducted by both the Child Welfare Academy and SSA.
  COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Coach Approach, Coach Mentor sessions, Learning Circles, and Adaptive Leadership: These training sessions provided guidance, understanding, theory, and implementation around coaching, teaming, presence, and collaboration for a better outcome in the work with peers, you and families. There were two sessions of Coach Approach and Adaptive Leadership that occurred in summer and fall of 2023. Coach Mentor and Learning Circles occurred through this time as well. The targeted audience for Coach Approach was any staff who felt the need for this development skill. Adaptive Leadership was for senior level leadership, managers and above, who felt a need to learn these skills. Coach Mentor and Learning Circles were intended for those who had completed Coach Approach and were recommended to further the development of Coach Approach with new participants. The provider of this training was the Child Welfare Academy, with a subcontract with Keagan Leadership.
  COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Family Support Worker Pre-Service: This training was created as an adjunct to the continued Pre-Service for new Family Support workers. It covered such curriculum areas as: Authentic Partnership: Engaging and teaming, collaborative assessments, CJAMS; Foundations of Practice; Personal Safety and Situational Awareness, and Family Driven Planning. This was a pilot session that occurred in February of 2023 and the Providers were both the Child Welfare Academy and SSA.
  COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Supervision Matters: This training was created for new and existing Supervisors as a means of enhancing his or her skills through a series of modules and in person simulations to ensure that supervisors can handle the daily requirements and stresses of being a supervisor. There was a pilot session in the Summer of 2023 and then a second session in the Fall of 2023. The sessions covered the following: Supervision Matters - Culture of Supervision: Creating An Ethical and Inclusive Environment (2 days, live virtual); Putting Supervisory Skills into Practice (1 day in person); Supervision Matters - Academics of Supervision: Helping Staff Learn Best Practice (2 days, live virtual); Putting Supervisory Skills into Practice (1 day in person); Supervision Matters - Business of Supervision: Structures that Promote Best Practice (1 day, live virtual), and Putting Supervision Skills into Practice (1 day in person). The Provider was the Child Welfare Academy, with assistance from SSA staff for certain simulation exercises.
  COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Intimate Partner Violence - Privilege and Oppression: This training was offered in the Fall of 2023 that was created for all workers who felt this training would be beneficial and was offered through the Child Welfare Academy and their In-Service catalog. This newly created training covered dealing with Intimate Partner Violence through both oppression and privilege and drew a correlation between the two and the differences based on areas of

oppression and privilege. The training aided workers in understanding Intimate Partner Violence and how to work with clients who have experienced this and what resources were available to them. The Provider was the Child Welfare Academy.
COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Understanding Systems of Oppression and Power in Child Welfare: This training was created for all workers who felt this training would be beneficial and was offered through the Child Welfare Academy and their In-Service catalog, in June of 2023. This newly created training covered dealing with both oppression and power in child welfare and the ramifications of both in working with families and youth, as well the training delineated resources to assist workers in dealing with prevalent oppression in areas of the state and how to help families achieve greater power. The Provider was the Child Welfare Academy.
COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Examining and Combating Implicit Bias: This training was created for all workers who felt this training would be beneficial and was offered through the Child Welfare Academy and their In-Service catalog, in February, March, and May of 2023. This newly created training covered dealing with implicit bias in child welfare and how to overcome that bias from both a worker and client perspective and offered coaching and guidance on understanding all bias, including implicit bias and resources offered to combat bias. The Provider was the Child Welfare Academy.
COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Manifestation of Childhood Trauma in Adulthood: This training was created for all workers who felt this training would be beneficial and was offered through the Child Welfare Academy and their In-Service catalog, in February and April of ‘23. This newly created training covered dealing with how childhood trauma can carry over into adulthood; the ramifications of that trauma; understanding how to deal and cope with the trauma; work with those impacted by the trauma, and resources available to clients. The Provider was the Child Welfare Academy.
COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Teens, Tech, and Dating Violence - You don’t know what you don’t know: This training was created for all workers who felt this training would be beneficial and was offered through the Child Welfare Academy and their In-Service catalog, in April of ‘23. This newly created training covered dealing with how dating violence can occur amongst teens, understanding technology and how that correlates to dating violence; using technology safely, and resources available to have more effective and less combative relationships. The Provider was the Child Welfare Academy
COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- The Role of Workforce in Supporting Birth and Resource Parent Partnership: This training was created for all workers who felt this training would be beneficial and was offered through the Child Welfare Academy and their In-Service catalog, in June of 2023. This newly created training covered dealing with how resource parents can support pregnancy and birth of a child during the time they have a youth in his or her care. The training also covered resources available to the resource parent and learning how to process and be best equipped to provide support and understanding during these times. The Provider was the Child Welfare Academy.

COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

Trainings Continued in 2023 Updates

- Pre-Service training continued and is being revamped for a shorter, more cohesive "boot camp" four-week training, to enable more sessions to occur. This will be piloted in the fall of 2024 with blocks of time allocated for students to receive the best, most relevant training before joining their LDSS. This training will be divided into the following tracks: Intake/CPS, Family Preservation, and Placement and Permanency. The students will return over a longer period of time for additional training, including CJAMS, which is also being revamped to include more "hands on" practice during the tracks of Intake/CPS/Family Preservation and Placement and Permanency. The exact timing for this additional training is still to be determined. Until the Fall, when the revamp of the Pre-Service is to be piloted; the continued six-week session of Pre-Service will continue. There were six Pre-Service cohorts in 2023.
  COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Foundation Training - this is a mandatory series over a year following the Pre-Service that covers: Basic LGBTQ+ Competency for Child Welfare Professionals; CANS-CANS-F; Secondary Traumatic Stress; Enhancing Your Credibility in Court; and Engaging Child Victims of Sex Trafficking: The Role of the Child Welfare Worker
  COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- In-Service training. The Child Welfare Academy offered a series of training modules during 2023 which were planned with Social Services Administration and covered: Licensure Prep; Ethics; START; Coach Approach, Adaptive Leadership; FFPSA, and START, among other requests from SSA, and the LDSS.
  COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

- Social Services Administration requested various training modules during the course of 2023, which were collaborated with the Child Welfare Academy, to include: CJAMS; Policy training, Concurrent Planning; FFPSA, and Placement Referral Forms A and B
  COST CODE: Title IV-E at 75% FFP after applying Title IV-E penetration rate

Section 10: Statistical Reports

CAPTA Annual State Data Report

Tables 68, 69, and 70 below outline the number of CPS staff, education level, gender, age range and race and ethnicity by calendar year. In CY2023, the total number of CPS staff increased by 54.5 full time employee (FTE) positions due to vacancies. In regard to education, the majority of caseworkers hold a master's degree (66.1%). The remainder hold a bachelor's degree (33.9%).

In regard to gender distribution, females constitute the majority of CPS frontline positions (92.1%) and males make up a smaller percentage (7.9%) of frontline positions in CY2023.

As it relates to race and ethnicity, the majority of frontline staff are either African American (41.7%) or White (46.5%). There's a racial disparity in supervisor positions, with 61.2% of these positions being filled by White individuals. The racial disparity observed in supervisor positions

highlight the concern of equity and diversity within the DHS organization and highlights the need to establish strategies and initiatives aimed at addressing these disparities.

Table 68: Number of CPS Staff (Filled Pins)

Child Protective Services (CPS) Staff	CY2021	CY2022	CY2023
Case worker Staff (FTE)	327.5 (82.6%)	298.5 (79.92%)	343 (80.1%)
Supervisor Staff (FTE)	69 (17.4%)	75 (20.08%)	85 (19.9%)
TOTAL	396.5	373.5	428
Data Source: 2023 CPS Characteristics Survey			

Table 69: CPS Staff Education Level, Gender, Race and Ethnicity by Calendar Year

Education Levels	CY2022	CY2023 Workers	CY2023 Supervisors
Bachelor's degree	101.5 (34%)	116 (33.9%)	1 (1.2%)
Master's or above degree	193 (66%)	226 (66.1%)	85 (98.8%)
Gender	**CY2022**	**CY2023 Workers**	**CY2023 Supervisors**
Males	33 (10%)	27 (7.9%)	5 (5.9%)
Females	340.5 (90%)	316 (92.1%)	80 (94.1%)
Race/Ethnicity	**CY2022**	**CY2023 Workers**	**CY2023 Supervisors**
America Indian	1 (0%)	1 (0.3%)	1 (1.2%)
Asian	0 (0%)	0 (0%)	0 (0%)
Black/African American	145 (38.8%)	161 (47.1%)	30 (35.3%)

Native Hawaiian	0 (0%)	0 (0%)	0 (0%)
White	203.5 (54.5%)	159 (46.5%)	52 (61.2%)
2 or more Races	5 (1.3%)	7 (2.0%)	2 (2.4%)
Unknown	2 (0%)	15 (4.4%)	0 (0%)
Hispanic	17 (4.5%)	11 (3.2%)	1 (1.2%)
Data Source: 2023 CPS Characteristics Survey			

Table 70: CPS Staff Age Range by calendar year

Age Groups	CY2023 Workers	CY2023 Supervisors
Less than 40 years old	197 (57.4%)	33 (38.8%)
40 to 59 years old	124 (36.2%)	43 (50.6%)
60 or more years old	22 (6.4%)	9 (10.6%)
Data Source: 2023 CPS Characteristics Survey		

Qualifications and Training

The qualifications for CPS caseworkers and supervisors remain the same as outlined in the CFSP. CPS caseworkers require a minimum of a Bachelor of Arts or a Bachelor of Science Degree in a human service-related field. No experience is required for entry-level case workers other than the possession of a degree in a related human services field. CPS Supervisors, as well as all Child Welfare Supervisors, must have a Master 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. CPS employees continue to be 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. Information related to DHS/SSA Pre-service, and Inservice Training is noted in Section 3, Items 26 and 27.

Maryland Caseload Standards

Maryland continues to strive to maintain an average worker caseload at the standards established by CWLA. For CPS investigations the caseload standard is 1:12. According to how SSA currently gathers the data, as of August 2023, the average CPS caseload per caseworker was 11 which represents an increase of 5 from last year. During that same period, the supervisor/worker ratio averaged 1 supervisor to 3 workers. The standard CWLA supervisor-to-worker ratio is 1:5

supervisors to workers. As a state expectation, CPS supervisors should not carry a caseload. However, with the staff shortages and the increased responsibilities of CPS staff, many CPS supervisors across the state are carrying a reduced caseload. More information can be found in the Safety Outcome 1 section regarding workload versus caseload.

Currently SSA collects data about CPS caseworker positions filled, and divides that by the CPS cases assigned in the calendar year. This data has been determined to not be an accurate reflection of caseloads across the state. This data does not include positions that have been vacant for most of the year or where workers were on leave for various reasons. Nor does this data reflect positions that have had to be utilized for non-case carrying positions, such as Family Team Decision Making (FTDM) facilitators and appeals coordinators.

In the upcoming year, DHS will evaluate the current caseload data and trends to determine if a reallocation of staff is required. DHS will also monitor staffing ratios for the local departments to ensure they have adequate workers and supervisors to meet the overall standards established by CWLA.

Juvenile Justice Transfers
The state of Maryland reviewed this reporting requirement. In CY2023 there were no children under the care of the State child protection system who have been transferred into the custody of the State juvenile services system. Juvenile Justice Transfers are captured in the CJAMS system under the Child Removal Tab and the field is Removal End Reason. A user would select Transfer to Another Agency and then select Juvenile Justice Agency. 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 Foster Care.

ETV Vouchers
Please see Appendix E and information below for the number of youth who received Education and Training Voucher (ETV) awards July 1, 2022 - June 30, 2023 (the 2022-2023 school year) and July 1, 2023 - June 30, 2024 (the 2023-2024 school year). The 2023-2024 school year data is as of December 31, 2023.

Table 71: Number of ETV Vouchers

	Total ETVs Awarded	Number of New ETVs
Final Number 2022-2023 School Year (July 1, 2022-June 30,2023)	91	34
2023-2024 School Year (July 1, 2023- June 30, 2024)	53	13

Inter-Country Adoptions
The state of Maryland provides services for inter-country adoptions prior to the adoption through resource provision as well as the exploration of adoption subsidies. The state can also provide post adoption services if the youth is at risk of entering foster care in the way of family preservation services or post adoption services. After an inter-country adoption, the youth will receive the same services as other youth that enter care. In FFY 2023, there were 11 children who

were adopted from other countries and entered DHS custody.

Monthly Caseworker Visit Data
Data for FY2024 will be submitted by December 15, 2024.

ACRONYMS

ACRONYM	*DEFINITION*
ABAWD	Able-bodied Adults Without Dependents
ACQI	Audit, Compliance, and Quality Improvement
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AECF	Annie E. Casey Foundation
AFCARS	Adoption and Foster Care Analysis Reporting System
AGO	Attorney General's Office
AMP	Achieve My Plan
ANI	Area Needing Improvement
APHSA	American Public Health Services Administration
APPLA	Another Planned Permanent Living Arrangement
APSR	Annual Program Services Review
ARPA	American Rescue Plan Act
ASL	American Sign Language
ASP	Academic Success Plan
AUK	AdoptUSKids
B3	Building Better Beginnings Initiative
BIPOC	Black, Indigenous People of Color
BSU	Bowie State University
BSW	Bachelor of Social Work
CAC	Child Advocacy Center
CA/N	Child Abuse/Neglect
CANS	Child and Adolescent Needs and Strengths
CANS-F	Child and Adolescent Needs and Strength-Family
CAP	Corrective Action Plan
CAPTA	Child Abuse Prevention and Treatment Act

CASA	Court Appointed Special Advocates
CASE	Center for Adoption Support and Education
CB	Children's Bureau
CBCAP	Community-Based Child Abuse and Prevention
CBHA	Community Behavioral Health Association
CCWIS	Comprehensive Child Welfare Information System
CEU	Continuing Education Unit
CFE	Center for Excellence
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CHESSIE	Maryland Child Electronic System Information Exchange
CHiRP	Clinical High Risk for Psychosis
CIP	Continuous Improvement Plan
CJAMS	Maryland Child, Juvenile and Adult Management System
CJIS	Criminal Justice Information Services
CMFR	Child Maltreatment Fatality Review
CMS	Centers for Medicare and Medicaid Services
COMAR	Code of Maryland Regulations
CPA	Child Placement Agency
CPE	Continuing Professional Education
CPS	Child Protective Services
CPSS	Community Partnership and Services Summary
CQI	Continuous Quality Improvement
CRBC	Citizens Review Board for Children
CRISP	Chesapeake Regional Information System for our Patients
CRM	Constituent Referral Management System
CSEA	Child Support Enforcement Administration

CWA	Child Welfare Academy
CWLA	Child Welfare League of America
CY	Calendar Year
DBAP	Disability Benefits Advocacy Project
DDA	Developmental Disabilities Administration
DHS	Department of Human Services
DJS	Department of Juvenile Services
DOJ	U.S. Department of Justice
DSS	Department of Social Services
DV	Domestic Violence
E360	Entity 360
EA	Emerging Adults
EBP	Evidence-Based Practice (or Programs)
ECBI	Eyberg Child Behavior Inventory
ECS	Early Childhood Specialist
EMDR	Eye Movement Desensitization and Reprocessing
ESSA	Every Student Succeeds Act
ETV	Education and Training Voucher
E-YTP	Enhanced Youth Training Planning
FAFSA	Free Application for Federal Student Aid
FAQ	Frequently Asked Questions
FASD	Fetal Alcohol Spectrum Disorder
FBI	Federal Bureau of Investigation
FC2S	Foster Care to Success
FCCIP	Foster Care Court Improvement Program
FCP	Family Centered Practice
FCT	Family-Centered Treatment

FFT	Functional Family Therapy
FFPSA	Family First Prevention Services Act
FIA	Family Investment Administration
FIM	Family Involvement Meetings
FPC	Foster Parent College
FPS	Family Preservation Services
FTDM	Family Team Decision Meetings
FUP	Family Unification Program
FYI	Fostering Youth to Independence
GAP	Guardianship Assistance Program
GED	General Educational Development
GOC	Governor's Office for Children
GOCI	Governor's Office of Community Initiatives
GROW Model	Goal, Reality, Options, Will Model
HFA	Healthy Families America
HRDT	Human Resources Development and Training
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized Education Programs
ILC	Independent Living Coordinator
IOTTA	Impact of Training and Technical Assistance
IPM	Integrated Practice Model
IPV	Intimate Partner Violence
IR	Investigative Response
KN	Kinship Navigator
KNPA	Kinship Navigator Program Administrator
LAP	Lethality Assessment Program

LBHA	Local Behavioral Health Authority
LDSS	Local Department of Social Services
LEA	Lead Education Agency
LGBTQ	Lesbian, Gay, Bi-sexual, Transgender, Queer/Questioning
LGBTQIA	Lesbian, Gay, Bi-sexual, Transgender, Queer/Questioning, Intersex, and Asexual
LMS	Learning Management System
MACS	Maryland Addiction Consultation Services
MARFY	Maryland Association of Resources for Families and Youth
MCF	Maryland Coalition of Families
MCIA	Maryland Commission on Indian Affairs
MCO	Managed Care Organizations
MD THINK	Maryland's Total Human Services Information Network
MD-CJIS	Maryland Criminal Justice Information System
MDH	Maryland Department of Health
MDH/DDA	Maryland Department of Health / Developmental Disabilities Administration
MDHC	Maryland Department of Housing and Community Services
MDM	Master Data Management
MDOD	Maryland Department of Disabilities
MFN	Maryland Family Network, Incorporated
MFIRA	Maryland Family Initial Risk Assessment
MFRA	Maryland Family Risk Assessment
MFRRA	Maryland Family Risk Reassessment
MNADV	Maryland Network Against Domestic Violence
MOU	Memorandum of Understanding
MOUD	Medication for Opioid Use Disorder
MRPA	Maryland Resource Parent Association

MSDE	Maryland State Department of Education
MST	Multi-Systemic Therapy
MSW	Master of Social Work
MTFC	Multidimensional Treatment Foster Care
NCANDS	National Child Abuse and Neglect Data System
NCMEC	National Center for Missing/Exploited Children
NEICE	National Electronic Interstate Compact Enterprise
NFP	Nurse Family Partnership
NOP	Non-Overlapping Period
NPP	Nurturing Parenting Program
NTDC	National TRaining and Development Curriculum
NYTD	The National Youth in Transition Database
OAG	Office of the Attorney General
OISC	Outcomes and Improvement Steering Committee
OLM	Office of Licensing and Monitoring
OMS	Online Monitoring System
OOH	Out-of-Home
OSRI	Onsite Review Instrument
OTHS	Office of Technology for Human Services
PAC	Providers Advisory Council
PARI	Prevention of Adolescent Risks Initiative
PCG	Public Consulting Group
PCIT	Parent Child Interaction Therapy
PDR	Parent Daily Report
PDSA	Plan Do Study Act
PHA	Public Housing Authority
PIP	Program Improvement Plan

PNG	Policy Network Group
POSC	Plan of Safe Care
PPI	Placement and Permanency Implementation
PPP	Protection, Preservation, Prevention
PPW	Pupil Personnel Worker
PRIDE	Parent Resources for Information, Development, and Education
PSSF	Promoting Safe and Stable Families
QA	Quality Assurance
QI	Qualified Individual
QLIK	Quality-Learning-Interactions and Knowledge
QRTP	Qualified Residential Treatment Program
QSRI	Quality Service Reform Initiative
QYIT	Quick Youth Indicators for Trafficking
RB 21	Ready By 21
RCC	Residential Child Care
RCCPP	Residential Child Care Program Professionals
RCYCP	Residential Child & Youth Care Practitioner
RFP	Request for Proposal
RNPG	Regional Navigator Program Grant
RTC	Residential Treatment Center
SABG	Federal Substance Abuse Prevention and Treatment Block Grant
SAFE-C	Safety Assessment For Every Child
SBCT	Safe Babies Court Team
SCCAN	State Council on Child Abuse and Neglect
SEN	Substance Exposed Newborn
SICC	State Interagency Coordinating Council
SILA	Semi Independent Living Arrangements

SNAP	Supplemental Nutrition Assistance Program
SON	Statement Of Need
SSA	Social Services Administration
START	Sobriety Treatment and Recovery Team
STS	Secondary Traumatic Stress
SUD	Substance Use Disorder
SUID	Sudden Unexpected Infant Death
SYAB	State Youth Advisory Board
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
TAY	Transition Age Youth
TCF	Temporary Cash Assistance
TF-CBT	Trauma-Focused Cognitive Behavioral Therapy
TOL	Transfer of Learning
TPR	Termination of Parental Rights
UMSSW	University of Maryland, School of Social Work
VPA	Voluntary Placement Agreement
WDN	Workforce Development Network
WDU	Workforce Development Unit
WIC	Women Infants and Children

MARYLAND DEPARTMENT OF HUMAN SERVICES

MARYLAND STATE COUNCIL ON CHILD ABUSE & NEGLECT ANNUAL REPORT

January 1, 2022- December 31, 2023

SCCAN
Maryland's
State Council on Child Abuse and Neglect

Acknowledgments

With tremendous gratitude, we acknowledge the many individuals and organizations who share their time, experience, expertise and passion for promotion of child-well being and preventing child maltreatment and other adverse childhood experiences (ACEs) *before they occur.* Special thanks this year go to:

- Former Council Members, those that stayed on beyond their terms and those that engaged and participated without a formal appointment - for sharing their expertise and for the many volunteer hours they have contributed to the State Council on Child Abuse and Neglect (SCCAN).
- Council Chair, Wendy Lane, MD, MPH and Maryland Essentials for Childhood (EFC) Chair, Joan Stine, for their leadership.
- Incoming Council members for their commitment to serving Maryland children and families. Taniesha Woods, PhD for taking on the role of SCCAN Chair. Ted Gallo, our new Executive Director
- Council Members' agencies for dedicating staff time and expertise to the important cross agency work of the Council and Maryland Essentials for Childhood. Interagency collaboration is critical to effectively address childhood trauma.
- Achieving Racial Equity in Child Welfare Workgroup Co-Chairs, Erica LeMon, Esq. and Dr. Michael Sinclair for their leadership in developing SCCAN's Anti-Racist Statement and Visioning Session. Also, Workgroup Members (See Appendix C) and Dr. Sinclair's graduate students at Morgan State for their many hours of work to make December's Visioning Session possible.
- Achieving Racial Equity Visioning Session speakers: Dr. Anna McPhatter, Dean, School of Social Work, Morgan State University; Joyce James, Keynote Speaker; Corey Best, Lead Facilitator; Nilesh Kalyanaraman, MD, MDH Deputy Secretary for Public Health Services; and Hilary Laskey, Maryland DHS.
- Achieving Racial Equity in Child Welfare lead organizations: Morgan State University and Maryland Department of Health. Visioning Session donors: Maryland Judiciary, Donald A. Strauss Foundation, Child Justice, The Zanvyl and Isabelle Krieger Fund, and Maryland Legal Aid. Visioning Session Partners: Paths for Families, Maryland Essentials for Childhood, Child Justice, Child Welfare League of America, Maryland Legal Aid, The Family Tree, Maryland Judiciary, Maryland Office of the Public Defender, Echo Resource Development, Maryland Department of Human Services, and 725 Strategies, LLC.
- Pat Cronin, the former Executive Director of The Family Tree, for her countless years of invaluable work helping Maryland families and Stacey Brown, newly appointed Executive Director of The Family Tree for continuing Pat's work and staying deeply

engaged in the work of SCCAN. The Board and staff of The Family Tree for their co-backbone support of Maryland Essential for Childhood Initiative. The Family Tree Board for supporting the ACE Interface Project.

- Ace Interface Project Master Trainers and Presenters for dedicating their valuable time and skills to the efforts to ensuring Maryland become a N.E.A.R. Science Informed State.
- Maryland ACE's Connection Community Managers, Matila Jones, Claudia Remington, Jamie Sheppard and Erik Weber.
- Vanessa Milio, Nonprofit Consultant and Coach, and former Executive Director of No More Stolen Childhoods (NMSC) for lending her expertise to efforts to pass The Child's Victims Act (HB1/SB686 2023).
- Delegate C.T. Wilson for sponsoring and tirelessly advocating for the eventual passage of the Child Victims Act to give voice to adults who were victimized as children and to prevent future abuse.
- Judicial Proceedings Committee Chair Will Smith, and Vice Chair Jeff Waldstreicher, Judiciary Committee Chair Luke Clippinger for their leadership in Committee to pass the Child Victims Act. Senator Shelly Hettleman for her prior sponsorship and continuing support of the bill.
- Judicial Proceedings Committee and Chair Will Smith for supporting the Child Victims Act Legislative Briefing. Kathi Hoke, Kathryn Robb, Claudia Remington, and Wendy Lane for their testimony at the briefing.
- The Maryland State Legislature for passing the Child Victims Act.
- The Legal Resource Center for Public Health Policy at the University of Maryland Francis King Cary School of Law, Professor and Director, Kathleen Hoke, and law students, for their legal expertise, testimony, and support of efforts to pass the Child Victims Act.
- The following organizations for their support and advocacy on behalf of passing the Child Victims Act: Ashlar Public Relations, Baltimore County Progressive Democrats, Beau Biden Foundation, Boys & Girls Clubs of Harford & Cecil Counties, Center for Children, Center for Hope at Lifebridge Health Group, Child Justice, Child USA, Child USAdvocacy, Circle of Parents, Citi Ministries, Citizens Review Board for Children, Delaware Maryland Synod, Enough Abuse Campaign, Enradius, The Episcopal Dioceses of Maryland, Federation of Christian Ministries, First Star Institute, GBMC Healthcare, Harrity, Heartly House, Inc., Housing Authority of the City of Frederick, Justice 4 MD Survivors, Key School Survivors, Kros Learning Group, Maroon PR, Maryland Catholics for Action, Maryland Chapter of the American Academy of Pediatrics, Maryland's Children's Alliance, Maryland Coalition Against Pornography, Maryland Coalition Against Sexual Assault, Maryland Coalition of Families, Maryland Court Appointed Special Advocates (CASA), Maryland Episcopal Public Policy

Network, Maryland Family Network, Mid Atlantic P.A.N.D.A., Montgomery County Young Democrats, MOST Network, NAACP Maryland State Conference, Needworking, No More Stolen Childhoods, Parents' Coalition of Montgomery County, Partnership for a Safer Maryland, Prevent Child Abuse Maryland, Progressive Neighbors, ProMD Health, ProMD Helps, Renew Your Core with Trauma Healing, Survivors Network of those Abused by Priests (SNAP), The Family Tree, and The Moore Center for the Prevention of Child Sexual Abuse at Johns Hopkins Bloomberg School of Public Health.

- Marci Hamilton, CEO and Academic Director of Child USA, an interdisciplinary think tank to prevent child abuse and neglect at the University of Pennsylvania for sharing her time and expertise as well as providing written testimony on statute of limitations reform, as well as the resources of Child USA.
- Alix Boren, JD, Executive Director of Child USA, for her legal research on Maryland's civil statute of limitations.
- Kathryn Robb, JD, Executive Director of Child USAdvocacy, for her outstanding and considerable legal research, written testimony, advocacy, and oral testimony on behalf of HB 687 and HB 974, The Hidden Predator Acts of 2020 and 2021, as well as HB1/SB686, The Child Victims Act of 2023
- Linda K. Boyd, Jena Cochrane, Sarah Conway, Kay Connors, Mary Corzine, Nancy Fenton, Rebecca Fix, Paul Griffin, Jennifer Gross, Kathleen Hoke, Gemma Hoskins, Lisae Jordan, Susan Kerin, Frank Kros, Teresa Lancaster, Wendy Lane, MD, Elizabeth Letourneau, Rev. Kobi Little, David Lorenz, Judith Lorenz, Vanessa Milio, Mary Mueller, Davion Percy, Former DE Senator Karen Peterson, Claudia Remington, Kathryn Robb, Daniel Robson, Emily Rose, Kurt Rupprecht, David Schappelle, Abbie Schaub, Francis Schindler, Senator Will Smith, Carolyn Surrick, Megan Venton, Donna VonDenBosch, Jean Wehner, Matthew Wolf for their testimony, both oral and written, on behalf of HB01/SB0686, The Child Victims Act.
- Sarah Conway for her development of Justice4MDSurvivors.org in support of Maryland child sexual abuse efforts for child sexual abuse statute of limitations reform.
- Dr. Richard Lichenstein, Medical Director for Child Welfare, for engaging with SCCAN and pediatricians from the Maryland Chapter of the American Academy of Pediatrics to seek input and advice on improving health care services for youth in foster care.
- Drs. Rebecca Seltzer and Rachel Dodge, pediatricians who met twice monthly with Dr. Lichenstein and his team over the past 1 ½ years to provide input and advice on improving health care services for youth in foster care.
- Hilary Laskey, Melissa Rock, and Joan Stine for participating in two rounds of interviews to select a new SCCAN Executive Director.
- SCCAN meeting speakers: Katie Pederson, Maryland DHS, Kay Connors, Department of Psychiatry, University of Maryland School of Medicine, Dr. Margo Candelaria,

formerly of the Institute for Innovation and Implementation, University of Maryland School of Social Work, Kristen Parquette and Rovan Willis-Gorman from C4 Innovations, Tiffany Beason and Joanna Prout, from the Department of Psychiatry, University of Maryland School of Medicine, Rebecca Allyn, from the Governor's Office of Crime Prevention, Youth and Victim Services, Janice Goldwater, Commissioner on the Maryland Trauma Informed Care Commission, Dr. Richard Lichenstein, Medical Director for Child Welfare, Maryland DHS Susan Dos Reis, University of Maryland School of Pharmacy, Hilary Lasky, Maryland DHS and Erica LeMon, Esq., Maryland Legal Aid

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April 8, 2024

The Honorable Wes Moore
Governor of Maryland
State House
100 State Circle
Annapolis, Maryland 21401-1925

The Honorable Bill Ferguson
President of the Senate
State House
100 State Circle, Room H-107
Annapolis, Maryland 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
State House
100 State Circle, Room H-107
Annapolis, Maryland 21401-1991

Re: Family – General Article, Annotated Code of Maryland, § 5-7A-09, State Council on Child Abuse and Neglect (SCCAN) Final Report for 2022-23

Dear Governor Moore, President Ferguson and Speaker Jones:

I would like to begin with a heartfelt word of thanks for the actions you took to implement State Council on Child Abuse and Neglect (SCCAN) key recommendations. During 2022-2023, you supported the Child Victims Act, spearheading the legislation through the House of Delegates and Senate, then signing the bill into law. You continued your support of the Trauma-Informed Care Commission, whose members are working hard to implement the legislative mandates. Most recently, Governor Moore signed an Executive Order reinstating the Governor's Office for Children and the Children's Cabinet, and amending the Governor's Office of Crime Prevention, Youth, and Victim's Services to become the Governor's Office of Crime Prevention and Policy. Children need and deserve their own office, separate from the focus on crime prevention.

Pursuant to the requirements of Family Law Article, Annotated Code of Maryland, § 5-7A-09 and the federal Child Abuse Prevention and Treatment Act (CAPTA), I respectfully submit on behalf of the State Council on Child Abuse and Neglect (SCCAN) its unanimously adopted Annual Report. The Council makes recommendations for systems changes and improvements through this report that address its legislative mandates:

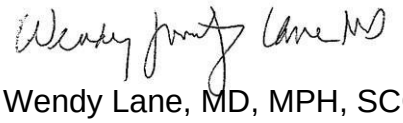
1) *to "evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities;"*
2) *to "report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs;"*
3) *to "provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations;"*
4) *to "annually prepare and make available to the public a report containing a summary of its activities;" and,*
5) *to "coordinate its activities … with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort."*

As the SCCAN mandates are quite broad, the Council must choose priorities on which to focus each year. For 2022-2023, we have chosen to continue our focus on the primary prevention of child maltreatment, including passage of the Child Victims Act, health care for children involved in the child welfare system, and racial equity for children and families involved in the child welfare system. The Council recommends several actionable steps to improve Maryland's child and family serving systems in order to protect children and to prevent child maltreatment and other Adverse Childhood Experiences (ACEs) *from occurring in the first place*. Specific recommendations are made to prioritize prevention of ACEs, create a Children's Trust & Prevention Fund, coordinate the work of child and family serving systems, ensure full implementation of past bills to prevent child sexual abuse, get a clearer picture of the racial disparities within the child welfare system, and improve health care for children involved in child welfare. Each of these issues became more urgent as a result of the coronavirus pandemic; even with the end of the national emergency, poor mental health, substance abuse disorders, isolation, loneliness and racism have persisted, increasing the risk of abuse and neglect for Maryland children.

As you read through the Council's report and recommendations, I hope you will see our deep commitment to the healthy growth and development of every child within our state and the primary prevention of child maltreatment and other ACEs. That dedication extends to the relationships and environments of children − their parents, their families, their communities, and their state. As I complete my term as SCCAN Chair, I am grateful for your support as well as the support of the many Maryland citizens who have given so much of their time and expertise to the

Council. And I extend a hearty welcome to our new SCCAN Executive Director, Edward (Ted) Gallo, and new SCCAN Chair, Taniesha Woods.

Sincerely,



Wendy Lane, MD, MPH, SCCAN Chair

cc: DHS Secretary Rafael J. Lopez
MDH Secretary Laura Herrera Scott
DJS Secretary Vincent Schiraldi
MSDE Interim State Superintendent of Schools, Carey M. White
MDD Secretary Carol A. Beatty
DBM Secretary Helene T. Grady
DPSCS Secretary Carolyn J. Scruggs
DLLR Secretary Portia Y. Wu
Governor's Office of Crime Prevention, Youth, and Victim Services, Dorothy J. Lennig, Executive Director
SCCAN Members[1]

[1] While state agency designees sit on the Council to provide information and perspective to inform Council recommendations, state agencies take no position either for or against the recommendations.

Executive Summary

SCCAN's 2022-2023 Annual Report to the Governor and General Assembly continues to provide a framework for a seismic culture change in how we as a state address child abuse and neglect, along with related adverse childhood experiences (ACEs) and childhood trauma. Child physical, sexual, and emotional abuse and child neglect, along with parental mental illness, parental substance abuse, domestic violence, parental incarceration, divorce and separation, experiencing racism, witnessing violence, living in an unsafe neighborhood, living in foster care, peer violence, bullying, historical and intergenerational trauma, as well as other adverse experiences disrupt the healthy development of children.

Individually and particularly when experienced in combination, these ACEs lead to poor child health, educational, and relational outcomes. These outcomes then impact communities by reducing public safety and economic productivity at an immense cost to taxpayers. In North America, total health system costs attributed to ACEs were estimated, in a study funded by the World Health Organization, to amount to $748 billion per year.[2] Tennessee's Sycamore Institute study estimated that ACEs led to $5.2 billion in medical costs and lost productivity among Tennessee adults in 2017.[3] And, a recent study published in JAMA Pediatrics by researchers at Columbia and Harvard University, found that "Because childhood adversity increases the risk for heart disease, cancer and suicide, it contributes to approximately 400,000 excess U.S. deaths per year, or 15% of all U.S. mortality."[4] The costs of ACEs emphasize that the future prosperity of any society depends on its ability to foster health, well-being and resilience of the next generation. As Maryland policy makers invest early and wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship.

Conversely data shows a correlation between mental health outcomes and Positive Childhood Experiences (PCEs) with lower rates of mental health concerns among children with more PCEs. PCEs include protective adult relationships, school connectedness and peer connections that can build a child's resilience to life challenges. Additionally, promoting household financial security, supporting positive parenting, encouraging school safety and a sense of belonging, and providing access to programs that improve conflict resolution and stress-handling skills contribute to fostering PCEs. Research indicates that the negative effects of multiple ACEs can be mitigated by exposure to multiple PCEs, reinforcing the importance of cultivating positive environments and relationships during childhood to enhance overall well-being and resilience. This underscores the potential role of PCEs in promoting better mental health outcomes and

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[2] Mark A Bellis, Karen Hughes, Kat Ford, Gabriela Ramos Rodriguez, Dinesh Sethi, Jonathon Passmore Life **course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis, September 3, 2019.**

[3] Courtnee Melton, The Economic Costs of ACEs in Tennessee, The Sycamore Institute, February 1, 2019.

[4] *Exposure to childhood adversity is linked to early mortality and associated with nearly half a million annual U.S. deaths*, October 2021.

highlights the potential for prevention strategies focusing on fostering positive experiences during childhood.

While the COVID-19 pandemic has waned, it has left behind a mental health crisis and an epidemic of loneliness. The outcries against racism have led to increased awareness and some change, but also increasing pushback against change. Now more than ever, it is critical that we consider instituting trauma-informed and resilience-building public and private policies and practices to create safe, stable, and nurturing relationships and environments for children and prevent and mitigate ACEs.

Building infrastructure to disseminate the science and support collective statewide and community efforts is essential. SCCAN facilitated Maryland's participation in the U.S. Centers for Disease Control and Prevention's (CDC) Essentials for Childhood (EFC) Framework Statewide Implementation technical assistance program. The Essentials for Childhood initiative is helping us find ways to promote and strengthen relationships and environments that help children grow up to be healthy and productive citizens so that they, in turn, build more supportive and safer families and communities for their children (a multi-generation approach). Maryland Essentials for Childhood (MD EFC) includes public and private partners from across the state and receives technical assistance from the CDC. Participating in this program allows Maryland to learn from national experts and leading states. When people learn about the science of the developing brain, epigenetics, the ACE Study, and theories of resilience, they begin to understand the interconnection of many of the social problems that confront our state; and begin learning and working together to innovatively solve these problems. While the Essentials for Childhood initiative meetings have been on pause during the selection and onboarding of our new Executive Director, the work has continued, and we hope to see it flourish in the coming year.

MD EFC and SCCAN efforts within the executive and legislative branches have helped to ensure action on key SCCAN recommendations toward making Maryland a trauma informed and resilient state:

- In 2021, The Maryland General Assembly (MGA) passed legislation, HB548/SB299, create a Commission on Trauma Informed Care (TIC). The Commission continues to meet regularly and is creating methods and measurements to ensure that State agencies are properly trauma informed. The TIC is also looking at ways to integrate screening for ACEs and their effects into pediatric primary care and to address mental and behavioral health issues that may be the result of ACE exposure.
- In 2021, The MGA passed legislation, HB771/SB548 requiring inclusion of ACEs questions in the Youth Risk Behavior Survey/Youth Tobacco Survey for both middle and high school children. The first data collected since the passage of this legislation from the 2021-2022 school year is presented in this report.
- In 2023, after many years of SCCAN and MD EFC advocacy and support, the MGA passed HB1/SB686, The Child Victims Act. This legislation eliminated the civil statute of limitations for child sexual abuse, allowed a permanent lookback window to enable

victims previously barred by the statute of limitations to file suit, allowed both public and private entities to be sued, and eliminated the notice of claims deadlines for public entities in child sex abuse cases.

- Members of SCCAN and MD EFC formed an Achieving Racial Equity in Child Welfare Workgroup in response to the movement for racial justice brought about by the murder of George Floyd. The Achieving Racial Equity Workgroup developed and SCCAN adopted an Anti-Racist Statement to guide the Council's efforts on racial equity; and, successfully advocated for legislation to ensure DHS and MSDE collect and disseminate critical population level data on children in the child welfare system disaggregated by gender, race, and ethnicity. That data will be essential to informed decision-making that eliminates racial disparities, dismantles systemic racism within the child welfare system, and reduces childhood adversity associated with experiencing racism and the foster care system. In addition, the Workgroup hosted a listening session in December 2023 to allow individuals with lived experience and professionals to engage in conversations about how to eliminate inequities in the child welfare system.
- SCCAN's Health Care for Children in Child Welfare Workgroup has worked closely with Dr. Rich Lichenstein, the Medical Director for Child Welfare, to improve the receipt and tracking of health care services for children in out-of-home placement. The Medical Director position was created by 2018's HB 1082, sponsored by Del. C.T. Wilson, which SCCAN was deeply engaged in passing.
- From March 2022 to January 2024, SCCAN held 8 membership meetings, with speakers from many organizations and agencies that serve Maryland Children. A listing of all meetings is included in Appendix K.

SCCAN's Annual Report for 2022 includes the following:

- A description of Maryland data on the magnitude of the problem.
- A description of the recent accomplishments toward achieving our four strategic goals.
- Recommendations to the Governor, the General Assembly and child and family serving agencies.
- A brief background of SCCAN's mandate, focus and efforts in Appendix D.
- An overview of the key concepts of neurodevelopmental science and the impact of adversity on the developing brain which are foundational to many of the SCCAN recommendations and is included in Appendix F.
- Recommendations by agency in Appendix M.

Key Recommendations for the Governor, the General Assembly, and Agencies:

Overarching Recommendations:

(1) Educate key state leaders, stakeholders, and grassroots on brain science, ACEs, and resilience; in order to build a commitment to put science into action to reduce ACEs,

promote positive childhood experiences, and create safe, stable, and nurturing relationships and environments for all Maryland children.

(2) Identify and use Data to inform actions and recommendations for systems improvement.

(3) Integrate the Science into and across Systems, Services & Programs.

(4) Integrate the Science into Policy and Financing solutions.

(5) Develop and implement a **Trauma and Resilience-Informed State Action Plan for Preventing and Mitigating Childhood Trauma/ACEs** that aligns with the work of the Trauma Informed Care and Health Equity Commissions. The plan should include budgetary commitments, public/private collaboration to develop infrastructure, promotion and creation of local community-based cross-sector coalitions, and incorporation of the 6 strategies and evidence-based programs and approaches listed in the CDC's *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence* resource tool.[5]

(6) Support legislation and funding of a Children's Trust Fund administered by a public-private board of directors to lead innovation and financing across the state.

Surveillance Recommendations:

(1) **MDH –** Continue collecting data on ACEs and Positive Childhood Experiences through statewide surveys including BRFSS and YRBS/YTS.

(2) **DHS, MDH, GOCPP, Maryland Children's Cabinet –** Use data from CJAMS, YRBS/YTS, BRFSS, and other sources to determine where and who should be prioritized for services.

(3) **DHS, MDH, MDTHINK –** Provide personnel and financial resources immediately to address operability issues with CJAMS.

(4) **DHS, MSDE –** Work collaboratively to gather data on educational services received by children in out-of-home care and track educational outcomes for foster youth.

(5) **Maryland General Assembly --** Pass legislation to amend Md. Code Ann., Family Law § 5-1312 (2021) to include additional data to be collected by DHS and MSDE on youth in foster care.

(6) **DHS, MSDE, Maryland General Assembly –** Also see Racial Equity recommendations (1) – (4) that address surveillance.

Achieving Racial Equity within Maryland's Child Welfare System Workgroup Recommendations (to be updated in report from Visioning Session):

(1) **DHS:** Require caseworkers to input race demographic data on all cases brought to the attention of the Department of Human Services, in order to examine disparities. Data should be gathered for all families referred to CPS, screened out, received Investigative Response, received Alternative Response or Non-CPS Risk of Harm Response, as well as those referred to and receiving services.

[5] Centers for Disease Control and Prevention. Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Online at: https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Resource_508.pdf

(2) **DHS:** Make publicly available child welfare and health-related data that is disaggregated by race, ethnicity, gender, age, and geographic region. Child welfare data should also be disaggregated for each system level (i.e., referrals, pathways, and services). Neglect referrals should be disaggregated by risk factor (food insecurity, housing status, etc.)

(3) **DHS, MSDE:** Work collaboratively to gather data on educational services received by children in out-of-home care. Comply with the MOU in place between DHS and MSDE to allow for the sharing of data regarding foster youth since September 27, 2013, and the federal requirement pursuant to the Every Student Succeeds Act for states to track educational outcomes for foster youth.

(4) **Maryland General Assembly:** Amend current statute to expand data currently collected by Maryland's Department of Human Services and published in their Child Welfare Indicators Report. Recommended data are included in Appendix L.

(5) **Maryland General Assembly:** Pass legislation to require all mandated reporters in the state of Maryland to receive racial bias training focused on the role of bias and racism in child abuse and neglect reporting.

(6) **Maryland General Assembly:** Pass legislation to require all DHS employees and local DSS supervisors and caseworkers in the state of Maryland to receive racial bias training focused on the role of bias and racism in decision-making throughout the continuum of child welfare cases.

Child Sexual Abuse Prevention Recommendations:

(1) **Maryland General Assembly** – Amend HB 1072 and HB 486 to require oversight of implementation by Maryland State Department of Education. Each jurisdiction should be required to annually submit to MSDE their training program, Code of Conduct, and policies for screening new staff. MSDE should be required to share information about implementation annually with the Maryland General Assembly.

(2) **Maryland General Assembly/MSDE** – require that all jurisdictions complete CPS background checks prior to hiring of new employees. This will identify individuals determined to be responsible for the maltreatment of a child who are not identified through a criminal background check.

(3) **Maryland General Assembly** – expand requirements of HB 1072 and HB 486 to other child serving organizations to help prevent the hiring of child predators.

Healthcare Committee Recommendations:

(1) **DHS, MDTHINK:** The issues with CJAMS operability, including problems with data entry and creation of reports must be fixed as soon as possible; data system linkages and an electronic health passport cannot be created without a fully functional CJAMS/MDTHINK system. Personnel and financial resources must be dedicated to this effort.

(2) **DHS, MDTHINK:** Create an electronic health passport to replace the current paper passport, as is required by Md. Code Ann., Human Services § 8-1101- 8-1103 (2018). This electronic passport is vital to ensure that foster youth, foster care workers, foster

parents, biologic parents, and health care providers have access to critical health and mental health information.

(3) **DHS, MDH, MDTHINK:** Direct Maryland Medicaid, CRISP, and the Child Welfare Medical Director to link Medicaid and CRISP data to CJAMS to meet the requirements of Md. Code Ann., Human Services § 8-1101- 8-1103 (2018), including the tracking of health care outcomes using HEDIS or other quality measures.

(4) **Maryland General Assembly:** Mandate access to foster youth health care information by necessary personnel at Medicaid, CRISP, and DHS in order to carry out the purposes of Md. Code Ann., Human Services § 8-1101- 8-1103 (2018). Require CRISP to notify primary care providers (PCPs) of changes in placement so that the PCP can more effectively serve as a medical home for children in foster care.

(5) **DHS, MDH:** Direct the Child Welfare Medical Director, Medicaid, Medicaid Managed Care Organizations, and their special needs case managers to identify ways in which case managers can assist with ensuring health and mental health care needs of foster youth are met beyond the initial and comprehensive health screenings, including analyzing health care quality measures for children in care to meet the requirements of the statute.

(6) **DHS:** Direct the Child Welfare Medical Director to work with Maryland CHAMP (Child Abuse Medical Professionals) to ensure best practice medical review and evaluation of cases of suspected abuse or neglect to meet the requirements of the statute.

(7) **DHS:** Create at least 2 additional positions at DHS for physicians or nurse practitioners to assist the Medical Director in reviewing health care data, assessing quality of care, and providing input to local DSS agencies. One of these positions should be filled by a child psychiatrist to address psychotropic medication prescribing, including informed consent.

(8) **MDH, DHS, GOCPP, Children's Cabinet** - Convene Key Stakeholders listed above as an "Expert Panel" to review system gaps and develop solutions. MDH (Secretary Herrera) could serve as convener to bring other stakeholders to the table, potentially through the Children's Cabinet, or could propose amendments to the CHAMP legislation that would reconstitute and re-purpose the "Expert Panel" created by the legislation to serve this purpose. Children's Cabinet members would need to determine specific next steps such as meeting frequency, structure, and invitees.

(9) **MDH** – Consider legislation passed in other states (e.g., Florida, New Jersey, Kansas) as a model to centralize and coordinate funding for hospital and CAC-based medical services provided by physicians, advanced practice nurses, and forensic nurse examiners. Include mandated expert consultation as a condition of funding, as this is required for CAC accreditation by the National Children's Alliance.

MAGNITUDE OF THE PROBLEM IN MARYLAND

Important to addressing any problem is understanding of its scope. Mitigation and prevention of ACEs requires an understanding of the incidence of child maltreatment in the state, along with information about what is being done by Maryland DHS and other agencies and organizations to address maltreatment, enhance caregivers' abilities to provide safe, stable, and nurturing environments, and prevent further maltreatment. Mitigation and prevention also requires an understanding of the prevalence of ACEs among Maryland adults and children, so that resources to address ACE sequelae may be equitably distributed based on need.

Several data systems [Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS)] can capture estimates of ACE prevalence among adults and adolescents in Maryland. Child maltreatment-related fatalities are captured through the Office of the Chief Medical Examiner and the Maryland Vital Statistics Administration. However, other data, such as reports to Child Protective Services (CPS) by race and services received by families are more difficult, if not impossible to obtain at the current time.

There is considerable need for improvement in providing comprehensive data and analysis of childhood adversity for both individual case determinations and systems improvement decision-making. In 2016, the Council and its' partners supported the creation of MD THINK shared services platform into which all the human service agencies could integrate their data systems. The proposal provided for replacing the three legacy data systems within DHS – CARES (for public assistance); CSES (for child support enforcement); and MD CHESSIE (for child welfare) into a single system, CJAMS, which would later be integrated with other MD THINK data systems. DHS assured the Council and partners that this ground-breaking project would bring needed accuracy, efficiency, data analysis capabilities, and tracking of critical outcomes for children across child and family serving agencies.

More than two years after the implementation of CJAMS, the system still does not work effectively. Key data points are either not regularly and systematically collected or are not readily accessible and therefore not analyzed. Integration of CJAMS with other state data systems (e.g. Medicaid) has not happened. This is despite the requirement under Md. Code Ann., Human Services § 8-1101- 8-1103 (2018) to integrate child welfare data with data from CRISP (Chesapeake Regional Information Systems for our Patients), Immunet, and Medicaid. Data system integration has the potential to: (1) reduce hand entry of medical information by DSS foster care workers; (2) enable DSS staff to better track health care needs and receipt of services; and (3) provide a mechanism for health information sharing with other stakeholders (e.g., birth parents, foster parents, health care providers, and foster youth) through an electronic health passport. Much of this important health and mental health information remains inaccessible to DHS leadership and staff, as well as to foster youth, foster parents, biologic parents, and foster care workers. CJAMS child welfare data must be linked to other electronic health data at the patient level to accurately assess children's health care needs and treatment and services received. Many other states and jurisdictions have successfully linked Medicaid and Child Welfare data; Maryland needs to expeditiously create these linkages. Doing so *will*

provide critical data and a clearer picture of not only how well children are doing within the child welfare system, but how those same children and families are faring in sister child and adult serving systems (health, behavioral health, education, courts, juvenile services, corrections, housing, etc.) and across Maryland.

CPS reports are known to underestimate the true occurrence of maltreatment. Non-CPS studies estimate that 1 in 4 U.S. children experience some form of child maltreatment in their lifetimes. It is important to look at multiple sources of data to understand the true scope of children's experiences with maltreatment. To give the reader some perspective on the problem in Maryland, the Council considers data from three Maryland sources below: Maryland CPS Data (incidence), Behavioral Risk Factor Surveillance System ACE Module data (childhood prevalence among Maryland adults of all ages), and Youth Risk Behavior Survey data (prevalence to date among adolescents).

Child Welfare Data, Child Abuse and Neglect Reports, Pathways and Services Provision

Figure A illustrates the number of referrals (alleging suspected maltreatment), reports (screened-in referrals), their pathways (investigation, alternative response or risk of harm), dispositions, and service provision.

- During FFY 2021 DHS SSA reports that it received 71,077 referrals of suspected child abuse or neglect, up from 66,865 referrals in 2019. Of those, 35,298 reports or 49.7% were screened in for a CPS response (either investigative or alternative response).
- During FFY 2021, 20,547 investigations were completed. Of this total, 6,573 caregivers were indicated for abuse or neglect. The 6,573 indicated cases represent 32% of the total abuse and neglect investigations and 18.6% of all screened-in referrals. Once there is an indicated referral, children are considered victims of child abuse/neglect.
- During FFY 2021, 14,746 screened-in reports (20.8% of total referrals; 41.7% of total screened-in referrals) received an alternative response (AR). Of those 14,746 cases, 711 (or 4.8% of AR cases) received services and 136 cases (or 0.9% of AR cases) ended up with a removal. The majority of AR cases (94.3%) received neither services nor ended up in a removal.
- Data was not readily available to indicate what, if any, specific services were offered to and accepted by children and their families. This is unfortunate as many of the children referred to child welfare experience risk factors (multiple types of maltreatment, parental mental illness, substance abuse, incarceration, domestic violence) that result in poor short and long-term outcomes. ***It is unclear from available data the extent to which children and families are not only referred for services but linked and provided those services.***

Data from SCCAN's Annual Reports since 2013 have emphasized the importance of tracking health services and outcomes for children involved with child welfare. Gathering and

analyzing this data should be a high priority for ensuring our state's appropriate care of these our *most* vulnerable children. Because children and families involved in child welfare are often involved in multiple public systems − public health, behavioral health, primary care, Medicaid, child welfare, criminal and juvenile justice, education, public assistance, and child support enforcement **it is essential that these systems work in unison and share data effectively to meet these children's health care needs.** Brain science and the ACE Study indicate that leaving these needs unmet leads to poor behavioral, health, educational, employment, and relational outcomes in the future. **A comprehensive state plan to prevent and mitigate ACEs should include gathering, sharing, and analyzing data to help understand the magnitude of the problem and ensure data-driven solutions.**

Figure A: FFY2021 Child Maltreatment Referral, Pathways, and Services

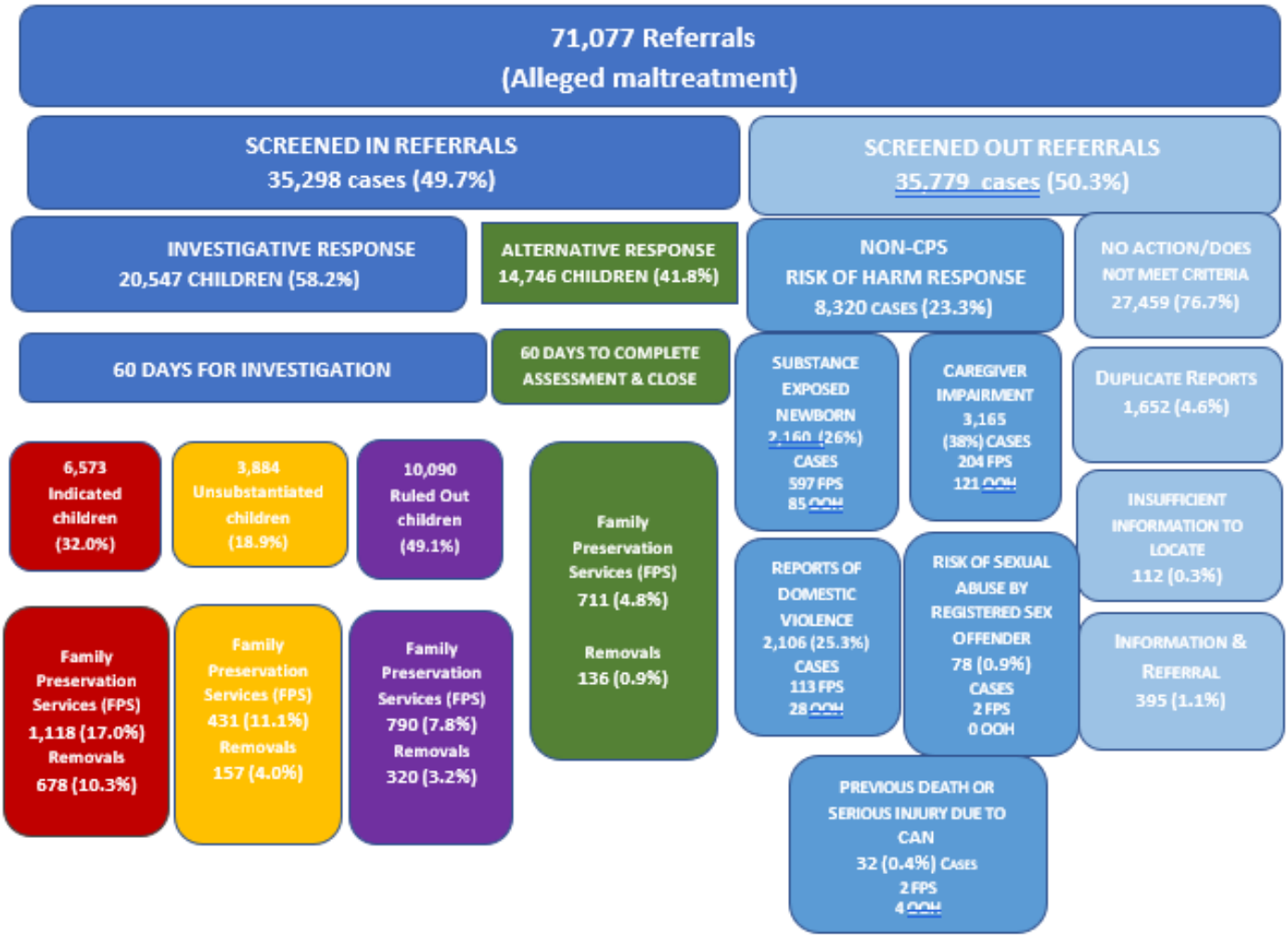


Table 1: CPS Cases in FFY2021 by Race/Ethnicity

	Screened-In Cases			Maltreatment Findings - indicated only		
	All CPS	AR*	IR**	Sexual Abuse	Physical Abuse	Neglect
Hispanic	3,076	1,215	1,861	419	58	247
Black (NH)	13,697	5,259	8,438	519	460	1,714
White (NH)	9,545	3,905	5,640	483	188	1,376
All Others (NH)	281	145	136	24	1	24
Declined	41	27	14	295	424	1,068
Missing/Unknown	8,653	4,195	4,458	508	125	427
Total	35,293	14,746	20,547	1953	832	3,788

*AR=Alternative Response **IR=Investigative Response ¥Non-Hispanic

Table 2: CPS Screened-In Cases by Race and Ethnicity Compared to the Maryland Child Population by Race and Ethnicity

	Percentage of 2020 MD Child Population	Percentage of Screened-In Cases
Hispanic	16.6%	8.72%
White (NH)	40.6%	27.0%
Black (NH)	30.6%	38.8%
All others (NH)	12.2%	25.48%

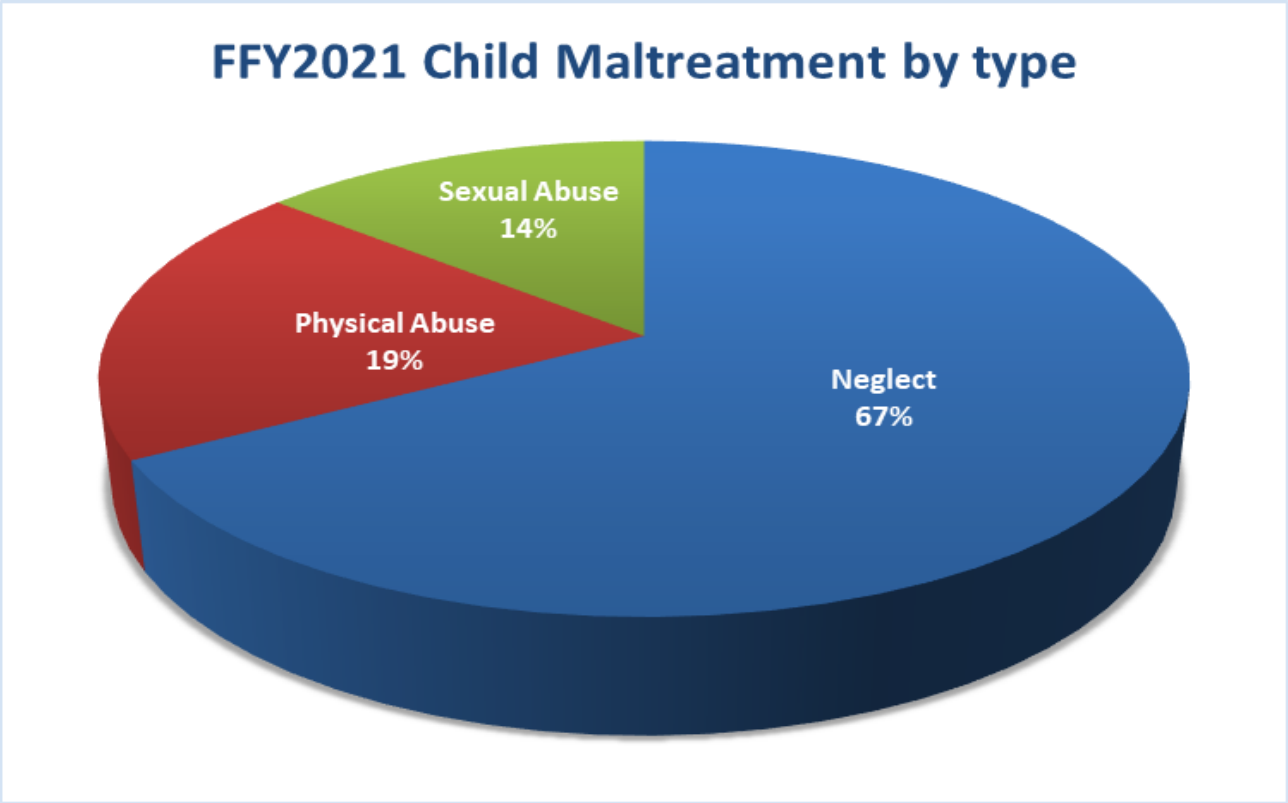
SCCAN requested that each data point in Figure A, referrals, pathways, and services be disaggregated by race, gender, age, and ethnicity. DHS provided disaggregated data by race for children/families receiving an investigative response and an alternative response. They also provided disaggregated data by race for children/families with indicated maltreatment findings (Table 1). DHS did not provide disaggregated data by race on all families/children with CPS referrals, nor on services offered or received by families/children in any pathway (IR, AR, or Non-CPS). It is therefore not possible to assess whether there are racial/ethnic disparities in the decision to screen-in a referral, nor in the decision to assign a referral to alternative response. Likewise, it is not possible to determine whether there are disparities in the offer or acceptance of services.

Data from DHS does enable us to compare the racial and ethnic make-up of children/families investigated for maltreatment (i.e., screened-in) to the 2020 racial and ethnic make-up of all children in Maryland (Table 2). This data shows that Black families are over-represented and white and Hispanic children are under-represented among screened-in referrals, when compared to all Maryland children.

Child Maltreatment by Type

- Neglect is the largest category of child maltreatment at 67% (up from 57% in 2020), followed by physical abuse at 19% (up from 18% in 2020) and sexual abuse at 14% (down from 23% in 2020) (Figure B). Sex trafficking was at 0% (down from 1% in 2020) and mental injury remained at 0%. The 2021 Maryland percentages of maltreatment by type are similar to those for the U.S. as a whole (76% neglect, 16% physical abuse, 10% sexual abuse and 0.2% sex trafficking).[6]
- Chronic neglect is given less attention in policy and practice, however, can be associated with a wider range of damage than physical or sexual abuse. Science tells us that young children are especially vulnerable to poor physical and mental health outcomes of neglect. A broad range of developmental impairments can occur, including cognitive delays, stunting of physical growth, impairments in executive function and self-regulation skills, and disruptions of the body's stress response.[7]

Figure B: FFY 2021 Child Maltreatment by Type



[6] https://www.acf.hhs.gov/cb/report/child-maltreatment-2021
[7] *In Brief, The Science of Neglect*, Harvard Center on the Developing Child.

Caregiver Risk Factors in Child Maltreatment

Caregiver risk factors are characteristics that may increase the likelihood that their children will be victims of abuse and neglect. However, the extent of the problem in Maryland is challenging to ascertain because different data sources provide very different statistics. The U.S. Department of Health and Human Services, Administration for Children and Families *Child Maltreatment 2021* report on National Child Abuse and Neglect *Data* (NCANDS) analyzed data for seven caregiver risk factors, those factors are, and are defined as:

- Alcohol abuse: The compulsive use of alcohol that is not of a temporary nature.
- Domestic Violence: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.
- Drug abuse: The compulsive use of drugs that is not of a temporary nature.
- Financial Problem: A risk factor related to the family's inability to provide sufficient financial resources to meet minimum needs.
- Inadequate Housing: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness.
- Public Assistance: A risk factor related to the family's participation in social services programs, including Temporary Assistance for Needy Families; General Assistance; Medicaid; Social Security Income; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); etc.
- Any Caregiver Disability: This category counts a victim with any of the six disability caregiver risk factors—Intellectual Disability, Emotional Disturbance, Visual or Hearing Impairment, Learning Disability, Physical Disability, and Other Medical Condition.

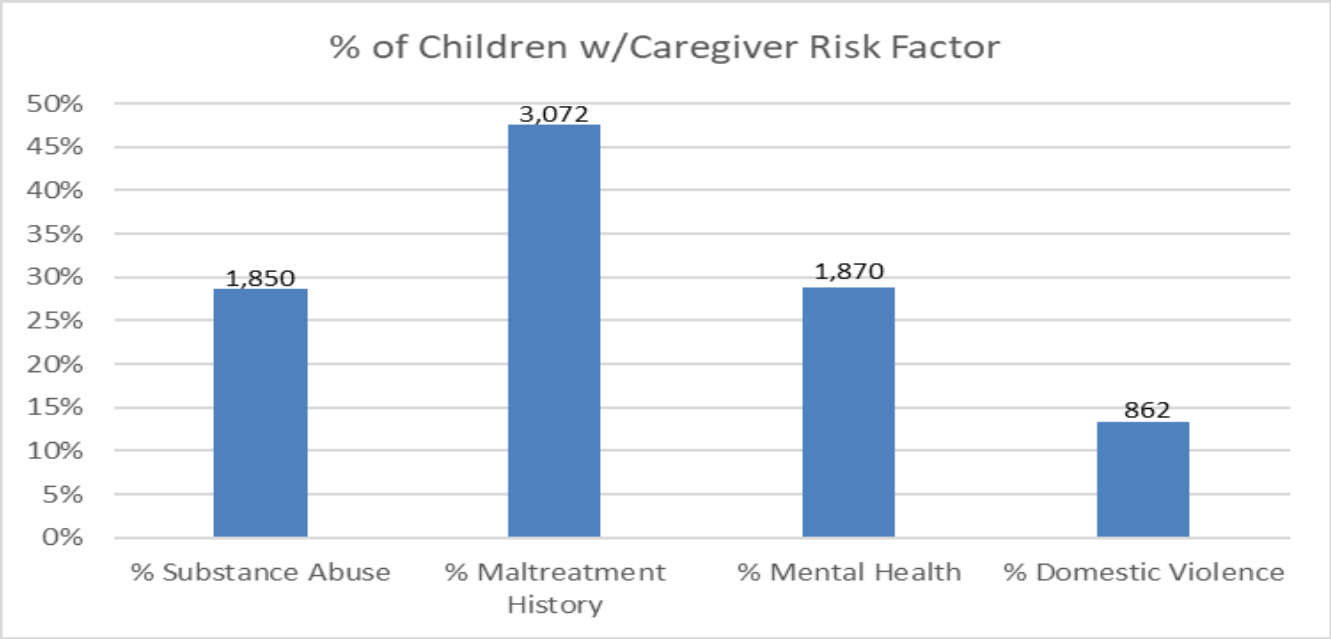
Data submitted to NCANDS by the Maryland Department of Human Services showed that in 2021, 3.6% of child maltreatment victims (i.e. cases with an indicated finding) in Maryland had a caregiver risk factor of alcohol abuse and 9.7% had a caregiver risk factor of drug abuse.[8] Maryland's caregiver alcohol abuse and drug abuse risk factor numbers are smaller than numbers in most other states (victims with alcohol abuse as a caregiver risk factor varies from 49% in Massachusetts to Maryland's 3.6% and Wisconsin's 2.5%; victims with drug abuse as a caregiver risk factor varies from 54% in Alabama to Maryland's 9.7%, Florida's 2.3% and Pennsylvania's 2.2%).

In contrast, DHS reported to SCCAN significantly higher rates of parental substance abuse (28.6% for combined alcohol and other substances - Figure C & Tables 3 & 4) than they did to NCANDS (maximum of 13.3% if no families experienced both alcohol and drug abuse). SCCAN is also concerned about the accuracy of data for other key child maltreatment risk factors. For example, DHS reported very different rates of victim exposure to domestic violence to NCANDS

[8] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2022), Child Maltreatment 2021

and SCCAN in 2021; the rate was 6.3% reported to NCANDS and 24.3% reported to SCCAN (Table 4). As addressing caregiver risk factors is key to preventing and responding to child maltreatment, it is critical to have accurate data upon which to base policy and practice decisions.

Figure C: Maryland FFY2021 Risk Factors among MD Children with Indicated Maltreatment Finding*



*DHS data reported to SCCAN for Federal Fiscal Year 2021

Table 3: Maryland FFY2021 Risk Factors among MD Children with Indicated Maltreatment Finding*

	% of children w/risk factor	# of children w/risk factor
Substance Abuse	28.6%	1,850
Maltreatment History	47.5%	3,072
Mental Health	28.9%	1,870
Domestic Violence	24.3%	862

*DHS data reported to SCCAN for Federal Fiscal Year 2021

Table 4: Comparison of Number and Percent of Maryland Child Victims with Specific Risk Factors Reported by Maryland DHS, Social Services Administration (SSA) to SCCAN vs. to NCANDS – FFY2021

CAREGIVER RISK FACTOR	# of children with risk factor as reported by MD SSA to SCCAN	% of children with risk factor as reported by MD SSA to SCCAN	# of children with risk factor reported by MD SSA to NCANDS	% of children with risk factor reported by MD SSA to NCANDS
Alcohol abuse	Not Reported	Not Reported	230	3.6%
Drug abuse[9]	Not Reported	Not Reported	612	9.7%
Substance Abuse	1850	28.6%	NCANDS did not report this factor	NCANDS did not report this factor
Maltreatment History	3072	47.5%	2100	33.3%
History of Violence	Not Available	Not Available	NCANDs did not analyze this factor	NCANDs did not analyze this factor
Financial Problems	Not Available	Not Available	Not Reported	Not Reported
Inadequate Housing	Not Reported	Not Reported	137	2.2%
Public Assistance	Not Reported	Not Reported	Not Reported	Not Reported
Any Disability	Not Reported	Not Reported	Not Reported	Not Reported
Domestic Violence	862	24.3%	395	6.3%

Given the differences in data reported by DHS SSA to NCANDS compared to that reported to SCCAN, we are concerned about the accuracy of this data. As this is data upon which child welfare policy is formulated, it is critical to ensure that risk factors are accurately identified and documented in the child welfare data systems; and, accurately reported to policy makers.

Child Abuse & Neglect Fatalities as Reported by DHS

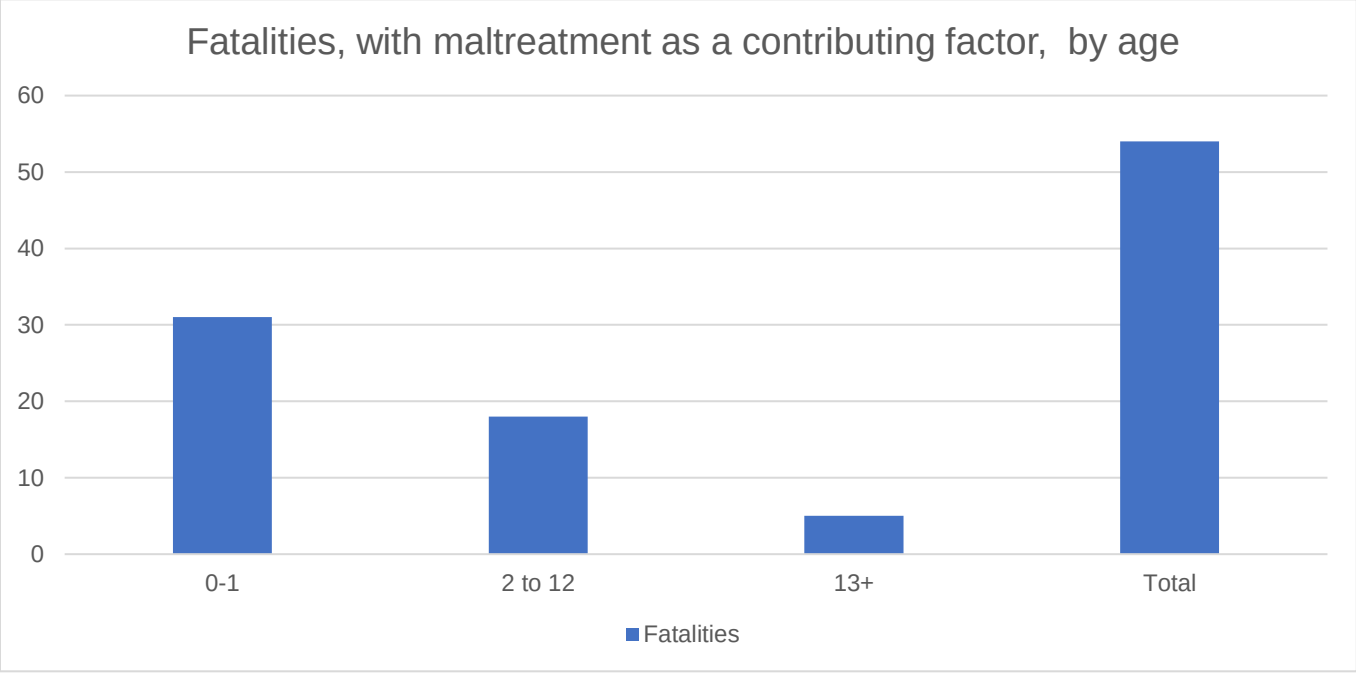
- In FFY 2021, DHS reported to NCANDS 84 fatalities with child maltreatment as a contributing factor. Child maltreatment fatalities have increased each year over the last 7 years, from 28 deaths in 2015; 32 deaths in 2016; 41 deaths in 2018;

[9] NCANDS collects separate data on alcohol abuse and drug abuse.

55 deaths in 2019; and 53 deaths in 2020. Of the 84 children who died in 2021, none of their families had received Family Preservation Services within the previous 5 years and only one child was removed from and reunited from his/her family within the previous 5 years.

- DHS SSA data provided to SCCAN showed 54 child deaths in calendar year (CY) 2021. Additional demographic data for these 54 children are as follows:
    - Fatalities by Age: 31 (57%) were 0-1 years old; 18 (33%) were 2-12 years; 5 (9%) were 13-17 years.
    - Fatalities by Race: 34 (63%) were Non-Hispanic African American; 18 (33%) were White; 1 (2%) were Asian; and 1 (2%) were another race. There were no reported Hispanic fatalities.
    - As with maltreatment investigations, there is an over representation of Black children and an under-representation of Hispanic children. The percentage of white child maltreatment related fatalities closely reflects their percentage of Maryland children.
- It is important to note that the data DHS provided to NCANDS was for FFY 2021 and the data provided to SCCAN is for Calendar Year 2021. The different time frames may explain the difference in number of fatalities.
- SCCAN requested data on serious physical injuries, disaggregated by age and race, but did not receive this information from DHS, SSA. This is of great concern to the Council. This data should be publicly available on a regular basis.

Figure D: Fatalities with Maltreatment as a Contributing Factor by Age (Calendar Year 2021)



Collecting ACEs Data in Maryland

Background: **The Adverse Childhood Experiences Study**

The ACE Study examines the social, behavioral and health consequences of adverse childhood experiences throughout the lifespan. ACE Study participants (17,337) were members of Kaiser Permanente Medical Care Program in San Diego, California and reflected a cross-section of middle-class American adults. The study is an ongoing collaboration between Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) that began with two-waves of participants beginning in 1995 and 1997. Participants were asked questions regarding ten adverse childhood experiences which included all forms of child maltreatment and five indicators of family dysfunction: substance abuse, parental separation/divorce, mental illness, domestic violence, and/or criminal behavior within the household. Key findings of the ACEs Study can be found in prior SCCAN annual reports and at the CDC ACEs website. A key takeaway from the ACE Study is that exposure to ACEs increases the risk for developing physical and mental health conditions in adulthood, and that the risk often increases in a dose-response manner based on the number of ACE exposures. That is, as the number of ACEs increases, the occurrence of poorer physical and mental health outcomes also increases. Findings from the ACE Study have been replicated in other populations and with additional ACEs.

Collecting ACE Data through the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey/Youth Tobacco Surveillance System (YRBSS/YTS)

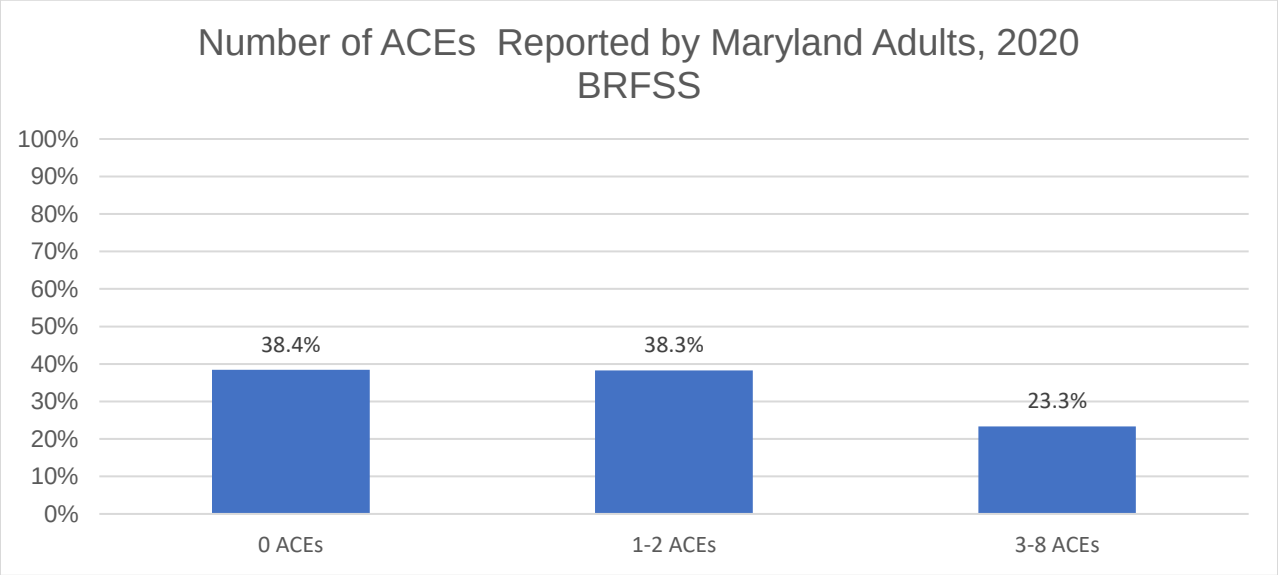
BRFSS and the ACEs Module

The Behavioral Risk Factor Surveillance System (BRFSS) is a CDC supported, state-administered random-digit-dial (landline and cell phone) survey conducted in all 50 states, the District of Columbia, and three U.S. territories, that collects data from non-institutionalized adults regarding health conditions and risk factors. The purpose of the BRFSS is to assess the population prevalence of chronic health conditions, risk factors, and the use of preventive services.

Several states began collecting ACEs data through their state BRFSS survey in 2009. In 2013, SCCAN and MD EFC recommended adding the ACEs module to Maryland's BRFSS and successfully advocated in 2014 for inclusion of the module in the 2015 BRFSS. The ACEs module was included in the 2018 and 2020 Maryland BRFSS. SCCAN and MD EFC recommend inclusion of the ACE module in the BRFSS every three years. The BRFSS Module collects data on eight of the original ten ACEs. These included physical abuse, emotional abuse, sexual abuse, household incarceration and witnessing domestic violence. It does not include the original ACE questions on physical neglect and emotional neglect.

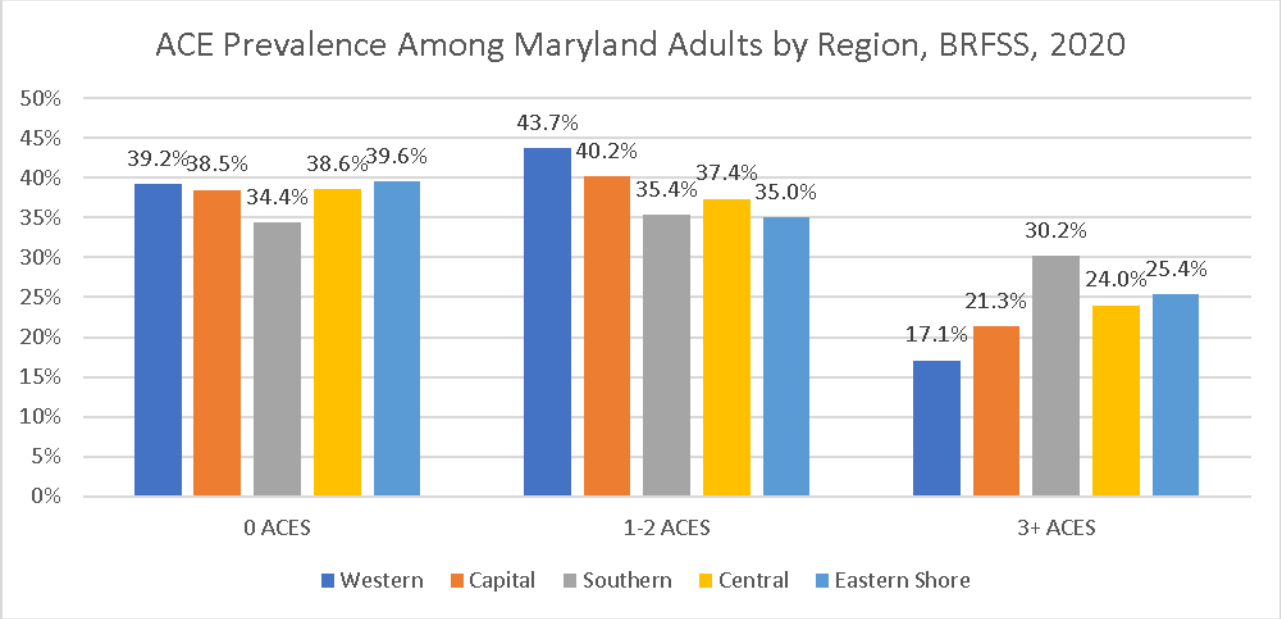
Key findings from the 2020 BRFSS ACE questions are described below.

Figure E:



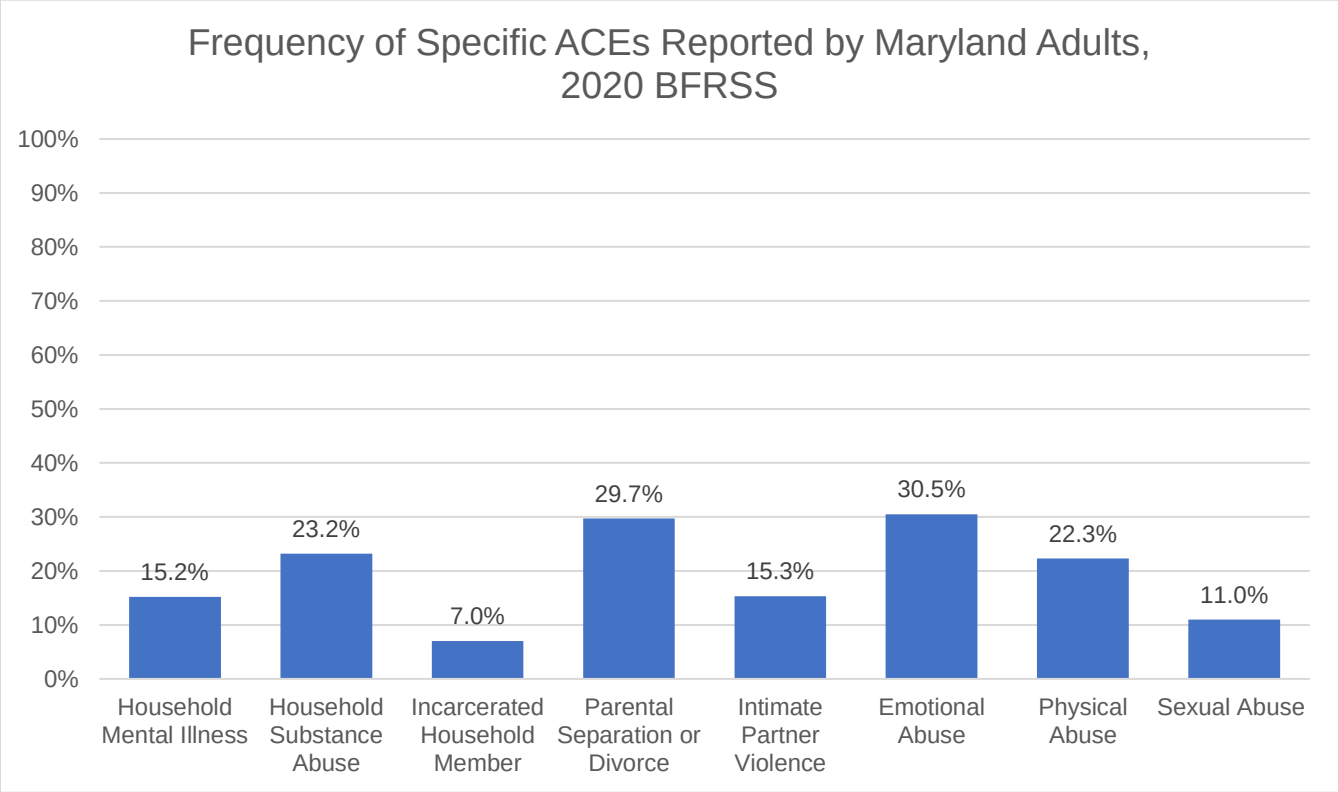
According to the 2020 BRFSS data, overall 38.4% of Maryland adults reported being exposed to 0 ACEs. 38.3% reported exposure to 1-2 ACEs and 23.3% reported 3-8 ACE exposures.

Figure F:



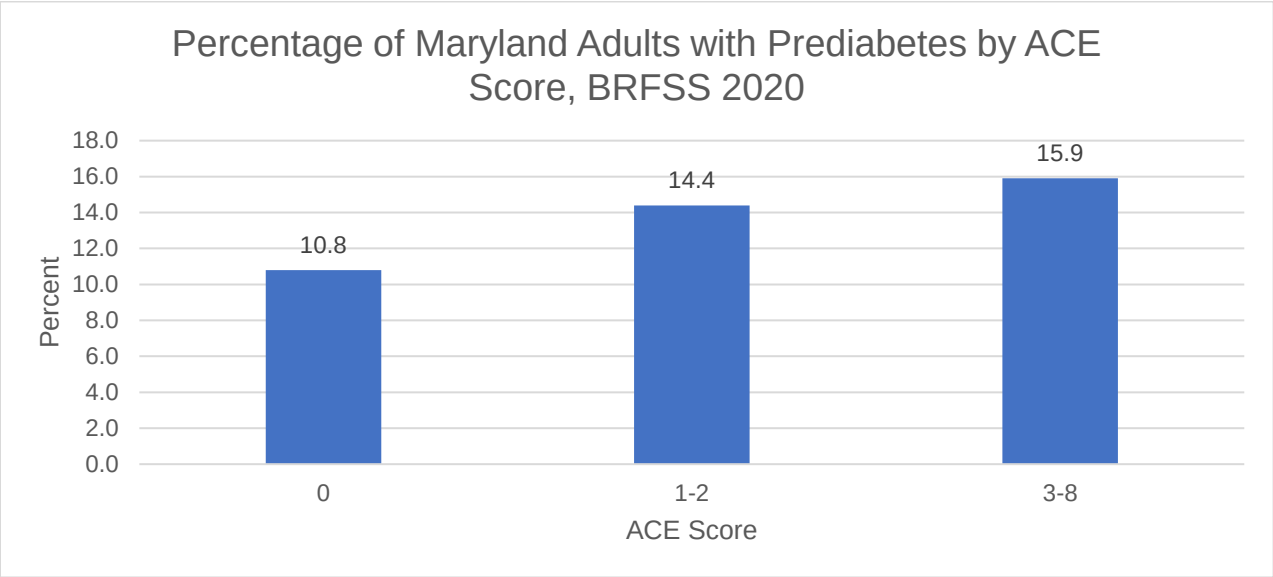
Regional differences in the prevalence of ACEs among Maryland residents highlight distinctive patterns across the state. In Western Maryland, 39.2% of individuals report having no ACEs, 43.7% report 1-2 ACEs, and 17.1% report 3 or more ACEs. The Capital region shows a similar distribution with 38.5% reporting 0 ACEs, 40.2% reporting 1-2 ACEs, and 21.3% reporting 3 or more. Southern Maryland exhibits variation, with 34.4% reporting no ACE exposures, 35.4% reporting 1-2 ACE exposures, and 30.2% reporting 3 or more. In Central Maryland, 38.6% report 0 ACE exposures, 37.4% report 1-2 ACE exposures, and 24% report 3 or more. On the Eastern Shore, 39.6% report no ACE exposures, 35% report 1-2 ACEs, and 25.4% report 3 or more exposures. These regional differences underscore the need for tailored interventions and support systems that consider the unique challenges and experiences faced by individuals in different areas of the state.

Figure G:



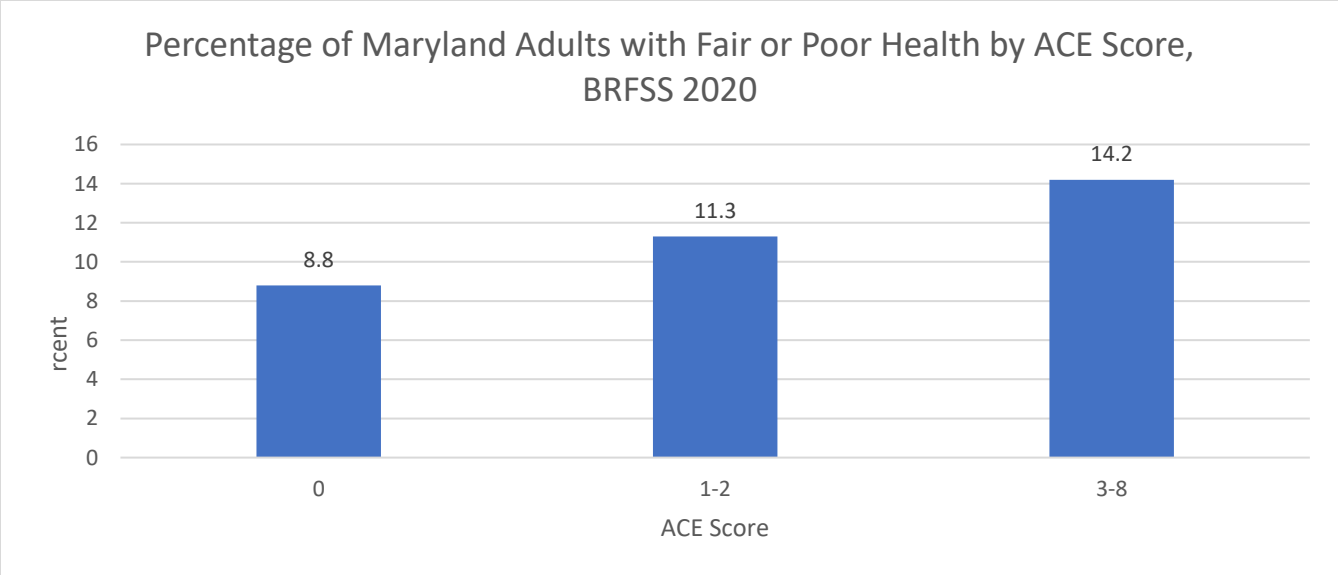
Specific ACEs show varying prevalence rates, with notable percentages reporting mental illness in the household (15.2%), household substance abuse (23.2%), an incarcerated household member (7.0%), parental separation or divorce (29.7%), intimate partner violence (15.3%), emotional abuse (30.5%), physical abuse (22.3%), and sexual abuse (11.0%).

Figure H:



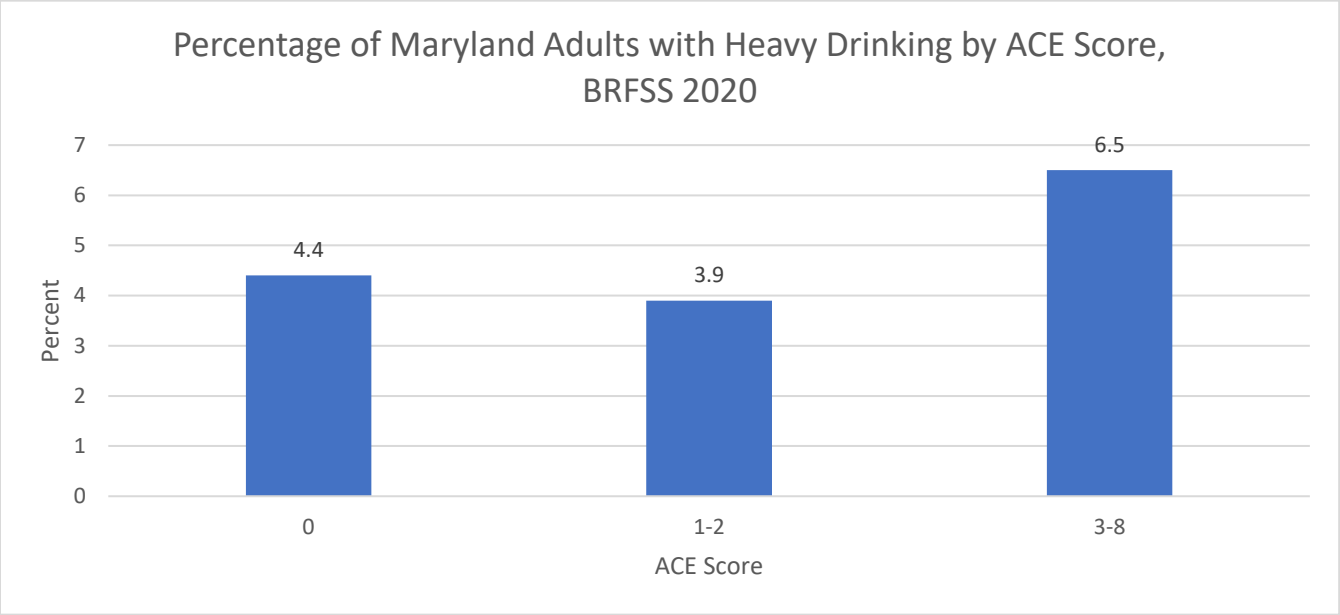
Examining the health indicators among adults in Maryland in relation to ACEs can provide valuable insights. Overall, 14% of adults in Maryland have prediabetes, however this will vary based on the number of ACEs reported. 10.8% of those exposed to 0 ACEs reported being diagnosed with Prediabetes, with 14.4% for those with 1-2 ACEs reported and 15.9% for those with 3-8 ACEs.

Figure I:



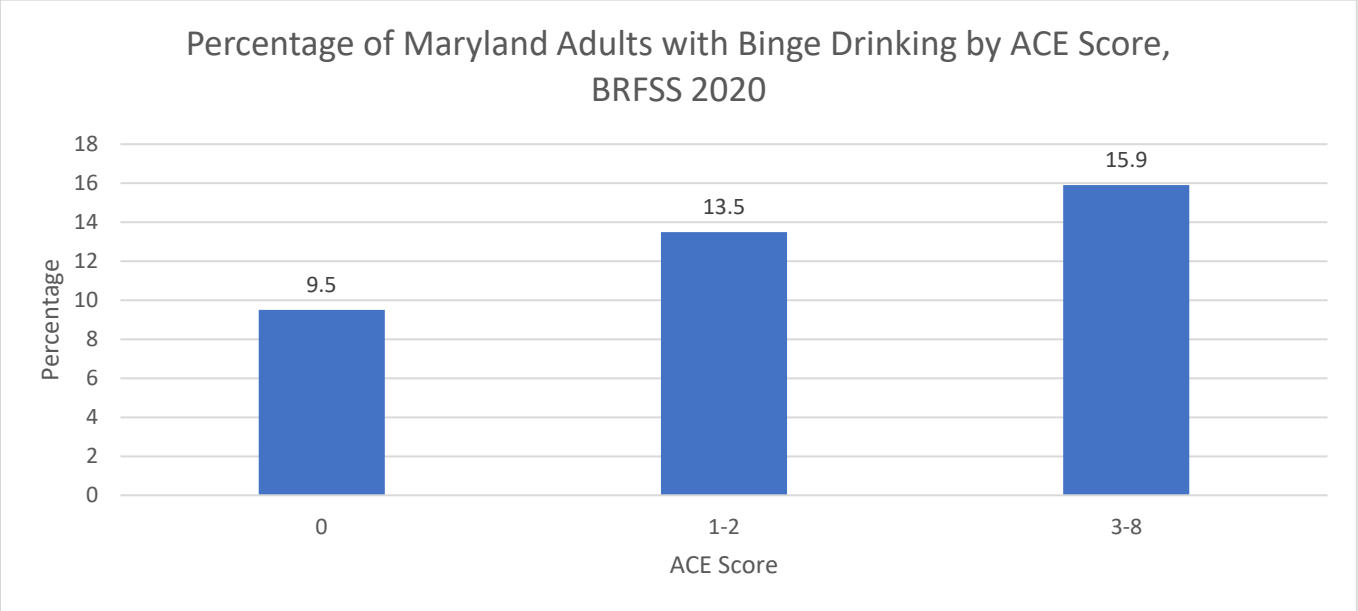
Self-reported fair or poor health is observed in 11.3% of the overall population, with disparities across ACE categories: 8.8% for 0 ACEs, 11.3% for 1-2 ACEs, and 14.2% for 3-8 ACEs.

Figure J:



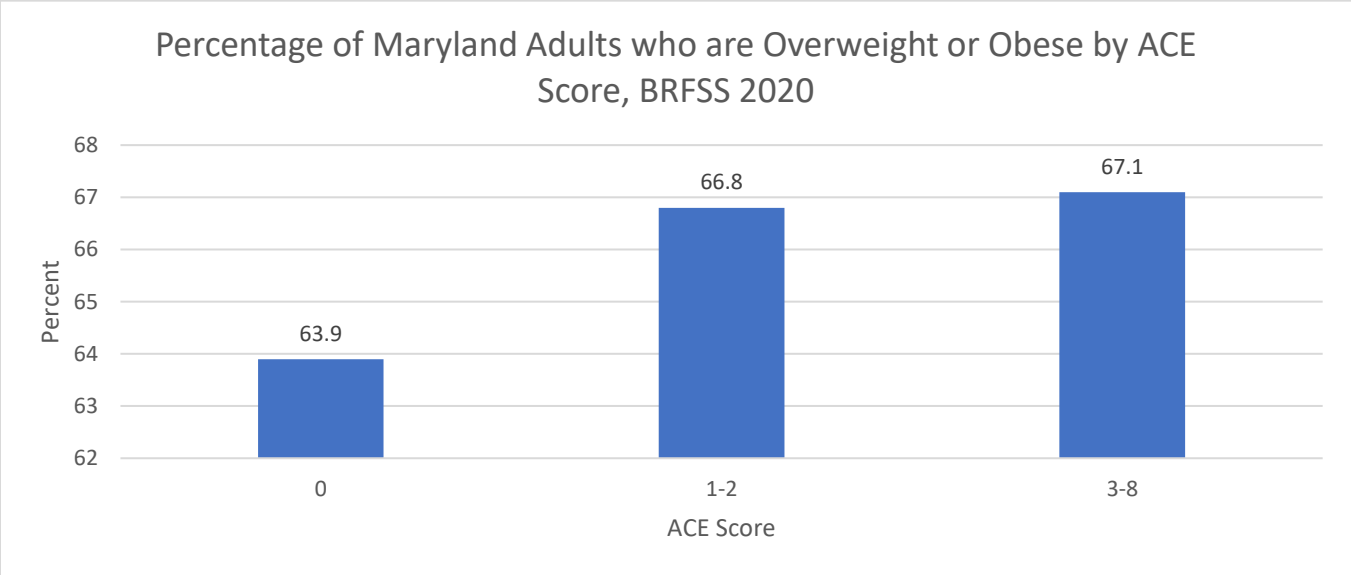
Regarding alcohol consumption, 5.2% engage in heavy drinking overall, while the breakdown by ACE categories reveals 4.4% for 0 ACEs, 3.9% for 1-2 ACEs, and 6.5% for 3-8 ACEs.

Figure K:



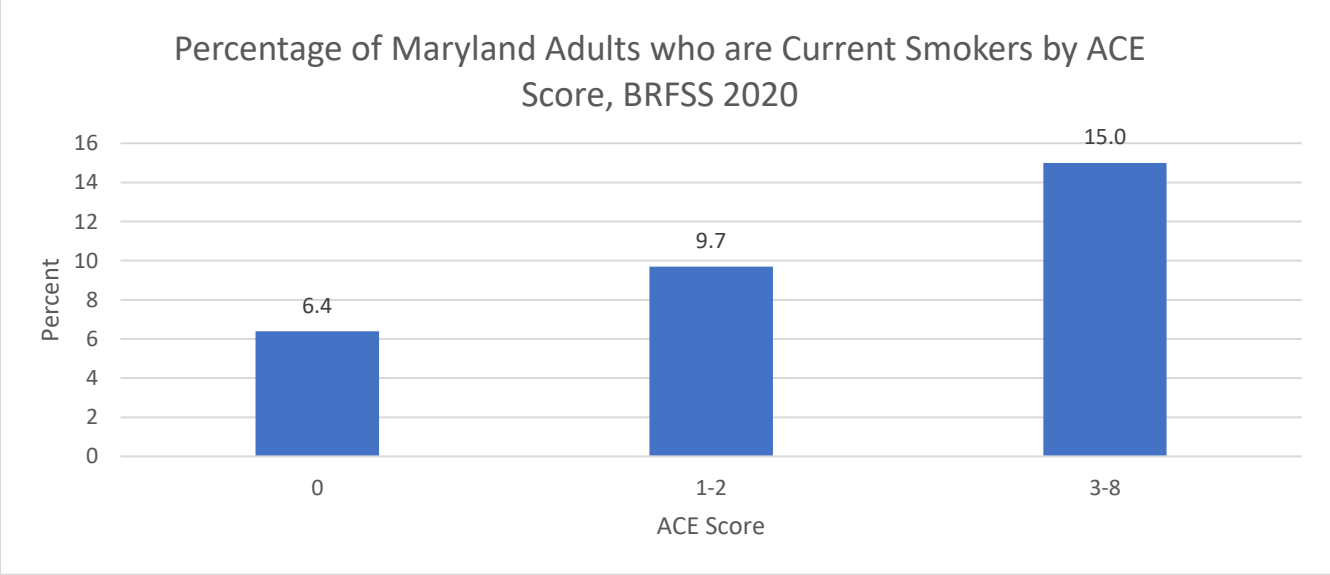
Similarly, binge drinking is reported by 12.3% overall, with distinctions based on ACEs: 9.5% for 0 ACEs, 13.5% for 1-2 ACEs, and 15.9% for 3-8 ACEs.

Figure L:



When considering weight status, 66.5% of Maryland adults are overweight or obese, with marginal variations across ACE categories: 63.9% for 0 ACEs, 66.8% for 1-2 ACEs, and 67.1% for 3-8 ACEs.

Figure M:



Examining smoking behaviors, 10.9% are current smokers, and 22.1% are former smokers overall. When combining current and former smokers, the percentages are 29.0% for 0 ACEs, 32.8% for 1-2 ACEs, and 41.0% for 3-8 ACEs.

YRBS and ACEs

The Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) is an onsite survey of students at select Maryland public middle and high schools. Questions assess behaviors that contribute to leading causes of death and disability among teenagers, including alcohol and other drug use, tobacco use, sexual activity/behavior, unintentional injury, violence, physical activity, and dietary behavior. The TYBS/YTS combines the CDS's Youth Risk Behavior Survey (YRBS) and Youth Tobacco Survey (YTS). It is administered every other year to examine and monitor youth risk behavior. Results guide the Maryland Department of Health (MDH) State Health Improvement Plan (SHIP) and community health improvement plans developed by each Maryland jurisdiction. The data is also used by the Maryland State Department of Education (MSDE) and many community organizations to inform, assess, and improve programs that address child and teen health and wellbeing.

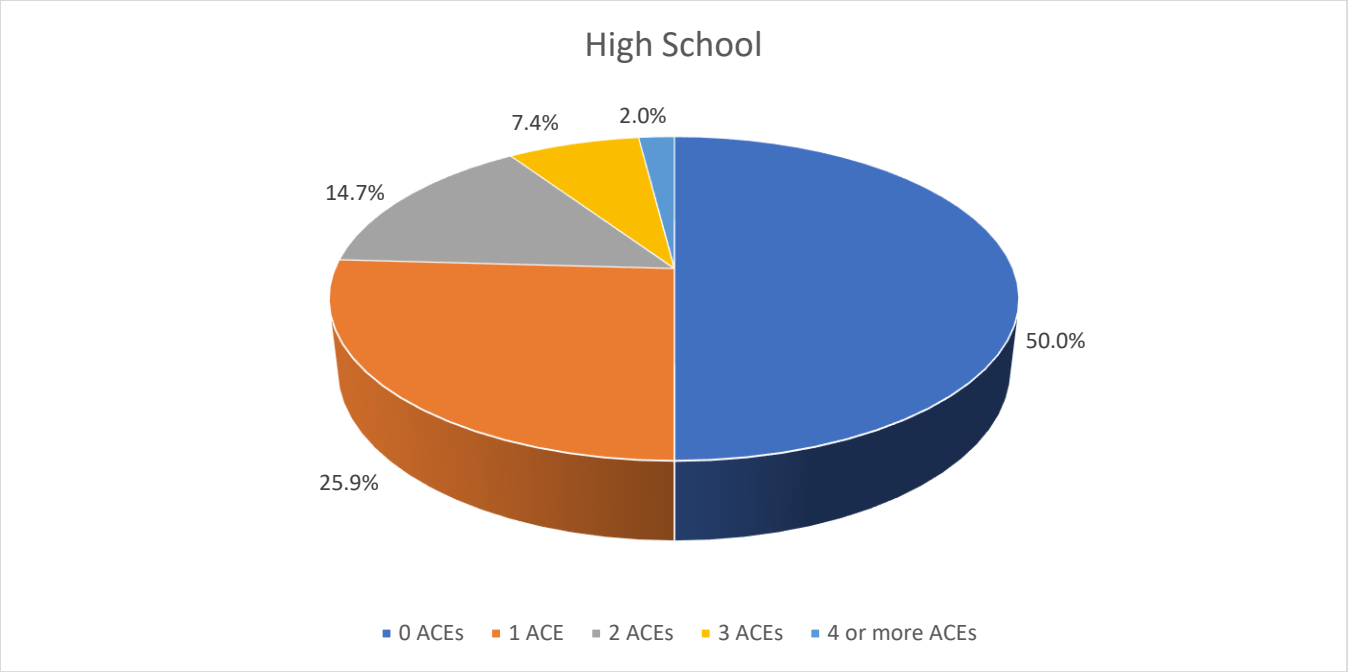
PREVALENCE OF ACEs IN MARYLAND YOUTH:

35,605 Maryland high school students from 183 Maryland public, charter and vocation high schools completed the survey during the 2021-22 school year.

Five categories of ACEs were measured on the high school survey during the 2021-22 Maryland YRBS/YTS administration: emotional abuse; living with a household member who abused substances, was mentally ill, or was ever incarcerated; and witnessing intimate partner violence. Children who have experienced any of the five ACEs measured by the Maryland YRBS/YTS are more likely to have other ACEs, as well.[10] To get a clear picture of the adversity experienced by Maryland youth, it is important that the full panoply of the CDCs ACE module questionnaire be included in Maryland's YRBSS. The CDC ACE module includes 8 of the original ACE questions, 2 incidence ACE questions, 3 community ACEs, and 3 positive childhood experiences (PCE) questions.

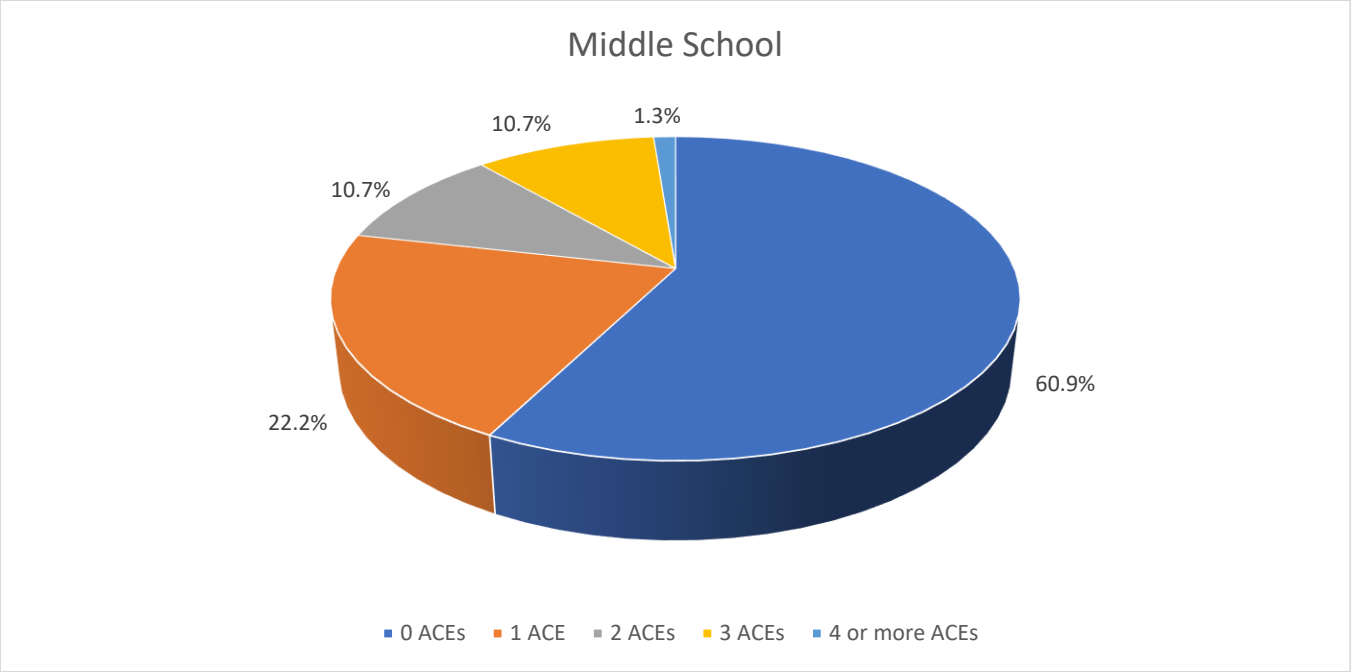
[10] Bethell, C., et.al., *Methods to Assess Adverse Childhood Experiences of Children and Families: Toward Approaches to Promote Child Well-being in Policy and Practice,* Academic Pediatrics Journal, (2017).

Figure N: Maryland Public High School Children with ACEs by Number of ACEs (YRBS 21-22)



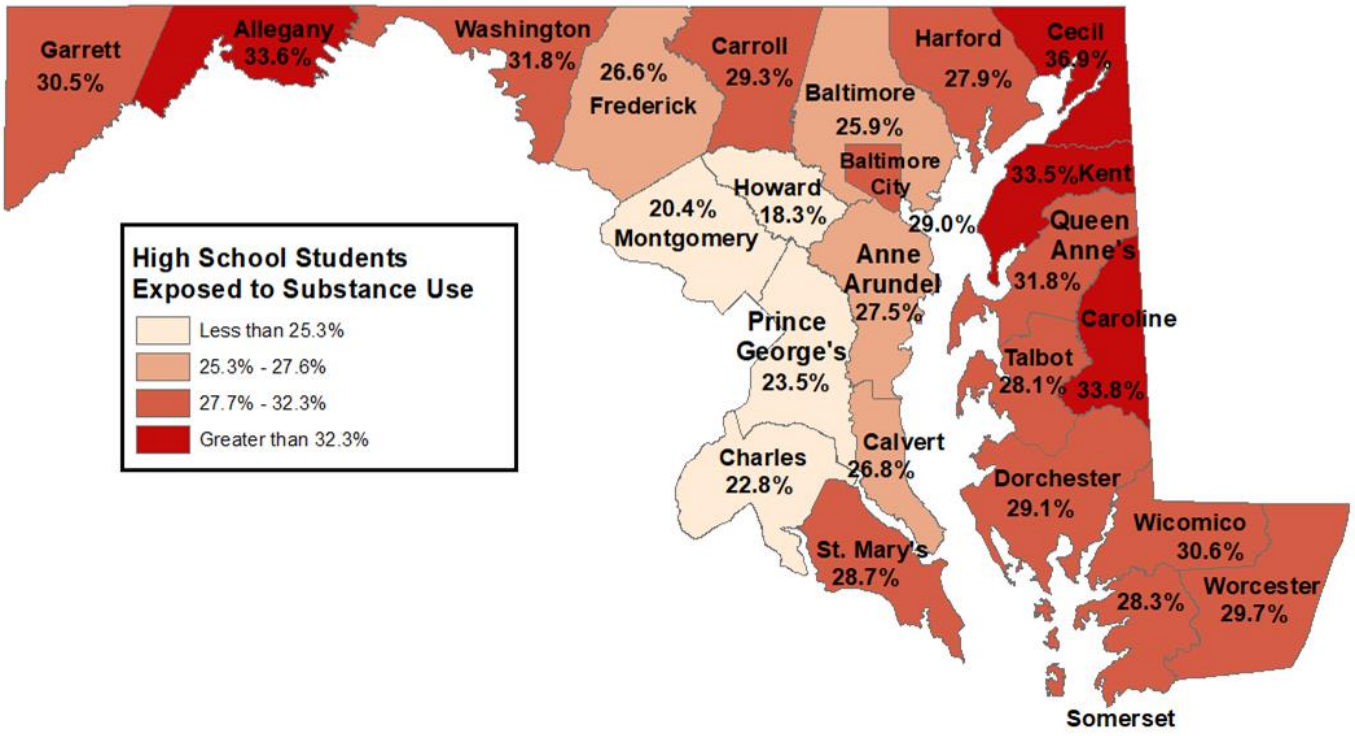
Approximately half of Maryland public high school students report that they have not been exposed to any ACEs, while 26% of these students report exposure to 1 ACE and 14.7% have been exposed to 2 ACEs. 7.4% report exposure to 3 ACEs and 2% report exposure to 4 or more ACEs (Figure N).

Figure O: Maryland Public Middle School Children with ACEs by Number of ACEs (YRBS 2021-22)



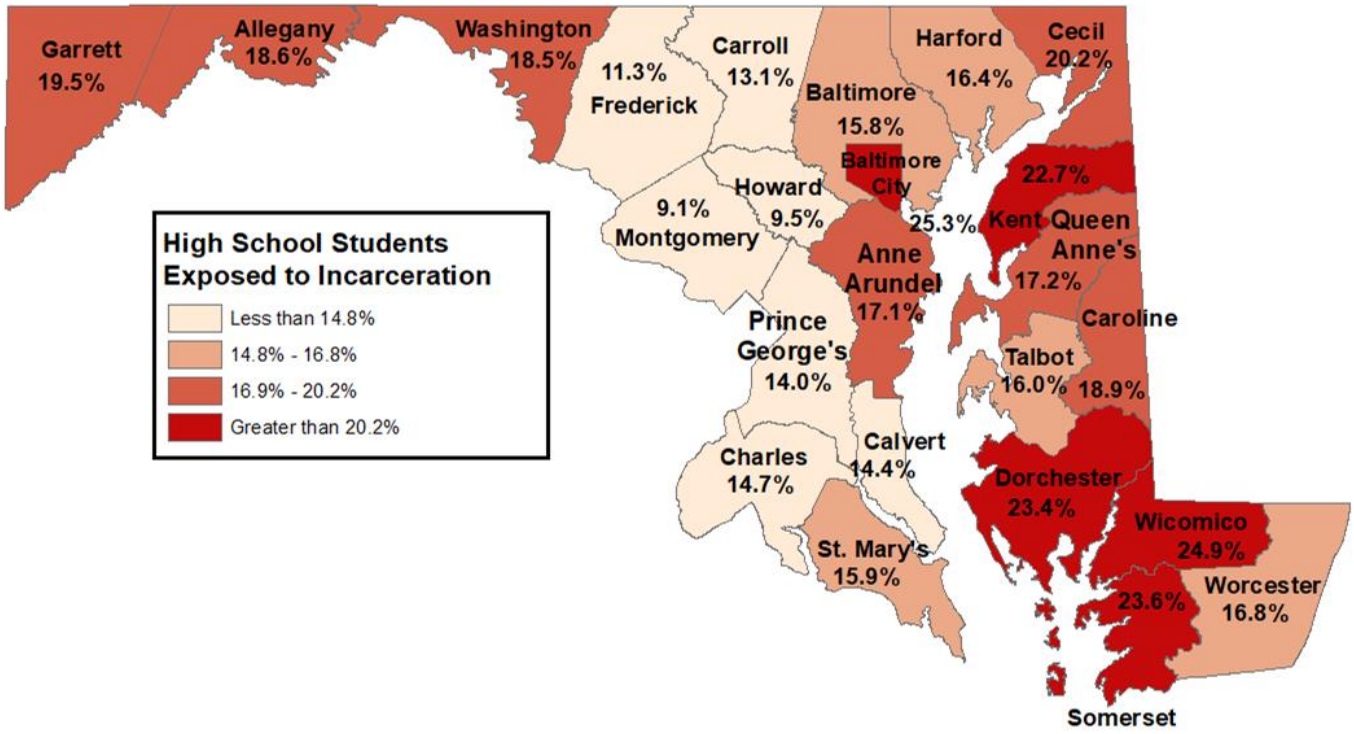
Most public middle school students report no exposure to ACEs (60.9%). 22.2% report exposure to one ACE and 10.7% report exposure to both two and three ACEs. While 1.3% report 4 or more ACEs (Figure O).

Figure P: Percentage of Maryland High School Students with Household Member with Substance Use by Jurisdiction, YRBS



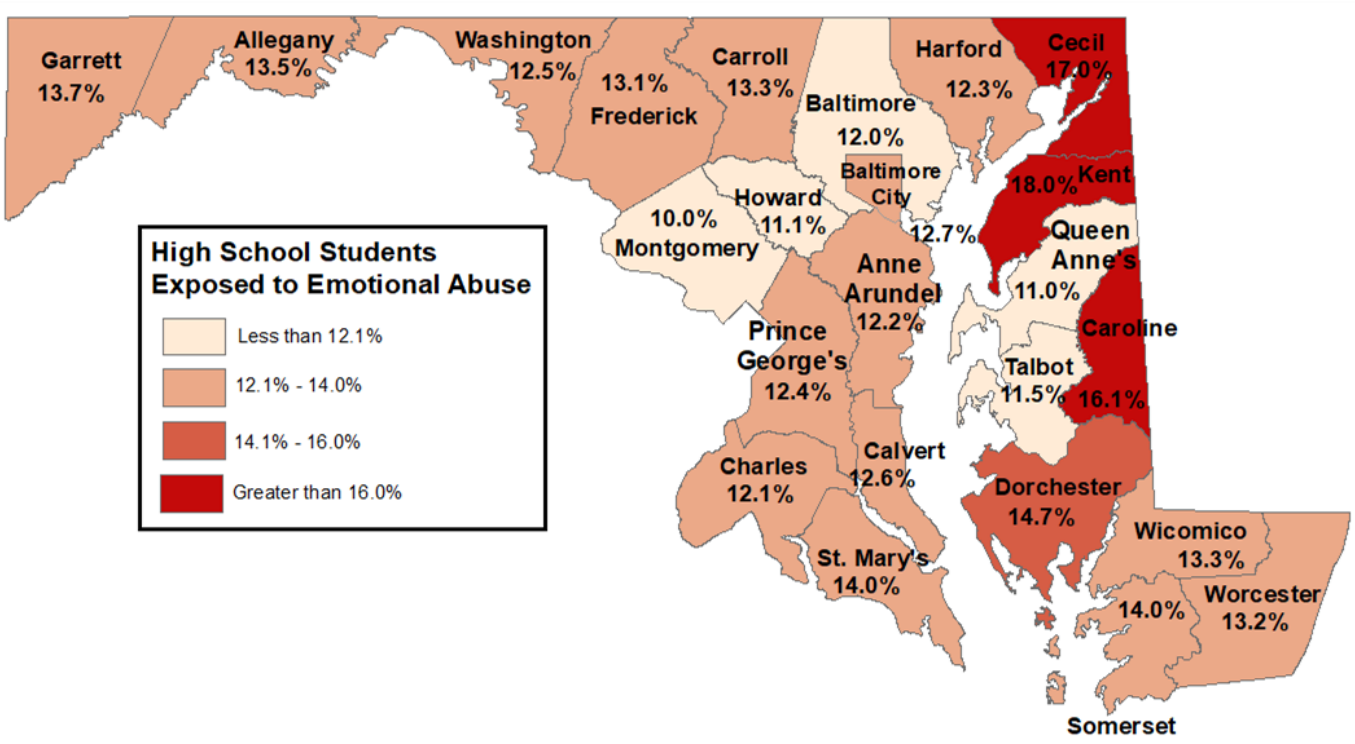
Substance use is common among caregivers in all Maryland jurisdictions, with about 25.3% of high schoolers (Figure P), up from 24% in 2021, and 18.3% of middle schoolers exposed to household substance use. Rates are highest for high schoolers in Cecil and Alleghany Counties and lowest for Montgomery and Howard Counties. For middle schoolers rates continue to be the highest in Kent and Cecil Counties and the lowest in Howard and Montgomery Counties (Middle School data not shown).

Figure Q: Percentage of Maryland High School Students with Incarcerated Household Member by Jurisdiction, YRBS



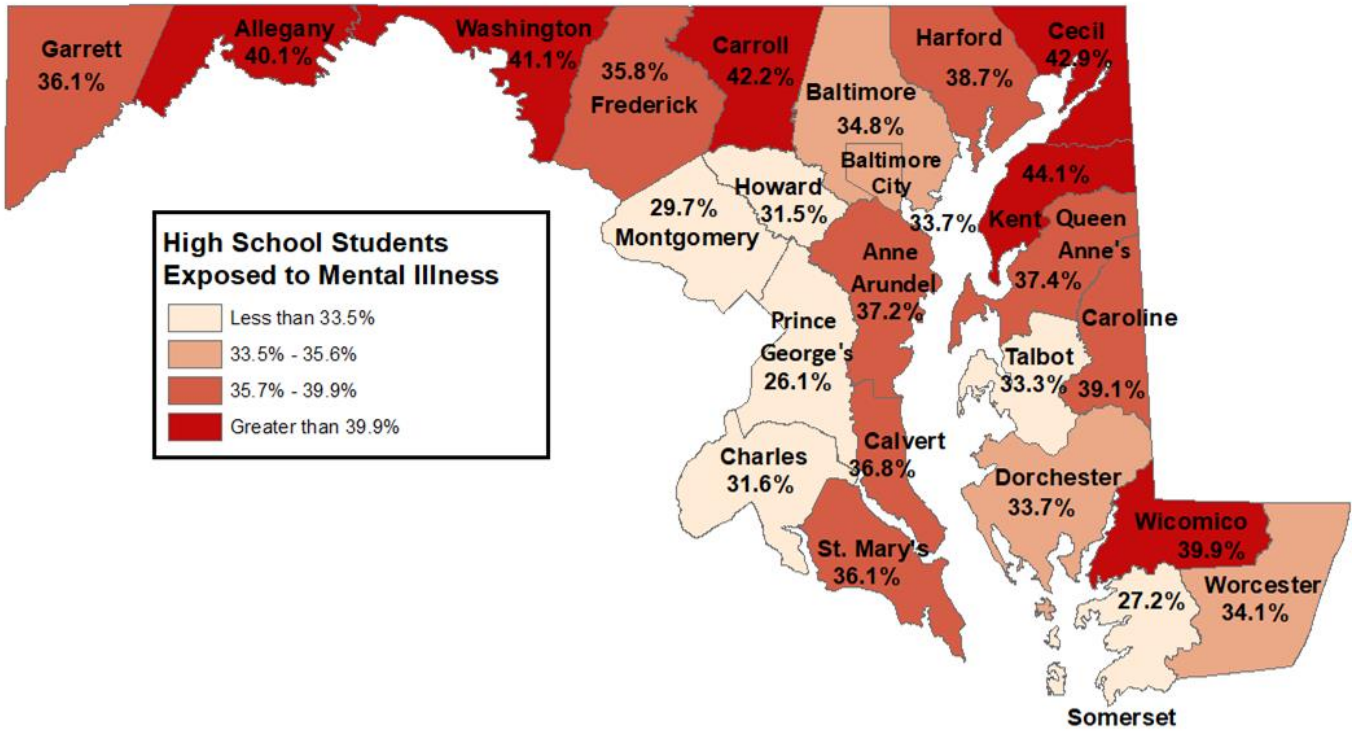
14.8 % of Maryland high schoolers and 11.4 % of middle schoolers have a caregiver or household member who has gone to jail or prison. Rates of household incarceration are highest in Baltimore City, Wicomico and Dorchester Counties for high schoolers (Figure Q), and highest in Somerset and Baltimore City for middle schoolers. Rates of household incarceration are lowest in Howard and Montgomery counties for both middle and high school students (Middle School data not shown).

Figure R: Percentage of Maryland High School Students Exposed to Emotional Abuse, by Jurisdiction, YRBS



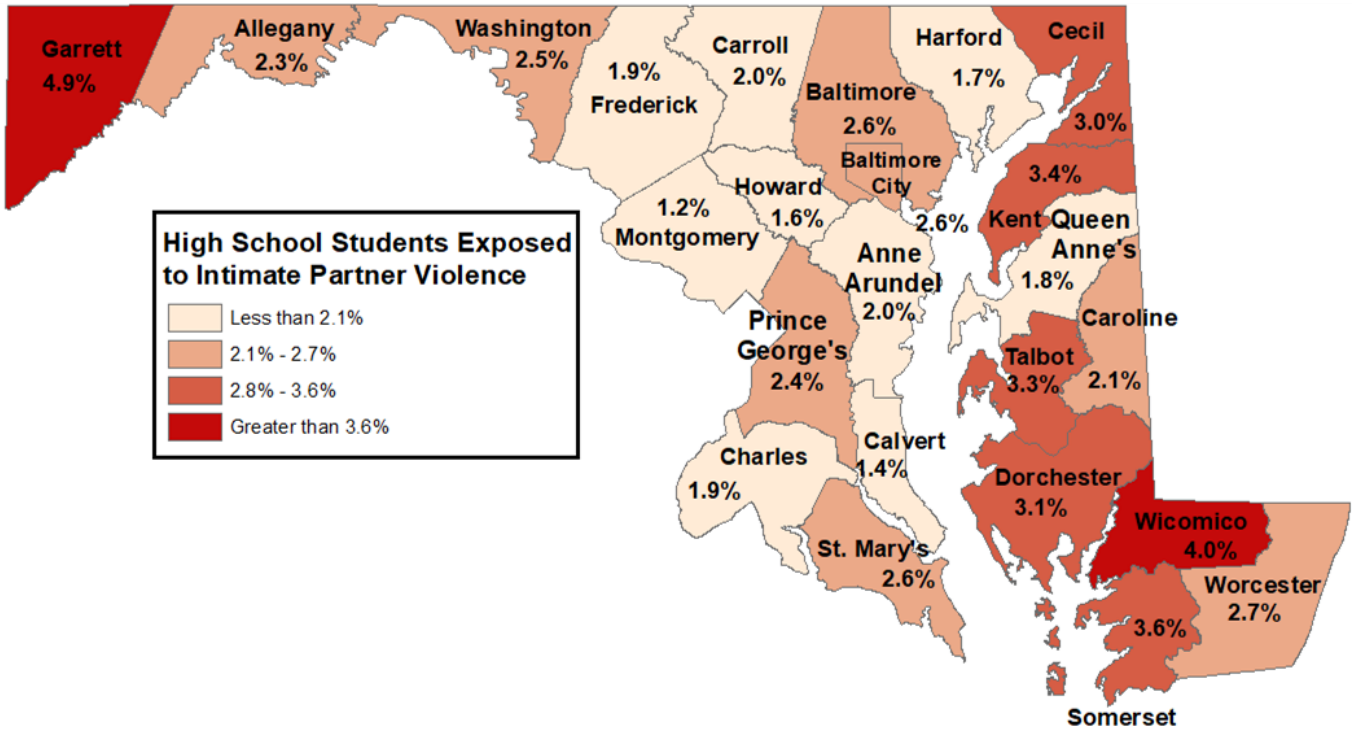
In both middle and high school 12.1% of students report emotional abuse taking place in the home. The question asked to measure emotional abuse was, “A parent or other adult in the home, sworn at you, insulted you, or put you down.” This was measured in either the lifetime, or within the past year. If the response was anything other than, “Never,” in either the lifetime, or during the past year, the question was counted as exposure to the ACE. Rates are highest in Kent and Cecil Counties for high school (Figure R). Rates are highest in Kent and Prince George’s for middle school children, and lowest in Montgomery and Queen Anne’s County for high school students and lowest in Harford and Howard Counties for middle school (Middle School data not shown).

Figure S: Percentage of Maryland High School Students Exposed to Mental Illness in the Home by Jurisdiction, YRBS



Household mental illness is common among caregivers and household members in all Maryland Jurisdictions. The highest rates of household mental illness for high schoolers were seen in Kent and Cecil Counties (Figure S). For middle school children raters were highest in Cecil and Washington Counties. The lowest rates of household mental illness were seen in Somerset and Prince George's Counties for High schoolers and Montgomery and Howard Counties of middle schoolers (Middle School data not shown).

Figure T: Percentage of Maryland High School Students Witnessing Intimate Partner Violence, by Jurisdiction, YRBS

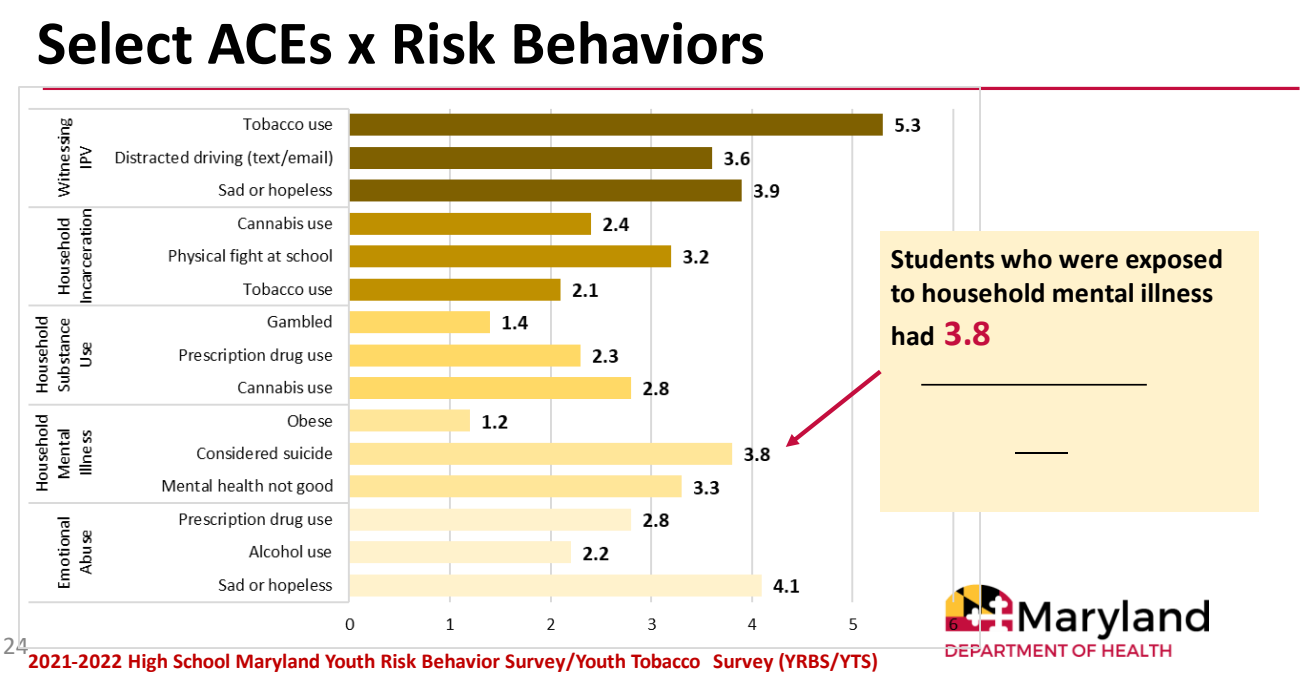


Witnessing intimate partner violence is defined as knowing that parents of other adults in you home slapped, hit, kicked punched or beat each other up. Exposure to the ACE was defined as answering, sometimes, most of the time, or always. Across the state, 2.1% of Maryland children reported witnessing physical domestic violence in their homes. Among high schoolers, rates were highest in Garrett and Wicomico Counties and lowest in Montgomery and Howard Counties (Figure T).

Dose Response Relationship ACEs and Selected Risk Behaviors

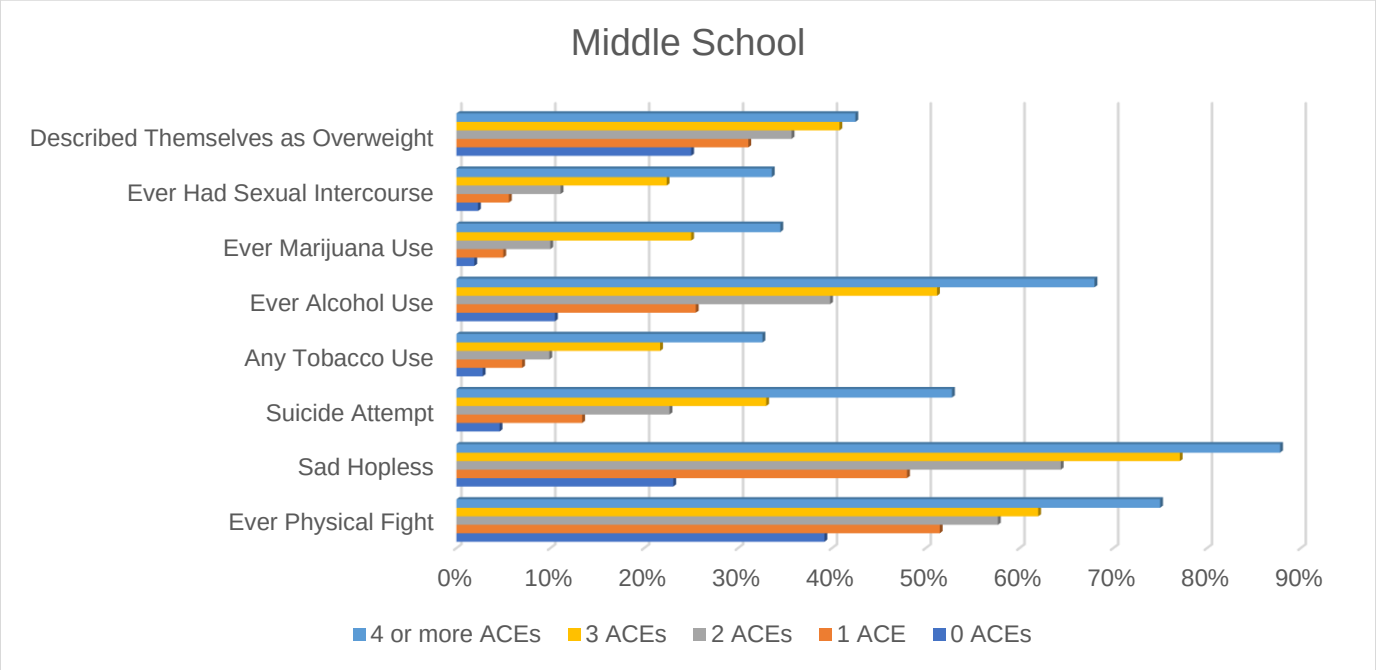
Similar to BRFSS data, YRBS data can also be examined for relationships between ACE exposure and mental health issues and between ACE exposure and risky health behavior. Figure U shows the likelihood of mental health issues and the likelihood of risky health behaviors for students exposed to specific ACEs compared to students who were not exposed to that ACE. For example, teens who witnessed IPV were 5.3 times more likely to use tobacco and were 3.9 times more likely to feel sad or hopeless than teens who did not witness IPV. Teens who experienced emotional abuse were 2.8 times more likely to acknowledge prescription drug use, 2.2 times more likely to acknowledge alcohol use, and 4.1 times more likely to feel sad or hopeless compared to teens who did not experience emotional abuse.

Figure U: Percentage of Maryland Public School Students with Risky Behavior or Mental Health Issues by Exposure to Specific ACEs (YRBS 2021-22)



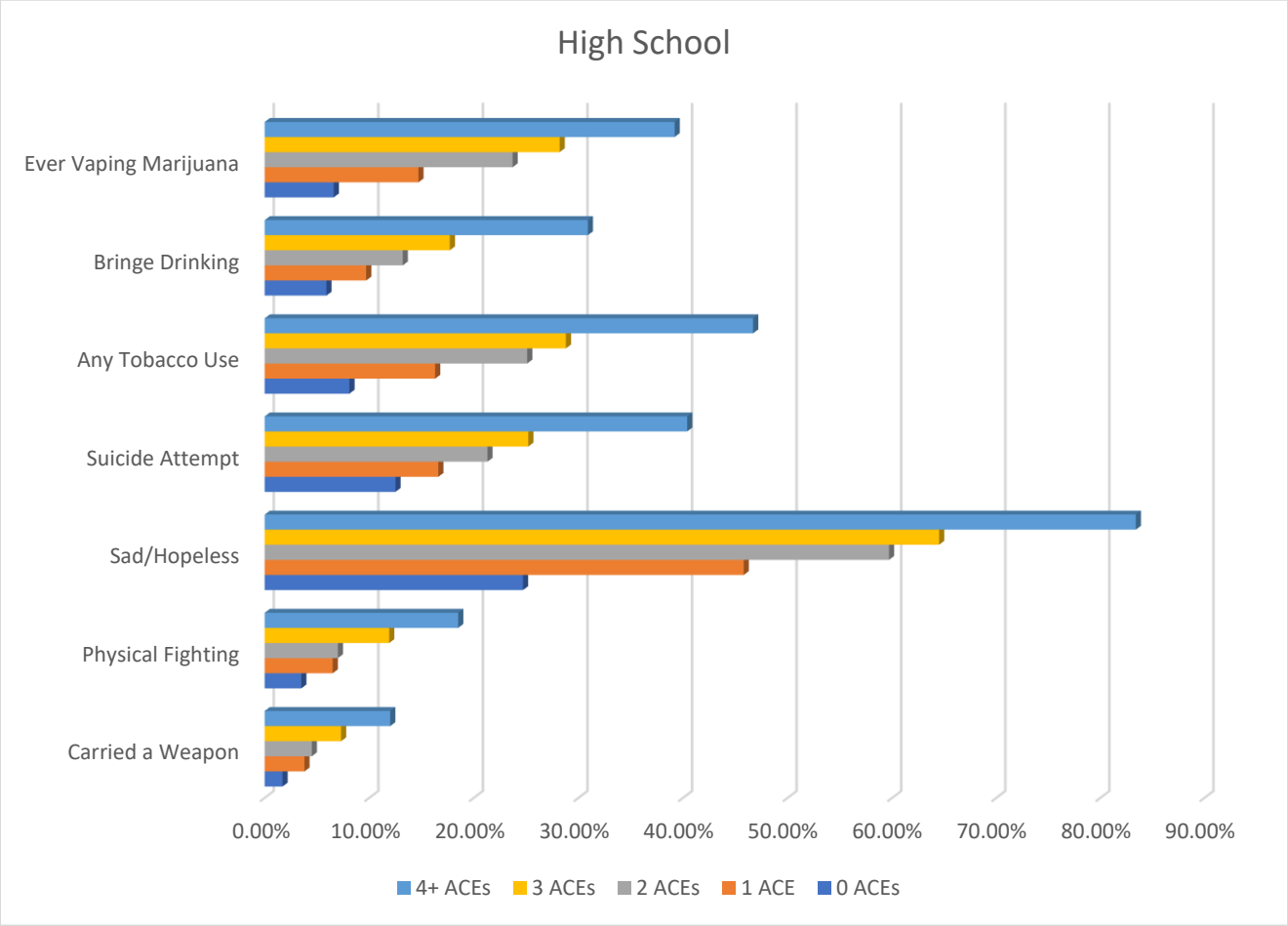
Maryland YRBS data also demonstrate dose-response relationships between ACE exposure and mental health issues and between ACE exposure and risky health behaviors (Figure U).

Figure V: Percentage of Maryland Public Middle School Students' Engaged in Risky Behavior by Number of ACEs (YRBS 2021-2)



For example, among middle school students, about 23% teens with 0 ACEs reported feelings of sadness or hopelessness, compared to 88% of teens with 4 or more ACEs. Only 5% of teens with 0 ACEs have attempted suicide, compared to 53% of teens with 4 or more ACEs. Rates of tobacco and marijuana use are also low for teens with no ACEs (3% and 2%, respectively), but much higher for teens with 4 or more ACEs (33% and 35%, respectively). Teens with more ACEs are also more likely to have gotten into a physical fight, ever used alcohol, and ever had sex, Teens with more ACEs were more likely to perceive themselves as overweight (Figure V).

Figure W: Percentage of Maryland Public High School Students' Engaged in Risky Behavior by Number of ACEs (YRBS 2021-22)

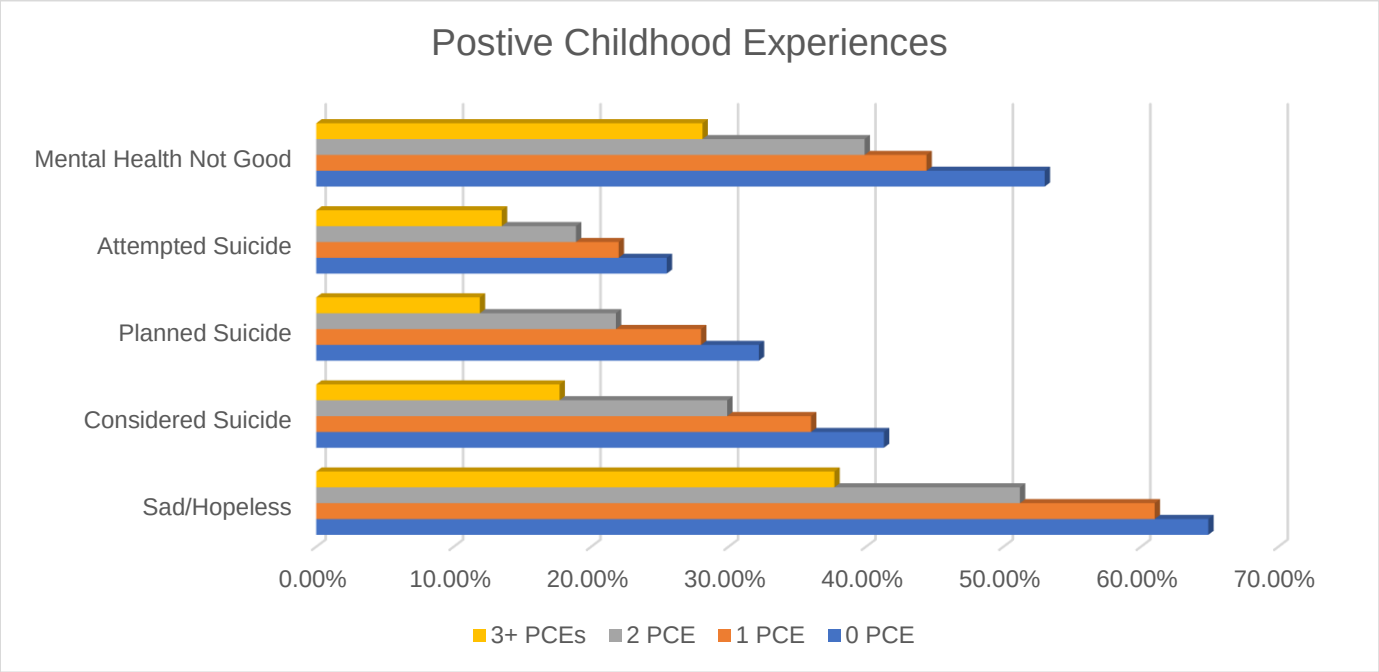


For high school students, there is also a dose-response relationship between ACE exposure and the likelihood of risky behaviors and adverse mental health outcomes (Figure W). The prevalence of violent behaviors, such as carrying a weapon and engaging in physical fights increases as the number of ACE exposures rises, peaking at 14.0% and 18.5% respectively, for those with four or more ACEs. This also shows the importance and potential benefits of early interventions among children exposed to ACEs to prevent violent behaviors in high school students. Adverse mental health indicators, including feelings of sadness or hopelessness and attempted suicide, surge with an increase in ACEs, reaching 83.4% reporting sadness or hopelessness for those with four or more ACEs. Substance use also rises with a higher number of ACEs.

Positive Childhood Experiences

ACEs can clearly adversely impact youth futures, positive childhood experiences (PCEs) can mitigate the long-term impact of ACEs. PCEs include protective adult relationships, school connectedness, and peer connections that can build student resilience to life challenges. Other PCEs include improving household financial security, supporting positive parents, encouraging school safety and belonging, and providing access to programs that improve conflict resolution and stress-handling skills. Research shows that the negative effects of multiple ACEs can be mitigated by exposure to multiple PCEs. PCEs provide students with a protective barrier against the negative outcomes that arise from ACEs by allowing them access to resources (supportive adults, peers, or teachers) to overcome difficult situations. Even students who have experienced multiple adversities can benefit from having PCEs.

Figure X: Mental Health Outcomes for Maryland Public School Children by Number of Positive Childhood Experiences (YRBS 2021-22)



YRBS data also showed a correlation between mental health outcomes and Positive Childhood Experiences (PCEs), with lower rates of mental health concerns among children with more PCEs (Figure X). Students with 3 or more PCEs have fewer mental health concerns, including feeling sad or hopeless and attempting suicide than students with fewer PCEs. Students reporting zero PCEs have the highest rates of mental health indicators such as feeling sad or hopeless, considering suicide, planning suicide, attempting suicide and poor mental health. This underscores the potential role of PCEs in promoting better mental health outcomes and highlights the potential for preventing strategies focusing on fostering positive experiences during childhood.

Surveillance Recommendations

(1) DHS: Require caseworkers to input race demographic data on all cases brought to the attention of the Department of Human Services. In order to effectively understand and interpret information about children and families served by DHS, demographic data, including race must be consistently collected. Disparities in child welfare cannot be identified and addressed without accurate data.

(2) **DHS, MDH, MDTHINK: FIX CJAMS** -In order to effectively understand and interpret information about children and families served by DHS, information must be entered into the CJAMS data management system, and DHS leadership and policymakers must be able to easily access aggregated data from the system. ***Issues with CJAMS operability, including problems with data entry and creation of reports must be fixed as soon as possible***. ***Personnel and financial resources must be dedicated to this effort.*** Doing so is necessary to understand disparities at all levels of child welfare services, the extent to which children and families are referred to and are receiving services, and the key risk factors that families face and need to be addressed. Doing so is also necessary to ensure accuracy and consistency of the data used by DHS and reported to the Federal Government.

(3) **DHS:** Make publicly available child welfare and health-related data that is disaggregated by race, ethnicity, gender, age, and geographic region. Child welfare data should also be disaggregated for each system level (i.e., referrals, pathways, and services). Neglect referrals should be disaggregated by risk factor (food insecurity, housing status, etc.)

(4) **MDH:** Continue inclusion of ACE and Positive Childhood Experiences questions in biannual YRBS/YTS surveys. Include all 10 ACEs in future surveys. Publish and widely disseminate ACE and Positive Childhood Experiences data so that it is available to all stakeholders.

(5) **MDH:** Continue collection of ACE data in Maryland BRFSS every 3 years. Publish and widely disseminate ACE data so that it is available to all stakeholders.

(6) **DHS, MDH, GOCPYVS:** Use data from CJAMS, YRBS/YTS, BRFSS and other sources to determine where and who should be prioritized for interventions. This data should also be used to identify and enhance protective factors/Positive Childhood Experiences.

(7) **DHS, MSDE:** Work collaboratively to gather data on educational services received by children in out-of-home care. Comply with the MOU in place between DHS and MSDE to allow for the sharing of data regarding foster youth since September 27, 2013 and the federal requirement pursuant to the Every Student Succeeds Act for states to track educational outcomes for foster youth.

(8) **Maryland General Assembly:** Amend current statute to expand data currently collected by Maryland's Department of Human Services and published in their Child Welfare Indicators Report. Recommended data are included in Appendix M.

SCCAN's Accomplishments in 2022-2023

Maryland Essentials for Childhood Initiative

Since 2006, SCCAN has focused its efforts and recommendations on preventing child abuse and neglect *before it occurs* and promoting public and systems awareness of Adverse Childhood Experiences (ACEs) science to inform policy and practice changes in Maryland systems to improve the lives of our children. In 2012 SCCAN adopted the goals of *the Center for Disease Control and Prevention's state level implementation of Essentials for Childhood* as a framework for its efforts and recommendations, working side-by-side with its partners, to create a statewide collective impact initiative—Maryland Essentials for Childhood (MD EFC). The mission of MD EFC is to prevent and mitigate child maltreatment and other ACEs. The overarching strategic goals of MD EFC are as follows:

1) Educate key state leaders, stakeholders, and grassroots organizations on brain science, ACEs, and resilience; in order to build a commitment to put science into action to reduce ACEs and create safe, stable, and nurturing relationships and environments for all Maryland children.
2) Identify and use Data to inform actions and recommendations for systems improvement.
3) Integrate the Science into and across Systems, Services & Programs.
4) Integrate the Science into Policy and Financing solutions.

The Maryland Essentials for Childhood Initiative (MD EFC) has worked statewide toward achieving the four strategic goals above with the purpose of creating the safe, stable, and nurturing relationships and environments that support the healthy development of all Maryland children, i.e., becoming a trauma-informed and resilient state. While MD EFC meetings have been on hold until the Governor's Appointment's Office completed appointment of new SCCAN members, work has continued on priorities initiated in response to the pressing global events of 2020 and 2021, including the impact of the COVID-19 pandemic and systemic racism on Maryland's children. As the pandemic and racial inequity are significant adversities in the lives of Maryland's children, SCCAN and MD EFC members formed two working groups to develop potential solutions to mitigate short and long-term harms of the pandemic and systemic racism within the child welfare system. These include the Achieving Racial Equity within Maryland's Child Welfare System Workgroup and the Childhood Resiliency Workgroup. Below is a brief description of key actions by SCCAN and MD EFC Partners to achieve our collective goals.

Achieving Racial Equity within Maryland's Child Welfare System Workgroup:

Background: A full review of the history of racism in the U.S. child welfare system can be found in the preamble of SCCAN's antiracism statement in Appendix I.

Maryland only began disaggregating child welfare data by race beginning in 2015. The data shows black children and families continue to be disproportionately overrepresented year after year in Maryland. In addition to overrepresentation, Black children also experience disparate outcomes. In Maryland, Black Youth are overrepresented in out of home foster care placements

and are also more likely to exit care without achieving permanency compared to their white counterparts. Of all youth emancipated (not being adopted, reunified, or placed in guardianship) Black youth comprise the overwhelming majority.

With this information, beginning in the Fall of 2020, SCCAN dedicated time, attention, and resources to address racial inequities and disparate outcomes within Maryland's child welfare system. Below are SCCAN's accomplishments and recommendations to date.

Accomplishments prior to 2022: To address racial disparities and disparate outcomes for youth and families involved in Maryland's Child Welfare System, SCCAN created an "Achieving Racial Equity in Child Welfare" Workgroup within SCCAN to develop recommendations to address current racial inequities and disparate outcomes for youth and families of color within the child welfare system. The Workgroup:

- Developed an Anti-Racism statement which was adopted by SCCAN. (See Appendix I).
- Prioritized 2021 Child Welfare Data Bill, HB258/SB592 which requires the Maryland Department of Human Services and Maryland Department of Education to provide disaggregated data by race, gender, age, and geographic region on outcomes for children and youth in in Maryland's Child Welfare System. The bill passed both the House and Senate unanimously.
- Began educating SCCAN and MD EFC members on historical systemic racism within the child welfare system and other child and family serving systems through presentations by expert speakers, including Dr. Adrianne M. Fletcher, PhD of Case Western Reserve University and Alexandra Citrin, MSW, MPP and Maya Pendleton, MPP of the Center for the Study of Social Policy.
- Built a list of resources to achieve racial equity, address white privilege, and reduce disparate outcomes within child and family serving systems.
- Began work on a visioning session to seek input on how the Maryland child welfare system can become anti-racist.

2022-2023 Accomplishments: The Achieving Racial Equity in Child Welfare committee has continued its work on the visioning session, which took place on December 11, 2023, at Morgan State University. The goal of the Visioning Session was to develop recommendations to address racial inequities at all levels of child welfare. The committee sought input from individuals with lived experience as well as professionals who work in or collaborate with child welfare agencies. The goal was to have equal representation from individuals with lived experience and professionals so that the voices of both groups were heard and incorporated into recommendations. Invited speakers include Mr. Rafael Lopez, Secretary of the Maryland Department of Human Resources and Maryland State Delegate C.T. Wilson. Much of the day was devoted to breakout discussions where key questions about improving child welfare were discussed and debated.

Next steps will include sharing a summary of recommendations from the event and developing a plan for collaborative implementation of recommendations. The recommendations and plan will be included in the 2024 SCCAN Annual Report.

Interim Workgroup Recommendations (to be updated in report from Visioning Session)

(1) **DHS:** Require caseworkers to input race demographic data on all cases brought to the attention of the Department of Human Services.
(2) **DHS:** Make publicly available child welfare and health-related data that is disaggregated by race, gender, age, and geographic region. Child welfare data should also be disaggregated for each system level (i.e., referrals, pathways, and services). Neglect referrals should be disaggregated by risk factor (food insecurity, housing status, etc.)
(3) **DHS, MSDE:** Work collaboratively to gather data on educational services received by children in out-of-home care. Comply with the MOU in place between DHS and MSDE to allow for the sharing of data regarding foster youth since September 27, 2013 and the federal requirement pursuant to the Every Student Succeeds Act for states to track educational outcomes for foster youth.
(4) **Maryland General Assembly:** Amend current statute to expand data currently collected by Maryland's Department of Human Services and published in their Child Welfare Indicators Report. Recommended data are included in Appendix M.
(5) **Maryland General Assembly:** Pass legislation to require all mandated reporters in the state of Maryland to receive racial bias training focused on the role of bias and racism in child abuse and neglect reporting.
(6) **Maryland General Assembly:** Pass legislation to require all DHS employees and local DSS supervisors and caseworkers in the state of Maryland to receive racial bias training focused on the role of bias and racism in decision-making throughout the continuum of child welfare cases.

COVID-19 Childhood Resilience Action Team:

The Childhood Resilience Action Team began during the COVID-19 pandemic in the spring of 2020 to identify and share resources that could inform and support the resilience of children during the pandemic and beyond. More than 70 volunteers from many organizations worked collaboratively and assembled a resource library for caregivers, children, and service providers. Topics included physical, mental, and behavioral health, education, childcare, and economic supports.

The team planned to share the resources through a dedicated childhood resilience website. Through 2022, the team worked to identify funding for the website domain and additional content development. Ultimately, the effort was integrated into broader efforts of the MDH Behavioral Health Administration Adverse Childhood Experiences Initiative to allow for a unified and comprehensive approach.

With funding from the 2021 federal American Rescue Plan Act (ARPA), the Behavioral Health Administration partnered with the University of Maryland School of Medicine Department of Psychiatry and the Systems Evaluation Center at Bowie State University to "design and implement a collaborative initiative to provide ACE data surveillance, training, technical assistance and continuous quality improvement to support the adoption of trauma-informed policies and practices within the Maryland Public Behavioral Health System."[11] This initiative was later broadened to meet the mandates of Maryland SB299/HB548 – Trauma Informed Care – Commission and Training, passed in 2021. The effort was renamed the BHA TIROE (Trauma-Informed Resilience Oriented Equitable Care and Culture) Mobilization Grant. BHA is using the grant funding to provide a resource for the trauma-informed work of state agencies, and to prevent siloing of that work. Partners include Maryland 211 call and resource center, Maryland Essentials for Childhood, and the Maryland Trauma-Informed Care Commission. The resources identified by the Childhood Resilience Action Team will soon be organized and posted on a resource website.

Sexual Abuse Prevention

Statute of Limitations Legislation - After many years of advocacy, Maryland HB001/SB686, the Child Victims Act passed in 2023. Key elements of the bill include: (1) Elimination of the statute of limitations for child sexual abuse civil lawsuits; (2) Repeal of the so-called "statute of repose"; (3) Creation of a permanent lookback window for claims that would otherwise be blocked by the prior statute of limitations; (4) Allowance for suits against both public and private entities; (5) Elimination of the notice of claims deadlines for public entities in child sexual abuse cases. Effective October 1, 2023, the Child Victims Act represents a significant step forward in acknowledging and addressing the issues of child abuse and its long-lasting impact on survivors. Lawsuits are currently being filed which will set the stage for the subsequent steps in implementing this law. Ultimately, the Maryland Supreme Court will likely be asked to weigh in on the constitutionality of the legislation. The Archdiocese of Baltimore, anticipating multiple lawsuits, filed for Chapter 11 bankruptcy two days before the law went into effect. The filing put a stop to all civil claims while the Archdiocese reorganizes, and shifts the claims to bankruptcy court, a less transparent process. As the legal processes unfold, SCCAN remains committed to advocating for a system that ensure that victim's voices are heard, their experiences validated and their path to healing as survivors is facilitated.

Sexual Abuse Prevention in Schools

Over the past several years, SCCAN has been actively engaged in policy efforts to prevent child sexual abuse in schools. We have worked closely with Delegate C.T. Wilson to pass several bills requiring policies to reduce the possibility of sexual victimization in schools. These bills include:

- **2018's HB 1072 – Child Sexual Abuse Prevention – Instruction and Training**

[11] Tiffany Beason and Joanna Prout. Behavioral Health Adverse Childhood Experiences (ACEs) Initiative. Presentation to the Maryland State Council on Child Abuse and Neglect (SCCAN). January 5, 2023.

- Requires each county board of education or non-public school that receives state funds to require annual instruction of all school employees on the prevention, identification, and reporting of sexual abuse and misconduct. The training must include:
  - Recognition of sexual misconduct in adults;
  - Recognition, and appropriate response to sexually inappropriate, coercive, or abusive behaviors among minors;
  - Recognition of behaviors and verbal cues that could indicate a minor has been a victim of child sexual abuse;
  - Responding to disclosures by minors or their parents or guardians of child sexual abuse or reports of boundary-violating behaviors of adults or minors in a supportive and appropriate manner that meets mandatory reporting requirements under state law.
- Requires each county board to establish and implement policies that support the prevention of child sexual abuse through ongoing training of staff on behavior that constitutes adult perpetration; reporting obligations and procedures; and for staff involved in hiring: comprehensive screening of prospective employees.
- Requires each county board to develop an Employee Code of Conduct that addresses appropriate contact between staff and students.
- Beginning in the 2019-2020 school year, each county board shall develop policies and procedures on the use and modification of physical facilities and spaces to reduce opportunity for child sexual abuse. SCCAN worked with the Interagency Commission on School Construction to draft the "Guidelines and Best Practices for the Assessment and Modification of Physical Facilities and Spaces to Reduce Opportunities for Child Sexual Abuse" which were approved by both groups.

- **2019 HB 486: Education – Personnel Matters – Child Sexual Abuse and Sexual Misconduct Prevention** For new employees who will have direct contact with minors: requires schools to gather information about applicant's prior employment and consent to contact prior employers. Requires schools to request of prior employer(s)' about past sexual misconduct or abuse investigation.

In 2023, SCCAN completed a search of board of education websites for all 23 Maryland jurisdictions and then attempted to contact local board of education staff in every jurisdiction to determine what had been done to comply with HB 1072 and HB 486. In addition, while not part of HB 1072 or HB 486, SCCAN asked whether boards of education routinely completed CPS background checks when hiring new employees. In conduction this work, SCCAN found that it was sometimes challenging to identify the appropriate point of contact, particularly in larger jurisdictions. For jurisdictions where contact was made, many reported using a training developed by Vector Corporation,[12] which has been recommended by the Maryland State Education Association. SCCAN is currently in the process of obtaining information from Maryland private schools through the Association of Independent Maryland Schools (AIMS).

[12] https://www.vectorsolutions.com/course-search/training/child-sexual-abuse-prevention-for-staff/

Table 5: Local Jurisdiction Implementation of Mandates from 2018 Maryland HB 1072 and 2019 HB 486 and Requirement for Child Protective Services (CPS) Background Checks for New Employees

	Employee Code of Conduct Y/N	Staff-Student Relationships Y/N	Training Vector (V) or Other (O)	Background Check per HB 486 Y/N	CPS Background Check Y/N
Allegany	Y	N	V	Y	Y
Anne Arundel	Y	Y	V	Y	Y
Baltimore City	Y	Y	O	Y	N
Baltimore County	Y	Y	Y	Y	Y
Calvert	Y	N	V, O	Y	N
Caroline	Y	Y	V	Y	N
Carroll	Y	N	V	Y	N
Cecil	Y	Y	V, O	Y	N
Charles	Y	Y	V, O	Y	Y
Dorchester	Y	Y	V	Y	Y
Frederick	Y	Y	O	Y	N
Garrett	Y	Y	V	Y	No Response
Harford	Y	Y	V, O	Y	Y
Howard	Y	Y	V	Y	N
Kent	Y	Y	V	Y	Y
Montgomery	Y	Y	O	Y	Y
Prince George's	Y	Y	V	Y	Y
Queen Anne's	Y	Y	V	Y	N
Somerset	Y	N	V	Y	Y
St. Mary's	No Response	No Response	Y	Y	N
Talbot	Y	N	V	Y	Y
Washington	Y	Y	V	Y	N

Wicomico	Y	N	V	Y	N
Worcester	Y	N	V	Y	Y

Notes:
Code of Conduct: A copy of the Code of Conduct has been obtained by SCCAN.
Staff-Student Relationships: Sexual relationships between staff and students are specifically mentioned in the Code of Conduct.
Training: The jurisdiction uses Vector Solutions (V) for their annual online training, or have they created their own (O). Note: Several jurisdictions have incorporated their own model into the Vector training.
Background Check per HB486: A background check per HB 486 requirements is done prior to employment.
CPS Background Check: The local DSS is contacted for a CPS Background check prior to employment (note: this is not a legal requirement in Maryland).

In SCCAN's efforts to obtain this information, it became clear that the legislation as written was missing a requirement for monitoring of implementation and compliance. SCCAN also found that many jurisdictions did not require CPS background checks for new employees, though this was not a requirement of either bill. Additionally, while these bills apply to schools, they do not apply to other child serving organizations such as after school programs or childcare sites.

Healthcare for Children Involved in Child Welfare Workgroup

The SCCAN medical subcommittee has focused their work on improving health care services for children in out-of-home care and children undergoing evaluation/investigation following a report of suspected child abuse or neglect.

Improving Health Care Services for Children in Out-of-Home Care

HB 1582-Human Services Children Receiving Child Welfare Services-Centralized Comprehensive Health Care Monitoring Program to Meet the Health Needs of Children involved in the Child Welfare System passed unanimously out of both houses of the General Assembly and was signed into law by Governor Hogan on May 8, 2018. Md. Code Ann., Human Services § 8-1101- 8-1103 (2018) mandates:

i) the creation of a **Child Welfare Medical Director at DHS** to:
   (1) Ensure best practice medical review and evaluation of cases of suspected abuse or neglect, and
   (2) Collect data on timeliness and effectiveness of health services provision and procurement for children in the custody of a local department;
   (3) track health outcomes for children in out-of-home placement using the most recent health care effectiveness data and information set (HEDIS);
   (4) assess the competency, including cultural competency/humility, of health care providers who evaluate and treat abused and neglected children in the custody of

a local department;

(5) periodically assess the supply and diversity of health care services that evaluate and treat children in out-of-home placement, identify shortfalls, if any, and report them to the relevant local department, DHS, and the Maryland Department of Health; services; and work to expand the availability of health care services;

(6) work with state and local health and child welfare officials, provider agencies, and advocates to identify systemic problems affecting health care for children in out-of-home placement and develop solutions;

(7) in consultation with the local departments, develop a centralized comprehensive health care monitoring program for children in out-of-home placement that will ensure the replication of centralized health care coordination and monitoring of services across the state.

ii) the creation of a **centralized data portal with health information** integrated from CRISP (Chesapeake Regional Information System for Our Patients), Immunet, and Medicaid, and;

iii) the creation of an **electronic health passport** for foster youth.

Workgroup Activities: SCCAN medical workgroup members participated in an 18 month-long **Affinity Group** program sponsored by Centers for Medicare & Medicaid Innovations. Participating pediatricians included Drs. Wendy Lane, Rebecca Seltzer, and Rachel Dodge, all with expertise in medical care for children in foster care. Affinity group regular members included the Medical Director for Child Welfare, Dr. Rich Lichenstein and his team, and representatives from Maryland Medicaid. Dr. Lichenstein's team and Medicaid representatives participated in trainings provided by CMS, bimonthly technical assistance meetings, and monthly coaching sessions with a Quality Improvement advisor, data sharing advisor, and child welfare and Medicaid policy subject matter experts.

The goals of the Affinity Group were as follows – **addressing HB 1582 requirements 2, 5, and 6 above**:

- Increase the percentage of **timely completion of comprehensive health assessments** among Maryland children placed in foster or kinship care from 77% to 90%. These comprehensive assessments are required to be completed within 60 days of entry for all children entering care.
- Increase the percentage of **timely completion of initial health assessments** (within 5 business days of placement) from 65% to 90%
- Increase the percentage of **completion of at least one dental assessment annually** from 47% to 75%, with a longer-term goal of 90%

Overall, Maryland met its goals for timely initial and comprehensive health visits. Between July 1, 2022 and June 30, 2023; 92% of children had timely initial visits and 90% of children had timely comprehensive visits. Dental visits remain a challenge; only 58% of children

received at least one dental assessment during the year. The counties with the largest numbers of children in foster care, Baltimore County (34% of 527 children), and Baltimore City (34% of 1361 children), had the most difficulty meeting this goal.

The Affinity Group did not focus on increasing the percentage of timely annual visit completion. Only 75% of Maryland children in foster care received timely annual visits.

The Affinity Group examined several other issues. While not specifically named as Affinity Group goals, they addressed requirements of HB 1586. For example, the group discussed ways **to streamline completion of healthcare provider documentation**, document sharing with DSS, and data entry into CJAMS (**HB 1582 requirements 6 & 7 above**). The group worked on developing a **common medical form and dental form** to be used by all jurisdictions that would include prompts for key information while limiting the total amount of information required (**HB 1582 requirements 6 & 7 above**). Currently, most Maryland jurisdictions ask providers to complete documentation using the 631-E form, which contains very few prompts about what information should be included. Baltimore City and County use a modified and more structured 631-E form that specifically requests diagnoses, new and existing medications, testing completed, and recommendations. Fillable on-line forms that could be compatible with many electronic medical record systems as well as CJAMS were recommended to reduce the burden of paperwork and data entry for medical practices and DSS staff.

The group also discussed whether combining the initial and comprehensive medical exams could improve adherence to visits. There were concerns over getting this done quickly enough by the appropriate provider (such as a child's primary care provider) within the needed time frame. The group also discussed whether it might be possible to change the billing codes for initial visits. Currently, health care providers can bill Medicaid for initial foster care exams by adding a special modifier to a code for a periodic health exam (i.e., a well child checkup). Creating a new allowed billing code for an initial foster care health screen may enable more providers to see children during brief sick visit slots. Providers may still be reluctant to schedule initial foster care exams in these slots because of the lack of medical history and the potential need to address many health issues in a short time. We are also exploring with Medicaid the requirement for the initial screening exam to be performed by an EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) certified provider; i.e., a primary care provider who is certified by and follows preventive care standards established by the State Medicaid Program. Some jurisdictions have limited EPSDT certified providers to perform these time-sensitive exams. Another initiative has been to review all COMAR health-related legislation and make edits to ensure that the legislation best meets the health needs of children in care.

Additional Efforts by the Medical Director for Child Welfare: Dr. Lichenstein has also been working on other projects outside of the Affinity Group. For example, his team has finalized a **Data Use Agreement to access information from CRISP**, the state designated Health Information Exchange for Maryland. He can now submit lists of children in foster care to CRISP and receive notifications about visits and hospitalizations. The team is also working with Harford County to determine whether **Special Needs Coordinators from Medicaid Managed Care**

Organizations can help improve access to comprehensive exams. Within DHS, the Audit Compliance and Quality Improvement (ACQI) unit was established to monitor compliance with standards. Information is gathered from CJAMS and through one-on-one meetings with local department leadership. Guidance on improving oversight is provided to LDSS agencies by the team when needed.

Ongoing Barriers: Some of the issues with timely receipt of care may be due to documentation, as when local department staff wait until the medical report is received before documenting that the visit was kept. Even if the visit is done on time, it may not be recorded as such if the visit is not recorded in CJAMS on time. Many barriers to receipt of timely care have been reported by local departments. For example, older youth may refuse the visit, be AWOL, or may be incarcerated. Provider availability may be limited; an especially challenging problem for children who are medically fragile or who have developmental disabilities and require specialized dental care. Local DSS agencies may be understaffed, dealing with multiple crises, or may have difficulty with tracking and monitoring. Placement site and Medicaid Managed Care Organization changes may also create challenges. Finally, maintaining continuity of care can be difficult when children are placed outside of their home jurisdiction.

DHS and the office of the Child Welfare Medical Director have made many improvements to health care services for children in out-of-home placement. However, there is still much work to be done. The following issues are still of **major concern to the council**:

(1) Despite implementation more than two years ago, the **CJAMS system for child welfare information tracking continues to have defects that limit accurate data input and reporting**.[13] The L.J. vs. Massinga consent decree Independent Verification Agent (IVA) report has noted that the CJAMS application needs multiple corrections and enhancements to ensure appropriate data entry and accurate and reliable data reports. Implementation of changes has been slow, and the IVA notes that "At this rate it is not an exaggeration to say that without substantially more resources dedicated to this work, the needed application changes will not be completed until well into 2024, if not 2025."

(2) There has been **little or no progress toward integrating information from Medicaid, Immunet, and/or CRISP with CJAMS** (**HB 1582 requirement ii above**). Many other states and jurisdictions, including Texas, Washington, Oregon, Illinois, Washington, D.C., Milwaukee, WI, Allegheny County, PA, San Diego County, CA, and Dade and Monroe Counties, FL have found ways to electronically link Medicaid records with child welfare records, enabling child welfare professionals to have easy access to information about health visits and medications.[14] **Without this data, it is difficult, if not impossible to**

[13]L.J. vs. Massinga consent decree Independent Verification Agent (IVA) Certification Report for Defendants' 68th Compliance Report January 1, 2022 to June 30, 2022. Filed May 9, 2023. Online at: https://dhs.maryland.gov/documents/Local%20Offices/Baltimore%20City/Consent%20Decree/68th%20Compliance%20Report/IVA%20Report/Text%20of%20IVA%20Report.pdf

[14] Beth Morrow, *Electronic Information Exchange: Elements that Matter for Children in Foster Care*, The Children's Partnership, State Policy Advocacy and Reform Center, 2013.

assess whether children are receiving quality care by HEDIS or other valid measures.

(3) There has been **little or no progress toward the development of an electronic health passport** (**HB 1582 requirement iii above**). The plastic health passport folder used for the past 30+ years remains the mechanism for sharing of health information between and among LDSS agencies, providers, birth parents, foster and kinship caregivers, and youth in out-of-home care. This is an antiquated system that needs to be updated. Information technology resources need to be committed to addressing this issue, while adhering to HIPAA and privacy concerns given the relationship of the child to the birth parent, resource parent, and state. There is no process for informing primary care providers when a child enters or exits foster care or has a change in placement. This makes it impossible for the PCP to know whether no-shows or lack of follow-up are due to changes in placement or an oversight by the family or DHS. PCPs are also left with no contact information to re-engage the child into health care services.

(4) **DSS foster care workers continue to have primary responsibility for health care oversight of the children in their caseload**. A survey of LDSS Assistant Directors completed in October 2021 respondents indicated that they would like additional assistance, particularly for mental and behavioral health issues, health and developmental issues, informed consent for psychotropic medication use, case management, and completion of required health visits. The pilot program in Harford County using Medicaid Case Managers, if successful, could serve as a model for other jurisdictions.

Improving the Medical Evaluation of Children with Suspected Child Abuse and Neglect

Although ensuring best practice medical review and evaluation of cases of suspected child abuse and neglect (**HB 1582 requirement 1 above**) has not been a major focus of the Medical Director for Child Welfare, efforts are underway by Maryland Child Abuse Medical Professionals (CHAMP) to work with the Maryland Department of Health on these issues. Maryland CHAMP was created in 2005 by House bill 1341, Md. Code, Health – General § 13-2201-2205, and amended in 2008. CHAMP faculty are tasked with:

- assisting jurisdictions in development of standards and protocols for child abuse medical providers;
- providing training and consultation to local child abuse medical providers in the diagnosis and treatment of child abuse and neglect;
- providing financial support to part-time local and regional expert staff for the diagnosis and treatment of child abuse and neglect;
- collaborating with local or regional child advocacy centers and forensic nurse examiner programs

. Since its inception, CHAMP has accomplished the following:

- Offered 3x yearly trainings to Maryland physicians and nurses practicing in the field. Our most recent training in October 2023 had nearly 60 attendees.

- Established a web-based, secure, and HIPAA compliant peer review system for medical professionals to submit cases for review.
- Developed a website with practice templates (consent forms, exam documentation forms, etc.), practice guidelines, and links to local, regional, and national resources.
- Collaborated with Maryland Children's Alliance (MCA) to train Child Advocacy Center (CAC) leaders on medical standards.
- Provided technical assistance to local CACs, Departments of Social Services, and law enforcement agencies about the medical evaluation of child maltreatment.
- Trained 14 physicians and more than 30 nurses to conduct medical evaluations for children with suspected maltreatment.

Unfortunately, the **current structure of CHAMP limits our reach** and allows us to touch only a small proportion of these vulnerable children. Current systems are fragmented, without a centralized or mandatory framework to provide access to medical expertise. Access to medical expertise varies by jurisdiction, and sometimes by the practice of the referring agency within that jurisdiction. This **fragmentation and lack of medical expertise may lead to**:

- **Misinterpretation of exam findings**, and **failure to provide definitive assessments** regarding the likelihood of abuse.
- **Unnecessary investigation and family removal of children with accidental injuries or ongoing maltreatment of children when abuse is missed.**
- **Over and under-reporting,** which is costly to children's wellbeing and to child welfare systems. It also becomes a social justice issue if implicit bias substitutes for clinical knowledge.

High-quality, effective systems for providing health care to children with suspected abuse and neglect require expert oversight, continuous quality improvement, continuing education for providers, and stable funding. Multiple agencies, organizations, and experts have established these criteria as best practices for the evaluation of children with suspected child abuse and neglect.[15]

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[15] Adams JA, et al. Updated Guidelines for the Medical Assessment and Care of Children who may have been sexually abused. J Pediatr Adolesc Gynecol. 2016;29:81-87.
Christian CW and Committee on Child Abuse and Neglect. The evaluation of suspected child physical abuse. Pediatrics. 2015;135(5):e20150356. Reaffirmed 2021. Online at: http://publications.aap.org/pediatrics/article-pdf/135/5/e20150356/1344221/peds_20150356.pdf

Jenny C, Crawford-Jakubiak JE, and Committee on Child Abuse and Neglect. The evaluation of children in the primary care setting when sexual abuse is suspected. Pediatrics. 2013;132:e558.
National Children's Alliance. National Standards of Accreditation for Children's Advocacy Centers 2023 Edition. Online at: https://www.nationalchildrensalliance.org/wp-content/uploads/2021/10/2023-RedBook-v5B-t-Final-Web.pdf;
National Optional Standards of Accreditation for Children's Advocacy Centers 2023 Edition. Online at: https://www.nationalchildrensalliance.org/wp-content/uploads/2022/03/2023-Optional-Standards-Book.pdf.
U.S. Department of Justice Office on Violence Against Women. A National Protocol for Sexual Assualt Medical Forensic Examinations Adults/Adolescents, 2nd Ed. Washington: D.C.: U.S. Department of Justice, April 2013. Online at: https://www.ojp.gov/pdffiles1/owv/228119.pdf

While CHAMP provides training and CQI to providers and Children's Advocacy Centers around the state, the following *structural issues inhibit optimal care*:

(1) *Lack of coordinated system for payment of providers*. Financial support for programs is currently pieced together from multiple revenue streams, which may vary from year-to-year, and may not cover services such as multidisciplinary team participation and court testimony (Appendix). Unstable funding makes it challenging to recruit and retain experts.

(2) *Lack of mandated expert review*. Without a clear mechanism or mandate for expert medical review, local DSS and law enforcement agencies may rely on the opinions of inexperienced emergency department, inpatient, or primary care providers, who may miss abuse diagnoses, or diagnose accidental injuries as abusive.

(3) *Lack of medical professional oversight.* Despite standards that mandate medical professional participation in peer review, continuous quality improvement, and ongoing training, there is no mechanism to ensure that this occurs for providers not working at CACs.

(4) *Lack of consistent process for multidisciplinary maltreatment investigations*. CACs were initially established for the multidisciplinary investigation and management of child sexual abuse; Maryland jurisdictions routinely use CACs for this purpose. The National Children's Alliance has developed optional standards for physical abuse; these are likely to become required standards in the next decade. However, not all Maryland jurisdictions use their local CAC for physical abuse investigations, making it less likely that medical experts will be engaged.

(5) *Mismatch in availability of experts across the state.* Most physician child abuse experts are based in large metropolitan areas. It is difficult to recruit and retain providers in smaller jurisdictions without stable funding and support.

Key Stakeholders:

Many Maryland agencies and organizations play a role in meeting the needs of children with suspected maltreatment and their families. Therefore, solutions will require a collaborative process.

Stakeholders and their potential roles include:

- *Maryland Children's Alliance (MCA)* – Can assist CACs in meeting NCA medical standards for physical and sexual abuse investigations. MCA can continue to partner with CHAMP to educate about NCA medical standards and can develop templates for medical linkage agreements which require participation in training and peer review.
- *Maryland Department of Human Services* – Can mandate that local DSS agencies use child abuse experts to perform medical exams or review exams done by non-experts.

U.S. Department of Justice Office on Violence Against Women. A National Protocol for Sexual Abuse Medical Forensic Examinations Pediatric. April 2016. Online at: https://www.justice.gov/ovw/file/846856/download;

DHS can also require that multidisciplinary investigations of physical and sexual abuse include medical input.

- *Maryland Department of Health –* Can convene other stakeholders for system improvement, guide Maryland Board of Nursing to enforce standards for training/peer review of providers and can support the CHAMP program through collaborative partnership.
- *Maryland Medicaid* – Can create billing code modifiers that enable payment for services regardless of Medicaid Managed Care Organization.
- *Governor's Office of Crime Prevention, Youth and Victim Services (GOCPYVS)* – Can work with other agencies to streamline medical services and funding for child maltreatment. The Maryland Children's Cabinet, responsible for coordinating the state agencies that serve Maryland children, is chaired by the GOCPYV Executive Director, and includes Secretaries from the Departments of Health, Human Services, Juvenile Services, Budget and Finance, as well as the State Superintendent of Schools.
- *State's and County Attorneys* – Can pay for expert testimony for child abuse cases in Family Child in Need of Assistance (CINA) hearings and criminal courts or contribute dollars to a single funding stream.
- *Maryland Chapter of American Academy of Pediatrics (MDAAP):* Can educate pediatricians about the health needs of children being evaluated for suspected abuse or neglect and those in foster care and can provide feedback to DHS and MDH on the implementation of new protocols or policies. The MDAAP can also advocate for legislative changes that can address system issues.
- *Maryland Hospital Association and Maryland Coalition Against Sexual Assault (MCASA):* Convenes and supports hospital-based Sexual Assault Forensic Examiner programs, disseminates information about best practices for sexual assault examinations, and advocates for policies and funding to improve the availability and effectiveness of hospital-based programs.

Maryland CHAMP is currently working to financially support more CACs and to work more collaboratively with hospital-based FNE programs. CHAMP is also working with MDH to address **structural issues (1) – (4) listed above**.

Membership Committee

The 2015 Maryland legislation establishing SCCAN requires the appointment of 23 members. Representatives from the Maryland Senate and House of Representatives, and state agencies, including DHS, MDH, MSDE, DJS, Maryland Judiciary, and Maryland State's Attorney's Association are appointed by their organizational leadership. The other 15 members are appointed by the Governor via his Appointments Office, with input from SCCAN. Required representation includes a pediatrician with expertise in child abuse and neglect, recommended by the Maryland Chapter of the American Academy of Pediatrics and at least two individuals with personal experience with the child welfare system. The remaining members may come from

professional and advocacy groups, private social service agencies, and medical, law enforcement and religious communities.

With a pause in appointments under the prior administration, the terms of all appointed members had expired by 2022, and SCCAN members included only those individuals representing state agencies. Nevertheless, Wendy Lane, the SCCAN Chair, and many individuals whose terms had expired or who were recommended by SCCAN to serve but never received official appointments, have remained committed to SCCAN and have actively participated in SCCAN workgroups.

Dr. Lane and Edward Gallo, the new SCCAN Executive Director, have been working with Governor Moore's Appointment's Office to re-nominate individuals whose prior recommendation for appointment had stalled and to recommend additional individuals who are committed to SCCAN's work. By the end of 2023, a full complement of new members has been appointed to SCCAN, and a new SCCAN Chair, Taniesha Woods has been appointed.

For a current list of SCCAN members see Appendix B.

Appendix A

DHS Response to Annual Report

Appendix B

State Council on Child Abuse and Neglect (SCCAN)

SCCAN Membership

15 MEMBERS APPOINTED BY THE GOVERNOR

Name	Representing	Jurisdiction	Email	Address	Term Expires
Wendy Lane, MD, MPH ***(Outgoing SCCAN Chair)***	Clinical Associate Professor, University of Maryland (Epidemiology & Public Health, Pediatrics)	Baltimore County	wlane@epi.umaryland.edu	660 West Redwood Street Baltimore, MD 21201	1st-partial 2017
Paul Marziale	Harford County Sherriff, Harford County Child Advocacy Center	Harford County			1st-10/2026
Jamie Sheppard	Individuals with Lived Experience	Baltimore County			1st-10/2026
VACANT					
Crystal Ricks	Calvert County Public Schools	Calvert County	ricksc@calvertnet.k12.md.us		1st-7/2021
Stacey Brown	The Family Tree	Baltimore City	sbrown@familytreemd.org		1st-7/2022
Rowan Willis-Gorman	Individuals with lived experience	Baltimore City	rowan.willis.powell@gmail.com		1st-7/2022
Marjorie Merida		Montgomery County	marjoriec90@gmail.com		1st- 7/2023
Lisa Weah		Baltimore County	drweah@gmail.com		1st-7/2022

Kelly Jaskiewicz	Maryland State Police		kelly.jaskiewicz@maryland.gov		1st-3/2021
Jody Burghardt		Montgomery County	jburghardt@jssa.org		1st-7/2023
Ademola Oduyebo		Prince George's County	odubeyond@gmail.com		1st-7/2023
Taniesha Woods	Maryland Family Network		twoods@marylandfamilynetwork.org		1st-7/2022
VACANT					
VACANT					

8 POSITIONS FILLED BY DESIGNATION OF THEIR ORGANIZATIONS

Name	Representing	Email	Address
Hilary Laskey	Maryland Department of Human Services	hilary.laskey@maryland.gov	Maryland Department of Human Resources Social Services Administration, 5th Floor 311 W. Saratoga St. Baltimore, MD 21201
Lindsay Carpenter	State's Attorney Association	TLeache@statesattorney.us	100 West Patrick Street Frederick, Maryland 21701
Delegate Susan McComas	Maryland House of Delegates	susan_mccomas@house.state.md.us	Maryland House of Delegates 9 West Courtland Street P.O. Box 1204 Bel Air, MD 21014
VACANT	Maryland Department of Juvenile Services		State of Maryland Department of Juvenile Services

Karla Smith	Representative of the Judicial Branch appointed by the Chief Judge of the Maryland Court of Appeals	karla.smith@mdcourts.gov	
John McGinnis	Pupil Personnel Specialist, Maryland Department of Education	john.mcginnis@maryland.gov	Pupil Personnel Specialist Maryland Department of Education 200 West Baltimore St. Baltimore, MD 21201
Courtney McFadden, MPH	Deputy Director, Prevention and Health Promotion Administration, Maryland Department of Health	courtney.lewis@maryland.gov	Maryland Department of Health 201 W Preston Street Baltimore MD 21201
Anthony Muse	Maryland Senate	Anthony.Muse@senate.state.md.us	James Senate Office Building, Room 220 11 Bladen St., Annapolis, MD 21401

SPECIALLY DESIGNATED MEMBERS OF CJAC

Name	Relevant Background	Email	Address
Jennifer Krabil	Director, Children and Youth Division, Governor's Office of Crime Prevention, Youth and Victim Services	jennifer.krabill@maryland.gov	100 Community Place, Crownsville, MD 21032

SCCAN EXECUTIVE DIRECTOR

Name	Relevant Background	Email	Phone	Address
Ted Gallo	Child Protective Services Investigations	edward.gallo2@maryland.gov	Office: Cell:	311 W. Saratoga Street, Room 405, Baltimore, MD 21201

Appendix C

Achieving Racial Equity Workgroup

Co-Chairs:

Erica Lemon, Maryland Legal Aid

Dr. Michael Sinclair, Morgan State University

Members:

Andrew Bell, JBS International

Stacey Brown, The Family Tree

Patricia Cobb-Richardson, Behavioral Health Systems Baltimore

Stephanie Cooke, Baltimore City DSS, Former DHS, SSA Representative to SCCAN

Eiza Cooper, Thriving Communities Collaborative

Serafinam Cooper, MDH

Patricia Cronin, The Family Tree

Courtney Dowd, Child Justice, Inc.

Janice Goldwater, SCCAN, Adoptions Together

Dr. Edwin Green, Jr., Citizens Review Board for Children

William Jernigan, GOCPYVS

Eileen King, Child Justice, Inc.

Sara Lewis, MDH

Carletta Lundy, City of Bladensburg Council Member

Courtney McFadden, SCCAN, MDH

Amanda Odorimah, Hearns Law Group

Laura Edwards, Maryland CASA

Davina Richardson, Citizens Review Board for Children

Dr. Michael Sinclair, Morgan State University

Joan Stine, The Family Tree

Vanita Taylor, Office of the Public Defender

Denise Wheeler, Citizens Review Board for Children

D'lisa Worthy, MDH. BHA

Appendix D

SCCAN & Maryland Essentials for Childhood Background

SCCAN has its historical origins in the 1983 Governor's Task Force on Child Abuse and Neglect, appointed at the request of the General Assembly. The Task Force "found that child abuse, especially sexual abuse was far more widespread than originally estimated; [and,] the problems of child abuse and neglect require long term efforts for the implementation and monitoring of programs for the prevention, detection, and treatment of victims and offenders." In light of the task force findings, on April 29, 1986, the task force became the Governor's Council on Child Abuse and Neglect created by Executive Order. In 1999, the Maryland General Assembly established The State Council on Child Abuse and Neglect (SCCAN) as one of three citizen review panels required by the Federal Child Abuse Prevention and Treatment Act (Title 42, Chapter 67, Subchapter I), known familiarly as CAPTA, and elaborated on its Federal responsibilities in the Maryland Family Law Article, Section 5-7A.

SCCAN consists of up to twenty-three members, most of whom are private citizens appointed by the Governor of Maryland, including representatives from the Maryland Chapter of the American Academy of Pediatrics, professional and advocacy groups, private social service agencies, and the medical, law enforcement, education, and religious communities. At least two members must have personal experience with child abuse and neglect within their own families or have been clients of the child protective services system. Eight members of SCCAN are designated representatives of their respective organizations including: the Maryland Senate, Maryland House of Delegates, Department of Human Services, Department of Health, Department of Education, Department of Juvenile Services, Judicial Branch, and the State's Attorneys' Association.

SCCAN's mandate is defined in Federal and State law. CAPTA charges SCCAN and all citizen review panels "to evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities" and to "provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations." The Maryland Family Law Article reiterates the CAPTA requirements and specifically charges SCCAN to "report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs".

Prevention as a priority

For over a decade, the Council has focused its research, advocacy, and collective energies on activities to raise awareness of the science of the developing brain and adverse childhood experiences (ACEs) and build cross-sector collaboration to advocate for systems reform to promote child well-being and prevent child maltreatment and other adverse childhood experiences (ACEs)*before they occur*. *The profound impact that child maltreatment and other (ACEs) have on a child's well-being-- including short and long-term health, behavior and development; school success; future employment and earning potential; ability to form positive, lasting relationships and become productive citizens-- is well documented.* Historically, most

national, state, and local funding streams and responses to the problem of child maltreatment are directed at a case-by-case approach to detecting, investigating, prosecuting, and providing CPS or court supervised services to the “perpetrators” of abuse and neglect and to protecting children who have already been abused or neglected from future abuse and neglect by providing services to families or placing children in foster care.

A broader public health approach is needed to prevent child maltreatment *before it occurs.* The public health approach extends our criminal justice and case-based approaches by fostering a better understanding of the complex causes of child maltreatment in order to more effectively and preemptively intervene at all levels of the socio-ecological model (individual, family, community, and societal). Current prevention programs, policies, and practices in Maryland are fragmented across public and private agencies; and, vary both qualitatively and quantitatively from jurisdiction to jurisdiction. While many states, including Tennessee, Wisconsin, Iowa, Minnesota, Washington, Colorado, California, North Carolina, Massachusetts, among others are developing a coordinated approach to addressing childhood adversity and its impacts, **Maryland has no state agency that is specifically mandated to focus on primary prevention of child maltreatment. With the absence of mandated leadership, there is no formal cross-sector statewide strategy for promoting child well-being and preventing child maltreatment and other ACEs before they occur, leaving current prevention efforts are fragmented across agencies.** That is why SCCAN and its partners joined together to form Maryland Essentials for Childhood Initiative, a statewide collective impact initiative that promotes safe, stable, nurturing relationships and environments for children and prevents, mitigates ACEs, and builds resilience in children, families, and communities.

Maryland Essentials for Childhood Initiative:

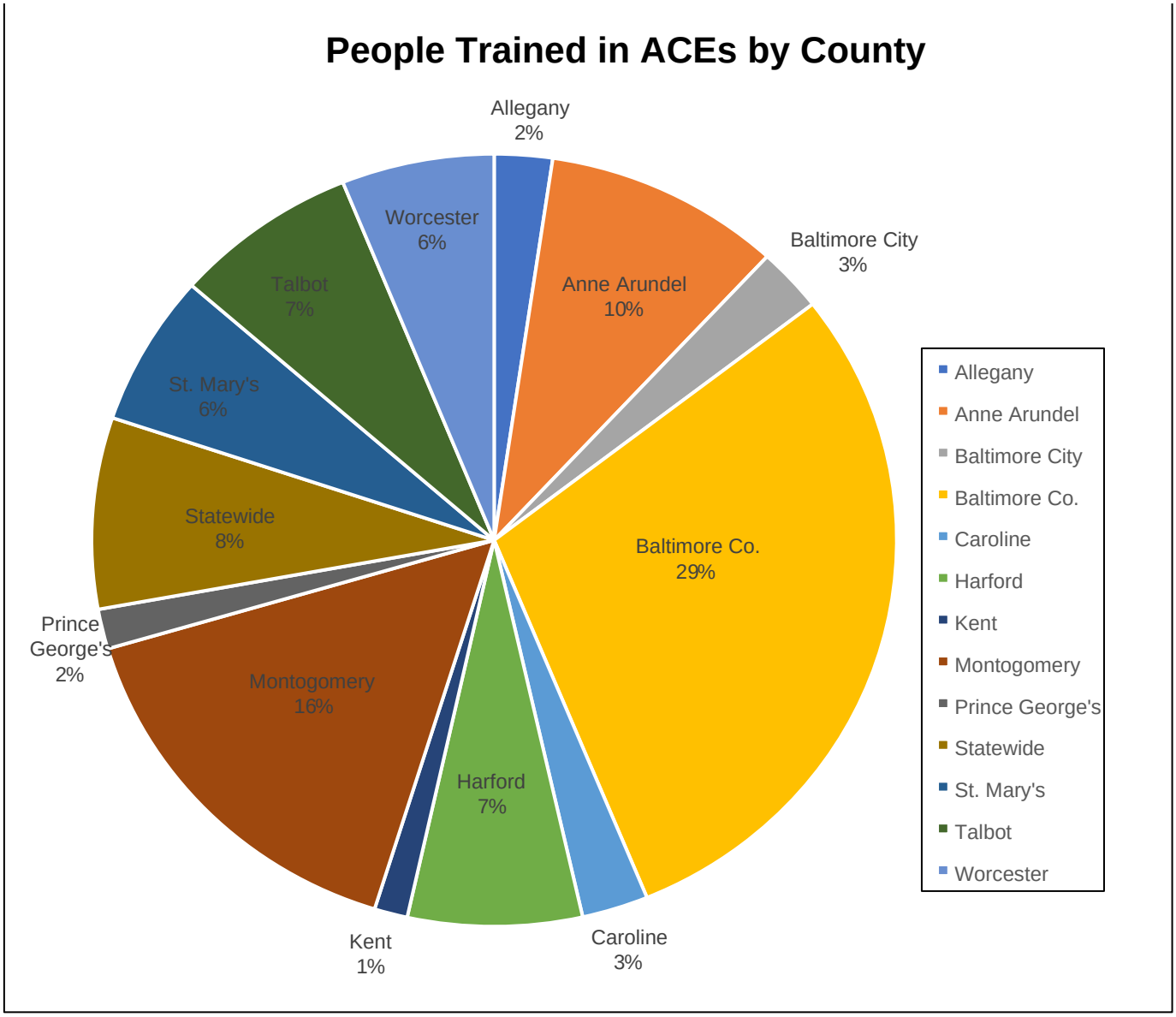
Maryland Essentials for Childhood (EFC) is a statewide collective impact initiative to prevent child maltreatment and other adverse childhood experiences (ACEs). It promotes relationships and environments that help children grow up to be healthy and productive citizens so that *they*, in turn, can build stronger and safer families and communities for *their* children (a multi-generation approach). Maryland EFC includes public and private partners from across the state and receives technical assistance from the U.S. Centers for Disease Control. The initiative provides members the opportunity to learn from national experts and leading states. Using advances in brain science, epigenetics, ACEs, resilience and principles of collective impact, the EFC leadership and working groups are advancing the following goals:

1. Educate key state leaders, stakeholders, and grassroots on brain science, ACEs, and resilience; in order to, build a commitment to put science into action to reduce ACEs and create safe, stable, and nurturing relationships and environments for all Maryland children.
2. Identify and use Data to inform actions and recommendations for systems improvement
3. Integrate the Science into and across Systems, Services & Programs
4. Integrate the Science into Policy and Financing Solutions

Appendix E

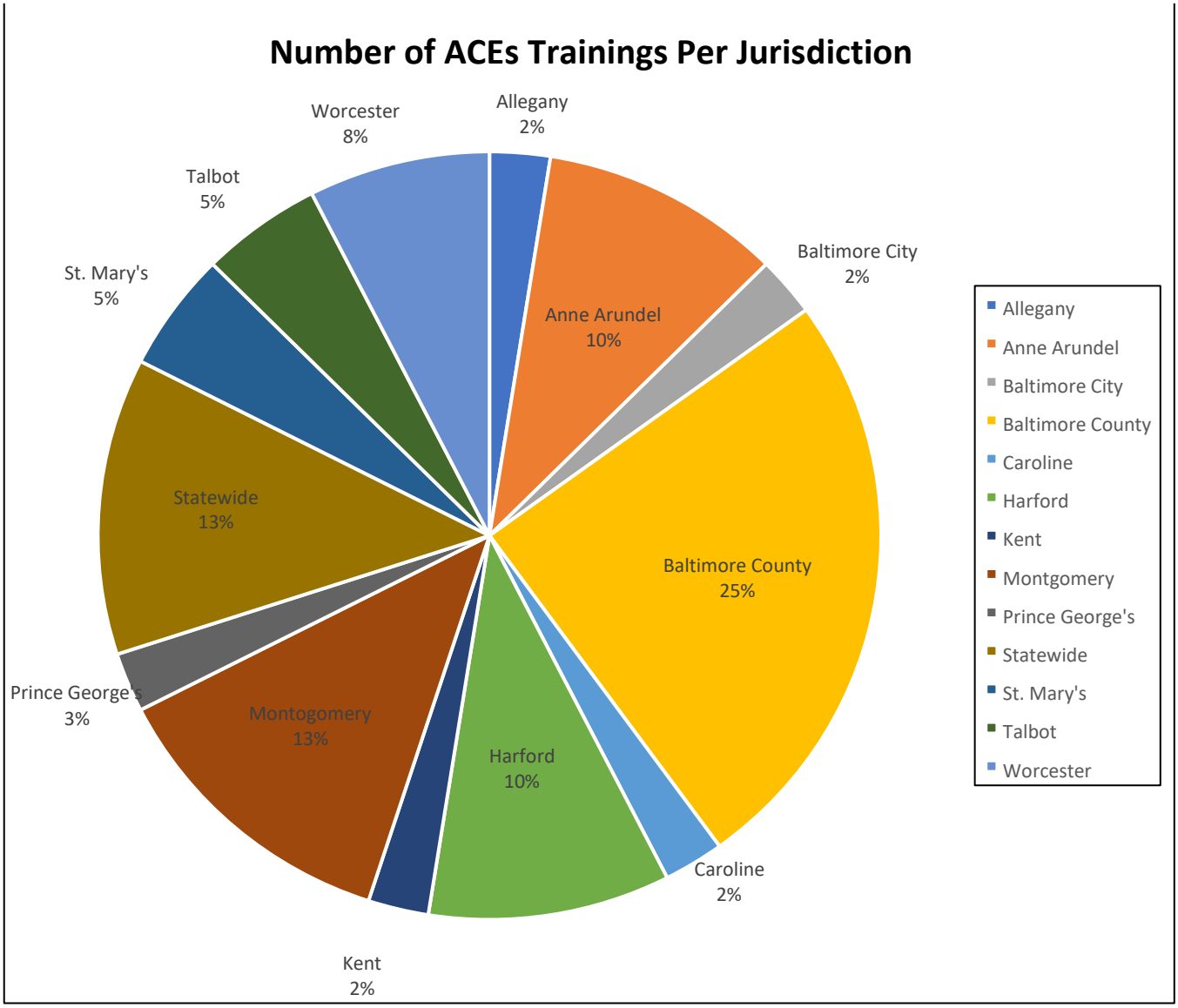
ACEs Interface Training Locations by Maryland County

Between June 2022 and June 2023, ACE Interface Master Trainers gave 40 ACE Interface presentations hosting 1,500 attendees across 12 Maryland jurisdictions. The graphs below show the percentage of people trained by Maryland County and the number of training sessions conducted per jurisdiction.



People Trained in ACEs by County (Participant Count)

Maryland County/Jurisdiction Served	Number of Participants
Allegany	35
Anne Arundel	143
Baltimore City	40
Baltimore County	439
Caroline	40
Harford	105
Kent	20
Montgomery	235
Prince George's	25
Statewide	120
St. Mary's	95
Talbot	111
Worcester County	92


Number of ACEs Trainings Per Jurisdiction
Allegany 2%
Anne Arundel 10%
Baltimore City 2%
Baltimore County 25%
Caroline 2%
Harford 10%
Kent 2%
Montgomery 13%
Prince George's 3%
Statewide 13%
St. Mary's 5%
Talbot 5%
Worcester 8%
Allegany
Anne Arundel
Baltimore City
Baltimore County
Caroline
Harford
Kent
Montgomery
Prince George's
Statewide
St. Mary's
Talbot
Worcester

Number of ACEs Trainings Per Jurisdiction (By Number of Occurrences)

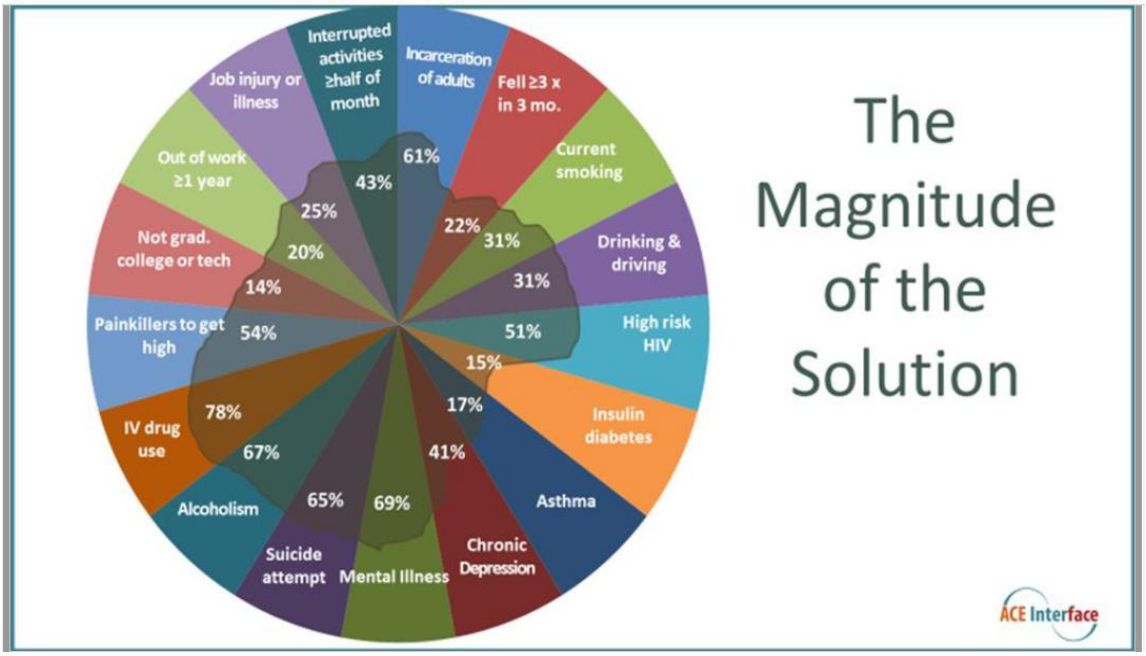
Maryland County/Jurisdiction Served	Number of Participants
Allegany	1
Anne Arundel	4
Baltimore City	1
Baltimore County	10
Caroline	1
Harford	4
Kent	1
Montgomery	5
Prince George's	1
Statewide	5
St. Mary's	2
Talbot	2
Worcester	3

APPENDIX F

THE SCIENCE OF THE DEVELOPING BRAIN, ACES & RESILIENCE: A STRONG CASE FOR A PROSPEROUS MARYLAND[1]

As Marylanders understand the impact of Adverse Childhood Experiences, they realize that the future economic development and prosperity of the state depends on rethinking our policies in health, education, public safety, justice, public assistance, child welfare, and juvenile justice. Focusing on building healthy brain architecture for every child and coordinating our efforts across all our child and family serving systems will prove to be key. This shift in our focus will considerably *reduce childhood adversity at a population level* and stem the tide of ever-more-costly social problems. Understanding the implications of the ACE study and the developments in fields of neuroscience, epigenetics, trauma and resilience is a powerful pathway to health, well-being, and a more prosperous Maryland. Preventing ACEs and their intergenerational transmission is the greatest opportunity of our time…perhaps of all time…for improving the well-being of human populations.

The figure below from the ACE Interface training shows the percentage of various health and social problems that epidemiologists estimate is caused by ACEs. The calculation that is commonly used to do this in public health studies is called Population Attributable Risk (PAR). The PAR calculation is displayed as an "oil spill" on this slide. The percentage of a problem coated by the oil spill represents the percentage of each problem that is potentially preventable by preventing ACEs. The percentages are quite large. In fact the high percentages portrayed in the figure below are rarely seen in public health studies.



[1] The common language used in this section comes from a combination of sources: ACE Interface, Harvard Center for the Developing Child, Frameworks Institute, CDC Essentials for Childhood and Tennessee's Building Strong Brains: ACEs Initiative.

Appendix G

CDC ACEs Module

Tier 1

Question	Construct	Question
1	*Lifetime prevalence of emotional abuse*	During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
2	*Lifetime prevalence of physical abuse*	During your life, how often has a parent or other adult in your home hit, beat, kicked or physically hurt you in any way? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
3	*Lifetime prevalence of sexual abuse*	Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.) A. Yes B. No
4	*Lifetime prevalence of physical neglect*	During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
5	*Lifetime prevalence of witnessed intimate partner violence*	During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched or beat each other up? A. Never B. Rarely C. Sometimes D. Most of the time

		E. Always
6	*Lifetime prevalence of household substance abuse*	Have you ever lived with someone who was having a problem with alcohol or drug abuse? A. Yes B. No
7	*Lifetime prevalence of household mental illness*	Have you ever lived with someone who was depressed, mentally ill, or suicidal? A. Yes B. No
8	*Lifetime prevalence of incarcerated relative*	Have you ever been separated from a parent or guardian because they went to jail, prison or a detention center? A. Yes B. No

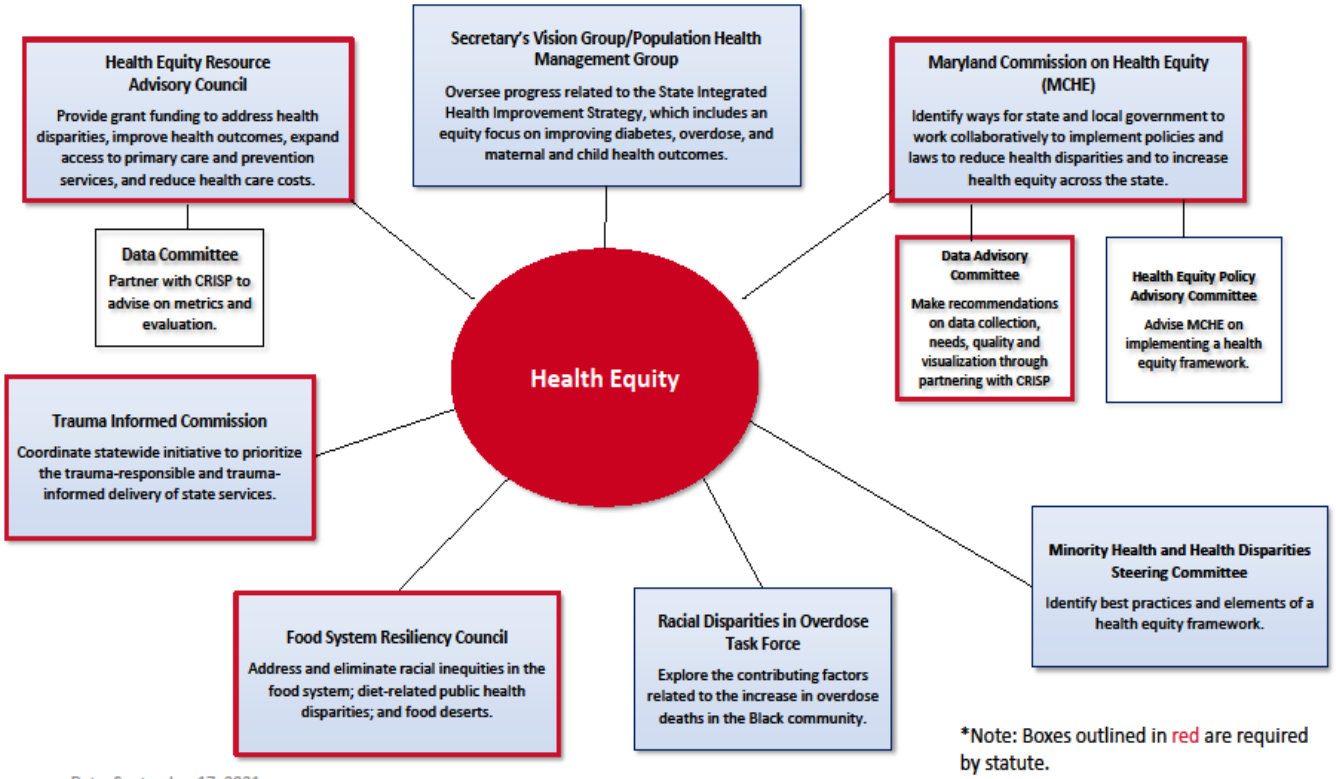
Tier 2

Question	**Construct**	**Question**
9	*Lifetime prevalence of perceived racial/ethnic injustice*	During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
10	*Lifetime prevalence of perceived sexual minority discrimination*	During your life, how often have you felt that you were treated badly or unfairly because of your sexual orientation? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
11* *Note this question will be on the standard questionnaire,	*Lifetime prevalence of community level of violence*	Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood? A. Yes B. No

it will not need to be added and should not be deleted if applying for Tier 2 Funds.		
12	*Past 12-month incidence of physical violence*	During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way? A. 0 times B. 1 time C. C 2 or 3 times D. 4 or 5 times E. 6 or more times
13	*Past 12-month incidence of emotional violence*	During the past 12 months, how many times has a parent or other adult in your home sworn at you, insulted you, or put you down? A. 0 times B. 1 time C. C 2 or 3 times D. 4 or 5 times E. 6 or more times
14	*Lifetime prevalence of feeling able to talk to adults about feeling*	During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
15	*Lifetime prevalence of feeling supported by friends*	During your life, how often have you felt that you were able to talk to a friend about your feelings? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
16 ** **Note this question is	*Incidence of feeling a sense of belonging at*	Do you agree or disagree that you feel close to people at your school? A. Strongly Agree B. Agree

the same question that is already required for DASH-funded LEAs	*school*	C. Not sure D. Disagree E. Strongly disagree

APPENDIX H - Health Equity Initiatives



*Note: Boxes outlined in red are required by statute.

Date: September 17, 2021

Appendix I

State Council on Child Abuse and Neglect (SCCAN) Antiracist Statement

Preamble

Evidently, the disparity in service offered and treatment of African Americans children has existed since the beginning of the child welfare system. In fact, prior to 1865, slavery was the primary welfare institution for African American s.[16] African Americans were not alone in tracing the history of the U.S child welfare system and the racist, discriminatory and disparate practices that have been used with children of color from the beginning of the system, to current times. Native American and Indigenous people have also been victims of biased practices and discriminatory procedures within the child welfare system.[17]

After slavery was abolished many White children were sent to orphanages, almshouses or sent west on "Orphan Trains" to live with foster families through indentured servitude. African Americans were largely excluded from that type of assistance with the exception being the Society of Friends. (an abolishment group in Philadelphia, PA).[18] The under-funded and short-lived Freedman Bureau provided direct relief for many African American children and their respective families. More often than not, most of the support services provided (i.e. day care, orphanages) to African American children were through self -help efforts offered through schools, churches, and other social organizations.[19] It was not until the National Urban League founded in 1910 began to advocate for equitable distribution of child welfare services.

By 1935, mothers' pension laws had been adopted in 46 states. Similarly, the Social Security Act established Title IV-A, known as Aid to Dependent Children (ADC). However, many states instituted

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[16] Dettlaff, A. J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., & Burton, L. (2020). It is not a broken system, it is a system that needs to be broken: The upEND movement to abolish the child welfare system. *Journal of Public Child Welfare*, *14*(5), 500-517. Barth, R. P., Jonson-Reid, M., Greeson, J. K., Drake, B., Berrick, J. D., Garcia, A. R., ... & Gyourko, J. R. (2020). Outcomes following child welfare services: what are they and do they differ for black children?. *Journal of Public Child Welfare*, *14*(5), 477-499.

[17] Bird, S. E. (2018). Introduction: Constructing the Indian, 1830s–1990s. In *Dressing in feathers* (pp. 1-12). Routledge. Berkhofer, R. F. (1979). *The white man's Indian: Images of the American Indian, from Columbus to the present* (Vol. 794). Vintage.

[18] Dettlaff, A. J., & Boyd, R. (2020). Racial disproportionality and disparities in the child welfare system: Why do they exist, and what can be done to address them?. *The ANNALS of the American Academy of Political and Social Science*, *692*(1), 253-274. Cénat, J. M., Noorishad, P. G., Czechowski, K., Mukunzi, J. N., Hajizadeh, S., McIntee, S. E., & Dalexis, R. D. (2021). The Seven Reasons Why Black Children Are Overrepresented in the Child Welfare System in Ontario (Canada): A Qualitative Study from the Perspectives of Caseworkers and Community Facilitators. *Child and Adolescent Social Work Journal*, 1-16.

[19] Burslem, R. R. (2021). TRANSFORMING OUTCOMES TO INCREASE PARTICIPATION IN THE INDEPENDENT LIVING PROGRAM SPONSORED BY SUNRISE CHILDREN'S SERVICES. Bremner, R. H. (1983). Other people's children. *Journal of Social History*, *16*(3), 83-103.

"home suitability clauses"[20], "illegitimate child clauses" and "substitute father in the house clauses". These clauses were established to weed out "immoral homes" and often excluded African Americans from receiving any public welfare benefits. Consequently, states like Mississippi, Florida and Louisiana were notorious for removing African American children from their families because their families were, in their opinion, too poor to take care of children.[21]

During the 1960's there was a major shift in America's conceptualization of the poor. The growing use of contraception and liberalized abortion laws increased social acceptability of many unwed, single parent households. The reduction of White children eligible for adoption led many private agencies to focus on African American children. African American children began to be over-represented in the child welfare system and experience disparate outcomes.[22] White culture maintaining the privilege of being the standard against which everyone else is compared perpetuates racial disparities.

Historically, Black children have experienced overrepresentation within the child welfare system throughout the U.S.. Maryland only began disaggregating child welfare data by race beginning in 2015. The data shows Black children and families continue to be disproportionately overrepresented year after year in Maryland.

In addition to overrepresentation, Black children also experience disparate outcomes. Black Youth are overrepresented in out-of-home foster care placements and are more likely to exit care without achieving permanency compared to their White counterparts. Of all youth emancipated (not being adopted, reunified, or placed in guardianship) Black youth comprise the overwhelming majority of cases.

As a society, it is our duty to ensure that every child has a bright future. Child welfare interventions require active and ongoing responsibility and accountability to minimize the potentially harmful effects of these interventions.

Achieving permanency prior to aging out of care is correlated to better outcomes in housing, education, employment, economic stability, physical and mental health, healthy relationships and connections to community. Providing research-informed guidance and support around housing, finances, relational stability, nutrition and the development of lifelong connections, builds resiliency and leads to personal well-being and healthy community members.

Additionally, experiencing racism is an Adverse Childhood Experience (ACE) that causes toxic stress and trauma.[23] We are actively building our knowledge, skills, and resources to increase equitable outcomes for

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[20] Fong, K. (2020). Getting eyes in the home: Child protective services investigations and state surveillance of family life. *American Sociological Review*, *85*(4), 610-638. Piven, F. F., & Cloward, R. (2012). *Regulating the poor: The functions of public welfare*. Vintage.

[21] Lawrence-Webb, C. (2018). African American children in the modern child welfare system: A legacy of the Flemming Rule. *Serving African American Children*, 9-30. Simon, R. J. (1984). Adoption of black children by white parents in the USA. *Adoption: Essays in Social Policy, Law, and Sociology. New York/London, Tavistock Publications*.

[22] Hamilton, E., Samek, D. R., Keyes, M., McGue, M. K., & Iacono, W. G. (2015). Identity development in a transracial environment: Racial/ethnic minority adoptees in Minnesota. *Adoption quarterly*, *18*(3), 217-233.

[23] Research, Publications and Applications of the Expanded ACE Survey, The Philadelphia ACE Project; Philadelphia ACE Study; Racism and Discrimination as Risk Factors for Toxic Stress – Transcript, April 28, 2021.

all children and families. We are committed to being antiracist, to using an equity lens in our policy work, and to being intentional about addressing and eliminating racial inequities.

SCCAN
ANTIRACIST STATEMENT

1. **Racism exists.**

Racism is prevalent in all institutions. Historic and systemic racism permeates the child welfare system and other child and family serving systems, including health, education, economic and justice systems. The State Council on Child Abuse and Neglect (SCCAN) unequivocally supports and stands in solidarity with all racially oppressed individuals and communities (African American, Black, Indigenous, and People of Color[24]) as an ally in the fight against racism, racial inequity, and racial discrimination.

In our role as a citizen review panel mandated by CAPTA, SCCAN *"evaluate[s] the extent to which State and local agencies are effectively discharging their child protection responsibilities."*[25] As an advisory body by Maryland law, we *"make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs."*[26] In these roles *SCCAN* is particularly allied with black children and families who are disproportionately represented in and impacted by the child welfare system.

2. **Racism is both conscious and unconscious.**

It is every individual's responsibility to learn the meaning and impact of how race influences and impacts everyone's interactions. Each of us must embrace the duty to understand our history, biases, prejudice, bigotry, and societal assumptions.

We acknowledge that racism can be unconscious or unintentional, and that identifying racism as an issue does not automatically mean that those involved in the act are racist or intend a negative outcome.

3. **Systematic racism exists, and we must distinguish intent from impact.**

We are committed to being actively antiracist. and we adopt Ibram X. Kendi's definition of racism, racial equity, racist policy, and racist ideas:

"Racism is a powerful collection of racist policies that [produce and normalize racial inequities] and are substantiated by racist ideas. **Antiracism** is a powerful collection of antiracist policies that lead to racial equity and are substantiated by antiracist ideas."[27] An antiracist idea is any idea that suggests the racial groups are equals in all their apparent differences—that there is nothing right or wrong with any racial group. Antiracist ideas argue that racist policies are the cause of racial inequities. Policies are any written

[24] We use the phrase "People of Color" to intentionally include individuals who may identify as Black, African-American, Asian, South Asian, Middle Eastern, Pacific Islander, Latinx, Chicanx, Native American, and multiracial. People of color are not a monolithic group. We specifically differentiate Black, African-American, and Indigenous people, as they have historically experienced overrepresentation in the child welfare system.
[25] 42 USC Ch. 67: CHILD ABUSE PREVENTION AND TREATMENT AND ADOPTION REFORM
[26] Family – General Article, Annotated Code of Maryland, § 5-7A-09, State Council on Child Abuse and Neglect (SCCAN)
[27] Kendi, Ibram X., How to Be an Antiracist. New York: One World, 2019.

and unwritten laws, practices, rules, procedures, processes, regulations, and guidelines that govern people.

SCCAN is committed to evaluating and reevaluating all Council recommendations regarding policies, procedures, services, and trainings to ensure that they are inclusive, equitable, accessible and antiracist.

4. **It is not the job of the oppressed to teach the oppressors about their mistakes.**

We understand it is not the job of the historically oppressed to educate the oppressors about oppression. We must teach ourselves to recognize the inappropriate assumptions that deny the humanity of the oppressed, based on our biases and accept responsibility for our role in perpetuating unfair advantages, disadvantages and racism. We pledge to be informed and promise not to be complicit or silent against racism. We are committed to identify and unlearn dominant narratives in the child welfare and other child and family serving systems.

5. **We need to validate and affirm members of our communities.**

We must do our absolute best to validate and affirm members of our community by ensuring that their voices are heard and valued. As a Council, it is our responsibility to actively elevate the voices of those unheard and marginalized by systems and structures. Silence normalizes oppression, bias, and other systemic issues, and as an entity committed to creating change in our society, we will not be silent. Until African American, Black, Indigenous, and People of Color communities are seen, heard, and valued, our work is not done.

6. **White Supremacy Exists**

White supremacy, white supremacy culture, and white privilege are prevalent today despite some advancements towards racial equity. The United States remains deeply embedded with the historical legacy of visible and invisible racist structures, policies and ideas. White people enjoy unfair advantages but are not a superior race and should not dominate society or serve as the standard of acceptability. We believe that equity is paramount.

7. **Acknowledgment**

SCCAN admits that while recommendations and advocacy efforts have been well-intended, we have not viewed our systems recommendations through an actively antiracist lens and towards antiracists solutions. We challenge and encourage our members and partners in child welfare and other child and family serving systems to address racist ideas and policies that perpetuate inequities.

8. **Reconciliation and Forward Progress**

SCCAN will hold itself accountable for promoting antiracist policies and ideas in child welfare and other child and family serving systems and commits to:

1. Recruit, interview and recommend to the Governor for appointment only individuals who have read, understood, and are committed to our antiracist statement. The interview process will consist of questions related to an understanding of the statement.
2. Ensure broader and consistent outreach to increase engagement in SCCAN's education and advocacy efforts and in order to recruit a more diverse membership.
3. Deliberately establish meaningful relationships and dialogue with impacted communities in order to inform our recommendations and advocacy efforts.
4. Actively build the knowledge, skills, and resources of Council members and partner organizations to increase equitable outcomes for all children and families.
5. Draft and review all recommendations to the Governor and General Assembly to ensure the recommended policy improvements address racial inequities.
6. All legislative proposals submitted for consideration of support by the Council must include information about racial impact and be reviewed by the Council using a racial equity lens.
7. Engage with our members and partners to exercise our collective influence with decision makers to promote antiracist ideas and policies, racial equity and develop antiracist solutions.

SCCAN's Antiracist Statement is a living document. We are committed to regular reviews and consistent accountability.

Appendix J

SCCAN ACHIEVING RACIAL EQUITY WORKGROUP

RESOURCES ON RACISM, RACIAL EQUITY AND CHILD WELFARE*

ORGANIZATIONS

- childwelfare.gov
- State Automated Child Welfare Information Systems (SACWIS)
- The Center for the Study of Social Policy-Alliance for Racial Equity
- American Bar Association:
  - Race and Poverty Bias in the Child Welfare System: Strategies for Child Welfare Practitioners: https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/race-and-poverty-bias-in-the-child-welfare-system---strategies-f/
  - Implicit Bias Test: https://www.americanbar.org/groups/litigation/initiatives/task-force-implicit-bias/implicit-bias-test/

RESOURCES ON RACIAL EQUITY

- Racial Equity Discussion Guide
- 3 Tools for Getting Started with the Race Matters Toolkit
- Continuum on Becoming an Anti-Racist Multicultural Organization
- [Infographic] Promoting Racial Equity Through Workforce & Organizational Actions
- NCWWI Innovations Exchange 2: Inclusivity, Racial Equity, and Community Engagement
- Racial Disproportionality and Disparity in Child Welfare
- [1-Pager] Microaggressions in the Child Welfare Workplace
- [1-Pager] Addressing Racial Disparity in Foster Care Placement
- Staff Core Competencies for Working to Achieve Racial Equity
- Implicit Bias in the Child Welfare, Education and Mental Health Systems
- Race Equity and Inclusion Action Guide
- Five guiding principles for integrating racial and ethnic equity in research
- AWAKE to WOKE to Work: Building a Race Equity Culture
- Tribal sovereign status: Conceptualizing its integration into the social work curriculum
- Communities Creating Racial Equity: Ripple Effects of Dialogues to Change

HUBS

National Association of Counsel for Children, Race Equity Hub

TOOLKITS

CASA of Harford County Anti Racism Toolkit: https://www.casaofharfordcounty.org/anti-racism-toolkit

https://imprintnews.org/opinion/sad-omission-child-welfare-mainstream-discussion-race/46315

https://youthtoday.org/2020/02/mandatory-child-abuse-reporting-belongs-in-dustbin-new-research-makes-clear/

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2924920

https://drive.google.com/file/d/0B291mw_hLAJsUlRxVnB0SDlOUnM/view

https://www.nccprblog.org/2020/06/child-welfare-responds-to-racism-in.html

http://harvardlawreview.org/wp-content/uploads/2019/04/1695-1728_Online.pdf

WEBINARS

ABA WEBINAR 9-16-20

American Bar Association- A Conversation about the Manifestation of White Supremacy in the Institution of Child Welfare Level 2: https://www.youtube.com/watch?v=QoggJj60VoY

VIDEOS & DOCUMENTARIES

Race: The Power of an Illusion Documentary This three-part documentary by California Newsreel is important for understanding the history of racialization in America and how racial categories came about that we often inaccurately equate with biology. InterVarsity has purchased the rights to stream this documentary online for three years.

https://socialimpactexchange.org/initiative/2020-exchange-conference/#blackwell

To transform child welfare, take race out of the equation (Jessica Pryce | TED Residency)

https://www.ted.com/talks/jessica_pryce_to_transform_child_welfare_take_race_out_of_the_equation?utm_source=tedcomshare&utm_medium=email&utm_campaign=tedspread

Redlining Video from Dr. Fletcher's presentation: https://www.youtube.com/watch?v=ETR9qrVS17g&feature=emb_logo

ARTICLES AND CITATIONS

Strategies to Reduce Racially Disparate Outcomes in Child Welfare
https://files.eric.ed.gov/fulltext/ED561817.pdf

Racial Disproportionality and Disparity in Child Welfare
https://www.childwelfare.gov/resources/child-welfare-practice-address-racial-disproportionality-and-disparity/

Strategies for Reducing Inequity
https://www.childwelfare.gov/topics/systemwide/cultural/disproportionality/reducing/

Achieving Racial Equity

https://cssp.org/wp-content/uploads/2018/08/achieving-racial-equity-child-welfare-policy-strategies-improve-outcomes-children-color.pdf

White Privilege and Racism in Child Welfare

http://cascw.umn.edu/wp-content/uploads/2013/12/WhitePrivilegeSubSum.pdf

Race and Poverty Bias in the Child Welfare System: Strategies for Child Welfare Practitioners

https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/race-and-poverty-bias-in-the-child-welfare-system---strategies-f/

Institutional racism in child welfare
https://www.sciencedirect.com/science/article/abs/pii/S1090952404000403

Minority Children and the Child Welfare System: An Historical Perspective
https://academic.oup.com/sw/article-abstract/33/6/493/1941010

Systematic Inequality and Economic Opportunity
https://www.americanprogress.org/issues/race/reports/2019/08/07/472910/systematic-inequality-economic-opportunity/

Systemic Inequality: Displacement, Exclusion, and Segregation
https://www.americanprogress.org/issues/race/reports/2019/08/07/472617/systemic-inequality-displacement-exclusion-segregation/

A new take on the 19th-century skull collection of Samuel Morton
https://www.sciencedaily.com/releases/2018/10/181004143943.htm

Race and Class in the Child Welfare System
https://www.pbs.org/wgbh/pages/frontline/shows/fostercare/caseworker/roberts.html

Poverty, Homelessness, and Family Break-Up
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5760188/

https://www.futureswithoutviolence.org/health/racism/

BOOKS

Race Matters in Child Welfare: The Overrepresentation of African American Children in the System - by Dennette M. Derezotes (Editor), John Poertner (Editor), Mark F. Testa (Editor)
Shattered Bonds: The Color of Child Welfare Paperback – by Dorothy Roberts

Stamped: Racism, Antiracism, and You, A Remix of the National Book Award-Winning Stamped from the Beginning, by: Jason Reynolds, Ibram X. Kendi

Post Traumatic Slave Syndrome https://www.joydegruy.com/post-traumatic-slave-syndrome

**This list contains a few resources. The resources are as expansive and complex as the subject matter.*

Appendix K

SCCAN Meetings 2022 and 2023 – Speakers and Topics

Meeting Date	Meeting Speaker	Speaker Topic
March 3, 2022	Katie Pederson, Maryland DHS	Maryland Child Fatalities – Risk Factors and Fatality Review
October 6, 2022	Kay Connors, MSW Instructor, Department of Psychiatry, University of Maryland School of Medicine, Executive Director, Taghi Modaressi Center for Infant Study	Healthy Steps Program – Program based in pediatric primary care to promote positive parenting and healthy development
	Margo Candelaria, PhD Co-Director, Parent, Infant, Early Childhood (PIEC) Program The Institute for Innovation and Implementation University of Maryland School of Social Work	Grow Your Tree Program – Engagement of pediatric providers to promote positive early childhood experiences in children < 2 years old living in poverty
December 1, 2022	Kristen Parquestte, MPH CEO, President C4 Innovations Rowan Willis-Gorman Behavioral Health Advocate & Researcher C4 Innovations	Project Amp – Peer support program to address youth substance use, stress management, healthy coping & self-efficacy
January 5, 2023	Tiffany Beason, PhD Joanna Prout PhD Department of Psychiatry, University of Maryland School of Medicine	ACEs and Trauma Informed Care Data-to-Action Initiative
	Carrie Freshour, LCSW-C Commissioner, Maryland Trauma Informed Care Commission	TICC Screening Committee Update
May 4, 2023	Rebecca Allyn Victim Services Program Manager Governor's Office of Crime Prevention, Youth, and Victim Services	Victim Services Programs at GOCPYV
	Janice Goldwater, LCSW-C Commissioner, Maryland Trauma Informed Care Commission	TICC Training Committee Update
September 14, 2023	Richard Lichenstein, MD Medical Director for Child Welfare Maryland DHS	Medical Director, Child Welfare Review

November 2, 2023	Susan Dos Reis, BSPharm, PhD Professor of Practice, Sciences, and Health Outcomes Research University of Maryland School of Pharmacy	Psychotropic medication prescriptions among Maryland Children Insured by Medicaid and those in Out-of-Home Care
January 4, 2024	Hilary Laskey Deputy Executive Director of Programs Maryland DHS For: Stephen Liggett-Creel	Child Welfare Planning and Key Initiative Updates
	Erica LeMon, Esq. Maryland Legal Aid	Review of December 11th Child Welfare Visioning Session

Appendix L

Recommended Child Welfare Data to be Made Publicly Available by DHS

The number of referrals and the number of screened out referrals.

The number of referrals (both screen in and screened out) by referral source (it., school, medical professionals, neighbors, family/friends, etc.)

The number of referrals (both screened in and screened out) by abuse type; and, more specifically, when a child or youth is referred to the Department as a result of neglect. This information should be disaggregated by risk factor (food insecurity, housing status, poverty, etc.)

The stability of early care and education as measured by number of child care providers placements.

The number and percentages of children 0-5 in a quality childcare program as defined by Maryland Excels

The number and percentage of children 0-5 in informal childcare.

The number and percentage of children with CPS involvement referred to Infants and Toddlers.

The number and percentage of children and youth receiving all early periodic screening diagnosis and treatment visits recommended by Maryland Healthy Kids.

Data collected by the child welfare medical director as defined in MD Human Services Code Section 8-1101 (2018).

Disaggregate all indicators by race, age, gender and geographic region.

Amend current statute to expand the data collected by the Maryland State Department of Education. Additional indicators include:

The number and percentage of all Maryland children with a current individualized education plan.

The number and percentage of children in out-of-home placement with a history of individualized education plans.

The number and percentage of children in out-of-home placement with a current individualized education plan.

The number and percentage of children in out-of-home placement with an individualized family services plan.

Rate of college and postsecondary application, acceptance and attendance amongst youth in out-of-home placement.

Disaggregate all indicators by race, age, gender and geographic region.

MARYLAND DEPARTMENT OF HUMAN SERVICES
Wes Moore, Governor | Aruna Miller, Lt. Governor | Rafael López, Secretary

June 12, 2024

Dr. Taniesha Wood, Chair
State Council on Child Abuse and Neglect
Maryland Family Network
1800 Washington Blvd, Suite 445
Baltimore, MD 21230
twoods@marylandfamilynetwork.org

Dear Dr. Wood and Council Members:

The Department of Human Services, Social Service Administration (DHS/SSA) appreciates the work and advocacy of the State Council on Child Abuse and Neglect (SCCAN) in its 2022-23 report on behalf of Maryland's children and families.

It is the partnership and advocacy of not only SCCAN and DHS/SSA, but all community stakeholders (providers, court partners, advocates, and mandated reporters) as well as the families, children, and youth involved in our system that will shift us into a new era of child welfare and moving toward a more trauma-responsive, family-centered, outcomes driven, community focused, and individualized strengths-based system. DHS/SSA remains committed to serving and supporting Maryland's children, youth and families so that they are:

1. Safe and free from maltreatment;
2. Living with safe, supportive, and stable families where they can grow and thrive;
3. Healthy and resilient with lasting family connections;
4. Able to access a full array of high-quality services and supports that are designed to meet their needs; and
5. Partnered with safe, engaged, and well-prepared professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

Maryland DHS/SSA's work over the last year is aligned with many of the recommendations SCCAN has outlined in its report:

Kin-First Culture

In response to federal regulations, Maryland is revising regulations to allow kinship providers identified for children in foster care to become licensed, thus receiving equitable compensation. This initiative aims to provide kinship caregivers with necessary resources to support their minor kin, facilitating family connections and expediting permanency outcomes while reducing trauma associated with entering foster care. Recent legislation was passed around expanding Maryland's kinship definition, signed into law on May 9, 2024, and becoming effective October 1, 2024; corresponding regulations are being drafted to align with the October 1st implementation date.

Improving Data Collection

Since taking office this administration has been transparent about the deficiencies we found with the Child, Juvenile and Adult Management System (CJAMS). In response, DHS has initiated measures to enhance the data collection capabilities of CJAMS through the MDTHINK system. Collaborating with our partners, we have taken immediate action to address these issues. This includes restructuring key leadership overseeing MDTHINK's operations, implementing stricter accountability measures for new expenditures, establishing project budgets, and instituting essential administrative safeguards. Moreover, we have identified and prioritized specific steps to rectify CJAMS' shortcomings and have organized software development teams accordingly.

In addition to these efforts, DHS introduced new identifiers within CJAMS, such as categories for individuals with unknown whereabouts, cases involving psychological or medical neglect, incidents of domestic violence, and instances of sex trafficking. Furthermore, we are actively collaborating with the Maryland Longitudinal Data System to synchronize foster care data with outcomes data from the Maryland State Department of Education (MSDE). This collaboration aims to provide a comprehensive understanding of children's experiences within the foster care system.

Public Data Sharing

DHS has established a centralized data office, collaborating with SSA to develop publicly accessible data dashboards which will offer child welfare data in a user-friendly and comprehensive manner encompassing more varied data than before. Through these dashboards, stakeholders will gain a more nuanced view of the children and families served, with the added benefit of expedited data when necessary. DHS intends to review Appendix L data requests for potential inclusion in existing or future dashboards. Once the dashboards have been thoroughly tested, DHS will launch these dashboards representing a significant step toward enhanced transparency and accessibility within Maryland's child welfare system in alignment with the Moore-Miller Administration Value of over-communicating and being audacious.

Family First Implementation

Maryland is in the process of finalizing a new five-year Title IV-E Prevention Plan, slated for submission to the Children’s Bureau in October 2024 with collaborative input from diverse stakeholders, including individuals with lived experience, and builds upon insights garnered from the initial five years of implementation. The plan addresses current identified needs and emphasizes the adoption of prevention practices through a Community Pathways model, aiming to intervene before families encounter local departments of social services. These initiatives are geared towards reducing initial instances of abuse or neglect and mitigating further occurrences once families are engaged with local departments of social services. Furthermore, the plan entails an evaluation of additional evidence-based practices (EBPs), considering the wealth of options available since the inception of the first Prevention Plan in 2019.

Addressing Adverse Childhood Experiences (ACEs), Trauma, Resiliency, and Brain Science

Collaborative Assessment
Maryland is in the process of assessing the various assessment tools and exploring those that will allow for data-driven and heart led practices and alignment with the strategies identified in the Child and Family Services Plan for the next 5 years.

Health Care
Discussions are underway to integrate CRISP and CJAMS, while updates to the health passport for children in foster care are being considered to ensure access to current health and mental health information. Additionally, the Child Welfare Medical Director is evaluating monitoring mechanisms for vulnerable children in care, including oversight of psychotropic medications to ensure appropriate usage in partnership with a national consulting firm.

Systems Collaboration and Community Partnerships
Maryland's commitment to family-centered service delivery spans many years. Central to this approach is the belief that families are best equipped to make decisions impacting their lives, and they should be empowered to do so in partnership with DHS. The ongoing partnership with the Maryland Coalition of Families reinforces this commitment, ensuring that family voices are heard and integrated into plans and practice policies.
In alignment with the Quality Service Reform Initiative (QSRI) and in collaboration with the Department of Juvenile Services, Maryland encourages and supports providers to become qualified residential treatment providers (QRTP) offering evidence-based trauma-informed services under the Family First Prevention Services Act. Providers are also encouraged to participate in a monthly Provider Advisory Council (PAC) where concerns, challenges, and needed partnerships with local departments are discussed and solutions identified.

Race Equity
Maryland has made deliberate strides in prioritizing race equity within its child welfare system, actively scrutinizing data to identify racial disparities among the children and families served, while also delving into the systemic roots of institutional racism. Our focus is on developing strategies to address these disparities and ensure racial equity by dismantling policies and structures that historically perpetuate inequities. DHS is developing dashboards that provide insights into the racial and ethnic composition of children and youth entering and exiting the foster care system, including disparities and disproportionality. Once the dashboards have been thoroughly tested, DHS will launch these dashboards which will represent a significant step toward enhanced transparency and accessibility within Maryland's child welfare system in alignment with the Moore-Miller Administration Value of over-communicating and being audacious.

As we pursue the transformation of our child welfare system, DHS/SSA welcomes SCCAN members to join us in our implementation teams, fostering collaboration towards the collective goal of improving the lives of children, youth, and families throughout the State. Together, we look forward to working in partnership.

Sincerely,

Dr. Alger M. Studstill, Jr., Executive Director
Maryland Department of Human Services
Social Services Administration

Citizens Review Board For Children

CRBC
Citizens Review Board for Children

MARYLAND

ANNUAL REPORT

FISCAL 2023

(July 1st 2022 - June 30th 2023)

Table of Contents

Introduction

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

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

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

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

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

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

This CRBC FY2023 Annual Report contains CRBC's findings from our case reviews, advocacy efforts, Montgomery County 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 2023 Annual Report.

Sincerely,

Nettie Anderson-Burrs
State Board Ch

Executive Summary

As a result of the COVID-19 Pandemic during 2020 not only have children, youth and families been exposed to and experienced additional stressors but child welfare serving agencies have also been challenged with trying to meet the increasing demand for services and the needs of Maryland's most vulnerable. Child welfare serving agencies are charged with meeting the demand while addressing the need for additional resources including services, placement resources and child welfare staff throughout most of the state. Lingering effects continued to impact systems and highlight others including the need for appropriate placements, and a capable child welfare workforce that is supported with the necessary resources including data, data access, shareability of relevant information and staff training to ensure appropriate oversight of Maryland's most vulnerable children and families' needs.

Demographic changes continued due to child welfare staff turnover. In some cases, without the opportunity for preparation and transfer of knowledge. Trends that were highlighted by the COVID-19 Pandemic, hiring delays, salary, advancement opportunities, childcare, employment and work flexibility impacted the workforce. These changes ultimately impact the delivery and quality of services, safety, well-being and permanency for children in out of home placement.

Older youth aging out of care present with persistent complexities for child welfare staff. Expanding and investing in strategies for workforce recruitment, development and retention is necessary to support the challenging and necessary work of child welfare staff. Similarly, exploring new and innovative strategies and ways to engage and work with older youth would support improved outcomes and preparedness for transitioning youth or emerging adults.

During fiscal year 2023, the Citizens Review Board for Children reviewed 703 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 for health, education and older youth, CRBC activities including legislative advocacy and recommendations for system improvement for fiscal FY2023.

<u>Health and Education Findings for statewide reviews include:</u>

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

- Approximately 61 (9%) of the children/youths were prescribed medication.
- Approximately 215 (31%) of the children/youths were prescribed psychotropic medication.

- The local boards found that there were completed medical records for 284 (40%) of the total cases reviewed.
- The local boards found that for 322 (46%) of the 703 total cases reviewed, the health needs of the children/youth had been met.
- 244 (48%) out of the 505 youth enrolled in school had a 504 or IEP plan.
- 45 (20%) out of 222 youth that were disabled and exiting school were aware of and engaged with community supports.
- The local boards agreed that 441 (63%) of the children/youth were being appropriately prepared to meet educational goals.

Demographic findings for statewide reviews include:

- 397 (56%) of the children/youth were African American.
- 234 (33%) of the children/youth were Caucasian.
- 345 (49%) of the children/youth were Male.
- 358 (51%) of the children/youth were Female.

CRBC conducted 278 Reunification reviews. Findings include:

- 64 cases (30%) had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan for 176 (63%) of the cases reviewed.
- The local boards found that service agreements were signed for 69 (25%) of the eligible cases reviewed. Two of the cases were post termination of parental rights and the child was under 14.
- The local boards agreed that the signed service agreements were appropriate to meet the needs of 63 (91%) of the 69 the children/youths.

CRBC conducted 148 Adoption reviews. Findings include:

- 9 (8%) of the 119 non-relative placement for adoption cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan for 118 (99%) of the 119 cases reviewed
- 2 (7%) of the 29 relative placement for adoption cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan for 27 (93%) of the 29 cases reviewed

Barriers that typically prevent the adoption process or that prevent progress in the child's case include:

- 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 172 (APPLA) reviews - Another Planned Permanent Living Arrangement

APPLA is the least desired permanency plan and should only be considered when all other permanency options have been thoroughly explored and ruled out. APPLA is often synonymous with long term foster care. Many youths with a permanency planning goal of APPLA remain in care until their case is closed when they age out of the foster care system at 21. Findings include:

- 48 (28%) of the cases had a plan of APPLA for 3 or more years.
- The local boards agreed with the permanency plan of APPLA for 170 (99%) of the 172 cases statewide. 161 of the cases reviewed with a permanency plan of APPLA were youth between the ages of 17-20.
- A permanent connection is an identified person that a youth can rely on for assistance with support, advice and guidance as they deal with the day-to-day life circumstances that adulthood can bring about on a regular basis. The local boards agreed that for 155 (90%) of the 172 cases of youth with a permanency planning goal of APPLA that a permanent connection had been identified, and the local boards agreed that the identified permanent connections were appropriate for 148 (95%) of the 155 cases.

Barriers/Issues

Typical barriers to permanency/issues:

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

Ready By 21 (Transitioning Youth)

Age of Youth (14 years and older all permanency plans = 331 cases)

- 121 (37%) of the 331 youths reviewed were between 14-16 years old.
- 114 (49%) of the 331 youths reviewed were between 17-19 years old.
- 47 (14%) of the 331 youths reviewed were 20 years old.

Independent Living skills

- The local boards agreed that 161 (49%) of the eligible youths were receiving appropriate services to prepare for independent living.

Employment

- The local boards found that 111 (33%) of the eligible youths were employed or participating in paid or unpaid work experience.
- The local boards agreed that 47 (14%) of the eligible youths were being appropriately prepared to meet employment goals.

Housing (47 cases)
Transitioning Youth (20 and over with a permanency plan of APPLA or exiting care to independence within a year of the date of review).

- The local boards found that 34 (72%) of the 47 youths had a housing plan specified.

- The local boards agreed that 35 (45%) youths were being appropriately prepared for transitioning out of care, 5 were not being appropriately prepared, 2 were not transitioning.

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 196 (37%) of the 531 eligible cases had a concurrent permanency plan identified by the Local Juvenile Courts.

- The Local Departments (LDSS) were implementing the concurrent permanency plans identified by the Local Juvenile Courts for 86 (44%) of the 196 cases.

- The local boards found that for 133 (25%) of the eligible cases the Local Departments (LDSS) were engaged in concurrent planning.

Child Welfare Barriers

There has been an increasing number of children and youth without a placement option due to challenging behaviors. In some instances, children and youth with challenging behaviors have remained in hospitals or emergency rooms for extended periods of time due to a lack of placement or while waiting for placement. As a result, children and youth are deprived of services that they have a right to including education, recreation and socialization. In some cases, these stays or overstays when the stays are not deemed medically necessary put children and youth at further risk for anxiety, depression and possibly harm due to the trauma. In May 2023 Disability Rights Maryland and Venable LLP*[1] filed a complaint against the Department of Human Services and Maryland Department of Health (MDH) for failure to provide appropriate placements and services for children in hospitals and emergency departments without it being medically necessary. This lawsuit was filed on behalf of foster children who were currently lingering in hospitals or emergency departments without medical necessity and for those at risk of lingering in emergency departments and hospitals.

On January 17, 2023 a lawsuit was filed against Maryland's foster care system over the administration of psychotropic medications for children. The lawsuit filed by ACLU, Disability Rights Maryland and Children's Rights alleged that over the course of a decade DHS and SSA failed to maintain adequate medical records, and had not established a policy of informed consent, where an adult responsible for the child could consult on their medications. It also alleged that the state has not built a secondary review system to ensure that medications are properly prescribed.

[1] Veneble, LLP Article, Mitchell Mirviss, May 30, 2023
CBS News Article, Mike Helgren, June 2, 2023
Class Action.org, Kelly Mehorter, January 19, 2023

CRBC Recommendations to the Department of Human Services

1. Review and develop policies and practices to ensure that all policies and practices are trauma informed.

2. Ensure consistency in the availability and delivery of services to children and youth involved with child welfare statewide by identifying resource needs and gaps to address lack of access.

3. Develop a system to track and monitor health including mental health of children and youth in out-of-home placement for improved oversight.

4. Coordinate services across Public Agencies such as Primary Care, Behavioral Health, Medicaid, Juvenile Criminal Systems, Education, and Public Assistance to improve health needs being met and outcomes for children in Out-of-Home Placement.

5. Ensure adequate state resources to provide services to children and youth with intensive needs. Children with serious behavioral, emotional, and medical needs that require additional structure not provided in family or other group settings in state, should receive appropriate services and level of support for their own safety and the safety of others and to help improve outcomes.

6. Identify gaps and areas needing improvement in the child welfare workforce. Increase efforts to improve workforce development 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.

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. Continue to 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. Begin 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. [2]

[2]Child Welfare Information Gateway https://www.childwelfare.gov

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

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

14. Identify housing resources and funding to address the lack of affordable housing options available for aging out youth.

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

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

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

SSA Response to the CRBC FY2021 Annual Report

(Reprinted for inclusion in Annual Report)

MARYLAND DEPARTMENT OF HUMAN SERVICES

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

April 26, 2022

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

Dear Ms. Anderson-Burrs and Review Board Members:

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

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

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

Of particular note, the CRBC report recommends that the Department develop a system to track and monitor health including mental health of children and youth in out-of-home placement. Under the

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

DHS/SSA has also partnered with the Governor's Office for Crime Prevention Youth and Victim Services and the Maryland Department of Health (MDH) to engage our private placement providers in discussions regarding access to higher levels of care. Through coordination with MDH, Maryland continues to offer Voluntary Placement Agreements to those families whose youth are eligible for a higher level of care reducing the number of youths in the State's care and custody.
In support of creating lasting permanency for children and youth in care, DHS/SSA has also entered into two contracts - Family Connections Program and Child Maltreatment Prevention Services striving to increase kinship placements and permanency resources. Additionally, DHA/SSA has developed contracts to provide adoption counseling and pre- and post-adoption support services to children, youth, and families. In regard to adoption counseling for youth who did not consent to adoption, DHS/SSA plans to explore the services offered to youth and what, if any, additional pre-adoption supports are needed. The Department remains committed to working diligently to address barriers to permanency for Maryland's children.

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

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

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

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

The CRBC's careful assessment of our practices is very much appreciated. We are committed to continuing to identify and strategically implement best practices to effectively serve children, youth, families, and vulnerable adults across Maryland. We look forward to our ongoing partnership with the CRBC in this regard.

Sincerely,

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

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

CRBC Program Description

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

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

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

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

The Citizens Review Board for Children consists of Governor appointed volunteers from state and local boards. Currently, there are 35 local review boards representing all 24 jurisdictions (23 counties and Baltimore City). There are currently 143 volunteers serving on local boards, 2 pending appointments by the Governor, 4 applicants pending submission for appointment and 16 pending selections. 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).

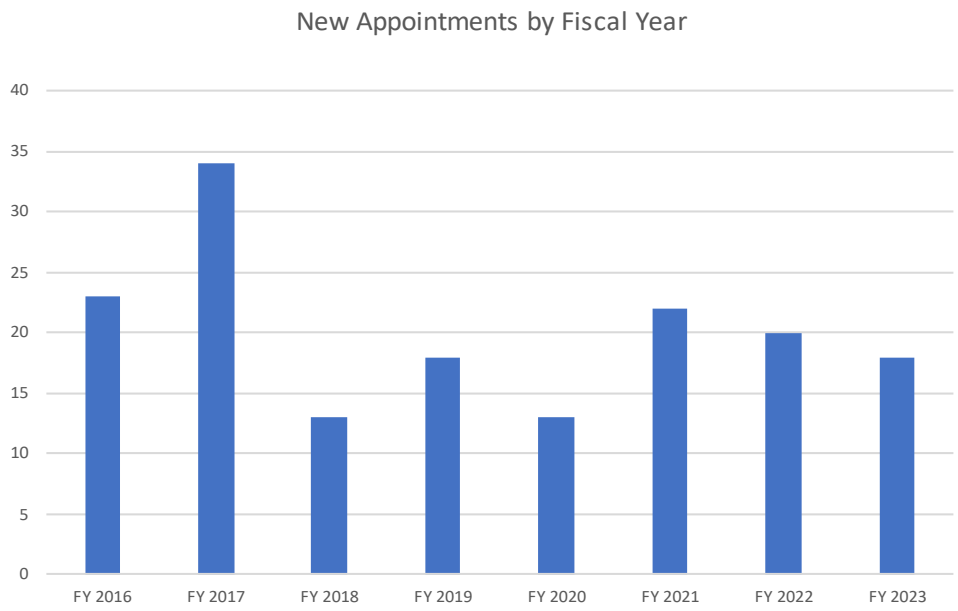
Confidentiality

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.

CRBC Appointments and FY2023 Activities

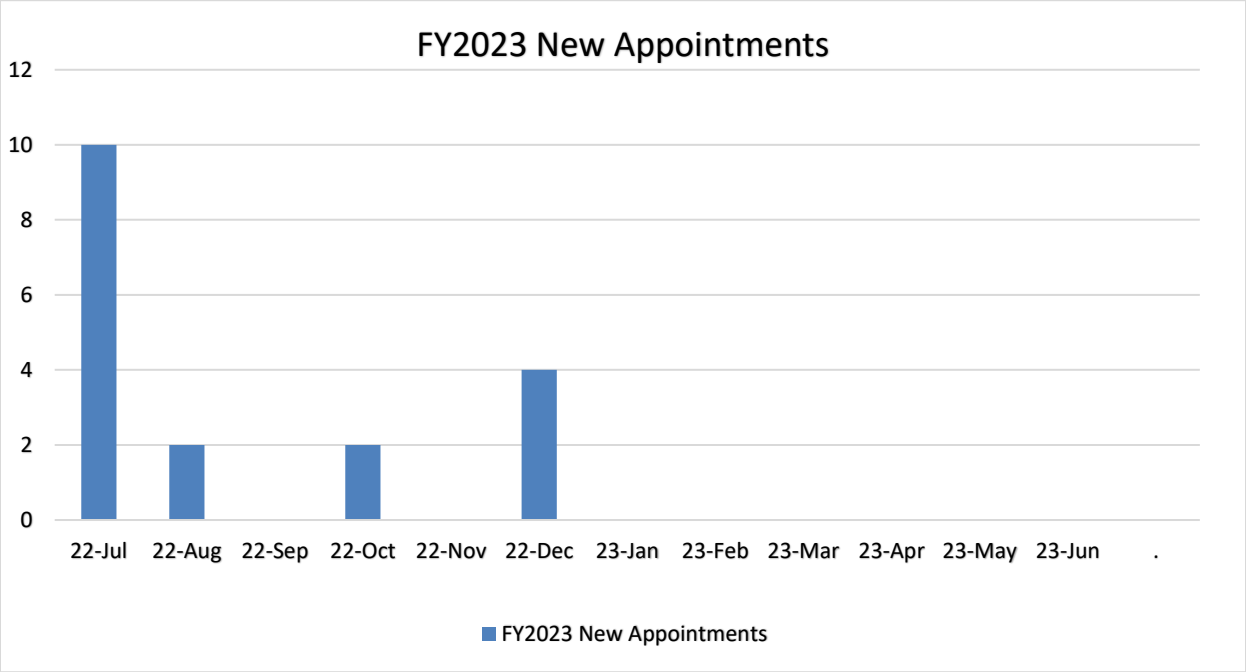
Appointments breakdown By Fiscal Year



There were 23 new members appointed by the Governor to Local Out of Home Placement Review Boards in fiscal year 2016. Thirty-four members were appointed in fiscal year 2017, 13 were appointed in fiscal year 2018, 18 were appointed in fiscal year 2019, 13 were appointed in fiscal year 2020, 22 were appointed in fiscal year 2021 and 20 in 2022.

FY2023 New Appointments

During FY2023, CRBC continued to utilize recruitment and retention strategies to ensure membership and facilitation of reviews in all 23 counties and Baltimore City. Many of CRBC members have been dedicated and committed to serving on behalf of Maryland's most vulnerable children and youth for numerous years. Ongoing recruitment is necessary to account for some expected reduction due to attrition. Recruitment efforts continued to support CRBC's mission, vision and goals. The chart below shows appointments in FY2023.



In FY2023, 18 members were selected by selection committees and appointed by the Governor to local out-of-home placement review boards in jurisdictions where they reside. Members were appointed to the following local boards: Allegany County (1), Baltimore County #4 (1), Carroll County (1), Cecil County (1), Howard County (2), Montgomery County #1 (1), Montgomery County #2 (2), Montgomery County #5 (2), Prince George's County #4 (1), Somerset County (1), Washington County (2), Wicomico County (1), Worcester County (1) and Baltimore City NW#4 (1), CRBC provided orientation, pre-service training and ongoing training, child welfare expertise and guidance for newly appointed members who served in FY2023.

Educational Advocacy

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

Educational concerns consequent COVID that had arisen during the CRBC review process prompted the establishment of an Educational Advocacy Committee (EAC) in fiscal year 2021. The committee is a sub-committee of CRBC's State Board and its purpose is to support CRBC's efforts with advocacy around improvement in educational services for children in foster care. The committee makes recommendations to the State Board. The goal is that all of Maryland's children will have access to safe, equitable and sustainable education to support the well-being and success of all of Maryland's children. This prompted plans for a deeper look of cases including those with Individual Education Plans (IEP) and those cases where a child may be in need of special education services but, as yet, have not been referred. Also, consideration regarding if there was sufficient examination and review of these cases. Additional considerations include the following:

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

The committee engaged in information gathering and a series of meetings with individuals with expertise in education and education advocacy during FY 2021 in addition to review of state and federal policies and guidelines. CRBC also advocated in FY2021 and FY2022 for improved education oversight, training in special educations services for child welfare staff, review of education practices and policy, and additional support for the local department of services regarding resources and processes.

Training

CRBC recognizes the power of communities working together to help families and to prevent child abuse. On April 28, 2023 in commemoration of Child Abuse Prevention Awareness and Volunteer Appreciation, CRBC presented the annual in-service training Special Education: Advocating for Children in Out-of-Home Placement. Volunteers were also acknowledged for their service and commitment to Maryland's most vulnerable children. As a result of a desire and need for child welfare staff across the state to have education around special education services, this training was open to non CRBC members. The panel of experts and presenters included Dr. Sheila C. Iseman, Ph.D., SCI Educational Consultants, Inc, Leslie Seid Margolis, J.D., Managing Attorney and Policy Counsel, Disability Rights Maryland, Kenneth Hudock, Section Chief, Family Support Services, Division of Early Intervention and Special Education Services, Maryland Department of Education, and Paris Brown, Education Liaison, Prince George's County Local Department of Social Services. Seventy members and over 30 non CRBC members attended the training including state level staff such as Natalie Miller, Education Specialist, Department of Human Services and Loney Nguyen, Foster Care Ombudsman. Following the training, non CRBC members were invited to attend a follow up CRBC Education Advocacy Education Committee meeting to provide feedback on the next round of recommendations. Twelve child welfare staff from across the state attended this meeting including Natalie Miller, Education Specialist, DHS. Child Welfare Staff, including social worker and supervisors, shared their feedback including additional need for staff to be educated around special education policy and procedures and developing a list of resources available to staff and families.

Promoting Safety, Well-Being and Permanency

Community

CRBC has been committed to the promotion of awareness and education regarding Adverse Childhood Experiences (ACES) partnering with other child welfare advocates and stakeholders to support these efforts. CRBC has hosted three trainings including introduction to ACES, Trauma informed care and decision making.

CRBC in collaboration with Calvert Family Advocates and the Calvert County Local Department of Social Services (LDSS) held a community forum and presented Understanding Adverse Childhood Experiences (ACES) training followed by an open panel discussion with community partners. Panel members included: Brenda Carr, LCSW-C Child Protective Services Supervisor, Calvert County LDSS, Tonya Kennerly, Program Manager, CASA of Southern Maryland, Det. Joshua Buck, Deputy Sherrif, Calvert County Sherriff's Office, Patricia Hooper, McKinney-Vento Homeless and Foster Care Liaison Specialist, Calvert County Public Schools, Rebecca Cordero, Assistant State's Attorney, Calvert County Maryland. The community forum was attended by over 25 participants. Two attendees, Genna Lee and Troy Anderson were appointed to the Calvert County Review Board in November 2023.

On June 7, 2023, CRBC conducted a community forum in Allegany County in collaboration with CASA of Western Maryland and Allegany College of Maryland. Approximately 15 local community members attended the forum and CEUs were provided. ACES training was provided followed by a discussion panel of community partners including: Tracie Wison, Supervisor of Intake and Child Protective Services, Allegany LDSS, Karen Stansberry, Supervisor for Out of Home Services, Allegany LDSS, Tessa Hoffman, Volunteer Coordinator Supervisor, CASA of Western Maryland and Denise Wheeler, Administrator, Citizen Review Board for Children.

On September 6, 2023, CRBC staff presented Understand ACEs training to Maryland Department of Public Safety and Correctional Services Programs, Treatment & Re-Entry Services staff to raise awareness of ACES and CRBC among Department of Correction Staff.

Meetings and Advocacy

CRBC's priorities remains the safety and well-being of Maryland's most vulnerable children and youth. In FY2023, CRBC facilitated virtual meetings with local department of social services administrators in Allegany County, Baltimore City, Baltimore County, Caroline County, Harford County, Prince George's County for individual and jurisdictional advocacy. CRBC advocated for resources and support for children and youth, child welfare staff, caregivers and providers and also participated in virtual meetings with members of the Department of Human Services, Social Services Administration regarding health and education. Meetings with the Department of Human Services and Social Services Administration staff were held during fiscal year 2021-2022 and in the first half of fiscal year 2023 to discuss CRBC health findings and concerns regarding health and educational oversight and services. Discussions included the lack of shared health and education information and

documentation, the potential impact on case management, planning, decision making, placement stability and permanency. Advocacy efforts included safety, well-being, placement resources for youth with intensive needs, child welfare workforce, DHS policy and practices in addition to vacant child welfare positions and workforce development.

01/25/23 - Prince George's County Director's Meeting

Discussion included concerns regarding repeated lack of reasonable efforts findings against Prince George's County by the juvenile court, quality of services and accountability in addition to challenges regarding child welfare staff, turnover and corrective actions taken.

Prince George's County efforts regarding health and education:

Education -There is an Educational Specialist, Paris Brown who advocates for the educational needs of children and youth. This is a merit position and funded by the county. The Department has a new partnership with CASE (The Council for the Advancement and Support of Education).

Health - Working with the Health Accreditation Committee and the DHS Continuous Quality Improvement (CQI) to address health concerns raised. There is difficulty getting documentation for younger children entering care with preexisting conditions. No documentation (health forms) no longer required for youth 18-21 per SSA. However, Prince George's County continues to encourage youth to obtain documentation and report getting more because of utilizing incentives for the documentation.

2/27/23-Harford County Director's Meeting

Introductory Meeting with Cora Grishkot, Director who was appointed in April 2022 with Harford County Board Chair Pamela Dorsey, and members Paula Fleet, Manolya Bayar and Quentin Seadler. The Department reported continuing to have a placement crisis. At the time of the meeting, they reported having their first youth in a hotel. Challenged with identifying programs for youth aging out. There were some immigration concerns discussed. The Department has been faced with a small number of unaccompanied or undocumented youth.
Efforts toward aging out youth and resources for youth include:
Received a grant from Compass for youth aging out to do enhanced case management. The Department does not have a lot of resources for unaccompanied or undocumented youth.

3/20/23-Quarterly Baltimore City Director's Meeting

Discussed the departments work toward sources for behavioral and mental health support, resources and staffing to support the work. There continues to be a placement crisis, challenges with health

documentation and oversight despite dedicated staff and resources within the Department for focusing on health appointments and follow-up.

3/27/23-Baltimore County Director's Meeting

The Department had a 47% vacancy rate at the time of the meeting and was experiencing challenges as a result with increasing caseload and workload including for supervisors and administrators. Despite child welfare staffing challenges, the Department's permanency outcomes for the 2023 fiscal year at the time of the meeting included:

- 25 adoptions
- 51 custody and guardianships
- 53 reunified with family

4/6/23-Caroline County Director's Meeting

This was an introductory meeting w/Director Shari Blades and Administrators/Supervisors Carina Wilt and Heather Ruark.

CPS Investigations

Number of investigative responses has risen 10% since 2021-2022. Referrals have been consistent Screened in referrals have been consistent. Sexual abuse cases have remained consistent Doing more outreach to the community for awareness for prevention and sharing education with children in a child friendly way about body safety. The Department has identified a provider that is educating the community on child abuse. More of instances of family coming to the attention of the Department multiple times.

In Home Services

Addressing substance abuse, housing, and working with families that have increased needs. Substance Use Treatment and Recovery Team-A social worker from the Department is paired with a family peer mentor who has been in recovery 2 years and works intensely with families that have a substance abuse disorder and potentially neglecting their children. The peer mentor is an employee from the health department and been a consistent presence and wants to share their experience. The peer mentor helps parents to identify what their recovery path would look like. The substance has to be the priority (reason for intervention). Mental health has to be addressed before addressing their recovery needs. Funding for the peer mentor comes from SSA and is using Family First Prevention Services. The health department provides supervision as it relates to the role of family peer mentor.

Out of Home Care

Only had 2 older youth (APPLA) and they were exiting within a week.
Since 2017 there was an increase of babies coming into care, younger kids, and older. youth. They were able to expedite permanency for younger children.

23 children were in care at the time of the meeting.
Influx of large sibling groups due to parent not being able to manage their substance abuse.
Every youth that has come into care was due to every resource being exhausted.
Working with AMP (At keep my Plan) which gives the youth more power over their planning. Note: Caroline, Talbot, Kent, and Queen Anne are participating.

Immigration-Efforts for prevention and community engagement

Building partnerships and they are looking for someone who is bilingual to help work with the families. Exploring the church to be the Hub to work with the families.
Utilizing grant funding to help provide needed resources and working with the hospital in the community.

4/10/23-Allegany County Director's Meeting

Unlike most of the local department of social services around the state Allegany County never experienced a significant turnover or challenges with staffing.
At the time of the meeting they were fully staffed. The Department was in need of resource homes. At the time of the meeting they had 27 licensed homes which didn't provide for a lot of flexibility because there were 69 children in care. Eight children were in kinship family placements. The Department was utilizing Families First Prevention funds for Evidence Based Program (EBP), Parent child Interactive Therapy (PCIT) and Multi Systemic Therapy (MST). All are intensive services to provide additional support including peer support. Peer support and crisis staff workers funded by a Substance Abuse and Mental Health Services (SAMHSA) federal grant was in its 3rd year.

Advocacy and Other Meetings

2/3/23-Introductory meeting with Camille Davis-new State CASA Director. Provided an overview of CRBC, discussed history of collaborative work with CASA at the state level and the need for CASA participation (as one of the most important interested parties (IP's) in CRBC reviews.

3/1/23-Meeting with Sarah Bosken, Interim Program Director of Prince George's County CASA at the time of the meeting to discuss out of home placement, services, concerns and needs in Prince George's County and to advocate for increased CASA participation in CRBC reviews.

3/10/23-Meeting w/Paris Brown, Prince George's County Education Specialist regarding her role and advocacy on behalf of children/youth involved with child welfare and in out of home placement, data, services, outcomes and training

CRBC FY2023 Legislative Activities

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

During the 2023 legislative session CRBC reviewed and monitored 127 pieces of legislation, supported 17 with testimony and opposed 3 with testimony.

2023 Legislative Session wrap up

Total monitored: 127
House: 68
Senate: 59
Passed: 46
Stalled: 76
Withdrawn: 5
Monitored w/o action/Abstain: 107
Supported w/ testimony (directly/indirectly w/child welfare advocates/stakeholders) 17
Opposed w/ testimony (directly/indirectly w/child welfare advocates/stakeholders) 3

Advocacy

Goals met/ supported/passed: 10
Goals unmet/ supported/stalled: 7
Goals met/ opposed/stalled: 3

Some advocacy priorities and next steps activities identified included the following:

Out of Home Placements (To address youth in hotels and on hospital overstays)
Maryland does not have a placement option for youth who are extremely difficult to place due to intensive service needs.

Child Welfare Workforce (To address the need for sufficient qualified, competent child welfare workers, to address vacancies and turn over across the state and the trend of decreased interest in child welfare social work and decreased admissions to social work programs. All of which ultimately impacting delivery and quality of services).

Older Youth (To address housing and other transitional services).

Education (To review and follow up with DHS/MSDE Data and advocacy for improved oversight and monitoring)

CRBC Out-of-Home Placement Case Reviews

Targeted Review Criteria

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

Reunification:

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

Adoption:

- Existing plans of Adoption. CRBC will conduct a review of a child that has had a plan of Adoption for over 12 months. The purpose of the review is to assess the appropriateness of the plan and identify barriers to achieve the plan.

- Newly changed plans of Adoption. CRBC will conduct a review of a child within 5 months after the establishment of Adoption as a primary permanency plan. The purpose is to ensure that there is adequate and appropriate movement by the local departments to promote and achieve the Adoption.

Another Planned Permanent Living Arrangement (APPLA):

- Already established plans of APPLA for youth 16 years of age and younger. CRBC will conduct a full review of a child 16 years of age and younger who has an established primary permanency plan of APPLA. The primary purpose of the review is to assess appropriateness of the plan and review documentation of the Federal APPLA requirements.

- Newly established plans of APPLA. CRBC will conduct a review of a child within 5 months after the establishment of APPLA as the primary permanency plan. Local Boards will review cases to ensure that local departments have made adequate and appropriate efforts to assess if a plan of APPLA was the most appropriate recourse for the child.

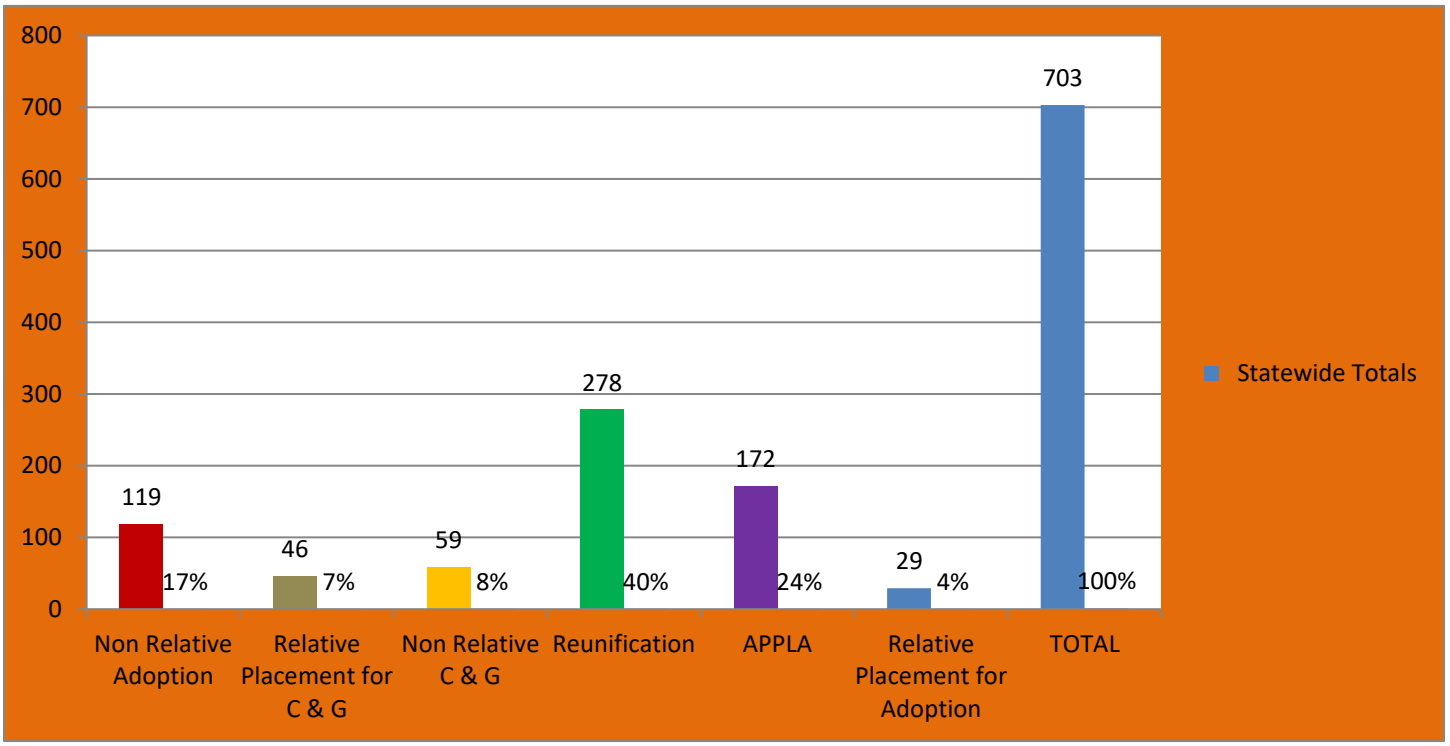
Older Youth Aging Out

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

Re-Review Cases:

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

CRBC FY2023 Case Review Findings by Permanency Plan



Gender Totals (703)

Male	Female
345 (49%)	358 (51%)

Male

Non Relative Adoption	Relative Placement for C & G	Non-Relative C & G	Reunification	APPLA	Relative Placement for Adoption
65 (9%)	23 (3%)	31 (4%)	135 (19%)	78 (11%)	13 (2%)

Female

Non Relative Adoption	Relative Placement for C & G	Non-Relative C & G	Reunification	APPLA	Relative Placement for Adoption
54 (8%)	23 (3%)	28 (4%)	143 (20%)	94 (13%)	16 (2%)

Ethnicity Overall (703)

African American	Caucasian	Asian	Native American	Other
397 (56%)	234 (33%)	10 (1%)	1 (0%)	61 (9%)

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	56	18	6	58	4	0	142
age 6 thru 10	79	7	14	35	19	0	154
age 11 thru 13	45	2	8	10	11	0	76
age 14 thru 16	65	1	12	14	18	11	121
age 17 thru 19	33	1	6	2	7	114	163
age 20	0	0	0	0	0	47	47
Totals	278	29	46	119	59	172	703

CRBC FY2023 Case Reviews by Jurisdiction & Permanency Plans

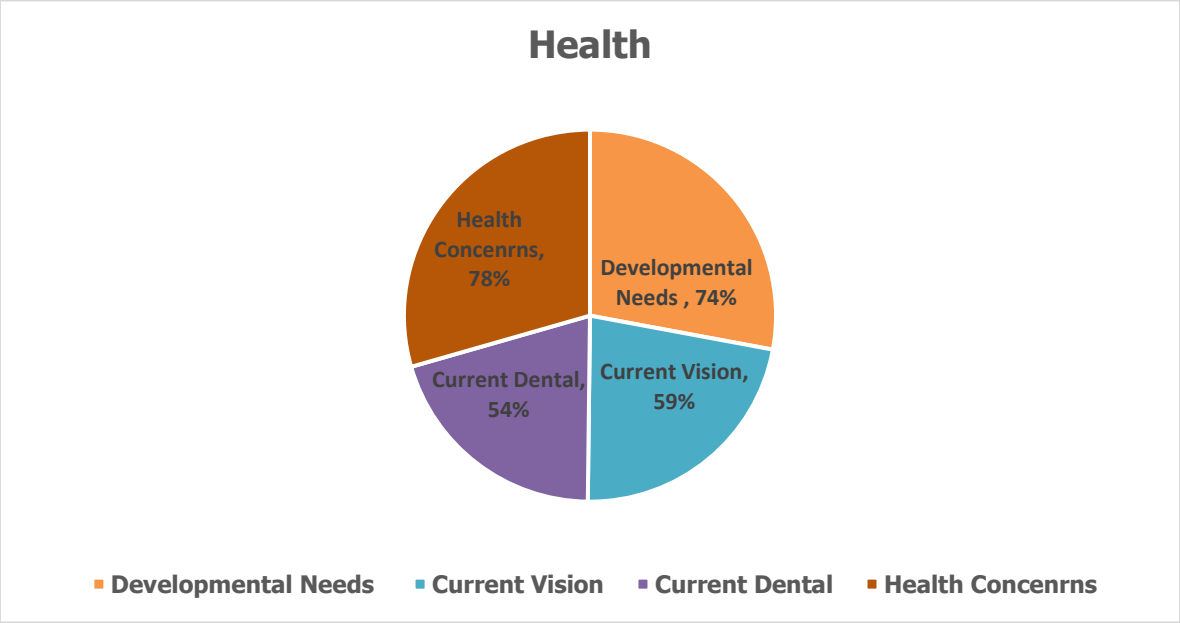
Jurn #	County	Non Relative Adoption	Relative Placement for C & G	Non Relative C & G	Reunification	APPLA	Relative Placement for Adoption	TOTAL	Boards held
01	Allegany			1	9	2	1	13	4
02	Anne Arundel	10	2		10	7		29	8
03	Baltimore County	9	2		51	21	2	85	23
04	Calvert		1		9	1		11	2
05	Caroline	4						4	1
06	Carroll	2			3			5	2
07	Cecil	2		3	8	3		16	4
08	Charles	1	1	1	3	4	1	11	3
09	Dorchester			4	3			7	2
10	Frederick	10			9	4	2	25	6
11	Garrett		1	1	2			4	1
12	Harford	9	1		13	9		32	8
13	Howard	7			2	2		11	3
14	Kent				2			2	1
15	Montgomery	21	8	5	43	9	7	93	24
16	Prince Georges	11	7	11	25	23	2	79	19
17	Queen Anne		1			1		2	1
18	Saint Mary's	6	1	2	2	3	3	17	4
19	Somerset				1	3		4	1
20	Talbot	2		1		1		4	1
21	Washington	4		2	10	10		25	6
22	Wicomico				3	4		7	2
23	Worcester					3		3	1
49	Baltimore City	21	21	33	70	62	11	214	58
	Statewide Totals	119	46	59	278	172	29	703	185
	Percentages	17%	7%	8%	40%	24%	4%	100%	100%

CRBC conducted a total of 703 individual out-of-home case reviews.

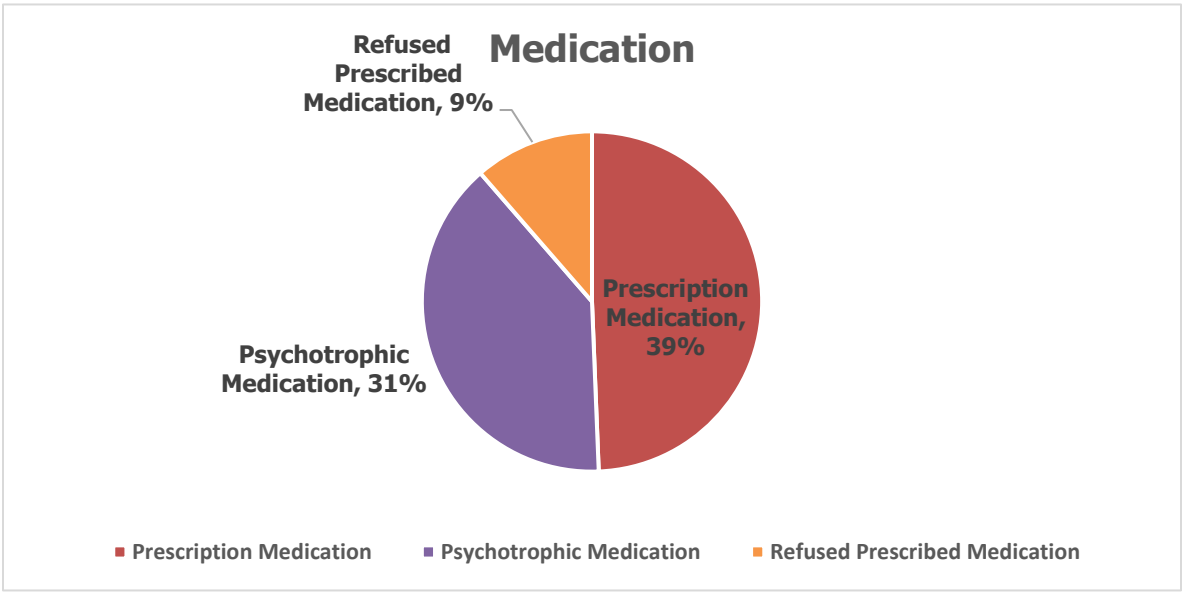
- The local Boards agreed with the permanency plan for 588 of the cases reviewed.

Health

- Current Physical: 517 (74%) out of the 703 children/youth had current physical.
- Developmental Needs: 517 (74%) out of 703 children/youth had developmental needs.
- Current Vision: 414 (59%) out of 703 children/youth had current vision.
- Current Dental: 381 (54%) out of 703 children/youth were current on Dental Exams.
- Health Concerns: The local department ensured that appropriate follow-up occurred on 253 (78%) out of the 324 children/youth.

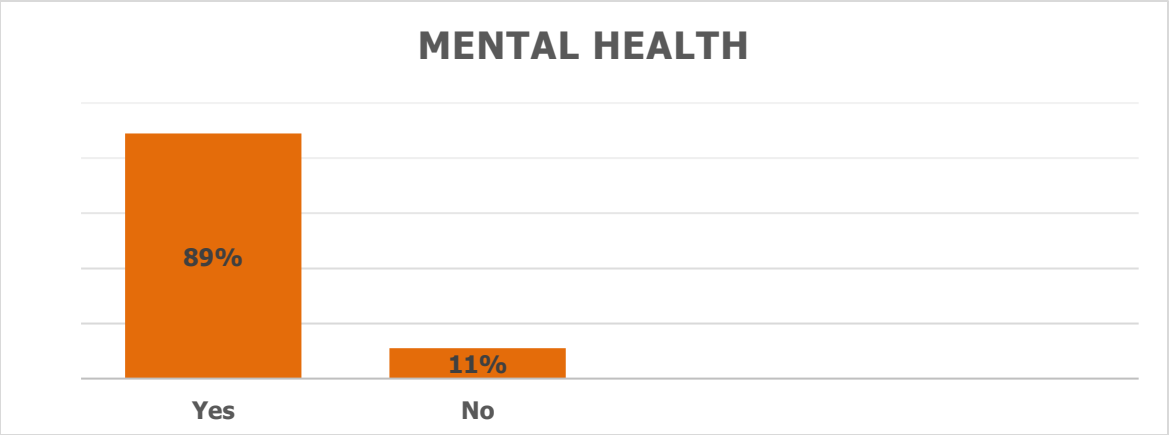


- Prescription Medication: 275 (39%) out of 703 children/youth were on Prescription Medication.
- Prescription Medication Monitored: Prescription Medication was regularly monitored for 269 (98%) out of 275 children/youth.
- Psychotropic Medication: 215 (31%) out of 703 children/youth were on Psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic Medication was monitored at least on a quarterly basis for 217 (31%) out of the 703 children/youth.
- Prescribed Medication: 62 (9%) refused Prescribed Medication.



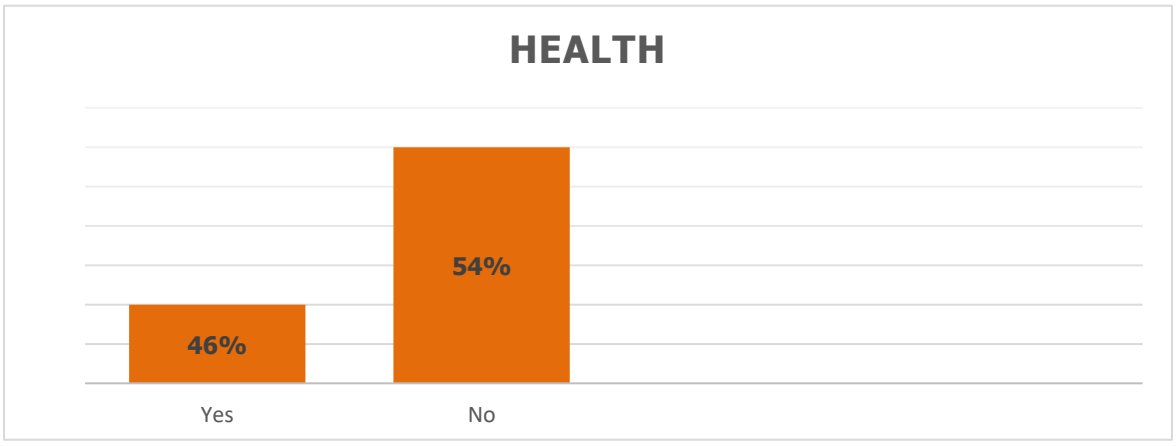
- Mental Health: 437 (62%) out of the 703 youth/children had mental health issues.
- Mental Health Diagnosis: 443 (63%) out of the 703 youth/children had a mental health diagnosis.

The Local Boards agree that the Mental Health Issues were addressed for 387 (89%) out of the 437 youth/children.



- 112 (91%) out of the 123 children/youth who were transitioning and were identified as having a Mental Health Issue has an identified plan to obtain services in the adult mental health care system.
- Standard Health Exams: 33 (5%) out of the 703 youth/children refused to have a standard exam.
- Completed Medical Records: 284 (40%) out of the 703 youth/children had completed medical records.

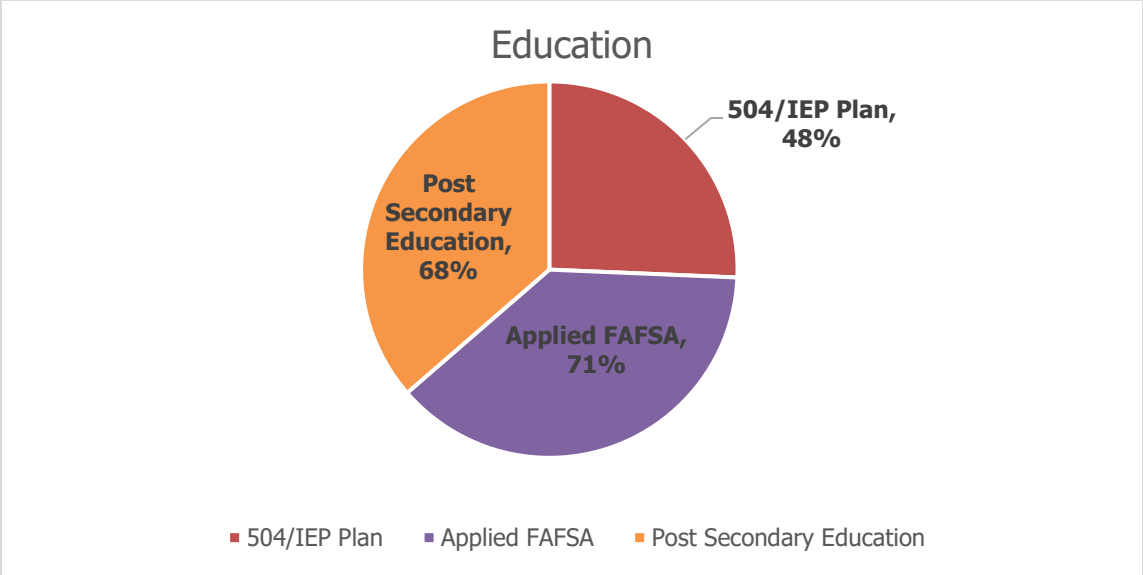
The Local Boards agree that the health needs for 322 (46%) out of the 703 youth/children were met.



<u>Education</u>

- 244 (48%) out of the 505 youth enrolled in school had a 504 or IEP plan.

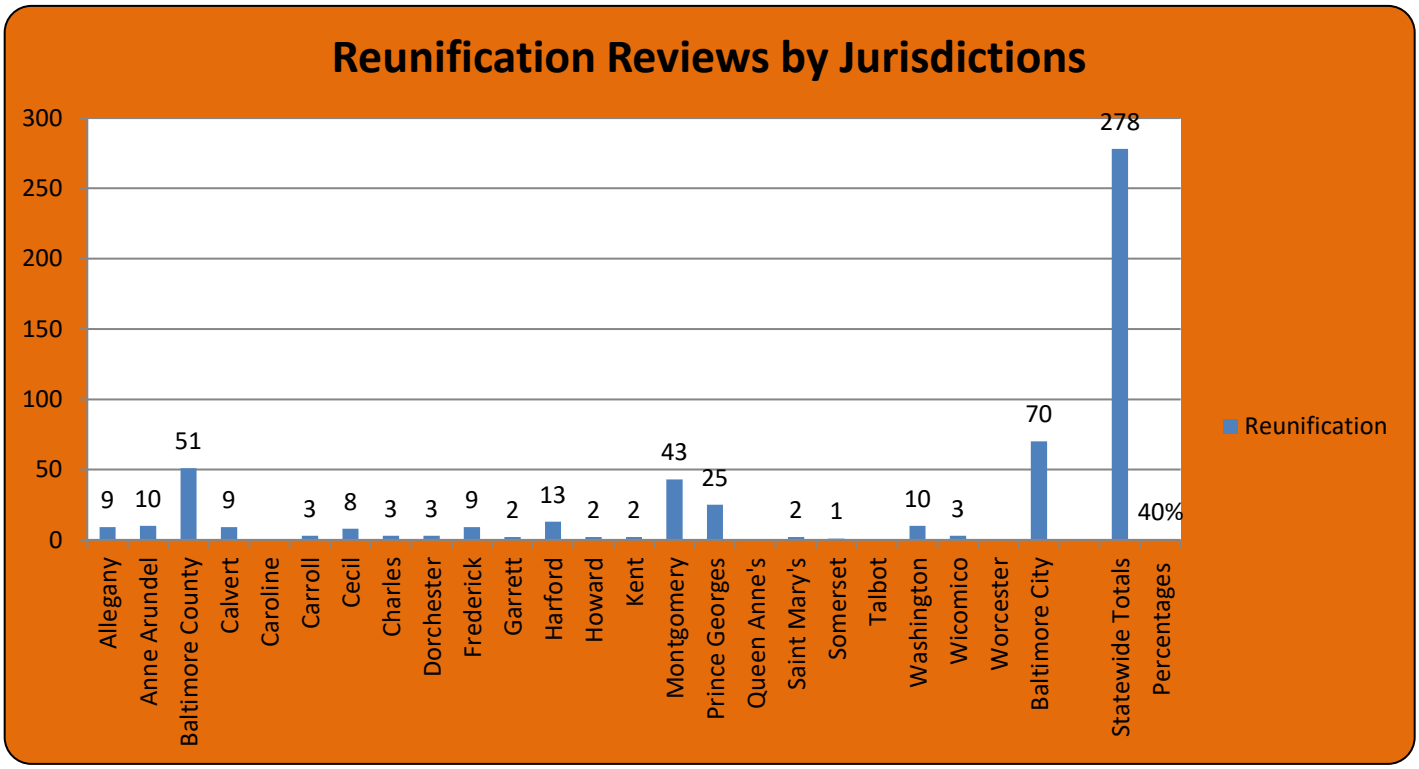
- A current progress report card was available to review for the 249 of the youth enrolled in school.
- 68 (60%) out of the 113 youth had concrete plans for post-secondary education.
- 33 (71%) of the youth pursuing higher education were found to have applied for FAFSA.
- 45 (20%) out of 222 youth that were disabled and exiting school were aware of and engaged with community supports.



Local Boards agreed that 441 (79%) out of 557 youth were being appropriately prepared to meet their educational goals.

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. Forty percent of the cases reviewed had a permanency planning goal of reunification.



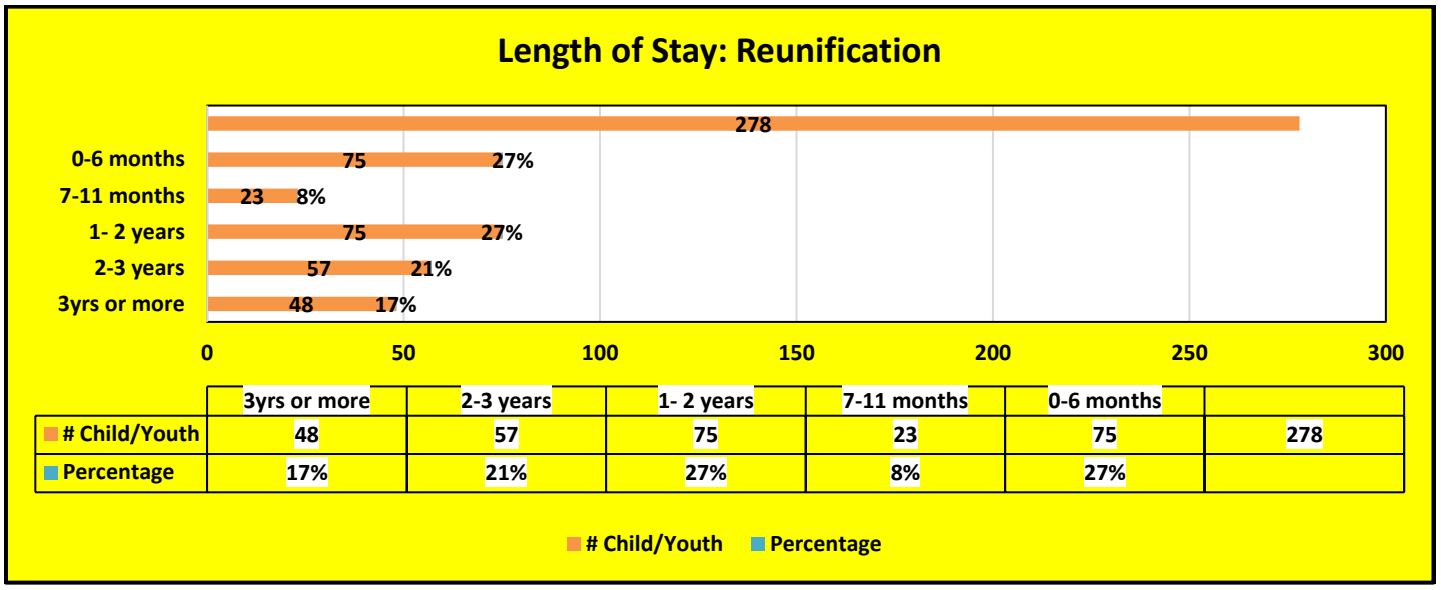
Age Range	Statewide Totals	Reunification	Percentage
Age 1 thru 5	142	56	39%
Age 6 thru 10	154	79	51%
Age 11 thru 13	76	45	59%
Age 14 thru 16	121	65	54%
Age 17 thru 19	163	33	34%
Age 20	47	0	0%
Total	703	278	30%

Permanency

The local boards agreed with the permanency plan of reunification for 176 (63%) of the 278 cases reviewed.

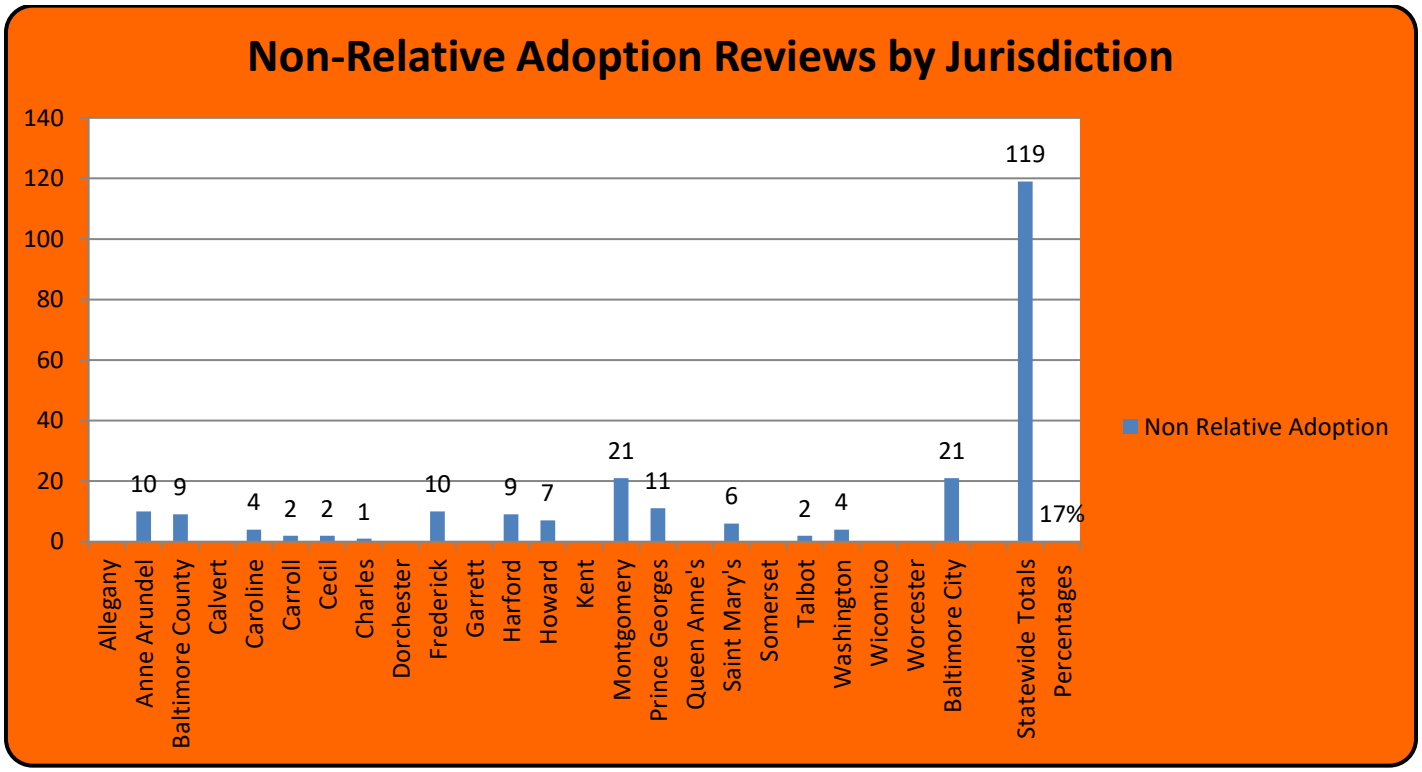
Length of Stay for Children/Youths with a plan of Reunification

The local boards found that the lengths of stay for the 278 children/youths with a plan of Reunification were as follows:



Non-Relative Adoption Case Reviews

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



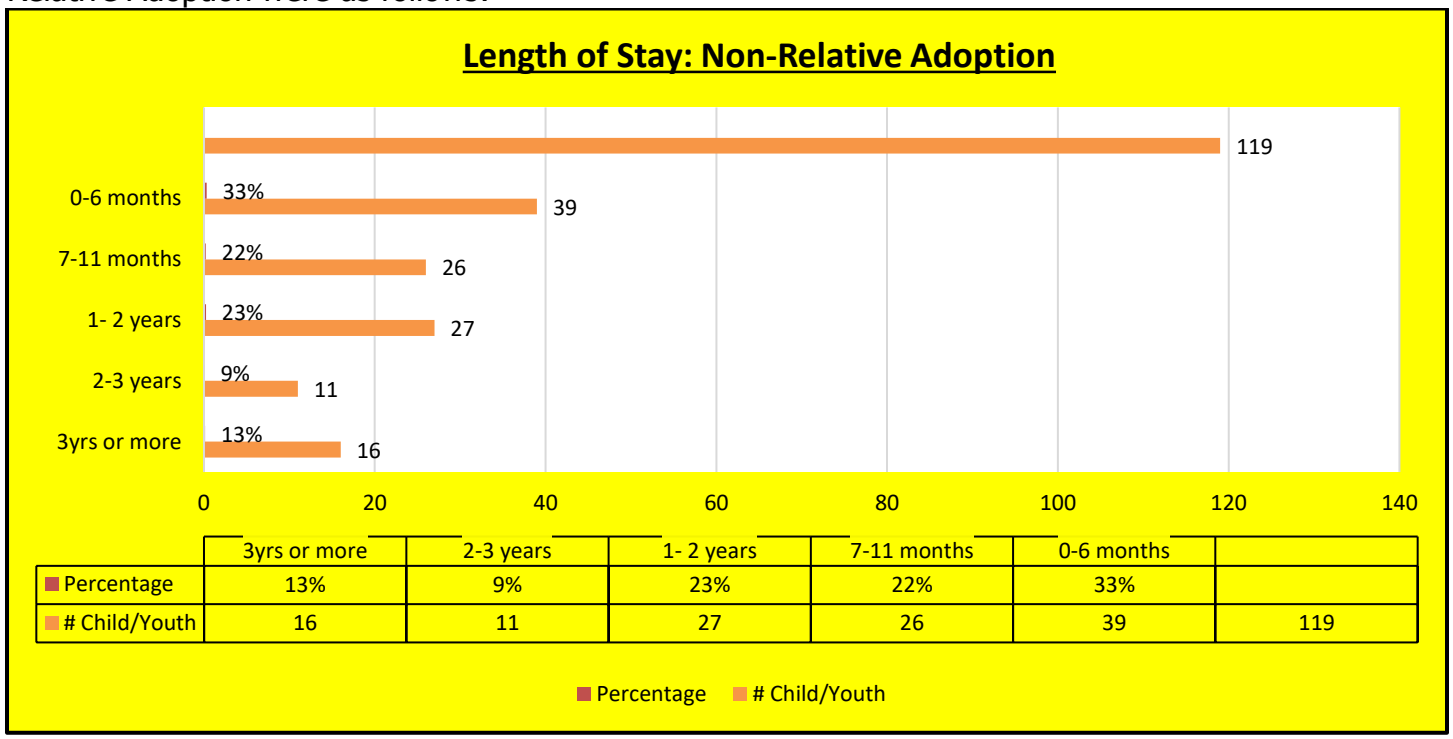
Age Range	Statewide Totals	Adoption	Percentage
Age 1 thru 5	142	58	41%
Age 6 thru 10	154	35	23%
Age 11 thru 13	76	10	13%
Age 14 thru 16	121	14	12%
Age 17 thru 19	163	2	1%
Age 20	47	0	N/A
Total	703	119	17%

Permanency

The local boards agreed with the permanency plan of Non-Relative Adoption for 118 (99%) of the 119 cases reviewed.

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

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

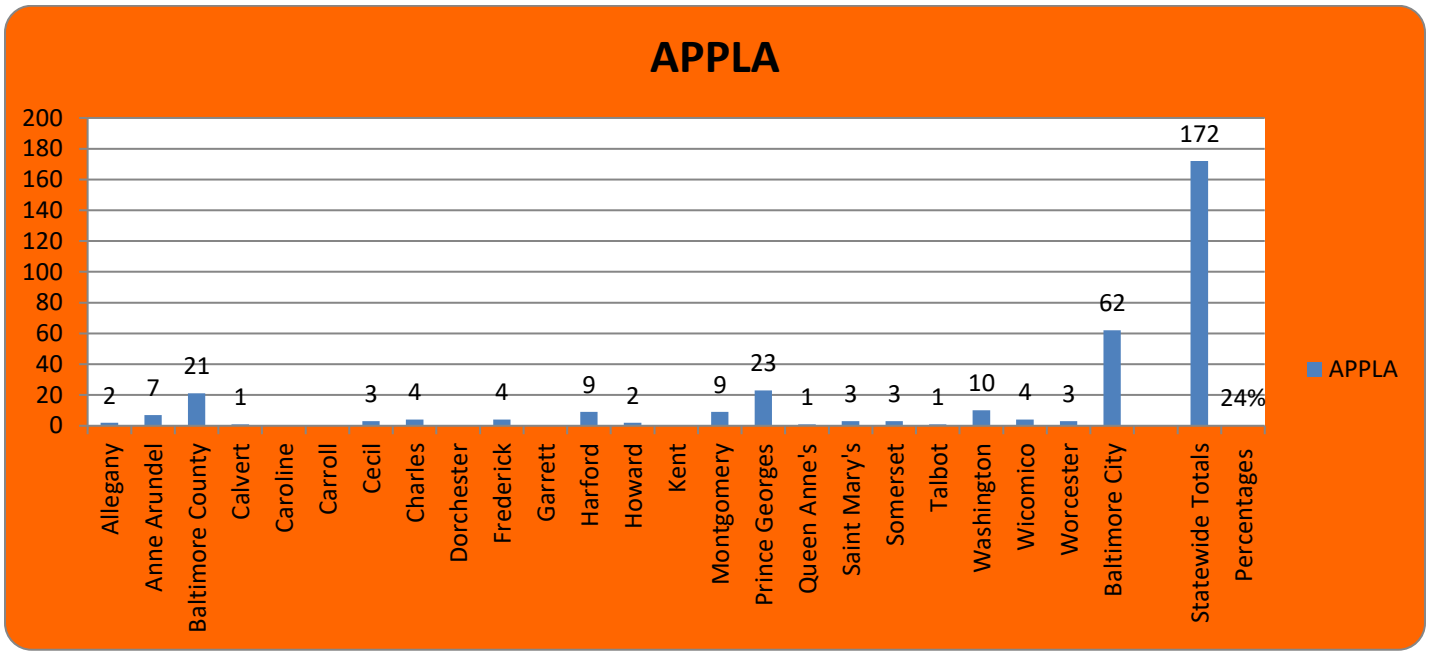


	3yrs or more	2-3 years	1- 2 years	7-11 months	0-6 months	
Percentage	13%	9%	23%	22%	33%	
# Child/Youth	16	11	27	26	39	119

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 703 cases reviewed, 172 (24%) of the cases had a plan of APPLA. Baltimore City had the most cases at 62 (36%), Prince George's County 23 cases (13%), Baltimore County 21 cases (12%), Montgomery County 9 cases (5%), Washington County 10 cases (6%), Anne Arundel County 7 cases (4%), Charles County 4 cases (2%) and Cecil County 3 cases (2%).



Age Range	Statewide Totals	APPLA	Percentage
Age 1 thru 5	142	0	N/A
Age 6 thru 10	154	0	N/A
Age 11 thru 13	76	0	N/A
Age 14 thru 16	121	11	9%
Age 17 thru 19	163	114	70%
Age 20	47	47	100%
Total	703	172	24%

Permanency

The local boards agree with the permanency plan of APPLA for 170 (99%) of the total cases reviewed.

- 161 reviews with the plan of APPLA, the youths were between the ages of 17 and 20.

Length of stay Child/Youth had a plan of APPLA

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

- 55 (32%) of the youth were in care for 1-2 years
- 33 (19%) of the youth were in care for 2-3 years
- 14 (8%) of the youth were in care for 3 years or more

Ready by 21

Independent Living Services

- 169 (51%) youths received appropriate services to adequately prepare for independent living when they leave out of home care.
- 168 (51%) of the youths completed a Life Skills Assessment.
- 163 (49%) of the youths received required independent living skills.

The Local Boards agreed that 161 (49%) of the youth received appropriate Independent Living Skills to prepare for transition to successful adulthood.

Employment (Age 14 and Older)

- 111 (34%) of youth participated in paid or unpaid work experience.
- 100 (33%) of 330 youth participated in paid or unpaid work relevant to career field of choice.
- 151 (46%) of youth were referred by caseworkers to summer or year round training and employment opportunities.
- 31 youths were identified as being 20 years old and earning a living wage.

The Local Boards agreed that in 166 cases that the child/youth was bring appropriately prepared to meet employment goals.

Housing (20 and with APPLA only)

- 34 (72%) out of the 47 youth who were transitioning out of care had specified housing.

The Boards agreed with the transitional housing plan for all 34 youths.

The Boards agreed that 35 (74%) out of the 47 youth are appropriately prepared for transitioning out of care.

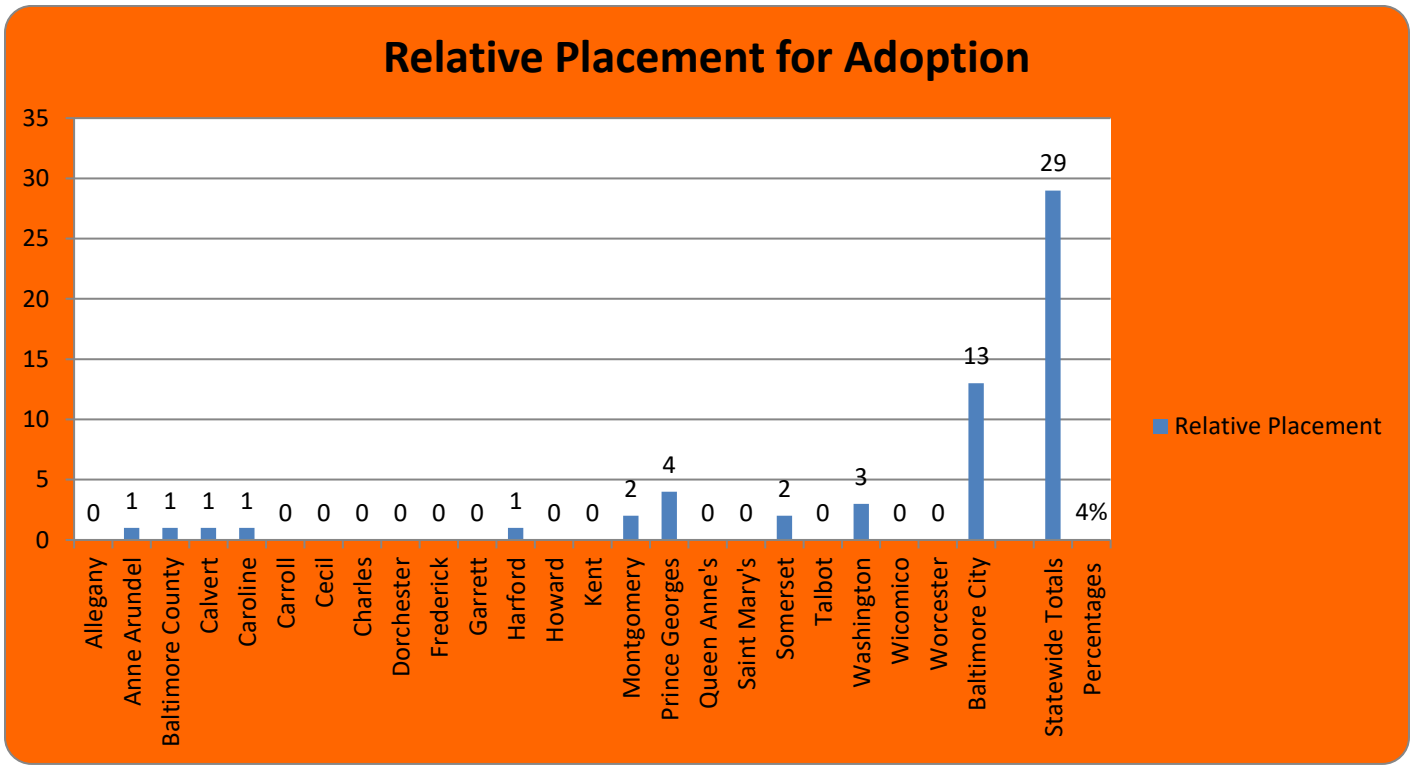
Permanent Connections (APPLA only)

The LDSS identified 155 (90%) out of the 172 cases reviewed as a permanent connection for the child.

The Boards agreed that the identified permanent connection was appropriate for 151 (89%) of the cases.

Relative Placement for Adoption 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: 29 cases

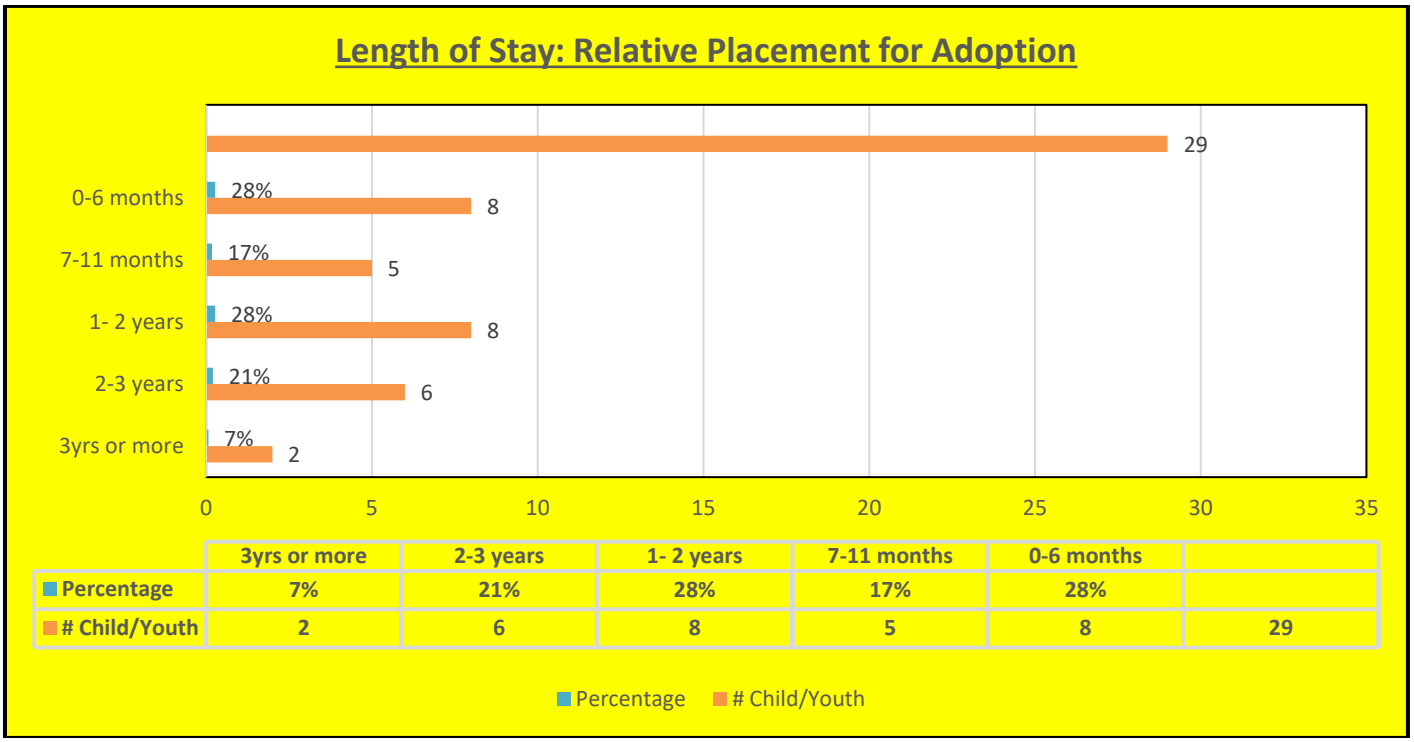
Age Range	Totals	Relative Placement	Percentage
Age 1 thru 5	142	18	13%
Age 6 thru 10	154	7	5%
Age 11 thru 13	76	2	3%
Age 14 thru 16	121	1	1%
Age 17 thru 19	163	1	2%
Age 20	47	0	<1%
Total	703	29	4%

Permanency

The local boards agreed with the permanency plan of relative placement for 27 (93%) of the 29 cases reviewed.

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

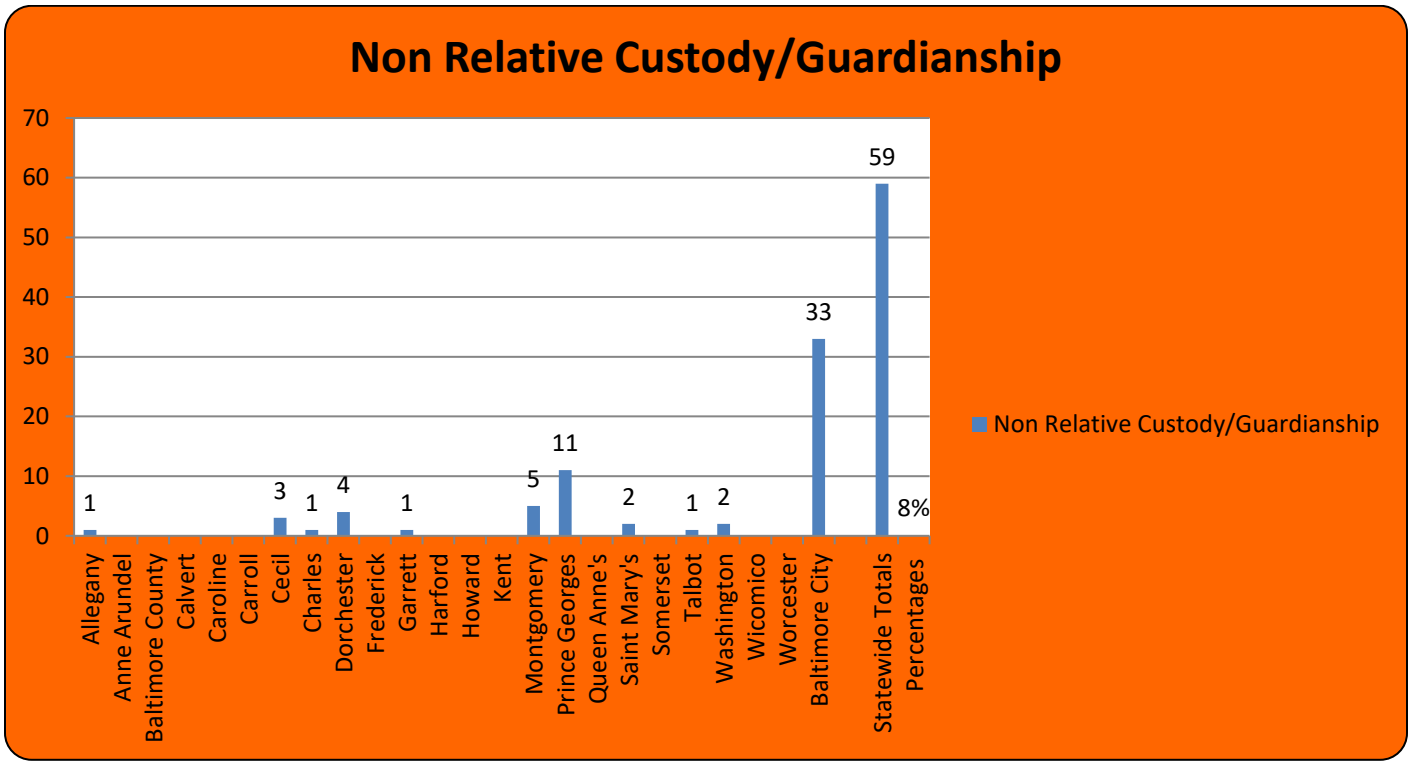
The local boards found that the length of stay of the 29 children/youths with a plan of Relative Placement for Adoption were as follows:



	3yrs or more	2-3 years	1- 2 years	7-11 months	0-6 months	
Percentage	7%	21%	28%	17%	28%	
# Child/Youth	2	6	8	5	8	29

Non-Relative Custody/Guardianship Reviews

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



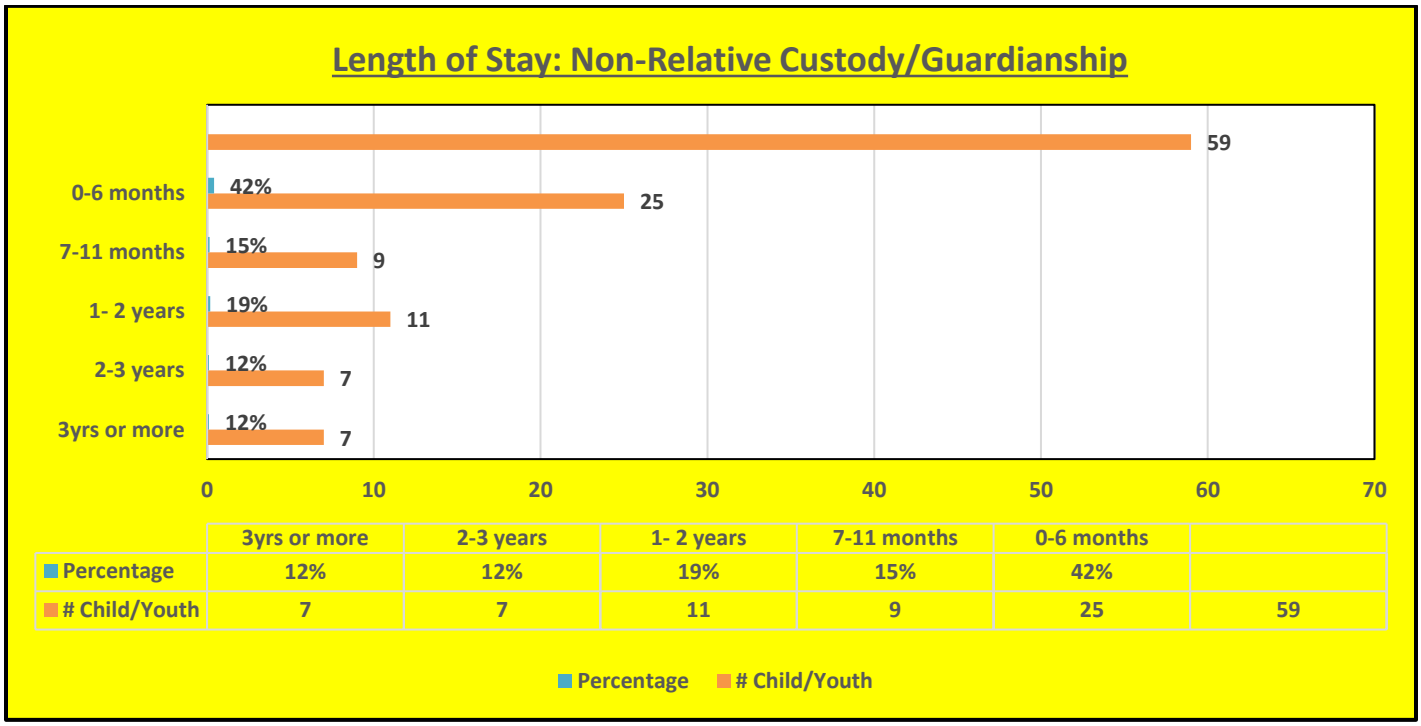
Age Range	Statewide Totals	Custody/Guardian	Percentage
Age 1 thru 5	142	4	3%
Age 6 thru 10	154	19	12%
Age 11 thru 13	76	11	14%
Age 14 thru 16	121	18	15%
Age 17 thru 19	163	7	4%
Age 20	47	0	<1%
Total	703	59	8%

Permanency

The local boards agreed with the permanency plan of Non-Relative Custody/Guardianship for 56 (95%) of the 59 cases reviewed.

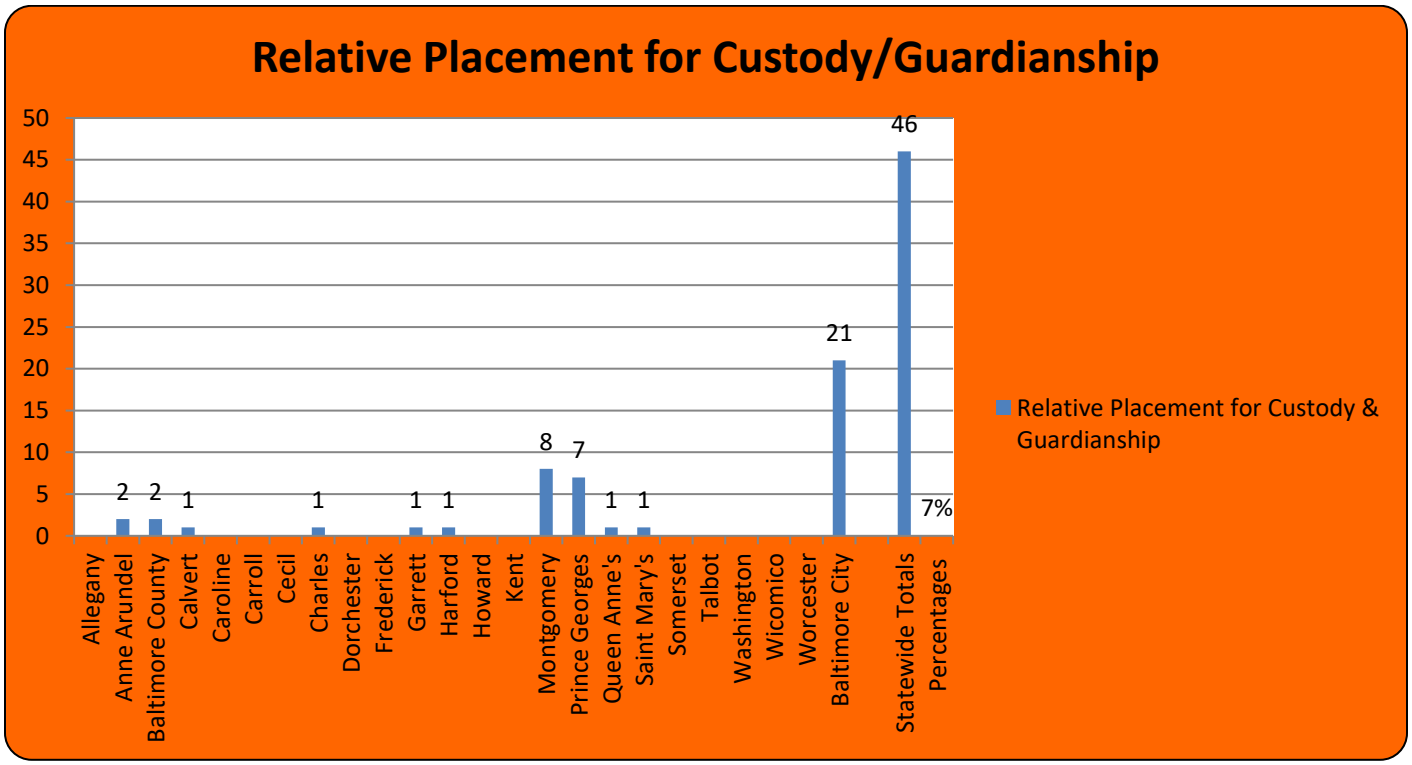
Lengths of Stay for Children/Youths with a plan of Non-Relative Custody/Guardianship

The local boards found that the lengths of stay of the 59 children/youths with a plan of Non-Relative Custody/Guardianship were as follows:



Relative Placement for Custody/Guardianship

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



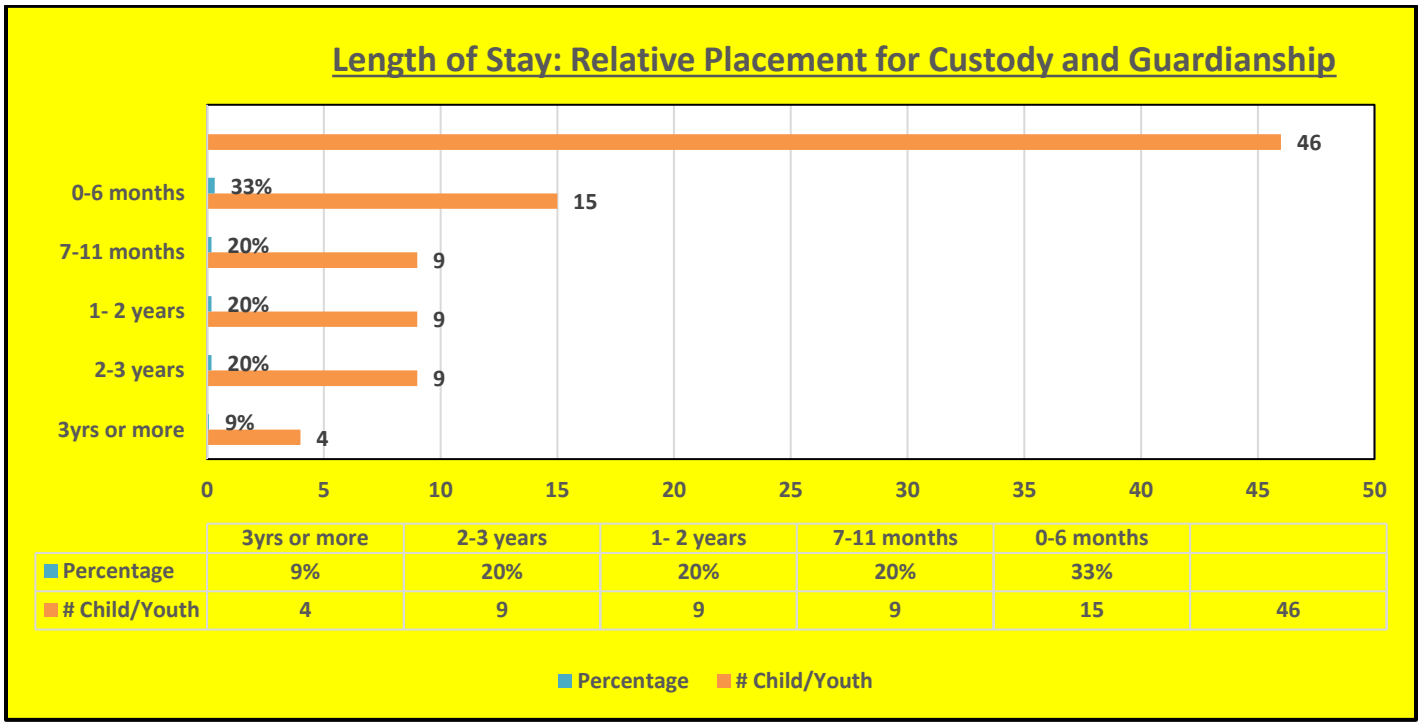
Age Range	Statewide Totals	Relative Placement Custody/Guardian	Percentage
Age 1 thru 5	142	6	4%
Age 6 thru 10	154	14	9%
Age 11 thru 13	76	8	11%
Age 14 thru 16	121	12	10%
Age 17 thru 19	163	6	4%
Age 20	47	0	<1%
Total	703	46	7%

Permanency

The local boards agreed with the permanency plan of Relative Custody/Guardianship for 41 (89%) of the 46 cases reviewed.

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

The local boards found that the lengths of stay of the 46 children/youths with a plan of Relative Custody/Guardianship were as follows:



Summary

Based on the findings of the review, the local boards determined that the local Department of Social Services made adequate progress towards a permanency plan (COMAR – 07.01.06.05 (F)) for 585 (83%) of the 703 total cases reviewed.

Montgomery County Citizens Review Panel

December 22, 2022

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

Current Panel Members:

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

(We recently had two members whose terms expired: Katy Dunn and Marci McCoy Roth)

Agenda items that the Panel has focused on:

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

Increase Panel focus:

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

CRBC FY2023 State Board

Nettie Anderson-Burrs (Chair)
Circuit 4: Representing Allegany, Garrett, and Washington Counties

Delores Alexander (Vice Chair)
Circuit 3: Representing Baltimore and Harford Counties

Dr. Theresa Stafford
Circuit 1: Representing Dorchester, Somerset, Wicomico, and Worchester Counties

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

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

Sandra "Kay" Farley
Circuit 6: Representing Frederick and Montgomery Counties

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

Beatrice Lee
Circuit 8: Representing Baltimore City

Rita Jones
Circuit 8: Representing Baltimore City

Benia Richardson
Circuit 8: Representing Baltimore City

Denise E. Wheeler
CRBC Administrator

CRBC FY2023 Members*

Linda Crites	**Tara Wooster**	**Kathleen Johnston**
Jennifer Roberts	**Aaron Buchsbaum**	**Mollie Haines**
Margaret Mattson	**Charmayne Anderson**	**Jacalyn Blackwell-White**
Bonnie Leatherman	**Susan Schor**	**Analynn Redding**
Marlene Beckman	**Nathaniel Wallace**	**Veronica Cosby**
Amy Potler	**Patrick Hickson**	**Judith Chambers**

***New members appointed by the Governor in FY2023**

CRBC Staff Members

Denise E. Wheeler
Administrator

Crystal Young, MSW
Assistant Administrator

Hassan Aslam
Information Technology Officer

Hope Smith
IT Functional Analyst

LeShae Harris
Office Clerk II

Michele Foster, MSW
Child Welfare Specialist

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

Nikia Greene
Child Welfare Specialist

Sandy Colea, CVA
Volunteer Activities Coordinator Supervisor

Lakira Whitaker
Volunteer Activities Coordinator II

Agnes Smith
Executive Assistant

Cindy Hunter-Gray
Lead Secretary

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COMAR 07.02.11.01. Purpose of Out-of-Home Placement Program. Title 07 Department of Human Services (formerly Dept. of Human Resources).

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COMAR 07.02.11.08. Out of Home Placement: Medical Care. Title 07 Department of Human Services (formerly Dept. of Human Resources).

COMAR 07.02.12.04. Post Adoption Services. Title 07 Department of Human Services (formerly Dept. of Human Resources),

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MARYLAND DEPARTMENT OF HUMAN SERVICES

Wes Moore, Governor | Aruna Miller, Lt. Governor | Rafael López, Secretary

April 8, 2024

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

Dear Ms. Anderson-Burrs and Review Board Members:

The Department of Human Services, Social Services Administration (DHS/SSA) extends its appreciation for the work of the Citizens Review Board for Children (CRBC). The CRBC Fiscal 2023 Annual Report provides information that is essential for DHS/SSA to continually improve its services to Maryland's children, youth and families who are involved with the child welfare system. The constructive feedback contained in the report contributes a great deal to our Continuous Quality Improvement (CQI) efforts.

DHS/SSA envisions a Maryland where all children are safe from abuse and neglect, children have permanent homes, and families are able to thrive. Maryland's 24 local departments of social services employ strategies to prevent child abuse and neglect, protect children, and preserve and strengthen families by collaborating with state and community partners. Maryland is building a system that improves family and child well-being with family-centered, child-focused, community-based services.

We are guided in this work by the Moore-Miller Administration values and a commitment to leave no one behind. DHS/SSA is prioritizing the following areas that address areas outlined in the CRBC recommendations.

1. Implementing the Family First Prevention Services Act (FFPSA);
2. Ending aging out from foster care;
3. Creating a kin-first culture; and
4. Reforming how we compensate providers who care for Maryland's children and youth.

DHS/SSA recognizes the need for critical services to meet the complex and individual needs of the families, children, and youth we serve. We continue to strengthen partnerships with key service providers, stakeholders, sister state agencies, and community partners to better coordinate services, communicate the needs of children and families, and raise awareness of needed services. The Department continues to implement prevention focused evidence-based practices (EBPs) across Maryland. The Family First Prevention Services Act makes it possible to offer Healthy Families America, Parent Child Interaction Therapy, Multisystemic Therapy, and Functional Family Therapy in Maryland to build the continuum of services for children and families to prevent entry into foster care.

In addition, DHS/SSA recognizes the importance of developing consistent and trauma-responsive services for Maryland's children, youth, and families. Maryland implemented its Integrated Practice Model (IPM) in 2020 and has continued to provide services as outlined in the model. The Department plans to revise the IPM to ensure that services continue to be family-centered strength-based, trauma responsive, outcomes driven, community-focused and culturally and linguistically responsive. The IPM highlights the need for an engaged, and well-prepared workforce and aligns with the CRBC's recommendations. While the Department has experienced increased difficulty in recruiting and retaining qualified staff. Efforts have been taken to increase hiring of child welfare caseworkers, DHS has worked with the Department of Budget and

Management to increase base hiring. In addition, to retain staff, all staff in child welfare caseworker classifications that were below the new base step had their compensation increased. The Department continues to focus its efforts on some key training such as Coach Approach, Coach Mentor Certification and Adaptive Leadership to assist with staff retention.

The CRBC report recommends that the Department develop a system to track and monitor health including mental health of children and youth in out-of-home placement for improved oversight. Under the leadership of the Child Welfare Medical Director and Nurse, the Department continues its work with the Chesapeake Regional Information System for our Patients (CRISP). The agreement allows the DHS Medical Director to access CRISP data to identify the health and wellness needs of children in the Department's care.

DHS continues to partner with our sister agencies as well as consultants to modernize our care provider rate framework to create a continuum of care that better meets the needs of Maryland's children and families. Many youth that do enter out-of-home placement often come to us with behavioral health and developmental needs. With a corresponding national decline in group-based placements, we must be ever more vigilant to ensure youth receive treatment services in Maryland. With rate reform, children and families will experience a streamlined placement process, higher quality and tailored services, and shorter lengths of stay. The initial phase of rate reform will be implemented in fiscal year 2025.

In support of creating lasting permanency for children and youth in care, DHS/SSA is focusing on creating a kin- first culture and increasing permanency outcomes for youth. Best practice and research remind Maryland that placement with kin increases stability, results in better mental and physical health outcomes, reduces the risk that youth in foster care will be trafficked, and keeps children connected to family, community, and culture. We have identified statutory, regulatory and policy changes necessary to enable Maryland to adopt kin-specific licensing which will increase permanency outcomes for youth. Additionally, DHS/SSA has contracts to provide adoption counseling and pre-and post- adoption support services to children, youth, and families. Regarding adoption counseling for youth who did not consent to adoption, DHS/SSA plans to explore the services offered to youth and what, if any additional pre-adoption supports are needed. The Department remains committed to working diligently to address barriers to permanency for Maryland's children.

The CRBC recommendations around older youth transition planning, including planning for housing and other independent living skills are being explored. The Department is embarking on older youth work with the Annie E. Casey Foundation, now known *as Advancing Well-Being and Connections for Youth in Foster Care.* The Department is invested in developing strategies that promote lifelong well-being for youth and young adults in Maryland's foster care system. With these efforts we will work to end "aging out" of foster care in Maryland.

In addition to the DHS/SSA Placement and Permanency Team continues to provide support and guidance on goals of ensuring children, youth and vulnerable adults are:

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

Through our Implementation Teamwork, DHS/SSA has updated the Youth Transition Plan (YTP) and process. This includes integration of youth voice and allows space for growth and change over time. Transitional planning should begin for youth at age 14 to include housing, education, employment,

and mentoring. The goal is for all child welfare professionals who work with youth to view transition planning as a process that unfolds over time and requires close youth involvement and ongoing engagement.

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

The Department appreciates the recommendations to improve our practices. We are committed to continuing to identify and strategically implement best practices to effectively serve children, youth, families, and the vulnerable adults of Maryland. We look forward to the ongoing partnership with the CRBC.

Sincerely,

Dr. Alger Studstill, Jr.
Executive Director
Social Services Administration
Maryland Department of Human Services

Attachment D

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Maryland

	Total ETVs Awarded	**Number of New ETVs**
Final Number: **2022-2023 School Year** (July 1, 2022 to June 30, 2023)	91	34
2023-2024 School Year* (July 1, 2023 to June 30, 2024)	53	13

Comments:

The 2023-2024 school year data is as of December 31, 2023.

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