



Citizens' Review Board for Children

2007 ANNUAL REPORT

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Citizens' Review Board for Children

July 22, 2008

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, MD 21401

Dear President Miller, Speaker Busch:

Our 2007 Annual Report is attached. We apologize for the delay in delivering this report; however, we would like to call your attention to very important trends chronicled inside that will affect the lives of children in our State.

The leadership of DHR under Secretary Brenda Donald has been energized and rejuvenated. Expertise, creative ideas, attention to detail, and determination characterize the new administration. These positive traits will be tested severely because Maryland's child welfare programs face a continuing crisis that has two main sources in the errors and omissions of previous administrations:

- Serious mismanagement in the design and implementation of MD CHESSIE leading to a tangle of erroneous and incomplete data that may take years to correct.
- A legacy of managerial nonfeasance regarding the service-delivery capabilities of the child welfare system that has led to unbalanced spending patterns.

In taking the helm at DHR, Secretary Donald has made vigorous efforts to address these problems. She has worked to implement structural improvements to CHESSIE and clean up the

The Honorable Thomas V. Mike Miller, Jr.
The Honorable Michael E. Busch
July 22, 2008
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data. In part of her *Place Matters* initiative, she has also begun to implement many of the recommendations we have made in our report, including integrating family preservation services, redefining kinship care services, and launching her 1000 by10 Foster Parent recruitment and retention campaign.

Secretary Donald needs and deserves solid and continuing support from the Governor and the General Assembly. The problems she faces are deep-seated and of long standing and will not be resolved in one or two years. Investments in correcting CHESSIE data and rebuilding the service continuum are sorely needed. If the Secretary succeeds in cutting the costs of inappropriate congregate care for some children, it is essential that savings be re-invested in family and kinship care services.

Our mandated role is to provide citizen oversight as well as advocacy for child welfare programs. In the past, we have had little progress to report. Secretary Donald is off to a good start, but there is so much more to be done. We are pleased that the General Assembly has created the Child Welfare Accountability Act of 2006 to serve as a framework for improving the child welfare system. We will continue to exercise independence in every judgment we make about program trends, system reforms, and advocacy. However, we believe that there is a tremendous amount of common ground and that the basis for moving forward under Secretary Donald's leadership been established.

Sincerely,

NETTIE ANDERSON-BURRS

Nettie Anderson-Burrs
State Board Chair

CHARLIE COOPER

Charlie Cooper
Administrator

Attachment



Citizens' Review Board for Children

July 22, 2008

The Honorable Brenda Donald, Secretary
Department of Human Resources
311 W. Saratoga Street
Baltimore, MD 21201

Dear Secretary Donald:

Our 2007 Annual Report is attached. We apologize for the delay in delivering this report. We thank you for re-energizing and rejuvenating DHR. Expertise, creative ideas, attention to detail, and determination characterize your administration. These positive traits will be tested severely because Maryland's child welfare programs face a continuing crisis that has two main sources in the errors and omissions of previous administrations:

- Serious mismanagement in the design and implementation of MD CHESSIE leading to a tangle of erroneous and incomplete data that may take years to correct.
- A legacy of managerial nonfeasance regarding the service-delivery capabilities of the child welfare system that has led to unbalanced spending patterns.

You have made vigorous efforts to address these problems, including more recent efforts that are not within the timeframe of this report. You have worked to implement structural improvements to CHESSIE and clean up the data and have also begun to implement many of the recommendations we have made in our reports over several years, including integrating family preservation services, redefining kinship care services, and launching her 1000 by10 Foster Parent recruitment and retention campaign.

The problems you face are deep-seated and of long standing and will not be resolved in one or two years. Investments in correcting CHESSIE data and rebuilding the service continuum are sorely needed. If you succeed in cutting the costs of inappropriate congregate care for some children, it is essential that savings be re-invested in family and kinship care services.

The Honorable Brenda Donald, Secretary
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Our desire is to support you in these efforts. Our mandated role is to provide citizen oversight as well as advocacy for child welfare programs. In the past, we have had little progress to report. The beginning you have made is heartening, but there is so much more to be done. You have established an open dialogue with child advocates and that is very heartening. Please do not hesitate to call on us.

We are pleased that the General Assembly has created the Child Welfare Accountability Act of 2006 to serve as a framework for improving the child welfare system. We will continue to exercise independence in every judgment we make about program trends, system reforms, and advocacy. However, we believe that there is a tremendous amount of common ground and that the basis for moving forward together has been established.

Sincerely,

NETTIE ANDERSON-BURRS

Nettie Anderson-Burrs
State Board Chair

CHARLIE COOPER

Charlie Cooper
Administrator

Attachment

CITIZENS REVIEW BOARD FOR CHILDREN

2007 Annual Report EXECUTIVE SUMMARY

This report covers statistical data for State fiscal year 2007 and includes program updates through December 2007.

A new Secretary of the Department of Human Resources faced a daunting challenge after the two previous administrations failed to invest in child and family services and squandered opportunities to reform the child welfare system. Children linger in out-of-home care for too long, and MD CHESSIE, Maryland's Statewide Automated Child Welfare Information System, has intractable problems.

In her first year as Secretary, Brenda Donald brought significant resources to bear on existing problems. She immediately introduced the *Place Matters* initiative, establishing goals to keep children in their homes and communities, place children in families when necessary, place fewer children in congregate care settings, minimize length of stay in out-of-home care, and manage with data. Near the end of her first year, she established the goal of increasing by 1,000 the number of family foster homes approved by local departments of social services by 2010. CRBC finds the Secretary's goals to be on target.

Meanwhile, many years of serious mistakes in designing and implementing MD CHESSIE by previous DHR executives and managers hampered local operations and complicated the Secretary's plans. Although \$5 million was allocated for fiscal 2008 to correct certain fundamental flaws, we believe it will be a long time – even with the best possible management – before the system facilitates casework for frontline staff or provides accurate data for managers.

Likewise, the Secretary faces a challenge in implementing the Child Welfare Accountability Act of 2006. Baseline data for calendar year 2005 have been published, but MD CHESSIE can generate no reliable data after that point. Methods of assessing the quality of casework services were being revamped. The local assessment and improvement planning processes required by the act were seriously stalled. DHR is working with the University of Maryland to rectify these problems.

In October 2007, Ms. Donald established Baltimore ReBuild to accelerate reforms in Baltimore City DSS, the local department that carries the bulk of the child welfare caseload. Less than a month later, plaintiffs in the *L. J. v. Massinga* federal consent decree filed a contempt of court motion alleging that the State had failed to implement in good faith a consent decree that it signed in 1988 regarding improvements in Baltimore City's out-of-home care program.

CRBC advocated for key reforms during 2007 in the following areas:

- **Implementing the Child Welfare Accountability Act.** Little progress was noted. We recommend that:

- Maryland's child welfare system needs more than incremental improvements. The General Assembly, DHR, and CRBC must demand significant improvements and monitor results to ensure achievement.
 - The Governor and his cabinet officials should find ways to redirect budgetary resources to elements of the child welfare system that are shown to need improvement.
- **Spending Reform Funds Wisely.** Governor Ehrlich had claimed \$12.5 million in new funds for specific service enhancements (in addition to foster care funds detailed below). About \$5.6 million proved to be old funds re-categorized rather than new spending. \$3 million for a guardianship assistance program went largely unspent. Funding for drug and alcohol addiction treatment for parents of children in Baltimore City was assumed by the State. We now recommend that the State increase family preservation and kinship care services:
 - Family support services should be strengthened in order to prevent child abuse and neglect and to divert children from removal by the State.
 - Maryland must find ways to support tens of thousands of grandparents and other relatives who are caring for children so that these children do not require State care.
 - When children enter care, kin must be notified immediately, and if kin provide care for children in state custody, they should receive the same supports as foster parents.
- **Rebuild Traditional Family Foster Care.** Placement costs had been rising by nearly \$30 million per year for the past four years, while the number of regular foster families fell 35% and the number of children inappropriately in group care spiraled. Foster parent reimbursement rates were increased in both FY 2007 and 2008. The Ehrlich administration spent \$2.2 million on recruiting and retaining foster families, but no progress had been made in 2007 towards increasing the number of foster families. We recommend:
 - The foster care reimbursement rate should be tied to the USDA estimated cost to raise a child.
 - DHR Secretary Donald has developed the *Place Matters* initiative as her number-one priority. The success of this recruitment/retention campaign is absolutely mission-critical for DHR. The Governor, General Assembly, and other cabinet agencies should give unstinting support to this effort.
- **Improve the Child Welfare Workforce.** Training and quality of supervision should be priorities for the DHR and should focus on family assessment, child protection, permanency, placement reform, and accountability. The Child Welfare Accountability Act mandates hiring more staff to meet national standards. Based on best estimates, the standards were not met; however, some progress was made as DHR met goals mandated by the General Assembly to increase the number of frontline caseworkers and supervisors to 1,941 in FY 2007 and to 2,021 as of December 1, 2007.
- **Improve permanency outcomes for children in out-of-home placement.** Maryland scored 27% (compared with the federal expectation of 90%) on the federal Child and Family Services Review in the area entitled, "Children have permanency and stability in their living situation." Maryland needs far-reaching reform of courts and an end to judicial rubber-stamping. There is no statistical evidence of lower length of stay or increased achievement of permanency. In the summer of 2007, Chief Judge Robert Bell of the Maryland Court of Appeals established a Child Welfare Commission with a focus on expediting permanent

placement. The commission is pointing towards a statewide summit in 2008. We recommend:

- Maryland continues to need far-reaching reform of courts: more judges, masters, and attorneys; a one-family, one-judge policy; and strict policy and accountability measures to avoid delays in considering permanency issues. Courts must stop rubber-stamping.
- **Adopt policies and practices that protect children from abuse and neglect.** We recommended a host of policy changes to hold adults responsible for protecting children and to counteract the harm that some adult caregivers cause. The General Assembly (especially the House of Delegates) was not amendable to our policy prescriptions. DHR agreed to set aside some new regulations based on the recommendation of CRBC and other child advocates in the Coalition to Protect Maryland's Children. We continued to advocate for a range of new policies and added a new recommendation:
 - Persons with authority over children in schools and other types of organizations should be subject to criminal sanction if they have sexual contact with those children.

On page 17, we reproduce data that DHR provided for the Governor's StateStat program. The numbers provided for both in-home services and out-of-home care are mostly plausible in light of known past history, but there are inevitable problems with establishing an elaborate census like this among 2,000 staff responsible for tens of thousands of cases. There were some surprisingly high figures offered regarding the number of children leaving care.

We also reproduce the baseline performance indicators (mostly for calendar year 2005) that were published by the Ruth H. Young Center (RHYC) of the University of Maryland School of Social Work under contract with DHR. In general, RHYC found that performance in promoting child safety was very close to standards promulgated by the federal government, but indicators regarding children in out-of-home care require improvement. The RHYC offered some cogent recommendations for improving the process of defining and tracking outcome measures. If DHR is able to implement the recommendations, we should see improvement in the effectiveness of the Accountability program.

In our view, any objective evaluation of the statistical indicators presented here indicates the ongoing need for "rapid and far-reaching improvements" that we have consistently called for over the years.

Beginning on page 25, we offer a retrospective analysis of racial disparities over 16 fiscal years (1990-2006) in Maryland's out-of-home care program. On any given day, African-American children are disproportionately represented in the out-of-home care population by a factor of almost 6. National studies tend to put the disparity ratio at approximately 2.5. This startling result for Maryland results from the combination two phenomena. African American children: 1) are about 4 times as likely to enter care and 2) remain in care about 45% longer than white children. The disparities within individual jurisdictions are (in most cases) lower than the statewide disparity. Because Baltimore City is 70% African-American and because it brings children (of both races) into care at a much higher rate than is found elsewhere, its results drive the statewide disparity ratios higher than they would otherwise be.

CRBC conducted 3,235 out-of-home case reviews in FY 2007. This is a decline from prior years as our capacity was diminished due to CHESSIE implementation and other changes during the fiscal year. Of the reviews conducted, we found a cause for concern in 25% of the cases. The most common concerns were in the area of permanency, especially not pursuing adoption.

CITIZENS REVIEW BOARD FOR CHILDREN

2007 Annual Report

INTRODUCTION

The State Board of the Citizens Review Board for Children is mandated by law to provide a report on the status of children in out-of-home care and a summary of its activities, findings, and recommendations on the State of Maryland's efforts to protect children from abuse and neglect. In this endeavor, we must rely in great part on information provided by the Department of Human Resources (DHR).

Maryland has adopted a results-based framework for improving the lives and well-being of children. As part of this framework, Maryland has affirmed that children should be safe in their homes and communities. The mission statement of DHR includes its commitment to ensuring the safety of abused and neglected children. To measure Maryland's progress in achieving this result, it is necessary to have an accurate, reliable information system.

Over the course of a decade Maryland has invested over \$70 million in developing and implementing a comprehensive child welfare information system. Statewide implementation of MD CHESSIE (Children's Electronic Social Service Information Exchange) was completed during the period covered in this report.

Based on our agency's experience in receiving daily data from MD CHESSIE as well as extensive contact with local department staff at all levels, we believe that the reliability of data that we can report to the Secretary of Human Resources or the General Assembly is poor.

The botched implementation of MD CHESSIE – Maryland's attempt to create a Statewide Automated Child Welfare Information System to meet federal requirements – has created a serious crisis in the State's child welfare program. These problems with MD CHESSIE originated in the Glendening and Ehrlich administrations. The new administration inherited these problems and now has accepted the responsibility to resolve them. More detailed discussion of this issue, including recommendations, is provided below.

Although this CRBC report is being written in Spring 2008, the data reported (unless otherwise stated) covers State Fiscal Year 2007 (July 1, 2006 through June 30, 2007) and the policy developments are up-to-date through December 31, 2007.

KEY PROGRAMMATIC DEVELOPMENTS

Governor O'Malley appointed Brenda Donald to be Secretary of Human Resources. She is an experienced and dedicated human services administrator with deep experience in the field of child welfare. She has assembled a team of experienced child welfare administrators. In assessing the child welfare system and planning her initiatives, Secretary Donald has the assistance of the Strategic Consulting Group of the Annie E. Casey Foundation. Although the

Foundation had previously not agreed to provide its free technical consulting services to the State of Maryland, it has expressed its confidence in Secretary Donald.

Secretary Donald inherited a poorly functioning system. In last year's report, we provided the following summary of the results of the 2004 federal child welfare assessment of Maryland:

Maryland's results were unsatisfactory. The federal government sets very high standards. No state was rated [in substantial conformity (SC) with federal standards] on more than two outcome areas. Maryland was among 24 states that had zero SC ratings in the outcome area and among 13 states that had 3 or fewer SC ratings among the systemic factors. Only six other states and Puerto Rico had as few as 3 SC ratings overall.

The worst outcome area for Maryland was, "children have permanency and stability of living arrangements." The score was 26.7%, compared to the standard of 90%.

Following the federal assessment, states are required to submit program improvement plans (PIPs) and to implement the plans. The Citizens Review Board for Children criticized the PIP submitted by the Ehrlich Administration to the federal government. While it may have been sufficient to satisfy federal authorities, it did not promise adequate resources or services to assist troubled families, nor did it address excessive caseloads in local departments of social services and within the judicial system. In assessing progress under the PIP, we wrote the following in last year's report:

We are unable to discern that type of rapid and far-reaching improvements that are needed in light of Maryland's poor performance.

DHR Initiative

Very soon after her appointment, Secretary Donald brought forward her *Place Matters* Initiative in order to keep children safe, strengthen families, promote expeditious permanent placement, and reduce over-reliance on group home placements. *Place Matters* is based on five principles:

1. **Keep children in their communities.** Keep more children at home with their families and offer more services in their communities across all levels of care.
2. **Place children in families first.** Place more children who enter care with relatives or in resource families to meet their needs. Place fewer children in congregate care settings.
3. **Minimize length of stay** in out-of-home care and increase reunification.
4. **Reallocate resources** by shifting resources from the back-end (costly out-of-home care) to the front-end (less costly foster care or family preservation services).
5. **Manage with data.** Ensure that managers have relevant data to improve decision making, oversight, and accountability.

This program is entirely consistent with the recommendations that the Citizens Review Board for Children has been making for many years. (See various reports at <http://www.dhr.state.md.us/crbc/annual.htm>.) In the past, our recommendations have gone largely unheeded by previous DHR secretaries. Meanwhile, costs have spiraled and outcomes for children and families have worsened or failed to improve. We are hopeful that *Place Matters* will be implemented in a way that will truly protect children and strengthen families.

Near the end of her first year in office, the Secretary elaborated on her initiative by establishing a goal of increasing the number of foster families approved by local departments of social services by 1,000 by the year 2010 (“1000 by 10”). This announcement contained some further detail about how the goal would be met, including an acknowledgement that successful recruitment and retention of foster parents must incorporate assistance with child care expenses.

The Secretary also issued policy statements requiring individualized executive approval in order to place a child under the age of 13 in congregate care or to place a Child in Need of Assistance in the same facility with delinquent youngsters. As of December 31, 2007, it was too early to have compiled results on this initiative.

CHESSIE Implementation

In last year’s report, we wrote the following:

Certain problems with CHESSIE threaten the safety of children and families, and CRBC, along with its partners in the Coalition to Protect Maryland’s Children, called for rapid corrective action;

- A poorly functioning interface with DHR’s legacy system (Client Information System (CIS) makes the creation of duplicate records in CHESSIE or the insertion of information into the wrong person’s record likely.
- Caseworkers and supervisor have no mechanism to correct duplicate records or certain other errors.
- CHESSIE erects barrier to communication among workers rather than promoting communication as advertised.

In addition, CRBC has found that the CHESSIE conversion program made systematic errors in setting up out-of-home care cases for children with records in the legacy system (CIS/FACTS), in effect creating erroneous information out of correct information.

We are pleased to report that \$5 million in funds were appropriated for a contract to address the bulleted problems. It is anticipated that customized software to be purchased through the contract will be operational near the end of FY 2008.

Time has borne out our analysis of the data accuracy and functionality problems with MD CHESSIE. In addition, it is evident that, despite efforts to increase the data-handling capacity of the system, there are very serious bottlenecks that lead to very slow system performance. The implication is that casework staff lose valuable time waiting for a response when inquiring or entering data into the system. This is especially critical considering that the caseload ratios required by Family Law Article § 5-1310 have not been achieved. As one indicator of how poorly Maryland performs in tracking child welfare data, one can examine the 2006 report on Child Maltreatment (<http://www.acf.hhs.gov/programs/cb/pubs/cm06/>) based on the National Child Abuse and Neglect Data System (NCANDS). Maryland provided no information on topics such as maltreatment reports screened in or out, sources of maltreatment reports, disposition of investigations, victimization rates, and many other aspects of protective services on which 42 to 51 other states were able to report.¹

¹ The report seeks to track information from the 50 states, Puerto Rico, and the District of Columbia.

The Citizens Review Board for Children has completed its conversion to MD CHESSIE-based data for children in out-of-home care. However, we have instituted software safeguards to prevent certain corrupt data from entering our system. We have records of about 6,000 children who are in placement or were in placement within the past 5 years but which cannot be merged with our database. The principal issue is that thousands of records have incorrect dates of entry into care. This, of course, means that, until corrected, MD CHESSIE cannot measure length of stay – a crucial component of *Place Matters*.

We believe it is nearly certain that there are even more errors in MD CHESSIE records pertaining to child protective and family preservation services than there are in out-of-home care records because there are so many more people and cases involved with those services each year. (Approximately 75,000 children are involved in a child protective services investigation each year compared with 3,500-4,000 children who enter out-of-care annually.) Problems in child protective services records can be extremely serious:

- Persons with dangerous histories of child abuse or neglect can be approved for child-caring roles if their history information is not quickly and accurately identified.
- Persons can be falsely labeled as child maltreators when they are not.

The availability of software to correct MD CHESSIE's structural weaknesses will not in itself yield an accurate database. It merely sets the stage for a painstaking process of identifying errors in the database and fixing them. There could be thousands or even tens of thousands of such errors, each of which could take a number of hours to fix once the software tools are in use.

DHR is faced with stark choices in managing MD CHESSIE. The accumulated expenditures as of December 2007 (in excess of \$70 million) are high, but significant additional funding and staffing would be needed to improve the network and computing capacity and to fix corrupted data. The correction process will be long and costly and will require a significant workforce of highly skilled specialists in order to yield an accurate database anytime soon. The Secretary has mandated that caseworkers complete manual (i.e., pen and paper) inventories of their caseloads every month. This provides some information for the Governor's StateStat system and for comparison with MD CHESSIE printouts, but the process is costly and the aggregated data is of questionable accuracy. "Starting over" would even more costly and counter-productive. Patience and dogged persistence by all involved will be required unless and until a considerable infusion of funds becomes available. The unfortunate truth is, however, that the longer it takes to correct the data in MD CHESSIE, the more children will be harmed because of decisions based on incomplete or inaccurate data.

Accountability Act Implementation

The Child Welfare Accountability Act of 2006 took effect on January 1, 2007, halfway through the fiscal year. Under this statute, DHR must:

- 1) Specify and measure desired results for children and families;
- 2) Develop an in-depth methodology to assess the quality of casework services;
- 3) Create a process for local and State assessment and improvement planning.

Actually, DHR was in the process of designing and implementing a quality assurance (QA) system before the Act was introduced into the legislature.² In concept, the DHR QA system was substantially similar to what was required under the Act. The federal government had required Maryland to re-design its QA system in the process of negotiating the Program Improvement Plan. When the Act passed, DHR, through the Social Services Administration, hired the University of Maryland School of Social Work to assist it in developing and implementing the Accountability Act. But the local assessment process had already begun in early CY 2006 with site visits from the Social Services Administration to various counties. A schedule of local assessments is ongoing. In our opinion, design flaws that pre-date the involvement of the University of Maryland may prevent the first set of assessments from being useful.

Unfortunately, the accountability process has mostly yet to bear fruit. The statistical indicators that would measure desired results cannot be generated for 2007 and beyond because of the problems with MD CHESSIE data. The methodology to assess quality of casework services got off to a rocky start. The process for local and State Assessment and improvement planning is stalled badly. The first assessment results had not been released as of December 31, 2007, even though site visits for the purpose of assessment began in early 2006. Of course, no improvement plans had been published. Below, we consider each of the three elements of the Act, in turn.

Specify and measure desired results for children and families:

The University has published a set of statistical benchmarks – mostly for calendar year 2005 – to address item 1) in the list of accountability functions given above. A summary of their results can be found in Table .

Secretary Donald has developed one element of *Place Matters* with a clear, measurable target for improvement – namely the 1000 by 10 initiative. (See page 3.) We hope that the Secretary will enhance implementation of the Accountability Act by developing specific child-related outcome goals – for example, reducing repeat maltreatment by a specified number of percentage points, reducing average length of stay in out-of-home care by a specified number of months, or increasing reunification and adoption by a specified number of children in a given time period). This would be a major step forward in accountability for DHR.

Develop an in-depth methodology to assess the quality of casework services:

The initial supervisory review tool that was jointly developed by DHR and CRBC³ proved to be faulty, especially in terms of combining results from multiple questions to develop an overall rating for a specific aspect of services. Supervisory reviews using that tool were scrapped with the concurrence of the University. Only a very small sample of case – between 6 and 16 – were reviewed using the federal case review instrument when DHR makes on-site visits to a local department of social services as part of the assessment process.

² DHR invited CRBC to collaborate on this project. Of course, DHR held the final authority for system design decisions.

³ The original intent of DHR and CRBC had been that CRBC local boards and panels would conduct “second-level” reviews of cases initially reviewed by supervisors. That plan has been scrapped. In July 2007, CRBC abandoned the faulty case review instrument before DHR did and modified the federal case review instrument for use by its local child protection panels.

Create a process for local and State assessment and improvement planning:

Although DHR spent considerable effort to conduct local assessments, it was not clear that it had the staff capacity or the expertise to complete the assessments. In particular, there was not a sufficient mechanism for evaluating all the types of information collected during the assessment process. Clear standards differentiating acceptable performance from performance that required improvement were not in place.

This second shortcoming requires more explanation. Maryland’s quality assurance system and many aspects of the Accountability Act are based on the federal Child and Family Services Review (CFSR) methodology. The assessment phase of this process covers seven “outcome factors” and seven “systemic factors”.⁴ It begins with a self-assessment by the local department of social services and proceeds to a phase where DHR sends an on-site assessment team (usually including CRBC representation) for a four-day visit to the local department. This part of the process includes several widely disparate sources for evaluating performance on each factor, including statistics, stakeholder interviews, and evaluation of data from case reviews. Both the federal methodology and the Maryland Accountability Act require any of the factors that do not meet standards be the subject of a program improvement plan. The Maryland DHR had not, in our view, developed a workable way of resolving differences in the sources of information. For example, statistics may indicate that children are receiving “services to meet educational needs” (Well-Being Outcome #2), but case reviews and stakeholder interviews may indicate otherwise. Maryland DHR had not developed a method for combining the different sources of information and comparing the results to a standard.

The local self-assessment report serves as the foundation of the overall assessment process. The Accountability Act requires that: “In conducting the self-assessment, a local department shall be required to ... consider the results of the case reviews conducted by the Citizens’ Review Board for Children.” Although CRBC submitted some case review data to local departments, it was not in a format that was compatible with the seven outcome factors used in the CFSR. With the adoption of the modified federal case review instrument in July 2007, we set the stage for being able to deliver usable data for this evaluation process. In the summer and fall of 2007, we trained local child protection panels and conducted the first few case reviews. Testing of the

⁴ The factors are described below:

Type of Measure	Domain	Factor
Outcome	Safety 1	Children are protected from abuse and neglect
Outcome	Safety 2	Children safely maintained in their own homes
Outcome	Permanency 1	Children have permanency and stability of living arrangements
Outcome	Permanency 2	Children experience continuity of family relationships
Outcome	Well-Being 1	Families have enhanced capacity to care for children
Outcome	Well-Being 2	Children receive services to meet educational needs
Outcome	Well-Being 3	Children receive services to meet health needs
Systemic Factor		Statewide Information System
Systemic Factor		Training
Systemic Factor		Service Array
Systemic Factor		Agency Responsiveness to the Community
Systemic Factor		Foster/Adoptive Parent Licensing, Recruitment, Retention
Systemic Factor		Agency Responsiveness to the Community
Systemic Factor		Foster/Adoptive Parent Licensing, Recruitment, Retention

instrument showed an enormous improvement in usability over the previously-adopted case review instrument; however, there was not a sufficient quantity of completed reviews to include results in this report.

CRBC wants to be part of the implementation of all phases of the Accountability Act. CRBC is uniquely positioned to help assure that the accountability process provides a transparent process of establishing and measuring outcome goals that matter to children and families. For more discussion of this topic, see the heading “CRBC and DHR” on page 7.

Child Welfare Services in Baltimore City Department of Social Services

On October 22, 2007, Secretary Donald announced the Baltimore ReBuild initiative to “move at a faster pace to put into place the structure and systems that are required to meet the critical needs of the city’s children, adults and families.” In doing so, the Secretary said the following: “the department has operated under the L.J. v. Massinga consent decree for the past 19 years – and I am determined to end that case by producing significantly better results. BCDSS is also central to DHR’s ability to achieve our top two priorities across the state. Our first priority is the Place Matters initiative, a strategy we are putting in place across the state to improve child welfare practice throughout the State. Resolving the L.J. v. Massinga consent decree is DHR’s second priority.”

Under the ReBuild initiative, the Secretary placed additional management staff within BCDSS to operate alongside the Director and his staff. These staff were to conduct an assessment and provide additional management and leadership for BCDSS. DHR Deputy Secretary Winifred Wilson was placed in charge of the project.

By early November, attorneys for the plaintiffs in the *L. J. vs. Massinga* federal consent decree had filed a motion charging the State of Maryland with contempt of court for failing to improve services to children in out-of-home care under the consent decree since its establishment in 1988. In the motion, the plaintiffs detailed at great length various aspects of the State’s failure to adhere to the decree and State regulations, including failure to:

- Provide health services to children,
- Make regular home visits to children,
- Hire an adequate number of casework staff,
- Provide suitable placements resulting in some children sleeping in offices overnight.

The court filing chronicles the decline in the number of foster families, overuse of congregate care, and charges many other deficiencies. The plaintiffs asked that the court appoint a full-time monitor to follow-up on the State’s efforts to comply with the decree.

CRBC and DHR

In December 2004, DHR invited CRBC to collaborate in the development of a new quality assurance system as was required under the statewide Program Improvement Plan that was submitted to the federal government in that year. The process of developing the system was painstakingly slow as CRBC sought to maintain its appropriate distance as an oversight agency and DHR sought to reduce what it saw as duplicative monitoring and accountability processes. A Memorandum of Agreement was finally signed on January 11, 2007, a few days before the

end of the Ehrlich administration. It was intended to run for only six months out of respect for the incoming administration.

In July, when the agreement expired, the O'Malley administration decided not to continue the MOA with CRBC but instead set out a statement of principles about the relationship in a letter and, subsequently, in a memo to local directors of social services. The memo is attached as Appendix I.

Secretary Donald expressed some discomfort with CRBC being housed administratively within DHR. It may create the appearance of conflict of interest for an agency whose mission is to monitor and hold DHR accountable to be dependent on that same agency for funding and for support of its own administrative functions such as space rental, accounting, procurement, communications networks, etc. The Secretary and the State Board agreed to approach the University of Maryland School of Social Work, Ruth H. Young Center for Families and Children, about transferring administrative support of CRBC to that institution. Such an arrangement could benefit CRBC by increasing access to training resources and research findings in child welfare.

In November 2007, DHR lost 90 positions, 24.5 from its central administrative staff and 65.5 from the local departments of social services, due to statewide budget reductions that came in conjunction with the special session of the General Assembly. The Social Services Administration lost 3 positions, local child welfare programs lost 10, and local general administration lost 14. CRBC lost two of 23 positions in that process.

CRBC ADVOCACY ISSUES AND RECOMMENDATIONS

In June 2006, CRBC issued the following list of issues – with commentary – for priority advocacy action in 2007. The list is reprinted here with an assessment of progress for each issue of December 31, 2007.

Implement the Child Welfare Accountability Act of 2006. The Act requires implementation of accountability measures by January 1, 2007. DHR and CRBC are working together to:

- 1) Specify and measure the results we want for children and families served;
- 2) Evaluate the quality of casework through in-depth case reviews.
- 3) Periodically assess the State and every local jurisdiction using all available information.
- 4) Write plans to improve services in areas shown by the assessment process to fall below standards.
- 5) Increase budget flexibility to move resources to areas needing improvement.
- 6) Monitor efforts to make sure that services do improve.

Progress: As indicated in the previous section (“Key Programmatic Developments”), little progress has been observed in this area. The University of Maryland has issued a set of benchmarks related to item 1), and these are reproduced in Table . Item 2), evaluating the quality of casework, was delayed due to the need to scrap a faulty case review instrument after pilot testing. This is described in more detail on page 5. Regarding local assessment, no final

assessment reports or program improvement plans have been issued despite considerable effort expended. Secretary Donald indicated that redirecting funds is a major goal of her *Place Matters* initiative. In addition, she and key members of her management team indicated serious consideration of moving certain funds in order to provide day care assistance to foster parents.

2008 Recommendation: DHR has made some progress, but there is much more that needs to be accomplished:

- Maryland’s child welfare system needs more than incremental improvements. The General Assembly, DHR, and CRBC must demand significant improvements and monitor results to ensure achievement.
- The Governor and his cabinet officials should find ways to redirect budgetary resources to elements of the child welfare system that are shown to need improvement.

Spend Reform Funds Wisely. The Governor and General Assembly have provided \$12.5 million in funds for specific service enhancements (in addition to foster care funds detailed below). It is essential that these funds be implemented effectively to improve safety, permanency, and well-being for children.

Table 1 – Selected New Funding Claimed for FY 2007 Budget

<i>Amount (Millions)</i>	Purpose
\$3.9	Family preservation services (\$1.4 for private agencies)
\$3.1	Increase monthly subsidy and number of children receiving guardianship assistance
\$3.0	Family Recovery Program (substance abuse treatment for parents of children 5 and under)
\$1.7	Flexible funding for emergency support services
\$0.8	Independent living services
\$12.5	Total

Progress: Although these amounts were touted in the Budget Highlights document issued by the Ehrlich Administration, some items proved to be illusory. There were no additional funds for family preservation services or flexible funding for emergency support services, merely a re-designation of existing funds. There was \$3.1 million budgeted for increasing the guardianship subsidy amount and the number of children covered. About one-third of the money was spent by providing 150 children who were already in the guardianship subsidy program with an additional \$285 per month. By the end of FY 2007, only about 50 additional children had been enrolled in the program, a very disappointing result.

The additional in \$800,000 for independent living services was an increased federal grant to Maryland. The funds are used on behalf of youth in care who are preparing for independent living for the purchase of goods and services, including activities and training at the local level.

The Family Recovery Program (FRP) provides intensive and coordinated drug and alcohol addiction treatment for parents of Children in Need of Assistance who are five years old or

younger. The Baltimore City Juvenile Court initiated the program with collaboration from Baltimore City DSS, Baltimore Substance Abuse Systems, and many other agencies. It was continued with full State funding of \$3.0 million as provided in the MORE for Maryland program. Under this program, then-Governor Ehrlich and then-Mayor of Baltimore City O'Malley agreed that if the FRP met certain benchmarks regarding keeping children out-of-care or shortening their length of time in care, then State funding would replace the private seed funding that allowed the program to commence. As of December 31, 2007, FRP reported on the fiscal year 2006 and 2007 cohorts of parents and children in the program. Approximately 60% of eligible mothers had enrolled in the program. For FY 2006, there were 122 "presenting children" (i.e., those age five or under), of whom 51% had been reunified with an FRP parent-participant, a non-FRP parent, or a relative. For 2007 there were 180 children, of whom 25% had been reunified. Very little progress had been made towards adoption for the other children.

2008 Recommendations: Increase family preservation and kinship care services:

- Family support services also should be strengthened in order to prevent child abuse and neglect.
- Family services can be cost-effective by enabling children to remain with family rather than enter out-of-home care while protecting children from further abuse or neglect.
- Maryland must find ways to support tens of thousands of grandparents and other relatives who are caring for children so that these children do not require State care.
- When children enter care, kin must be notified immediately.
- When kin provide care for children instate custody, they should receive the same supports as foster parents.

Rebuild Traditional Family Foster Care. Placement costs have been rising by nearly \$30 million per year for the past four years, while the number of regular foster families fell 35% and the number of children in group care spiraled higher. Most children are better off in family care, and it is a tragic folly to pay more for inappropriate placements. The foster care reimbursement rate should equal the USDA estimated cost to raise a child. The 2007 budget contains \$6.0 million for rate increases that move Maryland about one-third of the way to parity. Also, \$2.2 million is added for recruiting and retaining foster families and for respite care. The success of the recruitment/retention campaign is absolutely mission-critical for DHR.

Progress: Foster parent rate increases have occurred on schedule, and the 2008 budget contained funds for another \$100 per month increase. Of the \$2.2 million for recruiting and retaining foster and adoptive homes, \$700,000 was used to provide respite care for foster parents. The remainder was used for general home recruitment and development activities. Despite the additional investments, no progress had been made in 2007 towards increasing the number of foster families.

2008 Recommendations:

- The foster care reimbursement rate should be tied to the USDA estimated cost to raise a child.
- DHR Secretary Donald has developed the *Place Matters* initiative as her number-one priority. The success of this recruitment/retention campaign is absolutely mission-critical

for DHR. The Governor, General Assembly, and other cabinet agencies should give unstinting support to this effort.

Improve the Child Welfare Workforce. Training and quality of supervision should be priorities for the DHR and should focus on family assessment, child protection, permanency, placement reform, and accountability. The Child Welfare Accountability Act mandates hiring more staff to meet national standards.

Progress: It is difficult to measure progress towards achieving the national standards on caseload ratios because problems with CHESSIE data make it impossible to get an accurate count of the caseload. Based on best estimates, the standards were not met; however, some progress was made as DHR met goals mandated by the General Assembly to increase the number of frontline caseworkers and supervisors to 1,941 in FY 2007 and to 2,021 as of December 1, 2007.

Improve permanency outcomes for children in out-of-home placement. Maryland scored 27% (compared with the federal expectation of 90%) on the federal Child and Family Services Review in the area entitled, “Children have permanency and stability in their living situation.” In addition to the reforms listed above (accountability, workforce and earlier intervention), Maryland needs far-reaching reform of courts: more judges, masters, and attorneys; a one-family, one-judge policy; and strict policy and accountability measures to avoid delays in considering permanency issues. Courts must stop rubber-stamping.

Progress: There is no statistical evidence of lower length of stay or increased achievement of permanency. Under a 2005 statute, juvenile courts in Maryland are required to report to CRBC any findings during a permanency planning review hearing of lack of reasonable efforts to achieve a permanent placement for a child. Prince George’s County is the only jurisdiction that has notified us of more than a handful of cases. In the rest of the State, lack of reasonable efforts findings run substantially less than 1% of the number of reviews conducted. This contrasts with CRBC findings, which can be found on pages 35 ff.

In the summer of 2007, Chief Judge Robert Bell of the Maryland Court of Appeals established a Child Welfare Commission with a focus on expediting permanent placement. The commission, co-chaired by Judge Bell and DHR Secretary Donald, has held meetings with stakeholders, such as, public defenders, juvenile justice, CASA, foster parent representatives, CRBC members, educators, and others. The Commission decided to convene stakeholders from state government, private and non-profit sector to participate in a statewide summit regarding improving permanency for children in out-of-home care. Each jurisdiction has been invited to the summit in teams of 10-12 people. A family court judge and the local director of social services head each jurisdiction’s team. Each team is to participate by identifying barriers to permanency as well as initiatives underway to address these barriers. The summit is June 5 and 6th at the Judicial Center in Annapolis, where the teams will participate by hearing speakers and attending break out sessions that will generate ideas to improve permanency in foster care.

2008 Recommendations:

- Maryland continues to need far-reaching reform of courts: more judges, masters, and attorneys; a one-family, one-judge policy; and strict policy and accountability measures to avoid delays in considering permanency issues. Courts must stop rubber-stamping.

Adopt policies and practices that protect children from abuse and neglect. The legal definition of abuse should be strengthened. Recent appellate decisions have favored a parent's right to inflict corporal punishment, even to the point of injury, against the child's right to be protected. The State continues to tolerate disregard and defiance of the statute requiring reporting of abuse and neglect. Workforce and accountability reforms should set the stage for more thorough investigations of abuse and neglect. Planned child protection reforms (AKA "differential response") should enhance services and not merely reduce investigation costs. Persons with a history of harming children should receive scrutiny and services from child protection agencies *before* children are abused or neglected.

Progress: We were unable to get a sponsor during mid-session in 2007 for legislation strengthening the definition of abuse. Thus, we were left with a situation in which caseworkers will increasingly have difficulty differentiating allowable corporal punishment from physical abuse. Legislation was put forward to create a mechanism for mandatory risk and safety assessment by local departments of social services for children who are reported to be at risk of abuse or neglect because an adult with a history of harming children cares for them. The bill did not get a committee vote in either chamber. We are pleased that DHR agreed to withdraw draft child protection regulations that we felt would not sufficiently protect children from physical abuse. We look forward in the future to open consultation between DHR and child advocates on draft regulations affecting child protection and other critical child welfare programs.

2008 Recommendations:

- The 2007 recommendations were re-affirmed (see above)
- Persons with authority over children in schools and other types of organizations should be subject to criminal sanction if they have sexual contact with those children.

Below we reproduce data that DHR provided for the Governor's StateStat program. May and June 2007 were the first two months in which data were provided based on a monthly manual census performed in the local departments. The numbers provided are mostly plausible in light of known past history, but there are inevitable problems with establishing an elaborate census like this among 2,000 staff responsible for tens of thousands of cases.

CHILD WELFARE SYSTEM PERFORMANCE DATA

CPS data from StateStat

Below we reproduce data that DHR provided for the Governor’s StateStat program. May and June 2007 were the first two months in which data were provided based on a monthly manual census performed in the local departments. The numbers provided are mostly plausible in light of known past history, but there are inevitable problems with establishing an elaborate census like this among 2,000 staff responsible for tens of thousands of cases. The number of reports (including those screened out as not appropriate for investigation) is a new piece of information.

Table 2 – StateStat Data for May and June 2007

Child Protective Services	May-07**	Jun-07**
Reports Total # of reports of suspected child maltreatment during report month	4,386	3,571
Investigations		
Total # Open at beginning of report month	6,390	6,950
Total # New during report month	2,553	1,842
Total # Completed during report month	2,005	2,267
Total # Open at the end of report month	6,950	6,468
Allegations		
Total # of new allegations during report month	2,540	1,842
Physical Abuse Total # of new physical abuse allegations	971	604
Sexual Abuse Total # of new sexual abuse allegations	330	232
Mental Injury-Abuse Total # of new mental injury-abuse allegations	8	11
Neglect Total # of new neglect allegations	1,225	985
Mental Injury-Neglect Total # of new mental injury-neglect allegations	6	10
Findings regarding Allegations		
Total # of findings completed during report month	1,903	2,210
"Indicated" Findings Total # of indicated findings during report month *	388	458
Physical Abuse # of indicated findings	90	114
Sexual Total # of indicated findings	87	76
Mental Injury-Abuse # of indicated findings	0	0
Neglect # of indicated findings	210	268
Mental Injury-Neglect # of indicated findings	1	0
"Unsubstantiated" Findings Total # of unsubstantiated findings during report month *	442	451
Physical Abuse # of unsubstantiated findings	165	154
Sexual # of unsubstantiated findings	65	44
Mental Injury-Abuse # of unsubstantiated findings	0	0
Neglect # of unsubstantiated findings	212	253
Mental Injury-Neglect # of unsubstantiated findings	0	0
"Ruled Out" Findings Total # of ruled out findings during report month	1,073	1,301

Table 3 – StateStat Data for May and June 2007

Children in Out-of-Home Services	May-07	Jun-07
Beginning of Report Month		
Total # of children in out-of-home services at beginning of report month	10,301	10,279
New Out-of-Home Service Cases Total # of new out-of-home services for the report month	330	302
Foster Children at the End of Report Month		
Total # of children in out-of-home services at the end of report month	10,279	10,192
Total # of children in Family Foster Homes at end of report month (family foster, relative foster, formal kinship, treatment foster care-public & private, pre-adoptive, emergency home)	6,307	6,346
Total # of children in Group Homes at end of month (alternative living unit, emergency group shelter, residential group, therapeutic group, teen mothers) **	1,995	1,901
Total # of children in Residential Treatment Centers at end of report month **	314	307
Total # of children in Independent Living Residential Placements at end of report month	257	259
Total # of Children in other placements at end of report month (hospital, correction facility, trial visits, etc.) **	1,406	1,379
Foster Children Leaving Care		
Total # of children who exit out-of-home care during report month	352	389
Children Adopted Total # of children who exited for adoption	46	59
Children Reunified Total # of children who exited for reunification	106	130
Children in Legal Guardianship Total # of children who exited to guardianship	37	30
Aged Out Total # of children who exited by aging out	44	33
Other Total # of children who exited for other reasons	119	137
Family Foster Homes (LDSS Approved foster homes and treatment foster homes)		
Beginning of Report Month Total # of open active foster homes at the beginning of the report month	2,853	2,899
New Homes Total # of newly approved foster family homes during the report month***	64	45
Closed Homes		
Total # of closed foster family homes during the report month	18	54
End of Report Month		
Total # of active foster homes at the end of the report month	2,899	2,890

Numbers provided are, again, plausible based on past history from our own data system. The numbers leaving care (352 in May and 389 in June) are quite a bit larger than average and the number with “Other” reasons for exiting care are unusually high.

Summary of Accountability Indicators

(From University of Maryland School of Social Work Ruth H. Young Center for Families and Children December 2007)

The Department of Human Resources contracted with the Ruth H. Young Center (RHYC) for assistance in implementing the Child Welfare Accountability Act of 2006. In December 2007, RHYC issued the first report on baseline statistical indicators in four areas (as indicated in the table below), which are mandated by the Act. In addition, RHYC sought to provide or approximate related indicators required by the federal government under its Child and Family Services Review program.

In general, RHYC found that performance in promoting child safety was very close to standards promulgated by the federal government, but indicators regarding children in out-of-home care require improvement.

Because of problems with MD CHESSIE data, baseline indicators were generally issued for Calendar Year 2005 using DHR's legacy systems: 1) the Client Information System (CIS); or 2) Foster Care and Adoption Child Tracking System (FACTS). In instances where CIS or FACTS could not provide information, RHYC used detailed case reviews conducted in CY 2007 by supervisors or by on-site review teams in connection with Maryland's own QA program. We have serious reservations about using the supervisory reviews because the instrument was seriously flawed. (See page 5.) In addition, the use of supervisory reviews for quality assurance information should have been undertaken only after validity studies.

The RHYC offered some cogent recommendations for improving the process of defining and tracking outcome measures. If DHR is able to implement the recommendations, we should see improvement in the effectiveness of the Accountability program.

In our view, any objective evaluation of the statistical indicators presented here indicates the ongoing need for "rapid and far-reaching improvements" that we have consistently called for over the years.

Table 3 – Child Welfare System Performance Benchmarks reported by University of Maryland

Indicator	Method and Timeframe	Value	Comment
PROTECTING CHILDREN FROM ABUSE AND NEGLECT AT HOME			
Recurrence within 12 months of child abuse or neglect among victims of indicated child abuse and neglect	CIS CY 2005	9.0%	
Recurrence within 6 months of child abuse or neglect among victims of indicated child abuse and neglect	CIS CY 2005	5.1%	Lower than federal standard of 5.4%
The percentage of screened out reports that are documented as reviewed by a supervisor			Unable to report
The incidence of child abuse or neglect for a child who, in the prior 12 months, was not removed from the home following an investigation that found indicated or unsubstantiated abuse or neglect.	CIS CY 2005	9.0%	This requires particular attention in view of DHR initiatives.
The percentage of child protective services investigations that are initiated and completed in accordance with [law]. Completed within 10 days Completed within 30 days Completed within 60 days Completed within 120 days	CIS 9/3/2005 – 12/31/2005	5.6% 26.9% 70.5% 98.8%	Law requires completion in 60 days. Expungement process makes this complicated to measure.
For all indicated and unsubstantiated cases of abuse and neglect, the percentage of children who: Receive family preservation services (FPS) Receive FPS & remain safely in home for 18 months Do not receive FPS & remain safely in home for 18 months	CIS CY 2005	7.4% 75.2% 83.5%	

Indicator	Method and Timeframe	Value	Comment
PROTECTING CHILDREN FROM ABUSE AND NEGLECT IN OUT-OF-HOME CARE			
<p>The incidence of indicated or unsubstantiated findings of child abuse or neglect of children in the custody of a local department, or a placement agency, for out-of-home placements.</p> <p style="padding-left: 20px;">% of out-of-home placement episodes</p> <p style="padding-left: 20px;">% of children in out-of-home placements</p>	<p>CIS + special estimation method</p> <p>CY 2005</p>	<p>.49%</p> <p>.63%</p>	<p>Higher than federal standard of .32%</p>
<p>The incidence of indicated or unsubstantiated findings of child abuse or neglect within 12 months following the release of the child committed to the department</p>	<p>CIS data</p> <p>CY 2005 (Exited CY 2004)</p>	<p>5.1%</p>	<p>Based on 5,955 children exiting care or after care! We believe this is an error as there have never been that many children exiting care.</p>
PERMANENCY AND STABILITY OF CHILDREN IN OUT-OF-HOME CARE			
<p>The percent of children living in out-of-home placement by placement type</p> <p style="padding-left: 20px;">Trial home visit</p> <p style="padding-left: 20px;">Kinship care</p> <p style="padding-left: 20px;">Restricted foster home</p> <p style="padding-left: 20px;">Regular foster home</p> <p style="padding-left: 20px;">Treatment foster home</p> <p style="padding-left: 20px;">Group home</p> <p style="padding-left: 20px;">Adoptive home</p> <p style="padding-left: 20px;">Other</p>	<p>FACTS</p> <p>1/1/2005</p>	<p>3.7%</p> <p>33.3%</p> <p>5.6%</p> <p>16.9%</p> <p>14.7%</p> <p>13.9%</p> <p>1.7%</p> <p>10.2%</p>	<p>10,821 children in care on 1/1/2005</p>
<p>The percentage of children with more than two out-of-home placements during a report year</p>			<p>Unable to report</p>
<p>Percent of children in stable placements</p> <p style="padding-left: 20px;">By Maryland CF SR review</p> <p style="padding-left: 20px;">By local supervisory review</p>	<p>QA case reviews</p> <p>CY 2007</p>	<p>95.2%</p> <p>96.5%</p>	<p>+6%</p> <p>+2%</p>
<p>The percentage of children in custody of a local department or placement agency who have siblings living in different placements.</p>			<p>Unable to report</p>
<p>Reasonable efforts to place siblings together when appropriate</p>	<p>QA case reviews</p> <p>MD CF SR</p>	<p>100%</p>	<p>Sample size = 19</p>

Indicator	Method and Timeframe	Value	Comment
Placed with siblings	Local supervisory reviews	54.7%	+9% Sample size = 117
If siblings not placed together: Clinical or compelling reason for separation	Local supervisory reviews	88.2%	+8% Sample size = 68
Reasonable efforts to place siblings together		93.3%	+6% Sample size = 60
The percentage of children who exit state custody by exit type Reunification ⁵ Adoption Relative guardian Non-relative guardian All other	FACTS CY 2005	42.4% 17.5% 14.4% 1.1% 24.5%	3,774 exits Other includes: aging out, transfer to other jurisdiction, death, as well as other reasons.
If siblings not placed together: Clinical or compelling reason for separation	Local supervisory reviews	88.2%	+8% Sample size = 68
Reasonable efforts to place siblings together		93.3%	+6% Sample size = 60
The percentage of children who exit state custody by exit type Reunification ⁶ Adoption Relative guardian Non-relative guardian All other	FACTS CY 2005	42.4% 17.5% 14.4% 1.1% 24.5%	3,774 exits Other includes: aging out, transfer to other jurisdiction, death, as well as other reasons.

Reunification includes returned to parent(s) or court-ordered return to parent(s). [WHAT ABOUT RETURN TO GUARDIAN?]

Reunification includes returned to parent(s) or court-ordered return to parent(s). [WHAT ABOUT RETURN TO GUARDIAN?]

Indicator	Method and Timeframe	Value	Comment
The percentage of children who exit state custody by exit type Reunification Adoption Relative guardian Non-relative guardian All other	FACTS CY 2004	40.4% 19.6% 16.0% 1.2% 22.7%	Note a higher proportion of adoption & relative guardianship in 2004.
The percentage of children who exit state custody by exit type Reunification Adoption Relative guardian Non-relative guardian All other	FACTS CY 2003	34.7% 19.5% 15.1% 1.1% 29.7%	Note a much lower reunification rate & higher rate of "other" in 2003.
The percentage of children who exit state custody by exit type Reunification Adoption Relative guardian Non-relative guardian All other	FACTS CY 2002	40.7% 22.0% 15.9% 0.5% 20.9%	Note much higher rate of adoption in 2002.
The percentage of children who exit state custody by exit type Reunification Adoption Relative guardian Non-relative guardian All other	FACTS CY 2001	39.7% 20.8% 19.5% 1.2% 18.8%	Note relatively high rate of adoption in 2001 as well as relative guardianship.
The percentage of children who exit state custody by exit type Reunification Adoption Relative guardian Non-relative guardian All other	FACTS CY 2000	42.9% 16.6% 21.7% 1.4% 17.4%	Note relatively high rates of reunification & relative guardianship in 2000. "Other" is low.
Of all children discharged from out-of-home care to reunification in Cy 2005 who had been in out-of-home care for 8 days or longer, what percent were reunified in less than 12 months from the date of latest removal from home?	CIS/FACTS CY 2005	54.9%	1,351 qualifying exits. National median is 69.9%

Indicator	Method and Timeframe	Value	Comment
Of all children who entered foster care [sic: should be "out-of-home"] for the first time in the 6-month period just prior to calendar year 2005, and who remained in foster care for 8 days or longer, what percent were discharged from [out-of-home] care to reunification in less than 12 months from the date of latest removal from home?	CIS/FACTS CY 2005	28.0%	Reunification includes custody & guardianship to relatives. National median is 39.4%
Of all children who were discharged from [out-of-home] care to adoption during calendar year 2005, what percent were discharged in less than 24 months from the most recent placement date?	CIS/FACTS		Unable to report. ⁷
Substitute measure: of all children who moved into a pre-adoptive placement during calendar year 2005, what percent were placed in less than 24 months from the date of the latest removal from home?	CIS/FACTS CY 2005	19.9%	Of 519 children placed for adoption. An historically low number.
Substitute measure: of all children who were discharged from out-of-home care to a finalized adoption during calendar year 2005, what percent were discharged in less than 24 months from the date the child started the adoptive placement?	CIS/FACTS CY 2005	73.0%	Of 662 children adopted
Of all children in [out-of-home] care on the first day of the 1-0month target period who were in [out-of-home] care for 17 continuous months or longer, what percent were discharged from foster care to a finalized adoption by the last day of the 12-month target period?	CIS/FACTS CY 2005		

⁷ CRBC has a long-established procedure of manual reporting designed to overcome the inherent inability of CIS/FACTS to report on this and two subsequent adoption indicators. [DO WE HAVE THE ADOPTION CLOSINGS FOR CY 2005?]

Indicator	Method and Timeframe	Value	Comment
Of all children who were in [out-of-home] care for 24 months or longer on the first day of calendar year 2005, what percent were discharged to a permanent home prior to their 18 th birthday by the end of the calendar year?	CIS/FACTS CY 2005	8.4%	Of 5,356 children. [Apparent error in calculation: should have used 17-year-olds.] This is very poor performance! National median is 25%.
Of all children who were discharged from out-of-home care in CY 2005 who were legally free for adoption at the time of their discharge, what percent were discharged to a permanent home prior to their 18 th birthday?	CIS/FACTS CY 2005	90.4%	Of 656 children. National median is 96.8%.
The number [percent] of children who are recommitted to the Department within 12 months of release from commitment.... [Brackets in original.]	CIS/FACTS CY 2005	11.4%	Based on 5,955 children exiting care or after care! We believe this is an error as there have never been that many children exiting care.
The percentage [of] foster homes and kinship care homes in which the following have been conducted according to regulation: Required criminal background checks Initial fire & safety inspection Initial health & sanitation inspection Annual reconsideration for compliance with standards for safety & quality	QA reviews CY 2007	91.7% 85.7% 85.7% 95.8%	+ -9% + -13% + -13% + -8%
ADDRESSING THE WELL-BEING OF CHILDREN IN OUT-OF-HOME CARE			
The percentage of children in out-of-home placements who received a comprehensive assessment in compliance with federal regulations... within 60 days of entering placement	QA reviews CY 2007	90.5%	Of 158 children. + - 5%

Indicator	Method and Timeframe	Value	Comment
The percentage of eligible children entering foster care or kingship care who have been examined by a medical provider within [5] days of entry. [Brackets in original.]	QA reviews CY 2007	91.1%	Of 168 children. +- 4%
<p>The percentage of school-aged children in out-of-home placements</p> <p>Enrolled in school.</p> <p>Enrolled in school within 5 days of entry Into out-of-home placement.</p>	QA reviews CY 2007	<p>96.1%</p> <p>89.1%</p>	<p>Of 285 children. +-2%</p> <p>OF 129 children. +-5%</p>

Retrospective Racial Disparity Analysis⁸

The Annie E. Casey Foundation and the Maryland Children's Action Network (MD CAN) partnered to focus on racial disparities for the MD CAN Convention in October 2007. CRBC took the lead on child welfare issued and provided an analysis of racial disparities in the out-of-home care program over the period 1990 through 2006 (based on State fiscal years). The analysis presented here is an extension of the material presented at the Convention. The analysis is limited to a comparison of white versus African-American children because well over 95% of children in care in Maryland over the 16-year period fall into those categories.

We gathered census data and combined it with case flow data from our CRBC Information System to calculate the proportion of Maryland's children 1) living in placement⁹ (daily census estimates) and 2) entering placement during a year. (The CRBC Information System is based on daily downloads of data about individual children from DHR's CIS/FACTS systems.) The daily census is a single indicator that combines the rate at which children enter placement and the average length of time they remain in placement. We use an indicator called Projected Average Length of Stay in placement (PALOS) to measure length of stay.

We are thus able to examine the overall disparity between white and African-American children and then dig down to ask how much of the disparity is due to differential rates of entry into placement and how much is due to disparity in how long children remain in placement.

There are 10 charts below. Chart 1 shows that Baltimore City has a disproportionate role in the statewide picture. The City had about 12-15% of the children in Maryland but 63-69% of the children in out-of-home placement (depending upon which year is examined). The City had approximately 25% of the daily census of white children in placement and 75-80% of African-American children in placement during this period. Regarding entry into placement, the City had 19-23% of the white children and 67-77% of the African-Americans.

Chart 2 shows that statewide 17-22 of every 1,000 African-American children had been in placement on a given day during the 16-year period versus fewer than 3 of every 1,000 white children. Chart 3, by contrast, shows that in Baltimore City 47-60 of every 1,000 African-American children were in placement versus 12-18 of every 1,000 white children.

Chart 4 combines the results of charts 2 and 3 and also shows data from other large jurisdictions in Maryland. In this chart the black line at 1.0 shows what the ratio would have to be to indicate no disparity. Such a result would mean that African-American and white children have an equal likelihood of being in placement. The statewide disparity over the 16-year period ranged from 5.6 (2006) to 7.6 (1995-2000). In Baltimore City, the disparity ratio ranges between 3.1 and 3.8, while in Montgomery County it was nearly 9 for the first two 5-year periods. Baltimore County

⁸ CRBC thanks Kathleen Aaron of Catholic Charities and Ameerjill Whitlock of Advocates for Children and Youth for assistance with this analysis.

⁹ We use "placement" to indicate the population of children who are not living at home and for whom the State is responsible to find a living arrangement. We use "care" to indicate the population of children in placement plus those at home (in after care) on a trial basis.

has the lowest disparity ratio, declining from 2.7 to 1.6 over the period. The disparity ratios in Prince George's County are intermediate between Baltimore City's and Baltimore County's.

A notable feature of Chart 4 is that disparity ratios between 3 and 4 in the City drive statewide disparity ratios of between 6 and 8. This incongruous result occurs because Baltimore City's out-of-home care population is so predominantly African-American *and* because the City's placement rate is so high (48-60 per thousand from Chart 3). Considering the City's high rates of bringing and keeping children in out-of-home placement along with its high proportion of African-Americans, the statewide data would show a significant racial disparity, *even if every jurisdiction had no racial disparity at all*. Actually, Baltimore City has a substantial racial disparity and this further magnifies the statewide disparity.

The Chapin Hall Center for children at the University of Chicago is one of the leading institutions that analyzes child welfare data in the United States. In its September 2007 publication, "Racial Disparity in Foster Care Admissions," it found a nationwide disparity between African-Americans and all other racial/ethnic groups of 2.43 in the daily census. This puts Maryland's disparity ratio of 5.6 in 2006 quite a bit outside the expected range.

Charts 5 through 7 examine the contribution to placement disparity from entry patterns. In Chart 5 we see that the entry rate for African-Americans fell from 8 per thousand in 1990-95 to about 5 per thousand in 2006. For white, the rate stayed relatively constant at 2 per thousand throughout the entire period.

In Baltimore City, the pattern was somewhat different as shown in Chart 6. The peak period of entry rate was in 1995-2000 when the crack epidemic in the City was at its peak. Entry rose for both whites and African-American in this period. African-American entry ratios ranged from a high of over 20 in the peak period to below 14 in 2006.

Chart 7 shows the disparity ratios for Maryland, the City, and selected large jurisdictions. As with Chart 4, the black line shows the hypothetical no-disparity level. Disparity ratios are somewhat lower than those seen in Chart 4 for the daily placement census. Baltimore County again has the lowest disparity ratios – falling from 2.8 to 1.7 over the period – and Montgomery County by far the highest at about 8 but falling to 5 for 2006. Prince George's County tended to have higher disparity ratios than Baltimore City, ranging between 2.4 and 3.7 while the City's stays below 3.

Since disparity ratios are lower for entry than for the daily placement census, it follows that African-American children must average longer lengths of stay than white children. Charts 8-10 explore this issue. Projected average length of stay (PALOS) is expressed in months.¹⁰

Chart 8 shows that PALOS rose for both African-American and white children by about 25% during the entire 16-year period. For whites, it rose from 22 to 27 months, and for African-Americans from 32 to 40 months.

¹⁰ PALOS = the average daily population divided by the number of children entering in a time period, with an appropriate factor to adjust for the length of time of the period. In this instance, average daily population over the period is estimated by merely averaging the beginning population and the ending population.

In Baltimore City, Chart 9 reveals that PALOS rose by about 25% for African-Americans from 35 to 44 months, but for whites it rose over 40% from 24 to 34 months.

Chart 10 shows the disparity ratios for PALOS and includes a black line at 100% to show where a no-disparity ratio would lie.

The most significant conclusion from all the data presented is that the history of extraordinarily high entry rates in Baltimore City has driven the racial disparity ratios in Maryland very substantially higher than is found in other areas of the United States.

Additional analysis would be warranted along the following lines:

- Look at poverty by race by jurisdiction and correlate to out-of-home placement entry rates.
- Analyze average length of stay by age at entry and race.
- Further deepen the county-by-county analysis of the available data.

When these data were presented at a workshop at the Maryland Children's Action Network Convention, workshop participants made the following suggestions

- Pull together a diverse group of representatives to understand the issues identified
- Offer a statewide credentialing process for all child welfare workers
- Add training that includes cultural competence for the needs of various jurisdictions, e.g., Prince George's needs more bilingual staff
- Add training for supervision and clinical staff
- Increase scholarships for training of social workers with accountability for who gets it
- Governor and DHR Secretary must support policy changes that decrease bias in funding toward placement. I.e., increase family preservation services and family-centered practice
- Begin research into the availability of adequate housing and its impact on the decision to reunify or remove a child from family of origin.

Chart 1

Baltimore City has a majority share of all children entering placement & in placement. It drives trends. Since the City's population in care is about 90% African-American, much of the disparity in statewide data can derive from the high rates in the City.

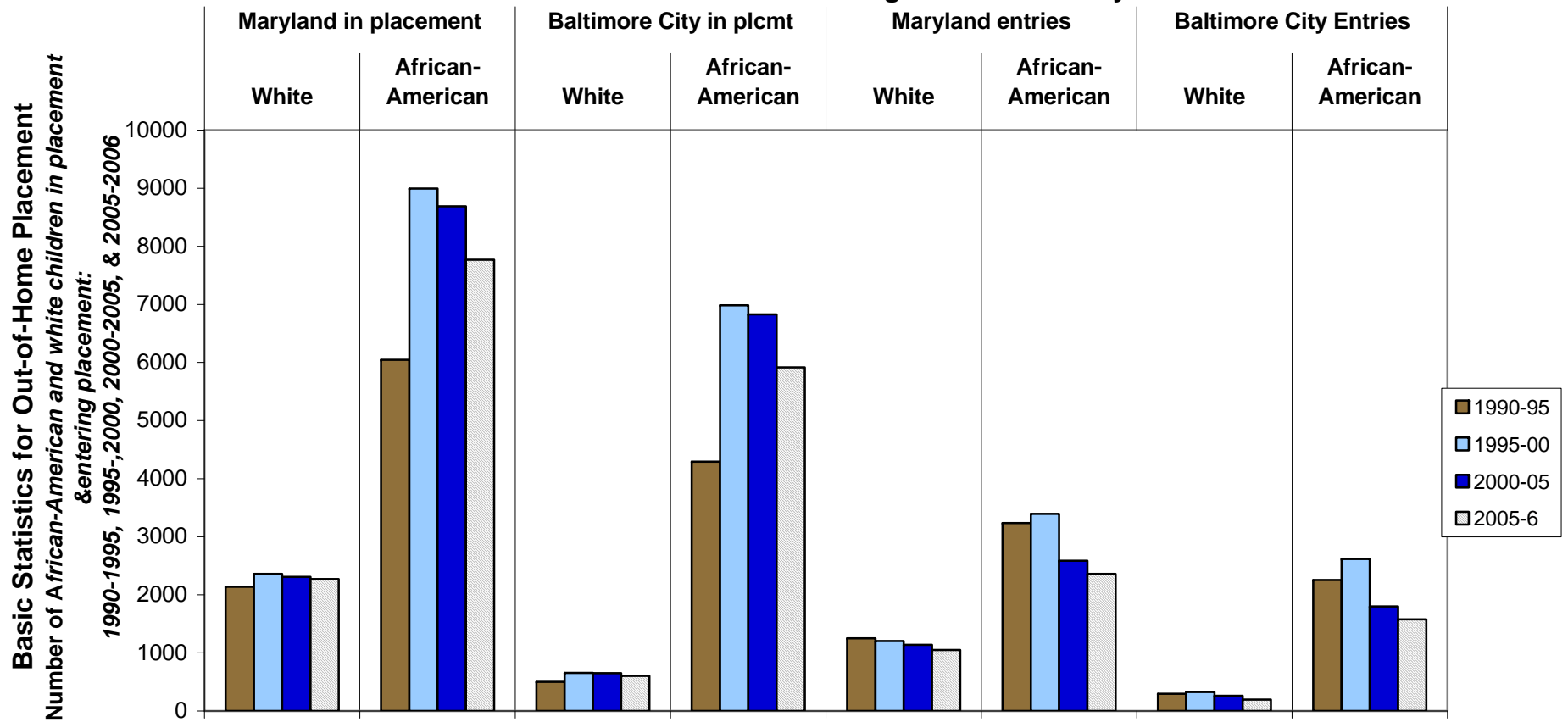


Chart 2

In Maryland, African American children are more likely to be in out-of-home placement than white children.

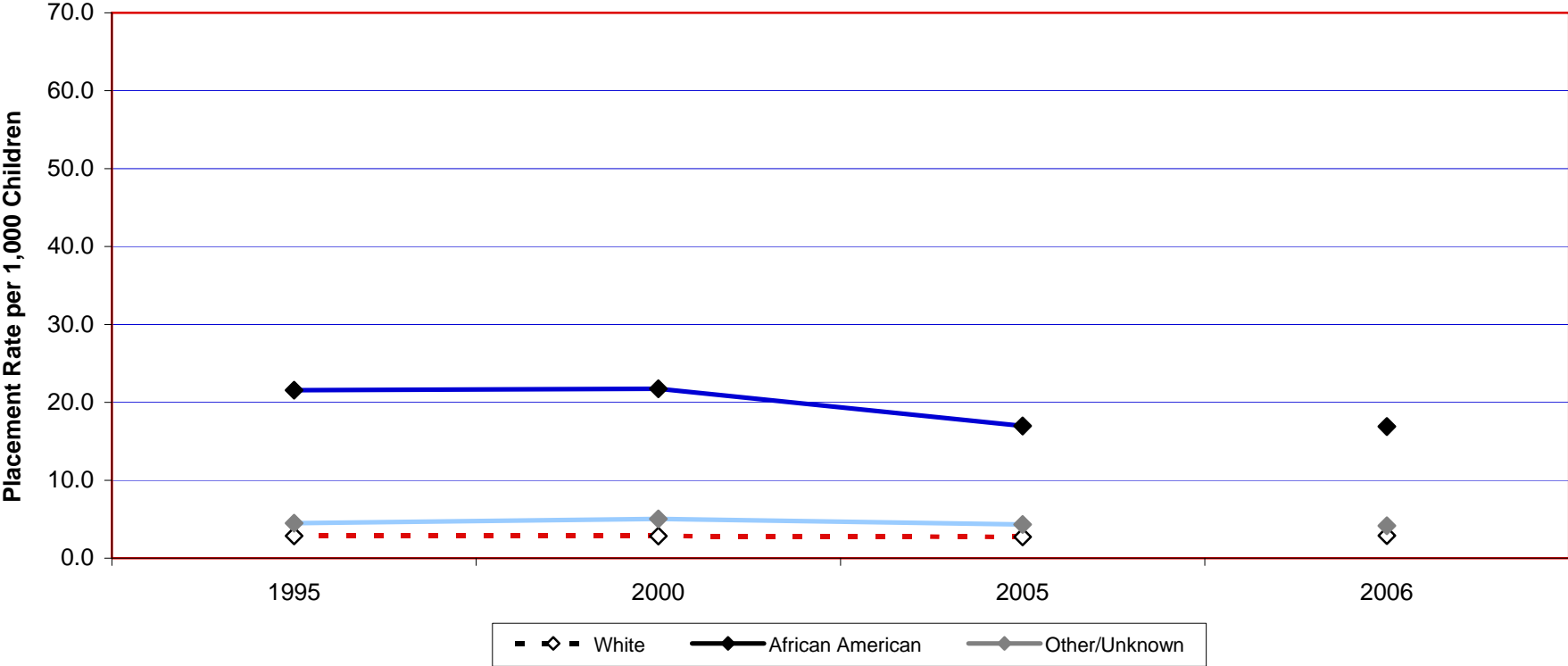


Chart 3

In Baltimore City, African American children are much more likely to be in out-of-home placement than white children. But white children in the City are much more likely to be in placement than in the State generally.

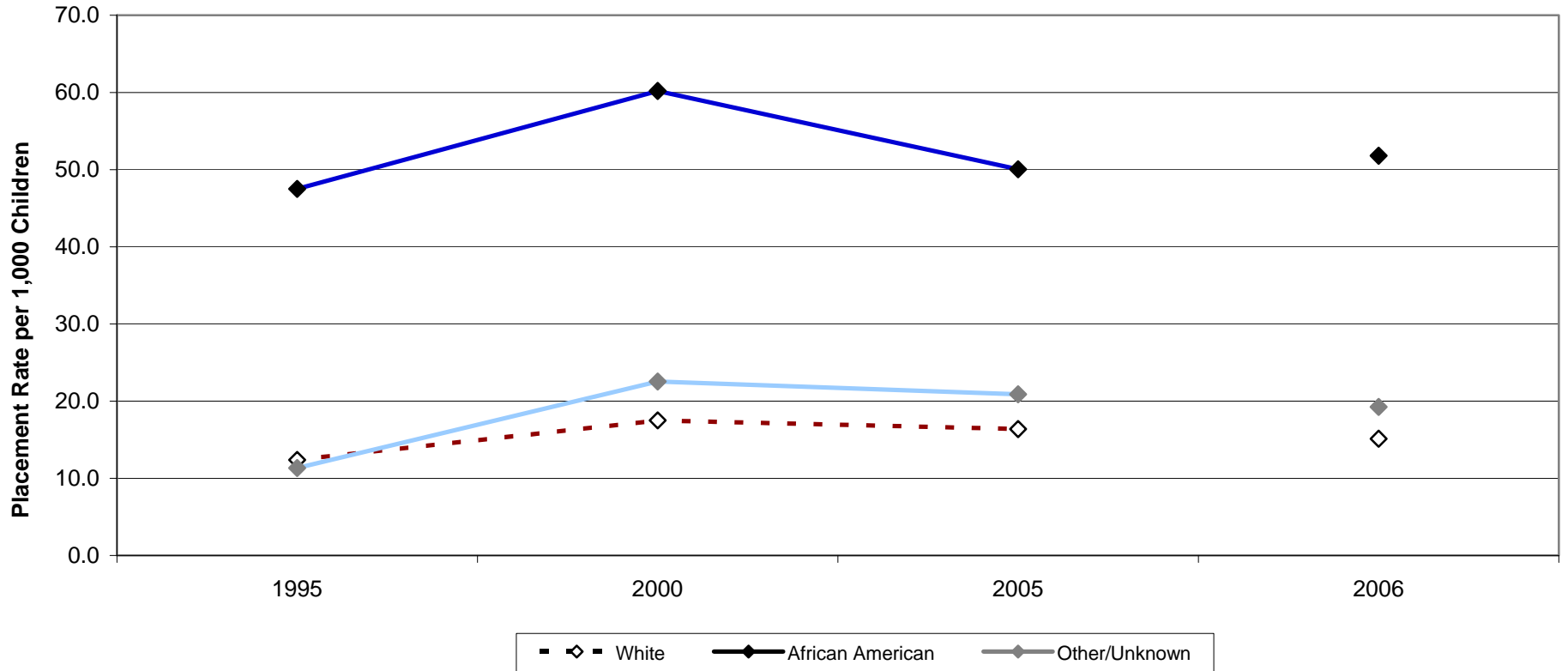


Chart 4

The disparity in rates of foster care placement between African American and white children varies among jurisdictions, but among selected jurisdictions, is highest in Montgomery County. Still, the City's large population drives statewide results.

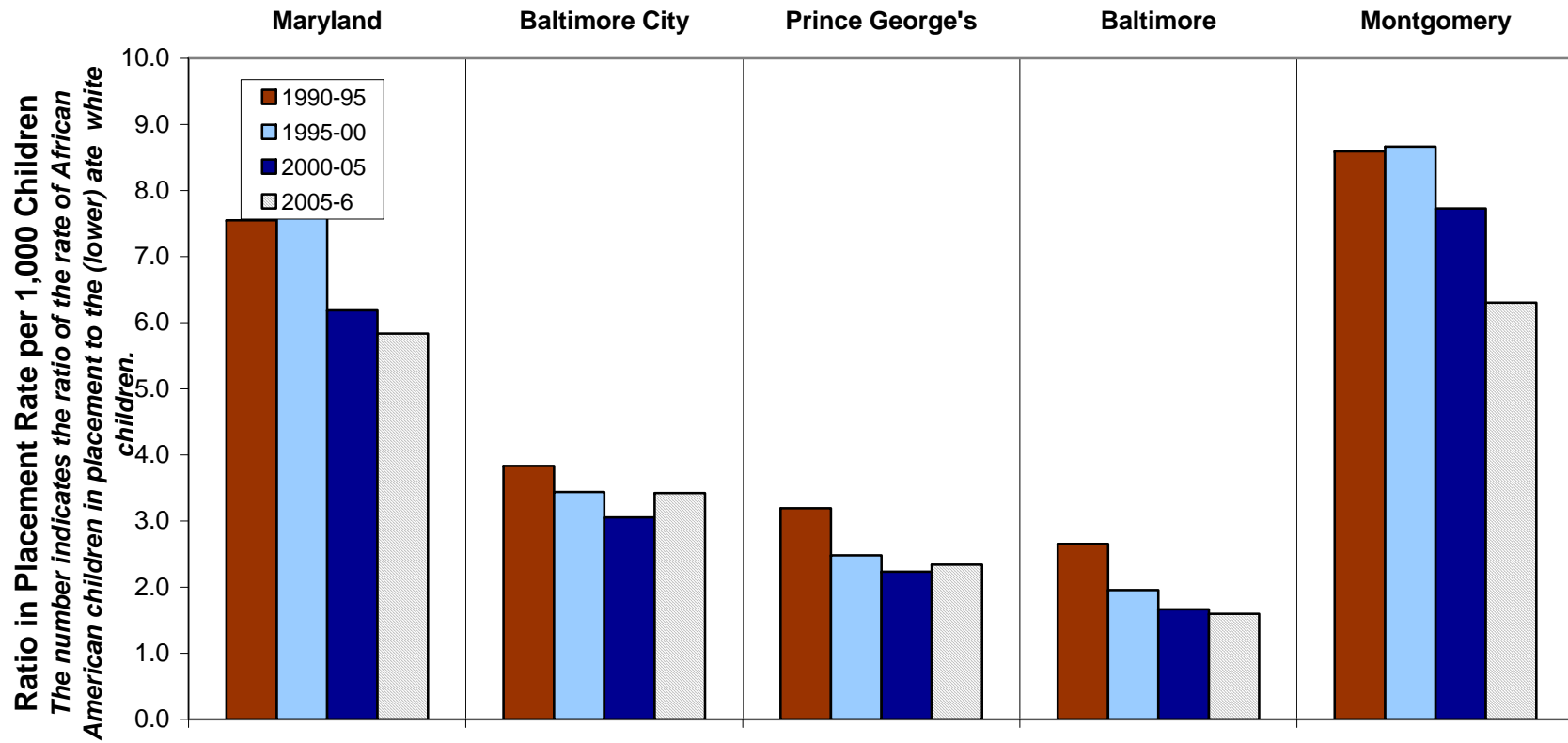


Chart 5

African American children enter out-of-home placement in Maryland at a higher rate than other children. Disparity has decreased over time.

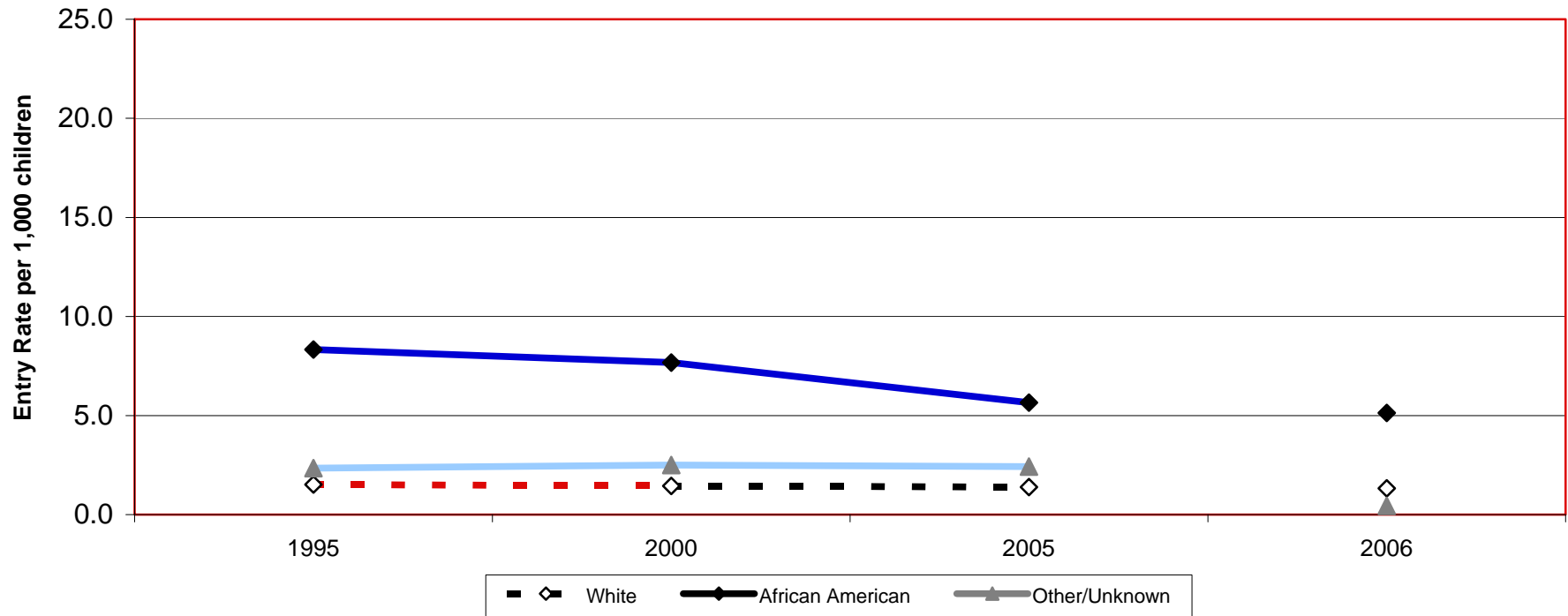


Chart 6

Entry into Out-of-Home Placement by Race Baltimore City
Whites and African-Americans follow a similar pattern, but there is a substantial disparity

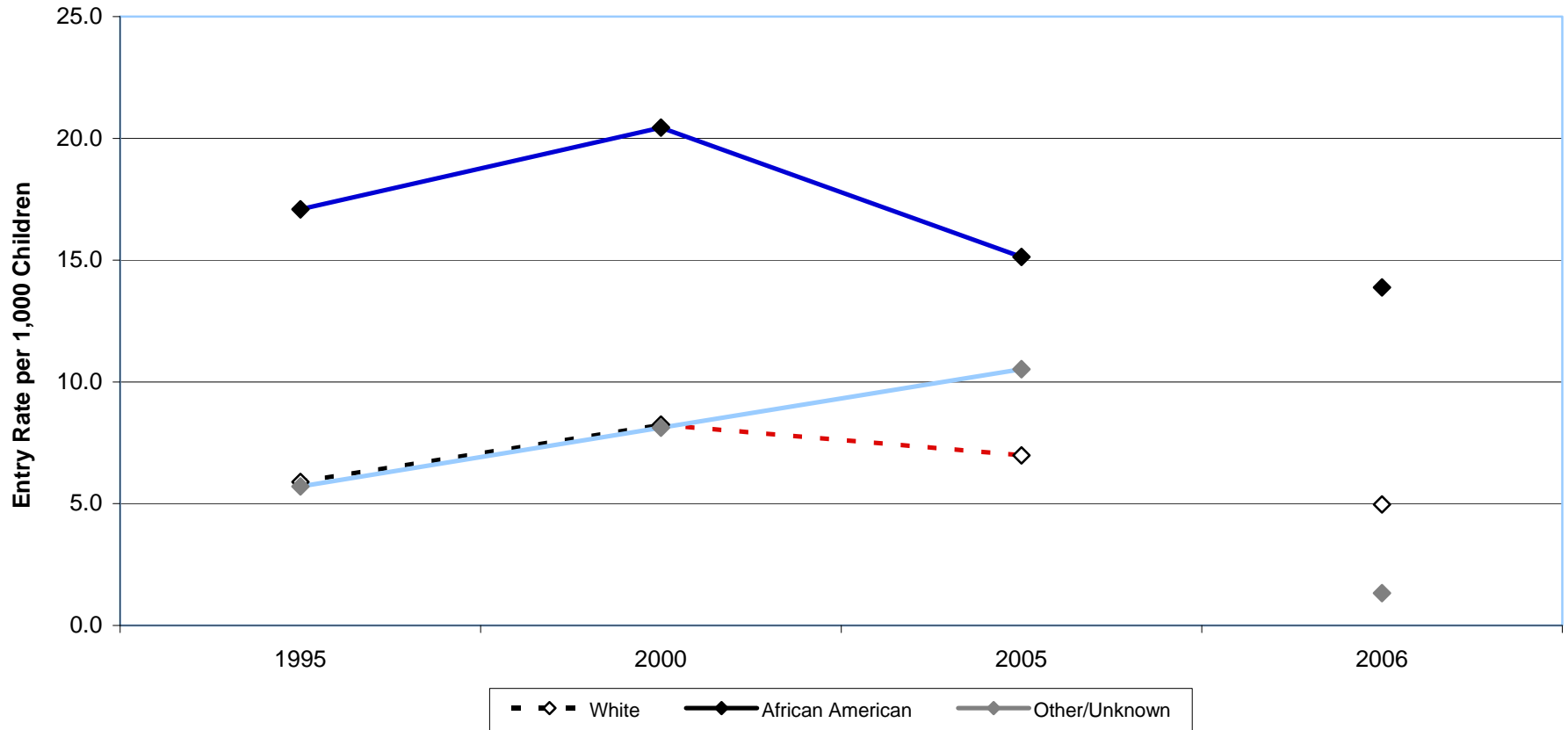


Chart 7

Disparity in rates of out-of-home placement entry between African American & white children fell in later years as Baltimore City's entry rate fell. Montgomery's disparity ratio is high.

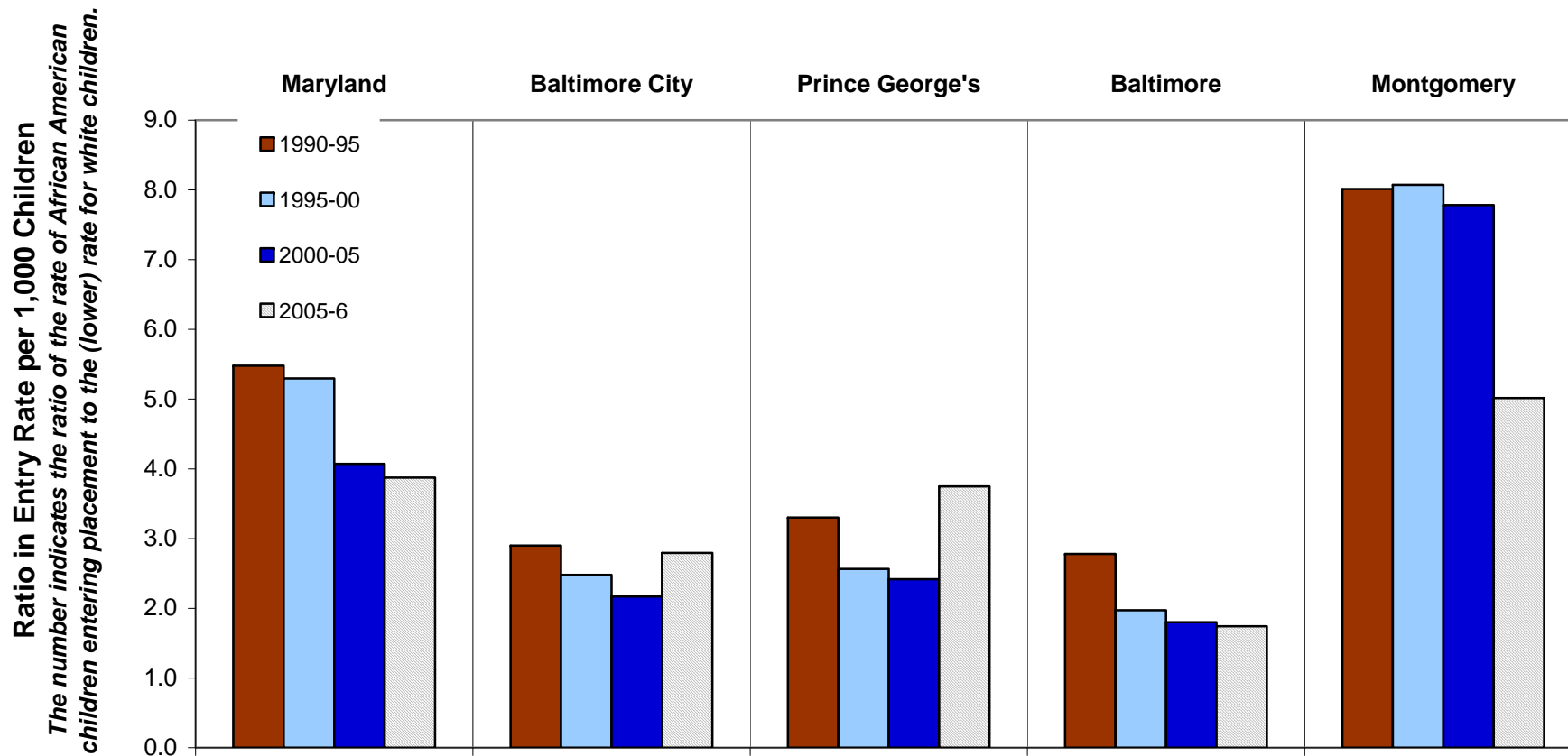


Chart 8

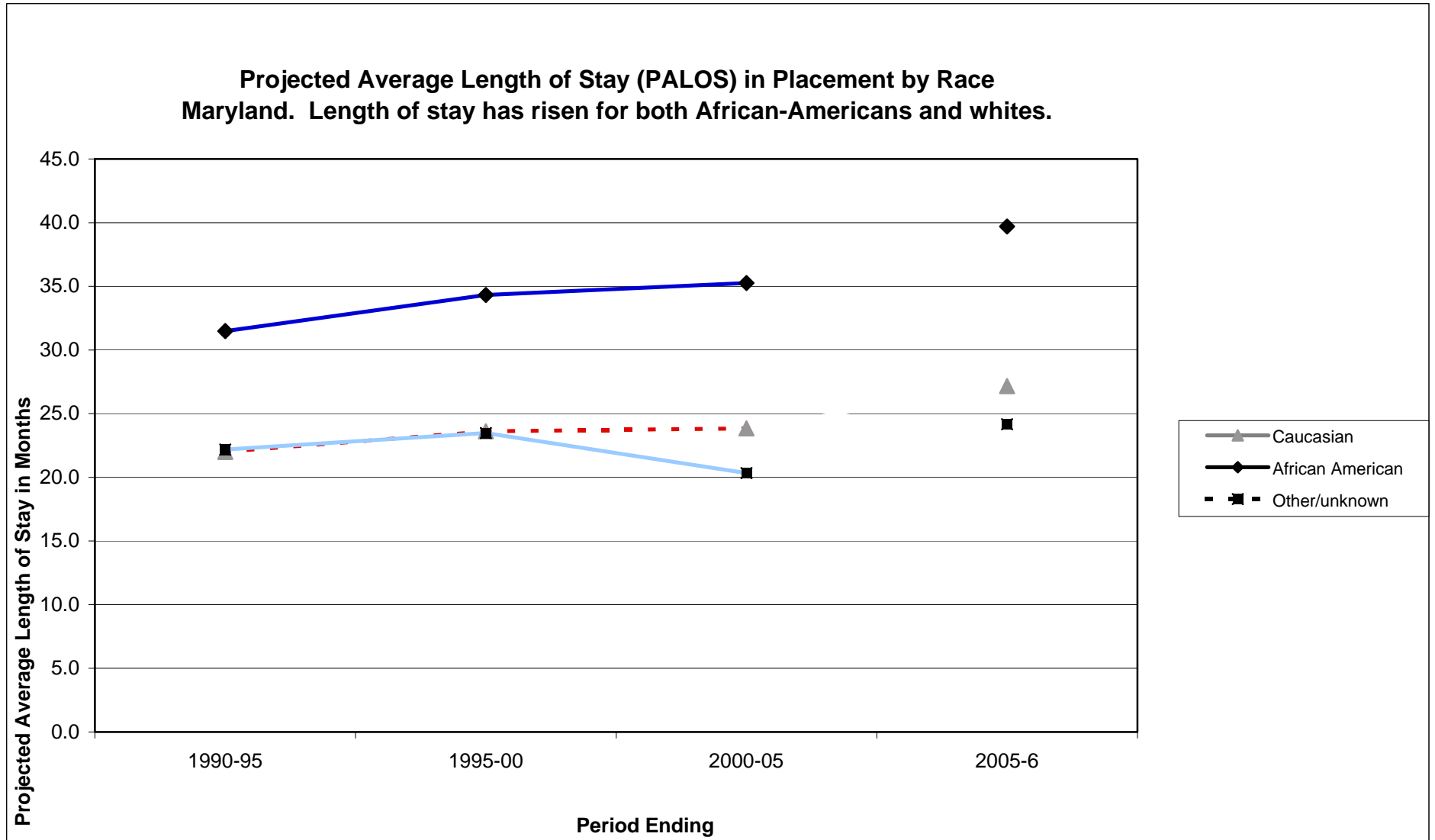


Chart 9

**Projected Average Length of Stay (PALOS) by Race
Baltimore City. The pattern for African-American and white children shows similar
increases.**

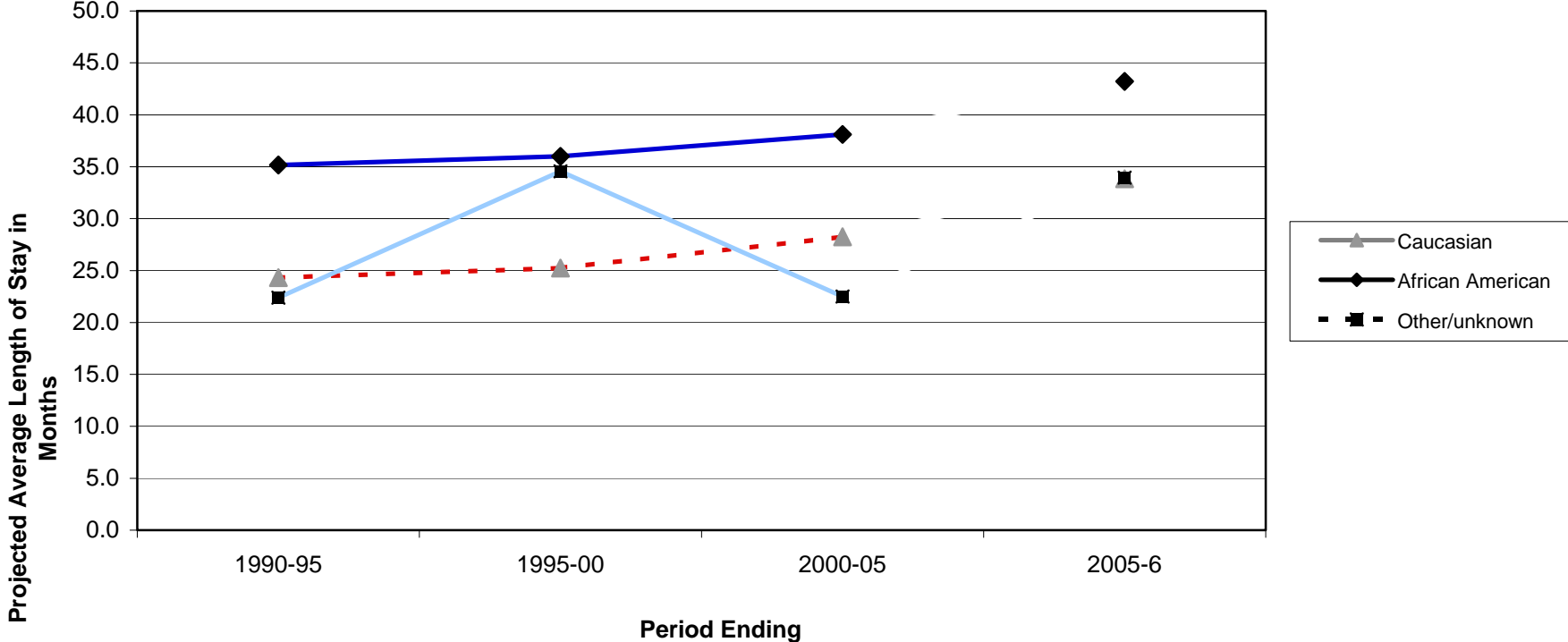
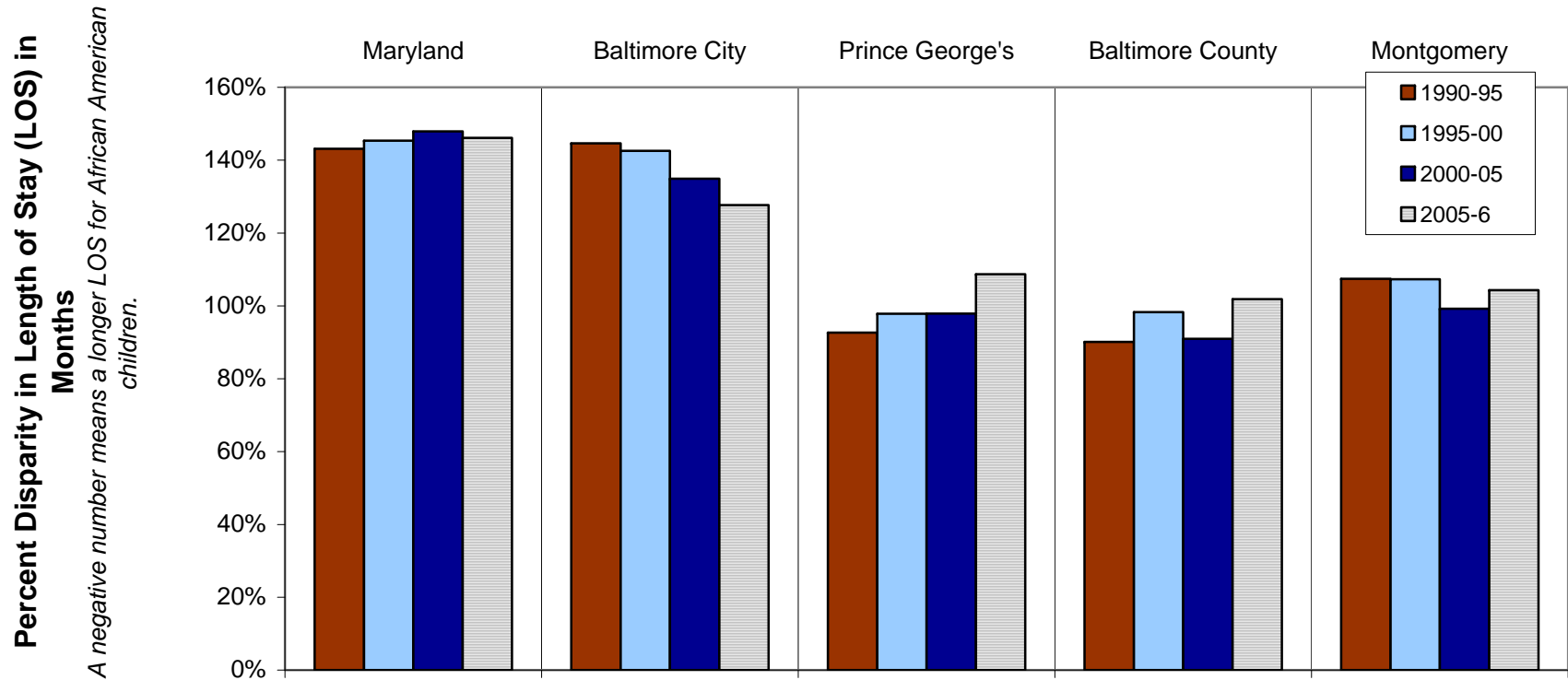


Chart 10

African American children stay in care longer than white children.
Among large jurisdictions, the disparity in Baltimore City is greatest but improving.
The Statewide trend is toward greater disparity.
Ratio of PALOS for African Americans vs. whites



Data from CRBC Out-of-Home Care Reviews

In FY 2007, CRBC experienced a substantial disruption of its ability to conduct out-of-home case reviews, and the number of case reviews completed fell from 5,757 in FY 2006 to 3,235 in FY 2007 (Table 6, below). Prior to the beginning of the fiscal year, Harford and the Eastern Shore counties (except for Cecil) had converted to MD CHESSIE operation. Prince George's and the other Southern Maryland counties converted in July of 2006, Western Maryland (except for Washington County) in August, Baltimore City in January of 2007, and the remainder of the counties in October 2006. As each jurisdiction converted, we experienced a period of being unable to identify all children who had entered placement. Some of the difficulty was that local departments initially had erroneous data from the automated conversion process plus added difficulty using CHESSIE. In addition, CRBC struggled to write, test, and debug the software to merge CHESSIE data into our information system.

At the same time, we implemented a scheduling policy change to focus more attention on children who were in the first 12 months of their stay in out-of-home care. The intent of this policy is to have a better-informed and more detailed recommendation report available to the court when it conducts its initial permanency planning review hearings. These hearings are normally conducted 10 to 12 months after a child enters care.

In April of 2007 (three-quarters of the way through the fiscal year) we implemented a new protocol for conducting the case reviewed that changed some language in the report sent to the court and that added two new findings regarding whether:

1. Child welfare agencies made reasonable efforts to preserve family relationships and connections for the child.
2. The local DSSs efforts to meet the child's health and education needs are appropriate.

These changes were undertaken to fulfill the requirements of Senate Bill 431, which was enacted in the 2007 session. The bill, in turn, represented a culmination of our negotiations with DHR, which had been ongoing from December 2004 through the winter of 2006-7. In view of the fact that we expected the new protocol to require more time for each review, the CRBC staff altered the formula for scheduling review meetings to reduce slightly the number of children scheduled.

Table 4 shows the number of times each category of finding raised an issue of concern for a local review board. Column 14 gives the total number of reviews conducted for each jurisdiction. Column 15 gives the percentage of review in a jurisdiction that raised one or more issues for which the local board called for corrective action in its recommendation report. The total percentage of reviews with one or more issues of concern remained steady at 25%. The figures in columns 5 and 11 represent totals that represent implementation for only one quarter, while the other columns indicate findings made over a full year. Term

The boards found that progress towards permanent placement was inadequate in about 5% of the reviews compared with 8% in 2006. However, upon examination of the results from implementing the new protocols, it was discovered that the standard language on the form was erroneous and reflected neither the statutory language nor the State Board's intent. This error may have impacted the rate of findings and has since been corrected.

**Table 4
Corrective Action Case Review Recommendations by Jurisdiction**

Columns	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Jurisdictions	Waiver of Reunification	TPR	Non-Concur with Perm Plan	Family Connections	Permanency Progress	Safety Protocols	Risk Indicated	Current LA	Placement Plan	Education & Health	# of Review Disagreements	# of Advocacy Cases	Total Reviews	% of Period Reviews
Allegany	0	13	5	0	1	0	1	0	0	0	20	15	53	28%
Anne Arundel	1	17	28	0	10	4	4	2	3	2	71	43	128	34%
Baltimore County	0	35	22	1	11	2	14	7	3	4	99	67	323	21%
Calvert	0	7	2	0	1	1	0	0	0	0	11	9	37	24%
Caroline	0	1	0	0	0	0	0	0	0	0	1	1	20	5%
Carroll	0	0	0	0	0	0	1	0	0	0	1	1	16	6%
Cecil	0	7	1	0	0	0	0	0	0	0	8	8	60	13%
Charles	0	3	0	0	0	0	1	1	0	0	5	4	52	8%
Dorchester	0	3	1	0	1	0	2	1	0	0	8	7	25	28%
Frederick	2	9	10	0	7	1	5	0	1	0	35	25	93	27%
Garrett	0	0	2	0	1	0	0	1	0	0	4	3	21	14%
Harford	0	15	18	0	10	0	2	3	3	0	51	31	108	29%
Howard	0	1	9	0	1	2	0	0	1	0	14	13	54	24%
Kent	0	3	0	0	0	0	0	0	0	0	3	3	7	43%
Montgomery	2	25	42	0	6	7	18	4	7	0	111	76	249	31%
Prince George's	0	16	23	0	8	18	19	9	9	0	102	64	212	30%
Queen Anne's	0	4	4	0	0	0	0	0	1	0	9	5	12	42%
St. Mary's	0	4	0	0	0	0	0	0	1	0	5	5	25	20%
Somerset	0	4	4	0	0	0	1	1	1	1	12	7	24	29%
Talbot	0	2	3	0	0	0	0	0	0	0	5	5	9	56%
Washington	0	2	5	0	2	0	1	1	1	0	12	10	163	6%
Wicomico	0	11	0	0	0	0	2	0	0	0	13	13	102	13%
Worcester	0	0	0	0	1	0	0	0	0	0	1	1	25	4%
Baltimore City	17	157	121	10	118	69	63	25	27	14	621	392	1417	28%
Statewide	22	339	300	11	178	104	134	55	58	21	1222	808	3235	25%

Table 5 - DSS Response to Corrective Action Case Review Recommendations by Jurisdiction								
	DSS Accepts		DSS Rejects		Blank with Explanation		NON Return	
Jurisdictions	#	%	#	%	#	%	#	%
Allegany	14	93%	1	7%	0	0	0	0
Anne Arundel	18	44%	12	29%	5	12%	6	15%
Baltimore County	38	58%	18	28%	7	11%	2	3%
Calvert	9	100%	0	0	0	0	0	0
Caroline	0	0	0	0	0	0	1	100%
Carroll	1	100%	0	0	0	0	0	0
Cecil	5	63%	0	0	0	0	3	38%
Charles	1	25%	1	25%	0	0	2	50%
Dorchester	0	0	0	0	0	0	7	100%
Frederick	19	76%	0	0	3	12%	3	12%
Garrett	2	100%	0	0	0	0	0	0
Harford	21	70%	1	3%	5	17%	3	10%
Howard	6	46%	0	0	0	0	7	54%
Kent	0	0	0	0	0	0	3	100%
Montgomery	46	61%	15	20%	0	0	15	20%
Prince George's	28	45%	0	0	2	3%	32	52%
Queen Anne's	0	0	4	80%	0	0	1	20%
St. Mary's	4	80%	0	0	0	0	1	20%
Somerset	6	86%	1	14%	0	0	0	0
Talbot	3	60%	1	20%	0	0	1	20%
Washington	10	100%	0	0	0	0	0	0
Wicomico	12	92%	1	8%	0	0	0	0
Worcester	1	100%	0	0	0	0	0	0
Baltimore City	197	51%	37	10%	16	4%	131	34%
Statewide	441	56%	92	12%	38	5%	218	28%

In Table 5, we track the response of local DSSs to the corrective action case review recommendations submitted by local boards. The rate of returning recommendation reports (as required by regulation) declined in FY 2007 to 72% from 82% in FY 2006. In the instances in which a local department indicated acceptance or rejection of the local board's findings and recommendations, the acceptances outweighed the rejections by about 4.5 to 1.

Table 6 – Assessment of Progress Towards Permanence by Permanency Plan

	FY2005			FY2006			FY2007		
	# and % of Plans		Progress Rated Adequate	# and % of Plans		Progress Rated Adequate	# and % of Plans		Progress Rated Adequate
	#	%		#	%		#	%	
Return Home	2,144	36%	90%	1,720	30%	92%	1,510	47%	94%
Relative Placement	1,119	19%	88%	1,108	19%	89%	585	18%	92%
Adoption	1,052	18%	88%	764	12%	87%	370	11%	95%
Other and Unknown	1,556	26%	96%	2,165	38%	92%	770	24%	95%
	5,871			5,757			3,235		

In Fiscal Year 2007:

- The percentage of cases reviewed with a plan of return home increased from 30% in FY06 to 47% in FY07 because we made a policy decision to focus a larger percentage of our reviews on children who had been in care 12 months or less.
- For the same reason, there was a significant decrease in the percentage of cases reviewed with a plan of APPLA (e.g., other).
- In general, findings that progress was adequate trended up (but see the discussion regarding a language change for this finding at the bottom of page 40).

Intensive Case Reviews Conducted by Local Panels

Local child protection panels conduct intensive case reviews on behalf of the State Board, which is a federal child protection panel. Unfortunately, no reviews could be tabulated for FY 2007 because of glitches in the process of establishing a new case review protocol in cooperation with DHR. During FY 2007, we sought to implement a case review instrument that was jointly developed with DHR. As explained at the bottom of page 8, the instrument proved to be unusable. Near the beginning of FY 2008, the State Board adopted new instrument more closely modeled on the federal case review instrument, and the process is moving forward.



APPENDIX I



January 17, 2008

Maryland's Human Services Agency Martin O'Malley

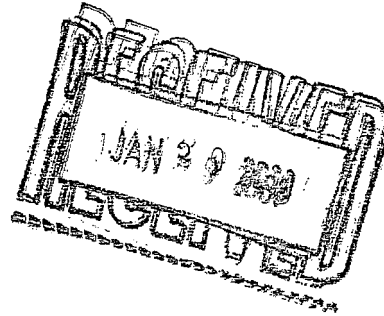
Governor

Anthony Brown

Lt Governor

Brenda Donald

Secretary



TO: Local Directors
FROM: Winifred Wilson
RE: Citizen's Review Board for Children

In lieu of the previous Memorandum of Agreement (MOA), the Department is working closely with the Citizen's Review Board for Children (CRBC) for FY 2008. This collaboration is confirmation of DHR's intent to continue joint efforts to assure the effective and efficient delivery of services through the child welfare system, including the requirements outlined in the Child Welfare Accountability Act of 2006, as well as in Family Law §§ 5-535 through 5-547, which specifies the CRBC program.

To facilitate our work with CRBC, DHR has committed to provide leadership and support in many child welfare areas that involve local department operations. I wanted to summarize these areas and clarify the expectations for local departments.

- **Outcome-Based Child Welfare Accountability** - There will be collaborative development and implementation of a system of outcome measures established in the Child Welfare Accountability Act of 2006 and planning with the University of Maryland to determine methods for measurement. A process for assessing quality caseworker services and the development of the local department tri-annual self-assessment process will be included in this work. You may be asked to participate in this planning.
- **CRBC Case Review Process** - There will be a joint exploration of ways in which MD CHESSE applications can be used to assist in CRBC local board and panel reviews to ease the paperwork burden on both sides. Local departments are expected to cooperate with the case review process and encourage any interested parties to attend case reviews.
- **CRBC Local Board and Panel Participation in DHR State CFSR Reviews** - CRBC board and panel members should be included in interviews for the client/stakeholder feedback process for the DSS self-assessment and the State's on-site review. CRBC volunteers will also participate on the MD Child and Family Services Review teams. Periodic meetings should be held between the CRBC board and panel members, and the local department directors, judges and other local officials to discuss citizen's recommendations for system improvements and to outline progress made in implementing planned improvements. Local board findings and reports should be considered in the development of the local department tri-annual self-assessment.

➤ **CRBC State Board Participation in Program Improvement** - CRBC board and panel members will be included in the State-level client/stakeholder activities. Periodic meetings of the State Board with the Secretary, Executive Director of the Social Services Administration and other officials will be held to discuss recommendations for the child welfare services system.

➤ **Reports** - The State self-assessment team will consider recommendations made by the Board and will provide an opportunity for the State Board to review and comment on the self-assessment.

➤ **Access to Information** - In conducting case reviews, the State Board and panels should be given access to case-specific information held by local departments (all State and Federal confidentiality laws must be followed).

In the mutual interest of furthering services to vulnerable children and their families, DHR is committed to working with CRBC and the cooperation and support from local departments is essential for making this partnership successful.

If you have any questions, please feel free to contact Cindi Story or me. Thank you for your continued support in the collaborative effort.

CC: Brenda Donald
Brian Wilbon
Stacy Rodgers
Nettie Anderson-Burrs Charlie Cooper
Cathy Mols
Cindi Story

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