Maryland Department of Human Services
FY 2026 Annual Progress and Services Report

Maryland
Department of
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Wes Moore, Governor
Aruna Miller, Lt. Governor
Rafael López, Secretary

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Section I. Update to the Vision and Collaboration

The Maryland Department of Human Services (DHS), Social Services Administration (SSA) remains committed to a collaborative approach in shaping child welfare practice and policy to improve the safety and well-being of children, youth, and families across the state. As part of this ongoing effort, SSA launched a strategic planning process in October 2023 to guide the development of Maryland's 2025-2029 Child and Family Services Plan (CFSP) and Title IV-E Prevention Plan. This process, supported by Casey Family Programs, Chapin Hall, and the University of Maryland's Institute for Innovation and Implementation, engaged nearly 200 stakeholders, including representatives from Maryland's 24 Local Department of Social Services (LDSS), individuals with lived experience, current and former foster youth, public and private service providers, and other key partners.

Over the past year, SSA continued its collaborative approach, utilizing multiple strategies to gather stakeholder input and evaluate performance, advancing child welfare services in Maryland. Below is an update on the strategy and stakeholder engagement activities implemented during CY 2024.

Strategies for Collaboration and Engagement LDSS

SSA has multiple touchpoints and maintains consistent interaction with the 24 local departments of social services (LDSS) that deliver child welfare services in Maryland. This includes regular meetings with LDSS leadership as well as multiple meeting series focused on specific areas of practice, including but not limited to the following:

- **LDSS Leadership Meetings**
  The leadership meetings, hosted monthly by SSA, include participation from all local department leaders. The primary goal is to foster partnership, align policies with practice expectations, and enhance communication through data sharing and feedback from the local departments.

  Key topics of focus during CY 2024 included:
  - Review and discussion of licensing alerts to ensure the safety, health and well-being of children placed with private providers while verifying compliance with COMAR regulatory requirements.
  - Optimizing CJAMS documentation to enhance the efficiency and accuracy of tracking child, juvenile, and adult placements and hospital overstays.

- Examining policies, state statutes, and regulations impacting children and families, such as Kin-First and Maryland's five-year Prevention Plan.
- Expanding evidence-based practices and strengthening interventions that address the primary causes of removal or barriers to permanency.
- Reviewing the status of 2024 legislative bills with policy implications that impact children and families, such as kinship placements and enhanced Kin support, expanded definitions of child abuse and neglect, and provision of luggage for children.
- Analyzing Maryland's headline indicator data trends to inform performance indicators that support informed policy and practice decisions across the state.

Overall, these meetings serve as a critical forum for continuous improvement, ensuring that local departments remain aligned with best practices and emerging policy developments.

- **Independent Living Coordinator Meetings**
  The Older Youth Team holds monthly Independent Living Coordinator (ILC) meetings that provide technical assistance and guidance and inform staff of best practices for supporting and authentically engaging older youth in out-of-home care. The ILCs increased youth voice by establishing Local Youth Advisory Boards in all jurisdictions. The ILCs received technical assistance (TA) on runaways and received access to runaway data by collaborating with the National Center for Missing and Exploited Children (NCMEC). The ILCs also collaborated with the Prevention and Child Safety team at SSA by completing training on Intimate Partner Violence. The ILCs played a key role in recruiting youth and registering them for a Peer Networking event at Dave & Busters. ILCs also coordinated transportation with providers for the older youth to attend.

- **Prevention and Child Safety Implementation Team Meetings**
  The quarterly meeting group supported the implementation of the CFSP Member Feedback Survey. Feedback was positive, suggesting content restructuring, emphasizing key topics, strengthening alignment with the framework and vision, and enhancing community engagement and partnerships. More spotlight discussions with community partners and fewer agenda items were requested. Activities included technical assistance for screening, the Title IV-E Prevention Plan, kinship care licensing, and family engagement. Workgroups, document/policy reviews, and focus groups (including Spanish) helped understand needs. Collaboration with advisory groups supported the

design and implementation of FFPSA and Community Pathways. Maryland involved over 60 stakeholders, including families and caregivers, for comprehensive input.

- **Continuous Quality Improvement Network Meetings**
  In this monthly collaborative space SSA convenes key stakeholders and partners to share information, provide technical support, and promote SSA safety priorities, permanency, and well-being outcomes. The Continuous Quality Improvement (CQI) Network evolved to enhance engagement by providing opportunities for peer-to-peer exploration and problem-solving. In 2024, the CQI Network utilized the peer-to-peer model and assigned projects to staff between sessions to understand performance trends in the following practice areas: achieving permanency, kinship placements, maintaining connections for youth in foster care, and assessing the needs of children, birth parents, and resource parents. Local departments shared challenges and solutions for engaging families in relation to each of these practice areas.

- **Permanency Enhancement Meetings**
  In August 2024, the Placement and Permanency Implementation Team meeting was renamed to the Permanency Enhancement meeting. This meeting, supported by Chapin Hall, occurs monthly and is designed to include all 24 LDSS. The meeting cadence was adjusted to encourage greater engagement from local departments when discussing permanency needs. Each month, the LDSS were assigned "bridgework" that informed group discussions in the following meeting. These activities fostered collaboration and exploration of strategies to improve permanency outcomes. SSA and Chapin Hall members lead breakout groups and facilitated discussions. The new format was well received, resulting in increased participation from the LDSS.

- **Adoption Assistance Committee**
  This committee meets regularly to review adoption/guardianship requests that the LDSS sends to SSA for approval. The committee consists of staff from SSA's Out-Of-Home Unit, several workers and supervisors from LDSS and a representative from the Office of the Attorney General. In CY 2024, the committee met monthly and reviewed 26 applications.

- **Emerging Adults Workgroup**
  This workgroup convenes monthly and comprises a diverse group of stakeholders, including resource parents, LDSS staff, independent living coordinators, SSA representatives, and representatives from other state agencies. The workgroup provided input and expertise on Maryland's State plan to expand intervention efforts such as Family Find, kinship

care, and supporting youth transition from foster care to end aging out. The Emerging Adult Workgroup partnered with CASA (Court Appointed Special Advocate) to analyze data and resources for older youth. This workgroup played a key role in recruiting participants for the Older Youth Networking Peer Event held at Dave & Busters.

- **Health Workgroup**
  Established in 2017, this workgroup holds monthly meetings with a multidisciplinary team consisting of state and local health providers, sister agencies, LDSS foster care staff, and representatives from the Maryland Foster Care Association (MFCA). With key state and local partners at the table, the Health Workgroup focused on improving healthcare access and collecting health data to understand health disparities and trends for children and youth experiencing foster care. Leveraging the expertise of Managed Care Organizations (MCOs) and the Maryland Healthy Smiles Dental Program, the workgroup assisted child welfare staff, resource parents, group homes, and child placement agencies in navigating Maryland's MCO health plans, including available value-added benefits for members.

  The workgroup also assisted by promoting an underutilized health service offered by MCOs to secure referrals and authorizations for treatment, such as behavioral health and dental care for children in out-of-home care. Additionally, it focused on strengthening coordination between local health departments, MCO providers, and child welfare staff to improve timely access to health services. The workgroup identified key health data elements within the MCO system and the Maryland Department of Health that can provide insights into health trends and disparities, as well as inform future agency decisions.

- **Kinship Executive Governance Meeting**
  The Kinship Executive Governance (KEG) meetings were established in February 2024 to support Maryland's new kin-first practice model, which prioritizes placing children with relatives or close family friends when out-of-home care is necessary. KEG meetings bring together key stakeholders from both the public and private sectors, including representatives from LDSS and executive leadership from DHS. These meetings are held biweekly and serve as a collaborative forum to guide the development, implementation, and continuous refinement of policies and practices that advance kinship care across the state.

Strategies for Collaboration and Engagement with Placement Providers

SSA facilitates a monthly Provider Advisory Council (PAC) that includes private placement providers (treatment foster care, group home, independent living),

LDSS, SSA, the Office of Licensing and Monitoring (OLM), Maryland Association of Resources for Families and Youth (MARFY), Community Behavioral Health Association, and Court Appointed Special Advocate (CASA). The purpose of the meeting is to ensure regular collaboration, information sharing, and opportunities for feedback and input. The monthly PAC meetings facilitate ongoing dialogue and collaboration among the various stakeholders from different perspectives and expertise. The content of these meetings includes reviewing performance data, discussing outcomes, and analyzing the impact of interventions, all of which help ensure that the goals of the CFSP are being met.

SSA and PAC initially met monthly and, in August 2024, shifted to a bi-monthly schedule. Throughout CY 2024, the PAC played a key role in assisting SSA with the development of strategies for completing the CFSP. PAC was also instrumental in shaping rate reform strategies, particularly in CQI processes for residential child care providers, and continues to support the development of methodologies for rate reform in child placement agencies. Beyond rate reform efforts, PAC meetings focused on enhancing service provision, including improvements in provider licensing processes and refining referral practices for youth placements.

Strategies for Collaboration and Engagement with Parents

SSA coordinates with the Maryland Coalition of Families (MCF) to ensure authentic partnerships with families by engaging parents and caregivers and incorporating their firsthand experiences and feedback through focus groups, evaluations, and participation in implementation meetings to inform SSA's policies and practices. SSA's continuous engagement with parents and caregivers, through this partnership, facilitates the effective implementation of CFSP goals and ensures that SSA policies and practices are family-centered and responsive to the unique needs of families.

Throughout 2024, MCF spearheaded SSA's Family Engagement initiatives, ensuring that the voices and lived experiences of families were effectively represented. A cohort of 5-8 Caregiver Advisors (CGAs) contributed by reviewing documents, participating in pre-service training, attending workgroups, and providing valuable insights into the needs of families during subject-specific workgroup sessions.

The CGAs convene monthly with the CGA Administrator from MCF to discuss upcoming projects and review their ongoing professional development activities. The CGAs utilize the knowledge gained from continuing education to inform their work, including the implementation of a new CPS letter for case closures, the development of Safe Haven promotional materials, and the formulation of focus group questions.

Strategies for Collaboration and Engagement with Youth

SSA's State Youth Advisory Board (SYAB) consists of youth (ages 14-26) currently or formerly in care. SYAB meets monthly to provide feedback on youth-focused policies and practices and to support youth engagement. Members receive a stipend for attending. SYAB's feedback informed the 2025-2029 CFSP and continues to shape policy, ensuring youth perspectives are integrated into planning, implementation, and evaluation. In 2024, SYAB members planned an event for older youth, developed a recruitment video and constitution, and provided feedback on the Minor Parent policy. Some members also joined the Annie E. Casey Foundation SOUL Family Initiative Cohort for Maryland and worked on Family Matters.

Strategies for Collaboration and Engagement with Resource Parents

SSA actively partners with the Maryland Resource Parent Association (MRPA) to recruit and retain resource parents. The collaboration is crucial for achieving CFSP goals, as MRPA offers ongoing support services, various training, and webinars tailored to the needs of youth and families in Maryland. SSA and MRPA hold quarterly meetings to review deliverables and address the needs of resource parents.

In CY 2024, MRPA provided monthly training for both resource parents and kinship caregivers, and assisted Local Resource Parent Associations (LRPAs) in creating additional training opportunities. SSA participated in and co-facilitated training sessions with MRPA on various subjects, including Maryland's Kin-First philosophy. Additionally, SSA convened with MRPA to assess contract deliverables and confirm that the needs of all resource parents are adequately met.

Strategies for Collaboration and Engagement with the Legal Community

SSA actively participates in the Foster Care Court Improvement Program (FCCIP), fostering strong collaborative relationships with key stakeholders, including the Maryland Judiciary, Office of the Public Defender, children's attorneys, Maryland Legal Aid, and CASA. These stakeholders participate in regional and department meetings with executive leaders and LDSS planning teams. Their contributions include discussing performance data, identifying agency strengths and areas for improvement, and assisting in goal setting. Through FCCIP activities, legal stakeholders play a crucial role in enhancing court practices, improving the quality of legal representation, educating the legal community, and aligning legal processes with CFSP objectives.

The FCCIP Child Welfare Outreach and Programming Workgroup convened quarterly in CY 2024, with a primary focus on developing a Court Education

Liaison pilot position within a local court. The position would support youth with special educational needs and ensure timely implementation of services. The workgroup drafted a position description. They engaged a local court and an interested LDDS for the pilot. Discussions are underway to secure grant funding for this pilot, with implementation anticipated in CY 2025. Additionally, the workgroup is planning a dependency mediation training, and identifying local experts and speakers for the training.

Strategies for Collaboration and Engagement with Other Government Agency Partners

SSA collaborates with state agencies to provide comprehensive services to children and families across the state. SSA partners closely with sister administrations within DHS responsible for implementing Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and child support services. SSA also works closely with other government agencies, including the Maryland Department of Health (MDH), Behavioral Health Administration (BHA), Developmental Disabilities Administration (DDA), Maryland State Department of Education (MSDE), Department of Juvenile Services (DJS), Maryland Department of Housing and Community Development (DHCD) , Department of Labor and Licensing Regulations, and the Governor's Office of Crime Control and Prevention.

SSA leverages the strengths and expertise of sister agencies to create a more effective, responsive, and supportive child welfare system. These partnerships ensure that the CFSP's goals align with broader state and community initiatives, promoting the health, safety, and well-being of Maryland's children and families. Additionally, SSA participates in external committees and councils such as:

- **Special Education State Advisory Committee**
  This committee met bi-monthly in CY 2024 to discuss the impact of Blueprint for Maryland's Future on special education. SSA provided feedback to the SESAC on Technical Assistance bulletins, specifically addressing considerations for youth in out-of-home care.

- **Governor's Family Violence Council**
  In CY 2024, the Governor's Family Violence Council (GFVC) met quarterly. Throughout the year, the council evaluated various service initiatives for victims and survivors. Recognizing the serious effects of intimate partner violence (IPV) on child safety and well-being, GFVC conducted a focus group with intimate partner violence (IPV) survivors to strengthen family engagement, elevate survivor perspectives, and ensure community partners have the necessary tools to address the physical and behavioral health challenges associated with IPV. GFVC

completed seven abuse intervention program (AIP) site visits and conducted several AIP certifications/recertifications. Lastly, the GFVC focused on several key areas of study and established dedicated committees for each. Study areas include abusers failing to meet court-ordered conditions, access to benefits for survivors, stalking prevention, and developing a survivor advisory council.

- **State Interagency Coordinating Council**
  In CY 2024, the State Interagency Coordinating Council (SICC) held quarterly meetings to enhance early intervention services for infants and toddlers with disabilities. Data from the Office of Special Education Programs (OSEP) shows that nearly two-thirds of children receiving early intervention services closed developmental gaps in relation to their peers. The Maryland Infants and Toddlers Program (MITP) launched a revamped referral website, mditp.org, to better support parents. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program expanded across Maryland, offering support to pregnant individuals and families with children under the age of 3. The Judy Center network planned to add 18 new sites, expanding the existing 86 to promote school readiness for children under the age of 5. The Maryland Family Network (MFN) and 19 subrecipients received funding to run Patty Centers, providing free resources, early care and education, parenting classes, job readiness programs, and health services for families with children from birth to age 3.

- **Governor's Office of Crime Control**
  On April 21, 2024, the Governor's Office of Crime Control and the Maryland State Board of Victim Services hosted the annual Statewide Memorial Services at four locations across Maryland to honor more than 5,000 victims of crime. On April 23, 2024, the Maryland State Board of Victim Services convened the Maryland Crime Victims' Rights Conference, which focused on strategies to strengthen support for victims, with specific emphasis on services for victims of human trafficking. The conference also covered post-conviction victim services, 2024 legislative updates relevant to crime victims, the use of victim impact statements in court, supportive services for individuals affected by mass casualty incidents, and coordinated response to crimes.

  The board assisted in providing over 238,000 "Crime Victim Mandated Pamphlets/Forms" to educate victims on their legal rights. Additionally, it administered the annual Maryland Victims of Crime (MVOC) and Legal Services for Crime Victims (LSCV) funds, which continue to support Maryland children and families.

Population Health Transformation Advisory Committee
The Population Health Transformation Advisory Committee (P-TAC) was formed to support the application of the AHEAD model as detailed in the MCHE. The goals of the P-TAC are to:

- Identify critical elements of existing strategies, plans, and mandates to serve as a foundation for a statewide population health plan.
- Assess the current landscape of funding sources and identify opportunities to align investments across sectors better to advance population health goals.
- Advise on the development of population health measure sets and identify the need for new methods/models to measure the collective impact of interventions targeting population health improvement and health-related social needs.
- Advise on approaches to local and/or regional oversight to coordinate efforts that build community capacity to advance population health goals.

The P-TAC met twice in CY 2024 to create a framework focused on community, engagement, accountability, and collaboration. The second meeting further explored ways to empower community voices in decision-making, align funding, and refine health measures.

- **Child Fatality Review State Team**
  This team met quarterly and held an annual meeting on November 11th in 2024. Convenings resulted in developing three key recommendations to prevent child fatalities in Maryland:

    - Near-Fatality Review Process: By the end of State Fiscal Year (SFY) 2025, the team will establish a policy for reviewing near-fatality cases (e.g., non-fatal overdoses, gunshot wounds) and pilot the process in one jurisdiction.
    - Standardized Prevention Messaging: By the end of SFY 2025, the team will establish consistent messaging to prevent infant sleep-related deaths, suicide fatalities, and overdose fatalities by identifying, adopting, and when necessary, developing, materials to be utilized by key partners, including local health departments, hospitals, clinical providers, and community-based organizations.
    - Training and Technical Assistance: The team will identify and promote training opportunities for key partners, including healthcare systems, local health departments, hospitals, clinical providers, and community-based organizations, to address the leading causes of child fatality in Maryland and the contributing social determinants of health.

- To address sleep-related fatalities, which are the leading cause of infant death in Maryland, the team will support birthing hospitals in implementing the Safe Sleep Act of 2024 and will provide training on safe sleep practices during SFY 2025.
- To address adolescent suicide and overdose fatalities, the team will review the findings of MDH/BHA's Needs Assessment and identify opportunities for training, collaboration, and resource allocation during SFY 2025.

- **Prenatal/Postpartum Behavioral Health Network**
  The Prenatal/Postpartum Behavioral Health (PPBH) Network supports behavioral wellness during the prenatal, postpartum, and inter-conception periods for families in Baltimore City. This is in service of B-More for Healthy Babies' (BHB) broader mission to reduce infant morbidity and mortality, prevent child abuse and neglect, and enhance kindergarten readiness. The PPBH Network convenes monthly for learning, networking, and strategic planning to address substance use, ensuring timely access to treatment programs and mental health concerns, including perinatal mood and anxiety disorders (PMADs) and fetal and infant exposure to tobacco/nicotine. SSA and various Baltimore City partners supported PPBH during 2024 in their commitment to enhancing behavioral wellness by reviewing treatment provider services to improve the quality of care. The team also identified targeted events, such as Family Day at Port Discovery Children's Museum, to promote social development, interactive learning, and play for families. Additionally, SSA expanded service offerings by visiting treatment programs to understand better and support family-based and specialized services that address the needs of families.

- **The Morbidity, Mortality, and Quality Review Committee**
  In CY 2024, this committee met on January 10th, April 10th, and October 9, 2024. The committee's purpose is to prevent and control morbidity and mortality associated with pregnancy, childbirth, infancy, and early childhood while promoting the welfare and hygiene of maternity and infancy.

  Activities that informed or supported the implementation of the CFSP included the revision of Perinatal Hospital System Standards, which are the set of voluntary standards for Maryland hospitals providing obstetric and neonatal services. These standards have since been incorporated into the regulations for the designation of perinatal referral centers.

  The committee also examined strategies to reduce infant, maternal,

and fetal mortality, highlighting Baltimore City's "B'more for Healthy Babies" program as a model initiative. The program aims to lower infant mortality rates, particularly through intensive outreach in the Upton/Druid Heights and Patterson Park North/East communities. These efforts have successfully eliminated the Black-White disparity in infant mortality in those areas. In 2021, Baltimore City recorded its lowest infant mortality rate on record at 7.5 deaths per 1,000 live births representing a 49% reduction in the Black-White mortality gap and a 44% decrease in overall infant mortality.

- **Maryland Overdose Response Advisory Council**
  Maryland's Office of Overdose Response replaced the Opioid Operational Command Center. The Maryland Overdose Response Advisory Council (MORAC) includes representatives from 18 state agencies dedicated to reducing overdose-related morbidity and mortality in Maryland. The council collaborates to share data on the overdose crisis and offers strategic guidance to enhance access to substance use care.

  Maryland's Office of Overdose Response hosts and facilitates the State Partner Briefing and supports the Overdose Response Strategy (ORS). SSA actively collaborates with the Office of Overdose Response and ORS to enhance substance use care for families and reduce overdose incidents across Maryland. Through these efforts, various state agencies engage with peers to discuss substance use and overdose-related challenges and initiatives. As a state partner, SSA provides insight into child welfare challenges related to substance use, including limited treatment access due to waitlists and the need for stronger collaboration between child welfare staff and treatment providers to ensure child safety and achieve permanency.

  The ORS and Maryland Office of Overdose Response have sought recommendations from SSA and other state partners on key initiatives, such as the Handle with Care Program, and on addressing barriers to care for women with children struggling with substance use. The Handle with Care program is a process in which law enforcement is involved in a call to a student's home, they notify the school that the child attends, so they can handle the student with care. It's been implemented in many states, but in Maryland, there is no longer an agency or coordinator leading the program. The Maryland Office of Overdose Response utilized several meetings in 2024 to inform state leaders about concerns that women with young children may avoid seeking care due to fears of child removal and misunderstanding the agency's process for child removal.

- **Government Office of Community Initiatives**
  During CY 2024, SSA met with the Government Office of Community Initiative (GOCI) on a bi-monthly basis to discuss youth in out-of-home care. These discussions focused on addressing the unique health, educational and placement needs of youth, with an emphasis on informing communities to ensure access to services for all Marylanders.

- **Child Advocacy Centers**
  During CY 2024, SSA distributed the federal funding from the Child Abuse Prevention Treatment Act's American Rescue Plan Act (CAPTA/ARPA) to all 24 Child Advocacy Centers (CAC) in varying amounts based on the size of the jurisdictions. The one-time allotment of funds can be used until September 30, 2025, to support the CAC programs and activities, assist with CAC accreditation, enhance community partnerships, provide staff with skills and development training, and offer survivor support. The Human Trafficking Program Specialist completed visits with all 24 CAC locations to discuss the new labor trafficking policy and to review practices related to serving human trafficking victims. The Human Trafficking Program Specialist also collaborated with CAC, the LDSS, and law enforcement staff to discuss the roles of stakeholders during joint investigations.

Strategies for Collaboration and Engagement with State Council on Child Abuse and Neglect

The State Council on Child Abuse and Neglect (SCCAN) is an independent advisory council that makes annual recommendations to the Governor and General Assembly, focusing on preventing, detecting, prosecuting, and treating child abuse and neglect, including policy and training needs. SSA is a member of SCCAN, along with other child welfare professionals, law enforcement, healthcare professionals, educators, and community organizations and stakeholders. SCCAN advocates for the safety and well-being of children within the state and supports policies and practices that align with its mission. As a member of SCCAN, SSA attends bi-monthly meetings which allow the agency to present information related to the agency's progress and the effectiveness of goals and activities. Additionally, a representative of SCCAN is a member of SSA's advisory board. This forum serves as a continuous interconnected feedback loop to discuss the progress and effectiveness of CFSP activities.

SCCAN convened monthly throughout FY 2024, focusing on advancing opportunities and access for all children within the child welfare system and ensuring compliance with key state legislative mandates (HB1072 and HB486). These laws primarily aim to ensure that public schools conduct

thorough background checks and provide proper staff training to prevent sexual abuse and misconduct.

Strategies for Collaboration and Engagement with Maryland Family Network

SSA partners with the Maryland Family Network (MFN) to strategically coordinate services and initiatives, primarily through the Community-Based Child Abuse Prevention (CB-CAP) grant. This collaboration, which includes MFN's direct leadership of CB-CAP work and their administrative support for the Family Support Center and Early Head Start Networks, is vital for strengthening families and preventing child abuse. The overarching goal is to ensure young children benefit from stable family structures, high-quality learning environments, and robust support systems.

MFN actively participates in SSA's stakeholder groups, such as the SSA Advisory Board and the Prevention and Child Safety Implementation team. These groups meet regularly, ensuring community organizations' perspectives are heard in decision-making processes and allowing for input on agency progress and the effectiveness of Child and Family Services Plan (CFSP) activities.

MFN attended meetings, providing feedback on Department of Human Services (DHS) initiatives and processes. This ensured community organizations' voices were represented in decision-making and contributed valuable input on CFSP activities.

MFN was also an active member of SSA’s Prevention and Child Safety Implementation Team and Advisory Board. Their contributions included a presentation on Protective Factors, feedback on child welfare discussions, and support for promoting best practices. Additionally, MFN provided input on SSA's Community Pathway to Prevention plan.

Through its Strong Families program and with support from the FRIENDS National Center, MFN implemented the Protective Factors Survey (PFS)-2nd edition. This validated tool, based on the Center for the Study of Social Policy’s protective factors framework, tracks changes in families' social connections, parent-child relationships, and access to support systems.

As part of their partnership with SSA, MFN proposed offering training on the PFS-2 and the Protective Factors Survey Online Data System (PFSODS) to Local Department of Social Services (LDSS) staff. This training aims to equip staff with the skills to track and monitor protective factors, assess risks, and develop targeted interventions to prevent child maltreatment.

Strategies for Collaboration and Engagement with Post Secondary Education

SSA has a contract for the Child Welfare Fellowship Consortium (formerly known as Title IV-E BSW/MSW program) with the University of Maryland, Baltimore, School of Social Work (UMB-SSW), Salisbury University, Morgan State University, Bowie State University, and the University of Maryland, Baltimore County (UMBC). SSA's continued partnership with these academic institutions plays a crucial role in implementing CFSP activities through their work with children and families. Additionally, through its contract with SSA, UMBC supports the monitoring of CFSP activities' progress and effectiveness by conducting research, data analysis, training, and program evaluation. The insights gained from these evaluations support a data-driven approach to implementing CFSP goals.

UMBC also has a separate contract to provide the Family Connections program, which is a brief, but intensive voluntary program designed to prevent children from entering out-of-home care. This program is currently under review by the FFPSA Clearinghouse.

Through an inter-agency agreement, SSA partners with Family Connections Baltimore (FCB) to deliver intensive, community-based prevention and intervention services for at-risk families in Baltimore City. These services include trauma-focused support for families and grandparent caregivers, in-home clinical assessments, and referrals to community-based resources in alignment with SSA's Community Pathways and FFPSA initiatives. Additionally, the collaboration facilitates English for Speakers of Other Languages (ESOL) services and community events to connect families with essential resources.

FCB served 26 families in Baltimore City through its Grandparent Family Connections, Traditional Family Connections, and Trauma-Adapted Family Connections programs. As a result, 100% of the families served remained unified, preventing 51 children from entering out-of-home care.

FCB hosted and co-sponsored several community development projects such as the 3rd Annual Back to School Event, Trunk or Treats, and several Family Homework Nights.

Additionally, during CY 2024, FCB welcomed eight Master of Social Work (MSW) interns into its Child Welfare Fellowship Program as part of its training partnership with the State. These interns are being prepared for careers in Maryland's child welfare system upon graduation. Throughout the year, all interns participated in ongoing training, bi-weekly seminars, weekly clinical supervision with board-approved supervisors, and weekly field instruction.

Section 2: Update to the Assessment of Current Performance in Improving Outcomes

Child and Family Outcomes

Safety Outcome 1

Data to Demonstrate Current Performance

Table 1: Safety Outcome 1 CY 2024: Children are, First and Foremost, Protected from Abuse and Neglect

Safety Outcome	*Time Period*	*Overall Determination*	*State Performance*	*Target Goal*	*Performance Item Rating*	
					S	*ANI*
Item 1: Timeliness of initiating investigations of reports of child maltreatment	January - December 2024	Not in Substantial Conformity	90.48%	95%	90.48%	9.52%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary						

Table 2: CY 2024 Child Safety Headline Indicators

Headline Indicators	*CY 2023*	*CY 2024*	*Change*	*Target*	*National Average*
Recurrence of Maltreatment (within 12 months) of a Previous CPS Finding	7.2%	8%	+0.8%	<9.7%	9.5%
Recurrence of Maltreatment of Children in Foster Care (within 12-month period)	9.49%	8.79	-0.7%	<9.07%	9.07%
Data Source: Maryland Headline Indicators, CY 2024					

Assessment of Performance

As demonstrated in Table 1, the most recent Child and Family Services Review (CFSR) results for Safety Outcome 1—Timeliness of initiating investigations of

reports of child maltreatment—demonstrate a positive trajectory toward the federal target of 95% timely Child Protective Services (CPS) investigations. Data collected from cases reviewed between January 2024 and December 2024 indicate that 90.48% of investigations were initiated within the required timeframe—within 24 hours for allegations of abuse and within five days for allegations of neglect. While this represents significant progress, Maryland recognizes that timely initiation of investigations remains an area in need of improvement to meet the federal standard.

In addition to CFSR data, the state's 2024 performance metrics and headline indicators provide further insights into child safety trends. Table 2 demonstrates that the recurrence of maltreatment within 12 months increased by 0.8%, from 7.2% in CY 2023 to 8% in CY 2024. Despite the increase, Maryland's recurrence rate remains below the national average of 9.5%, reflecting continued efforts to prevent repeat incidents of maltreatment.

The recurrence of maltreatment for children in foster care improved, showing a decrease to 8.79%; a 0.7% reduction since the last review. Maltreatment recurrence is lower in Maryland than the national average of 9.07%, highlighting the effectiveness of the agency's targeted strategies for children in out-of-home placements. The improvement in this measure demonstrates the agency's ongoing efforts to strengthen safety practices in foster care are yielding positive results.

Strengths

Several factors contributed to Maryland's progress on safety metrics. First, workforce capacity improved, with a total of 299 new hires for child welfare casework positions across the state in 2024. This represents a net gain of 109 filled positions and a reduction in the statewide vacancy rate from 15.8% to 8.9%. Additionally, the turnover rate among child welfare staff decreased from 14.87% to 12.23%. While staffing improvements support overall system performance, Maryland has not yet met the timeliness mandate.

In CY 2024, SSA continued efforts to achieve the federal target for the timeliness of investigations by providing targeted technical assistance (TA) to the LDSS. SSA facilitated TA sessions to review effective strategies for ensuring timely initial contact with families, as well as documentation practices to ensure that such contacts are accurately recorded in CJAMS and identified as timely. During TA sessions, SSA also reiterated and clarified relevant statutory, regulatory, and policy requirements for initial contact. TA was offered and delivered to LDSS leadership, management, and frontline caseworkers upon request.

SSA Prevention and Child Safety Team provides regular TA sessions with several jurisdictions, including Charles, Baltimore, Montgomery, Cecil, and Prince George's, as well as Baltimore City. Furthermore, the Audit, compliance, and Quality Improvement (ACQI) team provides mandatory TA to jurisdictions that fall short of the timeliness benchmark. These targeted sessions persist until the respective jurisdiction achieves and consistently maintains compliance with the established timeliness standard.

Concerns

Although Maryland made progress in reducing caseworker vacancies, meeting federal targets entirely remains challenging. One explanation is the lengthy training period required for new employees to learn complicated policies and documentation, which affects the speed of initial responses.

Current or Planned Activities to Improve Performance

Table 3: Activities to Improve Performance for Safety Outcome 1

Current or Planned Activities to Improve Performance Safety Outcome 1	Target Completion Date
Develop and issue updated investigation policies, best practice guidance and training to child welfare workforce to improve practice of responding to CPS reports of maltreatment.	**June 2025**
Implementation Status: In Progress 2024 Progress: ● The Prevention and Child Safety Team is spearheading several significant policy initiatives. They are drafting the initial Investigative Response policy. The Deputy Executive Director of Child and Family Well-being is leading an Alternative Response workgroup focused on reviewing relevant policies, statutes, and Maryland regulations to propose essential updates. Further, the Child Trafficking Program Specialist is actively updating the trafficking policy (SSA#23-02), trafficking guidance, and COMAR regulations to ensure alignment with state statutes. The team revised the Critical Incident policy (SSA#22-02), which is scheduled for release in May 2025. Beyond policy development, the Prevention and Child Safety Team achieved notable milestones in 2024. They successfully planned and executed the Child Abuse and Neglect Conference and provided critical guidance to all 24 Local Departments of Social Services (LDSS) concerning new state trafficking guidelines and joint investigations with law enforcement. The Prevention and Child Safety Team consistently provided technical assistance and support to local jurisdictions to address instances where timeliness mandates for responding to CPS reports of abuse or neglect were missed in Investigative Response or Alternative Response cases.	
Review risk assessments policy and practices that other states employ during the screening process to determine response time.	**June 2025**

Implementation Status: In Progress 2024 Progress: ● In 2024, the Social Services Administration (SSA) initiated discussions with Evident Change, the developers of the Structured Decision Making (SDM) model—a prominent risk assessment and case management tool used in child welfare. SSA plans to finalize a contract with Evident Change in 2025 to obtain consultation and technical assistance, which will be crucial for enhancing the accuracy and effectiveness of our risk assessment processes.	
Build CJAMS enhancements for overall improvements in functioning to reduce duplication of data entry and lags. This includes exploring the feasibility of developing dashboards that can monitor live performance on investigation timelines.	**June 2026**
Implementation Status: In Progress 2024 Progress: ● In 2024, the Prevention and Child Safety Team actively reviewed CJAMS enhancement requests (user stories), successfully advocating to prioritize updates that will streamline data entry and reduce reporting errors impacting the Child Fatality 1080 series. ● The Social Services Administration (SSA) launched a live internal dashboard. The team is conducting a thorough review of the data metrics presented on the dashboard, cross-referencing them with CJAMS for accuracy and validation.	
Revisit and review Maryland's policies and regulations regarding initial response time to determine if assigning response time based on a risk assessment of reported information rather than the category of maltreatment would respond appropriately to reports of maltreatment while better meeting the needs of the workforce.	**December 2026**
Implementation Status: Not Started 2024 Progress: ● This work is sequential and SSA has not begun this activity at this time.	
Improve partnerships and collaboration with neighboring states (DC, WV, PA, DE, and VA) to collaborate better in meeting timelines. Maryland will seek border agreements with neighboring states to support timely investigations	**December 2028**
Implementation Status: In Progress 2024 Progress: ● Maryland participated in CB Region 3 Peer to Peer virtual meetings and held follow-up meetings with neighboring states to explore the development of border agreements. In 2024, discussions focused on potential agreements between Maryland, Virginia, and Washington, D.C. Maryland's Office of the Attorney General also participated, providing legal guidance and perspective. Two potential border agreements were explored to address the following scenarios: ○ Court-involved Family Preservation cases where there is a desire to place a child temporarily with kin residing in a neighboring state ○ Situation in which a child is initially placed with kin out-of-state but must be	

removed due to parental non-compliance, with consideration for maintaining the kin placement
    - Placement of a child with kin in a neighboring state upon removal
    - Reunification with a parent who has since moved to another state (e.g., Delaware, Pennsylvania, Virginia, or West Virginia)
- The Prevention and Child Safety Team attended the National Partnership for Child Safety Convening in October and networked with neighboring states to further discuss close collaboration. The Child Safety Team continues its partnership with the National Center for Missing & Exploited Children (NCMEC), which works with all 50 states, including Washington, D.C., Puerto Rico, and the U.S. Virgin Islands. The team attends quarterly meetings with NCMEC, during which new practices and resources are discussed by neighboring state programs, as well as agencies from across the country.

Safety Outcome 2

Data to Demonstrate Current Performance

Table 4: CY 2024 Performance Ratings for Safety Outcome 2

Safety Outcome	***Time Period***	***Overall Determination***	***State Performance***
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate Target Goal: 90%	January-December 2024	Substantial Conformity	90.48%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Table 5: Safety Outcome 2 Performance Items CY 2024

Safety Outcome 2: Performance Items	***Time Period***	***Performance Item Rating***	
		S	***ANI***
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care	January-December 2024	94.45%	4.45%
Item 3: Risk and Safety Assessment and Management	January-December 2024	91.27%	8.73%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Table 6: Safety Indicators CY 2024

Statewide Data Indicators	National Performance Target	Direction of Desired Performance	Baseline Data CY 2023	State Data CY 2024	MD Target for CY 2029
Reentry to Foster Care in 12 months	5.6%	Lower	8.3%	10%	5.6%
Recurrence of Maltreatment	9.7%	Lower	7.2%	8%	6.5%
Maltreatment in Foster Care (victimizations per 100,000 days in care)	9.07	Lower	9.49	8.79%	9.07%
Data Source: Maryland Headline Indicators, CY 2024					

Assessment of Performance

Maryland demonstrates substantial progress in child safety and family stability, as evidenced by the January-December 2024 CFSR. The state achieved a substantially achieved rating with 90.48 % children maintained in their homes, successfully exceeding the 90% federal target for substantial conformity.

Maryland's family preservation and in-home service programs are highly effective, with 95% of reviewed cases rated as a strength for Item 2, Services to prevent removal and maintain children safely at home. Similarly, Risk and safety assessment and management (Item 3) showed strong efforts, with 91% of cases rated as a strength. This consistent strong performance is supported by assessment tools like the Maryland Family Initial Risk Assessment (MFIRA) and the Maryland Safety Assessment for Every Child (SAFE-C). The assessments identify immediate safety and potential maltreatment recurrence factors. These efforts underscore the agency's commitment to preventive strategies and in-home services, reducing the need for out-of-home placements while ensuring child safety.

Maryland continues to excel in keeping children safe at home and reducing foster care placements. The 2024 CJAMS Headline Indicators show a foster care entry rate decline to 1 per 1,000 children in CY 2024. This 17% reduction over five years surpasses Maryland's target of 1.5 per 1,000, reflecting the success of its family preservation and prevention efforts. This progress also aligns with Maryland's consistent low maltreatment rate for children in foster care.

Strengths
Maryland has a comprehensive approach to improving family outcomes and preventing unnecessary entry into foster care. National data shows children entering care at significant rates due to factors related to poverty. Local Departments are making concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care and will continue to provide services and referrals. In CY 2024, SSA initiated discussions with LDSS and stakeholders to discuss separating poverty from neglect when investigating families for neglect. SSA also discussed using mandatory reporters as mandatory supporters. The discussions support diverting families from entering into the child welfare system unnecessarily when their local communities and programs are able to help support in areas associated with poverty related matters.

In addition, evidence-based practices remain available to families through Family Preservation services across the state. In 2025 and 2026, SSA will implement the "mandated supporter" framework through Community Pathways and partnerships with Maryland's mandated reporting agencies to prevent unnecessary foster care placements due to concerns about the conditions of poverty.

Concerns
The electronic record system of record, CJAMS, allows case workers to identify multiple circumstances applicable to the family at the time of the removal. According to DHS' Data Dashboard for CY 2024, 78% of entries into foster care identified neglect as one of the contributing factors to the removal. CY 2024's caregiver drug abuse had a slight increase from 33% to 35.9%. Starting in October 2024, Maryland's Family Law Article §5-525(e)(4) requires CPS to make attempts to keep children with their parents in substance treatment settings when possible before seeking removal. SSA partnered with the Maryland Department of Health to discuss barriers for providing inpatient beds for families so that they can remain together. The partnership identified the barrier that residential substance use treatment facilities only accommodate women and up to two children. There are no places in Maryland that accommodate a male parent and his children, or a parent with more than 2 children for residential substance use treatment.

In CY 2024, approximately 57.5% of children ages 14-17 who entered foster care were experiencing mental/behavioral health concerns which contributed to entry. Abandonment was identified as a contributing factor for 36.4% of youth ages 14-17 who entered foster care in CY 2024. These youth are also captured in the population of greatest risk as they often present with the highest level of need. Children and youth with complex behavioral health and developmental disabilities can enter out-of-home care through Maryland's

Voluntary Placement Agreement (VPA). Maryland's Kin-First culture and 2024 kinship placement law and policies may reduce the challenges in obtaining placements for children by ensuring relatives are promptly identified, engaged, and assessed, reducing delays in placement, simplifying the approval process and strengthening family engagement efforts.

Current or Planned Activities to Improve Performance

Table 7: Activities to Improve Performance for Safety Outcome 2

Current or Planned Activities to Improve Performance Safety Outcome 2	Target Completion Date
Build the knowledge and capacity of the workforce and referring agencies to distinguish between poverty and neglect. This activity is aligned with Goal 1, Strategy 1A.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● The Prevention and Child Safety Team began discussions separating poverty from neglect with stakeholders at the Prevention and Child Safety Implementation Team's quarterly meeting. The team discussed with local jurisdictions at the annual Child Abuse and Neglect Conference how they differentiate between poverty and neglect and what community resources they provide. During the Conference, SSA held open discussions with the LDSS about implementing strategies to differentiate between poverty and neglect. Local departments share how they are currently able to separate poverty from neglect when screening referrals and when providing services in a neglect investigation.	
Explore opportunities to provide family-centered, community-based economic and concrete support to families. This activity is aligned with Goal 1, Strategy 1C.	**December 2028**
Implementation Status: Not Started 2024 Progress: ● N/A	

Permanency Outcome 1

Data to Demonstrate Current Performance

Table 8: Permanency Outcome 1 CY 2024

Permanency Outcome	*Time Period*	*Overall Determination*	*State Performance*

Permanency Outcome 1: Children have permanency and stability in their living situations Target Goal: 90%	January-December 2024	Not in Substantial Conformity	30.38%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Table 9: Permanency Outcome 1 Performance Items CY 2024

Permanency Outcome 1: Performance Items	***Time Period***	***Performance Item Rating***	
		S	***ANI***
Item 4: Stability of Foster Care Placement	January-December 2024	81.01%	18.99%
Item 5: Permanency Goal for Child	January-December 2024	55.7%	44.3%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Living Arrangement	January-December 2024	34.18%	65.82%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Table 10: Permanency Indicators CY 2024

Statewide Data Indicators	**National Performance Target**	**Direction of Desired Performance**	**Baseline Data CY 2023**	**State Data CY 2024**	**MD Target for CY 2029**
Permanency in 12 months for children entering foster care	35.2%	Higher	27%	23.9%	35.2%
Permanency in 12 months for children in foster care 12-23 months	43.8%	Higher	35%	31.8%	43.8%
Permanency in 12 months for children in foster care 24 or more	37.3%	Higher	34%	33.3%	37.3%

months					
Placement stability (moves per 1,000 days in care)	4.48	Lower	5.44	6.13	4.48
Data Source: SSA Headline Indicators for Maryland					

Assessment of Performance

While not in Substantial Conformity with Permanency Outcome 1, performance improved from CY 2023 to CY 2024, increasing from 25% to 30.38% substantially achieved. This improvement is linked to enhanced placement stability, with cases rated a strength for Item 4 rising from 78% in CY 2023 to 81.01% in CY 2024.

However, statewide data indicators for permanency in CY 2024 show a slight decline in achieving permanency within 12 months for children in foster care across all durations (12 months, 12-23 months, and 24+ months) compared to CY 2023. SSA is actively examining these trends, including barriers to timely permanency, and will implement targeted strategies outlined in Section III, Goals 2 and 5, to improve outcomes.

Concurrently, placement stability has declined, with the rate of moves increasing from 5.44 in CY 2023 to 6.13 in CY 2024. SSA is assessing the underlying causes, considering factors such as placement practices, data input accuracy, resource availability at placement, and transitions due to escalating needs or shifts to less restrictive environments. The implementation of the state's kinship placement law may affect placement stability. Identifying kin as a first placement is likely to increase stability; however, as kinship caregivers are identified for children already in care, children may be placed with kin resulting in an additional move.

Maryland's transition to a kin-first state in CY 2024, involving legislative, regulatory, and policy changes, is expected to impact these areas and will be further detailed in Section III, Goal 2 Kinship.

Strengths

On May 9, 2024, Governor Moore signed landmark legislation that serves as the cornerstone of Maryland's shift to a kin-first culture. This new law establishes a preference for youth in out-of-home care to be placed with relatives, including chosen families. It modernizes Maryland's kinship care system by removing outdated language that excluded contemporary family

structures and updates the law to reflect how families are formed today. Maryland's kin-first approach prioritizes adult-child bonds that are essential to healthy development when determining the best interests of children requiring out-of-home care. In 2024, the state developed new regulations, policies, and tools to expand and strengthen kinship placements statewide. Implementing the state's new kinship placement preference, processes and supports, will continue through 2025. The state anticipates an increase in kinship placements. This rise is expected to improve permanency outcomes for children and youth. Maryland's proactive and forward-thinking development of regulations, policies, and supportive tools highlights a key strength that the state is committed to building upon.

Concerns

In the past few years, Maryland has been unable to achieve substantial conformity in permanency outcomes that focus on providing children with stability and preserving family relationships and connections. For some time, Maryland did not prioritize placing children with kin as demonstrated by only approximately 26% of youth in care living with kin. During the 2024 legislative session, a bill was passed requiring Maryland first work to place children with kin. Maryland believes that by focusing licensing kin and prioritizing placement with kin, we will be able to substantially achieve permanency outcomes. Section III, Goal 2 Kinship as well as Goal 5 Permanency, Strategy 5b. further explains activities outlined to address this area of concern.

Current or Planned Activities to Improve Performance

Improving Maryland's ability to secure permanency and placement stability for the children and youth in out-of-home care is a top priority over the next five years. Specifically, the state developed regulations and policy related to kinship licensing. The new regulations that went into effect in December 2024 provide the framework for licensing kinship caregivers so they are eligible to receive a monthly care stipend for the children in their care. The shift to a kin-first culture will not only create additional placement resources but based on the high permanency outcomes for kinship placements, will also assist the state in achieving permanency through the plans of reunification, custody and guardianship, and adoption. Kin-first and other planned activities are described in more detail in Section III, Goals 2 and 5.

Permanency Outcome 2

Data to Demonstrate Current Performance

Table 11: Permanency Outcome 2 CY 2024

Permanency Outcome	*Time Period*	*Overall Determination*	*State Performance*

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. Target Goal: 90%	January-December 2024	Not in Substantial Conformity	69%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Table 12: Permanency Outcome 2 Performance Items CY 2024

Permanency Outcome 2: Performance Items	***Time Period***	***Performance Item Rating***	
		S	***ANI***
Item 7: Placement with Siblings	January-December 2024	81.01%	19%
Item 8: Visiting with Parents and Siblings in Foster Care	January-December 2024	77.61%	22.39%
Item 9: Preserving Connections	January-December 2024	74.03%	25.97%
Item 10: Relative Placement	January-December 2024	76.47%	23.53%
Item 11: Relationship of Child in Care with Parents	January-December 2024	72.13%	27.87%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Assessment of Performance

Maryland significantly advanced its efforts in 2024 to foster and maintain family connections for children in out-of-home care. The state observed a modest rise in sibling placements, from 79% to 81%, alongside a more substantial improvement in preserving family connections, which increased from 66% to 74%. Furthermore, the frequency of parent and sibling visits improved from 73% to 78%.

The identification and evaluation of relatives as potential placement resources experienced a slight decline, from 77% to 76.4%. However, the percentage of children maintaining meaningful relationships with their parents rose notably, from 64% to 72%.

To further improve continuity of relationships between children and their families, the SSA initiated permanency enhancement sessions with all Local Departments of Social Services (LDSS) in August 2024. These sessions allowed local departments to pinpoint specific goals to boost father engagement, reinforce parent-kin relationships, improve kin engagement strategies within Family Team Decision-Making (FTDM) meetings, and refine Family Find practices to promote and increase family engagement. In support of Maryland's new kin-first practice, the SSA also established Kinship Executive Governance (KEG) meetings in February 2024. These bi-weekly meetings convened participants from both public and private sectors, as well as LDSS and DHS executive leadership, to focus on the development and implementation of kinship-related policies and practices statewide.

Maryland remains steadfast in its dedication to improving permanency outcomes for children in out-of-home care. The state continues to prioritize kinship placements, family connections, and support, recognizing family's critical role in the well-being and long-term stability of children and youth.

Strengths

As previously stated, Maryland is shifting to a kin-first culture, starting with a law establishing a preference for youth experiencing out-of-home care to live with relatives, including family by choice. Maryland's kin-first approach prioritizes placements with kin. Research shows that youth in out-of-home care that are placed with kin have better outcomes. Additionally, the state developed new regulations, policy, and tools to support increased kinship placement across the state. Developing kinship preference processes and support will continue into 2025, with the state anticipating a rise in kinship placements. An increase in kinship placements should result in improved continuity of family relations, and family and community connections will be preserved for the children.

Concerns

In the past few years, Maryland has been unable to achieve substantial conformity in permanency outcomes 1 and 2, which emphasize providing children with stability and preserving family relationships and connections. With the shift to a kin first culture, prioritizing placement with kin, and kin-specific licensing Maryland expects we will substantially achieve family continuity and connection outcomes. Section III, Goal 2 Kinship as well as Goal 5 Permanency, Strategy 5b further explains activities to address this area of concern.

Current or Planned Activities to Improve Performance

Improving Maryland's ability to secure permanency for children and youth in out-of-home care is a key priority over the next five years. The new regulations that went into effect in December 2024 provide the framework for licensing kinship caregivers so they are eligible to receive a monthly care stipend for the children in their care. A kin-first culture will not only create additional placement resources but based on the high permanency outcomes for kinship placements, will also assist the state in achieving permanency through the plans of reunification, custody and guardianship and adoption.

For youth that are not able to be placed with kin at the start of their out-of-home care period, Maryland will continue working with the family to identify kin that may be a support to child and their family. With the transition to a kin- first state, Maryland will likely see a positive upward trend in permanency outcomes.

Well-Being Outcome 1

Data to Demonstrate Current Performance

Table 13: Rating for Well-Being Outcome 1 CY 2024

Well-Being Outcome	***Time Period***	***Overall Determination***	***State Performance***
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Target Goal: 90%	January - December 2024	Not in Substantial Conformity	54.76%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Table 14: Well-Being Outcome 1 Performance Items CY 2024

Well-Being Outcome 1: Performance Items	***Time Period***	***Performance Item Rating***	
		S	***ANI***
Item 12: Needs and Services of Child, Parents, and Foster Parents	January-December 2024	56.35%	43.65%
Item 12A: Needs Assessment and Services to Children	January-December 2024	95.24%	4.76%

Item 12B: Needs Assessment and Services to Parents	January-December 2024	57.5%	42.5%
Item 12C: Needs Assessment and Services to Foster Parents	January-December 2024	82.35%	17.65%
Item 13: Child and Family Involvement in Case Planning	January-December 2024	69.92%	30.08%
Item 14: Caseworker Visits with Child	January-December 2024	97.62%	2.38%
Item 15: Caseworker Visits with Parents	January-December 2024	60.17%	39.83%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Assessment of Performance

The state's current performance for Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs, is not in substantial conformity and has not met the federal target of 90%. This is based on the most recent CFSR, conducted from January to December 2024, as detailed in Table 13. Furthermore, Table 14 indicates that many items within this measure are below the 90% substantial conformity target. However, two items surpassed the target: Item 12A: Needs Assessment and Services to Children, which was rated as a strength in 95.24% of reviewed cases, and Item 14: Caseworker Visits with Child, rated as a strength in 97.62% of reviewed cases. Overall, the data reveals that Maryland is most successful in meeting the needs of children and foster parents. However, further improvement is needed in addressing the needs of parents (Items 12b and 15) to support timely and successful family reunification whenever possible.

Strengths

In 2024, alongside CFSR reviews, focus groups were conducted with a diverse range of stakeholders, including youth, biological parents, resource parents, caseworkers, supervisors, resource home workers, attorneys, judges, magistrates, service providers, directors and assistant directors, and the Office of Licensing and Monitoring (OLM). The Maryland Continuous Quality Improvement Qualitative Focus Group Report specifically addressed ten key areas, such as the involvement of parents and children in case planning and service provision.

Discussions around case planning highlighted the importance of family

collaboration in developing individualized goals and plans, as well as the need for improved coordination with service providers to achieve shared outcomes. Both parents and youth reported varying experiences. Those with positive experiences noted strong caseworker support in identifying and pursuing personalized goals, appreciating regular progress check-ins.

Maryland demonstrates continuous improvement in teaming with families and stakeholders. The focus group findings generally indicate effective teaming between local departments and families. Most biological parents and youth participants reported weekly to monthly contact with their caseworkers and participation in formal team meetings with the local department. Many also indicated feeling prepared for and actively engaged in these formal meetings.

Biological parents and youth in the focus groups identified key caseworker qualities that foster strong working relationships, including dependability (communication and follow-through), knowledge, and empathy. Many felt supported and understood, valued their input, and noted that their caseworker believed in them and shared similar values.

The SSA also assesses families' perceptions of services through voluntary Family Team Decision Meeting (FTDM) Feedback Surveys. The surveys are conducted semi-annually. The surveys provide a sample of feedback rather than comprehensive data.

In 2024, 84.3% of surveyed families reported overall satisfaction with the FTDM. Further analysis revealed high satisfaction across specific areas: 87.6% felt comfortable sharing their thoughts, 95.6% agreed they had the opportunity to participate, and 86.8% felt their opinions were respected. Additionally, 87.8% felt like part of a team, 88.9% felt their cultural background was considered, and 83% believed the plan created during the FTDM would benefit the youth/family.

Another strength in meeting children's needs is the state’s new rates for out-of-home care providers which enable us to contract the services children in care need. For more information on this year's strengths and progress regarding service array, please refer to Item 29: Array of Services and Goal #4: Service Array.

Concerns

Table 14 reveals several areas where ratings are below the federal target of 90% and have declined from the previous year. Although current ratings surpass those from several years ago, strength ratings decreased between 2023 and 2024. However, direct comparisons to the prior year should be made

cautiously due to variations in review site locations. Therefore, the state's ability to meet the needs of children, families, and caregivers requires ongoing monitoring to identify emerging patterns.

Notably, Well-Being Outcome 1: Families' capacity to provide for their children's needs, experienced a decline in strength ratings from 56.7% to 54.76%. All strength ratings for Item 12: *Needs Assessment and Services*, decreased compared to the previous year:

- Item 12A: Needs Assessment and Services to Children, declined from 99% to 95.24%, though it remains relatively strong.
- Item 12B: Needs Assessment and Services to Parents, decreased from 59% to 57.5%.
- Item 12C: Needs Assessment and Services to Foster Parents, saw a significant drop from 91% to 82.35%.

Additional declines were observed in:

- Item 13: Child and Family Involvement in Case Planning, which fell from 71% to 69.92%.
- Item 15: Caseworker Visits with Parents, which saw a notable decline from 69% to 60.17%.

These trends highlight the need for continuous assessment and targeted improvements in these critical areas.

Focus groups noted positive case planning practices but also identified several challenges or barriers. Some participants in the caseworker and supervisor focus groups shared that case planning and progress on case plan tasks are often hindered by the agency's inability to establish or maintain consistent contact with families over the life of the case. In addition, case workers and supervisors noted challenges related to parents' willingness or capacity to engage with the agency and participate in services. They described difficulties in motivating parents to take action, especially when parents are facing concurrent challenges such as substance use, domestic violence, housing instability, and incarceration, which can impede consistent progress toward case goals. Some participants from the caseworker and biological parent discussed how case planning goals are largely driven by court orders. They shared concerns that when court-mandated tasks and goals take precedence over goals developed in partnership with the family, the resulting case plans are often broad and standardized, rather than tailored to the individual needs of the family.

A key concern raised by focus groups is the need for more services (e.g., housing, transportation, substance abuse treatment) and high-quality

mental/behavioral health services for youth. Maryland is working to improve its service array. For a comprehensive overview of service array in Maryland, please refer to Item 29: Array of Services.

Current or Planned Activities to Improve Performance

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs encompasses multiple areas, including services, assessment of needs, family engagement, and visits with parents and children, as outlined in the tables above.

Planned activities targeted at improving performance and addressing concerns for well-being are outlined in more detail in Section 3, Goals 1a, 1b, 1c, 4a, 4b, 4c, 4d, 5a, 5b, 5c, 5d, 6a and 6b.

Well-Being Outcome 2

Data to Demonstrate Current Performance

Table 15: Well-Being Outcome 2 Performance Items CY 2024

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	***Time Period***	***Overall Determination***	***State Performance***	***Target Goal***	***Performance Item Rating***	
					S	***ANI***
Item 16: Education Needs of the Child	January -December 2024	In Substantial Conformity	95%	95%	95%	5%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary						

Table 16: Education Indicator CY 2024

Education Measure	***Target***	***CY 2024***	***CY 2025***	***CY 2026***	***CY 2027***	***CY 2028***
Children Entering Foster Care and Enrolled in School within Five Days	85%	82%				
Data Source: CJAMS (Headline Indicators)						

Assessment of Performance

Well-Being Outcome 2, Item 16, Educational Services, achieved substantial conformity at 95% in CY 2024, an increase from 92% in the previous year. Of

the cases reviewed, 77 were strengths, while four were Areas Needing Improvement (ANI). Identified ANIs include ensuring disability evaluations for two children, school enrollment for youth returning home, and agency monitoring of a Student Study Team plan when a declined one-on-one mentor was replaced by the school with this plan.

Maryland's performance in enrolling youth into school within 5 days of entering care or a change in placement was 82%, falling short of the 85% goal. Although this appears to be a notable decrease from CY 2023's 90.6% timely enrollment performance, it was determined that previous data included all children aged 5-18 removed throughout the year. The Headline Indicator summary file, however, only reports children removed during the school year, causing data discrepancies. The accurate Headline Indicator for CY 2023 was 82%, indicating no change from CY 2023 to CY 2024. A CJAMS enhancement was developed to capture the difference between enrollment and school start dates and document reasons for delays. This enhancement caused a conflict and defect in CJAMS, necessitating an additional enhancement and resulting in a slight delay in updating education records. Technical assistance was provided to LDSS staff to promote accurate documentation.

CJAMS data indicates a positive trend in school stability, with 54% of youth remaining in their school of origin after removal, compared to 50% in the 2023 school year. This change supports permanent community connections for youth in care. In Fall 2024, DHS and the Maryland State Department of Education (MSDE) held regional meetings for local points of contact, emphasizing school stability and the importance of students remaining in their school of origin. School stability will continue to be monitored for further improvements.

Strengths

Educational Services (Well-Being Outcome 2, Item 16) is in substantial conformity, achieving 95% substantial conformity. Strengths were noted in 77 cases where the agency effectively identified educational needs, facilitated referrals to services like speech therapy, Infants & Toddlers, and disability evaluations, and ensured appropriate school placements aligned with IEPs and academic requirements.

The Maryland State Department of Education (MSDE) data indicates positive trends for foster youth, with the graduation rate increasing from 40.2% in 2023 to 56% in 2024. The rate of youth experiencing out-of-home care who dropped out of school decreased from 42% in 2023 to 28.4% in 2024. The improvement reflects stronger collaboration between SSA and Local School Systems to ensure accurate identification of youth. However, the percentages remain consistent with pre-COVID rates. Ongoing efforts include planning

trainings and facilitated discussions with LDSS and LEA staff to further promote collaboration

In CY 2024, the SSA Education Specialist actively participated in key conferences, including the American Bar Association's Every Student Succeeds Act Conference for state points of contact and the National Association for the Education of Homeless Children and Youth's annual conference. SSA also contributed to the Maryland Association of Pupil Personnel Workers' Spring conference by presenting Education Stability for Youth in Foster Care.

Furthermore, SSA collaborated with MSDE to host regional meetings, discussing Best Interest Determination (BID) process responsibilities for both LDSS and Lead Education Agency (LEA) staff designated as foster care and education liaisons. To enhance documentation, a CJAMS Enhancement was implemented to capture enrollment dates and integrate BID logic with placement dates, followed by technical assistance for caseworkers.

Concerns

While education outcomes improved for youth experiencing out-of-home care in 2024, their outcomes are substantially below their non-fostered peers. The MSDE state report card data indicates an increase in the graduation rate for foster youth from 40.2% in 2023 to 56% in 2024. However, this remains significantly lower than the 87.6% graduation rate for all students in 2024. Furthermore, the 2024 dropout rate for youth in foster care, at 28.4%, is substantially higher than the 8.3% rate observed for all students. Concerns persist regarding the graduation and dropout rates among youth in foster care, necessitating further collaboration with the Maryland State Department of Education (MSDE).

Youth experiencing out-of-home care are more likely than their non-fostered peers to live with disabilities that require an IEP. The data from the 2024 MSDE Legislative Report on Students in the Child Welfare System (2022-2023 academic year) reports that 602 of the identified 1657 youth in foster care are students with disabilities (have an IEP), which is a rate of 36%. Comparatively, MSDE reports that statewide, 12.4% of students are identified as having a disability (Maryland State Report Card, 2023, Special Services: Students with Disabilities).

Youth experiencing out-of-home care are more frequently suspended than their non-fostered peers. The MSDE legislative report identifies the suspension rate for students in foster care for all grades is 20% with an expulsion rate of .4%. compared to the state average for in-school and out-of-school suspensions and expulsions percentage of 5.3%. The suspension

and expulsion rates increased compared to the 2021-2022 school year data. (The suspension rate was 14.8%, and the expulsion rate was suppressed). This means that students in foster care live with disabilities at 3 times the rate of their non-foster care peers and experience disciplinary action at 4 times the rate of their non-foster care peers.

Current or Planned Activities to Improve Performance

Table 17: Activities to Improve Performance for Well-Being Outcome 2

Current or Planned Activities to Improve Performance Well-Being Outcome 2	Target Completion Date
Partner with UMSSW and Maryland Longitudinal Data System Center (MLDSC) to conduct a state-wide review and analysis of education data related to children's academic performance in out-of-home care. Desegregate data to identify barriers (demographics, school attendance, student performance), especially for rates of students with disabilities and suspensions and expulsions.	**December 2024**
Implementation Status: Delayed 2024 Progress: ● UM-SSW research project using MLDSC data was approved by the MLDSC Research Board in June. UM-SSW is matching foster youth and education data, and completing analysis. Due to the complexity of the data and data matching process, this report is delayed until 2025.	
Improve data sharing between MSDE and SSA to ensure SSA and LDSS have access to up-to-date education data for children in care.	**June 2025**
Implementation Status: In Progress 2024 Progress ● In November 2024, SSA staff met with MSDE to discuss a new data-sharing agreement. Contract discussions are ongoing for a secure data-sharing pathway and data availability.	
Provide coaching for LDSS around the completion of Best-Interest Determination (BID) meetings and timely documentation.	**December 2025**
Implementation Status: In Progress 2024 Progress ● Regional meetings were conducted with the MSDE Foster Care Liaison in October 2024 for LDSS Education Liaisons and LEA Foster Care Liaisons to review BID meeting and enrollment regulations and collaborate regionally. Additional caseworker training was developed for 2025 training.	
Disseminate an education survey to assess the access and use of educational services by LDSS staff, resource parents, and private providers and identify gaps and barriers in these services.	**June 2026**

Implementation Status: Not Started 2024 Progress ● N/A	
Collaborate with MSDE and Lead Education Agencies (LEAs) to ensure timely communication, documentation sharing, and identification of barriers.	**December 2026**
Implementation Status: In Progress 2024 Progress ● Regional meetings were conducted with the MSDE Foster Care Liaison in October 2024 for LDSS Education Liaisons and LEAs Foster Care Liaisons to review BID meeting and enrollment regulations and collaborate regionally. Additional virtual regional and state meetings are being planned for the spring and summer of 2025.	
Explore training options for caseworkers and resource families on identifying developmental disabilities versus trauma behavior.	**December 2026**
Implementation Status: In Progress 2024 Progress ● The Court Improvement Program Child Welfare and Education Workgroup suggested conducting statewide Special Education training for LDSS, LSS and Court staff to improve collaboration and monitoring of special education services to youth in care. Initial plans for the training are in development with the expectation that it will be held before the start of the 2025-2026 academic year.	
Increase assessments and referrals of students to services to meet their identified needs (Item 16 from 88.9% to 96%).	**June 2027**
Implementation Status: Not Started 2024 Progress ● N/A	
Coordinate with MSDE to address identified barriers that are affecting youth's ability to make academic progress.	**June 2027**
Implementation Status: Not Started 2024 Progress ● N/A	
Assess current transportation needs and funding regarding youth being able to remain in their school of origin.	**December 2027**
Implementation Status: Not Started 2024 Progress ● N/A	
Identify and partner with local education organizations. Collaborate with external stakeholders to improve student services and community resources, supporting educational needs, and learning challenges.	**June 2028**

Implementation Status: Not Started 2024 Progress: • N/A	
Utilize school mobility data in conversations with LEA and LDSS. Develop communication and guidance (tipsheet) around best practices for remaining in the school of origin and transportation.	**December 2028**
Implementation Status: Not Started 2024 Progress: • N/A	
Identify and support CJAMS enhancements to track supporting documentation (enrollment paperwork, BID form, report cards, IEPs, etc.).	**December 2028**
Implementation Status: In Progress 2024 Progress: • CJAMS enhancement to capture the unique student identifier number (SASID) in all education records is being developed. This enhancement will ensure caseworkers identify a youth's SASID and are able to share with the current school when requesting documents to streamline the request for schools.	
Provide guidance on using supervision to support educational documentation practices.	**June 2029**
Implementation Status: Not Started 2024 Progress: • N/A	

Well-Being Outcome 3

Data to Demonstrate Current Performance

Table 18: Well-Being 3 Outcome CY 2024

Well-Being Outcome	***Time Period***	***Overall Determination***	***State Performance***
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. Target Goal: 90%	January - December 2024	Not in Substantial Conformity	80.5%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Table 19: Well-Being 3 Outcome Performance CY 2024

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs	***Time period***	***Performance Item Rating***	
		S	***ANI***
Item 17: Physical Health of the Child	January-December 2024	86%	13%
Item 18: Mental/ Behavioral Health of the Child	January-December 2024	85%	14%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Table 20: Health Performance Measures (*Includes CY 2023 Compared to CY 2024*)

Health Exams	***Target***	***CY 2023***	***CY 2024***	***CY 2025***	***CY 2026***	***CY 2027***	***CY 2028***	***CY 2029***
Comprehensive Exam within 60 Days of Entry	90%	77%	85%					
Annual Health Exam	90%	72%	66%					
Annual Dental Exam	90%	66%	69%					
Data Source: CJAMS								

Assessment of Performance

The CFSR Case Review and Online Monitoring System indicates a positive trend in the physical health of children in care. Well-being Outcome Item #17, "Physical Health of the Child," increased from 82% in 2023 to 86% in 2024, showing improved care and timely health visits for children in out-of-home care. The CFSR assesses CJAMS health data, case files, and information from various sources including parents and providers to evaluate healthcare services, including dental care. This comprehensive approach differs from CJAMS data alone, which relies on entries recorded at the time of data extraction. Delays submitting medical documentation can lead to lagging CJAMS health entries. As a result, medical data in CJAMS does not always reflect all completed health services. The agency is actively working to improve real-time access to health information and align health data resources for accurate tracking.

Item #18 evaluating the mental and behavioral health of the child, was rated as a strength at 85%. However, challenges persist in accessing treatment and targeted interventions for behavioral issues such as eating disorders, conduct disorders, and oppositional defiant disorders. The SSA continues to collaborate with Maryland's Administrative Services Organization (ASO) and the Maryland Department of Health to strengthen state and local partnerships, bridge service gaps, and improve access to behavioral health services for Medicaid participants.

Data indicates that our compliance with annual exams decreased. The decrease is primarily due to difficulties obtaining documentation of completed exams. The agency implemented a monitoring system that regularly tracks each jurisdiction's compliance with milestone indicators for awareness of jurisdictions experiencing difficulty obtaining documentation. Through ongoing monitoring, the agency is able to identify cases of noncompliance due to lack of documentation and offer support in contacting medical providers to obtain the required medical record documentation. In addition, monthly meetings with the health team and LDSS staff focus on identifying causes of noncompliance, providing resources, and offering alternative approaches to ensure timely completion of exams and visits.

Maryland did not achieve substantial conformity for Well-Being Outcome 3 at 80.5%, falling short of the federal goal of 90% for adequate physical and mental health services for children. To address this, the state is monitoring performance and supporting Local Departments of Social Services (LDSS) through partnerships with community resources, healthcare agencies, and other state agencies.

The physical health of children in foster care improved, with timely health visits increasing from 82% in 2023 to 86% in 2024. The agency will continue to explore new health resources and enhance collaboration with stakeholders to identify health service solutions to achieve full compliance.

Strengths

Weekly data reports and regular technical assistance sessions are provided to the Local Departments of Social Services (LDSS) to improve access and outcomes for timely dental care. The TA offers valuable insights to overcome healthcare barriers. Additionally, the agency collaborated with dental Administrative Services Organization (ASO) representatives to assist in finding dental providers for children in out-of-home care. Finally, outreach to community resources resulted in a list of dental van services that can provide additional access to dental care.

A memorandum outlining Health Care Requirements for Children in

Out-of-Home (OOH) Care was disseminated to Medicaid providers and Maryland's Managed Care Organizations (MCOs) by the Social Services Administration's (SSA) Health Team and Medical Director. The initiative aimed to raise awareness that healthcare visits are required for children in out-of-home care. These health care visits were distinguished between those that were unique to the needs of children in care and those that were already aligned with Episodic and Periodic Screening Diagnostic and Treatment (EPSDT) services. Appropriate reimbursement to Medicaid providers for visits unique to the needs of children was also provided.

Interagency collaboration with the Family Investment Administration (FIA) and the Maryland Department of Health (MDH) is ongoing through an ad hoc workgroup of state and local representatives. The workgroup addresses systemic issues concerning Medicaid eligibility, E-Track coverage group assignment, and data management within the Medicaid Management Information System (MMIS-II) for children in foster care. The group identified a need to standardize the Medicaid enrollment process across all 24 LDSS offices to ensure Medicaid eligibility, timely enrollment, and accurate coverage group assignments.

A partnership between Maryland Total Human-services Integrated Network (MD THINK) and the Maryland Department of Health developed an interface between the CJAMS and the Chesapeake Regional Information System (CRISP). The interface shares children’s immunization information, enhancing accuracy and accessibility through the MDH web-based statewide immunization data entry system (ImmuNet).

At the time this report was prepared, the agency was in the process of revising its psychotropic medication policy including protocols, developing a statewide training, and identifying CJAMS enhancements to support real-time monitoring of the appropriate use of psychotropic medications. See Updates to Targeted Plans - Health Care Oversight and Coordination Plan.

The agency began updating its policy and informed consent process for children experiencing out-of-home care who are prescribed psychotropic medications. The policy will ensure that children experiencing out-of-home care with mental health prescriptions receive closely monitored care for safety and optimal outcomes. Further details can be found in the Health Care Oversight and Coordination Plan within Section 8: Updates to Targeted Plans.

The Monthly Health Workgroup Meeting convenes key stakeholders dedicated to the health and well-being of children in out-of-home care in Maryland. This group includes representatives from Maryland's MCOs, LDSS staff, Maryland’s dental ASO, health advocates, community organizations,

policymakers, healthcare providers, and others. The meeting focuses on collaboration and coordination to address the health needs of children in foster care, ensuring access to appropriate healthcare services, including dental care, and optimizing care coordination to improve their overall well-being. Discussions typically encompass challenges, best practices, and policy updates related to child health in out-of-home care.

SSA's Health Team and Health Workgroup continue to strengthen state and local partnerships. Their efforts focus on enhancing health services, assessing health needs, and addressing barriers that impede timely completion of health exams, accurate health data entry in CJAMS, and access to healthcare, including behavioral health, for children in out-of-home placement.

Concerns

In CY 2024, several challenges hindered progress providing adequate physical and mental health services to children. These challenges include:

- Inconsistent Documentation: Despite support from the ACQI and health units, obtaining and uploading documentation of completed health visits into CJAMS remains inconsistent, impacting record accuracy.
- Delays in Appointment Scheduling: Timely scheduling of healthcare appointments continues to be a difficulty, leading to potential gaps in care and poorer health outcomes.
- Resistance from Older Youth: Older youth frequently refuse to attend healthcare visits. Efforts to change attitudes about the value of healthcare, even with incentives, are often ineffective.
- Medicaid Enrollment Delays: Children entering out-of-home care who previously had Medical Assistance may experience delays in accurate enrollment with their new Medicaid coverage groups.

The agency is dedicated to overcoming these obstacles through strategic collaboration, improved communication, and targeted interventions to ensure children in out-of-home care receive timely medical and dental care.

Current or Planned Activities to Improve Performance

Table 21: Activities to Improve Performance for Well-Being Outcome 3

Current or Planned Activities to Improve Performance Well-Being Outcome 3	Target Completion Date
Coordinate with MDH's HealthySmiles to explore strategies to improve access to dental providers who accept Medicaid. Partner with local dental organizations to explore alternative service delivery options such	**June 2025**

as mobile vans to reach areas with limited dental options.	
Implementation Status: In Progress 2024 Progress: ● The Health Team identified the Director of Programs at the Maryland Dental Action Coalition as a collaborative partner. This collaborative partnership focused on improving dental health initiatives, outreach, and advocacy for children in foster care. ● The Health Team partnered with Smile Maryland to distribute a dental mobile van schedule to LDSS, resource parents, and group homes to support oral health exam services for children in foster care in areas with limited dental providers. ● The Health Team is working in partnership with the Maryland Healthy Smiles Dental Program and its contractor, SkyGen, LLC, to address the dental care needs of children in out-of-home care, including those transitioning into adulthood. The collaboration seeks to provide the Local Department of Social Services (LDSS) staff with the tools and resources necessary to streamline the referral process, service authorizations, and access to dental care providers. Additionally, efforts were made to strengthen communication between LDSS staff and SkyGen, ensuring ongoing support to LDSS and promoting timely and effective oral health services for children in care.	
Collaborate with DHS's FIA and MDH to streamline procedures for foster care Medicaid to ensure timely enrollment. MDH, MCO, and healthcare providers establish healthcare measures and shared outcomes for children involved in child welfare.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● The Health Team collaborated with MDH's Medicaid Systems Enrollment & Reconciliation Unit and DHS's Family Investment Administration through a state-level workgroup to address challenges related to timely medical assistance enrollment, coverage lapses, and incorrect coverage group assignments for children in out-of-home care. ● Collaboration with MDH and the Family Investment Administration led to a DHS internal action transmittal (AT) establishing standard procedures for all LDSS when processing Medicaid applications for children in out-of-home care. These procedures are designed to ensure the Medicaid enrollment process is accurate and timely, with coverage eligibility updated to reflect the correct coverage group for each child.	
Partner with MDH and Maryland's Managed Care Organizations (MCO) to enhance the coordination of healthcare services, addressing barriers related to transitioning youth, particularly in accessing behavioral health services and overcoming healthcare services barriers.	**December 2025**
Implementation Status: Discontinued 2024 Progress: ● This activity was initially identified to focus on youth transitioning to adulthood. However, through ongoing collaboration with MCOs, Optum, and SkyGen, LLC, to enhance healthcare access for the foster care population, transition-age youth were integrated into the agency's broader efforts to improve health outcomes. As a result, this activity will no longer be treated separately. It is discontinued.	

Continue to refine existing health data-sharing agreements and linkages between SSA and CRISP to link medical data such as hospitalizations, Emergency Department visits, medications, allergies and diagnoses with CJAMS so information can be transmitted electronically and provide the state and local child welfare workforce with the opportunity to have readily available data that will inform practice and improve health monitoring of children, including those with mental health conditions.	**June 2026**
Implementation Status: In Progress 2024 Progress: ● DHS developed an interface between the CJAMS and CRISP (ImmuNet) to share children's immunization information. It is a step toward improving accurate information, timeliness, and accessibility of health data for children in foster care. This integration significantly enhances the healthcare for children experiencing out-of-home care by ensuring that immunization records are readily available to the appropriate parties (e.g., caseworkers, healthcare providers, and LDSS staff). ● The Baltimore City DSS /MATCH program was granted limited access to CRISP for other health-related data such as hospitalization and ED utilization to facilitate case management.	
Conduct monthly monitoring of timely health assessment data and provide targeted technical assistance to the LDSS to address barriers and areas of concern and ensure compliance with medical and dental exam requirements. Continue to require LDSS Plan of Action to LDSS leadership when compliance is not met per ACQI requirements.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● There are monthly meetings to address issues, foster collaboration, identify solutions, and ensure ongoing support for LDSS staff to meet the health care requirements for children in care. ● By recognizing the obstacles to healthcare access and introducing targeted interventions, the agency can improve the rate of timely healthcare visits for children in out-of-home care. Implementing strategies to reduce missed appointments can improve visit consistency and overall healthcare compliance for these children. Continuous collaboration among stakeholders will be key to overcoming these barriers and ensuring children receive care. ● A memorandum of understanding is being developed between SSA and placement providers to set clear expectations for ensuring that placement providers actively participate in and support timely scheduling, attendance, follow-up, and documentation of healthcare visits. ● LDSS staff are encouraged to engage with MCO Special Needs Coordinators to improve healthcare access and outcomes for children in foster care. This was facilitated by ensuring that there is an up-to-date contact list of MCO Special Needs Coordinators. ● SSA's ACQI guidelines for applying exemption are explained to LDSS to ensure that health care visits for children in out-of-home care are accurately documented when legitimate circumstances prevent timely visits.	
Utilize Immunization data (ImmuNet) from MDH via The Chesapeake Regional Information System for Our Patients (CRISP) to assist child welfare staff with the accurate and complete entry of immunization	**December 2028**

records into CJAMS.	
Implementation Status: In Progress 2024 Progress: • The interface between CJAMS and CRISP (ImmuNet) for sharing immunization information is a major step toward improving the efficiency, effectiveness, and accuracy of healthcare data management. The interface went live on 11/2024.	

Systemic Factors

Item 19 - Statewide Information System

Data to Demonstrate Current Performance
CJAMS is the State of Maryland's Comprehensive Child Welfare Information System (CCWIS). It is a cloud-based application that collects, stores, and tracks information about children and families receiving services in the child welfare system. The CJAMS system allows the over 4,000 staff from Child Welfare, Adult Services, Title IV-E, Contracts, Finance, and out-of-home care providers to conduct their work in the office, remotely, and in the field. Continual work occurs for enhancements, defect management, and development of the system based on legislative requirements, audits, and local feedback. The goal is to improve CJAMS input and data output.

Assessment of Performance
CJAMS is a vital tool for managing foster care cases. It provides immediate access to the status, demographics, location, and placement types for every child in the system (see Table 22). Child welfare caseworkers are responsible for maintaining accurate and timely child case records within CJAMS. The system date-stamps all entries enabling tracking of completed work. It also provides reminders to ensure staff complete the required activities promptly.

Demographic and statewide indicator data are shared with Local Departments of Social Services (LDSS) in pre-CQI case review meetings and quarterly updates. The meetings also foster collaboration with community partners and legal representatives. Social Services Administration (SSA) team members monitor indicator data, utilizing both existing and newly developed reports and dashboards to ensure data is current and timely. The tools are crucial for efficiently identifying and addressing missing data.

As part of audit monitoring, LDSS can review additional data areas to improve documentation. Maryland also recognizes the need to further explore methods of sharing data with individuals who have lived experience to gather their feedback and drive system improvements.

Maryland integrates QLIK (Quality-Learning-Interactions and Knowledge) within CJAMS for data reporting. CJAMS incorporates alerts and instructional pop-ups to ensure data timeliness and accuracy, which in turn supports positive outcomes for children and families. These alerts also facilitate timely placement decisions post-removal, thereby improving the safety, permanency, and well-being of those served.

A CJAMS supervisor training was developed in 2024, with a pilot anticipated in early 2025. This training emphasizes the importance of timely documentation, data quality, and effective use of reports to pinpoint focus areas. The primary goal is to reduce missing data in QLIK reports, thereby improving data quality across all program areas.

CJAMS efficacy continues to evolve through ongoing training on QLIK and other system functionalities. Quarterly demonstrations, including system testing, implementing updates, and creating "How-To Guides" and training for new enhancements, are regularly conducted. Collaboration with the University of Maryland remains central to all CJAMS training initiatives, including annual pre-service sessions offered through the University of Maryland School of Social Work. In 2024, six such sessions were provided.

Furthermore, monthly defect ticket resolution involves 24 LDSS staff members testing resolved defect tickets from MD THINK to ensure proper functionality before updates are deployed to the live CJAMS environment.

Quarterly planning for new enhancements prioritizes CJAMS user stories while considering backlog stories for future fiscal year quarters. SSA Programs offer valuable input and guidance on necessary system developments, including creating, reviewing, and testing CJAMS enhancement user stories.

Ongoing efforts are underway to improve psychotropic medication monitoring and oversight within CJAMS. Additional training is planned as part of these improvements. Incorporating all consent decree stories from the L.J. Report into CJAMS continues to be a high priority.

Table 22: Demographics and Location Documented in CJAMS for Children in Foster Care

Child Welfare Demographics and Location in CJAMS December 30, 2024	
Legal Custody Status	
Legal Custody Type	**% of Children**

Committed to DSS	71%
Guardianship to DSS	6%
Shelter Care Order to DSS	19%
Voluntary Placement Agreement - Child Disability	2%
Missing	1%
Other Types	1%
Permanency Plan	**% of Children**
Adoption	8%
Guardianship	5%
Live with other relatives	7%
Permanency plan not established	6%
Planned permanent living arrangement	15%
Reunify with parent(s) or legal guardian(s)	59%
Age	**% of Children**
< 1	5%
1-5	25%
6-13	28%
14+	42%
Sex	**% of Children**
Female	51%
Male	49%
Race*	**% of Children**
American Indian or Alaska Native	0.2%
Asian	1%
Black or African American	66%
Native Hawaiian or Other Pacific Islander	0.2%
White	36%

Unknown	0%
Abandoned	0%
Declined	0.1%
Ethnicity	**% of Children**
Hispanic	10%
Not Hispanic	83%
Unknown	7%
Placement (location)	**% of Children**
**Family Homes	70%
**Missing CPA Homes	4%
Group Homes	13%
Residential Treatment Centers	2%
Independent Living	6%
Other Living Situations	4%
***No Placement Identified	0%
***Runaway	1%
**Totals will exceed 100% since youth may identify with more than one race* ***Missing CPA homes is a subset of Family Homes percentage* ****Runaway is a subset of No Placement Identified percentage*	

Strengths

SSA partners with LDSS CJAMS coordinators to provide assistance and solutions for various issues, including developing "How-To Guides" for platform navigation.

SSA established a training program to educate workers on data entry and the purpose of each data point within the CJAMS application. The application also includes systematic checks that prevent users from proceeding until required items are entered.

Data reports are accessible through the QLIK module across CJAMS systems and can be obtained via ad-hoc requests. CJAMS adheres to data quality standards to minimize errors and enhance data security, protection, and privacy. Data quality standards are achieved by establishing, maintaining, and

monitoring standardized use of data elements.

SSA collaborates with technical partners like MD THINK to improve CJAMS functionality, efficiency, and effectiveness. The establishment of the DHS Data Office and the Data Policy Advisory Group enhanced staff capabilities in information systems, privacy, and data quality. The advisory group reviews data quality and expands reporting capabilities for ongoing monitoring of key data elements. Through collaboration with business and technical stewards at DHS, LDSS, and other partners, Maryland continues to improve data quality while ensuring CJAMS effectively supports the goal of protecting its youth, adults, and families. SSA works closely with MD THINK, LDSS, the DHS Data Office, the DHS Learning Office, and the University of Maryland to continuously monitor CJAMS for optimal user experience. SSA maintains strong collaboration with the CJAMS Coordinators Group for both Child Welfare and Adult Services, ensuring continuous input, guidance, and improvements through defect tickets, defect resolution, and enhancement stories.

To ensure data quality, MD THINK, SSA, and other DHS administrations and departments collaborate to delineate data elements across platforms, aiming to establish a single, unified "Master Data Management" (MDM) or "golden record" for each child. This process is crucial for maintaining one accurate record across Maryland systems to properly identify and serve children and families.

SSA Programs and the Data team played a vital role in significant CJAMS enhancements, including improving data related to kinship caregivers. Collaborative efforts with the Provider network across all 24 jurisdictions ensured successful implementation and identified areas for future enhancements.

Concerns

Missing data remains an ongoing concern. In collaboration with the DHS Data Office, we developed training for supervisors to address missing data. This training will be piloted in three local departments before being rolled out more broadly using a blended approach that includes both virtual and in-person sessions.

Local departments raised valid concerns about SSA’s adherence to an AGILE framework, as CJAMS enhancements are deployed quarterly rather than after every Sprint. An AGILE practice can result in a large number of CJAMS enhancements going live at once, causing additional onus on users to keep up with changes.

Current or Planned Activities to Improve Performance

Strengthening Maryland's data infrastructure is a key priority area over the next five years. Planned activities are described in Section II, Safety and Well-Being and in Section III, Goal 6. Additional ongoing and planned initiatives to enhance the state's information system are outlined in Table 23 below.

Efforts include implementing all priority stories into CJAMS within the limited number of points (dollar per developer to build) for Child Welfare, out-of-home care Provider, and Reports.

Table 23: Activities to Improve Performance in the Statewide Information System

Current or Planned Activities to Improve Performance	Target Completion Date
Organizing for Data Success	
Implement Data Advisory Group to discuss decisions concerning data security, data standards, and data sharing:	**Monitor Quarterly**
Implementation Status: In Progress 2024 Progress: • Work continues on the Master Data Management, to ensure that duplication of clients is negated. A group of DHS Program representatives, including SSA, continues to meet monthly to review, plan, and evaluate the progress of data security, standard, and sharing to include all MD THINK platforms. Focus areas include PII governance and search enhancements to improve the usability and quality of data that is exchanged with CJAMS and MDM. • The SSA team worked with MD THINK to onboard Program Data Stewards to the E360/MDM tool. This provides automated workflow capabilities that allow Data Stewards to update and correct records without scripting and coding. Multiple records can be reviewed and analyzed for data consistency across the administrations.	
Selected data elements will be reviewed as part of the CQI and CFSR reviews that will be conducted on an ongoing basis, for data accuracy, reliability, and timeliness.	**Monitor Monthly**

Current or Planned Activities to Improve Performance	Target Completion Date
Implementation Status: In Progress 2024 Progress: ● SSA Training, Programs, and Policy teams, in collaboration with the DHS Data Office, developed a mandatory two-day Supervisor Training. This training is designed to address gaps in data quality across the system and reinforce the importance of accurate documentation and oversight. The training emphasizes the critical role that reliable data plays in effective case management and accountability. The Policy Network Group is currently reevaluating the relevance and effectiveness of existing policies and identifying updates or revisions. Additionally, the ACQI team continues to monitor areas of the system where data is lacking to support improvements in data accuracy and completeness. These efforts are integral to the agency's Continuous Quality Improvement (CQI) process and ongoing Child and Family Services Reviews (CFSR).	
Develop data sharing master agreements that are coordinated through the Data Policy Advisory Group to build trust among participating member agencies.	**Monitor Quarterly**
Implementation Status: Not Started 2024 Progress: ● N/A	
Use of CCWIS Data Quality plan for areas for specified focus and review with MD THINK	**Monitor Quarterly**
Implementation Status: In Progress 2024 Progress ● SSA training, in collaboration with Data, Programs, and Policy, and the DHS Data Needs Office, a two-day mandatory supervisor training to address data gaps and ensure a clear understanding of the relevance and necessity of accurate data, as well as oversight of what is documented in the system. ● The DHS Data Office now spearheads a Data Quality plan for SSA. The primary goal is to enhance the quality and consistency of reporting by developing standards and resources through data dictionaries and data catalogs. Key partners in this development include SSA, DHS Data Office, and MD THINK. These resources will aid the agency in transitioning between reporting platforms from QLIK to QuickSight. Initial areas of focus for the transition to QuikSight include reporting on placements, AFCARS adoption and guardianship assistance, and hospital stays.	
Standards for Data Clarity	
Establish clear definitions of data elements and picklist values; and distribute data definitions throughout the interagency structure.	**Monitor Quarterly**
Implementation Status: In Progress 2024 Progress: ● The Data Dictionary mapping process was completed for Child Welfare.	

Current or Planned Activities to Improve Performance	Target Completion Date
• Data Needs Meeting established by the DHS Data Office, now functioning under Operations Team, reviews data quality and system mapping in collaboration with MD THINK, SSA Data Unit, and LDSS partners	
Provide training and support on an ongoing basis in order to reinforce the reliable use of data elements.	**Provided and Monitored Quarterly**
Implementation Status: Ongoing 2024 Progress: • Psychotropic Medication Monitoring and Oversight areas were added to CJAMS including informed Consent, Mandatory Diseases and Conditions, and Secondary Review. Legislative mandates, including tracking luggage for all children in either a living arrangement and/or placement were added. • State audits and reviews to better track and report on Title IV-E; and claiming for FFPSA was added to identify children at risk of entering into foster care. L.J. reports were added and continued quarterly enhancements occurred in CJAMS. All the above required updates to CJAMS How-To Guides and training.	
Data Review by Individuals with Lived Experience	
Identification of opportunities and avenues for data sharing and review by individuals with lived experiences.	**March 2025**
Implementation Status: In Progress 2024 Progress: • Feedback was received during the Advancing Well-Being and Connections for Youth in Foster Care initiative. Data sharing and feedback also occurred during the monthly State and Local Youth Advisory Board meetings.	
Implementation of 2 opportunities and incorporation of feedback where appropriate.	**December 2025**
Implementation Status: Completed 2024 Progress: • Feedback was gathered from all training evaluations, quarterly Impact of Training and Technical Assistance (IOTTA) reports, and from the DHS Learning Office, SSA, and the Child Welfare Academy.	
Ongoing data sharing with individuals with lived experiences and feedback incorporated where possible.	**Monitored Quarterly 2026-2029**
Implementation Status: Not Started 2024 Progress: N/A	

Current or Planned Activities to Improve Performance	Target Completion Date
Technical Tools to Improve Data Quality	
Online help will be available to include both how to use CJAMS as well as links to policies and practices that relate to the screen and data elements required.	**Monitored Quarterly**
Implementation Status: In Progress 2024 Progress: ● Collaboration with program staff and local jurisdictions will continue through the following: Weekly Touchpoint call, to review and approve CJAMS stories, review of CJAMS How to Guides; local and program participation in CJAMS demos, and testing ● Ongoing collaboration with program staff and local jurisdictions via a bi-weekly call to discuss policies; CJAMS ticket defect issues, and upcoming enhancements to CJAMS ● Collaboration with the SSA Policy unit to ensure that program staff and locals are aware of the latest policy initiatives and any related enhancements or advisements around CJAMS ● Collaboration with the DHS Learning Office for updates regarding CJAMS and the DHS Learning Management System in Workday regarding policies and CJAMS	
Employ Master Data Management tools across the interagency structure to avoid duplicated clients and services.	**Monitored Monthly**
Implementation Status: In Progress 2024 Progress: ● Work towards the Master Data Management (MDD) to improve data accuracy for children and families across the interagency structure continued through 2024 and included MD THINK, Family Investment Administration (FIA), Child Support Enforcement Administration (CSA), Social Services Administration (SSA), Maryland Department of Health (MDH), and other administrations who share clients and provide services across systems.	
Revised 2023: Implement a Data Quality Scorecard application	**December 2025**
Implementation Status: On Hold 2024 Progress: ● This area was deferred due to budget restrictions. SSA will plan to revisit if the budget is provided to do so.	

Case Review System

Item 20 - Written Case Plans

Data to Demonstrate Current Performance

Table 24: Children with Written Case Plans in CY 2024

Children in Care with a Written Case Plan (N = 3,599)		
Number of Children in Care as of December 31, 2024	**Written Case Plans**	**Approved Case Plans**
3,599	3,206 (89.1%)	2,541 (70.6%)
Data Source: CJAMS		

Table 25: Parent Participation in Case Planning in CY 2024

Parent Participation in Case Planning (N = 79)			
Number of CFSRs in CY 2024	**Both Parents**	**Mother Only**	**Father Only**
79	24 (30.4%)	16 (20.3%)	6 (7.6%)
Data Source: CFSR Case Review CY 2024			

Assessment of Performance

As of December 31, 2024, Maryland had 3,599 children in foster care, of which 3,206 or 89.1% had written case plans. Out of the 3,206 case plans 2,541 (70.6%) of the written case plans were approved.

Out of 79 CFSRs completed for foster care children in 2024, 24 (30.4%) involved both the applicable mother and father in case planning, 16 (20.3%) involved the mother, as the only applicable caregiver, in case planning, and 6 (7.6%) involved the father, as the only applicable caregiver in case planning. This 2024 dual parent engagement rate of 30.4% is a significant improvement from 18.8% in 2023, reflecting successful strategies to boost parental collaboration for children's well-being and family reunification.

Parent involvement in case planning is tracked three (3) ways in Maryland's CFSR, Family Team Decision Meeting (FTDMs) feedback surveys, and stakeholder focus groups. According to CFSR data for CY 2024, FTDMs were used to support positive case planning practices with at least one caregiver in 12.7% of all foster care cases reviewed in 2024. The CJAMS system currently is

challenged with the ability to extrapolate accurate data for parents' participation in case planning for FTDMs. Plans to extrapolate data for this purpose are underway for FY 2026.

Facilitated meetings are a primary strategy for collaborating and jointly developing goals and tasks that become a part of written case plans with families. Facilitated meetings include FTDMs, Youth Transition Planning (YTP) Meetings, Qualified Residential Treatment Program (QRTP) Planning Meetings, and Facilitated Family Meetings. Facilitated meetings are held at key case points to address specific concerns such as possible separations, placement instability, permanency plan changes, and possible separation through voluntary placement agreements.

The FTDM Feedback Survey seeks to understand participant experience with the facilitated meeting process. Surveys are administered across all 24 LDSS twice each fiscal year in March and October. In March 2024, the survey response rate for biological parents was 21.3%. In October 2024, the response rate increased to 26.1%. During CY 2024, SSA continued to partner with the University of Maryland, School of Social Work (UMSSW) to analyze trends in response rates across LDSS. The analysis explored barriers to survey completion, and revised methodology. SSA and UMSSW determined that incentives should continue to be provided to youth/family participants in an effort to increase response rates and better capture youth/family voice. Additionally, the survey was revised between implementations to increase accessibility to youth/families. The survey was shortened, the language was simplified, and the surveys were made available in English, Spanish, and Haitian Creole. Further, questions regarding needs assessment and service provision were added to the survey. Specifically, respondents were able to identify the various needs discussed during the meeting and any services proposed to address them. This insight helps clarify how FTDMs and other facilitated meetings support case planning.

Strengths

One major strength is that the number of written case plans increased from 48% in 2023 to 89.1% in 2024.

FTDMs are the primary strategy for collaborating and jointly developing goals and tasks that become a part of written case plans with families. In March 2024, 92.3% of biological parents surveyed felt comfortable sharing their thoughts in the FTDM or YTP meeting. All biological parents surveyed (n=13) felt they had the opportunity to share their goals; that they helped make decisions; that strengths, needs, and services to meet those needs were discussed; and that they worked well as a team during the meeting. In October 2024, 86.7% of biological parents felt comfortable sharing their

thoughts; 96.7% felt that they had the opportunity to participate; and 86.7% felt like they were part of a team. Additionally, 90.0% of biological parents stated that strengths were discussed at the meeting, and 86.7% stated that needs were discussed at the meeting. Further, all of the biological parents who reported that needs were discussed, also shared that services to address the identified needs were discussed. The survey responses provide reasons for optimism that biological parents may be actively involved in case planning activities during facilitated meetings to clarify needs, build upon strengths, and identify services that can support the safety, permanency, and well-being of children and their families.

A research limitation to note is that the survey sample size is quite small. Additionally, the data across the entire calendar year cannot be combined due to changes in the survey between the two dissemination points. While there were a greater number of biological parent responses in October 2024 (n=30), than March 2024 (n=13), SSA will make ongoing efforts to gather more comprehensive feedback from parents. To encourage participation, the survey is offered online or on paper. Participants are informed about the purpose of the survey and the potential benefits, including incentives for all youth/family respondents and opportunities to improve facilitated meeting practices.

In CY 2024, focus groups were held from September to October. A total of 9 caregivers took part in the focus groups held for biological parents. Those who reported positive case planning experiences shared that their caseworker helped them to identify and achieve case goals. Biological parents expressed that their caseworker allowed them to identify personalized short and long-term goals that would be beneficial for their family. They also trusted that their caseworker would provide the support needed to achieve their goals.

Concerns

Stakeholder focus group responses showed that some biological parents have negative experiences during case planning. Some participants in the biological parent focus groups shared that they were not part of the goal selection process. Caseworker and biological parent focus group responses revealed that goals are often dictated by court orders. In addition, parents in the focus group identified that the number of tasks that need to be completed is often overwhelming and hard to complete because parents often have a full-time work schedule and other mandatory obligations.

Participants from the LDSS caseworker and supervisor focus groups acknowledge that all relevant family members should be included in the case planning. However, responses from across focus groups suggest that

including biological parents in case planning is not always done in a meaningful, authentic, or effective way. Although the 2024 stakeholder focus groups included a limited number of biological parent participants, the findings provide a starting point to identify barriers for biological parents' involvement in case planning.

In CY 2024, 31.6% of foster care cases reviewed were rated an Area Needing Improvement (ANI) because at least one biological parent/ caregiver was not involved in case planning. Examination of CY 2024 CFSR data revealed that in some cases, the agency was aware of the biological parents' whereabouts and had the means to contact them; however, opportunities to engage them in case planning were not fully utilized. In a few cases, biological parents were not "actively involved" because the agency's case planning with the biological parent was not comprehensive. Additionally, the agency did not ensure that the biological parent understood their case planning conversations. The agency and the biological parents had some case planning conversations but not on an ongoing basis. These findings suggest a lack of concerted efforts to be in routine contact with biological parents in order to have conversations about the case and progress towards identified goals.

Current or Planned Activities to Improve Performance

Maryland is continuing its transition from Qlik to the AWS QuickSight reporting platform over the next year. This transition will provide opportunities to enhance existing reports and create new ones, including identifying participants in FTDMs and tracking family participation in developing case plan activities.

Item 21 - Periodic Reviews

Data to Demonstrate Current Performance

Table 26: Periodic Reviews in CY 2024

Initial Periodic Reviews (N = 3,007)			Subsequent Periodic Reviews			
Number of Children in Care for 6 or More Months	**Available Court Hearing Data in CJAMS**	**Periodic Reviews within the First 6 Months**	**Children Needing a Review January 1, 2024-June 30, 2024**	**Children with a Review January 1, 2024-June 30, 2024**	**Children Needing a Review July 1, 2024-December 31, 2024**	**Children with a Review July 1, 2024-December 31, 2024**
3,025	3,019 (99.8%)	1,524 (50.5%)	1,999	724 (36.2%)	2,459	830 (33.8%)

Data Source: CJAMS

Assessment of Performance

In CY 2024, there were a total of 3,025 children in care for 6 months or more, with 3,019 (99.8%) having court hearing data in CJAMS as of December 31, 2024. There were 1,524 (50.5%) children who had a periodic review hearing within the first 6 months.

Periodic Review Court Hearings are conducted by the courts every 3-6 months in Maryland depending on the jurisdiction. Periodic Review Hearings are held to review progress in the case at a minimum of 6 months. In 2024, 50.5% of youth in care had a periodic review hearing within the first 6 months of entry into care. This reflects a notable decline from 58.9% in CY 2023, indicating a regression in adherence to the 6-month review timeframe. This decline continues in the subsequent review data, with 36.2% of children having a subsequent review in January -June 2024, and 33.8% of children having a review in July-December 2024. Frequently, when periodic review hearings are not held within the first 6 months it is the result of court delays and shelter hearings that are continued by the court. Subsequent reviews are affected by the filing of exceptions, and postponements by the courts, which delays the timeliness of hearings.

SSA, in collaboration with the state Title IV-B Foster Care Court Improvement Program (FCCIP), continued joint efforts to improve court performance in periodic reviews. A key component of this collaboration is the ongoing work of the Research, Analysis, and Data (RAD) workgroup, which plays a vital role in promoting data-informed decision-making across the systems. The RAD workgroup includes judges, magistrates, court personnel, judicial information system staff, permanency planning liaisons, and Continuous Quality Improvement (CQI) representatives. The workgroup meets quarterly to review and analyze data related to court practices, hearing timeliness, and overall court performance in child welfare cases. The goal of the partnership is to support continuous system improvement, with a primary focus on enhancing permanency outcomes for children in out-of-home care.

Strengths

The ongoing partnership between SSA and FCCIP is well established and continues to work together towards timely review hearings. Additionally, some jurisdictions in Maryland adopted proactive scheduling for review hearings. For example, some courts conduct periodic review hearings prior to the 6-month requirement, while others schedule hearings well in advance of the deadline to account for potential delays caused by contested hearings or scheduling conflicts.

Concerns
The data indicates that a significant percentage (49.5%) of youth in care did not have a periodic review hearing within the first 6 months of entering care. Several challenges negatively affecting timely periodic reviews were highlighted in stakeholder discussions during the Placement and Permanency Implementation meeting. Identified challenges include the availability of attorneys, contested hearings, delayed attorney assignments for parents, and delayed court findings.

Participants in the annual CQI focus groups identified delays caused by an insufficient number of judges/magistrates, public defenders, and panel attorneys. One attorney shared that the lack of panel attorneys is further compounded by the fact that panel attorneys are not permitted to attend hearings remotely.

Current or Planned Activities to Improve Performance
Representatives from SSA and local departments will continue to participate in meetings with the FCCIP to discuss barriers to permanency for children in out-of-home care.

During this reporting period, FCCIP staff actively participated in monthly meetings focused on APSR planning and data needs. FCCIP worked with the Maryland Judicial Information Systems (JIS) to ensure that the data captured aligns with the information requested for the APSR report. Notably, all Maryland Circuit Courts are now using the same case management system, Maryland Electronic Courts (MDEC).

Work developing timeliness statistics and court performance reports is underway. JIS is currently capturing the initial 6-month review measures and efforts are ongoing to ensure that all relevant data is accurately reflected in the report. However, there are concerns that, at this time, data from all the LDSS may not be fully or accurately represented.

Additionally, SSA participated in the FCCIP RAD quarterly meetings. During this period, RAD planned and hosted a Child Welfare Data Conference for court clerks, researchers, and other court staff. The purpose of the conference was to provide training on child welfare law, child welfare data, data quality, gain insight on strengths and challenges with collecting data, and explain the use of data to measure court performance.

Item 22 - Permanency Hearings

Data to Demonstrate Current Functioning

Table 27: Permanency Hearings

Permanency Hearing			
Number of Children in Care for 12 or More Months	**Perm. Plan Hearing within First 12 Months**	**Children Still in Care One Year After First Hearing**	**Children with a Subsequent Hearing within One Year of the First Hearing**
2,471	870 (35.2%)	652	194 (29.8%)
Data Source: CJAMS - Children entering care between 1/1/2023 and 12/31/2023 and stayed in care for at least 12 months			

Assessment of Performance

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

A key concern identified during this reporting period is the low percentage of youth in care who had a permanency plan hearing within the 12-month time frame. The data above shows that only 35.2% of youth requiring a permanency plan hearing had one within 12 months of entering care. Then for children still in care one year after the first permanency planning hearing (652 children) only 29.8% of them had a subsequent hearing within one year. SSA noticed that certain practices in some counties contribute to delays. A significant factor in delays is the requirement to obtain official court documentation before entering hearing information into the system. Receiving court documentation from the court system can take 30-60 days. To address these concerns, SSA and the FCCIP plan to conduct a deeper analysis of the data to identify additional factors or inaccuracies that may be contributing to the low rate of timely hearings.

Additionally, in 2024, the state judiciary continued its transition to a single judiciary-wide integrated case management system, the Maryland Electronic Courts (MDEC). The final phase of MDEC occurred in May 2024 with the system's launch in Baltimore City. MDEC is designed to enhance case flow management of court cases from initial filing to final case closures. Although MDEC has become the primary source of court data, it did not include information from all 24 LDSS during 2024.

Strengthening collaboration with legal and judicial partners remains critical to improving permanency outcomes in Maryland. Effective partnerships help overcome persistent barriers to timely permanency and support better outcomes when youth are placed in safe and stable placements with active connections to family, community, and supportive adults.

Delays in permanency have a particularly negative impact on Maryland's older youth population (ages 14 to 17 years), as these youth are currently the second-largest population entering care (22% at the end of December 2024) and experience the longest time in care.

Strengths

SSA provided each LDSS with their permanency data on a quarterly basis and offered technical assistance to support data interpretation and use. The primary purpose of sharing data was to help LDSS identify and address any issues contributing to timely permanency hearings. This process helped ensure the LDSS are tracking the permanency hearing dates to improve timeliness.

SSA continued to plan and facilitate the Permanency Enhancement Meetings with the 24 LDSS and Maryland Judiciary Permanency Liaisons These meetings allowed SSA to work with the local departments in partnership with the Maryland courts to assess barriers to timely permanency hearings and explore strategies to improve permanency outcomes.

Concerns

LDSS continued to report concerns regarding the postponed court hearings, including shelter, adjudication and disposition hearings. These delays negatively affect the overall trajectory and timeliness of subsequent hearings.

LDSS staff report experiencing delays in permanency hearings due to court hearings being postponed as a result of scheduling conflicts, biological parents requesting additional time to complete services, delays due to incarcerated parents being unable to attend hearings in-person or virtually, and the lack of available panel attorneys and judges. Additionally, issues with the MDEC case management system, especially for jurisdictions who are new to its interface, slow down the scheduling and filing process.

Current or Planned Activities to Improve Performance

SSA and the FCCIP will continue to share data for specific data reports and provide opportunities to review and discuss the data. The data includes CFSR item measures, like timely permanency hearings, and permanency outcomes data for children and families. This collaboration provides a foundation for ongoing analysis and improvement efforts.

Strengthening Maryland's collaboration with the court and legal community is a key factor to ensure we can achieve substantial conformity for this systemic factor. Planned activities to enhance these partnerships are outlined in Section III, Goal 5, Strategy 5A.

Item 23 - Termination of Parental Rights

Data to Demonstrate Current Performance

During CY 2024, the data outlined in Table 28 below shows that out of the 3,599 youth in care on December 31, 2024, 2,274 (63.2%) youth were in care for 15 of the past 22 months. Of that number, 159 had filed TPR petitions.

Table 28: Timely Filing of TPR Petitions CY 2024 for the Youth Who Had Been in Care 15 of 22 Months

	In Care as of 12/31/2024	In Care 15 of 22 Months	Total Filed TPRs During 2024
Total Children In Care	3,599	2,274	159 (7%)
Data Source: CJAMS			

Assessment of Performance

Most LDSS have a formal procedure in place for tracking their TPR timelines. LDSS staff indicate that it is a shared responsibility between the agency, LDSS attorneys, and the courts but it can vary from jurisdiction to jurisdiction.

SSA policy directs the LDSS to petition to terminate parental rights for youth who have been in care for 15 out of the past 22 months. However, there are instances where it is not appropriate to file for TPR. These exceptions are documented in the court report, court order, and discussed in FTDM meetings when determining the need to change the permanency plan. This information can also be found in the contact notes between the worker and the family.

Strengths

The CJAMS How-to Guide: *Termination of Parental Rights,* completed in October 2021, continues to support improved documentation practices in CJAMS. In 2024, LDSS staff reported improvements with documentation as a result of the How to Guide and additional information and support provided through TA offerings. SSA partnered with Permanency Planning Liaisons throughout 2024 to ensure the timeliness of case reviews and filing of TPR

petitions. Permanency Planning Liaisons participated in SSA's Permanency Enhancement Meetings to better understand the challenges that the 24 LDSS face in achieving timely permanency, including obstacles related to filing TPR petitions.

Concerns

During TA sessions, LDSS staff reported ongoing delays in filing TPR petitions. Delays are primarily due to prolonged wait times caused by postponed or continued hearings, placement disruptions, limited resources in the communities, and insufficient treatment options for parents.

Additionally, some jurisdictions experience difficulties navigating the Maryland Electronic Courts (MDEC) case management system, especially those jurisdictions that are new to its interface, which slows down scheduling and filing processes. Some courts and LDSS may also request additional time for parents to work on their case plan goals if they are showing progress. This could be a compelling reason to delay filing a TPR petition. For example, if parents are struggling with substance use or mental health issues but begin engaging in services outlined in their case plan, the court may allow additional time. Limited availability of treatment resources can also delay a parent receiving treatment, which can prolong the case. For any delay in the TPR filing, caseworkers are responsible for documenting these reasons in CJAMS as reasonable efforts that have been completed and must document compelling reasons not to file for TPR. Reasonable efforts and compelling reasons not to file TPR are documented in narrative case notes. There is no reportable field where the information is captured. Narrative documentation limits the state's ability to extract and analyze reasonable efforts and documented reasons for not filing a TPR petition.

Challenges also persist in accessing accurate and timely data on TPR filings and hearing dates as well as ensuring that the hearings are occurring timely. SSA recognizes the need to improve data availability regarding timeliness of TPR filings including the need for additional data-sharing between the courts and LDSS to track both the TPR petitions filed and the dates those filings were requested. Further enhancements to CJAMS are needed to track TPR filings effectively. See Section 3, Goal 5, Strategy 5A for additional strategies to address this area of concern.

Current or Planned Activities to Improve Performance

CJAMS does not currently track when TPR's are filed. CJAMS tracks when the TPR occurs in court. CJAMS enhancements are needed to track filing dates for TPR petitions. Plans are underway to develop CJAMS capacity to integrate court data related to permanency achievement. The timeline for implementing this system enhancement is December 2026.

Item 24 - Notification of Hearings

Data To Demonstrate Current Performance
Generating data to demonstrate that hearing notices are sent continues to be a challenge, as required updates to CJAMS have not been possible due to competing priorities. However, discussions are ongoing and electronic notifications from CJAMS are in development. Hearing notices are one of the more consistent notifications that can be implemented. Local departments were asked to identify how they would document notifications, as this was an area of concern from the SSA audit. This process has not worked consistently, so a statewide process will need to be implemented. Several jurisdictions reported that staff email resource parents about hearing dates and times. Identifying uploaded copies of emailed notices isn't possible because there isn't a clear label identifying the emails as hearing notices. Clearer documentation labels have not yet been implemented in CJAMS, although the enhancement was written as a result of the audit.

Assessment of Performance
During the Permanency Enhancement meetings, concerns regarding notifications of hearings were discussed. CJAMS enhancements are being developed to ensure timely notifications of hearings, including the right for resource parents to be heard in any review hearing with respect to the child.

The Resource Parent Ombuds newly named Family Advocate continues to address concerns from resource parents and kinship caregivers who are not notified of court hearings or provided the opportunity to be heard at court hearings. The Family Advocate facilitates training for resource parents and kinship caregivers through the Child Welfare Academy that includes information on rights and responsibilities, including the right to be heard at court hearings.

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

Strengths
The Resource Ombud continues to work with LDSS to ensure resource families and kinship caregivers are notified of court hearings. The training that the Ombuds facilitate through the Child Welfare Academy about caregivers' rights and responsibilities regarding court hearings is well attended.

Concerns

CJAMS lacks the ability to track notifications of hearings unless letters are entered into the document sections. Even then, the absence of a consistent labeling process prevents the system from generating data that reflects past or current levels of notification.

Current or Planned Activities to Improve Performance

SSA is actively exploring methods to track notification of court hearings in the electronic system of record. SSA will further develop a process to ensure that resource parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of any review hearing scheduled. See Section III, Goal 5, and Table 29 below for details aimed at enhancing the notification of hearings.

Table 29: Activities to Improve Performance for Notification of Hearings

Current or Planned Activities to Improve Performance	Target Completion Date
Determine a unified process in CJAMS for hearing notifications either via an electronic notification process, emails sent to resource parents, or by having a clear documentation label for uploaded notifications	**March 2025**
Implementation Status: Not Started 2024 Progress: • These items were not added to the CJAMS story planning process in 2024. They will be added in 2025.	
Develop and implement the identified unified process in CJAMS	**December 2025**
Implementation Status: Not Started 2024 Progress: • These items were not added to the CJAMS story planning process in 2024. They will be added in 2025.	
Develop a monitoring report for hearing notifications	**December 2025**
Implementation Status: Not Started 2024 Progress: • These items were not added to the CJAMS story planning process in 2024. They will be added in 2025.	

Item 25 – Quality Assurance System

Data To Demonstrate Current Performance

Focus groups are held on a yearly basis with various child welfare stakeholders, including youth, biological parents, resource parents, service providers, LDSS caseworkers and supervisors, LDSS directors and assistant directors, attorneys, and judges/magistrates. Focus group data from 2024 provides useful insights into the functioning of the state's QA/CQI system.

Regarding the state's ongoing onsite review or CFSR process, focus group data shows that LDSS staff, from frontline workers to leadership, are familiar with the CFSR. These participants identified both pros and cons to the onsite reviews and the resulting data. Focus group participants shared that the onsite review process is hindered by issues with the interview scheduling process and case eliminations, which delay the completion of the onsite review. However, participants praised the onsite review process for incorporating family voice through interviews. LDSS participants also shared that the onsite review results guided practice improvements in their local jurisdiction although it can be difficult to enact improvements when systemic issues persistently pose barriers to carrying out best practices. The focus group results indicated that directors and assistant directors are reliably receiving data about their strengths and practices in need of improvement as identified by the onsite review through the CFSR Results Report, but the results are not always disseminated to frontline staff or legal partners.

When it comes to QA/CQI efforts outside of the onsite reviews, many LDSS have their own QA staff to monitor and manage data routinely received from SSA, including headline indicators and ACQI data dashboards, and data generated from their own local QA processes. Focus groups showed that local QA processes are often complementary to the state's overarching QA/CQI system.

Assessment of Performance

The state's QA/CQI system continues to function as intended, allowing SSA to monitor state and jurisdictional performance on safety, permanency, and well-being outcomes and facilitate practice improvements through the development of local Continuous Improvement Plans (CIP)s.

The state's QA/CQI process begins, at the local level, with the Orientation and Practical Data Meeting wherein headline indicator data is shared with the LDSS, the LDSS offers insights to the practice strategies supporting positive outcomes and barriers contributing to decreases in performance, and the LDSS and SSA's CQI unit collaboratively select practice areas to be of particular focus in the LDSS's onsite review. A random sample of cases, proportionate to the size of the LDSS's child welfare population, is then assessed in the onsite review, consisting of key case participant interviews and information documented in the case record, and the results are

disseminated in a formal report to the local departments. The onsite review results are thoroughly reviewed in conjunction with headline indicator data with the LDSS to inform the development of key strategies and progress measures outlined on the CIP. Progress towards the CIP is monitored on a six-month basis.

This process is further supported by CQI Network Meetings that are held monthly with SSA staff, court partners, LDSS directors and assistant directors, and partners at the University of Maryland School of Social Work. The CQI Network Meeting, which has shifted to utilizing a peer-to-peer learning model in 2024, allows internal and external stakeholders across the state to convene and collectively share insights on the state's progress towards meeting SSA's objectives to improve safety, permanency, and well-being outcomes for children and families involved in the state's child welfare system. Both the CQI Network and the ongoing CQI process at the local level offer numerous opportunities for feedback on the data collected through the QA/CQI process and progress towards enhancing the quality of service provision.

Onsite review data reflects that the QA/CQI system is effective in driving improvements to the provision of services to children and families. In particular, CY 2024 onsite review data shows that the state has increased its capacity to meaningfully engage parents. Item 13, *Child and Family Involvement in Case Planning*, had the largest increase in performance between CY 2023 and CY 2024, increasing from 60.16% to 69.92%. This was also accompanied by increased performance for Item 15, *Caseworker Visits with Parents*, 55.08% to 60.17% and Item 12B, *Needs and Services of Parents,* 51.69% to 57.5%. This increase in performance demonstrates that progress is being made towards goals identified on local CIPs through the technical support of the CQI unit and local's ongoing awareness of and attention to changes in performance outcomes.

Further, while headline indicator data shows minimal change from CY 2023 to CY 2024, performance has been trending towards identified targets over the past five years for two thirds of all indicators, most notably including permanency in 12 months for children in care 12-23 months, permanency in 12 months for children in care 24+ months, dental assessment within 1 year, and initial health assessment within 5 days of entry. This suggests that the state's QA/CQI system is effective in supporting the 24 LDSS making sustainable, long-term changes to practice.

Strengths

Maryland's QA/CQI system's primary strength is its robust and adaptable continuing onsite review process. In preparation for the Round 4 federal CFSR, Maryland began utilizing the Round 4 Onsite Review Instrument (OSRI) in

January 2024 under the guidance of the Children's Bureau. Throughout the calendar year, the CQI unit tracked and documented secondary oversight feedback from the Children's Bureau to inform multiple internal trainings and ongoing dialogue with the core review team, with the aim of appropriately disseminating the feedback to increase the efficacy of the monthly onsite reviews. In preparation for Round 4, the CQI unit also held a two-part brown bag series to orient local department staff to the federal CFSR process and Maryland's ongoing QA/CQI process. This included an overview of the OSRI and mock case example highlighting the evaluation of key areas of practice and how they are associated with the outlined safety, permanency, and well-being outcomes. Further, the CQI unit increased the pool of trained peer reviewers and first-level quality assurance, with a total of 56 new volunteers being trained as peer reviewers and 4 existing peer reviewers being trained as quality assurance staff in 2024. Feedback on the review process is elicited from new volunteers through a survey and incorporated into existing processes. As a result of these efforts to improve the use of the OSRI and expand the state's capacity to conduct quality onsite reviews, Maryland has been approved for a state-led CFSR for Round 4.

Concerns

Despite the strengths of Maryland's QA/CQI system, Maryland still struggles to create substantial practice improvements to support the timely achievement of permanency. Onsite review data shows that in CY 2024, Item 6, achieving reunification, guardianship, adoption, or other planned permanent living arrangement, was at 34.18%. The state's headline indicators for CY 2024 show that 34% of children who have been in care for 12 - 23 months at the start of 2024 exited care in 12 months and 33% of children who have been in care for at least 24 months at the start of 2024 exited care in 12 months. Maryland is under the respective performance targets of 43.8% and 37.3% for each of these indicators. Although this data is shared and discussed with local departments in the CQI Network Meeting and throughout the CIP development process, driving the development of numerous strategies that are being implemented at the local level, progress towards improving permanency outcomes throughout the state remains an area for improvement. Focus group data suggests that several systemic barriers limit the capacity of the local department to make practice changes at the local level. For instance, stakeholder focus groups found that the quality and availability of placement providers and community services utilized by children and families involved in the child welfare system, such as mental health treatment, substance use treatment, housing, transportation, etc., is lacking, which puts strain on the quality of services LDSS can provide to families. Moreover, stakeholder focus groups found that the court system and the LDSS's differing, and often incompatible. Priorities and approaches to ensuring child welfare resulted in ineffective collaboration that ultimately

delays permanency for youth in foster care. These findings suggest that efforts to efficiently achieve permanency cannot be made in silo; instead, policy changes, multi-disciplinary cultural shifts, and the procurement of funding and community-based resources is a gap throughout areas of the state. Maryland's QA/CQI system, thus, needs to expand its capacity to support quality improvement beyond local-level shifts.

Current or Planned Activities to Improve Performance

Since implementation of CJAMS in 2020, the state updated its CCWIS Data Quality Plan on August 30, 2024. This update ensures continuity across platforms and promotes ongoing compliance with data quality and performance standards. Additionally, the plan outlines activities and actions to be implemented over a year and a half from 2025 - 2026, to sustain compliance and improve system performance. There have been collaborations amongst DHS-wide teaming, such as executive and agency leadership, program and IT staff, and end users to enhance CCWIS for better linkage across DHS Administrations for the maintenance of the MDM Golden Record. The Golden Record will ensure personal identifiable information is accurate and updated across systems, which support the QA/CQI process.

There are several standing groups that convene to support best practices and data integrity, such as the DHS Data Privacy Advisory Group, ACQI Audit Report Improvements group, Review Groups for Reports & Data, CJAMS Coordinator Group, Weekly Touchpoint meetings, and the Provider Module Development group. These groups support the permanency enhancement sessions that started in 2024.

To improve timely achievement of permanency, SSA initiated permanency enhancement sessions in 2024, which will continue into 2025. The permanency enhancement sessions are held with LDSS staff and involve highlighting key practices evidenced by data to support permanency achievement.

In 2025, SSA seeks to improve the QA/CQI system by expanding CQI Network membership to frontline staff to ensure adequate dissemination of data, as this was identified as an area of concern in the stakeholder focus groups. SSA also plans to develop additional feedback loops in an effort to authentically engage the voices of individuals with lived experience. This will include reviewing the participant lists of existing meetings internal and external to SSA and identifying opportunities to invite those with lived experience to weigh in on activities.

Item 26 – Initial Staff Training

Data To Demonstrate Current Performance

SSA continues to provide pre-service training to child welfare staff across the state through a long-standing partnership with the Child Welfare Academy (CWA) at the University of Maryland, Baltimore School of Social Work.

Baseline data below indicated that staff were satisfied with the training that was provided to them, found it relevant to their work, and reported that they could consistently apply the knowledge gained during pre-service to their daily work. Under the upcoming contract with CWA for the period of July 1, 2025 - June 30, 2026, the partner HBCU, University of Maryland Eastern Shore, will provide support and conduct an evaluation of the existing pre-service training program and its effectiveness.

Table 30: Staff Satisfaction with Pre-Service Training FY 2024

*FY	Number participating in Pre-Service	Staff satisfaction with quality and content of training	Staff satisfaction with trainer knowledge and expertise	Staff belief that training is relevant to their work	Staff belief that they will consistently apply knowledge and skills learned
2024	243	9.4/10	9.5/10	9.2/10	9.1/10
Data Source: FY 2024 Annual Preservice Impact of Training and Technical Assistance (IOTTA) Report **Note: The CWA reports out data on fiscal year and not calendar year.*					

With regards to those staff who take the pre-service competency exam, there has been continued improvement with positive results for 2024, with a zero percent failure rate on the competency exam.

Table 31: Pre-Service Competency Exam Passing Results

*FY	N	First Attempt	Second Attempt	Did Not Pass
2024	243	100% (243)	0%	0%
Data Source FY 2024 Annual Preservice Impact of Training and Technical Assistance (IOTTA) Report **Note: The CWA reports out data on fiscal year and not calendar year.*				

Assessment of Performance

In 2024, participants in pre-service training reported that the training had a significant impact on their work in the months that followed, equipping them with essential skills necessary for their roles. Staff also expressed interest in

the integration of content that addresses the varied cultural, social, and familial contexts of the populations they serve, to further enhance relevance and applicability in practice.

The CJAMS portion of the six-week initial pre-service training continues to be effective. Newly hired staff received a 2.5-day overview of the CCWIS system, which included exercises. The Foundation training, as part of an extension of the initial pre-service, also continues to be effective and proven to be relevant to the work new staff are required to do.

A total of 7 cycles of pre-service training were conducted during FY 2024 with 243 newly hired child welfare staff completing training in cohorts 1-24 through 7-24. Additionally, 17 existing child welfare workers participated in select days of modules 2, 4, and 8 of pre-service at the request of the LDSS, to strengthen knowledge and skills in those topic areas.

Following each training, participants were asked questions related to mastery & competence, training satisfaction, and expected impact on future work in a post-training feedback survey. Questions regarding the virtual learning experience were also administered. Participant responses for the six core pre-service training modules, as well as Child and Adolescent Needs & Strengths (CANS), Child and Adolescent Needs & Strengths-Family (CANS-F), and Safe Sleep training, remained positive. Participants do not complete Annual Preservice and Inservice Impact of Training and Technical Assistance (IOTTA) surveys for Module Five (field week) or Module Seven (CJAMS), so those modules are excluded from the analysis. Please note that not all participants completed the post-training feedback surveys as requested.

Strengths

The data indicates continued satisfaction with the Pre-Service and Foundation Track training. SSA and the CWA remain engaged in revising and improving these trainings, with positive outcomes observed from both the Supervision Matters and Coach Approach training. Additionally, a plan for Adaptive Design, a newly created subset of Coach Approach, will allow participants to develop and implement targeted training plans in specific areas.

The revised pre-service training included input from local department supervisors, who have been giving input from their lens around participant knowledge and outcomes to effectively do his or her job better. In the first four-week phase, emphasis is placed on the essential program components, ensuring a comprehensive understanding of the actual workflow in CJAMS.

Pre-service training continued to be reviewed and revised based on feedback from the IOTTA surveys and input from a group of LDSS directors and supervisors. This group evaluated the facilitated modules and provided recommendations for changes needed to ensure that staff completing pre-service training were fully prepared to effectively perform their job functions.

Concerns

Ongoing concerns remain regarding the new multi-year contract and future funding allocations. CWA is losing two staff members to retirement and will require adequate staffing to meet training demands. Additional concerns include students carrying caseloads in some LDSS jurisdictions, which may affect learning retention, and a rise in new hires in 2024, which strained available resources and limited individual support. Lastly, the contract timeline did not allow sufficient time to fully evaluate the revised pre-service training.

Current or Planned Activities to Improve Performance

Table 32: Activities to Improve Performance

Current or Planned Activities to Improve Performance	Target Completion Date
Pilot revised pre-service training (curriculum, timeframe, and delivery) by Child Welfare Academy, SSA, the DHS Learning Office, and LDSS.	**July 2025**
Implementation Status: In Progress 2024 Progress: ● Due to competing priorities and the inability to effectively evaluate the revised pre-service training during the current duration of the contract (ending June 30, 2025), SSA and the CWA decided to plan the first pilot of this iteration of the revised pre-service in the fall of 2025. This timeline is in anticipation of a new multi-year contract, allowing for a more thorough evaluation of the training methodology. The plan is to incorporate a blended learning training and to include a regional approach, which would involve additional travel funds to be included in the CWA budget.	
Review current pre-service and foundations training curricula to evaluate relevance to needs of child welfare workforce and offer suggestions for updates and modifications of content and activities.	**June 2026**

Implementation Status: In Progress
2024 Progress:

- The revision of pre-service training, to be four weeks in Phase 1 and then over six months during the Foundation phase, is still in development, due to the time frame of the current contract (ending June 30, 2025) and insufficient time to fully execute and evaluate the effectiveness of the modified pre-service.
- Foundation classes included expanded Labor Trafficking, along with Court and other pertinent topics.
- SSA has entered into a partnership with Dialog Training Company to facilitate more simulated learning during the pre-service and foundation work as part of the American Rescue Prevention Act (ARPA) grant. The plan for implementation is in the Fall of 2025, at the time of the pilot launch of the revised pre-service training.

Item 27 – Ongoing Staff Training

Data To Demonstrate Current Performance

A total of 2,574 staff attended in-service training during FY 2024. The data reflects strong satisfaction and perceived value in these training sessions. High ratings across quality, trainer expertise, relevance, and applicability suggest the sessions were well aligned with staff needs. Continued monitoring will be important to maintain these standards, especially as staffing levels, caseloads, and policy priorities evolve.

SSA remains committed to increasing the percentage of staff who believe they will consistently apply the knowledge and skills gained through training. In partnership with the CWA, continued efforts will be made to ensure training remains relevant and the outcomes continue to be positive. Notably, the number of staff receiving training remained high in proportion to the overall workforce, underscoring broad access to professional development and learning opportunities.

Table 33: Staff Satisfaction with In-Service Training FY 2024

*FY	Number participating in In-Service	Staff satisfaction with quality and content of training	Staff satisfaction with trainer knowledge and expertise	Staff belief comprehensive scope conducive to diverse training needs	Staff belief that training is relevant to their work	Staff belief that they will consistently apply knowledge and skills learned
2024	2574	95%	92%	96%	92%	91%

Data Source: FY 2024 Annual Inservice Impact of Training and Technical Assistance (IOTTA) Report
**Note: The CWA reports out data on fiscal year and not calendar year.*

Assessment of Performance
As with the previous year, efforts were made to increase continuous feedback from staff during training to better assess readiness, and need for additional training. This included additional meetings with the University of Maryland, SSA, the DHS Learning Office, and the LDSS, to ensure the involvement, participation, and agreement of SSA priorities and goals for all training offered. The CWA continued to use the IOTTA surveys, which were provided both quarterly and annually.

In-service training participants indicated that the training received will have a significant impact on their work in the coming months. Staff are interested in additional training opportunities in order to build on core competencies in a more holistic way. In-service training also included, Supervision Matters, Coach Approach, Introduction to Placement and Permanency, Assessing and Planning, SAFE Training for Supervisors, Trafficking Training, Dealing with the Courts, and Resource Parent Training.

The SSA engages with the University of Maryland School of Social Work to employ students participating in their Child Welfare Fellowship Fellow Program (formerly known as Title IV-E). SSA had 40 students, in 2024, who participated in the Child Welfare Fellowship Program. This is a paid internship opportunity that also provides specialized training, course work, and support to MSW students interested in pursuing a career helping families and children across the state of Maryland. They received advanced course work and training, which included, Children and Social Services Policy, Clinical Practice with Children and Families in Child Welfare, and Motivational Interviewing for Clinical Concentrators or Supervision in Social Work for Macro Concentrators.

Additionally, the Title IV-E Eligibility and Compliance unit provided monthly workshops to support the Title IV-E specialist to build knowledge, skills, and effective practices. The training covered federal and state regulations that govern IV-E and to ensure staff are understanding how to address complex case issues according to policies. Training is focused on trending topics that impact determination outcomes such as Aid to Families with Dependent Children/AFDC standards, deciphering court language, cross jurisdiction with the Department of Juvenile Services, interstate compact processes, A applicable child assessments, and adoption and guardianship subsidy requirements.

Strengths
As shown in Table 33 above, the majority of workers and supervisors who participated in ongoing training rated the training as excellent or good. 92% felt the content was applicable to their job and 91% expressed confidence in

their ability to apply the skills learned in their day-to-day practice. Maryland's engagement in the Child Welfare Fellowship provides opportunities for enhancing skills of social work students and for increasing the workforce, as interns are offered employment at one of the LDSS, following graduation.

Concerns

There remains an ongoing concern about ensuring that staff receive adequate training to effectively carry out their job responsibilities. During the one-year contract period, CWA faced challenges in meeting all established goals, particularly due to the loss of a staff member. While CWA ultimately fulfilled its objectives, concerns persist regarding the feasibility of piloting the revised CJAMS pre-service training within the limited timeframe of a one-year contract. As a result, the pilot was discontinued. SSA has determined that a multi-year contract is necessary to adequately evaluate the revised pre-service training.

Current or Planned Activities to Improve Performance

Table 34: Activities to Improve Performance

Current or Planned Activities to Improve Performance	Target Completion Date
Partner with the Child Welfare Academy (CWA) to develop and implement a revised Supervision Matters, a training curriculum for Supervisors who have been in his or her role for six months or more and allows participants to learn more effective supervision.	**June 2025**
Implementation Status: Completed 2024 Progress ● There were two Supervision Matters cohorts in 2024, and they were conducted as a form of blended learning that enabled Supervisors to attend both virtually and in person with positive outcomes. There were 25 participants and also participation from SSA.	
Partner with CWA and LDSS to develop and implement 3-4 month post training evaluation and follow-up process for select subsets of in-service training to gauge ongoing applicability of training.	**June 2025**
Implementation Status: In Progress 2024 Progress: ● Due to competing priorities and work on the pre-service training revamp; this is still in progress. Meetings and conversations continued to occur, but priorities shifted to the proposed re-vamp of the entire pre-service. The decision was made to make that a priority. This will be implemented in the new contract with the University of Maryland School of Social Work, Child Welfare Academy, beginning July 2025.	
Develop a DHS CEU committee to review CEU qualifications and standards for all training offered.	**June 2026**

Implementation Status: In Progress 2024 Progress: ● Ongoing communication occurred with the DHS Learning Office to plan the development of a CEU committee. There were conversations around members and a charter that will be convened, starting in 2025.	
Review current in-service training curricula to evaluate relevance to the needs of the child welfare workforce and offer suggestions for updates and modifications of content and activities.	**June 2026**
Implementation Status: In progress 2024 Progress: ● SSA and the CWA reviewed all training curricula and modified or added to them dependent upon priorities of SSA. ● University of Maryland, Eastern Shore (UMES) is planning to work on evaluations from the existing Supervision Matters training to evaluate need and relevance.	
Partner with the DHS Learning Office to work with an outside vendor around Motivational Interviewing as a pilot in Baltimore City and then based on feedback extend to other LDSS. This training would also enable the State to claim Title IV-E funding from this training. This activity is aligned with Goal 4, Strategy 4C.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● Plans for implementing MI training began in collaboration with Chapin Hall, the DHS Learning Office, SSA, and with Lyssen, a purveyor of Motivational Interviewing (MI). The initiative incorporates guidance from Chapin Hall, training from the CWA, and technical assistance from the DHS Learning Office. These combined efforts aim to strengthen data-driven decision-making and enhance child welfare practice.	
Establish ongoing training standards and requirements for all child welfare staff to maintain a well-prepared workforce ● **determine required number of training hours** ● **determine required training modules for workers and supervisors** ● **require training for both licensed and unlicensed staff.**	**December 2026**
Implementation Status: In Progress 2024 Progress: ● SSA and CWA met weekly to determine the required number of training hours and continuing education credits for those sessions. This work is tracked through the IOTTA and is monitored by both SSA and the CWA.	
Partner with the CWA and an outside vendor to offer the Coach Approach series training, to include Coach Approach, Coach Mentors, Adaptive Leadership, and continued work with those participating. This activity is aligned with Goal 3, Strategy 3C.	**December 2028**
Implementation Status: Completed and Ongoing 2024 Progress: ● In fiscal year 2024, 14 Coach Mentor Development sessions; 5 Learning Circles; 1 Adaptive Leadership Cohort; and 1 Coach Approach Training (four-day training)	

occurred in 2024, with a goal of creating at least one Coach Mentor role per jurisdiction. Coach Mentor training will continue in 2025.	
Consult with CWA to discuss in-service trainings that receive unsatisfactory ratings, discuss needed modifications and need for continuation of training.	**Monthly**
Implementation Status: Ongoing 2024 Progress: • SSA continues to monitor all in-service training sessions offered and to date, continues to receive a high percentage of satisfactory ratings.	
Review training reports and data analyses monthly with CWA to: • **evaluate participant satisfaction** • **identify well received and non-well received trainings** • **identify needed modifications to training content** • **evaluate instruction methodologies** • **identify need to retain or replace trainers**	**Monthly and Yearly**
Implementation Status: Ongoing 2024 Progress: • This continues through the IOTTA evaluations submitted by the CWA • SSA, the DHS Learning Office, and the CWA continue to meet weekly to determine all training needs; continuing education credit, and any required training sessions.	
Consult with SSA Workforce, and the DHS Learning Office to further analyze program and evaluation data to identify and support training needs of staff.	**Monthly**
Implementation Status: Ongoing 2024 Progress: • SSA and the DHS Learning Office met weekly to continue analyzing program and evaluation data to determine all training needs and collaborate to add them to the DHS Learning Management Systems in Workday.	

Item 28 – Resource Parent Training

PUBLIC HOMES

Data To Demonstrate Current Performance

Resource parents in Maryland are required to have 27 hours of pre-service training before a home is approved, and a child is placed in it. Additionally, 10 hours a year of in-service training are required for all approved resource parents, in accordance with COMAR 07.02.25. Table 35 below shows data for resource parents that participated in both required pre-service and in-service training sessions during CY 2024.

Table 35: Resource Parent Training Participation CY 2024

Resource Parent Training					
Reporting Period	Total Providers	In-Service		Pre-Service	
		Total No. of Providers	10 or More Training Hours	Total No. of Providers	27 or More Training Hours
2024	915	678	650 (96%)	237	237 (100%)
Data Source: 2024 CJAMS Provider Training					

Assessment of Performance

In CY 2024, a total of 915 resource parents participated in training activities. Of the total participants, 678 resource parents attended in-service training, with 96% (650) meeting the required 10 or more training hours. While the majority complied with the required hours, 4% (28) did not, suggesting a need to explore barriers and offer targeted support where needed. Pre-service training participation was exemplary, with 100% of the 237 new resource parents completing at least 27 training hours.

Overall, the data indicates a strong culture of learning and professional development among resource parents in CY 2024. The 100% compliance rate in pre-service training speaks to the effectiveness of initial training and orientation efforts, while the high participation and success rate in in-service training suggest that experienced caregivers remain actively engaged in strengthening their knowledge and skills. Going forward, SSA will continue monitoring participation trends, particularly focusing on exploring what challenges may be preventing the smaller portion from meeting the required number of pre-service offerings. This continued monitoring and targeted outreach will help ensure all providers meet training expectations and are well-equipped to support the children in their care.

Strengths

In CY 2024, all resource parents met or exceeded the 27-hour training requirement, reflecting a robust and effective onboarding process for new resource parents. This level of compliance highlights the success of outreach, recruitment, and SSA's pre-service training structure in preparing new resource parents for their roles. Additionally, there was a high compliance rate (96%) for in-service training which showed continued engagement by the majority of the resource parents.

Concerns

While data shows improvement in resource parent participation in in-service training, a small portion did not meet the in-service training hour requirement. SSA will continue its efforts to further improve resource parent in-service participation by monitoring attendance, exploring barriers, and offering targeted support where needed.

Current or Planned Activities to Improve Performance

Table 36: Activities to Improve Performance for Public Resource Homes

Current or Planned Activities to Improve Performance	Target Completion Date
Develop a monthly resource home milestone report to track all resource home compliance which will include training (pre- and in-service) training data.	**May 2025**
Implementation Status: In Progress 2024 Progress: ● Plans are underway to move the Provider Milestone Report over to AWS QuickSight platform once refined. The resource homes will be tracked within the Provider Milestone Report.	
Review training reports and data analyses monthly with CWA to: ● **evaluate participant satisfaction** ● **identify well received and non-well received trainings** ● **identify needed modifications to training content** ● **evaluate instruction methodologies** ● **identify need to retain or replace trainers**	**Quarterly**
Implementation Status: Ongoing 2024 Progress: ● The completion timeframe for this activity was changed from monthly and yearly to quarterly. Although the activity is listed as a monthly survey, the survey is conducted quarterly due to lack of resources to pull the data monthly and not enough sufficient data each month to generate a monthly IOTTA survey. ● This continues with the quarterly review of the IOTTA surveys to ensure that participant satisfaction and needed modifications to training content occurred during monthly meetings between SSA and the CWA; to also include instruction methodologies, including two resource parent conferences that occurred. During the period of 2024, the one trainer remained to provide the needed training and work around resource parent involvement and training.	

CHILD CARE INSTITUTIONS

Residential Child Care Programs (Group Homes) Training Requirements

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

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

All staff training curricula must be approved by the licensing agency per COMAR 14.31.06.05 F (3). To ensure that Residential Child & Youth Care Practitioner (RCYCP) staff meet the certification requirement, DHS's Office of Licensing and Monitoring (OLM) reviews the list of certified RCYCPs provided by the Board to ensure that all direct care staff working with youth are certified.

Documentation of training is maintained in the employee record and reviewed by the OLM Licensing Specialist semi-annually. Training documentation is also submitted as part of the recertification application to the RCCPP Board. Licensing Specialists also interview a random sample of staff on various subjects, including training. Interviews of RCC staff are completed by OLM semi-annually by a random sample. Interviews include questions related to whether they have received the necessary training to perform their job duties and whether they felt that the training was useful. Results of the CY 2024 reviews are listed below:

Table 37: Training Compliance for Group Homes/Residential Child Care Centers (RCC) CY 2024

# of RCC Employee Records Reviewed*	Compliant for Training	Non-Compliant for Training
737	701 (96%)	36 (4%)
**OLM meets the requirement of sampling 10%+10 (Max 20) per year.*		

Assessment of Performance
Programs that have not provided the required training are cited and must complete a Corrective Action Plan (CAP). During 2022 a new process was put

in place by OLM to address noncompliance with training requirements which are directly related to safety. These training sessions include but are not limited to CPR, first aid, behavior management, and medication management. The provider must be in compliance in these areas before their re-licensure is issued. During CY 2024, OLM continued its enhanced monitoring practices by conducting a 100 % review of staff records, including verification of Residential Child & Youth Care Practitioner compliance for all direct care staff.

Child Placement Agencies (Private Homes) Training Requirements

Data to Demonstrate Current Performance

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

CPAs must provide 24 hours of pre-service training to prospective resource parents per, COMAR 07.05.02.12. In addition, resource parents must receive an additional 20 hours of training every year prior to being recertified as a treatment foster parent as outlined in COMAR 07.02.21.10B. The pre-service training provided to CPA homes is the PRIDE training. Discussions are underway to transition CPAs to the National Training and Development Curriculum (NTDC).

The following data was based on the OLM monitoring visits for the year.

Table 38: Training Compliance for Child Placement Agencies (CPA) CY 2024

# of CPA Home Records Reviewed*	Compliant for Training	Non-Compliant for Training
327	317 (96%)	10 (4%)
**OLM meets the requirement of sampling 10%+10 (Max 20) per year*		

Assessment of Performance

Failure by the resource parent to complete the annual training hours will cause their certification to be suspended or denied. OLM completes random sample interviews of resource parents semi-annually utilizing an interview

tool that includes questions related to training and whether they have the adequate training knowledge to parent the children placed in their home.

To monitor compliance with training requirements OLM Licensing Specialists complete regular reviews of provider agency records. As of December 2024, there are approximately 1,837 CPA homes certified by child placement agencies.

Strengths

COMAR does not require semi-annual monitoring of private providers; however, the data shows that increased and consistent monitoring results in a higher percentage of compliance. Program Managers and Licensing Specialists schedule meetings to review private provider corrective action plans. Program Managers ensure CAPs are detailed and in compliance with COMAR. Licensing Specialists are required to monitor compliance through periodic visits, document reviews, and interviews with the provider to assess whether the violations that led to the CAP have been resolved. Providers cannot renew their agency's license if any deficiencies remain outstanding.

Concerns

OLM has no concerns regarding compliance with training requirements across the private provider community. OLM ensures that all providers are monitored regularly, and corrective action plans are issued to resolve noncompliance with any of the COMAR standards.

Current or Planned Activities to Improve Performance

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

Table 39: Activities to Improve Performance

Current or Planned Activities to Improve Performance	Target Completion Date
Monthly management level review of CAP responses to improve the quality of the responses and increase effectiveness. (OLM)	**Ongoing**
Implementation Status: Ongoing 2024 Progress: ● Supervision was held to review each CAP submitted for compliance with COMAR by the Licensing Specialist and Program Manager. Program Managers ensure the CAPs are detailed and have target dates that are appropriate to the violation. The CAP response form has been redesigned to provide clear, detailed, and specific timeframes for becoming COMAR compliant. ● OLM has increased engagement and technical assistance with providers to ensure COMAR compliance.	

Semi-annual monitoring of major regulatory standards. Currently the Licensing Specialists are required to meet all the licensing requirements over the 2-year licensing period. (OLM)	**Ongoing**
Implementation Status: Ongoing 2024 Progress: ● Licensing Specialists with oversight from Program Managers performed semi-annual site visits that required monitoring of: o 10 records plus 10% of the current census of youth, staff, and resource parents per monitoring; o two resource parent interviews, two staff interviews and two youth interviews per monitoring; and o physical plant inspections of all sites per monitoring.	
Quarterly follow-up to CAP responses and repeat findings. (OLM)	**Ongoing**
Implementation Status: Ongoing 2024 Progress: ● Licensing Specialists with oversight from Program Managers, performed periodic site visits specific to the deficiencies/violations to ensure they were corrected and implemented prior to approval of the CAP. Repeat deficiencies/violations require a detailed step by step plan with staggered target dates to ensure eradication of recurring deficiencies/violations. OLM took further disciplinary action for repeat serious deficiencies/violations by increasing monitoring and sanctions.	

Item 29 – Array of Services

Data To Demonstrate Current Performance

Table 40: Completion Rates for Key Assessments

Statewide Data Indicator	Baseline Data CY 2023	State Data CY 2024	MD Target for 2028
Percentage of In-Home Families with SAFE-C's Completed	93.7%	92.97%	95%
Percentage of In-Home Families with Completed Risk Assessments	95.25%	95.02%	97%
Percentage of CPS Investigated Families with SAFE-C within 60 Days	91.7%	91.44%	95%
Percentage of CPS Investigated Families with MFIRA	97.4%	100%	100%
Percentage of Children Experiencing Out-of-Home with Completed SAFE-C OHPs	63.41%	59.74%	75%
Percentage of Children Who Entered Out-Of-Home with	84.36%	84.09%	90%

Completed Risk Assessments			
Percentage of In-Home and CPS Families with Completed CANS-F	80%	81%	90%
Percentage of Children Who Entered Out-Of-Home and Have Completed CANS	44%	48%	60%
Percentage of Families Who Received Services that Successfully Prevented Removal of Children from Their Homes or Re-entry in Foster Care (Safety Outcome 2)	94%	93.18%	95%
Data Source: CJAMS 2024 (Baseline data source: CJAMS 2023)			

Assessment of Performance

Despite Maryland's efforts to enhance its service array in recent years, Item 29: *Array of Services* remains an area in need of improvement. Table 40 above presents completion rates for key assessments that help caseworkers and families identify strengths, needs, and appropriate resources. While some assessments have shown increased completion rates, others have declined.

For children receiving in-home services, SAFE-C and MFIRA completion rates experienced slight declines of less than 1%, remaining largely consistent with the previous year. Among children served in CPS, SAFE-C completion rates within 60 days decreased marginally by less than 0.5, maintaining a level similar to last year. In contrast, MFIRA completion rates increased by 2.6%, rising from 97.4% to 100%, surpassing the federal standard and marking a significant achievement.

For children in out-of-home services, completion rates for both SAFE-C OHP and MFIRA declined. SAFE-C OHP completion rates fell by 3.67%, from 63.41% to 59.74%, this demonstrates the need for targeted efforts to improve performance. MFIRA completion rates for out-of-home care declined slightly, by less than 0.5% (from 84.36% to 84.09%), remaining relatively stable compared to the previous year.

The completion rates for the CANS and CANS-F assessments, which evaluate functional needs and strengths, improved. CANS completion rates increased by 4% (from 44% to 48%), while CANS-F rates rose by 1% (from 80% to 81%). Additionally, despite a slight decline of less than 1%, the percentage of families receiving services that successfully prevented child removal or re-entry into foster care (Safety Outcome 2) remains above 93%.

In CY 2024, SSA built upon the previous year's service array assessment findings and leveraged opportunities to enhance and expand its service array and resource development system. The agency continued to utilize formal assessment tools, an implementation structure, qualitative data from stakeholders, focus groups, the Community Partnership Survey, and the CFSR to evaluate the service needs of children and families, as well as the State's capacity to meet those needs across the child welfare continuum.

To ensure a comprehensive analysis of the service array, several key program areas will need to be reviewed:

- Assessments used to identify safety, risk, strengths, and needs of families;
- Services that address the identified strengths and needs of children and families;
- Supportive services that create a safe environment and help children remain safely with their parents when appropriate; and
- Services to help foster and adoptive families to achieve permanency.

The agency evaluates the strengths and needs of children using a combination of formal and informal assessment tools, with some being utilized more effectively than others. As outlined in the Child and Family Service Plan, the agency employs collaborative assessment tools such as the Maryland Family Risk Assessment (MFRA), SAFE-C, CANS, and CANS-F to continuously assess the needs of children and families. These tools help organize collective knowledge, facilitate clear communication, and support informed decision-making regarding safety, permanency, and well-being. Table 40 above provides the percentage of completed assessments across service areas.

Throughout CY 2024, SSA has been actively reviewing its assessment processes to streamline the tools in use, ensuring they are both effective and targeted in accurately identifying family needs. Additionally, enhancing the workforce's understanding of how these assessment tools interconnect is essential to improving their application in critical decision-making, ultimately strengthening family interventions.

Services that address the strengths and needs of children and families
Throughout CY 2024, the State performed well at assessing needs. The latest CFSR data indicates the agency performs well in assessing risk and safety. For Risk and Safety Assessment and Management (Item 3), which explores the agency's efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care, 90.48% of cases reviewed were rated as a strength, a 3.76% increase from last year, which was 86.72%.

The State is also improving in assessing needs and services to resource parents and children; however, assessing the needs and services of parents continues to be an area needing improvement. In the latest round of CFSR, Item 12B was rated as a strength in 57.5% of cases reviewed, representing a 1.5% decrease from CY 2023, which was 59%.

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

The agency's progress towards enhancing the service array and service availability to meet the needs of children and families are reflected in the latest CFSR outcomes. When assessing the provision of services to families to protect children in their homes and prevent removal or re-entry into foster care (Safety Outcome 2) the most recent CFSR data in CY 2024 shows LDSS programs at 93.18%, a slight decrease from last year's (CY 2023) 94% yet still exceeding the federal target.

The agency is working to not only enhance services to families to prevent removal in Maryland, but to expand to service deserts as well. In focus groups and interviews, some specific services offered to families were mentioned: food assistance, transportation, temporary housing, family-centered therapeutic support, mentoring, tutoring, mother-baby substance abuse programs, and Narcotics Anonymous (NA). Participants also highlighted financial support that helps to cover the cost of summer camps and daycare, including childcare vouchers. Notable resources that received special mention included Tree House (Montgomery County), Family Recovery Program (Baltimore City), and Empowering Minds (Harford County).

A statewide needs assessment survey regarding the evidence-based programs in the Maryland Title IV-E Prevention Plan was conducted in 2023 to help in determining the expansion needs of these programs. After this was completed, there were meetings with counties about expanding the State's array of services. In 2024, SSA hosted regional meetings and had a series of workgroups to plan for the new Title IV-E Prevention Plan. These meetings and workgroups included LDSS, caregiver advisors (county level and community partners who have lived experience), and other stakeholders.

Services to help foster and adoptive families to achieve permanency

In August of 2024, SSA changed the Placement and Permanency Implementation meeting to the Permanency Enhancement Meeting. The purpose of the change was to engage in conversations with the LDSS and to be more intentional about who attends the Permanency Enhancement meetings. SSA shared data related to permanency outcomes directly with the

LDSS on a quarterly basis. The purpose of sharing the data is to bring the permanency related barriers and challenges to the attention of the LDSS and the work force that carries out the work of the agency.

In 2024, SSA continued to offer additional funding to pre-adoptive families and pre-guardianship families to remove barriers to permanency and to stabilize pre-adoptive and pre-guardianship placements through Adoption Guardianship Incentive Funds.

In December 2024, Maryland COMAR regulation 07.02.09 *Kinship* and SSA policy #24-06 CW *Kinship Care Licensing Standards* were released. The regulations and policy streamlined the assessment and licensing process for kinship caregivers, making it easier for them to serve as resources for custody and guardianship and adoption.

Strengths

One of Maryland's biggest strengths is the low entry rate into foster care. Four main themes were highlighted regarding the low entry rates in Maryland and strategies to sustain them. These themes included community partnerships, quality casework practice, family engagement, and ensuring an adequate service array is available and accessible to families.

According to CJAMS, since 2018 on average, 96.4% of the children served through Family Preservation Services were able to remain with their families throughout their service period. During the same timeframe, an average of 98.3% of children remained in their homes and avoided out-of-home placement, and 95.3% of children remained free from indicated maltreatment findings for up to 12 months after completing In-Home services. Currently, the agency is unable to provide this exact percentage for CY 2024, as a full year has not yet passed from the service period to allow for comparison. With the continued Implementation of the FFPSA, SSA looks forward to maintaining this trend.

In Maryland's approved Family First Prevention Plan, there are four evidence-based programs that are currently being implemented: Healthy Families America, Parent Child Interaction Therapy, Family Functional Therapy, and Multisystemic Therapy. These evidence-based programs were adopted based on a needs assessment conducted by the University of Maryland School of Social Work several years ago. In addition to these evidence-based programs that are utilized through FFPSA, LDSS have their own partnerships with agencies to meet their specific local needs. Some of these services include the Sobriety Treatment and Recovery Team (START) program, Partnering for Success (PfS), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Bester Community Services, Family Connections, Nurse

Family Partnership, Parents as Teachers home visiting model, and Parent Partner program.

As previously noted, regional strategic planning meetings were conducted in 2023 to discuss service arrays and needs, followed by workgroups in 2024 to develop the new Title IV-E Prevention Plan. These meetings and workgroups included LDSS, caregiver advisors (county-level and community partners with lived experience), and other key stakeholders, ensuring a collaborative and informed approach to service planning.

The agency actively engages a wide range of community partners to strengthen and expand the service array. Several key meetings support this collaborative effort:

- **Provider Advisory Council (PAC):** This council includes representatives from SSA, OLM, three LDSS directors, and private providers (including child placement agencies and group homes). The PAC serves as a forum to review data, discuss CFSP goals, placement needs, and service provision. The three participating LDSS directors report back to their peers during MASSD (Maryland Association of Social Services Directors) meetings, where they continue discussions on shared goals such as timely permanency and reducing length of stay.
- **Family Team Decision Making (FTDM) Facilitator's Meetings:** These meetings focus on reviewing feedback from FTDM sessions, as well as data from CJAMS and LDSS self-reports. This feedback is utilized to inform goal setting and improve practices, and the input from facilitators also help guide updates to relevant policies.
- **SSA Health Workgroup:** This group brings together SSA staff, managed care organizations, ombuds, and MDH representatives. Discussions center on health care access for children in OOH care, addressing barriers to getting healthcare, available benefits, and coordination with providers such as, SkyGen (dental provider), behavioral health contractor, etc.
- **Kinship Navigator Family First Workgroup:** This collaborative includes SSA, LDSS Kinship Navigators, MSDE liaison, and the Director of Clinical Services for The Center for Restorative Change. The group works to enhance support for kinship families through resource provision, community outreach, and effective stakeholder engagement. This meeting strengthens partnerships with stakeholders, and they contribute insights to enhance Maryland’s Kinship Navigation program.

SSA has continued to partner with MCF to have caregiver advisors join team and policy meetings to provide lived experience and voices to inform writing and reviewing documents, policies, and various other activities.

Concerns

The Service Array is an area needing improvement for Maryland. While progress has been made in some areas, there continues to be persistent and systematic service gaps in some areas, particularly the mental and behavioral health services. In 2024, the agency continued to track the needs of children in out-of-home placement who experienced a hospital overstay due to lack of appropriate and available treatment and care settings. This information is being used for Prevention Services strategic planning as well as SSA Placement Services unit and local departments in collaboration with Local Care Teams, Maryland Department of Health's Behavioral Health Administration and Developmental Disabilities Administration, to identify service gaps and, programming needs for more tailored programming for children in need of specialized care or treatment, and supports for their families to avoid out-of-home placement or support permanency.

As reported in the 2025-2029 CFSP, the state is using results of the latest Community Partnership and Services Summary (CPSS) Report from 2022 as well as annual CFSR focus groups and interviews to gain insight into building the service array. A new survey is being developed and is set to be conducted in 2025. The top 5 critical unmet service needs across Maryland jurisdictions based on LDSS respondents in the CPSS report in 2022 were: mental health services, housing, specialized placement providers, transportation and substance use disorder treatment. Examples of each category are noted in Table 41 below.

Table 41: Critical Unmet Needs

Category	Examples
Mental Health/Psychiatric Services	• Behavioral health services for children/youth • Easy access to addictions and mental health treatment • Mental health/substance misuse for teens • Co-occurring disorder treatment • Emergency respite • Respite care for families • Emergency psychiatric services • Psychiatric services for children and adolescents • Medication management for youth • Lack of psychiatrists for children • Mental health therapy for children ages 3-6 • Intensive mental health services • Mobile crisis services • Lack of hospitals performing adequate psychiatric stabilization for youth in crisis • Quality trauma-informed individual family therapy • Lack of trauma-informed therapists and qualified counselors

Category	Examples
	• Trauma treatment for children and adults regardless of ability to pay • Programs for teenagers with complex behavioral health needs and their families • Consistent access to reliable mental health service providers • Specialized mental health services for children and families • Resources to carry out the recommendations of psychiatrists or evaluators for families and children
Housing	• Safe and affordable housing • Housing and addiction services for pregnant and new mothers • Housing is a huge issue, multiple families living under the same roof
Out-of-Home Placements/ Providers	• Shortage of appropriate in-state placements for children with complex behavioral health needs • Limited foster care and therapeutic placements for children with disabilities • Inadequate therapeutic foster care providers, especially in rural areas like St. Mary's County • Insufficient placement options for youth dually involved with DSS and DJS • Lack of resource homes for foster children, particularly for transitional-aged youth • Ongoing shortage of residential treatment programs for youth with severe mental health or behavioral issues • Resource parents are often unprepared to manage trauma-related behaviors exhibited by children in care
Transportation	• An individual transportation service to assist customers in accessing transportation • Transportation in most rural areas
Substance Use Disorder Treatment	• Substance Use Disorder treatment for adults • Inpatient drug treatment facilities for teenagers • Evidence-based substance abuse treatment programs • Housing and addiction services for pregnant and new mothers • Substance abuse treatment for adults and youth

Each year, the agency also solicits feedback from caseworkers, biological parents, resource parents, attorneys, service providers, youth, judges/magistrates, and parents about the accessibility and quality of services through CFSR focus groups. The 2024 CFSR focus groups and interviews also identified a theme of a lack of available, quality services. Long waiting lists, inconsistent scheduling of programs, and a limited number of providers in

the area were mentioned as key factors of inaccessibility. Gaps in services have been a persistent theme in CFSR focus groups, some of the specific issues listed this year were lack of:

- Autism services
- Mental health and behavioral health services, including quality, consistency, and continuity in mental health services
- Substance use services
- Housing and housing programs/assistance
- Childcare
- Insurance
- Transportation assistance, especially in rural areas
- Parenting classes had mixed reviews, one person stated that there was a lack of cultural competency with a provider, others stated they were beneficial
- Mentors had mixed reviews, one person stated they were ineffective, others stated they were very beneficial
- Placements for youth with behavioral/mental health needs

Participants shared specific suggestions for future improvements, including the creation of youth peer groups, expanded access to preventive mental health care, and improvement in connecting providers with families through a more transparent approach. There was also strong sentiment that staffing at LDSS remains a concern, and that some issues do not require LDSS involvement and could be more appropriately addressed by community partners. Partners recommended that SSA should increase public awareness about when LDSS involvement is necessary versus when support from a community partner would be more appropriate.

Current of Planned Activities to Improve Performance

Maryland remains committed to expanding the service array by enhancing availability, accessibility, and intensity based on insights from surveys, assessments, and strategic planning meetings. Additionally, the state recognizes the need to expand services in communities across the state and plan strategically for implementation in order for local departments to benefit from increased service delivery.

Improving performance in this area means actively engaging families as partners in identifying goals and solutions, conducting thorough and meaningful assessments and family contacts, strengthening service planning to meet family needs, and fostering strong collaboration with community providers. Planned activities targeted at improving performance and addressing concerns for Service Array are outlined in more detail in Section 3, Goals 1a, 1b, and 1c as well as 4a, 4b, 4c, and 4D. Additional planned activities include:

- Training and Development:
    - Provide updated training to support the implementation of new processes and practice improvements under the Family First Prevention Services Act (FFPSA) for supervisors and caseworkers.
    - Offer supervisor training focused on examining barriers that impact outcomes for children and families in the child welfare system to ensure fair and consistent treatment under the law
    - Develop new training to strengthen family engagement in Family Team Decision Making (FTDM) meetings.
- Policy and Regulation Updates:
    - Update COMAR 07.02.11, COMAR 07.02.12, and COMAR 07.02.29 to align with Maryland's "kin-first culture."
    - Develop and issue a statewide Investigative Response policy designed to standardize practice across the state and improve outcomes for all families and children.
- Workgroups and Projects:
    - Launch a Community Pathways Workgroup to explore ways for families to access services without formal involvement with the Department of Social Services.
    - Establish an Assessment Workgroup to review and consolidate current assessment tools, including the Structured Decision Making (SDM) tool.
    - Conduct an FTDM Observation Project in each jurisdiction to provide feedback and compile a report on strengths, challenges, and coaching topics.
    - Continue to facilitate Permanency Enhancement Meetings to support improved permanency outcomes.
- Community Engagement:
    - Distribute the 2025 Community Partnership and Services Survey to assess local strengths and identify needs in partnerships with community organizations.

Item 30 – Individualization of Services

Assessment of Performance

The ability to provide individualized services to meet the unique needs of children and families served by the agency continues to be an area of growth and development for Maryland. While individualized services exist and are available for some, qualitative data from CFRS focus groups and Community Partnership and Services Summary (CPSS) indicates that when individualized services exist, there is not enough of the services to meet the need. There is a need for more certain individualized services that can be accessible throughout the state. Data from these focus groups and surveys was

discussed in Item 29 and highlights a specific concern regarding the needs of children with autism as well as other mental health concerns.

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

The agency is enhancing the Prevention Services unit and collaborating with partners to create community-based resources for families, reducing the need to first approach social services. This initiative aims to allow families to access services with minimal child welfare involvement. The Prevention Services program aims to shift service delivery from child welfare systems to community-based providers. The unit has engaged with providers, councils, and stakeholders to develop prevention pathways through early childhood interventions, education, and support for grandparents and kin caregivers. These efforts align with Maryland's FFPSA implementation and evidence-based models to help children remain safe with their families, reducing foster care placements and child welfare cases.

Strengths

In order to assist with language barriers, Maryland has a contract with a Statewide Foreign Language Interpretation/ Translation Services (FLITS) to ensure 24/7/365 availability. It provides language translation services to minimize or eliminate language barriers in three ways:

1. By Telephone
2. On-site at your specified location
3. Written document translation

The CANS and CANS-F assessments are essential tools for identifying developmental and learning disabilities, as well as other specialized services that families may require. When these assessments are conducted accurately, they help ensure that children and families receive the necessary support.

However, caseworkers face significant challenges in completing these assessments and there are concerns about the accuracy. According to Item 29: Array of Services, the completion rate for CANS assessments among children in foster care has increased from 44% to 48%, indicating progress in Maryland's efforts. Additionally, the CANS-F assessment completion rate for children remaining in the home has reached 81% this year. While these

improvements are promising, there remains substantial opportunity for further advancement in assessment accuracy and completion rates.

SSA has maintained its partnership with MCF to include caregiver advisors in teams, workgroups, and policy meetings, ensuring that voices with lived experience are actively involved in the development and review of policies as well as other materials used by the agency.

The agency involves many community partners in its work to build the individualization of services. Some of the specific meetings that talk about the individualization of services are:

- Tribal Reps - Maryland Commission on Indian Affairs (MCIA) - meetings held to discuss data on tribal youth in care;

- Local Care Teams (LCT) - interagency group that looks at supports and services in the community to support children and families, speaks to reasonable efforts to prevent removal, very case specific;

- Governor's Family Violence Council (GFVC) -This Council convenes quarterly to assess and improve services that protect children and families impacted by domestic violence. Recognizing the serious effects of intimate partner violence (IPV) on child safety and well-being, GFVC held a survivor-informed focus group to strengthen family engagement, elevate survivor perspectives, and support community agencies with tools to address the behavioral and physical health consequences of IPV. In alignment with efforts to provide fair treatment to all families, GFVC prioritized key child welfare-related concerns by establishing specialized committees to inform child and family-centered policy improvements.

- State Interagency Coordinating Council (SICC) - meetings to enhance early intervention services for infants and toddlers with disabilities. Data from the Office of Special Education Programs (OSEP) shows that nearly two-thirds of children receiving early intervention services closed the developmental gap with peers. The Maryland Infants and Toddlers Program (MITP) launched a revamped referral website, to better support parents.

- Citizens Review Board for Children (CRBC) - consists of Governor appointed volunteers from state and local boards representing all 24 counties and the city of Baltimore. In FY 2024, 693 individual out-of-home cases were reviewed and CRBC provided information on an individual case level about the adequacy and effectiveness of efforts

to promote child safety and well-being, efforts to achieve or maintain permanency for children, and about plans and efforts to improve services. An annual fiscal year report is developed from findings and is used to develop recommendations overall for OOH cases. Among the recommendations that CRBC reported in their FY 2024 report were:
    - Ensure adequate state resources to provide services to children and youth with intensive needs. Children with serious behavioral, emotional, and medical needs that require additional structure not provided in family or other group settings in-state, should receive appropriate services and the level of support for their own safety and the safety of others and to help improve outcomes.
    - Continue to increase the number of relative/kin placement and permanency resources.
    - Increase community partnerships to further develop life/independence skills, gain employment experience, and improve affordable housing options for older youth exiting care.

- Casey Family Programs - Planning team comprising Casey Family Programs and child welfare leaders from across human services sectors participated in a series, "Meeting the Needs of High Acuity Youth with Unmet Complex Needs." The convenings centered around three primary goals: (1) prioritize addressing root cause issues; (2) respond to the immediate placement crisis; and (3) develop sustainable, long-term solutions. Key Highlights of those convenings are listed below.

    - February 2024 Convening:
        - Child welfare leaders explored key themes including understanding youth needs, staff engagement, placement versus treatment, cross-sector collaboration, braided funding, performance-based contracting, effective data use, and communication strategies.
    - June 2024 Convening:
        - This session included cross-sector partners from Medicaid, Behavioral Health, Juvenile Justice, Courts, Governor's Offices, lived-experience experts, and others. Discussions focused on leveraging Medicaid and blended funding approaches, with experienced experts providing valuable advice.
    - December 2024 Convening:
        - Focused on Medicaid funding mechanisms, waivers, and strengthening partnerships between Behavioral Heath, Child Welfare, and Medicaid agencies. State-level efforts in Texas, Indiana, and Oklahoma were highlighted as promising practices.

Concerns
The state is not in substantial conformity with the individualization of services systemic factor. Several barriers continue to hinder the agency's progress in ensuring that services are responsive to the individualized needs of children and families. A primary challenge is the limited availability of accurate, child-specific data necessary to inform service planning and decision-making. Notably, there are gaps in data regarding the number and types of disabilities and special needs among the children served. In addition, the agency lacks mechanisms to assess whether identified services are being delivered as intended and whether they are effective in addressing the needs of the child.

Currently, the agency does not capture information on children's or families' language preferences or whether these preferences are being accommodated—information that is critical to ensuring accessibility and responsiveness of services.

Although the Child and Adolescent Needs and Strengths (CANS) and CANS–Family (CANS-F) assessments are used to identify strengths and inform service planning, challenges remain in the accurate and consistent application of the tools by caseworkers. In collaboration with technical assistance partners, SSA has taken steps to enhance CANS/CANS-F implementation, including the launch of a targeted Plan-Do-Study-Act (PDSA) cycle in one jurisdiction in 2024, which yielded promising outcomes. Additionally, a training session was conducted to improve the use of CANS in identifying substance use-related needs. While these efforts represent progress, further work is needed to achieve consistent and effective use statewide.

Child and Family Services Systems have been failing to adequately support children and families with complex care needs. This has led to concerning outcomes such as children residing in hotels and commercial office buildings, frequent placement changes, and increased use of restrictive settings like congregate care and out-of-state placements. To address this, a planning team made up of representatives from Casey Family Programs and child welfare leaders from across human services sectors participated in several convenings to discuss themes and solutions.

Current or Planned Activities to Improve Performance
SSA plans to continue to connect with other states involved in Casey Family Programs convening, "Meeting Needs of High Acuity Youth with Unmet Complex Needs" project to share information, problem solve and further explore options.

Planned activities targeted at improving performance and addressing concerns for Individualization of Services are outlined in more detail in Section 3, Goals 1a, 1b, and 1c as well as 4a, 4b, 4c, and 4d.

Specific planned activities include updated training on the FFPSA, supervisor training, and additional training to support the implementation of new processes and ongoing practice improvements. The Community Partnership and Services Survey will be distributed to each local jurisdiction in Maryland to assess strengths and identify needs in partnerships with community organizations.

A Community Pathways Workgroup will be launched to explore strategies for partnering with local organizations to support families in accessing services without needing to go through the Department of Social Services. Additionally, an Assessment Workgroup will be established to review current assessment tools in use across the state, including the Structured Decision Making (SDM) tool, and to identify opportunities to streamline and consolidate these tools.

An FTDM (Family Team Decision Making) Observation Project will also be conducted. This project will involve observing one FTDM meeting in each jurisdiction, providing real-time feedback, and compiling a comprehensive report highlighting strengths, challenges, and the coaching and technical assistance (TA) provided post-observation, including categorized TA topics. A new training will be developed to strengthen family engagement in FTDMs.

The Maryland Department of Human Services will also collaborate with the Maryland Department of Health to enhance the delivery of services to families. Furthermore, Maryland will explore root causes and cross-system challenges that contribute to children entering foster care.

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

Data To Demonstrate Current Performance

Table 42: Prevention Outcomes Related to Engagement of Key Stakeholders

Performance Item	***Time Period***	***Performance Item Rating***	
		S	***ANI***
Item 2: Services to Families to Protect Children in the Home and Prevent Removal or Re-entry	January-December 2024	93.18%	6.82%

into Foster Care			
Item 12: Needs and Services of Child, Parents, and Foster Parents	January-December 2024	56.35%	43.65%
Data Source: Online Monitoring System (OMS)- CFSR 2024 Annual State Rating Summary			

Assessment of Performance

CQI focus groups with key stakeholders were held during CY 2024. The focus groups received input from youth, biological parents, resource parents, caseworkers, supervisors, directors, assistant directors, attorneys, judges and magistrates, and service providers and partners. These focus groups are a part of SSA's continuous efforts to elevate the voices of those with lived experiences and LDSS partners and incorporate their feedback into quality assurance and practice improvements. The CQI focus group report underscored several strong points, particularly LDSS's innovative efforts to integrate the LDSS into the community. This includes holding community outreach events and trainings, which have led to several key partnerships and helped to educate service providers and the community at large about the department's work. Additionally, focus group participants shared that there is a diverse array of formal team meetings involving community providers that provide opportunities for collaboration, such as Local Care Team (LCT) meetings, FTDMs, and multi-disciplinary meetings. However, the focus groups did reveal barriers to forming effective partnerships and coordination of services. These barriers include the community's overreliance on LDSS to "fix" community problems and limitations on information sharing posed by confidentiality and disclosure policies and regulations. Participants also noted a variance in the quality of teaming among LDSS and program areas, suggesting a need to capitalize on existing strengths in some LDSS and identify barriers in others.

Furthermore, the latest Community Partnership Survey highlighted the local LDSS's commendable efforts in leveraging networking and partnerships to uncover resources. The utilization of interagency meetings for exchanging information was also recognized as an effective strategy.

Strengths

Maryland continues to coordinate with local, state, and federal stakeholders and community-based prevention and other service providers to collaboratively support, intervene, and engage with families sooner to meet their needs. Maryland has shown improved prevention outcomes. Specifically, CFSR Item 2: *Services to Families to Protect Children in the Home and*

Prevent Removal or Re-entry into Foster Care is rated as an area of strength at 93.18%. This high percentage demonstrates the connection between cross cutting agency collaborative efforts and connection to services.

Section 1: *Collaboration* in the 2025-2029 CFSP describe the teaming and implementation structure used to collaborate on the CFSP, APSR, and Title IV-E Prevention Plan. The State's continuous assessment of implementation, development, and evaluation, done with the support of stakeholders, has increased customer and community satisfaction and engagement. The state has also increased client and community surveys and focus groups to gain internal and external partner input and feedback. Partnerships have increased since the last reporting period as a result of thoughtful engagement. Also, there has been an increased effectiveness of service delivery through youth and advisory councils, sharing data with stakeholders, and developing memorandums of understanding and other agreements to improve services for children, youth, and families. The state youth advisory board shares feedback on policies related to emerging adults to ensure representation of youth voice in SSA's policies and practices.

Concerns

Item 12: *Needs and Services of Child, Parents, and Foster Parents* had a strength rating of 56.35%. The needs assessment and services provided to parents were much lower than the needs assessment and services to children and resource parents. In the 2024 CQI focus group, participants reported several challenges impacting overall service availability. Long waiting lists, inconsistent scheduling of programs, and a limited number of providers in the area were mentioned as key factors. In the most recent Community Partnership Survey, the responses emphasize the need for a clearer and more responsive approach to collaboration and coordination with stakeholders and partners across the 24 LDSS. The State has worked with other state agencies and existing partners to identify and broaden collaboration with new external partnerships and teams with local agencies to integrate national best practices and ensure a shared vision across child welfare systems and partnerships. These efforts will put Maryland in a better position to be responsive to community needs. Another limitation is that feedback is only able to occur during monthly state youth advisory board meetings. Additional opportunities to provide feedback during policy development need to be established to ensure youth voice in every policy.

Current or Planned Activities to Improve Performance

Planned activities targeted at improving performance and addressing concerns for Systemic Factor 6: *Agency Responsiveness to Community* can be found in Section 3, Goals 1, Strategy 1C; Goal 4; and Goal 6, Strategy 6A.

Item 32 – Coordination with Other Federal Programs

Assessment of Performance

As noted in the 2025-2029 CFSP, the CQI focus group report highlighted several strengths, particularly the favorable perceptions of community relationships among LDSS. A key strength was the range of team meetings involving community providers. Additionally, the latest Community Partnership Survey recognized the Department's effective use of networking and partnerships to identify resources. The utilization of interagency meetings for information sharing was also acknowledged as an effective strategy.

As it relates to Item 32: *Coordination of CFSP Services with other Federal Programs*, SSA has demonstrated strong collaboration and coordination with several federal programs benefiting families and children provided by state, local and community-based agencies to support alignment of services serving the same population. Some of the federal programs Maryland is involved in are:

- **Family First Prevention Services Act:** FFPSA uses federal funds to support evidence-based programs to help transform Maryland's child welfare system. Maryland utilizes evidence-based programs that are delivered by community partners across the state. SSA collaborates with both local and national partners and participates in monthly national collaboratives facilitated by Casey Family Programs. The intent of the convenings is to facilitate peer-to-peer conversation among State and Tribal teams about Family First planning, implementation outcomes and opportunities for partnership.
- **Title IV-E Foster Care, Adoption, and Guardianship Assistance and Title IV-B:** Title IV-E funds are used for prevention services (e.g., mental health treatment, parenting support, and substance abuse services); see Section 4: *Update on the Service Description* for programs in Maryland's FFPSA/Title IV-E Prevention Plan. Title IV-E also funds foster care maintenance payments, adoption subsidies, and guardianship assistance. Title IV-B programs complement FFPSA by providing flexible funding for services that keep families together and reduce the need for foster care placements.
- **Maternal, Infant, and Early Childhood Home Visiting Program:** SSA collaborates with the Maternal, Infant and Early Childhood Home Visiting Program by participating in cross-agency committees and workgroups. DHS currently has a Letter of Agreement with MDH, Maternal and Child Health Bureau for reporting the incidence of child maltreatment in homes visited by federally funded home visiting programs.

- **Family Investment Administration:** The Family Investment Administration (FIA) plays a critical role in addressing the essential needs of families with children by providing income and food assistance through the Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Temporary Cash Assistance (TCA). These programs help ensure that families can access the necessary resources to maintain stability and meet their basic needs on both a temporary and ongoing basis. SSA and FIA have been collaborating to support families by optimizing resources, promoting self-sufficiency through work and personal responsibility, and strengthening family stability. This partnership has consistently aimed at creating a safe and healthy environment for children, contributing to the well-being and resilience of communities.
- **Head Start and Early Head Start:** SSA partners with and is an active member of the state's Special Education State Advisory Committee and MSDE Infants and Toddlers program. The SSA health policy ensures that children meeting criteria are referred to Infants and Toddler programs.
- **Individuals with Disabilities Education Act – Part C Early Intervention and SICC:** Part C is the Infants and Toddlers Program aimed at identifying children with developmental disabilities and providing early intervention services. SSA continues to partner and meet with the State Interagency Coordinating Council (SICC) for Infants and Toddlers, quarterly to identify and discuss high-quality early intervention services and programs to address specific needs for children ages 0 to 5 and their families.

These agencies are engaged with and have partnered with SSA through cross-agency workgroups, committees, councils and Interagency agreements. This allows for continuous feedback and helps identify service gaps and barriers and coordination of services.

As outlined in Section 1: *Update to the Vision and Collaboration*, SSA partners closely with sister agencies within DHS responsible for administering TANF, SNAP, and child support services. In each LDSS, TANF and SNAP are housed in the same building. This allows for close coordination of services, real-time coordination, making it easier for families to access multiple benefits and support services.

Strengths

Overall, the agency is performing well in ensuring that services under the CFSP are coordinated with other federal and federally assisted programs. This is evident by the strong partnership and collaboration. Maryland continues to coordinate with local, state, and federal stakeholders and community-based

prevention and other service providers to collaboratively support, intervene, and engage with families to meet their needs.

Section I: Collaborations in the 2025-2029 CFSP describes the teaming and implementation structure used to collaborate on the CFSP, APSR, and Title IV-E Prevention Plan. This section also describes the extensive strategic planning process Maryland implemented in 2023 and 2024. The State's continuous assessment of implementation, development, and evaluation done with the support of stakeholders has increased customer and community satisfaction and engagement. The state has also increased client and community surveys and focus groups to gain internal and external partner input and feedback. These partnerships have increased since the last reporting period as a result of thoughtful engagement. Also, there has been an increased effectiveness of service delivery through youth and advisory boards, sharing data with stakeholders, and developing memorandums of understanding and other agreements to improve services for children, youth, and families.

Concerns

The most recent Community Partnership Survey highlights a need for a more streamlined and responsive approach to collaboration and coordination among stakeholders and partners across all 24 jurisdictions. A major concern and challenge in working with federal programs is the lack of clarity regarding which agencies oversee specific programs.

SSA and MSDE continue to address barriers related to enrolling youth in foster care with an IEP, while DSS has identified delays and confusion between school jurisdictions, resulting in missed school days for youth. Additionally, SSA and the Maryland Regional Navigators Program (MRNP) have recognized the need for more specialized placements for victims of trafficking. The goal for 2024 was to provide at least 40 additional beds for child victims of trafficking. A statewide statement of need in Maryland resulted in three proposals, which could potentially add 21 new beds. Of these 21 beds, only eight have been cleared by OLM, bringing the total number of beds from 15 to 23 in 2024. The remaining 13 beds are still pending OLM approval.

Current or Planned Activities to Improve Performance

As described in the CFSP, collaboration with federal partners continues to be a priority to build programs to better serve Maryland families.

Please see Section 3 Goals 1, 4, and 6 for more information on Maryland's activities to improve performance with federal partners.

Item 33 – Standards Applied Equally

Data To Demonstrate Current Performance

Public Resource Homes

Resource home state regulations and policy were updated and effective as of December 2024. The requirements continued to be outlined in state regulation, statute, and policy for the purpose of assessing resource parent's ability to meet the needs of children in placement and ensuring that standards are applied equally. As of November 25, 2024 Maryland's electronic records system reported there were 2,139 licensed public homes. DHS continues to evaluate, assess and refine all data to ensure accuracy and transparency. In CY 2025, SSA will partner with the 24 local departments to complete statewide data correction. This data refinement will ensure accurate reporting on the number of licensed public resource, kinship, adoptive, and guardianship homes.

Child Placement Agencies and Childcare Institutions

The Department of Human Services, Office of Licensing and Monitoring (OLM) monitors Maryland's licensed Child Placement Agency (CPA) and Child Care Institutions also known as residential child care programs or group homes. CPA providers are governed by requirements outlined in COMAR section 07.05.02 for the licensure, recruitment and retention of treatment foster homes and Childcare Institutions COMAR section 14.31.06 outlines the requirements for the approval and licensure of childcare institutions. These regulations ensure that standards are applied equally across the State.

Tables 43 and 44 provide CY 2024 data showing reviews completed to assess program compliance for RCCs and CPAs. OLM consistently applies the regulations when reviewing for compliance and does not let other factors influence the monitoring of programs. Additionally, the data reflects that thorough and consistent monitoring is occurring in the private provider community.

Table 43: Residential Child Care (RCC) Programs CY 2024

# of RCC Providers	# of Site Visits	# of Site Visits that Met Requirements	# of Site Visits that Resulted in a CAP
28 (DHS)	168	68 (40%)	100 (60%)

Non-compliant RCC programs are required to submit a Corrective Action Plan (CAP) to OLM to correct the areas of non-compliance. The Licensing Specialist

reviews the CAP response and confirms the CAP implementation through documentation, assessment and follow-up visits. The most common safety deficiencies that OLM has assessed centered around physical exam, training, and Residential Child and Youth Care Practitioner certifications. Providers are not able to renew their agency's license if any deficiencies are outstanding. If the non-compliant items are not corrected and require further action, then a sanction may be imposed.

Table 44: Child Placement Agencies (CPA) Homes CY 2024

# of CPA Home Records Reviewed	# Met Requirements	# Needed CAP
327	304 (92%)	23(8%)

Assessment of Performance

All programs are monitored semi-annually by OLM. Documentation must be in each treatment foster parent's record, demonstrating that the initial certification and recertification requirements were met. As part of the monitoring process, Licensing Specialists interview a random sample of certified treatment foster parents on various subjects, including certification requirements. They are questioned as to whether they have received the necessary training to care for the youth in their home, and whether they felt that the training was useful. Programs that have not provided the required elements of the resource home certification are cited and must complete a CAP.

OLM conducts supportive technical assistance meetings with the provider community quarterly. Following the meeting, guidance is distributed to the providers with information and expectations to ensure compliance of COMAR regulations.

Strengths

Semi-annual monitoring of providers continues to allow OLM to inspect private provider facilities. OLM also performs periodic site visits to ensure corrective action plans are implemented prior to correction action plan approval. Additionally, quarterly technical assistance meetings allow private providers to ask questions and receive guidance on the interpretation of regulations. The CAP report was developed to allow OLM to track deficiencies found in provider agencies.

Concerns

There is a high amount of non-compliance for RCC's because every type of COMAR deficiency is included in this review. Most of these deficiencies are

related to the physical plant. OLM is continuously evaluating and developing the monitoring process to ensure COMAR compliance with the provider community. With the development of the new reports in CJAMS, OLM will be able to determine the breakdown of deficiencies by type to target specific noncompliance.

Current or Planned Activities to Improve Performance

OLM continues to work on development and enhancements to CJAMS. Private providers are required to enter employee and resource parent records in CJAMS. In addition, at the time of re-licensure, DHS-licensed private providers must upload all documents required for re-licensure for review. CJAMS Private Provider Portal training occurs monthly. It is designed to assist providers with navigating CJAMS and resolving any user issues. While several aspects of CJAMS functionality are still being refined, the primary goal is to leverage the system to collect data that supports OLM's work.

Table 45: Activity to Improve Performance

Current or Planned Activities to Improve Performance	Target Completion Date
Develop Corrective Action Plan (CAP) Tracking Report in CJAMS for use by OLM to determine the prevalent violations for more specific tracking and monitoring.	**December 2024**
Implementation Status: Completed 2024 Progress: ● OLM developed a CAP report in CJAMS to track deficiencies.	

Item 34 – Criminal Background Checks

Data To Demonstrate Current Performance

Public Resource Homes

The state's electronic system of record is designed to ensure that no applications for public foster home providers can be approved without the entry of required background clearances. This built-in safeguard ensures compliance and helps protect child safety. However, the system has limitations in its reporting capabilities, as it does not track or compile data on the total number of background clearances conducted. As a result, an accurate count of clearances completed in CY 2024 is unavailable. The state will assess options to enhance the system so that this data can be captured for future reporting.

Child Placement Agencies and Childcare Institutions

Listed in Tables 46 and 47 below is the CY 2024 federal clearance compliance data for Residential Child Care Programs and CPA Homes.

Table 46: Residential Child Care Programs CY 2024

# of RCC Employee Records Reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
737	723 (98%)	8 (2%)

Based on the calendar year data Residential Child Care Programs are compliant with criminal background clearances at a rate of 98%.

Table 47: CPA Homes CY 2024

# of CPA Home Records Reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
327	314 (96%)	13 (4%)
**As of December 2024, there are 1,837 CPA homes.*		

Based on the data CPA homes show compliance with criminal background clearances at a rate of 96%.

Assessment of Performance

All Child Placing Agencies (CPAs) and Residential Child Care (RCCs) agencies are required to receive and review state and federal criminal background checks according to COMAR. Maryland is in compliance with the federal requirements for receiving criminal background checks. CPA providers are required to be in compliance with COMAR 07.05.02.11 B (7)(a). RCC providers must be in compliance with COMAR. 14.31.06.05 D (7) and COMAR 14.31.06.05 E (1)(e). CPAs are required to receive the results of the criminal background check before an employee, volunteer, or governing board member who has close proximity to children, are approved for employment or volunteer work. RCC personnel records must contain documentation of the criminal background check request and a copy of the initial outcome and any periodic updates. Additionally, according to the FFPSA, all adults working in the RCC facility must have criminal background checks.

CPAs are required to receive and review the criminal background check results before a CPA home can be certified. When a household member turns 18 years of age, prior to the next annual certification, criminal background checks are required. When a resource home provider transfers to another CPA provider, the following are immediately required: schedule a meeting with

the resource parent and have them complete all required forms to begin the certification process, including the home study, CPS clearances on everyone in the household over 18, and state and federal clearances on everyone in the household over 18. A notification is sent to the CPA provider 30 days prior to the youth turning 18, stating that the criminal background check must be completed. OLM monitors compliance with this COMAR requirement by completing a review of the CPA home.

Semi-annual monitoring of providers allows OLM to inspect staff and resource parent records for compliance with this standard twice a year. Quarterly Provider meetings allow private providers to ask questions and inform OLM of issues with completing criminal background checks and the home study elements. OLM staff provide technical assistance with any issues that may arise and interpretation of COMAR.

Incidents of alleged maltreatment occurring in a CPA placement or group home are required to be reported to the LDSS/CPS unit, OLM, and private provider agency. CPA homes are placed on hold pending the investigation and youth are removed, if warranted. The decision to remove the youth from the home is made in conjunction with the LDSS placement worker, the investigation worker, and the CPA provider. OLM receives the reports when there is an indicated maltreatment finding to ensure that the CPA provider has taken appropriate action, if necessary, with the CPA home. Regarding group homes, the private provider agency provides an initial and final written plan to OLM regarding the circumstances, actions taken to ensure safety of youth (to include removal of staff, if necessary) and potential corrective action to be taken for compliance. OLM reviews all CPS Alerts to determine if the CPS Alert is a complaint that should be investigated by OLM for possible regulatory violations related to their license. The Licensing Specialist responds to the complaint within 24 hours of receipt. Investigations may require the Licensing Specialist to provide technical assistance and/or impose a sanction.

CPA and RCC providers are required to submit a Uniform Incident Report via CJAMS. CJAMS is monitored daily by a Quality Assurance Specialist, who processes all reports as part of coverage responsibilities. CJAMS also sends a copy of the Uniform Incident Reports to the Licensing Specialist for further review and follow up as appropriate. Additional screening tools utilized by CPA and RCC providers to maintain compliance with federal and Maryland regulations include the Maryland Sex Offender Registry, the Motor Vehicle Administration driving record, child support clearances and the Maryland Judiciary Case Search.

A sample of youth, resource parent and staff records are required for review at each semi-annual monitoring visit. The sample size annually is based on the

census of youth, resource parents and staff associated with the agency. Sample records reviewed should be equal to or greater than 10+ 10% of the average census for the licensure period. A random sample of interviews with youth, resource parents, and staff are also required.

Strengths

The OLM has been consistently verifying compliance with federal requirements for completing federal background checks in RCCs, as reflected in the 98% compliance rate. During CY 2024 OLM, with the implementation of its intensified monitoring practices, OLM conducted a 100 % review of CPA home records and staff records.

Concerns

The CPA providers had a 4% non-compliance rate, which will need to be addressed with the CPA providers through technical assistance and provider Meetings focused on developing and implementing comprehensive written procedures for monitoring and ensuring compliance with regulatory requirements.

Current or Planned Activities to Improve Performance

Licensing Specialists are required to complete each monitoring activity at each semi-annual review. This includes reviews of employee records, youth records, resource home records, and interviews with youth, staff, and resource parents. This increases oversight so that the provider maintains compliance on a more consistent basis.

OLM conducts supportive technical assistance meetings with the provider community quarterly. Following the meeting, guidance is distributed to the providers with information and expectations to ensure compliance with COMAR regulation. The COMAR guidances are available for providers to review in CJAMS.

Table 48: Activity to Improve Performance

Current or Planned Activities to Improve Performance	Target Completion Date
Continue to conduct quarterly provider meetings to review COMAR interpretation and provider support.	**Quarterly**
Implementation Status: Ongoing 2024 Progress: • OLM continues to provide quarterly provider meetings. A resource tab was created in CJAMS to house the COMAR guidances and E-Learning guides.	

Item 35 – Diligent Recruitment

Data To Demonstrate Current Performance

Public Homes
As of December 2024, 2241 (70.5%) youth in out of home care were in a family-based setting.

Table 49: Racial Composition of Youth in Care and Placement Providers in CY 2024

Race	Youth in Care	Placement Providers
Black	2,052 (57.0%)	1,932 (56.8%)
White	823 (22.9%)	846 (24.9%)
Hispanic	352 (09.8%)	324 (09.5%)
Asian	17 (00.5%)	13 (00.4%)
American Indian/Native Hawaiian Pacific	0 (0.00%)	0 (0.00%)
Non-Hispanic Multi-Racial	284 (07.9%)	225 (06.6%)
All others (Refused, Unable to Determine)*	1 (00.0%)	2 (00.1%)
Missing/Unknown**	61 (01.8%)	61 (01.8%)
Total	3,599 (100.0%)	3,403 (100.0%)

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

Assessment of Performance

Recruiting resource families remains a critical priority to ensure the state has placement options for youth in foster care who have a wide range of backgrounds and life experiences. Programs across the state are using innovative and creative ways to successfully recruit new resource families who can meet the needs of children in care.

All 24 LDSS are responsible for ongoing and diligent recruitment efforts. One key strategy includes a cash award incentive that engages current resource parents in recruitment. Through this program, existing resource parents receive a $500.00 award for each successful referral that results in the approval of a new resource parent.

SSA partnered with the DHS communications team to ensure that the state website has accessible and accurate information related to being a resource parent in the state of Maryland. The website is more user friendly, uses strengths-based language and now has contact information for recruitment and retention specialists in the 24 local jurisdictions.

For more details, please refer to Section 8: Foster and Adoptive Parent Diligent Recruitment Plan Update.

Strengths

Maryland is committed to recruiting and supporting resource parents to support youth in care. As revealed in Table 49 above, CY 2024 data show close alignment between the demographics of youth in care and resource parents who serve them: 56.8% percent of resource parents are African American compared to 57% of youth in foster care; 24.9% of Resource parents are White compared to 22.9% of youth in care; 9.5% of resource parents are Hispanic, compared to 9.8% of youth in care; 6.6% of resource parents are multi racial compared to the 7.9% of youth in care; and less than 1% of both resource parents and youth in care. This alignment reflects ongoing efforts to ensure that children are placed with families who can recognize, respect, and actively support each child's background and lived experiences.

Additionally, SSA's updated regulations related to the resource home licensure requirements went into effect on December 12, 2024. The new regulations remove unnecessary barriers to licensure.

In support of kinship care, SSA also released a new chapter of regulations and a policy specific to kinship caregiver licensure. SSA anticipates that these new regulations will increase the number of children and youth placed with licensed kin in the state of Maryland. As more children are safely placed with relatives, the overall need to recruit non-kin resource parents is expected to decrease.

Further supporting this shift, Governor Moore's signed legislation expanding the definition of kinship caregiver went into effect on October 1, 2024. Expanding the definition of who can be considered a kinship caregiver has been the cornerstone of Maryland's shift to a kin-first culture. The new law establishes a preference for youth experiencing out-of-home care to live with

relatives, including family by choice. The law modernizes Maryland's kinship care system by removing outdated language and undue burdens on caregivers.

In 2024, SSA partnered with Spaulding for Children and offered the Train the Trainer (TTT) for the National Training Development Curriculum (NTDC). The state supported five LDSS and three private TFC programs to pilot the NTDC for Resource Parent training. The State will fully transition to the NTDC resource parent curriculum in February 2025.

Concerns
Many LDSS continue to report that the lack of recruitment and retention funds are an issue that prohibits them from conducting more robust and targeted diligent recruitment.

Current or Planned Activities to Improve Performance
Maryland is committed to maintaining a well-supported pool of out-of-home caregivers, including kinship caregivers and adoptive families, who can provide safe, nurturing environments that reflect and respond to the unique backgrounds, trauma history, and individual experiences of children in care. Detailed activities to strengthen this systemic factor are outlined in Section 3, Goals 2 and 5.

Maryland will enhance its approach to foster and adoptive parent recruitment utilizing feedback from stakeholders (i.e., LDSS, providers, lived experts, advocates, etc.) who participated in SSA's CFSP collaborative planning process, by focusing on implementing key practices such as:

- Conducting a data analysis to understand the characteristics of children in our care, at the county level, so recruitment strategies are specifically targeted to actual needs rather than generic.
- Conducting an assessment of current resource families to understand placement preferences and capacities, identify gaps, and develop targeted strategies to address those gaps.
- Assessing and streamlining the process to become a resource parent. This includes identifying the processes in which prospective resource parents participate and address any noted activities that support or hinder the process.

SSA will continue partnering with Adopt US Kids (AUK) to educate families about foster care and adoption and provide information to child welfare professionals to support them in improving their services. AUK operates the nation's only federally funded photo listing service that connects waiting

children with families. All 24 LDSS have the ability to submit profiles for child-specific recruitment through this platform.

The collaboration with AUK will continue throughout the next reporting period. AUK also sends weekly inquiries from families interested in fostering or adoption.

In addition, SSA has developed new kinship recruitment posters, which will be displayed at LDSS offices as a recruitment tool. The posters are being printed and will be distributed to the LDSS once available.

Item 36 – Cross Jurisdictional Resources

Data To Demonstrate Current Performance

As shown in Table 50, 78% of Interstate Compact on the Placement of Children (ICPC) home studies for incoming cross jurisdictional cases were completed within or under 60 days in 2024, reflecting an improvement from 70% in the previous year. Forty-seven cases exceeded the 60-day timeframe. Additionally, Maryland processed and sent 196 ICPC referrals to the 49 other USA states; of those, 163 (83%) were completed within the 60-day deadline, while 33 (17%) were not. This data was obtained from the National Electronic Interstate Compact Enterprise (NEICE) system developed by Tetrus developers.

Table 50: Completion Rate of Home Studies Within 60 Days in CY 2024

CY	Home Study Completed Within 60 Days	Home Study Not Completed Within 60 Days	Total
CY 2024	171 (78%)	47 (22%)	218
Data Source: ICPC Compact - NEICE			

Assessment of Performance

When Maryland receives an incoming NEICE request or a child-specific home study referral via email from states not yet using NEICE (excluding general recruitment or retention-based referrals), the MD-ICPC State Central Office conducts a sufficiency review and forwards the referral to the LDSS or private CPA through NEICE (or e-mail if a private CPA) within 1-3 business days. The LDSS is notified of the 60-day response requirement, in accordance with Public Law 109-239. Additionally, MD-ICPC provides the LDSS with a monthly

report identifying pending or overdue home studies that have not yet been completed. While the specific factors contributing to the improved completion percentage for CY 2024 are not fully known, the increase appears to be linked to more consistent efforts by LDSS to complete home studies on time and to clarified guidance allowing staff to document the anticipated completion date of resource parent training (when applicable) instead of delaying other parts of the home study until training is complete.

Maryland utilizes concurrent permanency planning, which at times involves identifying a placement resource (typically a family member or someone familiar with the child) who may reside outside of Maryland. In such cases, the ICPC Compact is used to assess the prospective placement resource and obtain approval for placement. However, several neighboring states, including Pennsylvania, New Jersey, and Virginia, do not complete relative home studies. Instead, they require Maryland to submit comprehensive resource home studies, which take longer to complete and involve licensure of the relative home.

As of December 16, 2024, Maryland has implemented a Kinship licensing process. However, it is unclear whether other states will adopt similar licensing practices. When a child is approved and placed out of state, the receiving state is responsible for providing post-placement services until the child is reunified with a parent or permanency is achieved by the out-of-state resource either through custody and guardianship to a resource parent or adoption decree to an adoptive resource.

Generally, other states, just like Maryland, have not been able to complete referrals within 60 days unless the referral involves a birth parent or a relative placement that does not require full resource home licensure, including pre-service resource parent training and health and safety inspections. Foster or adoption home study referrals typically take longer due to the time required for licensure.

Although data exists to track placement rates and outcomes of the 218 incoming and 196 outgoing ICPC referrals, detailed performance assessment data are not readily available for further analysis by either SSA or the LDSS. A comprehensive analysis is planned along with the integration of NEICE into CJAMS, which is tentatively planned to occur during CY 2025. Once integration is complete and reporting capabilities are developed, more in-depth performance analysis will be possible.

State Use of Cross-Jurisdictional Resources for Permanency Placements
SSA continues to advocate permanency, where appropriate, and supports the placement of youth into and outside of Maryland through collaboration with

LDSS and private agencies. This includes working to ensure home studies are completed timely. In 2024, each of the 24 LDSS-designated ICPC Liaisons received monthly NEICE reports via email of *"pending/overdue home studies and the safe and timely due date."* Technical assistance is provided as needed to clarify referral procedures and address questions to facilitate timely case completion.

The existing Memorandum of Understanding (MOU) between Washington, D.C. and Maryland were updated and renewed in 2023 for an additional five years. In CY 2024, the MOU continued to be used primarily by Washington D.C. to place, visit, monitor, and maintain supervision of approximately 280 children residing in Maryland jurisdictions bordering Washington, D.C. on any given day. Maryland, in contrast, does not rely on the MOU to place children in Washington, D.C. at the same frequency. Instead, Maryland utilizes the standard ICPC process for placing children both in private or public agency settings in Washington D.C. Maryland and Washington, D.C. met in 2024 to discuss the ongoing use and effectiveness of the MOU, and additional meetings are planned in 2025 to address evolving needs and concerns from both jurisdictions.

AdoptUSKids

In support of cross-jurisdictional efforts to achieve timely permanency, Maryland has continued to utilize AUK as a key resource. AUK assists families throughout the foster or adoption process, from the initial stages of receiving a child to accessing post-placement support. When appropriate, children are profiled on the AUK website, with SSA and the AUK liaison working together to ensure youth profiles are accurate and current. In 2024, 14 children in Maryland were featured on the AUK website. SSA maintained regular communication with AUK throughout the year to verify that all posted profiles on the AUK website remained up to date. Additionally, AUK sent SSA weekly emails listing prospective foster and adoptive families who inquired through their website. SSA then shared these inquiries with LDSS staff to facilitate connections with the potential placement resources.

Strengths

As noted above, SSA has made progress in improving the completion of home studies within the 60-day timeframe. Ongoing communication with LDSS has played a key role in this improvement. MD-ICPC regularly emails each of the 24 LDSS ICP liaisons with lists of home studies nearing their deadlines, along with reminders that they are able to note expected dates for resource parent licensure (where applicable) rather than wait for completion of the licensure process before completing the home study.

Currently, all 24 MD counties have ICPC liaisons who use the NEICE system for managing cross-jurisdictional ICPC work. Since 2017, over 600 Maryland LDSS staff have been trained in the use of NEICE. Additionally, in December 2024, Maryland implemented SSA Policy #24-06: *Kinship Care Licensing Standards* and adopted *Kinship* COMAR 07.02.09. However, the effectiveness of kinship placements across state lines is also dependent on other U.S. states enacting their own kinship licensing statutes.

Concerns

Challenges remain in meeting the federally mandated 60-day timeframe for the completion of home studies for cross jurisdictional placements. As reported by LDSS, the most significant barrier is ensuring that prospective resource parents complete the required initial resource parent training within the 60-day period. Although it is allowable for pre-service resource parent training to be completed after the initial 60 days, it should not be delayed beyond an additional 60 days, per the 2008 Title IV-E Plan Memorandum.

Ensuring that the date for initiation and expected completion is communicated along with the rest of the home assessment is crucial. Placements made without the completion of pre-service resource parent training cannot utilize federal funds for foster care board rate payments. This restriction applies nationwide.

Additionally, delays in scheduling necessary inspections (i.e., fire safety, home health, and other third-party evaluations) can contribute to missed deadlines, as these services often fall outside of LDSS control. The scheduling delay might extend beyond the initial 60 days, consequently delaying the completion of the home assessment. LDSS staff report that this occurs across the state and is the primary factor contributing to non-compliance with 60-day home study completions required by Public Law .109-239.

Currently, Maryland lacks a standardized method for easily tracking the number of children who cross-jurisdictional child placements in relation to the number of complete home studies. However, with the planned integration of the NEICE system with CJAMS in 2025, expected to be completed in 2025, the department will be able to track this information more effectively through the Milestone Report.

Current or Planned Activities to Improve Performance

Table 51: Activities to Improve Performance

Current or Planned Activities to Improve Performance	Target completion date
Follow-up with LDSS acknowledgement of ICPC cases to ensure compliance and provide technical assistance to eliminate barriers.	**Monthly**
Implementation Status: In Progress 2024 Progress: ● Monthly throughout 2024. SSA continued to provide each of the 24 Maryland LDSS with a LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving as needed regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study. ● For approved ICPC homes with children placed in them in Maryland, the Maryland LDSS send quarterly reports via the NEICE (detailing monthly contacts) summarizing post-placement services provided, assessments made, and overall progress assessed and pertaining to continued placement and readiness for permanency in Maryland should it be needed.	
Track/Monitor resource home study completion for 60-day compliance initial certification and 60-day ICPC completion.	**Quarterly**
Implementation Status: In Progress 2024 Progress: ● Monthly throughout 2024, SSA continued to provide each of the 24 Maryland LDSS with a LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving as needed regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study.	
Provide technical assistance to jurisdictions that indicate barriers to completion according to the milestone report.	**Quarterly**
Implementation Status: In Progress 2024 Progress: ● All 24 MD LDSS counties continue to have NEICE E-Learning training and access to the NEICE since 11/6/2017, a service not commonly provided by many other states across the USA. Additionally, SSA provided daily E-Learning training access to new users upon request and provided technical assistance to all stakeholders regarding the ICPC Compact, its utilization, and its goals. ● Monthly throughout 2024, SSA continued to provide each of the 24 Maryland LDSS with a LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving as needed regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study.	

Current or Planned Activities to Improve Performance	Target completion date
• Maryland initiated the federal partner's Kinship legislation option (SSA Policy #24-06 and COMAR 07.02.09) on 12/16/2024 allowing faster (60-day deadline) for subsidized (monthly care stipend), licensed Kinship homes suitable for relatives, kin, and foster and adoption placement.	
Continue to conduct random samples of public provider cases as a monitoring tool to ensure compliance with completion of home study for resource homes. (ICPC)	**Quarterly**
Implementation Status: Discontinued 2024 Progress: • Random samples of public provider cases as a monitoring tool are no longer used. Instead, SSA provides each of the 24 Maryland LDSS with an LDSS-specific pending and/or overdue home study list and invitation to report, update and/or collaborate, and problem solve, as needed. Automated "alert notifications" were sent 10 days before the home study was due to assist with tracking the completion of home studies.	
Provide technical assistance to the LDSS to ensure compliance and clarify any questions. (ICPC)	**Quarterly**
Implementation Status: In Progress 2024 Progress: • Monthly throughout 2024, SSA continued to provide each of the 24 Maryland LDSS with a LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaborating, and problem-solving, as needed, regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study. • In 2024, 49 new Maryland LDSS staff throughout Maryland were provided with NEICE E-Learning for ICPC Compact work. Tetrus offered live and recorded NEICE training monthly throughout the year, as well.	
Review NEICE to determine the best methods to complete home studies in 60 days.	**Quarterly**
Implementation Status: In Progress 2024 Progress: • SSA collaborated with MD THINK and SSA Operations to interface in 2024; however, this was not completed due to a shift in state priorities. The NEICE, and its anticipated interface with CJAMS in 2025, is an electronic case management system that stores and transmits ICPC Compact referrals, home studies, progress reports, and facilitates interstate and intrastate communication within the application. It serves as a platform for documentation and communication and may be beneficial during the facilitation of timely home studies.	

Current or Planned Activities to Improve Performance	Target completion date
Develop the Resource Home Milestone Report to LDSS Monthly as a monitoring tool to ensure compliance with completion of home study for resource homes.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● Instead of a Milestone Report, monthly throughout 2024, SSA continued to provide each of the 24 Maryland LDSS with a LDSS-specific list highlighting pending and/or overdue home studies. The list serves as a tool for facilitating timely reporting, updating, collaboration, and problem-solving, as needed, regarding home studies. To enhance efficiency and ensure timely completion, SSA utilized automated "alert notifications" that were sent out 10 days prior to the due date of a home study. ● SSA did not meet in 2024 to build the CJAMS-NEICE interface (to be known as the NCH Clearinghouse) for the interface of NEICE with CJAMS for the development of Resource Homes Milestone reports. The Go-Live date of 2024 was extended to 2025 due to competing state priorities.	
Complete the integration of NEICE into CJAMS.	**December 2025**
Implementation Status: Not Started 2024 Progress: ● N/A	

Section 3: Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Goal 1: PREVENTION - *Expand our array of community supports to meet family needs upstream, prevent unnecessary child welfare involvement, and reduce disproportionality*.

Assessment of Performance

The Social Services Administration (SSA) is committed to expanding community-based support. The goal is to address family needs proactively, reduce unnecessary child welfare involvement, and mitigate disproportionality within the child welfare system.

The agency measures progress toward this goal using the CFSR Item 2 rating, which assesses services provided to families to protect children in the home and prevent removal or reentry into foster care. The target is to increase the percentage of cases rated as a strength from 93.55% to at least 95%, while ensuring that the foster care entry rate does not increase.

As outlined in Table 52, in CY 2024, 93% of cases reviewed for Item 2 (Services to Family to Protect Child(ren) in the Home and Prevent Removal) were identified as a strength. This percentage remains unchanged from CY 2023, indicating that the agency has not yet reached its target of 95%. Additionally, Maryland's foster care entry rate for CY 2024 remains at 1.0, consistent with the previous year. This stability reflects a positive trajectory, demonstrating that the entry rate has not increased.

Table 52: Goal 1 5-Year Monitoring Targets

5-Year Monitoring Targets	Base-line CY 2023	2026 APSR CY 2024	2027 APSR CY 2025	2028 APSR CY 2026	2029 APSR CY 2027	2030 APSR CY 2028
*CFSR Item 2 (Services to family to protect children in the home and prevent removal or reentry into foster care): Percent rated as a strength increases from 93.55% to at least 95%.	93.55%	93.18%				
**Foster Care Entry Rate per 1,000 children does not increase. (Among children in the general population, # of entries per 1,000 children) Foster care entry rate does not increase.	1.0	1.0				
Data source: Online Monitoring System (OMS)* * Data source: SSA Headline Indicators*						

During this reporting period, some key achievements for this goal are:

- **Continued Partnerships with Community-Based Organizations**
  During 2024, DHS released a Request for Proposal (RFP) for Community Based Support Services with the goal of contracting with more Community-Based Organizations (CBOs) designed to reduce and ultimately prevent the incidence of child abuse and neglect. Through this RFP services obtained will include parent education classes, parent support groups, and lay therapy/in-home visitation services.
- **Strengthening Family Preservation Services**
  The number of cases and children participating in Family Preservation Services (FPS) and related programs steadily increased. The upward trend highlights the agency's expanded reach in supporting children through FPS. Total in-home services cases rose from 4,780 in FY 2020 to

5,889 in FY 2024. Through FPS, the state has increased access to in-home services, parenting programs, and crisis intervention resources that enable families to remain safely together while addressing risk factors.

- **Continued Implementation of the Family First Prevention Services Act and efforts to design a Community Pathway towards prevention** During this reporting period, the state continued its funding of evidence-based programs, including mental health services, substance use disorder treatment, and in-home parenting support across the state. These services target families before crises escalate, preventing out-of-home placements, and promoting long-term stability. More information about these services can be found in the Family First Prevention Services Act section of this report.

Concerns

Some Identified challenges related to this goal center around statewide service accessibility and capacity. While Maryland has made progress in expanding services, some jurisdictions still experience gaps in service availability, particularly in rural and marginalized communities (For more detail, see the *Service Array and Resource Development Systems* section of this report). Another challenge is ensuring sustainability of funding at the federal, state and local level. This goal relies on all levels of funding and CBOs to support the needs of families. Fluctuations in any of these funding sources can affect the scope and continuity of services.

Efforts to address these challenges and advance this goal are underway through targeted strategies (1A-1C) outlined in Tables 53 - 55a below.

Table 53: Goal 1 Strategy 1A Measures

Strategy 1A: Build the knowledge and capacity of the workforce and referring agencies to distinguish between poverty and neglect.
Interim Benchmarks for Strategy 1A: Screening decisions and indicated neglect findings reviewed by 06/2026. Definitions and legislative/regulatory framework assessed by 12/2026. Develop a process for collecting data on diversion practices by 12/2027.
Rationale for Strategy Selection: Child and family poverty is a key source of family instability. Too often, poverty and neglect are conflated in child welfare systems, leading to unnecessary child welfare involvement and family separation. In 2023, 78% of children entering foster care noted neglect as a contributing factor; and 27.9% noted inadequate housing as a contributing factor. This data was a key driver in the selection of this strategy as it has significantly increased from 2023's data of 58% entering for neglect and 15% for inadequate housing. It suggests Maryland has a key opportunity to prevent children from entering foster care if the workforce can correctly distinguish between poverty and neglect. Maryland will strive to disentangle poverty from neglect, directing more families to services that meet the families' needs, and prevent children from entering care unnecessarily.

Table 53a: Goal 1 Strategy 1A Assessment of Performance

Key Activities	Benchmarks for Completion
Conduct a systematic review of practice (e.g., screening decisions, indicated neglect findings, key decision points) to identify the degree to which issues of poverty are being conflated with neglect and develop strategies to adjust practices as needed.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● During the Prevention and Child Safety Implementation Team meetings and presented on separating poverty from neglect during screening reports and investigations. The work group discussed the issues and explored problem solving ideas to differentiate between neglect and poverty. ● The Prevention and Child Safety Team hosted the Child Abuse and Neglect Conference and discussed with local jurisdictions the distinction between poverty and neglect. Local jurisdictions shared how their jurisdictions are currently implementing this practice and discussed ways to improve it. ● The Prevention and Child Safety Team will contract with Evident Change provider to discuss the structured decision-making tools for screening cases of neglect and provide differentiating poverty cases from neglect investigations. ● The Child Safety Team will present at the Screening Summit in February 2025 and suggest guidelines on how to screen intake reports for neglect versus poverty.	
Assess the need to revise current definitions of abuse and neglect and/or the legislative/regulatory framework governing front-end child welfare response and decision making; and pursue any necessary changes identified.	**December 2027**
Implementation Status: In Progress 2024 Progress: ● The Child Safety Team has researched the legal statutes of neglect from multiple states and documented potential language amendments to the current law and Maryland regulations.	
Develop and implement programming, public awareness, and education strategies to help the community (e.g., school system, medical system and others that are typically reporting families to the CPS hotline) view themselves as family supporters in addition to mandated reporters.	**December 2028**
Implementation Status: In Progress 2024 Progress: ● SSA Team attended the National Partnership for Child Safety's convening in December on "Mandatory Supporters". ● The Child Safety Team conducted the Child Abuse and Neglect Conference 2024 and had discussion with stakeholders and locals on how to separate poverty and neglect during investigations.	

Table 54: Goal 1 Strategy 1B Measures

Strategy 1B: Design and install one or more Community Pathways within the Family First Prevention context.
Interim Benchmarks for Strategy 1B: Hotline calls decrease by 2.5% each year. Target population selected and defined by 6/2025. Initial installation plan developed by 12/2025. Readiness assessment completed by 12/2026.
Rationale for Strategy Selection: Data indicates 64% of reported concerns to child welfare staff in 2024 were unnecessary, burdening families and staff. Both a Family First Prevention Services Act (FFPSA) service array analysis and a recent Local Department of Social Services (LDSS) survey revealed significant gaps in upstream services. This directly informs the strategy of creating a Community Pathway, which aims to address the underlying issues leading to disproportionate child welfare involvement, such as poverty-related family instability and youth behavioral health and bridge the existing gaps in early support services.

Table 54a: Goal 1 Strategy 1B Assessment of Performance

Key Activities	**Benchmarks for Completion**
Determine the primary drivers of disproportionate and/or unnecessary child welfare system involvement to select target population(s) of a Community Pathway (such as kinship families, parents with children ages birth to five; parents with substance abuse disorders; families who are screened out; etc.).	**June 2025**
Implementation Status: In Progress 2024 Progress: ● In September 2024, a leadership team composed of SSA and Chapin Hall was formed to guide the design of the Community Pathway and develop an initial implementation plan. Early activities for the leadership team included creating a timeline with key milestones, such as identifying data sources and analyzing data to uncover the primary factors driving child welfare system involvement among potential target populations. To address unnecessary child welfare involvement, data analysis will be conducted to examine factors such as socioeconomic status, bias, and family risk characteristics, and assess current interventions. Engaging with communities and stakeholders will help pinpoint service gaps and prioritize high-need populations. These tasks are expected to be completed by May 2025. ● To advance the Community Pathway initiative, the leadership team has expanded to include experts in data and child welfare systems and revised the timeline to align key tasks with SSA's capacity. The team will continue to highlight barriers and necessary updates to SSA executive leadership, enhance collaboration among strategic partners through clear roles, and use project management tools to track progress. To improve performance following the delay, the team will prioritize tasks, allocate resources, and work closely with consulting partners while maintaining regular communication. Celebrating small wins will help sustain team motivation.	

Convene a Design Team of internal and external partners to guide the development of a Community Pathway and to co-create a plan for initial installation.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● In September 2024, SSA and Chapin Hall co-led the convening of a leadership team to develop an initial implementation plan and guide the design of the Community Pathway. Initial activities included creating a timeline with key milestones, such as identifying internal DHS-SSA and external community-based partners to engage in the design process by May 2025. These leaders, along with the represented entities, will form the Design Team that will shape the Community Pathway and co-create the installation plan. The Design Team brings together a diverse group of stakeholders, including state and local agencies, public schools, the Department of Juvenile Services (DJS), faith-based organizations, and community and advocacy programs. ● Although this work is sequential, to improve performance for this activity, the Community Pathway leadership team will continuously assess and address barriers to progress related to the timeline and execution of key activities. The leadership team will continue to elevate barriers to progress and necessary updates to SSA executive leadership, foster greater collaboration among strategic partners through role clarity, and utilize project management tools to track progress.	
Conduct the necessary readiness assessments and installation activities.	**December 2027**
Implementation Status: Not Started 2024 Progress: ● This activity is not anticipated to begin until after a Community Pathway design has been identified by December 2025.	

Table 55: Goal 1 Strategy 1C Measures

Strategy 1C. Explore opportunities to provide family-centered, community-based economic and concrete supports to families.
Interim Benchmarks for Strategy 1C: Hotline calls decrease by 2.5% each year. Establish two referral pathway partnerships by 6/2026.
Rationale for Strategy Selection: The CFSP collaborative planning process identified that shortages of affordable housing, food, and daycare are straining Maryland families which can compound other caregiving challenges. Headline data showing high rates of neglect among families impacted by foster care may underscore the role of economic factors driving child welfare involvement, as neglect allegations often reflect family poverty. Research, evidence, and Maryland partner feedback also indicate that economic strain often hinders family stability and progress on child welfare case goals across the child welfare continuum. This finding is supported by state census data showing that in 2022 nearly one in eight (11.6%) Maryland children lived in poverty. This data supports the selection of this strategy. Governor Moore's commitment to ending child poverty and the

passing the ENOUGH Act (SB482) will aid Maryland in supporting more families.

Table 55a: Goal 1 Strategy 1C Assessment of Performance

Key Activities	Benchmarks for Completion
Establish the partnerships needed to develop referral pathways to ensure families diverted to upstream community-based services from the hotline (as well as current child welfare involved families) are able to get their needs met.	**December 2026**
Implementation Status: Not Started 2024 Progress: ● This work is sequential, and at this time, SSA has not started this activity. Referral pathways options will be identified through the work of the Community Pathway Design efforts by December 2026. ● However, in 2024, the CPS/APS Hotline handled 135,058 calls. To enhance call triage efficiency, an analysis of peak call periods, wait times, and the reasons for calls was carried out. This aimed to align operations with established performance benchmarks. Continuous data monitoring will be implemented to guarantee callers receive appropriate service connections and to strive for a 2.5% call volume reduction, thereby achieving the benchmarks set forth in Strategy 1C.	
Review national models and approaches for offering services and supports to families facing economic and concrete needs.	**December 2027**
Implementation Status: Not Started 2024 Progress: ● This activity is not anticipated to begin until after a Community Pathway design has been identified by December 2027.	
Explore Maryland's fit and feasibility to implement community-based economic and concrete supports model/approach and develop an initial installation plan.	**December 2028**
Implementation Status: Not Started 2024 Progress: ● This activity is not anticipated to begin until after a Community Pathway design has been identified by December 2028.	

Goal 2: KINSHIP - *Ensure the continuity of family relationships and connections by establishing and sustaining a kin-first culture.*

Assessment of Performance

Maryland has successfully completed two key activities in support of the state's performance measures and has made significant progress toward achieving additional key activities and benchmark indicators. Only one key

activity remains unaddressed, but with a benchmark indicator deadline of December 2027, there is sufficient time to implement necessary steps and enhance the state's performance.

Maryland's new kinship law, effective October 1, 2024, strengthens the preference for placing youth in out-of-home care with relatives, including chosen family, while also broadening the definition of kinship caregivers. This modernization removes outdated language that previously excluded contemporary family structures, ensuring the law aligns with how families are formed today.

Additionally, the release of kin-specific licensing requirements, supporting policies, and assessment tools will further advance Maryland's kin-first approach. In 2024, Maryland implemented a kinship cohort in four jurisdictions. The jurisdictions included Anne Arundel, Prince George's Harford, and Washington County. With the support of Annie E. Casey Foundation (AECF), SSA will continue collaborating with its cohort jurisdictions and the state's 20 other jurisdictions to increase kin placements and improve permanency outcomes.

Table 56: Goal 2 5-Year Monitoring Targets

5-Year Monitoring Targets	Base-line CY 2023	2026 APSR CY 2024	2027 APSR CY 2025	2028 APSR CY 2026	2029 APSR CY 2027	2030 APSR CY 2028
*CFSR Item 6 (Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement): Percent rated as a strength increases 3% a year (from 36.25% to at least 51%).	36.25%	34.18%				
*CFSR Item 10 (Relative placement): Percent rated as a strength increases 3% a year (from 77.14% to at least 85%).	77.14%	76.47%				
**The number of children placed with kin increases 3% a year (from 26% to 41%).	26%	31.2%				
*Data source: *CFSR and **CJAMS*						

Table 57: Goal 2 Strategy 2A Measures

Strategy 2A. Establish an LDSS kinship cohort to co-develop and test strategies to shift practice toward a kin-first culture.
Interim Benchmarks for Strategy 2A: Two or more strategies are tested through a PDSA cycle by 06/2025. Percent of children in pilot counties placed in kin placements will increase 7.5% by 06/2026.
Rationale for Strategy Selection: Strengthening support for kin caregivers is crucial for enhancing child welfare outcomes throughout the care system. Kin caregivers provide vital avenues to permanency, such as adoption or the Guardianship Assistance Program, when reunification is not viable. However, current data shows that only 26% of children are placed with kin, and efforts to prioritize relative placement, as assessed by CFSR Item 10, fell short of the 95% target, with only 77.14% rated as a strength. This data strongly supports the need for this strategic focus. By cultivating a kin-first culture, Maryland seeks to reinforce family ties, preserve children's cultural connections, and increase permanency rates.

Table 57a: Goal 2 Strategy 2A Assessment of Performance

Key Activities	**Benchmarks for Completion**
Convene 2-5 counties within Maryland to participate in a kinship cohort.	**October 2024**
Implementation Status: Completed 2024 Progress: ● In 2024 Maryland implemented a kinship cohort in four jurisdictions. The jurisdictions included Anne Arundel, Prince George's Harford, and Washington County.	
Develop and implement a communications campaign and training around the value of kinship care and support.	**December 2024**
Implementation Status: Ongoing 2024 Progress: ● SSA's Communications team released the Family Matters tool kit on December 6, 2024. The toolkit is supporting material related to the value of kinship care. ● Members of the Annie E. Casey's team partnered with Generations United to have values training related to kinship care developed for Maryland's 24 local jurisdictions. The values training is scheduled to begin for the cohort counties in February 2025. This is a training that has already been offered to a group of Baltimore City LDSS staff. Activities to improve performance: ● Complete the value's training for staff in the cohort jurisdictions. ● Obtain the curriculum material so the DHS Learning Office can provide the training to staff at the other 20 local jurisdictions.	
Utilize the cohort to co-develop strategies, implement training, and test new approaches to assess feasibility and effectiveness.	**December 2025**

Implementation Status: In Progress 2024 Progress: ● The Cohort was initiated in 2024 and is fully active. Cohort participants are working to develop strategies, develop and implement training and implement the new regulations and policy. ● The Cohorts will continue to work with AECF and SSA to improve the process for the state.	
Develop an initial implementation plan for expanding effective strategies from the cohort to additional jurisdictions.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● Throughout 2024, SSA has facilitated a bi-weekly Kinship Executive Governance meeting including representatives from the Annie E. Casey Foundation and Maryland cohort jurisdictions. This meeting serves as a platform for cohorts to provide feedback on the kinship practice. SSA is using this feedback to provide support to the other jurisdictions throughout the state. ● In 2025, SSA will update the kinship action plan to include effective strategies from the cohort and ways to implement the strategies to additional jurisdictions. ● SSA plans to facilitate kinship roundtables to support LDSS staff in the implementation of the new regulations and policy.	
Assess kinship diversion practices across the state and develop necessary processes, policies, and training based on best-practice.	**June 2028**
Implementation Status: In Progress 2024 Progress: ● In 2024, SSA trained over 1,200 LDSS staff about the new kin-first practice changes. This training included an overview of diversion practice across the state and new expectations around safety planning.	

Table 58: Goal 2 Strategy 2B Measures

Strategy 2B. Implement licensing regulations for relative and fictive kin caregivers.
Interim Benchmarks for Strategy 2B: Develop a process to assess unlicensed relative/fictive caregivers by 6/2025.
Rationale for Strategy Selection: Implementing licensing standards for relative caregivers is required to increase kin caregivers' access to the kin-specific resources and support, as well as resources available to non-relative resource parents. Kinship licensing standards can remove barriers kin face to licensure due to requirements that are inappropriate in the kinship context, and non-safety-related requirements that erect barriers often related to income inequality and poverty. Of the small percentage of children in kinship placements (26%), only one-fourth of those are licensed. This data suggests the inclusion of this strategy could be extremely beneficial. Increasing resources available to relative and fictive kin caregivers can facilitate improved child welfare outcomes across the continuum of care.

Table 58a: Goal 2 Strategy 2B Assessment of Performance

Key Activities	Benchmarks for Completion
Develop new state regulations for kinship foster homes.	**December 2024**
Implementation Status: Completed 2024 Progress: ● COMAR 07.02.09 Kinship Program was effective as of December 12, 2024.	
Adjust the related policies, procedures, practices, and training to support families in the new licensing process.	**December 2024**
Implementation Status: Ongoing 2024 Progress: ● SSA 24-06 Kinship Licensing Care Standards Policy on December 16, 2024. ● SSA trained over 1,200 staff on kin-first practice. ● Developed a distribution list email specific for kinship inquiries from LDSS. ● Facilitated a kin-first presentation for the Maryland Resource Parent Association on December 19, 2024. Activities to improve performance: ● Release an updated version of the kinship placement policy ● Update COMAR Chapter 11 Out-of-Home Placement Program ● Meet with legal partners to communicate the shift in kin licensing standards	
Assess the current population of unlicensed relative/fictive caregivers and develop a plan to license where possible and appropriate.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● SSA sent a memo directing LDSS to have all unlicensed relative/fictive caregivers licensed by March 1, 2025. ● MD THINK provided SSA with ad hoc reports to show how many homes were affected. ● SSA will continue to monitor placement structures to ensure that LDSS are making progress towards the March 1, 2025 goal. ● SSA's operations team and the out-of-home team will use the SSA data dashboard to assess the number of homes that are still unlicensed as the requested deadline approaches.	
Explore opportunities to provide financial support to relative/fictive kin caregivers who are not yet licensed.	**December 2026**

Implementation Status: In Progress
2024 Progress:

- SSA assessed the number of youth that were placed with kin that were not approved and the LDSS will have to approve the home by March 1, 2025.
- Moving forward, all kinship placements will have to be approved but can choose to be paid or not paid.
- SSA will continue to monitor the SSA data dashboard for homes that are not approved.

Table 59: Goal 2 Strategy 2C Measures

Strategy 2C. Deepen investments in Family Finding and establish one or more barriers to non-kin placements.
Interim Benchmarks for Strategy 2C: Training curriculum for search and engagement model developed by 12/2026.
Rationale for Strategy Selection: There is significant opportunity to improve practice with kin caregivers in Maryland. Of all children separated from their families and living in foster care placements, only 26% are living with relative caregivers. Data from the regional meetings emphasized that strengthening the Family Finding efforts in Maryland and increasing investments in this practice is central to increasing the number of youth living with relative foster parents. This data and stakeholder feedback supports the inclusion of this strategy. Relatives and family by choice play a crucial role in providing relational permanency for children and youth in foster care, offering lifelong connections as they transition to adulthood.

Table 59a: Goal 2 Strategy 2C Assessment of Performance

Key Activities	**Benchmarks for Completion**
Use kinship cohort to test and establish protocol requiring high level LDSS executive approval of non-kin placements.	**December 2025**
Implementation Status: In Progress 2024 Progress: • SSA has used the bi-weekly Kinship Executive Governance to get feedback from cohorts to determine the best way to establish this protocol. • SSA plans to implement the protocol to see if it is effective for the cohorts.	
Select or develop a family search and engagement model.	**December 2025**
Implementation Status: In Progress 2024 Progress: • DHS has participated in meetings with family finding agencies that SSA may be able to contract with. • SSA will continue to engage with a selected vendor to assist the LDSS work force with early identification of kin.	

Assess staffing needs and readiness to implement a robust Family Finding model and develop an initial implementation plan.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● In 2024, SSA utilized results for a survey that was conducted in 2023 to determine what LDSS are utilizing Family Finding and barriers to family finding ● Explored contracting a Family Finding agency to assist staff at the LDSS. ● SSA will Identify a family finding model and determine how to best implement it at the LDSS level.	
Provide training to the child welfare workforce on the identified family search and engagement model.	**December 2027**
Implementation Status: Not Started 2024 Progress: ● N/A	

Goal 3: WORKFORCE - *Stabilize, expand, and support a highly effective, well informed, and trained child welfare workforce to ensure positive outcomes for children, youth, and families.*

Assessment of Performance

Through collaboration with the DHS Learning Office, the University of Maryland School of Social Work, and Social Services Administration, training efforts and recruitment of staff continue to grow, though challenges remain in ensuring that workers receive the best and most effective training. Some LDSS require students in pre-service training to carry cases, which can divert attention from and hinder skill development.

Recruitment efforts have been expanded for CPS, with a focus on setting more realistic work requirements at the onset to build a more effective workforce. As a result of more targeted recruitment and enhanced training on role expectations, the retention rate increased from 57% to nearly 60%.

Through the continued work with the University of Maryland School of Social Work, and the Child Welfare Fellowship Fellow Program, the Urban Child Welfare stipends were extended from Baltimore City to Prince George's County in an effort to improve recruitment in urban settings. Additionally, Bowie State University was added to the Consortium group of the Child Welfare Fellowship Fellow Program to raise awareness and support workforce growth and recruitment.

SSA is also enhancing its assessment of training and job satisfaction to ensure relevant and accessible training opportunities. This includes expanding scheduling flexibility to better accommodate everyday life demands.

Through the Child Welfare Academy and the DHS Learning Office, more training continues to be offered around Licensure Prep, to help staff obtain and maintain licensure. The Coach Approach series also continues, through the subcontract with the University of Maryland School of Social Work, Child Welfare Academy to equip supervisors and leadership- level staff with enhanced skills to engage, connect, and produce stronger outcomes with their teams.

Table 60: Goal 3 5-Year Monitoring Targets

5-Year Monitoring Targets	Base-line CY 2023	2026 APSR CY 2024	2027 APSR CY 2025	2028 APSR CY 2026	2029 APSR CY 2027	2030 APSR CY 2028
*Retention rates among child welfare caseworkers increases from 57% to 65%.	57%	59.52%				
**CFSR Round 4 Findings identify Maryland's Staff and Provider Training Systemic Factor in substantial conformity.						
** Data Source: HRDT. This is based on a three- year retention rate (SW hired in CY 2021 and still employed in CY 2024)* ***Note: CFSR Round 4 begins October 1, 2025 through March 31, 2026. This data will be updated upon receipt of the Children's Bureau's Results Report, which contains findings from the case reviews.*						

Table 61: Goal 3 Strategy 3A Measures

Strategy 3A. Implement one or more strategies to understand and address child welfare workforce issues.
Interim Benchmarks for Strategy 3A: Plan developed to conduct a child welfare workload assessment by 12/2024. Convene a series of targeted discussions with the LDSS and partners regarding developing, analyzing, conducting, and evaluating effective and relevant training for the workforce by 06/2027.

Rationale for Strategy Selection:
SSA plans to develop a child welfare workload assessment to better understand the current workload issues facing the workforce. Conducting the workload assessment, vetting, and implementing selected recommendations in alignment with SSA strategic direction, implementation context, and budget parameters are activities to be considered over the next five years. The workload assessment offers an opportunity for Maryland to identify policy levers for advancing a set of strategies to mitigate workload capacity barriers. Additionally, the CFSP collaborative planning process confirmed the need to broaden the skills of the workforce and ensure staff are available and can meet the needs of families. This stakeholder feedback combined with a 57% retention rate confirms the need for this strategy.

Table 61a: Goal 3 Strategy 3A Assessment of Performance

Key Activities	Benchmarks for Completion
Conduct a child welfare workload assessment and implement strategies to address findings.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● Identified a provider to conduct the workload assessment. Public Consulting Group, Inc. (PCG)was identified. PCG submitted a proposal and budget. The procurement is currently in progress. The work is anticipated to begin in June 2025.	
Develop strategies to provide greater scheduling flexibility and Service accessibility to benefit both families and the workforce.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● The following activities in 2024 occurred to achieve greater scheduling flexibility and service accessibility: ○ Recruitment and retention strategies were developed to ensure a highly effective workforce to better reflect the population served. ○ Increased partnerships with HBCU programs occurred. ○ SSA will continue training Child Welfare Fellowship students to help them support children and families and improve service access. Recruitment sessions, including panel presentations, were designed to promote a well-informed and knowledgeable child welfare workforce.	
Develop recruitment strategies to expand the workforce to better reflect the population served in conjunction with retention initiatives.	**December 2027**

Implementation Status: In Progress
2024 Progress:

- **In 2024, the state implemented strategies to expand its workforce and boost retention. These efforts focused on ensuring the workforce represents Maryland:**
  - The Consortium schools: The University of Maryland School of Social Work (UMB-SSW), Salisbury University, Morgan State University (MSU), Bowie State University, and the University of Baltimore County (UMBC) expanded online course options to support growth in the workforce. These flexible options accommodate students from various regions and make it easier for current employees to return to school.
  - Students are increasingly drawn to the hybrid workplace model and during the selection process, agencies began offering more flexible scheduling, including shift options such as 8:00am-4:30pm or 10am-7:00 pm to appeal to a wider range of candidates.
  - Developed and continued to work with Baltimore City around the Urban Child Welfare program to attract students and future DHS SSA employees to work in Baltimore City. During 2024 Prince George's County was also added to the Urban Child Welfare program. Training was developed and conducted to prepare students for the unique challenges and opportunities of working in urban child welfare settings.

Explore mechanisms to maximize the skillset of licensed staff to meet family's needs.	**December 2028**

Implementation Status: In Progress
2024 Progress:

- **The following activities occurred in 2024 to maximize the skillset to licensed staff to meet the needs of vulnerable children and families in Maryland's care:**
  - Innovative "Dialogue Trainer" Virtual Reality pilot for CPS staff. (a tool to build interviewing, engagement, and assessment skills). The contract with CWA to create the Virtual Reality training was approved. SSA and CWA partnered to discuss the implementation, the purpose, and schedule for roll out. CWA scheduled meetings for 2025 to begin meeting with the purveyors of creating the VR training, "Dialogue Trainer".
  - Motivational Interviewing training for Workforce
  - Revamped pre-service training to use a phased approach with phase one focusing on immediate application skills and phase two deepening knowledge and skills introduced in phase one.
  - Ongoing in-service training will cover a variety of essential subjects, including specialized areas of practice, communication skills, and legal processes.
  - Coach Approach training to build engagement skills with children and families and to problem solve.
  - Offered two Licensure Prep courses to assist staff who are in the process of renewing Social Work licensure.

Table 62: Goal 3 Strategy 3B Measures

Strategy 3B. Advance the installation of a Safety Culture at both the state office and within the Local Departments of Social Services.

Interim Benchmarks for Strategy 3B: Learning Collaborative/Community methodology established, and resource secured by 06/2026. Plan to deploy use of Safety Culture Survey developed by 06/2027.
Rationale for Strategy Selection: Safety Culture, supported by Casey Family Programs, is a mechanism to ensure the workforce is safe, engaged, and well-prepared; and their environment promotes healing, resilience, and prevents further trauma to individuals, families, and the front-line staff. Studies show that when you build workplace connectedness and improve psychological safety across workers/teams, it mitigates the relationship between secondary traumatic stress and the employee's intent to remain employed in child welfare. This is especially true for Maryland who is currently experiencing a 57% retention rate. Based on this data and stakeholder feedback, it is believed that building a trauma-informed, safety culture is essential to include as a strategy to improve staff retention rates.

Table 62a: Goal 3 Strategy 3B Assessment of Performance

Key Activities	Benchmarks for Completion
Identify resources to execute a Learning Collaborative/Community for SSA and LDSS senior leaders.	**December 2026**
Implementation Status: Not Started 2024 Progress: • N/A	
Execute a Learning Collaborative/Community to develop expertise in Safety Science and Safety Culture, including the initial and ongoing use of the Safety Culture Survey.	**December 2027**
Implementation Status: Not Started 2024 Progress: • N/A	
Analyze data from Safety Culture Surveys and staff retention rates to inform future activities.	**December 2028**
Implementation Status: Not Started 2024 Progress: • N/A	

Table 63: Goal 3 Strategy 3C Measures

Strategy 3C. Strengthen supervisory practice through the continued implementation of the Coach Approach and Adaptive Leadership.
Interim Benchmarks for Strategy 3C:

Percent of LDSS with at least one Coach Mentor is at least 75%.
Rationale for Strategy Selection: Staff trauma and burnout were frequently mentioned during the CFSP collaborative planning process as potential root causes of high turnover, signaling investments needed to stabilize and support the workforce. LDSS identified Coach Approach as a key strategy for continued investment in best practices and workforce development, based on the experiences of supervisor-participants. Coach Approach is a skill-based leadership model to support internal and cross-system collaboration to improve leadership, supervision, and practices in human resources. Coach Approach was deployed to shift supervision to a coaching culture that would strengthen the workforce's ability to deliver Maryland's services through family-centered, trauma-responsive, culturally informed, and strengths-based practice. Maryland has made deep investments in delivering and supporting Coach Approach through training, learning collaboratives and coaching intensives. In 2023, 39 LDSS supervisors from across the state participated in the CWA's Coach Approach and Adaptive Leadership training. Today, Coach Approach continues to be a valued practice with the LDSS workforce; based on data received from supervisor-participants, this strategy was selected for inclusion. Through the activities below, Maryland aims to deepen its reach and application over the next five years.

Table 63a: Goal 3 Strategy 3C Assessment of Performance

Key Activities	Benchmarks for Completion
Execute at least two Coach Approach and Adaptive Leadership training sessions and four Learning Circles for LDSS Staff.	**June 2025**
Implementation Status: Completed 2024 Progress: ● In fiscal year 2024, 14 Coach Mentor Development sessions; 5 Learning Circles; 1 Adaptive Leadership Cohort; and 1 Coach Approach Training (four-day training) occurred in 2024, with a goal of creating at least one Coach Mentor role per jurisdiction. Coach Mentor training will continue in 2025. ● Coach Approach: Coach Mentors, and Adaptive Leadership continue to be very well attended and received. Feedback has indicated that supervisors and leaders who have attended are implementing the Coach Approach series, to include Adaptive Leadership in each LDSS participating and have seen better interactions with the families served.	
Offer opportunities for LDSS staff to become Coach Mentors through learning circles and certification programs.	**June 2025**

Implementation Status: Completed 2024 Progress: ● In fiscal year 2024, 14 Coach Mentor Development sessions; 5 Learning Circles; 1 Adaptive Leadership Cohort; and 1 Coach Approach Training (four-day training) occurred in 2024, with a goal of creating at least one Coach Mentor role per jurisdiction. Coach Mentor training will continue in 2025. ● Coach Approach: Coach Mentors, and Adaptive Leadership continue to be very well attended and received. Feedback has indicated that Supervisors and Leaders who have attended are implementing the Coach Approach series, to include Adaptive Leadership in each LDSS participating and have seen better interactions with the families served.	
Deliver Coach Approach and Adaptive Leadership training and Learning Circles annually to ensure that each LDSS has at least one Coach Mentor and continue to monitor impact on workforce issues.	**December 2028**
Implementation Status: In Progress 2024 Progress: ● In fiscal year 2024, 14 Coach Mentor Development sessions; 5 Learning Circles; 1 Adaptive Leadership Cohort; and 1 Coach Approach Training (four-day training) occurred in 2024, with a goal of creating at least one Coach Mentor role per jurisdiction. Coach Mentor training will continue in 2025. ● Coach Approach: Coach Mentors, and Adaptive Leadership continue to be very well attended and received. Feedback has indicated that Supervisors and Leaders who have attended are implementing the Coach Approach series, to include Adaptive Leadership in each LDSS participating and have seen better interactions with the families served.	

Goal 4: SERVICE ARRAY - *Strengthen and expand the service array with a focus on availability, accessibility, and intensity to meet the individual and cultural needs of children, youth, and families.*

Assessment of Performance

Maryland remains committed to strengthening and expanding its service array to ensure that children, youth, and families receive comprehensive, accessible, and culturally responsive support. Maryland continues to support families through the provision of safety-related services that address risk and safety concerns present in the family home and prevent children from entering foster care, as evidenced by consistent performance for Item 2 (i.e., services to family to protect children in the home and prevent removal or reentry into foster care) and an increased performance for Item 3 (i.e., risk assessment and safety management) from CY 2023 to CY 2024. Additionally, Maryland continues to bolster and expand community partnerships to meet children's needs and promote well-being outcomes. This ongoing effort has resulted in increased performance for Item 12A (i.e., needs assessment and services to children), Item 16 (i.e., educational needs of the child), Item 17 (i.e.,

physical health of the child), and Item 18 (i.e., mental/behavioral health of the child) in CY 2024. Moreover, local efforts to increase parent engagement, particularly that of biological fathers, through case planning has resulted in increased performance in CY 2024 in connecting parents to services that are both accessible and appropriate to their identified needs (Item 12B).

Even though efforts to strengthen the existing service array have yielded positive outcomes for children's safety and well-being as evidenced by CY 2024 CFSR performance, stakeholder focus groups conducted in September and October 2024 reveal that several gaps still exist within the state's service array. In particular, quality community resources related to housing, transportation, substance use treatment, and mental/behavioral health services for youth are limited in availability. This poses a challenge to ensuring adequate service provision needed for the achievement of case goals. Stakeholder focus groups show that local departments are addressing this barrier by increasing their community presence, but further support is needed at the state-level to shape messaging to community service providers to promote meaningful partnerships and secure the funding needed to address resource shortages.

Table 64: Goal 4 5-Year Monitoring Targets

5-Year Monitoring Targets	Base-line CY 2023	2026 APSR CY 2024	2027 APSR CY 2025	2028 APSR CY 2026	2029 APSR CY 2027	2030 APSR CY 2028
*CFSR Round 4 Findings identify Maryland's Service Array and Resource Development Systemic Factor in substantial conformity.						
CFSR Item 2 (Services to family to protect children in the home and prevent removal or reentry into foster care): Percent rated as a Strength increases from 93.55% to at least 95%.	93.55%	93.18%				
CFSR Item 3 (Risk assessment and safety management): Percent rated as a Strength increase from 86.72% to at least 90%.	86.72%	90.48%				

5-Year Monitoring Targets	Base-line CY 2023	2026 APSR CY 2024	2027 APSR CY 2025	2028 APSR CY 2026	2029 APSR CY 2027	2030 APSR CY 2028
CFSR Item 12 (Needs and services of child, parents, and foster parents): Percent rated as a Strength increases 3% a year (from 50% to at least 65%).	50%	56.35%				
CFSR Item 13 (Child and family involvement in case planning): Percent rated as a Strength increases 3% a year (from 60.16% to at least 75%).	60.16%	69.92%				
CFSR Item 17 (Physical health of the child): Percent rated as a Strength increases from 88.08% to at least 90%.	80.08%	86.41%				
CFSR Item 18 (Mental/behavioral health of the child): Percent rated as a Strength increases from 79.37% to at least 90%.	79.37%	85.14%				
**Note: CFSR Round 4 begins October 1, 2025 thru March 31, 2026. This data will be updated upon receipt of the Children's Bureau's Results Report, which contains findings from the case reviews.*						

Table 65: Goal 4 Strategy 4A Measures

Strategy 4A. Develop one or more processes for the assessment and identification of individual family needs and ensure Maryland can continually respond to emerging service needs.
Interim Benchmarks for Strategy 4A: Establish a process by which decisions regarding the assessment tools will be made by 12/2024. Convene a Design Team to begin the exploration process for a Parent Partner Approach by 06/2026.

Rationale for Strategy Selection:
While Maryland has demonstrated progress on CFSR Item 12 (needs and services to child, parents, and foster parents) and Item 13 (child and family involvement in case planning), there continues to be a challenge with assessing and improving the family's experience, particularly related to the family's level of engagement, participation in services, and satisfaction with casework practice and service delivery. The Child and Adolescent Needs and Strengths (CANS) assessment tool has been in use for several years in Maryland, but there have been ongoing concerns about the worker completion rate, scoring accuracy, and consistent use to identify and understand the family's strengths and needs. This inconsistent use of the CANS and CFSR Item 12 findings (50%) informed the decision to include this strategy. The selected activities below aim to identify and meet the individual and unique needs of children and families.

Table 65a: Goal 4 Strategy 4A Assessment of Performance

Key Activities	Benchmarks for Completion
Onboard statewide contractor(s) based on Request for Proposal to provide one-to-one service to support youth and placement stability.	**November 2024**
Implementation Status: Delayed 2024 Progress: ● The Request for Proposal for statewide 1:1 contracted services was prepared and submitted through the approval process. The RFP has been under review, and projected posting is January 2025. Activities to improve performance: ● SSA attends weekly meetings with Procurement to discuss any concerns or answer questions related to submissions, including the RFP, in order to facilitate collaboration in moving the RFP process forward. 1:1 services at this time remain locally contracted.	
Review the assessment tools currently in use in Maryland to determine their effectiveness in guiding service needs and placement decisions. Based on the assessment, either enhance use of current tools or select and implement new tools.	**December 2025**
Implementation Status: Completed 2024 Progress: ● A review of assessment tools in use in Maryland has been completed. ● SSA in collaboration with Chapin Hall have decided that SSA will continue utilizing the existing assessments while simultaneously exploring universal assessment tools that can be adapted to address Maryland's specific needs. ● SSA has initiated discussions with Evident Change, the state's current SDM designer, to explore updates to the SDM and identify opportunities to streamline safety, risk, and other functional assessments. ● A survey is being developed for disbursement in 2025. This survey will be completed by workers and supervisors in local jurisdictions to explore how they currently use the CANS including their collaboration with families in completing the CANS. The survey feedback will guide the assessment team on adjustments and training needed.	

• A team is being formed to update the SDM and discuss the streamlining of Maryland's safety, risk, and strengths and needs assessments.	
Assess, design, and implement a clinically driven placement decision-making process.	**December 2026**
Implementation Status: In Progress 2024 Progress: • SSA has contracted with Chapin Hall to complete a formal assessment of the placement decision making process, including referral documentation, clinical documentation and provider responses. • There were two meetings held to discuss the assessment plan and potential data sources. Data collection is currently in process.	
Design and implement a Parent Partner Approach (peers with lived experience) to support families with children in foster care in order to improve reunification and outcomes.	**December 2027**
Implementation Status: In Progress 2024 Progress: • The Parent Partner approach that has been implemented the last couple years was no longer sustainable, so it ended. • SSA engaged in discussions with the team to evaluate the program's strengths and challenges and identify potential improvements. Discussions also included how to build a sustainable program. • Research is being conducted on Parent Partner approaches in other states to identify models that can be adapted and implemented with fidelity in Maryland.	

Table 66: Goal 4 Strategy 4B Measures

Strategy 4B. Engage in cross-system, coordinated efforts to better address the needs of youth with mental and behavioral health needs.
Interim Benchmarks for Strategy 4B: Convene Juvenile Justice partners, LDSS, and others to co-develop a process for root cause analysis by 06/2026.
Rationale for Strategy Selection: Child welfare systems are responsible for developing, maintaining, and monitoring a statewide service array system that meets the needs of children and families. A service array that has culturally relevant, specialized services can make families stronger by helping to meet the needs of the children, parents, and caregivers. Maryland's children and families often have complex needs which require a multitude of services and benefits. Coordination between child welfare agencies and other federal programs is essential to ensuring that families have their needs met. This coordination will also support Maryland in reaching substantial conformity with the Systemic Factor Agency Responsiveness to the Community during Round 4 of the CFSR. The importance of cross-system coordination was confirmed by regional meeting participants, which helped to inform the selection of this strategy. Maryland is creating a Director of Well-Being and Clinical Services who will be responsible for leading these cross-system efforts.

Table 66a: Goal 4 Strategy 4B Assessment of Performance

Key Activities	Benchmarks for Completion
Conduct ongoing collaborative efforts with the Department of Health to identify system level solutions to overcome placement barriers and address hospital overstays.	**December 2024**
Implementation Status: Ongoing 2024 Progress: ● Weekly interagency meetings are held to discuss youth with complex care needs and youth in hospital overstay. Interagency collaborations include representatives from DHS (Maryland Department of Human Services), MDH (Maryland Department of Health), BHA (Behavioral Health Administration - part of MDH), DDA (Developmental Disabilities Administration - part of MDH), DJS (Department of Juvenile Services), and MSDE (Maryland State Department of Education). ● A unit at Brook Lane was created to support youth who have an acceptance for placement, and are waitlisted, to be able to discharge from hospital overstay. The unit currently has 7 funded beds for youth. These 7 beds are not only for DHS, but also other state agencies. Youth receive educational and clinical services and support while at Brook Lane. ● Interagency collaboration will continue to work to identify system level gaps in treatment and placement services available to Maryland youth.	
Create an interagency state team to participate in national convenings to promote cross system alignment and develop strategies to improve child and family outcomes.	**December 2024**
Implementation Status: Delayed 2024 Progress: ● An interagency state team has not yet been established. However, Maryland has participated in national convenings to promote cross-system alignment and develop strategies aimed at improving outcomes for children and families. ● A planning team comprising Casey Family Programs and child welfare leaders from across human services sectors participated in a series, *"Meeting the Needs of High Acuity Youth with Unmet Complex Needs*." The convenings centered around three primary goals: (1) prioritizing addressing root cause issues; (2) responding to the immediate placement crisis; and (3) developing sustainable, long-term solutions. Activities to improve performance: ● Review and reference documents from each of the convenings and peer learning sessions currently accessible in Basecamp. ● Continue to connect with other states involved in "Meeting Needs of High Acuity Youth with Unmet Complex Needs" project to share information, problem solve, and further explore options. ● Contact Family Programs Strategic Consultant for further assistance or to seek additional learning opportunities, if needed.	
Renew the Memorandum of Understanding with the Maryland State Department of Education to ensure the accurate and timely sharing of education data for the child welfare population.	**December 2025**

Implementation Status: In Progress
2024 Progress:

- In November 2024, SSA staff met with MSDE to discuss a new data-sharing agreement for youth in foster care data. Contract discussions are ongoing about a secure data-sharing pathway and data availability.

Conduct a root cause analysis to identify cross system problems that are pushing many youth with behavioral problems, particularly those involved in the juvenile justice system, into the foster care system.	**December 2026**

Implementation Status: Not Started
2024 Progress:

- N/A

Develop mechanisms to monitor and assess the cross-system strategies developed to determine effectiveness and impact on child and family outcomes.	**December 2026**

Implementation Status: In Progress
2024 Progress:

- The FTDM Feedback Survey is distributed two months out of the year to FTDM facilitators, service providers, attorneys, other community professionals, resource parents, youth, and families who participated in an FTDM during the survey implementation periods. In 2024, SSA and the University of Maryland School of Social Work updated the survey to better capture meeting outcomes, particularly as it relates to placement and permanency. The survey feedback allows non-DSS professionals and youth/families to share their experiences in the meeting, especially as it relates to cross-system and family teaming in support of collaborative decision making. Data captured in the FTDM Feedback Survey is used to improve the experience of working with the LDSS in the facilitated meeting setting.
- The annual CQI focus groups also provide insight into the use of FTDMs as well as other venues for cross-system teaming. These focus groups consist of various child welfare stakeholders, including LDSS staff and leadership, attorneys, judges/magistrates, service providers, resource parents, biological parents, and youth. Results from the focus groups held in 2024 indicate that attorneys and service providers are typically, but not always being invited to attend and participate in FTDMs, although conflicting and limited availability was identified as a barrier to the scheduling process. Outside of FTDMs, LDSS are routinely meeting with community providers during Local Care Team meetings and multi-disciplinary meetings. Focus group participants shared that these formal meetings are not always conducive to collaboration. Common concerns shared were attorneys causing FTDMs adversarial, the LDSS already coming to a decision prior to holding the FTDM, differing perspectives creating conflict, and lack of follow-through by both the LDSS and service providers after the meeting. These results suggest that while strategies for cross-system teaming exist at the local level, they do not always yield quality multi-disciplinary collaboration that supports the safety, permanency, and well-being of children.

Table 67: Goal 4 Strategy 4C Measures

Strategy 4C. Ensure that families residing across Maryland can access evidence-based programs, in their community, that acknowledge, respect, and integrate the beliefs, values, and practices of the people being served and meet the unique needs of children and caregivers.
Interim Benchmarks for Strategy 4C: Motivational Interviewing initial installation plan is developed by 06/2026. Kinship Navigation Model is selected by 06/2026.
Rationale for Strategy Selection: A mismatch between the families' needs and the services being offered was elevated as a significant barrier to accessing services through focus groups, data analysis, and the CFSP collaborative planning process. Specifically, stakeholders noted that the service array is lacking sufficient substance use disorder programs and services for parents of children under the age of 1. Of the evidence-based programs that do exist in Maryland, some do not have an adequate number of slots for the demand and/or have extensive wait lists. When states cannot meet the needs of families, it considerably diminishes the probability of positive outcomes. Maryland's performance on CFSR Item 12, which was rated as a strength in only 50% of the cases, and stakeholder feedback informed the selection of this strategy.

Table 67a: Goal 4 Strategy 4C Assessment of Performance

Key Activities	**Benchmarks for Completion**
Convene a Design Team of internal and external partners to co-develop recommendations for EBP expansion.	**May 2024**
Implementation Status: Completed 2024 Progress: ● The EBP Workgroup, consisting of LDSS and SSA staff, community partners (including the MD Coalition of Families), UMES college fellow, DJS staff, and SSW staff from The Institute for Innovation & Implementation, convened in February-April 2024. The group reviewed EBPs with strong ratings from the Clearinghouse. Using a set of evaluation criteria, subgroups identified models most suitable for supporting Maryland's CFSP and Title IV-E Family First Prevention Services Plan in four primary areas: kinship, mental health, parenting, and substance use. Local planning teams were also established to finalize recommendations for EBP models. ● The Institute then prepared a summary report of findings from the EBP Workgroup process that was shared with SSA leadership in June 2024 and finalized in July 2024. ● SSA leadership presented a final set of proposed EBPs for feedback to the 24 LDSS in July 2024. ● Post EBP Workgroups, a series of Virtual Lunch and Learn Sessions, were held to give LDSS an opportunity to learn more about the EBPs proposed for inclusion in the Title IV-E Clearinghouse and provide feedback. ● SSA will continue to identify service gaps and priority populations that would benefit from being served through selected EBPs.	

Identify the fiscal and programmatic resources needed to pursue the expanded EBPs.	**December 2024**
Implementation Status: Completed 2024 Progress: ● EBP models selected were vetted to Executive leadership for review and recommendations for implementation. ● EBP Implementation meetings were held quarterly with LDSS and community providers to discuss fiscal and programmatic successes and challenges. ● DHS contracted with Public Consulting Group to conduct focus groups with EBP providers specifically on rate reform development.	
Conduct a scan of all EBPs offered in Maryland, not solely those EBPs funded by DHS.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● Initiated a review of EBPs included in Maryland's Prevention Plan, as well as models from the Title IV-E Clearinghouse being considered for future implementation. ● The University of Maryland developed an EBP report analyzing 18 evidence-based programs from the Title IV-E Clearinghouse, assessing their current availability in Maryland and the feasibility of implementing them with fidelity.	
Maximize Title IV-E Family First Prevention to support the expansion of MST, FFT, and PCIT.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● Finalized an end-to-end claiming process ● Developed an internal tracker tool to assist with claiming and tracking of Prevention candidates. ● Developed a Briefing Memo detailing EBP expansion for MST, FFT, PCIT and funding needs.	
Implement Motivational Interviewing to strengthen family-centered practice.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● Convened a Motivational Interviewing Workgroup that meets biweekly to discuss implementation in Maryland. ● Met with other states, including Washington D.C., to discuss the successes and challenges of implementing Motivational Interviewing (MI). ● Met with LYSSN to discuss how the cloud-based platform can support training and fidelity of MI in Maryland.	
Implement an evidence-based statewide kinship navigation program.	**December 2028**

Implementation Status: In Progress 2024 Progress: ● EBP models to support Kinship Navigation have been identified and explored. Strategic planning will begin on initial steps for implementation in 2025. ● Next steps include assessing the need across all jurisdictions to determine if the EBP meets the needs of the target population and aligns with organizational goals. ● Involve leadership, staff and community partners with preliminary engagement to ensure stakeholders input is included. ● Create dedicated implementation teams to oversee planning and logistics.	

Table 68: Goal 4 Strategy 4D Measures

Strategy 4D. Assess and address known barriers to securing needed services.
Interim Benchmarks for Strategy 4D: A statement of need or request for proposals for respite services released by 06/2025. Rate reform for monitoring plan completed by 10/2025.
Rationale for Strategy Selection: The CFSP collaborative planning process revealed concerns that Maryland's services are not consistently meeting the needs of the children and families they serve, citing the same issues that were identified in Round 3 of the CFSR: that services were not consistently available in all parts of the state; there were gaps in housing, transportation, and substance abuse treatment services statewide; and there is a lack of quality mental health services and trauma-informed therapy. Partners often cited the lack of appropriate services as the reason for the increase in Voluntary Placement Agreements (VPA) – which directly connects to SSA's priority to improve the well-being outcomes for youth transitioning to adulthood. Collectively, these were compelling evidence that informed the selection of this strategy. By addressing these barriers, Maryland aims to operationalize its commitment to leave no one behind.

Table 68a: Goal 4 Strategy 4D Assessment of Performance

Key Activities	Benchmarks for Completion
Collaborate with the Department of Health and LDSS to better understand and address the challenges with the language interpretation and translation services impacting the child welfare community.	**December 2025**

Implementation Status: Not Started 2024 Progress: ● Work on this goal has not yet begun and is scheduled to take place in 2025.	
Explore options for increased respite and crisis respite through the release of a statement of need and expansion of licensed providers.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● A Statement of Need was posted for providers of placement and services for victims and youth at risk of sex trafficking, leading to the licensing of one provider with a total of 8 beds. Two additional providers are going through the licensure process. ● Existing contracted providers expanded their programming to add the following: o Jumoke Community Based Care, Inc. established 4 beds for behavioral respite for children and youth in need of stabilization service prior to transitioning to a long-term placement, with additional beds planned for 2025. o Everstand established 4 beds for youth who require a higher level of care that is consistent with RTC level of care. ● Rite of Passage-Silver Oak Academy - contracted for up to 24 beds for male youth who have experienced hospital and/or hotel stays and need placement and supportive services.	
Implement and monitor rate reform to improve providers' ability to deliver higher quality and tailored service to children and families.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● Effective October 1, 2024, rate reform was implemented for residential child care providers. Rate reform efforts are continuing with implementation for CPA providers in 2026. Monitoring activities are being developed in 2025.	
Collaborate with local stakeholders to better understand and address the transportation challenges impacting the child welfare community.	**December 2026**
Implementation Status: Not Started 2024 Progress: ● Work on this goal has not yet begun and is scheduled to take place in 2025.	
Collaboration between DHS and the Department of Housing to better understand and address the housing needs of child welfare involved families, youth and young adults.	**December 2027**

Implementation Status: In Progress
2024 Progress:

In partnership with DHCD, DHS has made progress on the following efforts:

- HUD Awarded Its First Ever Youth Homelessness Systems Improvement Grant (YHSI): On June 6, 2024, HUD announced its awards of $51.1 million through its first ever Youth Homelessness Systems Improvement Grant. A total of 38 Communities across 26 states, Puerto Rico, and Guam have been awarded the first of its kind grant. The goal of YHSI grants is to create a more seamless and coordinated system of care for youth experiencing or at risk of homelessness. The grants aim to improve the identification of youth in need and make it easier for them to navigate available services. The grants will focus on systemic change by funding projects that create and build capacity for Youth Action Boards; collect and use data on at-risk youth and youth experiencing homelessness; develop strong leaders within a community; and improve the coordination, communication, operation, and administration of homeless assistance projects to better serve youth, including prevention and diversion strategies.
- DHS and DHCD partnered on a grant application that was submitted at the end of October 2024 to secure funding for additional Family Unification Program vouchers for the following public housing authority Jurisdictions:
    - Allegany County
    - City of Cumberland
    - Caroline County
    - Dorchester County
    - Frederick County
    - Garrett County
    - Kent County
    - Somerset County
    - Talbot County (excluding the cities of Easton and St. Michael's)
    - Wicomico
    - Worcester Counties
- Plans are underway to participate in the Youth Homelessness Systems Improvement workgroup as a state partner with the Department of Housing and the Continuum of Care (CoC) to develop a strategic plan.

Goal 5: PERMANENCY - *Ensure children and youth have stable and permanent homes and connections to communities, culture, and important adults, and reduce disproportionality.*

Assessment of Performance

In 2024, Maryland's data indicates that progress toward improving permanency outcomes for youth in out-of-home care remains a significant challenge. However, the data does not fully reflect the breadth of strategic efforts currently underway. Staff across all service areas and departments, including child welfare, legal, behavioral health, and education, are collaboratively engaged in implementing targeted initiatives to drive improvement over the next five years. These efforts include enhancing family finding and engagement practices, increasing the use of kinship and relative

placements, expanding permanency planning supports, and strengthening cross-agency collaboration. These activities, including those outlined in Tables 69-72a below, are designed to create sustainable change and will be closely monitored to ensure that they lead to improved outcomes for children and families.

Table 69: Goal 5 5-Year Monitoring Targets

5-Year Monitoring Targets	Base-line CY 2023	2026 APSR CY 2024	2027 APSR CY 2025	2028 APSR CY 2026	2029 APSR CY 2027	2030 APSR CY 2028
Permanency in 12 months (entries within last 12 months): Percent of children increases from 25% to at least 35.2%.	25%	23.9%				
Permanency in 12 months (child in care 12-23 months): Percent of children increases from 32% to at least 43.8%.	32%	34.4%				
Permanency in 12 months (child in care for more than 24 months): Percent of children increases from 34% to at least 37.3%.	34%	33.3%				
CFSR Item 5 (Permanency goal for child): Percent rated as a Strength increases from 3% a year (55% to at least 65%).	55%	55.7%				
CFSR Item 6 (Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement): Percent rated as a Strength increases 3% a year (from 36.25% to at least 51%).	36.25%	34.18%				
CFSR Item 9 (Preserving Connections): Percent rated as a Strength increases 3% a year (66.25% to at least 81%)	66.25%	74.03%				

CFSR Item 11 (Relationship of Child in Care with Parents): Percent rated as a Strength increases 3% a year (63.93% to at least 79%)	63.93%	72.13%				
CSFR Item 15 (Caseworker Visits with Parents): Percent rated as a Strength increases (55.08% to 70%)	55.08%	60.17%				
CFSR/Systemic Factor Item 22 (Permanency hearings): Percent increases from 36.7% to 73%.	36.7%	35.1%				
*CFSR Round 4 Findings identify Maryland's Case Review Systemic Factor in substantial conformity.						
*CFSR Round 4 Findings identify Maryland's Item 35 (Diligent Recruitment) in substantial conformity.						
**Note: CFSR Round 4 begins October 1, 2025 thru March 31, 2026. This data will be updated upon receipt of the Children's Bureau's Results Report, which contains findings from the case review.*						

Table 70: Goal 5 Strategy 5A Measures

Strategy 5A. Improve the partnership with court and legal communities to ensure there is ongoing, collaborative, strategic planning and relationship building between the court and legal communities and SSA/LDSS.
Interim Benchmarks for Strategy 5A: Establish a cross-training and collaboration plan by 12/2025. Establish a Design Team with OPD to explore programming to strengthen legal representation by 06/2027. Establish a plan for developing the needed mechanisms to collect JCAMP measures by 06/2027.
Rationale for Strategy Selection: Legal and judicial partner collaboration was cited during the CFSP collaborative planning process as a key driver of permanency outcomes, specifically courts approving childrens' permanency plans. Specifically, CFSR Item 5 (appropriate and timely permanency goals) was only rated as a strength in 55% of applicable cases. Improved teaming and communication structures will help educate legal and judicial partners about child welfare requirements and timelines. They will also help co-create strategies to address barriers often arising due to misunderstanding and misconceptions in the technical areas of

scheduling hearings, navigating postponements, signing court orders, and submitting court reports on time. Further, this cross-system collaboration can help in the more substantive areas of assessing families' readiness for reunification and/or ability to access services and supports beyond foster care. This strategy was selected based on the historical challenges Maryland has experienced achieving permanency and stakeholder feedback.

Table 70a: Goal 5 Strategy 5A Assessment of Performance

Key Activities	Benchmarks for Completion
Strengthen coordination with the Permanency Liaisons and other partners to address barriers identified through the 2023-2024 CFSP collaborative planning process and the 2019 root cause analysis.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● In 2024, SSA strengthened coordination with the Juvenile and Family Services Department of the Administrative Office of the Courts by inviting Hope Gary, Senior Program Manager, to stand on a variety of meetings and workgroups. This included the Reporting Analysis and Data (RAD) workgroup, which sought to prepare for a data-sharing symposium focused on permanency outcomes, Maryland's overall performance, MDEC, CINA and TPR hearings, and securing grants. This symposium will take place in February 2025. Moreover, Hope Gary was incorporated into the CFSR Round 4 planning process by attending monthly check-in meetings between SSA and the Children Bureau (CB) as well as by participating in the CFSR Round 4: Statewide Assessment Planning Committee, which formed in November 2024.	
Maximize opportunities to cross-train and collaborate (such as representation of court and legal partners on all relevant state and local committees, presentations to meetings, conferences, and training).	**December 2026**
Implementation Status: In Progress 2024 Progress: ● Developed an outreach strategy with the Annie E. Casey Foundation to convene legal stakeholders across the state including court officials, family welfare advocates, child counsel, family counsel, and LDSS counsel beginning in the first quarter of 2025. ● Held individual meetings with the Administrative Office of the Courts, Maryland Volunteer Lawyers Service, Maryland Legal Aid, and Maryland Office of the Public Defender to bolster existing collaborations, and established points of common interest and potential for collaboration.	
Collaborate with the Maryland Office of the Public Defender (OPD) to strengthen the availability and quality of legal representation for families involved in the child welfare system.	**June 2028**

Implementation Status: In Progress 2024 Progress: ● Convened meeting between DHS, Annie E. Casey, and the Office of the Public Defender to discuss use of Title IV-E funds to expand legal representation pilots in Baltimore City and the Eastern Shore across the state. ● Met with OPD representatives to discuss the development of a legal assistance hotline through the use of Title IV-E funds.	
Establish mechanisms with the Foster Care Court Improvement Program and/or the Court System to collect and publish the Judicial, Court, and Attorney Measures of Performance (JCAMP) measures by judicial district.	**December 2028**
Implementation Status: Not Started 2024 Progress: ● N/A	

Table 71: Goal 5 Strategy 5B Measures

Strategy 5B. Provided targeted training and coaching on best practices and related mechanisms to ensure LDSS accountability for implementing best practices to achieve permanency through reunification, guardianship, and/or adoption.
Interim Benchmarks for Strategy 5B: Identification of permanency measures by 12/2024. Dissemination mechanism established by 04/2025. Training topics and coaching plan identified by 06/2025. Communication plan designed by 06/2027.
Rationale for Strategy Selection: Crafting and implementing targeted quality improvement sessions with LDSS experiencing challenges meeting permanency performance standards are necessary to improve Maryland's permanency outcomes. This strategy was selected based on permanency outcomes and feedback from LDSS and key partners indicating that best practices are not consistently known and utilized across the state. By strengthening the awareness and utilization of best practices to achieve permanency, Maryland can ensure services are effective, culturally appropriate and designed to reduce disproportionality.

Table 71a: Goal 5 Strategy 5B Assessment of Performance

Key Activities	Benchmarks for Completion
Create an automated mechanism to disseminate data to LDSS to support the improvement of permanency measures and collaboratively establish standardized protocols for ongoing monitoring and evaluation of permanency-related enhancements (this would include assessment of youth in care 15 of 22 months who did not have TPR filed).	**June 2025**

Implementation Status: In Progress 2024 Progress: ● This activity is still in development with the DHS Data Office and other partners for alignment. ● SSA sent data to the local jurisdiction on a quarterly basis and offered TA once the data was sent. The purpose of the permanency data being sent is for the LDSS to identify cases that have missing or outdated permanency plans.	
Identify training and coaching topics, cadence, key participants, and desired results with LDSS and develop an initial implementation plan.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● Monthly permanency enhancement sessions were established in 2024 and included participation from the 24 LDSS staff and leadership in an effort to provide training, TA, and support around permanency matters.	
Explore mechanisms to strengthen family/kin connections to include, but not limited to, trial home visits and family time opportunities. Effectively utilize the ICPC Compact and ICAMA Compact processes and explore additional border agreements to sustain and maintain kin connections to support permanency wherever MD youth placement resources are located in the USA.	**December 2026**
Implementation Status: Not Started 2024 Progress: ● N/A	
Design and execute a robust communication plan, including feedback loops, to ensure best practice information is disseminated to LDSS staff to resolve barriers identified.	**December 2027**
Implementation Status: Not Started 2024 Progress: ● N/A	

Table 72: Goal 5 Strategy 5C Measures

Strategy 5C. Strengthen practice, policy, and processes to support the advancement of well-being and connections for youth in care.
Interim Benchmarks for Strategy 5C: Convene youth-led advisory board by 12/2025.

Rationale for Strategy Selection:
A 2024 landscape analysis completed by the Annie E. Casey Foundation found that the proportion of older youth aging out of care in Maryland is consistently higher than the national average. Most recent data, FY 2021, shows that 64.1% of older youth in Maryland age out of care (with youth of color being the most likely to age out) compared to the national average of 35.3%. The analysis found that disproportionality begins early in the process (screening stage), and disparities exist at each decision point. This data informed the selection of this strategy. Several activities outlined below aim to strengthen practices through training, planning, and expansion.

Table 72a: Goal 5 Strategy 5C Assessment of Performance

Key Activities	Benchmarks for Completion
Enhance the FTDM survey for better data collection and end-user engagement in order to yield more accurate, high-quality data, fostering overall quality improvement within FTDM and aligning with its core purpose.	**December 2024**
Implementation Status: Completed 2024 Progress: ● The FTDM Feedback Survey was revised in the summer of 2024 with the intent of creating a more user-friendly survey that would support the youth/family response rate. To achieve this end, the survey was shortened, eliminated the use of the Likert scale, and was reviewed by individuals with lived experiences to ensure readability and comprehension. Additionally, the scripts for introducing the survey to participants were revised to ensure accessibility. The revised FTDM Feedback Survey was implemented in October 2024. Surveys were available to youth and families in English, Spanish, and – for the first time – Haitian Creole. While youth/family response rate did decline for this implementation, the cause of this decrease cannot be discerned at this point. FTDM Feedback Survey data was disseminated following each implementation during quarterly FTDM Facilitator Meetings and through the biannual IPM report to foster conversations about improvements and supports needed to foster a high-quality FTDM process. ● In addition to the FTDM Feedback Survey, a new survey was developed in late 2024. The new survey, which is an FTDM Observation Feedback Form, is designed to identify opportunities to enhance the FTDM process and to provide technical assistance to FTDM facilitators as part of SSA's ongoing commitment to improving services to children and families. FTDM observations will begin in early 2025. ● SSA will continue to monitor youth/family response rate, reevaluate the need to revise the FTDM Feedback Survey on a yearly basis, and conduct FTDM observations in the 24 jurisdictions using the newly developed survey by July 2025.	
Train FTDM facilitators on how to use the new self report of facilitated meetings form.	**December 2024**

Implementation Status: Completed
2024 Progress:

- SSA's partners at the University of Maryland School of Social Work (UMSSW) engage FTDM facilitators on a routine basis in conversations about how to accurately complete the LDSS self-reporting form to ensure consistent tracking of facilitated meetings throughout the state. Education on how to complete the LDSS self-reporting form is provided in the quarterly FTDM Facilitator Meetings, especially when the self-reporting form has been updated. Additionally, partners at UMSSW oversee the submission of self-reports and provide technical assistance as needed to FTDM facilitators via email and video call.
- SSA will continue monitoring the use of the self report on facilitated meetings form and data collected and update the form as needed.

Strengthen the quality of and utilization of facilitated family meetings and FTDM meetings, including the translation of the FTDM brochure into Spanish.	**December 2025**

Implementation Status: In Progress
2024 Progress:

- Feedback on the quality of facilitated meetings was provided to facilitators and LDSS routine throughout the year. Facilitated meeting data from the FTDM Feedback Survey, the LDSS Self-Report, and CJAMS was disseminated through quarterly FTDM Facilitator Meetings and through the Semi-Annual and Annual IPM Reports, the latter of which also included practice recommendations.
- Technical assistance and peer support was provided during the FTDM Facilitator Meetings to ensure that facilitated meetings of all kinds were being performed in accordance with policy standards. In 2024, skill-building activities were incorporated in these meetings to strengthen relevant skills needed for quality facilitation. Additionally, these meetings were utilized to answer questions about the revised youth transition planning (YTP) policy and brainstorm changes to the family teaming policy to shape and support FTDM practice.
- SSA plans to conduct FTDM observations in the 24 jurisdictions using the new observation form by June 2025; analyze data from FTDM observations after each jurisdiction has completed an observation; and will write a report of findings from observations and recommend training needs.

Transition Maryland's foster care training to the National Training and Development Curriculum (NTDC) and evaluate fidelity and outcomes.	**December 2025**

Implementation Status: In Progress
2024 Progress:

- Maryland identified five LDSS and three private providers to participate in a pilot program for NTDC
- Maryland partnered with Spaulding for Children to offer NTDC train the trainer training to approximately 115 staff members with both public and private agencies.
- Maryland maintained monthly contact with the Spaulding for Children NTDC Implementation Team to ensure a smooth transition.
- Maryland started facilitating monthly implementation meetings with training staff at both public and private agencies.
- In 2024 Maryland provided LDSS with notification that a full transition to NTDC must occur by February 14, 2025.

Revise One on One policy to address services and supports to promote placement stability.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● An RFP was prepared and submitted according to the procurement process in order to have state-wide contracts to provide 1:1 services. The policy is not yet updated.	
Strengthen Maryland's Diligent Recruitment and Retention (DRR) Plan, to target strategies for older youth and young adults who have special needs or are medically fragile. Also, increase training for resource and kin families to effectively sustain placements.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● SSA reviewed the Designated Placement Requirements under Title IV-E and IV-B but awaiting revised guidance from the Children's Bureau**.** ● SSA attended the Permanency Summit in August 2024 and attended and participated in a session regarding the designated placement requirements to familiarize staff on the final rule.	
Identify strategies to address permanency through root cause analysis of reassessment findings of youth in QRTPs.	**June 2027**
Implementation Status: Not Started 2024 Progress: ● CQI measures and data sources are not yet finalized. SSA had partnered with a contract with University of Conn. for this scope of work, and that contract ended 6/30/24, and this scope of work was not reassigned during 2024.	
Implement a process to assess youth readiness to transition from congregate, non-family based care to family settings.	**June 2027**
Implementation Status: Not Started 2024 Progress: ● N/A	
Develop a statewide communications and messaging campaign in partnership with young people that highlights the value of support and connection in addition to providing life skills.	**June 2027**
Implementation Status: In Progress 2024 Progress: ● The State Youth Advisory Board provided feedback to the Fenton Group on the "Family Matters" communication campaign. Members identified person first and strength-based language to support youth in care identifying family of choice. ● SSA plans to review and revise the MyLife Website with youth feedback to improve information and resources for life skills and independence.	

Assess Maryland's capacity to expand Chafee service access for young adults beyond the age of 21.	December 2028
Implementation Status: In Progress 2024 Progress: ● SSA reviews requests for services for young adults beyond 21 and refers to LDSS on an individual as needed basis. ● SSA will explore policy enhancements and practice guidance to ensure consistent access to referrals for youth beyond age 21.	

Goal 6: CQI/QUALITY - *Advance safety, permanency, and well-being outcomes for all children and families served by developing a performance management and accountability framework for high quality case practice and strengthening continuous quality improvement and quality assurance activities.*

Assessment of Performance

The Continuous Quality Improvement/Quality Assurance (CQI/QA) unit at SSA oversees CQI and QA activities in the state of Maryland. The CQI/QA unit continues to leverage its existing framework to guide the state in performance improvement and advanced outcomes in safety, permanency, and well-being for children and families.

A key CQI/QA activity is the CFSR. Onsite reviews are held on a monthly basis. In 2024, a total of 126 cases were reviewed, including 79 foster care and 47 in-home, across nine jurisdictions, one of which was the state's metropolitan region. Cases are chosen using random sampling. Data gathered from the onsite reviews in addition to Headline Indicators are shared and discussed with locals to support the development of individualized Continuous Improvement Plans (CIPs). Data from onsite reviews, the Headline Indicators, and CJAMS is also disseminated to stakeholders through the CQI Network, where LDSSs are able to discuss challenges and barriers to improving practice, share innovative strategies to improve performance, and seek support from SSA and other jurisdictions through the peer-to-peer model.

In preparation for Round 4 of the CFSR, multiple trainings were held in 2024. Two lunch and learns were held with attendees from the LDSS to educate staff on the CFSR process and the practice expectations measured through the OSRI. Additionally, three peer reviewer trainings and two QA trainings were held, recruiting a total of 56 volunteers and promoting four peer reviewers to QA staff. Additionally, internal meetings with standing peer reviewers and QA staff, comprised of the CQI/QA unit and partners at the University of Maryland School of Social Work, were held as needed to

incorporate feedback from the Children's Bureau (CB) into the ongoing onsite review process, with a focus on improving the consistency of item ratings and providing sufficient rationales. Finally, in preparation for submitting the Statewide Assessment in 2025, the CFSR Round 4: Statewide Assessment Planning Committee was formed in November 2024. The committee is composed of stakeholders and representatives from various SSA programs and will meet on a monthly basis until the Statewide Assessment is submitted.

The CQI/QA unit also partners with the University of Maryland School of Social Work to facilitate annual stakeholder focus groups. The stakeholder focus groups further contextualize CFSR and Headline Indicator data by evaluating the systemic factors impacting the state's child welfare system and how engagement and teaming with families and across systems impacts the quality of service provision. Stakeholder focus groups also serve as a direct feedback-loop on Maryland's CQI/QA system, wherein LDSS and court personnel are able to share their understanding of and feedback on internal and statewide CQI and QA activities. In 2024, stakeholder focus groups were held with LDSS staff (i.e., directors and assistant directors, supervisors, caseworkers), service providers, resource parents, court personnel (i.e., attorneys, judges and magistrates), biological parents, youth, and OLM representatives. Participants were recruited from 10 jurisdictions – including that state's metropolitan region – that had completed the CFSR within the previous year. Results from the September and October 2024 implementation will be shared with internal and external stakeholders in March 2025.

While Maryland's CQI/QA system is quite robust, several steps will need to be taken in 2025 to develop a performance management and accountability framework that yields positive outcomes. This will include greater interagency collaboration throughout SSA to firstly understand all practice improvement initiatives and feedback loops in place and secondly coordinate these efforts to ensure a synchronized approach to performance management is in place. Next, the CQI/QA unit will need to review the quality and limitations of all current data sources (i.e., CFSR onsite reviews, Headline Indicators, CJAMS, Local QA Reviews, etc.) that drive CQI and QA activities. Identifying gaps will allow for the strengthening of current tools and measures, the expansive utilization of the data, and new data sources to be created when gaps cannot be filled by existing sources. The next steps will continue to be underscored by the incorporation of the IPM and youth/family voice.

Table 73: Goal 6 5-Year Monitoring Targets

5-Year Monitoring Targets	*Base-line CY 2023	*2026 APSR CY 2024	2027 APSR CY 2025	2028 APSR CY 2026	2029 APSR CY 2027	2030 APSR CY 2028
CFSR Round 4 Findings identify Maryland's Statewide Information System Systemic Factor in substantial conformity.						
CFSR Round 4 Findings identify Maryland's Quality Assurance System Systemic Factor in substantial conformity.						
CFSR Round 4 Findings identify Maryland's Agency Responsiveness to the Community Systemic Factor in substantial conformity.						
**Note: CFSR Round 4 begins October 1, 2025 through March 31, 2026. This data table will be updated upon receipt of the Children's Bureau's Results Report, which contains findings from the case review.*						

Table 74: Goal 6 Strategy 6A Measures

Strategy 6A. Establish a comprehensive and consistent process for gathering and integrating feedback from individuals with lived expertise and partners into performance assessments, plans, programs, and policies.
Interim Benchmarks for Strategy 6A: Document all current/planned processes for partner engagement by 12/2024. Develop and test a centralized mechanism for partner feedback on two policies/practices by 06/2025. Document all state and local groups where lived expertise is represented and develop a plan to ensure each has representation by 06/2026.
Rationale for Strategy Selection: A child welfare system is most effective when it includes the consistent representation, engagement, and integration of the voices of those with a vested interest in the child welfare system. It is especially important to integrate family and youth voices into all aspects of child welfare decision making, given they are the most knowledgeable about solutions that will benefit them. Effective collaboration can yield higher quality decision-making, innovation, and service delivery. While Maryland has a robust stakeholder focus group process already in place with caseworkers, providers, parents, and youth, there is opportunity to expand the state's processes for gathering and integrating feedback from a wide array of voices.

Table 74a: Goal 6 Strategy 6A Assessment of Performance

Key Activities	Benchmarks for Completion
Develop a communication plan that ensures partners are regularly engaged via annual surveys, listening sessions, focus groups, targeted dialogue, and contributing feedback via public comments.	**June 2025**
Implementation Status: In Progress 2024 Progress: ● In 2024, partners and individuals with lived experience were able to provide their feedback on the child welfare system and specific practice models through the Family Team Decision Meeting (FTDM) Feedback Survey and the stakeholder focus groups. The FTDM Feedback Survey was implemented in March 2024 and October 2024. The FTDM Feedback Survey was revised in the summer of 2024 to increase the youth/family response rate by shortening the length of the survey and increasing the readability. Feedback from individuals with lived experience was sought to ensure the accessibility of the survey. Additionally, the revised FTDM Feedback Survey was focused on gleaning the experiences of youth and family as well as other professionals (e.g., attorneys, CASA volunteers, mental health providers, educational representatives, etc.) in facilitated meetings, or FTDMs, as a component of the Integrated Practice Model (IPM). The stakeholder focus groups were held in September and October 2024 with a variety of stakeholders, including birth parents, resource parents, youth, service providers, attorneys, judges and magistrates, and LDSS staff, from ten local jurisdictions, including the state's metropolitan region. During the focus groups, partners and individuals with lived experience were asked about the following topic areas, depending on their role: teaming practices with the LDSS, experiences of the court system, case planning, and service accessibility and quality. ● The Policy Network Group (PNG) has provided an opportunity to provide partner engagement and incorporate lived experience into the policy process and practice. The feedback has integrated representation of families into the decision-making process, plan of action, management and procedures, and alignment of actions toward better outcomes. The PNG brings together representatives from across Maryland and SSA to oversee and guide the policy-making process. The PNG leverages members' expertise to lead development of policies that are consistent with local, state, and federal law, regulations and other executive mandates, SSA's strategic direction and practice model, and, where appropriate, local and best practices. This scope includes the review, development, issuance, and rescinding, of both issued, new, and revised SSA policies.	
Develop a centralized mechanism for gathering, analyzing, and discussing feedback, including establishing feedback loops and integrating feedback into the statewide CQI process and adjusting practices/policies as needed.	**December 2025**

Implementation Status: In Progress
2024 Progress:

- In 2024, SSA utilized preexisting feedback loops to analyze and improve the statewide CQI process. SSA garners feedback through the stakeholder focus groups, the CQI Network, and the CIP process. Through the stakeholder focus groups, stakeholders from the court system and LDSS staff are given the opportunity to share their understanding and experience of quality assurance efforts at the state and jurisdiction levels. The 2024 focus group results showed that LDSS staff were well-versed in the QA/CQI processes occurring at the state-level and within their local jurisdiction, while court partners were less aware of these processes and their findings. Participants also shared that while CQI/QA data can be helpful to receive, it is difficult to translate the findings to practice improvement efforts. Focus group findings also highlighted mixed experiences with the onsite reviews, suggesting a need to bolster the scheduling, worker preparation, and case elimination processes. The CQI Network Meeting also provides an opportunity from LDSS staff to reflect upon performance data and discuss the challenges faced and strategies utilized to address barriers to best practice. This feedback is then disseminated among other local jurisdictions and across SSA to discern priorities and guide enhancement efforts. Lastly, the CIP process offers several points of feedback, starting with Orientation and Practical Data Meetings, where the story behind Headline Indicators is shared, through the creation of CIPs through reflection of the CFSR Results Reports and Headline Indicator data. Progress on CIPs are then monitored through check-in meetings every six months. This process allows locals to identify what practice improvement efforts are needed, including additional training, procedural changes, and new forms to support documentation. Through ongoing communication with SSA during the CIP process, local jurisdictions can also request technical assistance and support in implementing their chosen strategies.

Strengthen and expand the infrastructure to support the robust inclusion of lived expertise at the state and local levels (i.e., serving on committees, advisory boards, providing consultation, hired into the workforce).	**December 2027**

Implementation Status: In Progress
2024 Progress:

- Over the past year, SSA has made significant strides in incorporating lived expertise into its decision-making processes by actively engaging both adults and youth in document reviews, workgroups, and focus groups. Through regular check-in meetings, Caregiver Advisors have been encouraged to share their opinions and provide valuable input, creating a more collaborative environment.
- Recognizing the right to freedom of speech, focus groups have also been presented in Spanish, ensuring that non-English-speaking participants can freely express their perspectives. These efforts reflect SSA's commitment to garnering the lived expertise of individuals who are directly affected by the policies and programs under review. This approach not only enhances the quality of feedback but also ensures that all individuals are heard and valued.
- SSA has implemented START in 6 jurisdictions in Maryland. An essential component of this practice is the involvement of a Peer Mentor—an individual with lived experience in recovery—who works closely with each family engaged in the START program.

Engage older youth in designing, installing, and implementing effective permanency improvements and community connection strategies.	**December 2028**
Implementation Status: In Progress 2024 Progress: ● In 2024 the Older Youth team established and launched State Youth Advisory Boards across all 24 jurisdictions. This engagement strategy fostered a sense of community and connection among older youth in care. The team also created personalized transitional and case plans to support positive outcomes for youth transitioning out of care. Additionally, the team spearheaded three key initiatives: *Advancing Well-Being for Youth in Care, Family First Prevention Services for Pregnant and Parenting Youth*, and *Enhancing Trauma-Informed Practices in Statewide Independent Living Programs*.	

Table 75: Goal 6 Strategy 6B Measures

Strategy 6B. Develop and implement a CQI process to measure, monitor, and support quality casework practice in accordance with national best-practices, key performance indicators (KPIs) as established by DHS, and in alignment with SSA's Integrated Practice Model (IPM).
Interim Benchmarks for Strategy 6B: Establish timeline and process for engaging LDSS and other partners on the development of KPIs/best practices by 06/2025. Establish a process for sharing areas needing improvement across counties by 06/2027.
Rationale for Strategy Selection: Establishing clear and consistent expectations regarding case practice, as outlined by the IPM, will increase consistency across counties and improve outcomes. Building on State and Local CQI practices to strengthen implementation of the IPM, Maryland has the necessary framework to establish KPIs and performance profiles based on the IPM. This intentional, regular review of practice and performance data will enable SSA and LDSS to identify IPM implementation strengths and areas of improvement to address, monitor, and improve outcomes for children and families being served. Clearly defined feedback loops will promote timely communication and facilitate small tests of change to target areas needing improvement.

Table 75a: Goal 6 Strategy 6B Assessment of Performance

Key Activities	Benchmarks for Completion
Determine key performance indicators of the IPM, including fidelity, quality, and outcomes, and methods for collecting data.	**December 2025**

Implementation Status: In Progress
2024 Progress:

- In 2024, IPM fidelity, quality, and outcomes were primarily measured via the evaluation of facilitated meetings. Facilitated meetings, include but are not limited to, Family Team Decision Meetings (FTDMs) and Youth Transition Planning (YTP) Meetings. Facilitated meetings are evaluated through three data sources: 1) the FTDM Feedback Survey, 2) the LDSS self-report, 3) the state administrative system (CJAMS). The FTDM Feedback Survey, which is implemented biannually (March and October), seeks to understand participant satisfaction, fidelity to the principles of family-centered practice, and meeting outcomes. The FTDM Feedback Survey was revised in the summer of 2024 in preparation for the October 2024 implementation based on FTDM facilitator feedback. The revised surveys sought to improve response rate and gather data that can support the analysis of the relationship between family engagement and permanency outcomes. At present, the FTDM Feedback Survey collects feedback from youth/family members and professionals, including attorneys, service providers, CASA volunteers, etc., as well as more detailed information about the meeting itself from FTDM facilitators. The LDSS self-report was designed to be completed on a monthly basis by all 24 jurisdictions. It provides a count of the types of meetings that are completed, cancelled, and disrupted, the participants in the meeting, the number of children discussed in the meeting, the program assignment type, and the meeting outcomes. The LDSS self-report is revised each state fiscal year based on feedback from FTDM facilitators and the priorities of SSA. In July 2024, LDSS began utilizing the most current version of the self-report, which was expanded to include additional meeting outcomes related to placement moves and stability, as this measure is not well-captured in other available data sources. Finally, facilitated meeting data acquired from CJAMS shows how often facilitated meetings are being held in accordance with the policy-identified intervention points. The CJAMS data methodology is continuously reviewed to ensure that it aligns with both policy and practice. In December 2024, these data sources were utilized in a permanency enhancement session on family engagement. A FTDM Observation Checklist was also developed to review meeting facilitation across the 24 local jurisdictions and provide direct technical assistance. These observations will occur in the first half of CY 2025. In addition to evaluating facilitated meetings as a key component of the IPM, annual stakeholder focus groups and onsite review data collected through monthly CFSRs provide additional insight into the use of IPM principles in child welfare practice.

Develop a process and tools to measure and monitor progress (and/or fidelity) on the identified IPM practice standards and KPIs that build on the SSA CQI Team's CFSR Results Reports to LDSSs and LDSSs' Continuous Improvement Plans.	**December 2026**

Implementation Status: In Progress
2024 Progress:

- IPM practice standards and SSA's KPIs, or Headline Indicators, are infused into every aspect of the CIP development process. Starting with the Orientation and Practical Data Meetings, SSA and the LDSS review and discuss Headline Indicator data, with a focus on how teaming practices with families and engagement with community partners supports target achievement across KPIs. Additionally, in 2024, LDSS highlighted challenged populations where the local department is encountering barriers to achieving safety, permanency, and well-being due to systemic issues and a lack of resources. This includes older youth, youth with complex needs, and

families of youth with high mental/behavioral health needs. During the onsite review, peer reviewers gather information on the LDSS's engagement of community partners, the individualization of services provided, and teaming practices utilized to engage youth and families in safety and case planning. CFSR results, Headline Indicators, and IPM core practices are taken in aggregate to develop comprehensive recommendations to the LDSS through the CFSR Results Report, which is then built upon during CIP Meetings and CIP Monitoring Meetings. In particular, LDSS are tasked with identifying ways to strengthen their workforce and improve engagement with all necessary family members to ensure the safety, permanency, and well-being of children.

Measure and monitor the fidelity, quality, and impact of KPIs, and identify improvement strategies.	**December 2026**

Implementation Status: In Progress
2024 Progress:

- In 2024, the Headline Indicators and accompanying storylines were monitored for accuracy. For instance, the circumstances of removal data in the storylines was under review and subsequently corrected at the end of 2024. The storylines impacted were the permanency entries and entry rates. KPI impact is monitored through the aforementioned CIP process in conjunction with anecdotal feedback from the LDSSs and qualitative data from the CFSR onsite reviews. Additionally, feedback on the quality of the Headline Indicators in their ability to capture the nuances of best practices was discussed throughout the year, suggesting a need to develop additional KPIs outside of federally prescribed measures.

Address areas needing improvement as noted through case reviews, quality assurance reviews, family and youth feedback, and delivery of IPM training, IPM Coaching Intensives, Coach Approach Model training and learning collaboratives to sustain skill building.	**December 2027**

Implementation Status: In Progress
2024 Progress:

- Family and youth feedback provided through the FTDM Feedback Survey and stakeholder focus group suggests that FTDMs are a valuable component of the IPM and that teaming practices with families are overall quite strong. However, feedback also suggests that LDSS can always improve their collaboration with families by ensuring that they are fully involved in decision making (as in their opinions are both heard and thoughtfully considered when determining next steps) and supported in connecting to individualized resources. Due to the success of the IPM, the values, principles, and practices of this model are integrated into every training offered by the CWA. In 2024, there were no specific IPM Coaching Intensives. However, the CWA supported further infusion of the Coach Approach framework by hosting Coach Mentor Development sessions, Coaching Learning Circles, an Adaptive Leadership Cohort, and Coach Approach training. Currently, there are 30 certified Coach Mentors across Maryland. In order to ensure better representation across the state, SSA is working to improve recruitment efforts for Coach Approach training.

Table 76: Goal 6 Strategy 6C Measures

Strategy 6C. Strengthen state and LDSS ability to leverage data and CQI tools to achieve system and outcome improvements.
Interim Benchmarks for Strategy 6C: CFSR Round 4 Statewide Assessment is submitted on time. List of procedures for monitoring programs needing to be documented is developed by 12/2026.
Rationale for Strategy Selection: Maryland's 2018 Round 3 CFSR found the state was not in substantial conformity with the systemic factor Quality Assurance System, which informed the selection of this strategy. The state has been implementing its quality assurance process successfully for more than five years, which includes ongoing CQI reviews using the same CFSR onsite case review process and onsite review instrument. By strengthening the state's ability to leverage data to support the evaluation of the quality of services and program improvement measures at the state and local levels, Maryland will be well positioned to achieve substantial conformity during Round 4 of the CFSR.

Table 76a: Goal 6 Strategy 6C Assessment of Performance

Key Activities	**Benchmarks for Completion**
Prepare the statewide assessment for Round 4 of the CFSR and develop a plan to address the CFSR findings through the APSR and a Program Improvement Plan (if needed).	**October 2025**
Implementation Status: In Progress 2024 Progress: ● In preparation for completing the Round 4 statewide assessment, the CFSR Round 4: Statewide Assessment Planning Committee was formed in November 2024. The committee meets monthly to complete the systemic factor worksheets, which will be used in 2025 to write the statewide assessment.	
Continue to foster a culture of continuous learning and utilization of data to improve services through the CQI Network and the dissemination and review of lead (practice) and lag (long-term outcome) measure dashboards.	**December 2026**
Implementation Status: In Progress 2024 Progress: ● In 2024, the CQI Network continued to bolster its peer-to-peer model with the intent of fostering peer learning through collective exploration and problem solving. Through the peer-to-peer model as well as by sharing Headline Indicator data, CJAMS data, and CFSR results, members of the CQI network were able to share challenges and identify strategies for improvement in the following practice areas: achievement of permanency, kinship placements, maintaining connections for youth in foster care, and assessing the needs of children, birth parents, and resource parents.	

Design and implement CQI protocols, including performance data from providers. This activity is aligned with Goal 6, Strategy 6D.	**December 2027**
Implementation Status: Not Started 2024 Progress: ● In 2009, the Children's Bureau identified the need for the state to develop a CQI process to ensure the ongoing monitoring of child welfare services. Since then, CQI protocols have been designed and successfully implemented. However, current CQI protocols do not outline a clear process on incorporating performance data from placement and community providers. SSA will begin work on expanding current protocols in 2025.	
Develop comprehensive written procedures for monitoring program services and functions to ensure compliance with applicable laws, regulations, and policies, appropriate and timely recordkeeping and the maintenance of supporting documentation.	**December 2027**
Implementation Status: In Progress 2024 Progress: ● Local QA Reviews are implemented to critically assess the quality of practice and processes at the local level and compliance with applicable laws, regulations, and policies using a standardized tool. CPS cases are reviewed quarterly while all other program areas are reviewed bi-annually. In early 2024, minor adjustments were made to the QA Review Tool to ensure clarity for reviewers based on feedback received from LDSS and to capture changes to policy. Results are compiled and dispersed to LDSS. LDSS must provide a Plan of Action (POA) for all areas out of compliance and technical assistance is provided to address areas of need. Additionally, ACQI supports the locals in compliance tracking through a variety of reports that are provided on a weekly basis, including the Foster Care Milestone Report, the CPS Milestone Report, the SEN Milestone Report, and the Caseworker Visitation Report. A three-tier notification process is also in place to support LDSS in resolving areas of noncompliance. Finally, ongoing CJAMS enhancements support recordkeeping and documentation, although no new CJAMS enhancements were made in 2024.	
Expand CQI reviews to include a Quality Assurance case review that addresses the critical services and functions performed by the LDSS.	**December 2028**
Implementation Status: In Progress 2024 Progress: ● Local QA Reviews are implemented to critically assess the quality of practice and processes at the local level and compliance with SSA processes using a standardized tool. CPS cases are reviewed quarterly while all other program areas are reviewed bi-annually. In early 2024, minor adjustments were made to the QA Review Tool to ensure clarity for reviewers based on feedback received from LDSSs and to capture changes to policy.	

Table 77: Goal 6 Strategy 6D Measures

Strategy 6D. Strengthen data infrastructure and enhance outcome metrics.
Interim Benchmarks for Strategy 6D: Set of revised permanency indicators revised by 06/2025. Process established to verify accuracy of pregnant and parenting youth by 12/2026. Expanded well-being indicators developed by 12/2027.
Rationale for Strategy Selection: Maryland's 2018 Child and Family Services Review Round 3 Final Report indicated that the state was not in substantial conformity with the systemic factor Statewide Information System. This, coupled with a change in information system platforms, informed the selection of this strategy. Maryland transitioned to a Comprehensive Child Welfare Information System (CCWIS), the Maryland Child, Juvenile and Adult Management System (CJAMS), as part of the multi-program implementation of a shared health and human services platform. During the CFSP collaborative planning process, LDSS identified CJAMS functionality and data system enhancements as priority next steps to assist with performance across priority performance areas. Stronger data infrastructure is an enabling context for strong quality assurance and CQI processes and provides clear information to those monitoring performance. Specifically, a stronger infrastructure will facilitate ongoing monitoring of safety, permanency, and well-being; inform improvement cycles; and bolster data-driven decision-making.

Table 77a: Goal 6 Strategy 6D Assessment of Performance

Key Activities	**Benchmarks for Completion**
Develop lead measures to assess child strengths and/or difficulties, including but not limited to usage and quality of child and family assessments and integrate into the lead and lag measure dashboards that are routinely reviewed by SSA and LDSS; and develop CJAMS enhancements if necessary.	**December 2025**
Implementation Status: In Progress 2024 Progress: ● CANS Booster meetings were held to understand the importance of the CANS assessment by UMSSW. ● UMSSW has been conducting TA sessions around all family assessments; teaming, planning and IPM. ● The dashboard indicators have been added into CJAMS to track measures. ● SSA plans to explore QuickSight report enhancements to track family assessment completions and utilizations.	
Revise a set of permanency indicators to regularly monitor key areas of permanency performance, including but not limited to number of youth aging out, exits by type of permanency, FTDM attendance, ongoing exploration of kin, TPR date filed, and court hearing notifications.	**December 2026**

Implementation Status: Completed
2024 Progress:
- All of the above Permanency Indicators were revised within CJAMS.
- More detailed reports will be explored with QuickSight to report statewide permanency measures.

Enhance the state's and CJAMS' capacity to accurately identify and monitor pregnant and parenting youth (and their children) and measure services and outcomes for this population.	**December 2026**

Implementation Status: In Progress
2024 Progress:
- Worked with Chapin Hall and Family Preservation program to develop key performance measures to monitor pregnant and parenting youth outcomes.
- Three reports to monitor the Family Preservation Prevention Services are still being finalized, in which one report has been developed to specifically monitor pregnant and parenting youth and their children while in care for better outcomes.

Develop CJAMS capacity to integrate court data related to permanency achievement.	**December 2026**

Implementation Status: In Progress
2024 Progress:
- SSA Data Team is working with the Permanency team and MD THINK to integrate practice for better documentation in the Court tab within CJAMS.

Build CJAMS and/or Qlik reports to support implementation and CQI efforts across SSA's program areas, including user-friendly, actionable summaries of performance and trends.	**December 2027**

Implementation Status: In Progress
2024 Progress:
- The State is shifting to Amazon Web Services (AWS) QuickSight for reports.
- This is a collaborative effort with SSA, DHS Data Office and MD THINK to build reports to monitor Child Welfare and Adult Services trends.
- SSA Data Team continued to review and update Data Catalogs developed by MD THINK in collaboration with the DHS Data Office to map base population to improve reports data quality. This process started in the fall of 2024.

Expand the definition of well-being for children and youth served by child welfare to include essential child well-being indicators, beyond those that already exist, and routinely monitor; and develop CJAMS enhancement if necessary.	**December 2028**

Implementation Status: In Progress
2024 Progress:
- Chapin Hall has worked with the Family Preservation program and other leadership to craft well-being key performance indicators to help the Department serve the youth and families.
- A meeting will be planned in Spring 2025 with the Well-Being program to draft Key Performance Indicators (KPI) to support those KPIs already established in the Headline Indicators.

Implementation and Program Supports

Implementation and program support carried out in 2024 to advance Maryland's six CFSP goals are described in the goal-specific updates found in Section 3 of this report. These updates provide a comprehensive overview of the strategies and activities undertaken to support each goal, including targeted training initiatives, the delivery of technical assistance, and the implementation of planned research and evaluation activities, where applicable. These efforts demonstrate how each strategy is being actively supported, implemented, and continuously improved or refined.

In addition to these implementation and programmatic efforts, several information system activities and enhancements were completed to further support the state's 2025-2029 CFSP goals and objectives. See below.

Data Systems
In 2024, Maryland provided ongoing technical assistance and support to case workers through a variety of initiatives aimed at improving system performance and usability. A primary focus was on enhancing the functionality of CJAMS to better support frontline staff. In addition, training on the use of the Headline Indicator Dashboard and program Milestone Report continued to be provided to supervisors and managers upon request.

System enhancements to CJAMS continued throughout the year and were incorporated into training for both newly hired staff and existing users. These updates included improvements related to Title IV-E, FFPSA, LJ reports, Health documentation, AFCARS, out-of-home placements, and CPS. The goal of these enhancements was to support better outcomes and an improved CCWIS system.

Training needs were identified and addressed through several channels, including quarterly CJAMS enhancement rollouts, input from the CJAMS Coordinators group (composed of subject matter experts from each LDSS), and collaborative planning between SSA and the DHS Learning Office. A plan was developed with the DHS Learning Office to create a new Supervisor training, to include a focus on understanding data within CJAMS and the critical role supervisors play in supporting data-informed practice. This training is set to be piloted in early 2025.

System development continued in partnership with MD THINK. CJAMS enhancements were tracked using a point-based system that estimated the development effort required for each update. Each quarter required a number of points that was equated to the number of man hours to create and develop each CJAMS story. There were a total of 48 CJAMS

enhancements, L.J., and CJAMS report stories that were implemented in 2024.

Data Reports
In 2024, Maryland continued to advance its data reporting capabilities to support child welfare outcomes and improve data-driven decision-making. A primary focus of the report development team was to address critical application fixes to ensure accurate data flow during the transition from Quicksense (Qlik reports) to QuickSight, Amazon Web Services' (AWS) data visualization tool. The team conducted comprehensive reviews of existing reports to verify data accuracy and implemented necessary data corrections prior to deployment into the production environment. The team works collaboratively with the DHS Data Team and MD THINK to prioritize reports for QuickSight launch to support child welfare operations.

Throughout the year, there was a concerted effort to review both report functionality and the way users interact with the reports on a regular basis. Research, Data and Evaluation continues to partner with MD THINK and DHS Data Office to design and construct reports that are both user-friendly and provide a clear and effective visualization of the data when transitioning to QuickSight.

During 2024, there were updates to AFCARS 2.0 reporting, in which system enhancements were needed to ensure mandated AFCARS compliance. Two key AFCARS reports - *Marital Status and Reproductive Health*- were developed, finalized, and approved for Child Welfare.

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

Throughout CY 2024, collaborative efforts between SSA and MD THINK continued in support of meeting the requirements of the L.J. Consent Decree. This work included twice-weekly meetings focused on addressing reporting needs, resolving identified system defects, and ensuring data accuracy and compliance. Due to a change in leadership at SSA and the identification of

several L.J. reports and system defects, five additional reports were added to CJAMS in CY 2024.

Worker Trainings
During CY 2024 the Child Welfare Academy continued to integrate the Integrated Practice Model into all training curricula to ensure consistency with Maryland's practice framework. Training efforts emphasized key areas including Supervision Matters, Secondary Traumatic Stress, Coach Approach, which is a staff engagement model designed to strengthen presence and effectiveness in client interactions.

In-Service training remained ongoing throughout the year and was tailored to address both state-level SSA priorities and specific requests from LDSS for additional staff development. Additionally, a plan was developed to revise the initial pre-service training based on feedback from participants and stakeholders, though implementation is scheduled for 2025.

CJAMS training continued as part of the pre-service curriculum for new hires and was also provided on an ongoing basis to existing staff in response to system enhancements and emerging needs.

CJAMS Support & Enhancement
During CY 2024, the Systems Transformation Unit hosted coordinator groups to discuss challenges and concerns with CJAMS functionality and to help troubleshoot issues. Meetings occurred bi-weekly and representatives from all LDSS, SSA, and MD THINK participated in these meetings. Agenda items included upcoming demos, updates to How-To-Guides, user training needs, CJAMS functionality questions, and resolution of outstanding CJAMS tickets. The central goal of these meetings is to ensure that caseworkers are equipped to document information about their children and families accurately, efficiently, and effectively, and to support the overall case management process.

In addition to biweekly meetings, a core group of representatives from LDSS, SSA, and MD THINK met to discuss needed modifications, enhancements, and new features to be included in CJAMS, to improve both the user experience and data quality management. This group included a dedicated SSA systems development team member whose focus was on the application and training needs for the enhancements being requested. This group also covered defect issues and vetted new CJAMS enhancement stories.

Throughout 2024, MD THINK created and developed a total of 48 CJAMS user stories across areas such as Child Welfare, Provider, L.J., and Reports. Each Thursday, MD THINK conducted live demonstrations of these stories, at which

time the story was reviewed by SSA, CJAMS Coordinators, a Product Owner from SSA, and MD THINK. For a story to be approved, all acceptance criteria outlined in the story had to be successfully met. If any acceptance criteria failed to work, as written and developed in the story, MD THINK revised the feature and conducted another demo. Final approval was granted only when all criteria passed.

Following product approval, User Acceptance Testing (UAT) was conducted by SSA and voluntary CJAMS Coordinators. Every acceptance criterion needed to pass in UAT for the story to move forward. If issues were found, MD THINK made corrections and repeated the testing process. Once all acceptance criteria in the story passed; SSA Product Owner approval was reconfirmed.

At the end of each quarter, MD THINK allocated a two-week period for regression testing to validate the functionality and integration of all CJAMS stories scheduled for release. Upon successful implementation of the updates in the CCWIS system, formal communications were sent to the CJAMS Coordinators, Assistant Directors of LDSS, and SSA. Subsequently, How-To-Guides, training materials and training were developed and disseminated to ensure smooth adoption of the enhancements.

Adoption and Foster Care Analysis and Report System Updates
In 2024, AFCARS 2.0 training sessions were conducted in tandem with CJAMS over a six-week period, with sessions held twice weekly. These targeted trainings were designed to enhance staff understanding of AFCARS 2.0 and equip them with the necessary skills and knowledge to meet the updated reporting standard and improve overall data quality and compliance.

Title IV-E Foster Care Eligibility Review
In 2024, The Children’s Bureau conducted a primary review of Maryland's foster care program. The purpose of this review was to determine if Maryland was in compliance with foster care eligibility requirements of the Social Security Act sections 45 CFR §1356.71 and §472. The review further substantiated the state's financial claims to ensure funds are appropriately used for eligible children. The review identified five areas of improvement to address eligibility requirements:

1. Safety requirements for foster care homes regarding criminal background checks and prohibited crimes of violence.
2. Aid to Families with Dependent Children (AFDC) Eligibility Requirements addressing income and deprivation factors.
3. Court language requirements- To finalize a permanency plan every 12 months courts must make a finding of reasonable efforts to finalize the permanency plan.

4. Placement and Care Responsibilities- Title IV-E maintenance payments should cease once a child exits foster care.
5. Title IV-E payments were made before all eligibility requirements were met.

Maryland continues to ensure every area of improvement is addressed by updating state regulations to comply with federal safety requirements, ensure system enhancements to deploy automated checks when court language findings are not met through monthly performance audits and suspend Title IV-E payments when applicable, train child welfare staff on proper and timely documentation of court findings, and provide refresher training to IV-E staff on AFDC requirements.

Section 4: *Quality Assurance System*

Maryland continues to grow and leverage its QA/CQI System to implement improvement activities outlined in the 2025-2029 Child and Family Services Plan (CFSP).

Foundational Administrative Structure

The CQI/QA unit at SSA oversees the QA System and local CQI processes in the state of Maryland. The CQI/QA unit provides Child and Family Services Review peer reviewer training and quality assurance training throughout the year to SSA staff, volunteers from local departments, and partners at Chapin Hall and the University of Maryland School of Social Work (UMSSW). This training consists of applying the federal Onsite Review Instrument (OSRI), reinforcing high quality reviews, reviewing written CQI policies and procedures, and building capacity of newer staff. In 2024, a total of 56 new peer reviewers were trained and 4 peer reviewers completed QA training. In addition to peer reviewer and quality assurance training, SSA staff also receive training in understanding Maryland's Headline Indicator dashboard performance. Staff meet with external reviewers on an ongoing basis to assess overall trends towards improving outcomes and discuss the overall quality of the reviews to promote fidelity to the CFSR review process.

Maryland continues to build capacity to enhance its current CQI/QA system by working closely with Chapin Hall and UMSSW. The CQI/QA unit worked with Chapin Hall to bolster the CQI Network Meeting – a monthly meeting of various partners, child welfare stakeholders, and staff and leadership from local departments – to build upon a peer-to-peer learning model. The CQI Network Meeting supports the state's ongoing CQI/QA process by serving as a forum for data sharing and targeted strategizing, reviewing key practice

components based on Headline Indicator and CFSR performance. The peer-to-peer learning model supports this objective by tapping into the progressive efforts of each of the 24 LDSS to identify practiced solutions to statewide challenges impacting the quality of child welfare services. Moreover, the CQI/QA unit partnered with UMSSW to prepare for the state-led Round 4 CFSR. Throughout 2024, UMSSW tracked feedback from the Children's Bureau on the application of the OSRI in monthly onsite reviews and reported out emergent themes to ensure the appropriate use of the Round 4 OSRI and a uniform review of cases. SSA and UMSSW also collaborated to develop the Statewide Assessment Planning Committee, which will support the timely submission of Maryland's Statewide Assessment in 2025.

Quality Data Collection

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

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

Stakeholder focus groups are held annually to collect qualitative data on the systemic factors impacting child welfare practice and inform SSA's understanding of the Integrated Practice Model (IPM). For the 2024 implementation, which took place throughout September and October, a comprehensive recruitment strategy, involving direct outreach and flyer distribution, was utilized to increase youth and family voice. A total of 17 youth and biological parents participated in the 2024 stakeholder groups, a marked increase from previous implementations. The results of the stakeholder focus groups will be shared with DHS/SSA leadership and presented to the CQI Network in 2025.

Case Record Review Data and Process

Maryland's CQI/QA System supports LDSS through the completion of ongoing case reviews, utilizing administrative and case-review data to assess and understand progress towards achieving positive outcomes for children and families. Maryland conducts monthly state-led reviews of the 24 local departments over the course of six 6-month periods. Each period, two large jurisdictions (including Baltimore City, the state's largest metropolitan region), one medium jurisdiction, and two small jurisdictions are reviewed, with the sample of cases selected proportional to the size of the jurisdiction. The reviews use a random sampling methodology to ensure comparability between review periods. In 2024, nine local departments were reviewed: Prince George's, Talbot, Calvert, Baltimore City, Carroll, Anne Arundel, Allegany, Queen Anne's, and Washington.

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

When further information is needed regarding specific domains related to the CQI/QA process, program managers at SSA partner with the local departments to conduct deeper analyses and provide targeted technical assistance as needed. For instance, based on CFSR performance data for Item 6 (Achieving Reunification, Guardianship, Adoption, or Another Planned Living Arrangement), permanency enhancement sessions were held at the end of 2024 to support local departments in the timely achievement of permanency outcomes.

Analysis and Dissemination of Quality Data

Maryland's CQI/QA System evaluates the quality of services using administrative data pulled from CJAMS (i.e., CCWIS) to track progress across sixteen key outcomes that measure safety, permanency, and well-being through the Headline Indicators dashboard. SSA distributes Headline Indicators on a quarterly cycle statewide to all the LDSS. The data show statewide and jurisdiction-level progress towards achieving outcomes as well

as statewide and jurisdictional trends on storylines that explore child-level factors associated with performance outcomes. Additionally, statewide CFSR results are disseminated to LDSS and to internal and external stakeholders every six months. The CFSR Results Report is a summary analysis of local CFSR performance following each CFSR onsite case review. This report outlines the aggregated findings of the LDSS onsite case review, including trends around their practice areas of strength and areas needing improvement. The report then summarizes the overall CFSR performance trends in comparison to the local Headline Indicator data and provides recommendations for practice improvement, with a particular emphasis on the use of Integrated Practice Model (IPM) principles to drive enhancements.

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

Feedback to Stakeholders and Decision-makers and Adjustment to Program and Process

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

The CFSR onsite review process is reflected upon on an ongoing basis to determine its successes and areas needing adjustment. The CQI/QA unit elicits feedback for the onsite reviews by surveying first-time CFSR peer reviewer volunteers and by having open and honest discussions with the local department during the exit debrief following the onsite review. Additionally, QA huddles are held each review to discuss the process in real time. In

combination, these multiple avenues of obtaining feedback on the CFSR process aid the CQI/QA unit in determining additional training and guidance needed to adequately support the efficacy of the CFSR process. In addition, the 2024 stakeholder focus groups yielded feedback on the CFSR onsite review process, including the scheduling of interviews and the dissemination of the results. While the data received was deemed supportive of practice improvement efforts, parts of the process need to be fine-tuned. This includes improving the case elimination process, which impacts the timely scheduling of interviews and completion of the onsite review, and ensuring that frontline staff are receiving the CFSR results. These adjustments will be incorporated in 2025.

The LDSS QA reviews occur in parallel with the statewide CFSR reviews and aid the state in identifying statewide versus local trends in practice and understanding which additional resources, training, technical assistance, or other supports are needed to address gaps and areas needing improvement. Through these reviews, LDSS can elevate local insights on performance for SSA to review cumulatively in tandem with other evidence and data gathered on statewide performance. Insights and trends noted through QA reviews are leveraged for statewide policy and program decision-making while also enabling LDSS to monitor their own performance to guide locally driven and developed improvement efforts.

Maryland has also implemented annual stakeholder focus groups that offer an opportunity for families, youth and professionals who are involved in the system to inform SSA's understanding of Maryland performance on the systemic factors, the IPM, and other strategies to improve practice. Due to their effectiveness, recruitment efforts and semi-structured focus group questions established in 2023 were utilized again in 2024. These continued efforts resulted in an increase in biological parent and resource parent participation. Recruitment methodology and focus group questions will continue to be reviewed on an annual basis, so adjustments can be made as needed.

Section 5: Update on the Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1)

Below is a list of all services currently provided by Maryland, which have not changed since the submission of the 2025-2029 CFSP. For a full description of services and their role in supporting the agency's goals, please refer to the Service Description of the CFSP.

1. Protective Services
    - Child Protective Services
        - Alternative Response
        - Investigative Response
2. Crisis Intervention (Family Preservation)
3. Prevention and Support Services (Family Support)
4. Family Reunification
5. Adoption Promotion and Support Services
6. Foster Care Maintenance
7. Adoption Subsidy Payments
8. Guardianship Assistance Payments
9. Independent Living Services
10. Education and Training (ETV)
11. Administrative Costs
12. Other Services Related Activities
13. Foster Parent Training and Recruitment
14. Adoptive Parent Training and Recruitment
15. Staff & External Partners
16. Caseworker Retention
17. Chafee Program for Successful Transition to Adulthood Program

The estimated number of individuals and families to be served (the number of individuals and families to be served by service/activity with the total estimated funding indicated); the population(s) to be served (the population that has been targeted for the designated services); and the geographic areas where the services will be available are reported in Appendix A: Maryland FY 2026 CFS-101s.

Services and Data for Children Adopted from Other Countries

Maryland does not provide any specific programs targeted to children adopted from other countries. If these children enter care post adoption, they receive the same services as those provided to children born in this country, aimed at reunifying the family as soon as possible. During the federal fiscal year, the state did not receive any requests for post adoption subsidy assistance for youth adopted from another country.

The state currently does not track what agencies are involved in a youth's adoption. The state will explore options, including CJAMS enhancements, for tracking the agencies involved in the youth's adoption, the plans for the child, and the reasons for the disruption or dissolution.

SSA can track the number of children who have entered out-of-home care who were previously adopted from another country in CJAMS. As shown in Table 78 below, in FFY 2024, there were 1,293 new entries in out-of-home care. Of those 1293 youth, 37 (2.86%) had been previously adopted, and 10 (.77%) had been previously adopted from another country.

Table 78 below outlines adoption disruptions. When an adoption disruption occurs and a child enters out of home care a local department of social services would offer reunification services to the adoptive parent prior to moving forward with the dissolution of an adoption. Based on data from the electronic system of record, adoption disruptions occurred due to parental substance use, abandonment, child behaviors, inadequate access to mental health services, child substance use, runaway behaviors, neglect, physical abuse, sex trafficking, and parental death.

Of the 37 identified cases, 13 adoptions were finalized by a public child welfare agency, 5 through a Title IV-E adoption agency, and 19 cases had no agency type specified.

Table 78: Youth Who Entered Care in FFY 2024 Due to Adoption Dissolution or Disruption

Number of Entries	Legally Adopted	Inter-Country Adopted
1293	37 (2.86%)	10 (.77%)
Data Source: CJAMS		

Additionally, SSA can assist a post-adoptive family prior to the removal and entry in out-of-home care by providing Family Preservation Services to prevent removal and to preserve the family.

In 2024, SSA provided the following services to prevent disruption and offer post adoption support to youth adopted from other countries.

- Pre-and-post adoption support services for families in Maryland
- Referrals to community resources
- Financial supports
- Adoption education and therapeutic support services
- Voluntary placement assistance, if applicable
- Family preservation services to prevent entry into out-of-home care.

SSA will continue to ensure that adoptive families who may come to the attention of the LDSS receive the above listed services utilizing federal IV-B and IV-E funding as well as Promoting Safe and Stable Family (PSSF) funds.

SSA will inform and provide technical assistance to the LDSS regarding support for international adoptions.

Services for Children Under the Age of Five

Over the next five years, SSA will focus on reducing the time children aged 0-5 spend in foster care and addressing their developmental needs, both in foster care and through home-based and community settings, with key initiatives aimed at supporting at-risk children under age five, which include:

- Expanding and promoting the Kinship Care Program to reduce trauma and improve outcomes for children under five, while offering resources and support to kinship caregivers.
- Simplifying licensing for kinship caregivers and providing resources to preserve family connections and ensure the safety of young children.
- Raising awareness about the importance of permanency for young children and providing resources to help families create stable, nurturing environments.
- Utilizing the FFPSA to deliver evidence-based services that support healthy development and reduce foster care placements.
- Strengthening partnerships with community organizations and service providers to better coordinate resources for vulnerable children.

SSA provided quarterly permanency plan data to each LDSS Director, highlighting information about missing plans, permanency plan timelines, and placement types to improve permanency outcomes. The report details the number of children and youth with various permanency plans, such as adoption by relatives or non-relatives, APPLA, guardianship by relatives or non-relatives, reunification, and missing permanency plans.

Data from CY 2024 (see Table 79) shows that 967 children aged 0 to 5 spent varying lengths of time in out-of-home care without a permanent family. The largest group, 33.7% (326 children), stayed in foster care for 12-23 months, followed by 23% staying 0-5 months and 19.2% for 6-11 months. Additionally, 233 children had stays ranging from 24 to 60 months. This distribution highlights the need for targeted interventions and resources to support timely permanency outcomes, as many children remain in care for extended periods. By addressing the specific needs of these children, Maryland can reduce time spent in out-of-home care and improve permanency outcomes. The data underscores the importance of Maryland's ongoing efforts to develop and implement strategies that prevent entry into care and promote swift permanency for children under age five in the foster care system.

Table 79: LOS by Months for Children Under Age Five in Out-of-Home Care

LOS in Care (In Months) for Children Under Age Five in Out-Of-Home Care Calendar Year 2024							
Total Number of Children in Care Under 5 Years of Age	**0 to 5 Months**	**6 to 11 Months**	**12 to 23 Months**	**24 to 35 Months**	**36 to 47 Months**	**48 to 60 Months**	**Average Months**
967	222 (23.0%)	186 (19.2%)	326 (33.7%)	158 (16.3%)	59 (6.1%)	16 (1.7%)	16.54
Data Source: CJAMS							

In 2024, SSA introduced the Kin-First Culture in Maryland, training over 1,200 child welfare staff. This initiative emphasizes placing children with kin at the outset of an out-of-home episode to reduce foster care stays over time. That same year, the Kinship Care Program chapter was implemented in COMAR, establishing specific licensing requirements for kinship caregivers. These regulations prioritize safety while streamlining the licensing process, helping to reduce the time children under five spend in foster care without a permanent family. SSA continues to focus on locating and licensing kinship caregivers to minimize trauma, improve permanency, maintain family and cultural ties, and enhance behavioral and mental health outcomes.

SSA also continues to prioritize the implementation of the FFPSA plan to support children aged 0-5 and their families. Key strategies include strengthening partnerships, improving coordination, and offering evidence-based prevention services across Maryland. These efforts aim to improve access to resources and foster healthy growth and development in early childhood.

To further support young children, SSA's Health Care Services Oversight and Monitoring policy mandates that children under three in foster care be referred to the Maryland Infants and Toddlers Program for early intervention if they have experienced abuse, neglect, or were born substance-exposed. Routine healthcare and screenings are also required to support healthy development and prevent neglect. Maryland's partnerships with community-based programs provide essential services such as early learning, parent empowerment, and recovery support, all critical for healthy child development and reducing the risk of maltreatment. The community-based programs include:

Early Learning and Parenting Empowerment

- MSDE- Maryland Infants and Toddlers Program

- MSDE- Infant and Early Childhood Mental Health (IECMH) Support Services
- MSDE- Child Find
- Building Better Beginnings (B3) Initiative
- Judy Centers (Located in various counties)
- Home Visiting- Nurse-Family Partnership, Healthy Families America, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters (HIPPY), Early Head Start and The Family Tree- Family Connects Maryland
- Ready At Five
- Parent Child Interactive Therapy (PCIT)
- MSDE- Social Emotional Foundations of Early Learning (SEFEL) Pyramid Model
- Nurturing Parenting Program

Recovery Support Programs

- Sobriety Treatment and Recovery Teams (START) (7 jurisdictions)
- Safe Babies Court Team Approach (SBCT) (Frederick County)
- Peer Recovery Coaches (Harford County)
- Family Recovery Courts (5 Jurisdictions)

Family Support

- Maryland Family Network's Strong Families- CBCAP grantee programs, Family Support Patty Centers and Early Head Start Networks

In 2024, the community-based early childhood programs listed below achieved significant successes, proving essential to nurturing healthy child development.

- The Maryland Infants and Toddler Program introduced a redesigned referral website, mditp.org, designed to simplify access for parents and legal guardians seeking support with their child's development.
- In 2020, Maryland was awarded the Pritzker Family Foundation Prenatal-to-Age-Three State Grant also known as the Building Better Beginnings (B3) initiative. The B3 initiative, expanded quality prenatal and early childhood care, comprehensive family services, and accessible infant-toddler childcare grants for low-income expectant families and those with children under three years old. In 2024, Maryland secured an additional two-year grant to implement paid medical and family leave and Child Care Scholarships, for parents and providers in three jurisdictions. Through partnerships with community stakeholders, Maryland successfully ensured these resources were available to families and childcare providers in Baltimore City, Prince George's County, and Somerset County. This collaboration contributed to an

improvement in the well-being of families.
- To further enhance school readiness for children under 5, the Judy Center network is planning an 18-site expansion, adding to the current 86 locations.
- The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grew statewide, offering voluntary in-home support tailored to the needs of families and children from prenatal to age 3.
- Healthy Families America (HFA) in Howard, Prince George's, Somerset, Talbot, Kent, and Queen Anne's Counties in FY 2024 provided evidence-based in-home services to 244 pregnant women and families with children up to five years old. These services included child development education, parenting skills, problem-solving skills and referrals to community resources.
- Parent Child Interactive Therapy (PCIT) provided therapy to 17 youth in FY 2024 who experienced behavioral challenges. The evidence-based mental health therapy assisted with improving communication skills and strengthened parent-child bonds.

During 2024, Maryland's recovery support programs prioritized child safety, parental recovery, and family well-being, leading to positive outcomes for children under age five who are affected by substance use and maltreatment.

- The START program, part of Maryland's Title IV-E Prevention Plan, improves outcomes for children and families affected by parental substance use and child maltreatment. In 2024, START served 55 families with children aged 0-5 across seven jurisdictions. Although 75 referrals were made, only 34 families began services due to various reasons such as not meeting criteria, declining participation, or staffing shortages. Nine families successfully completed START services in 2024.
- Maryland’s Family Recovery Court programs connected parents involved in child welfare cases to intensive substance use treatment. In 2024, Baltimore County received 35 referrals, with 19 families receiving treatment and support, 12 of which had children 5 and under. The program graduated 7 parents, 4 with young children. Charles County received 25 referrals, serving 15 families, including 2 with children aged 0-5 who successfully completed the program. Harford County served 23 families with 56 children, including 36 children aged 5 and younger, and graduated 6 families, with 8 more nearing completion.

Last, SSA’s continued partnership with family support programs addressed the needs of families with children ages 0 to 5.

- Maryland Family Network (MFN) is actively involved in SSA's stakeholder groups, to ensure community voices shapes child abuse prevention efforts, promote early childhood development and family well-being,

MFN delivers these services to children and their families through Patty Centers, Early Head Start, LOCATE Child Care, and the Child Care Resource Network. MFN and its 19 subrecipients secured funding for additional Patty Centers, offering families with children aged 0-3 access to resources, early care, parenting classes, and health services.

Efforts to Track and Prevent Child Maltreatment Deaths

As described in the CFSP, efforts to track and prevent child maltreatment deaths involve a multi-disciplinary, multi-agency approach. This is the first year that more comprehensive data has been collected; therefore, comparisons to trends from previous years is not possible. During this reporting period:

- SSA updated the DHS Critical Incident Notification Policy. This policy directs the LDSS on when to contact SSA, who to contact at SSA, the use of the reporting forms (1080 series) and what necessary steps must be taken after the notification of a child fatality has been sent. The update was designed to offer clear and direct instructions for using the reporting forms, with the goal of reducing redundancy for the LDSS and ensuring accurate data is captured on child fatalities screened in for investigations.
- SSA analyzed the 2024 child fatality data gathered from the 1080 forms and the electronic management system, presenting the findings through quarterly and annual reports. These reports highlighted key trends in child fatalities and provided system-level and practice recommendations for improvements and assisted with tracking child fatalities.
- SSA requested access to the Office of Chief Medical Examiner's (OCME) reports to assist with tracking child fatalities in Maryland. SSA assisted with updating the LDSS's access to the OCME's reports regarding fatalities within their jurisdictions.

State Child Fatality Review Team

SSA continues to partner with the Child Fatality Review State Team (as described in the CFSP). The CFR completed the following in 2024:

- Virtual Meetings were held March 19, April 4, June 18, and September 18, 2024.
- Annual in-person meeting was held November 11, 2024, and discussed fatality trends and ongoing workgroup progress.

- Additional workgroup meetings to address three key recommendations aimed at preventing child fatalities. These recommendations included exploring the feasibility of reviewing near fatalities, such as non-fatal overdoses and gunshot wounds, by developing a policy and pilot process by the end of State FY 2025.

- Established consistent messaging to prevent infant sleep-related deaths, suicide fatalities, and overdose fatalities by developing materials for key partners like local health departments and hospitals. Additionally, the team plans to promote training opportunities for healthcare systems and community organizations to address the leading causes of child fatalities, including supporting hospitals in implementing the Safe Sleep Act of 2024 and focusing on training for suicide and overdose prevention among adolescents.

Child Maltreatment Fatality Review
In the CFSP, SSA described the revamping of the Child Maltreatment Fatality Review (CMFR). This includes enhancing training and support, streamlining processes, continuous Improvement, and ensuring clear communication of the expectations for participants to ensure reviews are conducted regularly. The CMFR is designed to review aggregate data of child fatalities investigated by the agency, identify improvement opportunities, and recommend system changes to reduce maltreatment related deaths.

SSA does not have a formal statewide plan to prevent child maltreatment fatalities. SSA is in the process of revamping the CMFR process to ensure the department is able to learn more about systematic approaches to prevent child maltreatment fatalities. SSA has rejoined the National Partnership for Child Safety (NPCS) and is receiving consultation through the Center for Helping Professionals to support the SSA in this effort. The partnership offers SSA consultation, technical support and best practices to the CMFR Team throughout the CMFR process. Maryland's Department of Health oversees a Statewide Child Fatality Review Team, which aims to prevent child deaths by developing an understanding of the causes and incidence of child deaths; developing plans for and implementing changes within the agencies represented on the State CFR team to prevent child deaths, and to advise the Governor, General Assembly, and the public on changes to law. The latest Statewide CMFR report can be found here.

During this reporting period:

- The Child Maltreatment Program Specialist conducted an independent CMFR on a specific case to review the previous process and suggest improvements for the relaunch.

- SSA has identified representatives to serve on a CMFR Triage Team, which will collaboratively select cases for review in which the greatest system learning opportunities are present. SSA will continue to recruit for the multidisciplinary team from various stakeholders at SSA, at the LDSS, and within the community partnerships.
- The relaunch will occur in June 2025 and CMFR's will begin again.

National Child Abuse and Neglect Data System (NCANDS) Updates

- FY 2024 NCANDS data revealed 46 investigations in 2024 where maltreatment was a contributing factor in the death of a child.
- SSA identified inconsistencies in both current and historical data pulls within the electronic management system and made corrections to NCANDS after obtaining the most accurate data. The number reported to NCANDS in 2023 was 83 fatalities and when corrected was 47 fatalities.
- In order to compile complete and accurate information on child maltreatment deaths to NCANDS, SSA completed an internal review of the data tracking logics. This effort involved collaboration with the DHS Data and MDTHINK teams. SSA improved the child fatality data quality by correcting logic errors, hand-vetting records for accuracy, and upgrading the electronic management system to implement safeguards that ensure accurate data entry going forward. This cleanup process has strengthened the reliability and integrity of our datasets.
- The annual NCANDS Agency File was re-submitted by DHS Data Team after an internal review of the data by the Child Maltreatment Program Specialist.

MaryLee Allen Promoting Safe and Stable Families

As reported in the 2025-2029 CFSP, the Promoting Safe and Stable Families (PSSF) Grant is utilized to support families within the family preservation services, family support services, time-limited services, and adoption promotion and support services programs. Each year funds are allocated directly to LDSS on a State Fiscal Year basis. Maryland utilizes a comprehensive approach to supporting families through a variety of community-based services. Through direct allocations, LDSS in Maryland contracted with various community-based providers to expand access to services within their local community.

Maryland ensures that the Promoting Safe and Stable Families (PSSF) Grant is spent in the following service categories: family support, family preservation, time-limited reunification, caseworker visitation, recruitment and retention and adoption promotion. The estimated number of individuals and families to be served (the number of individuals and families to be served by service/activity with the total estimated funding indicated); the population(s) to be served (the population that has been targeted for the designated services); and the geographic areas where the services will be available are reported in Appendix A: Maryland FY 2026 CFS-101s.

During this reporting period, services funded with the support of PSSF funding remained the same. Promoting Safe and Stable Families funding plays a crucial role in helping SSA achieve its program goals by supporting accessibility to needed services for underserved populations and keeping families intact.

During the reporting period, PSSF funds allowed DHS through our 24 local departments to provide services including but not limited to:

- Utilize and access language interpretation services
- Collaborate with community-based organizations that have deep connections with the underserved population.
- Provide direct assistance to families for items such as food, housing, transportation, and childcare to help families manage crises, and visits between family members. Assisted families to access services programs such as Substance Use & Mental Health Services, respite, parenting classes, support for victims of domestic violence

By strategically utilizing PSSF funds, DHS ensures that families have access to the resources needed for safety, permanency, and well-being. In alignment with the goals of PSSF, Section 3, Goal of 4 of this report further describes the agency' plans and goal to strengthen and expand the service array with a focus on availability, accessibility, and intensity to meet the individual and cultural needs of children, youth, and families.

The State's FY 2023 IV-B, Subpart 2 PSSF grant expenditures did not meet the requirement that at least 20 percent of the grant be spent in each of the four PSSF service categories. This disproportion was not requested when the State submitted its estimated expenditures for FY 2023.

The State's Office of Budget and Finance compared FY 2023 and FY 2022 grant awards and expenditures. The grant awards were nearly identical: $4,444,768 in FY 2022 and $4,447,779 in FY 2023. However, expenditures in FY 2023 were lower than in FY 2022, primarily in 302 Additional Assistance Expenditures, resulting in unexpended balances across all four categories.

Unexpended amounts for FY 2023 are as follows:

- **Family Preservation Services:** $249,201
- **Family Support Services:** $135,644
- **Time-Limited Reunification Services:** $140,898
- **Adoption Promotion & Support:** $206,585

For each of the four categories, the required minimum expenditure of 20 percent equals $889,556. The unexpended balance above, mainly due to reductions in 4110 Assistance, 4120 Assistance, 4130 Assistance, and 4140 Assistance, resulted in the disproportionate expenditures across categories.

Adoption Promotion and Support Services are available to pre-adoptive families. The types of services provided included: respite and child care; adoption recognition and recruitment events; life book supplies for adopted children, recruitment through matching events and media, promotional materials, in-service training for foster/adoptive families and staff, foster/adoptive home studies, materials, equipment, and supplies for training, consultation and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption in making a commitment.

Based on the information reported in CY 2024, Adoption Promotion funds were used to serve 233 children; 74 resource parents and caregivers; 255 families and 2 staff members. These numbers are not inclusive of the total population served in all 24 local jurisdictions but are based on the data available. Maryland will continue to assess how to improve its reporting process to ensure that the population being served is accurately documented by the local departments of social services.

Family Preservation and Family Support Funds are allocated to LDSS annually. Primarily, the LDSS operates a specific program with these funds. For those LDSS that were not allocated funds for a specific program, they receive “flex funds” that are used to pay for a variety of supportive services for families receiving In-Home services such as Services for parents with substance use disorders, housing support, parenting classes, transportation, formula and diapers, and mental health evaluations. Family support and preservation services are available to all families in need of services. During this reporting period, approximately $1,404,652 were used to support approximately 15,558 children and 2,628 families. These services aimed to address critical risk factors and promote stability, helping to reduce the need for out-of-home placements.

Caseworker Visitation Funds were used to improve the quality of

caseworker visits with an emphasis on improving caseworker decision making on the safety, permanency, and well-being of youth in foster care and or on caseworker recruitment, retention, and training.

Based on the information reported in CY 2024, Caseworker visitation funds were used to serve 193 children, 141 resource parents and caregivers; 100 families and 559 staff members. These numbers are not inclusive of the total population served in all 24 local jurisdictions but are based on the data available. Maryland will continue to assess how to improve its reporting process to ensure that the population being served is accurately documented by the local departments of social services.

Time Limited Reunification Funds were used for services provided to youth that are removed from their home and placed in out-of-home care. These services were provided to the parents or primary caregiver of the child to facilitate reunification of the child safely and appropriately.

Based on the information reported in CY 2024, time limited reunification funds were used to serve 182 children, 78 resource parents and caregivers; 59 families and 37 staff members. These numbers are not inclusive of the total population served in all 24 local jurisdictions but are based on the data available. Maryland will continue to assess how to improve its reporting process to ensure that the population being served is accurately documented by the local departments of social services.

Recruitment and Retention Funds were utilized to recruit new resource parents and to encourage current resource parents to continue providing services. Activities included in service training for resource families and events that celebrate resource families. The funds were used for targeted recruitment of families, general recruitment, and child specific recruitment.

Based on the information reported in CY 2024, recruitment and retention funds were used to serve 190 children, 150 resource parents and caregivers; 95 families and 41 staff members. These numbers are not inclusive of the total population served in all 24 local jurisdictions but are based on the data available. Maryland will continue to assess how to improve its reporting process to ensure that the population being served is accurately documented by the local departments of social services.

Maryland has a remaining balance of $3,316,062 in Promoting Safe and Stable Families (PSSF) funds that must be obligated by September 30, 2025. Of this amount, approximately $1,105,755 is expected to be reconciled by August 2025, resulting in a projected balance of $2,068,995. The Social Services

Administration (SSA) is committed to ensuring that these funds are used timely, strategically, and in full compliance with federal requirements.

The following section outlines SSA's planned activities, funding priorities, and timelines to fully obligate the remaining balance:

Family Preservation and Family Support Funds
Remaining funds will be directed toward strengthening families and preventing out-of-home placements. Planned services include but are not limited to: economic and concrete supports, emergency housing assistance, transportation supports, therapy, evaluations, and assessments, sibling bonding and visitation support and wraparound services tailored to family needs.

Time-Limited Reunification and Adoption Promotion Funds
Remaining funds will be utilized to advance timely reunification and adoption efforts. Planned services and supports include psychological, mental health, and substance use evaluations, transportation assistance, pre-adoption therapeutic services, pre-placement supplies and personal life history books, and training to support permanency efforts.

Populations at Greatest Risk of Maltreatment

The State of Maryland has identified two populations at greatest risk of maltreatment; children between the ages of 0-5 with a parent affected by substance abuse or other mental health disorders and older youth between the ages of 14 and 17 years old with behavioral health needs. A review of both nationwide and statewide data supports that these two groups are at heightened risk and particularly susceptible to maltreatment.

Table 80: Populations at Greatest Risk of Maltreatment Data

Statewide Data Indicator	Baseline Data CY 2023	State Data CY 2024	MD Target for 2028
Circumstance of removal: caregiver drug abuse	30%	38%	25%
Of Children removed with substance use as a circumstance of removal: Percentage of Children <1 year old	37%	36%	35%
Of Children removed with substance use as a circumstance of removal: Percentage of Children 1-4 years old	24%	25%	20%
Of Youth removed with behavioral health identified as a circumstance of removal: Percentage 14-17 years old	60%	65%	58%

Of Youth removed with abandonment identified as a circumstance of removal: Percentage 14-17 years old	43%	36%	40%
Of Youth removed with youth's substance abuse identified as a circumstance of removal: Percentage 14-17 years old	41%	74%	38%
Of Youth removed with youth's disability identified as a circumstance of removal: Percentage 14-17 years old	38%	37%	35%
Placement moves per 1,000 days in care, by age at entry: 14-17 years old	7.25	7.45	6.00
Data Source: Maryland Headline Indicators, CY 2024			

Although the State considers all children under state care as vulnerable to maltreatment, the populations referenced are considered at greatest risk for maltreatment because of the complex services needed and considerable impact on their health and well-being.

Assessment of Performance

As shown in Table 80 above, the Maryland's Headline Indicators report from CY 2024 shows that in Maryland, 38% of children removed in 2024 had caregiver substance abuse and substance use disorder cited as primary factors leading to their removal. This is an 8% increase from the previous year. Of the children removed for caregiver substance use, 36% were under the age of one and 25% were between the ages 1 - 4 years old. National trends in data show that children removed from homes where a parent had a substance use disorder spent more time in foster care and are less likely to reunify with family.

The Headline Indicators report for CY 2024 also shows that of youth between the ages 14 - 17 who entered foster care, 65% have the youth's behavioral health identified as a factor contributing to removal from the home; this an increase of 5% since last year. Additional factors of removal for youth 14-17 include abandonment (36%), youth substance abuse (74%) and child's disability (37%). Moreover, this same age range experienced an average of 7.45 relocations per 1,000 days in care, highlighting a notable lack of stability. Children who remained with their families and were referred to an evidenced-based intervention commonly cited "complex psychological or behavioral needs of the youth" as a prevalent risk factor and reason for referral.

In 2024, several activities took place to enhance services to children between the ages of 0-5 with a parent affected by substance abuse or other mental

health disorder and older youth between the ages of 14 and 17 years old with behavioral health needs.

Although services for these populations have increased (especially through the FFPSA), interviews and research, particularly from focus groups, consistently indicate that the available services remain insufficient to meet the needs. For further insights on service needs, please refer to Well-Being Outcome 1 and Service Array. Additionally, there is a critical need to improve service accessibility across the state.

For youth aged 14 to 17, Maryland's Youth Transition Plan (YTP) provides a comprehensive framework to address behavioral health needs. The YTP integrates individualized planning, targeted support services, and strategic community partnerships to ensure a holistic and effective approach to youth well-being.

Strengths

In 2024, there were certain jurisdictions implementing specific recovery supports for parents of children aged 0-5:

- Sobriety Treatment and Recovery Teams (START)
- Safe Babies Court Team Approach (SBCT)
- Peer Recovery Coaches
- Family Recovery Courts
- Nurturing Parenting Program (NPP)

More information and data for these recovery supports can be found in Section 5: Services for Children Under the Age of Five. In 2024, START was implemented in seven counties and has a slightly more comprehensive dataset compared to other recovery support programs. In addition to the data presented in Section 5: Services for Children Under the Age of Five, START services have been enhanced this year with two key adaptations designed to expand their reach and impact. While maintaining its primary focus on families with children aged 0-5, START has now been extended to serve families with children aged 6-17 when capacity allows. The second adaptation ensures continued support for families in which a separation occurs, and children are placed outside the home.

Maryland remains committed to implementing these adaptations, which were approved in 2024, to enhance the effectiveness and reach of START services. SSA collaborated with its START partners to offer three quarterly topic-based calls and one in-person convening in 2024. The quarterly meetings covered key topics, including partnerships with Opioid Treatment Providers (OTPs), family-centered residential treatment, parenting and early childhood services, and access to START. The in-person convening focused on

the current state of START in Maryland, highlighting progress made throughout the year. Additionally, during a review of the START Steering Committee's membership, a crucial missing perspective was identified, the voice of lived experience. To address this, SSA invited two caregiver advisors to participate in the first START Steering Committee meeting of 2025. These advisors received an overview of the START program in December of 2024 and will become active members of the committee in 2025.

Plans of Safe Care

Plans of Safe Care (POSC) are initiated and developed by local departments in Maryland as part of the Substance-Exposed Newborn (SEN) assessment. This comprehensive assessment identifies a family's strengths and needs to connect the newborn, parent, and caregiver with services that support their safety and well-being.

The POSC is an embedded component of the agency's electronic record and is informed by both formal and informal assessment tools. Its development is a collaborative effort, involving providers who work directly with the family, such as:

- Public health departments
- Maternal and infant health providers (hospitals, OB/GYNs, pediatricians)
- Mental health services
- Early childhood intervention programs
- Substance use disorder treatment providers

Information is gathered through medical and hospital documentation, parent interviews, and input from collateral contacts. This process leads to a service plan that includes referrals addressing both the infant's and the family's needs. In addition to service referrals, the POSC also addresses vital topics like safe sleep, fire and home safety, and strategies for coping with a crying baby.

As a best practice, caseworkers are trained to use warm handoffs to connect families with service providers, significantly increasing the likelihood of engagement. Local department caseworkers, with supervisory support, are responsible for monitoring the service plan, the family's progress, and coordinating services across agencies. The POSC is intended to be a living document that is updated as the family's needs change.

Another one of the agency's strategies to support this population is training and information sharing. SSA has collaborated with University of Maryland Baltimore County (UMBC) to offer training to specific regions of Maryland with regards to SENs. This training started on the Eastern Shore in 2024 and is for those working with substance exposed newborns and their caregivers. The

training focused on issues faced by mothers and families of substance exposed newborns (e.g., addiction, recovery, trauma, stigma, need for self-regulation, court involvement, custody), how to engage and communicate with these clients, how to make effective referrals, and how to connect with other local professionals to integrate services provided to families.

Other training offered this year included “Analysis of Substance Needs Resolution and Related Indicators: A Predictive Modeling Approach” and “Cannabis Use in Maryland: Safety and Harm Reduction” was added as a recording to be accessed at any time by child welfare workers. The Child & Family Health and Mental Health Specialist at SSA worked collaboratively with Maryland Addiction Consultation Service (MACS) to decide what clinics and training related to substance abuse would be most helpful for child welfare employees in Maryland and the specialist also presented in one of them. These trainings were:

- Maternal Health Extension for Community Healthcare Outcomes (ECHO) Clinic: Urine Drug Screening and Pregnancy
- Substance Use Disorder ECHO Clinic: Buprenorphine Misuse and Diversion
- Providing Medications for Opioid Use Disorder (MOUD) from a Trauma-informed Perspective: Recognizing Trauma During MOUD Treatment
- Plans of Safe Care: Support Pregnant Patients Living with Substance Use Disorders

The training was for a wide range of professionals and stakeholders involved in Substance Use Disorder (SUD) education, prevention, and treatment, especially those who work substance expose infants and parents suffering from SUD. Attendees included staff from:

- Birthing hospitals
- Local health departments
- SUD treatment programs
- The Maryland Department of Health’s Maternal and Child Health division
- Local Departments of Social Services (LDSS)
- The Infants and Toddlers Program

In addition to these trainings, specific coaching regarding Substance Exposed Newborns (SENs) and Substance Use Disorders (SUDs) was given to LDSS upon request.

In CY 2024, Maryland passed new kinship care regulations and prioritized kin placements. Maryland's kin-first culture has reinforced kin connections for older youth to have greater access to kinship navigators who connect older youth with extended family members who can provide support and mentorship.

Additionally, enhancements within Maryland's trauma-informed child welfare system ensure additional support to prevent placement disruptions and negative behaviors. Trauma-informed behavioral health services include: Trauma-Focused Cognitive Behavioral Therapy, Family Functional Therapy (FFT), Multisystemic Therapy (MST) and Peer Support.

While all of Maryland's contracted placement providers use trauma-informed care, the following older youth placements require trauma-informed service delivery:

- Qualified Residential Treatment Programs (QRTP)
- Pregnant and Parenting Youth settings (PPY)
- Independent Living

Concerns

SSA's involvement in state and local committees, along with collaboration with Maryland hospitals, health departments, Optum, and SUD treatment providers, has identified shared needs. Key challenges include limited access to SUD services due to waitlists and the need for stronger collaboration between child welfare staff and treatment providers to ensure child safety and permanency.

Additionally, SSA collaborated with state agencies and community providers to identify SUD resources, including a digital solution for prevention, intervention, and recovery. Engaging key partners such as Maryland Department of Health (MDH), State Opioid Treatment Authorities (SOTA), the University of Maryland, and Baltimore's Behavioral Health Network, SSA assessed interest in a digital resource deemed highly beneficial for individuals with SUD in child welfare. However, funding limitations prevented ability to implement.

SSA monitors POSCs for substance-exposed newborns (SEN) and identifies caseworker documentation as a challenge and area for improvement. In 2024, only 557 of 1,978 SEN had approved POSCs. Although the POSC is a statewide service tool within CJAMS, the agency has encountered system challenges, such as the inability to create multiple POSCs for a family and difficulties obtaining electronic signatures due to device issues, both of which hinder finalizing and completing the POSC in CJAMS. SSA is actively collaborating with MD THINK, the agency's CJAMS contractor, to resolve these issues and

enhance POSC functionality. These improvements aim to ensure accurate documentation of finalized POSCs, family service referrals, current services received, and established community support. SSA program staff also provide technical assistance to LDSS through individualized support and virtual consultations, offering guidance on service coordination with SUD treatment programs and health providers, resolving POSC system issues, and strengthening local partnerships to support the SEN program.

Other factors contributing to low completion include cases where the infant resides out of state or when parents refuse assessment without other safety concerns. Caseworker confusion between POSCs and service plans, along with improper documentation in CJAMS (as noted above), also impact compliance. Coaching, technical assistance, and training were provided in 2024, but issues identified post-case closure cannot be retroactively corrected.

A key lesson learned from the implementation of POSC was the need for LDSS staff to clearly understand the distinction between POSC and service plans. The agency will continue to offer technical assistance and statewide training—such as *Plans of Safe Care: Supporting Pregnant Patients Living with Substance Use Disorders*—to strengthen effective POSC implementation. Moving forward, the agency could benefit from technical assistance focused on effectively monitoring, tracking, and evaluating POSC use, as well as strengthening partnerships across health care, substance use treatment, early intervention, and LDSS to ensure the POSC remains a meaningful, living document beyond the scope of child welfare.

In CY 2024, only 25% of youth aged 14 to 17 exited care to permanency within 12 months, highlighting the extended time in care and reduced stability experienced by this age group. During the same period, there were 113 psychiatric hospitalization incidents involving youth aged 14 to 17. Additionally, of the 95 total hospital overstays in Maryland, 67 (71%) involved youth in this age range, raising concerns about the state's ability to provide a sufficient continuum of services and placements to meet their behavioral health needs.

A significant barrier for youth in accessing mental health services is the lack of available providers in the community, as well as eligibility requirements that make it difficult for many young people to receive timely services of care to prevent crises. These obstacles contribute to delays in treatment and prevent some from getting the support they need when they need it most.

Further challenges include educational instability, chronic absenteeism, and difficulties in identifying appropriate school support. According to CJAMS

data from December 2024, 11% of youth aged 14 to 17 have an Individualized Education Program (IEP) and have been identified as students with disabilities. Given their mental health needs and risk of hospitalization, these factors may contribute to grade retention and increased dropout rates.

For more information on service gaps and areas of concern, please see Systemic Factor 5: Service Array and Resource Development Systems section of this report.

Current or Planned Activities to Improve Performance

- Maryland will continue to implement the new adaptations to the START program and track the data.
- Continue offering training on supporting SEN to LDSS with the goal of training Anne Arundel County, Prince George's County, Montgomery County, Washington County, Frederick County, Allegany County and Garrett County in 2025.
- Restart learning communities and prioritize training for staff who work with children between the ages of 0-5 with a parent affected by substance abuse or other mental health disorder.
- Continue engaging possible partners who could help with the FFPSA substance use disorder residential placement provision.
- Continue engaging parents with substance use disorders to accept referrals to recovery support.
- Utilize Child Maltreatment Fatality Review Team process to identify systemic factors impacting child fatalities.
- Continue to offer more Kin-First training to staff to aid in providing support for this population.
- Continue to engage older youth directly and encourage self-advocacy
- Use data driven approaches to focus on the most essential resources for older youth.
- Continue to collaborate with other state agency partners to identify system gaps and strategies to address the treatment of youth with complex care needs.
- Continue to partner with Maryland Department of Health (MDH)/Developmental Disabilities Administration (DDA) to determine eligibility and services to support the needs of youth and young adults to transition to and maintain placement stability in community-based settings.
- Continue to increase the number of QRTP providers, to address behavioral health needs for youth.

For more information regarding future activities to improve performance, please see Section 3 Goal 4: Strategies 4B and 4C as well as Goal 5: Strategy 5C.

Kinship Navigator Funding

In 2024, Maryland continued its exploration of an evidence-based practice model for a Kinship Navigation program approved by the Title IV-E Clearinghouse, with the goal of adapting it for statewide implementation. The process included monthly workgroup planning meetings, which began in March 2024, along with a dedicated subgroup tasked with identifying promising and approved Kinship Navigator models that incorporate both a family-finding component and services for formal and informal kinship care arrangements. Stakeholder engagement with leadership staff, community partners and LDSS staff helped to ensure the EBP selection during exploration meets the needs of the target population and aligns with organizational goals.

EBP Kinship Navigator models have been identified, and the team has researched outcomes and evidence pertaining to these models. The team is continuing its assessment of Maryland's readiness to adopt one of these models, taking into consideration the state's needs, existing infrastructure, staffing, and available resources.

Throughout the year, the SSA Kinship Navigation Administrator led monthly meetings with LDSS Kinship Navigators and community partners and stakeholders. These sessions aimed to bolster targeted outreach efforts, devise strategies for reaching underserved communities and unrecognized kinship caregivers, foster transparent communication with partner agencies, and allocate supplementary resources statewide. The integration of kinship caregiver voices via workgroups, phone consultations, and local meetings enriched the process and outcomes of these meetings.

During the reporting period, Maryland continued to organize and facilitate professional development training to engage kinship caregivers and identify additional resources tailored to meet the unique needs of kin caregivers. Training programs included in-service training for SSA staff, LDSS Kinship Navigators, and community partners. Kinship caregivers participated in CFSR focus groups held across the state, providing valuable insight from a caregiving perspective. Their involvement helped elevate family voice, highlight the emotional and financial challenges associated with caregiving, and underscore ongoing service delivery gaps that hinder the timely and efficient provision of support. LDSS Kinship Navigators continued to coordinate services and provide community referrals to kinship caregivers within their respective jurisdictions.

Throughout CY 2024, SSA sustained its outreach efforts to raise community awareness of kinship care and support available through Maryland’s Kinship

Navigator Program, with a focus on preserving family connections. Resources were disseminated through multiple channels, including LDSS Kinship Navigators, the SSA Kinship Care webpage, collaboration with 211 Maryland, and a dedicated kinship caregiver text messaging service. This monthly subscription, developed in partnership with 211 Maryland, provides timely updates directly to kin caregivers for referral and connectivity to services within their local jurisdictions. A total of 391 kinship families subscribed to the #MDKinCares texting service through 2-1-1 Maryland, Inc as of December 24, 2024, gaining access to valuable resources and connections with their local Kinship Navigator. In addition to these efforts, a Kinship Navigation Family First Workgroup convenes quarterly. Within this workgroup, as well as during monthly Kinship Navigator Peer Support meetings, resources and support are provided to strengthen partnerships with stakeholders and to help identify barriers that affect the ability to effectively reach kinship caregivers and families across Maryland.

Through the implementation and live production of the Kinship Navigation Program assignment in CJAMS, which launched mid-July, there were a total of 179 youth that had a kinship navigator program assignment between July 2024 and December 2024. Notably, this data does not encompass the number of kinship families who contacted the LDSS exclusively for information and referral (I&R) services through the Kinship Navigation Program. As data collection improves and becomes more tailored to Kinship Navigation services, a more robust analysis will become available. The agency will continue collaborating with local departments and CJAMS developers to enhance reporting capabilities and improve data accuracy.

Table 81 below indicates the number of kinship caregivers in each county who were beneficiaries of Temporary Cash Assistance (TCA) TANF benefits in CY 2024. Needy caretaker relatives are relatives who are also requesting assistance for themselves. They are included in the TCA household and therefore are counted in the grant. If the relative has any income, their income will be counted against the TCA grant. Non-needy caretaker relatives are relatives who are not requesting assistance for themselves. They are not included in the TCA household and therefore not counted in the grant. Their income is not considered, and this is sometimes commonly referred to as relative/child only TCA. The total number of caretaker relatives who were beneficiaries of the needy and non-needy TCA grant combined during CY 2024 is 4,497.

Table 81: Temporary Cash Assistance (TCA) Data CY 2024

Caretaker Relative Cases January 2024-December 2024 TCA-Non-Needy

Jurisdiction	Non-Needy Caretaker Relative Cases	Needy Caretaker Relative Cases
Allegany County	120	17
Anne Arundel County	293	26
Baltimore City	770	137
Baltimore County	538	77
Calvert County	40	2
Caroline County	73	7
Carroll County	57	7
Cecil County	176	16
Charles County	105	13
Dorchester County	53	3
Frederick County	130	14
Garrett County	29	1
Harford County	153	21
Howard County	78	14
Kent County	24	2
Montgomery County	244	22
Prince George's County	428	52
Queen Anne's County	41	1
St. Mary's County	92	20
Somerset County	39	5
Talbot County	36	6
Washington County	239	25
Wicomico County	178	12
Worcester County	56	5
Total	3,992	505

Maryland intends to continue participating in the Title IV-E Kinship Navigator Program. The agency applied for FY 2025 Title IV-B, Subpart 2 funding to develop, enhance, and evaluate Kinship Navigator programs. Kinship Navigation Services is one of DHS strategies to transform Maryland's system of care and achieve better outcomes for children and families.

Through the Title IV-B, Subpart 2 Kinship Navigator funding opportunity, DHS strategically allocated funding to each LDSS, based on jurisdictional size and child population. These funds have been directed toward enhancing kinship care through targeted initiatives, including kinship awareness events, outreach and engagement activities, support group development, training facilitation, access to legal and financial resources, and back-to-school assistance for families in need.

Planned expenditures through September 30, 2025, include the provision of concrete support for kinship caregivers, such as gas vouchers, grocery cards, smoke detectors, fire extinguishers, and other essential items identified by families to address critical household needs and promote caregiver stability.

Additionally, $30,264 of the funding was allocated to Maryland Information Network, 2-1-1 Maryland, Inc., to enhance coordination and resource access for kinship families. This partnership supports the development of a web-based dashboard through 2-1-1 Maryland, Inc. to track caregiver engagement and strengthen Maryland's Kinship Navigator Program by identifying service gaps, conducting targeted outreach through social media and monthly text messaging, and connecting families to tailored community resources streamlining support and improving overall family well-being.

Maryland will continue to collaborate with LDSS, stakeholders, and community-based organizations to combat barriers, strategically plan, and enhance proven practices. These activities will improve the current framework, standardize practices across the state, and increase Maryland's Kinship Navigator Program's effectiveness in preventing and diverting children from foster care, reducing the number of children in out-of-home placement, establishing lasting permanency, and supporting caregiver needs. Maryland aims to increase family engagement, strengthen coordination of services, and sustain kinship placements.

Monthly Caseworker Visit Standards and Formula Grants

The standard for caseworker visits in Maryland is that all children in out -of-home care must be visited face-to-face on a monthly basis, regardless of their living arrangements following the removal. The State's goal is to achieve

95% or higher for all monthly visits. Of the 12 required monthly visits, at least 7 visits must occur in the child's residence. Each visit must be documented in CJAMS within five business days.

In FY 2024 Maryland achieved a month visitation rate of 97.2%, with 80.5% of those visits occurring in the child's residence.

In 2024, funding was used to enhance support for families and improve the quality of caseworker visits by providing staff training in various areas, including Work Place Trauma, Peer to Peer Monitoring for Parents and Caregivers, Trauma-informed training, and Lethality policy training. Additional monthly caseworker visitation funds will be allocated to support caseworker recruitment, retention, and training, as well as to enhance visitation and observation spaces through improved furnishings, child care supplies, and developmental materials to promote quality visits and parent engagement. SSA will continue to monitor the monthly visitation data to ensure that LDSS meet the 95% standard. SSA also plans to update the caseworker visitation policy in 2025.

The State continues to use a reporting tool for the LDSS to document quarterly expenditures. The tool requires both financial details and a narrative explanation of how the funds were used. The process will continue in SFY 2025 and beyond, with SSA monitoring submission to ensure compliance with statutory performance standards.

Progress Reporting for Other Grants and Requirements Coordinated Through the CFSP/APSR

Adoption and Legal Guardianship Incentive Payments

In 2024, the Adoption/Guardianship funds were used to provide incentive payments to LDSS to support and encourage adoptions. The services funded included psycho-educational services, evaluation services, mental health and educational advocacy, trauma-informed therapy, summer camp, trauma focused therapy, neurobehavioral evaluation, tutorial services, speech and language therapy, and other specialized supports. During CY 2024, SSA approved $238,903.35 in Adoption/Guardianship Incentive funds to serve adoptees and their families.

In 2025, the state will continue to assess the needs of Maryland families by reviewing and approving requests for Adoption and Guardianship Incentive funds. These requests may include child-specific recruitment activities such as photo listings and matching events, as well as direct client services such as

medical treatment, mental health support, respite care, educational services, and camp programs. The state will also use these funds to help LDSS stabilize pre-adoptive placements and provide additional services for children in custody and guardianship cases.

There have been no changes, issues or challenges the state has encountered to the plan outlined in the 2025-2029 CFSP for timely expenditures of the funds. The Local Departments are aware of the funds, and they assist the families with applying for the funds.

Adoption Savings

As outlined in the CFSP, DHS/SSA continues to work on utilizing Adoption Savings funds as delineated in the Adoptions Savings Plan to impact the following outcomes: child welfare case worker adoption competencies, increase adoption/guardianship permanency, increase services offered to adoption/guardianship families post adoption finalization, as well as resource parent education. For FY 2024, Maryland was allocated $32,308,733 for Adoption Savings. As of October 2024, DHS/SSA was able to spend the following:

- $27,321,469 in allowable expenditures
- $4,987,264 in unexpended funds
- Total: $32,308,733

Maryland is not making changes to its Adoption Savings methodology and will continue to utilize the funds to support permanency through guardianship and adoptions.

The state calculates adoptions savings based on the number of finalized Title IV-E adoptions per fiscal year. Given the federal guidelines for the use of these funds, the following percentages will be used to spend the funds by September 30, 2025, on the activities outlined in the plan below: 10% At-Risk ($498,726); 70% IV-B/IV-E ($3,491,085); and 20% post-Adoption ($997,453).

- National Adoption Association Membership $35,000 (2023-2025) executed.
- Center for Adoption Support and Education Post Adoption Contract $2,213,125 (2023-2024) executed with six-month extension.
- Adoptions Together Post Adoption Contract $1,977,526 (2023-2024) executed with six-month extension.
- Maryland Post Adoption and Preservation Services Request for Proposals (RFP) – The state is procuring post-adoption and post -guardianship preservation services to offer educational and

therapeutic services to youth and families within Maryland's five regions. The RFP was released to the public in 2024. The contract is a three-year base period with two (2) 1-year renewal options. The term start date would likely be 10/1/2025 and will run (2025-2030). The total 3- year base is $4,499,179, year 1 Option: $1,498,358 and year 2 option: $1,502,463, totaling $7,500,000.

- In 2024, the state continued its partnership with the Child Welfare League of America to deliver the Maryland Resource Parent Training Curriculum. A contract was executed, with a term of February 15, 2024, through February 14, 2025, with a total award amount of $161,990. This contract supports the ongoing delivery of standardized training for resource parents across the state.

The services provided in 2024 and the services that will be provided over the next year include supporting post-adoption individual and family therapy, case management, and support groups through the Center for Adoption Support and Education and Paths for Families. In addition, the state maintains its membership with the National Adoption Association and will continue to utilize funds to support adoption subsidies.

Strengths

Post-adoption services are a critical component of the support system for families who have grown through adoption. To that end, two key adoption support programs are operational across all 24 jurisdictions within the state, ensuring comprehensive access to services for all families. In the year 2024, one provider demonstrated a significant impact by reaching 71 newly formed adoptive families. This provider played an active role in building community and peer support by facilitating 61 distinct support group meetings. Additionally, recognizing the need for individualized attention, they delivered an extensive 1,632 hours of individual and family therapy sessions, aimed at addressing the unique challenges and triumphs of each family. The second provider also made valuable contributions, focusing primarily on individualized support and case management. This provider dedicated 84 hours to case management activities, ensuring that families were connected to necessary resources and navigating the system smoothly. Furthermore, they offered 309 sessions of individual therapy and 690 sessions of family therapy, providing crucial therapeutic interventions to help families bond, heal, and thrive. These programs collectively represent a substantial investment in the well-being of adoptive families and underscore the commitment to provide long-term support beyond the adoption placement.

Concerns

The Request for Proposal (RFP) for post-adoption and post-guardianship preservation services was finalized and publicly posted in 2024. However, a

service provider had not yet been selected by the end of 2024, as the review process, including meetings with offerors and budget assessments by the Social Services Administration (SSA), remained ongoing. This procurement aims to secure educational and therapeutic services for youth and families across Maryland's five regions, with an anticipated contract start date of October 1, 2025. The total base period for the contract is $4,499,179 over three years, with two additional one-year renewal options totaling an estimated $7,500,000.

Family First Prevention Services Act Transition Grants

During this reporting period, the Social Services Administration (SSA) did not allocate any Family First Prevention Services Act (FFPSA) Transition Act Grant funds towards developing Maryland's infrastructure for implementing evidence-based practices. This is because all FFPSA Transition funds available had been fully obligated prior to or outside of this specific reporting period. Therefore, while the state is committed to evidence-based practices, the funding for infrastructure development in this area relied on other financial avenues during this particular timeframe.

Family First Transition Act Funding Certainty Grants

Maryland was not eligible for the FFPSA Funding Certainty Grant during the reporting period.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

Description of Program Design and Delivery

Maryland leverages the John H. Chafee Foster Care Program for Successful Transition to Adulthood to support older youth in care, with the overarching goal of assisting them in making a successful transition from out-of-home placement to adulthood.

Maryland's Ready By 21 Transitional Youth Services provides services to all youth aged 14 to 20 in any out-of-home placement (foster care, kinship care, and pre-adoptive placement), irrespective of their permanency plan or placement type. The Ready by 21 Benchmarks align with educational standards to ensure youth receive grade-level appropriate instruction, with the primary objective of preparing them for self-sufficiency.

Youth, resource providers, and caseworkers collaborate to assess a youth's life skills proficiency. The results of this assessment inform the development of

individualized goals and services tailored to meet each youth's specific needs and ability to manage daily independent activities. Youth are primarily taught basic living skills through partnerships with their resource provider and caseworker, and they also have opportunities to participate in individual and group life skills-building classes and activities. These services are designed to encourage youth to actively engage in planning for their transition to adulthood and self-sufficiency.

Revisions to the Ready by 21 Practice Guide and Policy Manual are currently underway, and a rollout plan is being developed to enhance the consistent utilization of this tool in transitional planning.

Core strategies of Ready by 21 include:

- Safe and Stable Housing
- Education and Employment
- Well-Being and Civil Engagement
- Permanent and Supportive Connections
- Financial Empowerment

State Youth Advisory Board (SYAB)

The State Youth Advisory Board (SYAB) convenes monthly to offer feedback and recommendations on enhancing the caseworker-youth relationship, influencing policy and practice changes affecting youth in care, and ensuring access to necessary resources and services. Additionally, the SYAB empowers youth to self-advocate by disseminating information to administrators, lawmakers, and their peers in foster care. Membership comprises individuals aged 14 to 26 who are currently or formerly in care, and participants receive compensation for their attendance at monthly meetings.

In 2024, the SYAB established a charter outlining agreed-upon rules and member roles. Key activities during this period included contributing to an "Emerging Adults" event at Dave & Busters, providing input on the Minor parent policy, and producing a SYAB recruitment video. The SYAB also participated in a focus group with the Fenton Group to develop appropriate language and communication materials concerning out-of-home care and the concept of "family of choice". The identified goal for 2024 was to increase SYAB membership and establish a youth-led board, a goal that was successfully achieved with an increase in the number of board members

Positive Youth Principles

Positive Youth Development (PYD) principles are integrated into the John H. Chafee Foster Care Program by actively engaging youth in their transition planning. This emphasis on youth voice, engagement, and leadership

cultivates independence, self-advocacy, and skill-building. PYD principles are applied through:

- Individualized Youth Transition Plans (YTP): Youth collaborate closely with caseworkers and supportive adults to create personalized YTPs tailored to their strengths, goals, and interests, empowering them to take ownership of their future with guidance and resources.
- Trauma-Informed and Culturally Responsive Framework: Ongoing staff training ensures youth receive services that acknowledge past experiences and promote healing.
- Youth Leadership and Civic Engagement: SSA supports local and state youth advisory boards and leadership development initiatives, encouraging youth to offer their expertise on Maryland policies and procedures while developing communication skills.
- Workforce Development and Life Skills Training: Programs like Job Corps offer job readiness training and employment opportunities. The Annie E. Casey Foundation (AECF) provides financial literacy resources for youth transitioning to adulthood.
- Community-Based Support and Resources: SSA partners with local organizations to ensure youth have access to after-school programs, mentorship, and recreational activities that foster lasting social connections.
- By integrating these strategies, SSA helps youth in out-of-home care develop the confidence, skills, and support systems necessary for long-term success. In CY 2024, SSA hosted an Emerging Adults Event at Dave & Busters and facilitated the participation of youth and Independent Living Coordinators (ILCs) from 16 counties at the Daniel Memorial Independent Living Conference in Florida. Planning for the Maryland Legislative Foster Youth Shadow Day and two additional emerging adult events for Spring 2025 is currently underway.

NYTD Data

National Youth in Transition Database (NYTD) data is collected and utilized to inform and enhance services provided to youth in out-of-home placement. These results are shared with families, children, youth, Independent Living (IL) coordinators, service providers, and the public. The Social Services Administration (SSA) disseminates NYTD data through annual publications. Feedback from the NYTD survey is reviewed by SSA and presented to various partners at their regularly scheduled meetings, in which SSA participates. For example, NYTD data was used at the Results Count training hosted by the Annie E. Casey Foundation in CY 2024. The purpose of sharing and reviewing this data with partners is to identify necessary practice changes that address areas of need highlighted in the survey results. NYTD survey findings are also shared and discussed with youth and Local Department of Social Services (LDSS) front-line caseworkers and supervisors during ILC and State Youth

Advisory Board Meetings. Ultimately, outcomes from the NYTD survey will be used to develop programs and policies that address identified service gaps.

Sharing NYTD Results

National Youth in Transition Database (NYTD) data is collected and utilized to inform and enhance services provided to youth in out-of-home placement. These results are shared with families, children, youth, Independent Living (IL) coordinators, service providers, and the public. The Social Services Administration (SSA) disseminates NYTD data through annual publications. Feedback from the NYTD survey is reviewed by SSA and presented to various partners at their regularly scheduled meetings, in which SSA participates. For example, NYTD data was used at the Results Count training hosted by the Annie E. Casey Foundation in CY 2024. The purpose of sharing and reviewing this data with partners is to identify necessary practice changes that address areas of need highlighted in the survey results. NYTD survey findings are also shared and discussed with youth and Local Department of Social Services (LDSS) front-line caseworkers and supervisors during ILC and State Youth Advisory Board Meetings. Ultimately, outcomes from the NYTD survey will be used to develop programs and policies that address identified service gaps

Data from NYTD

NYTD data collection for Cohort 2024 B (21-year-olds) commenced on April 1, 2024, with the collection period concluding on September 1, 2024. The survey sample included a total of 74 youth. As of April 1, 2024, 43 of these youth remained in care, while 31 had exited care prior to that date. Of the youth still in care, 42 participated in the survey, yielding a 97.67% participation rate. Among the 31 youth no longer in care, 8 completed the survey. Additionally, 6 youth not in care were removed from the sample due to death or incarceration, resulting in an adjusted participation rate of 32% for those no longer in care.

The results from the NYTD data collection for Cohort B showed the following:

Youth Still in Care:

- 50% reported current full-time or part-time employment.
- 54.8% completed high school or a GED.
- 14.3% received employment-related training in the past year.
- 4.8% reported having been homeless.

Youth Who Exited Care:

- 25% reported current full-time or part-time employment.
- 62.5% completed high school or a GED.
- 37.5% received employment-related training in the past year.
- 37.5% reported having experienced homelessness.

As SSA gathers this data, improvements in program and service delivery are targeted, including:

- Increasing participation rates
- adding supports identified as reasons for non-compliance
- addressing identified LDSS staff technical assistance needs
- Enhancing the MYLife website to connect foster care alumni through the utilization of social media

Serving Youth/Young Adults Across the State

The Social Services Administration (SSA) and the Annie E. Casey Foundation (AECF) have continued their formal partnership, established in July 2023. Through this collaboration, AECF provides expert teams and resources to conduct assessments and facilitate cooperation with state entities, Local Departments of Social Services (LDSS), youth, and community leaders. Within SSA, the Older Youth Team has worked directly with AECF to advance shared goals.

As part of ongoing efforts to improve outcomes for young adults in foster care, AECF and the Older Youth Team refined the "End Aging Out" initiative, rebranding it as "Advancing the Well-Being of Youth in Foster Care" to enhance clarity and focus on youth success. In February 2024, the Maryland Department of Human Services (DHS), in partnership with AECF, hosted a statewide working session. This session focused on enhancing well-being and fostering life-changing connections for young adults in care, building upon insights gathered from listening sessions with Maryland youth who have lived foster care experience. The objective was to collaboratively develop an action plan prioritizing lifelong well-being, community integration, and supportive relationships with caring adults. This structured session fostered active engagement, networking, collaborative brainstorming, and knowledge sharing among state and county leadership, community partners, and youth with lived experience, collectively shaping actionable strategies to improve the future of youth and families in out-of-home care.

Another successful collaborative effort in September 2024 was the "Results Count Leadership Cohort," designed for senior staff across the state. This cohort aimed to strengthen leadership capacity and advance efforts to ensure older youth establish permanent family connections that support their long-term well-being and success. The "Results Count Leadership Cohort" is a key component of the broader DHS-AECF partnership, which focuses on promoting lifelong well-being and connection for youth and young adults in Maryland. This initiative integrated the Casey Foundation’s "Results Count®" leadership approach, designed to enhance the state's ability to achieve better

and more positive outcomes. Throughout this two-day project, state and local leaders developed essential skills for implementing effective strategies, navigating complex leadership challenges, using data for continuous learning and accountability, and fostering sustainable systemic improvements. These sessions also provided a collaborative space for leaders to share insights, align strategies, and accelerate progress in advancing both older youth and kinship care initiatives across the state.

Maryland DHS and AECF also partnered with the Maryland Fenton Group to create a virtual focus group for older youth in out-of-home care. Participating youth influenced public discourse on foster care in Maryland and contributed to better support systems for young people in care. Their insights helped refine language to promote lifelong well-being and connections, directly improving support systems for youth in out-of-home care.

SSA's Older Youth Team provides ongoing support to current and former youth and young adults, professionals, and community partners through resources, consultation, and referrals. Common requests include assistance with education, post-foster care support (housing, food, and financial aid), mental health services, homelessness prevention, and the transition from foster care to community Medicaid. This team engages with former youth in care to assess their evolving needs and identify opportunities to improve long-term outcomes for those exiting the foster care system. When youth formerly in foster care from another state request assistance, SSA facilitates their connection to the local department's Independent Living Coordinator for a needs assessment and service coordination. To enhance service delivery, the Older Youth Team holds monthly meetings with statewide Independent Living Coordinators, offering technical assistance and guidance on best practices for supporting older youth. Additionally, the "Emerging Adults Workgroup" convenes monthly, comprising diverse stakeholders including resource parents, DSS staff, independent living coordinators, SSA representatives, and other state agencies. This workgroup is dedicated to strengthening services for older youth, improving permanency planning, education, mental health resources, and housing alternatives to better address the needs of transitioning young adults.

The FY 2025 Chafee funds planned spending includes about $12,000 for a paid summer internship at DHS/LDSS for current youth in care which will conclude in August 2025. The remaining funds were allocated to the 24 local jurisdictions for spending on graduation incentives, summer camps and programs, and back to school supplies for high school and college students.

Serving Youth of Various Ages and Stages of Achieving Independence

Maryland's Ready By 21 (RB21) services specifically address the needs of youth aged 14 to 21. The Casey Life Skills Assessment tool is used to evaluate a youth's life skills readiness, informing the case manager's development of an individualized life skills plan and connecting the youth to age-appropriate life skills training groups. Maryland's benchmarks integrate the unique needs of different developmental stages, covering:

- Education
- Employment
- Health/Mental Health
- Housing
- Financial Literacy/Resources
- Family and Friend Support

In addition to Life Skills Assessment and Training, Maryland offers other key activities and services:

Maryland Youth Transition Plan (YTP)
In CY 2024, the YTP policy was updated to align with the case plan policy's cadence.

Educational Services
CY 2024 educational activities are detailed in the Well-Being 2 and ETV sections of this report.

Mentoring/Permanent Connections
This service facilitates a successful transition to adulthood by connecting youth with community resources and teaching them how to navigate these resources independently upon exiting care. It also fosters strength-based relationship building, helping youth identify and reconnect with positive adults from their past. In October 2024, Maryland's Kin-First law became effective, prioritizing the placement of youth in out-of-home care with relatives, including chosen family. This expanded definition of "kin" acknowledges the extended, healthy, cultural, and community bonds that support a child's well-being, reflecting evidence that children thrive more in these relationships than in institutional settings or with non-relatives. As of December 31, 2024, 26.7% of all youth in out-of-home care were in kinship placements; however, for youth aged 14-20, this figure was 14%.

Foster Youth Savings Program (FYSP) (Ages 14-20)
The FYSP is a statewide program that establishes individual savings accounts for youth in foster care and provides financial skill-building opportunities. Its primary purpose is to help youth save money for future needs and achieve a successful transition to adulthood from foster care. In CY 2024, 1,329 youth received foster youth match savings payments into their accounts.

Semi-Independent Living Arrangement Program (SILA)
Youth aged 16-20 in care can practice independent living under the supervision of the Local Department of Social Services (LDSS) and/or with support from community agencies. SILA-eligible youth receive a monthly stipend if they meet eligibility requirements through continued enrollment in school/vocational training or employment. In CY 2024, 111 non-IV-E eligible youth received SILA payments.

By offering services to youth beyond age 18, Maryland ensures continuity and a comprehensive approach that supports stability during care and successful transition. Maryland monitors youth's participation in work and/or school, which is required for young people remaining in care beyond their 18th birthday (see Table 82). SSA, in collaboration with other state agencies, promotes the use of hiring agreements to provide employment opportunities for youth in out-of-home care and other target groups with companies doing business with the state. SSA has established partnerships with state agencies including the Department of Budget and Management (DBM), Department of General Services (DGS), Maryland Department of Transportation (MDOT), and the Department of Information Technology (DoIT). Beyond state contractors, the Hiring Agreement Program (HAP) also receives support from local governments through an agreement with the Maryland Association of Counties (MACo). The HAP program's reporting cycle for the provided data is from April 2023 through March 202

Table 82: Foster Youth Alumni Job Placements

Foster Youth Alumni 18-25	Job Placements
State Contractor Job Placements	26
Local Government Job Placements	81
State Agency Job Placements	7
Total	**114**

When youth who have aged out of foster care in another state and have not attained 23 years of age request services, SSA confirms eligibility with that state's child welfare agency. SSA then refers them to the jurisdiction they

currently reside in. In CY 2024, there were two youths from other states that requested services in Maryland.

Chafee Expansion of Services to Age 23

Maryland is working to define and formalize consistent programmatic service delivery across the state for young adults ages 21- 23. These extended Chafee services include employment referrals and support (agency hiring agreements, apprenticeship opportunities), financial support for housing (security deposit and rent), transportation to support stable employment and work activities, financial support, and referrals for educational and vocational training. Extended Chafee services will be available to current and former young adults who were in out-of-home care up to age 23 and currently reside in Maryland and out of state.

Collaborating with Other Private and Public Agencies

The Social Services Administration (SSA) collaborates extensively with various agencies to support foster youth in achieving independence, particularly in housing and employment. Through monthly Independent Living Coordinators (ILC) meetings and Emerging Adult Workgroup meetings, SSA partners with other agencies to host guest speakers on pertinent topics. In 2024, these presentations included those from the Maryland Commission on Indian Affairs, Maryland Healthcare Authorization, Maryland Legal Aid, FreeState Justice, CASA Maryland, Governor's Office of Community Initiatives, Governor's Office of Immigrant Affairs, Maryland Department of Education, Job Corps, Foster Success Education Services, and the Maryland Educational Opportunity Center.

In partnership with the Department of Labor (DLLR), SSA utilizes hiring agreements to increase job placements for foster youth and promote their independence. The Hiring Agreement Program prioritizes specific populations for state-contracted jobs. Over the next year, SSA and DLLR will explore partnerships with corporate, private, and governmental businesses to offer employment, internship, apprenticeship, and mentorship opportunities for the foster youth population. Additionally, the apprenticeship program may lead to permanent employment for youth upon acquiring the necessary skill sets. In 2024, SSA leveraged partnerships with state agencies, including the Department of Budget and Management (DBM), Department of General Services (DGS), Maryland Department of Transportation (MDOT), and the Department of Information Technology (DoIT). The Hiring Agreement Program is further supported by local governments through an agreement with the Maryland Association of Counties (MACo).

According to the most recent HUD data from December 2023, Maryland was allocated zero Family Unification Program (FUP) vouchers in 2022-2023. In CY 2024, SSA regularly engaged with the Department of Housing and Community Development (DHCD) to strategize ways to enhance housing stability for youth aging out of foster care. Access to housing and collaboration with DHCD remains an ongoing effort and will continue into CY 2025.

SSA will continue its partnership with the Maryland Higher Education Commission and Foster Success Educational Services, a non-profit organization, to assist with post-secondary educational services. Youth receive information, resources, and post-secondary funds to achieve their educational goals. Information regarding CY 2024 is reported in the ETV section.

SSA maintains its partnership with the Maryland Department of Health (MDH) Office of Eligibility Services to ensure youth aging out of care receive up-to-date Medicaid information, regardless of whether they remain in Maryland or relocate to another state. Updated guidance on changes in prescription costs was disseminated to youth exiting foster care, as well as to staff and partner organizations.

In CY 2024, SSA sustained partnerships with provider groups such as the Provider Advisory Council (PAC), Maryland Association of Resources for Families and Youth (MARFY), and Court Appointed Special Advocates (CASA). This involved regular attendance at their meetings and providing training to educate them on the Ready By 21 (RB21) services and how these services can support and supplement the learning objectives for older youth.

SSA encourages LDSS partnerships with the Maryland Creating Assets, Savings and Hope (MD CASH) Campaign to provide financial education for life skills training offered to youth in out-of-home placement, and training on apartment rental. The MD CASH Campaign also participated in a local county resource fair, providing information to youth in out-of-home placement and offering IRS Certified tax preparation training.

SSA collaborates with Maximus to implement the Maryland Disability Benefits Advocacy Project (DBAP), whose website launched in 2023. The Project assists state-funded foster youth in obtaining long-term social security benefits by directly referring children and youth in care through LDSS and Maximus. In 2024, 259 children and youth in out-of-home care were referred for SSI claims.

SSA continues to partner with Chapin Hall from the University of Chicago for technical assistance in building capacity for implementing strategies, policies, and regulations impacting older youth, specifically pregnant and parenting

youth, and Family First Prevention Services. Technical assistance was provided twice monthly to assess and implement trauma-informed placement services in Independent Living (IL) and Parenting and Pregnant Youth (PPY) placements. Key accomplishments from this collaboration include:

- Establishing a process to annually monitor IL and PPY provider survey responses to ensure that the required components of their trauma-informed service delivery models were outlined.
- Developing a Trauma-Informed Care (TIC) model crosswalk/framework tool for IL/PPY providers.
- Identifying best practice services to inform and amend current IL/PPY contracts.
- Creating a trauma-responsive plan for new ILP providers.

SSA continues its partnership with The Institute for Innovation and Implementation, University of Maryland School of Social Work, to update the Ready by 21 Practice Guide and Policy Manual. Several changes have been made, including the incorporation of national best practices. The final draft of the Ready by 21 Practice Guide and Policy Manual underwent legal sufficiency review in CY 2024. Final revision and administrative approval are necessary prior to its implementation in CY 2025.

In CY 2024, the Older Youth Team strengthened partnerships with Job Corps, the Maryland State Department of Education (MSDE), and the Governor's Office for Children by inviting a representative to the Emerging Adult Workgroup. The Older Youth Team continues to explore partnerships with Medicaid, the Family Investment Administration (FIA), and Behavioral Health Providers to secure representation for the Emerging Adult Workgroup. Access to mental health and substance abuse services, along with healthcare after foster care, is crucial for the stability and positive outcomes of transitional-age youth.

Determining Eligibility for Benefits and Services

Maryland's criteria for determining eligibility for benefits and services under this program remain unchanged since the submission of the 2025-2029 CFSP.

Young adults aged 18 through their 21st birthday are eligible for continued benefits and services if they are enrolled in and regularly attend school or vocational training or are working at least 80 hours per month. Those who do not meet these criteria may still qualify if they have a documented disability preventing employment. All eligible young adults receive independent life skills support to promote self-sufficiency in key Ready By 21 benchmark areas: education, employment, housing, financial literacy, social awareness, and

self-care. Eligibility requirements are established in COMAR and the Ready by 21 Policy and Practice Manual. There have been no changes in these services.

Services are collaboratively determined by the case advocate (case manager) and the young adult. The agency facilitates various meetings, including Family Facilitated, Youth Transition Plan, and Family Team Decision Making Meetings, where young adults and their support networks discuss and assess ongoing independent living needs and identify resources for long-term self-sufficiency.

Additionally, young adults aged 21-23 who were formerly in out-of-home care are eligible for Chafee aftercare services. To access these services, young adults can contact their jurisdiction's safety hotline or independent living office for an assessment of ongoing Chafee services.

Education and Training Vouchers Program

Maryland remains committed to ensuring the availability of Education and Training Voucher (ETV) program funds for current and former foster care recipients. Eligibility for ETV extends to youth aged 14 to 26, or those who were adopted or achieved guardianship on or after their 16th birthday. If a youth enrolls in the ETV program before their 21st birthday and maintains satisfactory academic progress (2.0 GPA), they retain eligibility until age 26 or for a maximum of five years of funding. Maryland's ETV program is administered by Foster Success Educational Services (FSES), a non-profit organization dedicated to supporting teens and young adults transitioning out of foster care in achieving their educational goals.

FSES, under contract with the Social Services Administration, manages the ETV application process and disburses funds to eligible youth. They provide a comprehensive range of services to program participants, including monthly academic coaching and support, mentoring, financial budgeting, and emergency assistance throughout the year. These services have assisted youth in understanding the consequences of withdrawing or dropping classes and their academic financial obligations and have supported youth in choosing the right courses to achieve their certifications and degrees. Youth have continued to be engaged and supported in school which will improve the program goal to increase the retention rate.

No changes have occurred to these services since submission of the 2025 - 2029 CFSP.

Methods Used to Ensure That the Total Amount of Educational Assistance Does Not Exceed the Total Cost of Attendance

Before an Education and Training Voucher (ETV) award is issued, the Financial Aid Office at the youth's institution must complete a "Financial Aid Release Form" for each semester an ETV application is submitted. This form requires the Financial Aid Office to report the "Cost of Attendance per term". Upon receiving the completed form, Foster Success Educational Services (FSES) determines the ETV award amount. This process helps the agency allocate funds appropriately, ensuring that the total educational assistance does not exceed the cost of attendance and prevents the duplication of benefits from other income sources or scholarships the applicant may receive.

Methodology to Provide Unduplicated Awards Each School Year

The Social Services Administration (SSA), in collaboration with Foster Success Educational Services (FSES), implements a specific methodology to prevent duplication in Education and Training Voucher (ETV) awards.
The SSA determines a youth's ETV eligibility upon completion of an application submitted through FSES. The application process requires the youth to indicate whether they are a new or returning student to the program. FSES then provides SSA with a list of applicants for eligibility review, which includes the youth's name, county/city of residence, school year, application date, and email address.

Once SSA determines eligibility, the list is returned to FSES. FSES then collaborates with the youth and their educational institution to determine the ETV award amount, which is based on the cost of attendance and must be disclosed on the "Financial Aid Release Form".

Finally, FSES is responsible for data collection and submitting an annual report to the department, detailing the unduplicated number of ETVs awarded each school year.

Coordination of MD ETV with Other Education Programs

The Maryland Education and Training Voucher (ETV) program is coordinated with the Maryland Tuition Waiver for Foster Care Recipients program. The MD Tuition Waiver covers tuition and mandatory fees for current and former foster youth attending Maryland public institutions of higher education. Eligible recipients can access the MD Tuition Waiver for 10 years if they enrolled before their 25th birthday and maintain satisfactory progress toward program completion. Both programs are integrated into Maryland’s older youth policies and initiatives and the Youth Transition plans for foster youth aged 14-20. These programs are simultaneously promoted to youth, resource parents, and other stakeholders. Students receive maximum benefits when enrolled in a 2-year or 4-year Maryland public institution. Maryland will

continue integrating the ETV and MD Tuition Waiver statewide into its transitional youth life skills programs. To address employment barriers and assist youth not pursuing traditional post-secondary education, SSA is exploring how funding can be used for private vocational and trade schools to enable certification without debt. DHS collaborates with the Maryland Longitudinal Data System Center (MLDSC) for data analysis on youth participation in higher education. MLDSC developed a dashboard for Foster Care and Higher Education Participation. Data analysis indicates that between 2011 and 2020, 56% of youth in foster care enrolled in college after earning a high school diploma.

During the 2023-2024 academic year, 133 youths applied for ETV, with 73 receiving funding. Of the 60 youth not funded, 35% were ineligible, and 43% had incomplete documentation. Among funded youth, 50% were between 20 and 22 years old, receiving an average of $3,500. Most funding covered living expenses (38%), transportation (17%), tuition (15%), and room and board (11%).

In addition to direct funding, FSES supported nine students who needed to achieve satisfactory academic progress. The Maryland Coordinator conducts monthly Zoom or phone calls with all students to review academic progress and address questions, struggles, or goals.

A total of 240 student meetings were held during the 2023-2024 academic year. FSES is improving systems to integrate financial aid officers internally for cost of attendance and financial aid verification, aiming to reduce incomplete documentation from youth. The Maryland Coordinator also participated in caseworker training and youth outreach events during the year. In December 2024, FSES hosted an end-of-semester event in Towson for local students to meet and celebrate.

For the 2024-2025 academic year, as of February 2025, 82 youth have received funding, including 28 new recipients. For more detailed information, please refer to Appendix B for the Annual Reporting of Education and Training Vouchers Awarded (Attachment C).

Table 83: Five-Year Goals, Strategies, Outcomes, and Measures

Academic Year	Goal 1: New Unduplicated Student Recipients	Goal 2: Student Retention Rate
	Increase # by 3% Annually	Increase by 2% Annually
2022-2023	34 (Baseline)	63% (Baseline)
2023-2024	24	67%

2024-2025	*28	66%
2025-2026		
2026-2027		
2027-2028		
2028-2029		
	Target Goal = 97	Target Goal = 73%
**Note: 2024-2025 data as of February 13, 2025; not finalized for the academic year* *Data Source: Foster Success Education Services Student Data*		

Chafee Training

SSA sent four local Education Specialists/designated Education points of contact to the 2024 National Association for the Education of Homeless Children and Youth (NAEHCY) Conference. At the conference they were able to network and learn about the foster care education stability provisions and updated guidance from the U.S. Department of Education and U.S. Department of Health & Human Services. The information obtained during the conference was brought back to be disseminated to local staff through training, networking with local organizations, and pilot program development.

Training on Youth Development

SSA is exploring how to facilitate learning collaboratives for independent living providers and resource parents to support Ready By 21 transitional youth services. These collaboratives will cover topics such as teen parenting, substance use, gang violence, trafficking, and physical and emotional well-being. Training resources for these initiatives include partnerships with the Child Welfare Academy, the MD Cash Campaign, and SSA Systems Transformation staff. SSA has also provided relevant and unique training sessions specifically addressing the needs of transitional-age youth:

- "Planning with Transitioning Youth-Independence vs. Interdependence. Is there one without the other?"

- "Equipping Older Foster Care Youth for College Readiness: Understanding Recent FAFSA Regulations"

Training on Adoption Programs
SSA maintains its partnership with the National Association of Adoptions, which provides an annual subscription to SSA and the Local Departments of Social Services (LDSS). This membership includes monthly adoption competency webinars, LDSS networking opportunities, annual conferences, and other adoption-related events. SSA also continues its collaboration with AdoptUSKids (AUK) and the LDSS. LDSS staff can register on the AUK website to photo-list youth who are legally free for adoption. Additionally, SSA receives weekly emails from AUK containing contact information for individuals who have registered an interest in a youth, and SSA shares this information with the LDSS.

Tribal Engagement

In a collaborative effort, the Social Services Administration (SSA) partnered with the Governor's Office of Community Initiatives and the Maryland Commission on Indian Affairs (MCIA) to participate in bi-monthly planning meetings. These meetings focused on discussing the ongoing needs of youth and young adults aged 14-20 in out-of-home care. SSA disseminated available cultural resources to Local Department of Social Services (LDSS) case advocates (case managers) working with this age group. Case advocates were instructed to share these meaningful resources with their youth and young adults, informing them about the supportive network available for specialized, culturally sensitive case planning and allied connections during departmental and community team meetings. Further details regarding SSA's ongoing consultation with Tribes are provided in Section 6, "Consultation and Coordination Between States and Tribes.

Section 6: Consultation and Coordination Between States and Tribes

According to CJAMS, DHS currently has 15 total children in care who are identified as American Indian/Alaska Native (AI/AN); of these 15, two are exclusively AI/AN, and 13 are AI/AN in combination with another race. The Indian Child Welfare Act (ICWA) does not apply to any of the 15 children. However, anecdotal evidence shows that this may not be accurate. The state will continue to look at the reporting measures to ensure accurate data is being represented in this area.

In CY 2024, there were 1,317 new entries into out-of-home care. Of these, 91 youth (6.91%) had an ICWA status inquiry. Only one youth (0.08%) was identified under the ICWA definition, with zero youth identified as a current or eligible member for ICWA or as having an ICWA tribe name.

In 2024, Maryland initiated a process to update our Indian Child Welfare Act policy, which was last revised in 2019. The policy update represents a deliberate and comprehensive effort to strengthen ICWA implementation across the state, ensuring that all Maryland children, youth, and families receive appropriate child welfare services.

Recognizing the need for a more comprehensive approach, the State began a multi-year effort in 2024 to update its ICWA policy. The update involves collaboration with the communities served and emphasizing their lived experiences of such communities.

Key initiatives that were planned in 2024 included tribal consultation and engagement; planned listening sessions to align Maryland's updated ICWA policy with child welfare best practices; assessments of statutory, regulatory, and policy options to strengthen Maryland's child welfare framework while maintaining ICWA compliance; and statewide training for Local Departments of Social Services (LDSS) on ICWA law.

In 2024, the state executed a contract with Red Cedar Solutions, a tribally owned business, to coordinate tribal engagement. The following tribal and tribal organization participants were as follows: Seneca Nation Health System, (ICWA designated agent for the tribe and a third-generation kinship care provider); Midwest Alliance of Sovereign Tribes, an organization that deals with issues in the Midwest - Minnesota, Wisconsin, Michigan, Indiana, Illinois, and Iowa; Principal Chief of the Lenape Indian Tribe of Delaware; Principal Emissary of the Piscataway Indian Nation; Director of Governmental Affairs for the Lumbee Tribe of North Carolina; Nottoway Indian tribe of Virginia; Chairman and Chief of the Piscataway Conoy Tribe.

Additionally, Maryland applied for and was awarded a federal grant, "State-Tribal Partnerships to Implement Best Practices in Indian Child Welfare." The grant-funded project, the "Maryland Indigenous Family Partnership," establishes a DHS partnership with the Maryland Administrative Office of the Courts and the Maryland Commission on Native American Affairs. The project objective is to create a model for ICWA implementation for states like Maryland who do not yet have federally recognized tribes within state borders.

The OOS and SSA attended the American Indian Heritage Month: Proclamation Reading with the Governor in November 2024. This invite-only event was also attended by tribal leaders, Members of the Maryland Commission on Indian Affairs.

In addition to our collaborative work on the Maryland Indigenous Family Partnership, SSA will continue to hold bi-monthly meetings with the Maryland Commission on Indian Affairs to discuss the ICWA-related needs of tribes, communities, families, and youth in out-of-home care.

The Maryland Commission on Indian Affairs represents all Maryland tribes. Maryland does not currently have any federally recognized tribes.

Section 7: CAPTA State Plan Requirements and Update

Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers

Since the last reporting period, Maryland has not enacted any substantive changes to state laws or regulations that would affect the state's eligibility for the CAPTA State Grant. However, in 2024, several new state laws were enacted impacting child welfare and the prevention of child abuse and neglect:

- House Bill 0508 (effective October 1, 2024): This bill categorizes Child Labor Trafficking as a form of child physical abuse. Consequently, all Child Protective Services (CPS) agencies across Maryland's 24 jurisdictions are now required to investigate reports of child labor trafficking under the physical abuse response pathway.

- Senate Bill 0708: This bill expanded the definition of "kin" for child welfare placement purposes. "Kin" now includes individuals related to the child by blood, marriage, adoption, tribal law or custom, or cultural custom or practice; individuals unrelated to the child but with a strong familial or other significant bond; and individuals identified by the child's parent. The law further mandates that, absent good cause, local departments prioritize kinship caregiver placements and make proactive, thorough, and timely efforts to identify and engage kin for initial out-of-home placements.

- Senate Bill 0873: This bill amended Maryland's Safe Haven law, establishing new requirements for DHS. The law requires DHS to develop, implement, maintain, and distribute public information about the Safe Haven program, including an interactive website and informational video. Additionally, DHS must regularly provide updated Safe Haven materials to designated facilities, local and state health departments, LDSS, and publicly funded educational institutions.

Aside from these statutory changes, no additional laws, policies, programs, or procedures have been enacted that impact the function or purpose of CAPTA or would affect Maryland's continued eligibility for the CAPTA State Grant

Use of CAPTA State Grant Funds

Since submission of the 2024-2029 CFSP, there have been no significant changes in how Maryland utilizes CAPTA funds. In 2024, Maryland continued to use CAPTA funding to support community-based child abuse and neglect prevention organizations that promote child and family well-being through services, professional education, training, and evaluation. These organizations provide comprehensive case management services aimed at enhancing protective factors, minimizing risk, and supporting the overall well-being of families.

In 2024, CAPTA funds were used to subsidize Family Connections Baltimore (FCB), which enrolled 76 families in their multifaceted community-based program. During SFY 2024 FCB diverted 168 children from out-of-home placement; all families remained unified with no child welfare reports filed.

CAPTA funding also supported The Family Tree, a child maltreatment prevention program serving Baltimore City, Baltimore County, and Prince George's County. The program provides in-person and virtual parent education classes, support groups, and in-home visitation services. Additionally, CAPTA funds helped sustain The Family Tree's 24/7 statewide Parent Helpline, which assisted 1,573 parents between 2023 and 2024 with parenting support and referrals to community services.

During this reporting period, CAPTA funding supported the strengthening of Maryland's child welfare workforce such as state program specialists, frontline staff, supervisors, and multidisciplinary partners, through funding for professional development and training opportunities. Such training and Professional Development opportunities include:

- Supporting Children and Youth with Emotional and Behavioral Health Challenges
- Parental Substance Abuse. Substance Exposed Newborns and Plans of Safe Care
- Education of Homeless Children and Youth (NAEHCY) Conference
- Maryland Network Against Domestic Violence (MNADV) Conference
- Licensure Prep/Contract Modification
- Human Trafficking Professionals Seminar
- Transforming Mandated Reporting Convening
- Child Abuse and Neglect (CAN) Conference
- Child Protective S Supervisor Training
- Forensic Interviewing and Multidisciplinary Team Approaches
- Family Engagement

CAPTA also supports the work of CACs across the state, which play a critical role in the coordinated response to child maltreatment. Notably, funding is used to support the Center for Hope (CFH) which provides specialized forensic interview services. These services aid in the investigation of complex cases, including primary and precautionary reports of child sexual abuse, child witnesses to domestic violence and homicide, as well as incidents involving human trafficking and cybercrime. Since the submission of the 2025-2029 CFSP, Maryland has not significantly altered its utilization of CAPTA funds. In 2024, CAPTA funding continued to support community-based child abuse and neglect prevention organizations that promote child and family well-being through services, professional education, training, and evaluation. These organizations offer comprehensive case management services aimed at enhancing protective factors, minimizing risk, and supporting the overall well-being of families.

In 2024, CAPTA funded Family Connections Baltimore (FCB), a multifaceted community-based program that enrolled 76 families. During State Fiscal Year (SFY) 2024, FCB successfully diverted 168 children from out-of-home placement, ensuring all families remained unified with no child welfare reports filed. CAPTA funding also supported The Family Tree, a child maltreatment prevention program serving Baltimore City, Baltimore County, and Prince George's County, which provides in-person and virtual parent education classes, support groups, and in-home visitation services. Additionally, these funds helped sustain The Family Tree's 24/7 statewide Parent Helpline, which assisted 1,573 parents between 2023 and 2024 with parenting support and referrals to community services.

During this reporting period, CAPTA funding bolstered Maryland's child welfare workforce, including state program specialists, frontline staff, supervisors, and multidisciplinary partners, by financing professional development and training opportunities. These opportunities included training on:

- Supporting Children and Youth with Emotional and Behavioral Health Challenges
- Parental Substance Abuse, Substance Exposed Newborns, and Plans of Safe Care
- Education of Homeless Children and Youth (NAEHCY) Conference
- Maryland Network Against Domestic Violence (MNADV) Conference
- Licensure Prep/Contract Modification
- Human Trafficking Professionals Seminar
- Transforming Mandated Reporting Convening
- Child Abuse and Neglect (CAN) Conference
- Child Protective Services Supervisor Training

- Forensic Interviewing and Multidisciplinary Team Approaches
- Family Engagement

CAPTA also supports the work of Child Advocacy Centers (CACs) across the state, which are critical to the coordinated response to child maltreatment. Notably, funding is used to support the Center for Hope (CFH) in Baltimore City, which provides specialized forensic interview services. These services assist in investigating complex cases, including primary and precautionary reports of child sexual abuse, child witnesses to domestic violence and homicide, human trafficking, and cybercrime, ensuring child victims and witnesses receive trauma-informed support while facilitating effective multidisciplinary investigations. Through its ongoing partnership with SSA, CFH continues to strengthen its role as a leading child advocacy center in Baltimore City. From 2022 through July 1, 2024, CFH conducted 1,693 forensic interviews. Under the current contract, initiated in October 2024, CFH has already completed 226 forensic interviews, demonstrating continued progress.

CAPTA funds are additionally allocated to Maryland's 24 Local Departments of Social Services (LDSS) based on a formula that considers the number of CPS cases. LDSS utilize this funding to address the direct and concrete needs of families and support prevention efforts such as transportation assistance (e.g., gas cards), diapers and formula, grocery store gift cards, and safety-related items like lock boxes or Pack 'n Plays to promote safe sleep.

A core use of Maryland's CAPTA funding remains focused on preventing out-of-home placements by supporting families impacted by substance use disorders, particularly those with substance-exposed newborns. CAPTA funds help sustain the Sobriety Treatment and Recovery Teams (START) model in seven LDSS. As part of this model, the state funds Family Mentors, who are certified Peer Recovery Specialists, to provide lived-experience support to parents navigating recovery. START emphasizes child safety, parental recovery, and family preservation through a team-based, family-centered approach. Further details on the implementation and outcomes of START in Maryland are included in Section 5: "Populations at Greatest Risk of Maltreatment".

Through its ongoing partnership with SSA, the CFH continues to strengthen its role as a leading child advocacy center in Baltimore City. From 2022 through July 1, 2024, CFH conducted a total of 1,693 forensic interviews, providing critical support to children impacted by abuse and exploitation. Under the current contract, initiated in October 2024, CFH has already completed 226 forensic interviews, demonstrating continued progress in identifying, supporting, and advocating for child victims of sexual abuse and trafficking.

CAPTA funds are also allocated to Maryland's 24 LDSS. Funding is allocated based on a formula that considers the number of CPS cases. LDSS use this funding to address the direct and concrete needs of families and to support prevention efforts such as transportation assistance (e.g., gas cards for necessary appointments and meetings), diapers and formula, grocery store gift cards, safety-related items like lock boxes, Pack 'n Plays or cribs to promote safe sleep.

A core use of Maryland's CAPTA funding continues to focus on preventing out-of-home placements by supporting families impacted by substance use disorders, particularly those with substance-exposed newborns. CAPTA funds help sustain the START model in seven LDSS. As part of this model, the state funds Family Mentors, who are certified Peer Recovery Specialists, to provide lived-experience support to parents navigating recovery. START emphasizes child safety, parental recovery, and family preservation through a team-based, family-centered approach. Further details on the implementation and outcomes of START in Maryland is included in Section 5: Populations at Greatest Risk of Maltreatment.

Update on Substance Exposed Newborns (SEN) and Plans of Safe Care (POSC)

There were no updates to state policies and procedures addressing the needs of SEN. In 2024, the state did not use CAPTA state grant funding for the development, implementation, and monitoring of plans of safe care. However, CAPTA funding was used to support professional development and training on SENs, parental substance abuse, and emerging trends in substance use. It also provided technical assistance to local jurisdictions regarding SEN policy and Plans of Safe Care (POSC). Additional information such as data metrics for SENs, established process for Plans of Safe Care, challenges with implementation and Maryland's efforts to support the needs of infants born and affected by substance abuse are described in Section 5: Populations at Greatest Risk of Maltreatment.

Citizen Review Panel Reports and State Responses

State Council on Child Abuse and Neglect (SCCAN) Annual Report

- See Appendix C for the Maryland SCCAN Annual Report.
- See Appendix D for Maryland's Response Letter to the SCCAN Annual Report.

Citizens Review Board for Children (CRBC) Annual Report

- See Appendix E for the Maryland CRBC FY 2024 Annual Report.

- See Appendix F for Maryland's Response Letter to the CRBC FY 2024 Annual Report outlining how SSA will address panel recommendations. Key actions include:
    - *Safety Assessments*: To address the need for consistent safety assessments and follow-up, we are reinforcing documentation expectations through updated guidance and direct support during Family Team Decision Making meetings.
    - *Permanency:* We agree that every child needs a permanent family. To support this, we are advancing a "kin-first" culture through streamlined licensing and a new Kinship Navigator Program. We are also expanding prevention services under the Family First Prevention Services Act (FFPSA) and partnering with other agencies to improve outcomes for youth with complex needs.
    - Documentation: Recognizing the inconsistencies you noted, we are redesigning our quality assurance processes to ensure the documentation accurately reflects family engagement and progress. We will continue to stress the importance of timely and thorough documentation through training and supervision.
    - Service Accessibility: We are actively working to expand the array of available and accessible services for families by strengthening interagency partnerships to increase access to behavioral health, educational, and housing supports.
    - Youth Transition: To better prepare youth for adulthood, we are enhancing our Youth Transition Planning process, increasing access to housing assistance, and strengthening partnerships with educational and workforce development agencies.

CAPTA Annual State Data Report Items

Tables 84, 85, and 86 present data on the number of CPS staff, their education level, sex, age range, and race and ethnicity by calendar year.

In CY 2024, the CPS workforce consisted of 398 full-time equivalent (FTE) positions. This total included 320 caseworkers (80% of staff) and 78 supervisors (20% of staff). These figures represent a decrease from CY 2023, which had 428 FTEs (343 caseworkers and 85 supervisors), but an increase compared to CY 2022, which totaled 373.5 FTEs (298.5 caseworkers and 75 supervisors).

Regarding sex in CY 2024, women constituted 91% of caseworkers and 99% of supervisors. Conversely, men comprised 9% of caseworkers and 1% of supervisors in the same year. These proportions closely align with CY 2023 data, where females made up 92.1% of the combined staff and males 7.9%.

The racial and ethnic composition of CY 2024 caseworkers showed that 46% identified as White and 44% as Black/African American. Smaller percentages included Asian (1%), those identifying with two or more races (2%), and American Indian (one staff member, 0%). Seven percent of caseworkers' race/ethnicity was unknown, and one caseworker (0%) was identified as Hispanic. Among supervisors in CY 2024, 62% were White and 31% were Black/African American. Other groups included Asian (1%), Native Hawaiian (3%), and those identifying with two or more races (1%); 3% of supervisors' race/ethnicity was unknown, and one supervisor (1%) was Hispanic. For comparison, the CY 2023 combined staff data indicated that 47.1% were Black/African American, 46.5% White, 3.2% Hispanic, 2.0% identified with two or more races, 0.3% as American Indian, and 4.4% were of unknown race/ethnicity.

In terms of age in CY 2024, the majority of caseworkers (58%) were under 40 years old. Thirty-eight percent of caseworkers were between 40 and 59 years old, with a small percentage (4%) aged 60 or older. Supervisors tended to be older, with 54% falling into the 40 to 59 age group, 40% under 40 years old, and 6% aged 60 or more.

Table 84: Number of CPS Staff (Filled Pins)

Child Protective Services (CPS) Staff	CY 2022	CY 2023	CY 2024
Case worker Staff (FTE)	298.5 (79.9%)	343 (80.1%)	320 (80%)
Supervisor Staff (FTE)	75 (20.1%)	85 (19.9%)	78 (20%)
TOTAL	373.5	428	398
Data Source: 2025 CPS Characteristics Survey			

Table 85: CPS Staff Education Level, Sex, Race and Ethnicity by Calendar Year

Education Levels	CY 2023	CY 2024 Workers	CY 2024 Supervisors
Bachelor's degree	116 (33.9%)	98 (31%)	1 (1%)
Master's or above degree	226 (66.1%)	220 (69%)	77 (99%)
Sex	**CY 2023**	**CY 2024 Workers**	**CY 2024 Supervisors**
Males	27	29	1

	(7.9%)	(9%)	(1%)
Females	316 (92.1%)	291 (91%)	77 (99%)
Race/Ethnicity	**CY 2023**	**CY 2024 Workers**	**CY 2024 Supervisors**
America Indian	1 (0.3%)	1 (0%)	0 (0%)
Asian	0 (0%)	4 (1%)	1 (1%)
Black/African American	161 (47.1%)	140 (44%)	24 (31%)
Native Hawaiian	0 (0%)	0 (0%)	2 (3%)
White	159 (46.5%)	147 (46%)	48 (62%)
2 or more Races	7 (2.0%)	6 (2%)	1 (1%)
Unknown	15 (4.4%)	22 (7%)	2 (3%)
Hispanic	11 (3.2%)	1 (0%)	1 (1%)
Data Source: 2025 CPS Characteristics Survey			

Table 86: CPS Staff Age Range by Calendar Year

Age Groups	CY 2024 Workers	CY 2024 Supervisors
Less than 40 years old	186 (58%)	31 (40%)
40 to 59 years old	122 (38%)	42 (54%)
60 or more years old	12 (4%)	5 (6%)
Data Source: 2025 CPS Characteristics Survey		

Qualifications and Training

CPS caseworker and supervisor qualifications align with those detailed in the 2025-2029 CFSP. Caseworkers are required to possess a Bachelor of Arts or Science in a human services-related field, with no prior experience mandated beyond this qualifying degree. Supervisors, encompassing both CPS and broader child welfare functions, must hold a Master of Social Work (MSW) degree, an advanced social work license valid in Maryland, and at least three years of experience in child welfare or a related field. All CPS staff are still required to complete pre-service training via the Child Welfare Academy and successfully pass the corresponding competency exam.

The educational attainment within the CPS workforce remains high. In CY 2024, a notable 69% of caseworkers held a master's degree or higher, while 31% had a bachelor's degree. This elevated educational profile was even more evident among supervisors in CY 2024, with an overwhelming 99% possessing a master's degree or a more advanced qualification, and only 1% holding a bachelor's degree. This trend is consistent with CY 2023 data, which indicated that 66.1% of combined staff (workers and supervisors) had a master's degree or above, and 33.9% held a bachelor's degree.

Caseload Requirements for Child Protective Services

The Maryland Department of Human Services (DHS) aligns its internal requirements with national recommendations from the Child Welfare League of America (CWLA), as mandated by Maryland Family Law §5–1310. While there is no statutory cap on Child Protective Services (CPS) caseloads, the agency uses specific guidance and best practices to ensure workloads are manageable and support high-quality service. For CPS investigation workers, the recommended caseload ratio is 1:12, meaning each worker typically handles at least 12 cases, with a maximum of 17. Additionally, each CPS supervisor oversees no more than 5 to 7 caseworkers. This structure allows for frequent case consultations, robust oversight, and effective staff coaching. Recognizing that caseload ratios alone don't fully capture workload, CWLA acknowledges that the complexity and time commitment of each case must be considered. The department is currently procuring a full child welfare workload assessment for the Maryland Child Welfare Workforce.

Juvenile Justice Transfers

In CY 2024, six youth under the care of Maryland's child protection system were placed in Department of Juvenile Services (DJS)-funded residential treatment centers, which are classified as non-community-based residential placements. For these youth, the primary permanency plans included reunification with family for three (50%), emancipation (APPLA) for two (33%), and guardianship for one (17%). The age range of these youth was 16 to 18 years old, with 66% identified as male, 17% as female, and 17% identified by sex

in the RTC. Demographically, 83% of these youth were Black or African American, while 17% were White. No children under the state child protection system's care were transferred into the custody of the state juvenile services system through a legal status change or state commitment while residing at home.

Maryland remains dedicated to workforce development and continuous improvement in delivering child protective services. This data is crucial for informing recruitment efforts, shaping policy decisions, supporting accountability, and ensuring that Child Protective Services (CPS) professionals are well-equipped to promote the safety and well-being of children and families throughout the state.

Maryland CAPTA Liaison Officer:
Keisha Peterson
25 South Charles Street, 11th Floor
Baltimore, Maryland 21201
Keisha.Peterson1@maryland.gov

Section 8: Updates to Targeted Plans within the 2025-2029 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

As part of its recruitment and retention strategy, SSA has implemented several enhancements. These include developing a statewide recruitment and retention logo, updating the user-friendliness of the DHS website, and initiating the transition from New Generation PRIDE (Parent Resource for Information, Development, and Education) pre-service training to the National Training and Development Curriculum (NTDC). The recruitment and retention plan is a dynamic document, undergoing updates as new needs are identified.

SSA also strengthened its relationship with recruitment and retention staff across the 24 Local Departments of Social Services (LDSS) by attending their monthly grassroots meetings and leading workgroups on resource home licensure requirements. In 2024, SSA collaborated with local department representatives to draft new COMAR regulations pertaining to the resource home licensing process, which became effective in December 2024.

Between January 1, 2024 and December 31, 2024, SSA received 134 referrals from AUK, which SSA designated staff forwarded to LDSS recruiters on a

weekly basis for follow-up. SSA will continue to partner with AUK to ensure that interested adoptive resources are connected to their local jurisdiction.

SSA has continued to work to maintain a strong working relationship with the Child Welfare Academy (CWA) to ensure that training options are offered to resource and kinship families across the state. SSA reviews training requirements and topics to ensure that the training we are offering prepares families to care for youth in foster care who have a wide range of backgrounds and life experiences.

The diligent recruitment plan was updated in July 2025 to align with executive orders that were released by the White House Administration. See Appendix G: Foster and Adoptive Parent Diligent Recruitment Plan (Rev.FY26).

Training and Development
To broaden training opportunities for resource parents, CWA transitioned its sessions from in-person to virtual formats, thereby increasing statewide accessibility. MRPA provided training and webinars for all resource parents, while AdoptUSKids (AUK) enhanced media outreach and submitted potential family names to SSA weekly for LDSS follow-up.

SSA also partnered with Spalding for Children to commence the implementation of the National Training and Development Curriculum (NTDC) in pilot jurisdictions throughout the state. In July 2024, SSA conducted Maryland's final New Generation PRIDE training for staff from the 24 LDSS, with four local department staff and four private providers in attendance. In August 2024, SSA Permanency staff participated in the Permanency Summit in Arlington, Virginia, where they gained insights into programs and services offered by the National Center for Diligent Recruitment. During this summit, SSA staff delivered a presentation on Maryland's transition from New Generation PRIDE to NTDC.

Foster Parent College Training Data

Foster Parent College (FPC), in partnership with the CWA for ongoing training, has provided valuable data on the impact of its training programs. Below is a summary of FPC's 2024 training and evaluation data:

2024 Training Activity Report (January 1, 2024 – December 31, 2024):
- Number of individuals who participated in FPC online training: 2,767
- Number of courses enrolled: 15,427
- Number of courses started: 14,964
- Number of courses completed: 14,422

2024 Course Evaluation Report (January 1, 2024 – December 31, 2024):

- Total Records: 10,921
- User feedback ratio: 82.7%
- Average Rating for "This course added to my knowledge about caring for children": 4.44
- Average Rating for "I liked the presentation of the training material": 4.37
- Average Rating for "I would recommend this course to others": 4.39
- Average Rating for "I feel the training was worth the time spent": 4.38

The expansion of virtual training significantly increased accessibility, enabling more resource parents to engage in training opportunities throughout the year.

Permanency and Post-Adoption Support
SSA continued its contracts with the Center for Adoption Support and Education (CASE) and Paths for Families to ensure ongoing permanency and stability for Maryland youth. Additionally, SSA provided Adoption and Guardianship Incentive payments and Post-Adoption Permanency funds to eligible families.

Health Care Oversight and Coordination Plan

The agency has not made any significant updates or revisions to the Health Plan. The agency's activities in 2024 relevant to the Health Care Oversight and Coordination 2025-2029 plan included:

Immunization data for children in out-of-home care has become more accurate, accessible and efficient through a collaboration with MD THINK and Maryland Department of Health (MDH). Previously, LDSS had to manually input immunization records for individual children in out-of-home care, which increased the risk of incomplete, inaccurate, or non-timely data.

The new system integrates MDH's Immunet, a state-based immunization registry, to automatically populate a child's immunization records directly into the CJAMS health record. Additionally, the health tab has been updated to reflect changes in new immunization recommendations by the Center for Disease Control and has been piloted within LDSS to ensure accuracy. The system has been verified and has been rolled out for all jurisdictions and will lead to accurate reporting of immunization status for children in out-of-home care.

Further work with CRISP (Chesapeake Regional Information System for our Patients) has led to development of out-of-home youth population level

report capabilities for medical and mental health conditions including hospitalizations and Emergency Department utilization.

Identifying, Treating, and Monitoring Health Care Needs:

Psychotropic Medication Oversight and Policy Updates
In 2024, the agency began revising its psychotropic medication oversight policy and consent process, originally instituted in October 2014. The policy is critical to ensure that children involved in the child welfare system with mental health needs receive restorative, supportive, and holistic care that is closely monitored to ensure safety and optimal outcomes. This policy revision will update mandatory processes and procedures regarding informed consent, oversight, and monitoring for psychotropic medication.

Additionally, procedures for secondary review of psychotropic medications for children and youth in out-of-home care are being finalized using the state resources of Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) and the MDH Peer to Peer Review program. These activities have been guided by the development of a Statewide Advisory Task Force: Oversight and Monitoring of Psychotropic Medications, which includes key stakeholders from SSA, community providers, pharmacists and child psychiatrists. The task force is working to develop clinical considerations, secondary review protocols, monitoring and oversight mechanisms, and training and communication regarding the use of psychotropic medications for children in out-of-home care.

Training modules for LDSS staff on these topics are nearing completion. In June 2024, a training webinar on Considerations for the Use of Psychotropic Medication Use for Children in Out-of-Home Care was delivered to the SSA workforce in June 2024. These initiatives are expected to be completed in 2025.

The secondary review process and training modules are still being developed, making it difficult at this time to assess their impact on the appropriate use and monitoring of psychotropic medications on the prescription and use of these medications among children and youth in foster care. However, in the future, CJAMS data will be used to track psychotropic medication usage, including appropriateness for the indicated diagnosis, patterns of polypharmacy, and the use of alternative behavioral therapies following these interventions.

Medical Assistance and Managed Care Coordination
In 2024, significant efforts were made in collaboration with MDH and the Family Investment Administration (FIA) to troubleshoot delays in Managed

Care Organization (MCO) assignments for children and youth in out-of-home care who already have Medical Assistance but are classified under a new E-track status. To improve communication and ensure timely delivery of health services, FIA is developing a transmittal to formally notify LDSS of a child's Medical Assistance status. This initiative is expected to be completed in 2025. Additionally, in partnership with the ACQI Team, there continues to be regular TA meetings with each of the 24 LDSS to monitor compliance with medical and dental exam requirements and assess current data trends. Feedback from these sessions has led to proposed revisions in COMAR regulations to clarify healthcare delivery requirements for children in foster care. Other opportunities for performance improvement are discussed with local jurisdictions based on best practices and support from key partners such as Medical Assistance, Managed Care Organizations via the Health Advisory Council, mental and dental providers and local professional organizations such as the Maryland American Academy of Pediatrics and Maryland Dental Association. These efforts have led to the identification of compliance barriers and the implementation of strategies that have improved adherence to health exam metrics.

Disaster Plan

DHS has not made any significant updates or revisions to the Disaster Plan. During CY 2024, the Maryland Department of Human Services (DHS) played a critical role in statewide emergency management efforts, collaborating with multiple agencies and non-profit organizations to enhance preparedness, response, and recovery operations.

One of the key incidents in 2024 was the Francis Scott Key Bridge Collapse Response in March. While Maryland DHS was not fully activated for direct response, it worked closely with various agencies, Non-governmental organizations (NGOs), and Voluntary Organizations Active in Disaster (VOAD) to assess potential needs. DHS assisted in planning emergency housing support, coordinating with local shelters, and preparing for resource deployment in case further assistance was required.

DHS also played a significant role in Severe Weather Activations, particularly during a major winter storm in January and severe flooding in May. Although county-level emergency management teams did not formally request state assistance, DHS remained in a state of readiness, ensuring that emergency sheltering, food assistance, and logistical support could be deployed if needed. The agency worked alongside the Maryland Department of Emergency Management (MDEM) to evaluate community needs and support local response efforts.

In response to the ongoing humanitarian needs, DHS strengthened its Migrant Shelter and Public Health Activations by expanding partnerships with

non-profits and local government agencies, including the Maryland Office for Refugees and Asylees (MORA).

Additionally, DHS continues to apply lessons learned from past public health crises. During the COVID-19 pandemic, the state developed scalable food distribution systems that were not previously part of its standard operations. These included referrals from 2-1-1 Maryland and funding to the Maryland Food Bank, ensuring food security for vulnerable populations. These strategies remain embedded in Maryland's emergency response framework, allowing for rapid adaptation to future public health emergencies or widespread disasters.

This past year, DHS also participated in statewide planning efforts to strengthen partnerships with social service organizations to meet the changing needs of communities across Maryland. The agency's emergency response liaison and the Director for MORA facilitated bi-monthly meetings with non-profit groups, while MDEM established regular coordination efforts to address service gaps for these vulnerable communities.

The Maryland Department of Disabilities (MDOD) remains a key partner in mass care planning, ensuring accessibility and inclusiveness in all state-led disaster response operations. MDOD liaisons actively contribute to preparedness and response activities, including distributing assistive technology, conducting quality assurance visits at mass care sites, and integrating disability-inclusive strategies into emergency planning.

Training Plan

The agency has not made any significant updates or revisions to the Training Plan submitted with the 2025-2029 CFSP.

Section 9: Financial Information

Payment Limitations

Payment Limitations: Title IV-B, Subpart I: The amount Maryland expended for childcare, foster care maintenance and adoption assistance payments for Federal FY 2024 title IV-B, subpart I is $0.

Payment Limitations: Title IV-B, Subpart I: The amount of non-federal funds that were expended by the state for foster care maintenance payments used as part of the Title IV-B, subpart I state match for Federal FY 2024 is $0.

Payment Limitations: Title IV-B, Subpart II:
Maryland approximates 25 percent of the grant with state funds.

Payment Limitations: Title IV-B, Subpart II:
The FY 2024 state and local share expenditures amount for the purpose of Title IV-B, subpart II is $60.5 million. The 1992 base year is $31.7 million.

See Appendix A for the CFS-101 Parts I, II, and III Forms.

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2026: October 1, 2025 through September 30, 2026

1. Name of State or Indian Tribal Organization AND Department/Division:	**3. EIN:**	1-52-6002033-A8
Maryland Department of Human Services (DHS)	**4. UEI:**	GM1WZ4NRTM51
2. Address: (insert mailing address for grant award notices in the two rows below)		
25 S. Charles Street	**5. Submission Type:** (mark X on selection)	
Baltimore, MD 21201	- New	X
a) **Contact Name and Phone** for Questions: Vivian Mbah 410-767-7046	- Reallotment	
b) **Email address** for grant award notices (one only): jessica.smith5@maryland.gov		

REQUEST FOR FUNDING for FY 2026:

The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.

Hardcode all numbers; no formulas or linked cells.

6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$4,391,189
a) Total administrative costs (not to exceed 10% of the CWS request)		$439,118
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:	**% of Total**	$0
a) Family Preservation Services	20.0%	$873,860
b) Family Support Services	20.0%	$873,860
c) Family Reunification Services	20.0%	$873,860
d) Adoption Promotion and Support Services	20.0%	$873,860
e) Other Service Related Activities (e.g. planning)	10.0%	$436,931
f) Administrative Costs (*STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)*	10.0%	$436,931
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.	100.0%	*$4,369,302*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$276,188
a) Total administrative costs (not to exceed 10% of MCV request)		$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (*STATES ONLY*)		$1,905,738
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:		$1,360,031
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$408,009
11. Requested Education and Training Voucher (ETV) funds:		$426,860

REALLOTMENT REQUEST(S) for FY 2025:

Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2025 allotment that will not be utilized for the following programs:

	PSSF	MCV *(States only)*			ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment)**:**

	PSSF	MCV *(States only)*			ETV Program
$0	$0	$0	$0		$0

14. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*
Rafael López, Secretary **Maryland Department of Human Services**		*Title* Joseph Bock
Date June 26, 2025		*Date* 10/9/2025

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization Maryland Department of Human Services (DHS) **For FY 2026: OCTOBER 1, 2025 TO SEPTEMBER 30, 2026**

No entry required in the black shaded cells ENTER WHOLE NUMBERS ONLY

SERVICES/ACTIVITIES	(A) IV-B Subpart 1-CWS	(B) IV-B Subpart 2-PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	$ 1,580,828			$ 724,180				$ 123,286,920	17,345	-	Children	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ 873,860		$ -				$ 54,929,789	-	9,611	Families	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ -	$ 873,860		$ 705,123				$ 391,120	-	5,140	Families	Statewide
4.) FAMILY REUNIFICATION SERVICES	$ 2,371,243	$ 873,860		$ -				$ 1,367,948	-	4,200	Families	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 873,860						$ 490,670	-	557	Families	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ 436,931						$ 694,466	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 51,489,717	$ 19,588,771	4,573	-	Children	Statewide
(b) GROUP/INST CARE	$ -						$ 22,610,191	$ 172,310,116	503	-	Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 13,210,902	$ 33,759,566	5,539	-	Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 472,742	$ 30,050,005	3,895	-	Children	Statewide
10.) INDEPENDENT LIVING SERVICES	$ -				$ 1,360,031			$ 296,986	1,202	-	Children	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -					$ 426,860		$ 85,372	120	-	All eligible youth	Statewide
12.) ADMINISTRATIVE COSTS	$ 439,118	$ 436,931	$ -				$ 7,525,938	$ 93,696,831				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ 476,435			$ -	$ 878,558				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ -	$ 878,558				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -	$ 1,030,992	$ 5,302,126				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 276,188				$ -	$ 62,699				
18.) TOTAL	$ 4,391,189	$ 4,369,302	$ 276,188	$ 1,905,738	$ 1,360,031	$ 426,860	$ 96,340,482	$ 538,070,501				
19.) TOTALS FROM PART I	$4,391,189	$4,369,302	$276,188	$1,905,738	$1,360,031	$426,860						
20.) Difference (Part I - Part II)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00						

(If there is an amount other than $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses ($) means Part II exceeds the amount on Part I.)

21.) Population data required in columns I - L can be found: (mark X below the option)

On this form	In the APSR Narrative
X	

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2023 Grants: October 1, 2022 through September 30, 2024

No entry required in the black shaded cells

1. Name of State or Indian Tribal Organization:	**2. Address:**				**3. EIN: 1-52-6002033-A8**
Maryland Department of Humans Services (DHS)	25 S. Charles Street				**4. UEI: GM1WZ4NRTM51**
5. Submission Type: (type New or Revision) New	Baltimore, MD 21201				
Description of Funds	**(A)**	**(B)**	**(C)**	**(D)**	**(E)**
6. Total title IV-B, subpart 1 (CWS) funds:	$ 4,146,297	4,573	-	Children	Statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	$ -				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts	$ -	-	4,791	Families	Statewide
a) Family Preservation Services	$ 640,355				
b) Family Support Services	$ 753,911				
c) Family Reunification Services	$ 748,658				
d) Adoption Promotion and Support Services	$ 682,971				
e) Other Service Related Activities (e.g. planning)	$ 46,228				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF spending)*	$ 93,972				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	*$ 2,966,095*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 152,519				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ -				
9. Total Chafee Program for Successful Transition to Adulthood	$ 2,899,116	1,362	-	Eligible Youth	Statewide
a) Indicate the amount of allotment spent on room and board for	$ -				
10. Total Education and Training Voucher (ETV) funds:	$ 405,128	165	-	Eligible Youth	Statewide

11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		***Signature of Federal Children's Bureau Official***	
Title	***Date***	***Title***	***Date***
Rafael López, Secretary Maryland Department of Human Services	June 26, 2025	Joseph Bock	10/9/2025

Attachment C

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Maryland

	Total ETVs Awarded	**Number of New ETVs**
Final Number: **2023-2024 School Year** (July 1, 2023 to June 30, 2024)	73	24
2024-2025 School Year* (July 1, 2024 to June 30, 2025)	82	28

Comments:

The 2024-2025 school year data is as of February 13, 2025.

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

MARYLAND DEPARTMENT OF HUMAN SERVICES

MARYLAND STATE COUNCIL ON CHILD ABUSE & NEGLECT ANNUAL REPORT

January 1, 2022- December 31, 2023

SCCAN
Maryland's
State Council on Child Abuse and Neglect

Acknowledgments

With tremendous gratitude, we acknowledge the many individuals and organizations who share their time, experience, expertise and passion for promotion of child-well being and preventing child maltreatment and other adverse childhood experiences (ACEs) *before they occur.* Special thanks this year go to:

- Former Council Members, those that stayed on beyond their terms and those that engaged and participated without a formal appointment - for sharing their expertise and for the many volunteer hours they have contributed to the State Council on Child Abuse and Neglect (SCCAN).
- Council Chair, Wendy Lane, MD, MPH and Maryland Essentials for Childhood (EFC) Chair, Joan Stine, for their leadership.
- Incoming Council members for their commitment to serving Maryland children and families. Taniesha Woods, PhD for taking on the role of SCCAN Chair. Ted Gallo, our new Executive Director
- Council Members' agencies for dedicating staff time and expertise to the important cross agency work of the Council and Maryland Essentials for Childhood. Interagency collaboration is critical to effectively address childhood trauma.
- Achieving Racial Equity in Child Welfare Workgroup Co-Chairs, Erica LeMon, Esq. and Dr. Michael Sinclair for their leadership in developing SCCAN's Anti-Racist Statement and Visioning Session. Also, Workgroup Members (See Appendix C) and Dr. Sinclair's graduate students at Morgan State for their many hours of work to make December's Visioning Session possible.
- Achieving Racial Equity Visioning Session speakers: Dr. Anna McPhatter, Dean, School of Social Work, Morgan State University; Joyce James, Keynote Speaker; Corey Best, Lead Facilitator; Nilesh Kalyanaraman, MD, MDH Deputy Secretary for Public Health Services; and Hilary Laskey, Maryland DHS.
- Achieving Racial Equity in Child Welfare lead organizations: Morgan State University and Maryland Department of Health. Visioning Session donors: Maryland Judiciary, Donald A. Strauss Foundation, Child Justice, The Zanvyl and Isabelle Krieger Fund, and Maryland Legal Aid. Visioning Session Partners: Paths for Families, Maryland Essentials for Childhood, Child Justice, Child Welfare League of America, Maryland Legal Aid, The Family Tree, Maryland Judiciary, Maryland Office of the Public Defender, Echo Resource Development, Maryland Department of Human Services, and 725 Strategies, LLC.
- Pat Cronin, the former Executive Director of The Family Tree, for her countless years of invaluable work helping Maryland families and Stacey Brown, newly appointed Executive Director of The Family Tree for continuing Pat's work and staying deeply

engaged in the work of SCCAN. The Board and staff of The Family Tree for their co-backbone support of Maryland Essential for Childhood Initiative. The Family Tree Board for supporting the ACE Interface Project.

- Ace Interface Project Master Trainers and Presenters for dedicating their valuable time and skills to the efforts to ensuring Maryland become a N.E.A.R. Science Informed State.
- Maryland ACE's Connection Community Managers, Matila Jones, Claudia Remington, Jamie Sheppard and Erik Weber.
- Vanessa Milio, Nonprofit Consultant and Coach, and former Executive Director of No More Stolen Childhoods (NMSC) for lending her expertise to efforts to pass The Child's Victims Act (HB1/SB686 2023).
- Delegate C.T. Wilson for sponsoring and tirelessly advocating for the eventual passage of the Child Victims Act to give voice to adults who were victimized as children and to prevent future abuse.
- Judicial Proceedings Committee Chair Will Smith, and Vice Chair Jeff Waldstreicher, Judiciary Committee Chair Luke Clippinger for their leadership in Committee to pass the Child Victims Act. Senator Shelly Hettleman for her prior sponsorship and continuing support of the bill.
- Judicial Proceedings Committee and Chair Will Smith for supporting the Child Victims Act Legislative Briefing. Kathi Hoke, Kathryn Robb, Claudia Remington, and Wendy Lane for their testimony at the briefing.
- The Maryland State Legislature for passing the Child Victims Act.
- The Legal Resource Center for Public Health Policy at the University of Maryland Francis King Cary School of Law, Professor and Director, Kathleen Hoke, and law students, for their legal expertise, testimony, and support of efforts to pass the Child Victims Act.
- The following organizations for their support and advocacy on behalf of passing the Child Victims Act: Ashlar Public Relations, Baltimore County Progressive Democrats, Beau Biden Foundation, Boys & Girls Clubs of Harford & Cecil Counties, Center for Children, Center for Hope at Lifebridge Health Group, Child Justice, Child USA, Child USAdvocacy, Circle of Parents, Citi Ministries, Citizens Review Board for Children, Delaware Maryland Synod, Enough Abuse Campaign, Enradius, The Episcopal Dioceses of Maryland, Federation of Christian Ministries, First Star Institute, GBMC Healthcare, Harrity, Heartly House, Inc., Housing Authority of the City of Frederick, Justice 4 MD Survivors, Key School Survivors, Kros Learning Group, Maroon PR, Maryland Catholics for Action, Maryland Chapter of the American Academy of Pediatrics, Maryland's Children's Alliance, Maryland Coalition Against Pornography, Maryland Coalition Against Sexual Assault, Maryland Coalition of Families, Maryland Court Appointed Special Advocates (CASA), Maryland Episcopal Public Policy

Network, Maryland Family Network, Mid Atlantic P.A.N.D.A., Montgomery County Young Democrats, MOST Network, NAACP Maryland State Conference, Needworking, No More Stolen Childhoods, Parents' Coalition of Montgomery County, Partnership for a Safer Maryland, Prevent Child Abuse Maryland, Progressive Neighbors, ProMD Health, ProMD Helps, Renew Your Core with Trauma Healing, Survivors Network of those Abused by Priests (SNAP), The Family Tree, and The Moore Center for the Prevention of Child Sexual Abuse at Johns Hopkins Bloomberg School of Public Health.

- Marci Hamilton, CEO and Academic Director of Child USA, an interdisciplinary think tank to prevent child abuse and neglect at the University of Pennsylvania for sharing her time and expertise as well as providing written testimony on statute of limitations reform, as well as the resources of Child USA.
- Alix Boren, JD, Executive Director of Child USA, for her legal research on Maryland's civil statute of limitations.
- Kathryn Robb, JD, Executive Director of Child USAdvocacy, for her outstanding and considerable legal research, written testimony, advocacy, and oral testimony on behalf of HB 687 and HB 974, The Hidden Predator Acts of 2020 and 2021, as well as HB1/SB686, The Child Victims Act of 2023
- Linda K. Boyd, Jena Cochrane, Sarah Conway, Kay Connors, Mary Corzine, Nancy Fenton, Rebecca Fix, Paul Griffin, Jennifer Gross, Kathleen Hoke, Gemma Hoskins, Lisae Jordan, Susan Kerin, Frank Kros, Teresa Lancaster, Wendy Lane, MD, Elizabeth Letourneau, Rev. Kobi Little, David Lorenz, Judith Lorenz, Vanessa Milio, Mary Mueller, Davion Percy, Former DE Senator Karen Peterson, Claudia Remington, Kathryn Robb, Daniel Robson, Emily Rose, Kurt Rupprecht, David Schappelle, Abbie Schaub, Francis Schindler, Senator Will Smith, Carolyn Surrick, Megan Venton, Donna VonDenBosch, Jean Wehner, Matthew Wolf for their testimony, both oral and written, on behalf of HB01/SB0686, The Child Victims Act.
- Sarah Conway for her development of Justice4MDSurvivors.org in support of Maryland child sexual abuse efforts for child sexual abuse statute of limitations reform.
- Dr. Richard Lichenstein, Medical Director for Child Welfare, for engaging with SCCAN and pediatricians from the Maryland Chapter of the American Academy of Pediatrics to seek input and advice on improving health care services for youth in foster care.
- Drs. Rebecca Seltzer and Rachel Dodge, pediatricians who met twice monthly with Dr. Lichenstein and his team over the past 1 ½ years to provide input and advice on improving health care services for youth in foster care.
- Hilary Laskey, Melissa Rock, and Joan Stine for participating in two rounds of interviews to select a new SCCAN Executive Director.
- SCCAN meeting speakers: Katie Pederson, Maryland DHS, Kay Connors, Department of Psychiatry, University of Maryland School of Medicine, Dr. Margo Candelaria,

formerly of the Institute for Innovation and Implementation, University of Maryland School of Social Work, Kristen Parquette and Rovan Willis-Gorman from C4 Innovations, Tiffany Beason and Joanna Prout, from the Department of Psychiatry, University of Maryland School of Medicine, Rebecca Allyn, from the Governor's Office of Crime Prevention, Youth and Victim Services, Janice Goldwater, Commissioner on the Maryland Trauma Informed Care Commission, Dr. Richard Lichenstein, Medical Director for Child Welfare, Maryland DHS Susan Dos Reis, University of Maryland School of Pharmacy, Hilary Lasky, Maryland DHS and Erica LeMon, Esq., Maryland Legal Aid

Table of Contents

State Council on Child Abuse and Neglect (SCCAN)
311 W. Saratoga Street, Room 405
Baltimore, Maryland 21201
Phone: (667) 203-0898
edward.gallo2@maryland.gov

April 8, 2024

The Honorable Wes Moore
Governor of Maryland
State House
100 State Circle
Annapolis, Maryland 21401-1925

The Honorable Bill Ferguson
President of the Senate
State House
100 State Circle, Room H-107
Annapolis, Maryland 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
State House
100 State Circle, Room H-107
Annapolis, Maryland 21401-1991

Re: Family – General Article, Annotated Code of Maryland, § 5-7A-09, State Council on Child Abuse and Neglect (SCCAN) Final Report for 2022-23

Dear Governor Moore, President Ferguson and Speaker Jones:

I would like to begin with a heartfelt word of thanks for the actions you took to implement State Council on Child Abuse and Neglect (SCCAN) key recommendations. During 2022-2023, you supported the Child Victims Act, spearheading the legislation through the House of Delegates and Senate, then signing the bill into law. You continued your support of the Trauma-Informed Care Commission, whose members are working hard to implement the legislative mandates. Most recently, Governor Moore signed an Executive Order reinstating the Governor's Office for Children and the Children's Cabinet, and amending the Governor's Office of Crime Prevention, Youth, and Victim's Services to become the Governor's Office of Crime Prevention and Policy. Children need and deserve their own office, separate from the focus on crime prevention.

Pursuant to the requirements of Family Law Article, Annotated Code of Maryland, § 5-7A-09 and the federal Child Abuse Prevention and Treatment Act (CAPTA), I respectfully submit on behalf of the State Council on Child Abuse and Neglect (SCCAN) its unanimously adopted Annual Report. The Council makes recommendations for systems changes and improvements through this report that address its legislative mandates:

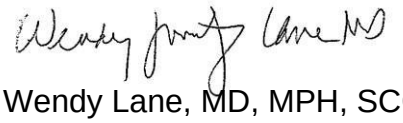
1) *to "evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities;"*
2) *to "report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs;"*
3) *to "provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations;"*
4) *to "annually prepare and make available to the public a report containing a summary of its activities;" and,*
5) *to "coordinate its activities … with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort."*

As the SCCAN mandates are quite broad, the Council must choose priorities on which to focus each year. For 2022-2023, we have chosen to continue our focus on the primary prevention of child maltreatment, including passage of the Child Victims Act, health care for children involved in the child welfare system, and racial equity for children and families involved in the child welfare system. The Council recommends several actionable steps to improve Maryland's child and family serving systems in order to protect children and to prevent child maltreatment and other Adverse Childhood Experiences (ACEs) *from occurring in the first place*. Specific recommendations are made to prioritize prevention of ACEs, create a Children's Trust & Prevention Fund, coordinate the work of child and family serving systems, ensure full implementation of past bills to prevent child sexual abuse, get a clearer picture of the racial disparities within the child welfare system, and improve health care for children involved in child welfare. Each of these issues became more urgent as a result of the coronavirus pandemic; even with the end of the national emergency, poor mental health, substance abuse disorders, isolation, loneliness and racism have persisted, increasing the risk of abuse and neglect for Maryland children.

As you read through the Council's report and recommendations, I hope you will see our deep commitment to the healthy growth and development of every child within our state and the primary prevention of child maltreatment and other ACEs. That dedication extends to the relationships and environments of children − their parents, their families, their communities, and their state. As I complete my term as SCCAN Chair, I am grateful for your support as well as the support of the many Maryland citizens who have given so much of their time and expertise to the

Council. And I extend a hearty welcome to our new SCCAN Executive Director, Edward (Ted) Gallo, and new SCCAN Chair, Taniesha Woods.

Sincerely,



Wendy Lane, MD, MPH, SCCAN Chair

cc: DHS Secretary Rafael J. Lopez
MDH Secretary Laura Herrera Scott
DJS Secretary Vincent Schiraldi
MSDE Interim State Superintendent of Schools, Carey M. White
MDD Secretary Carol A. Beatty
DBM Secretary Helene T. Grady
DPSCS Secretary Carolyn J. Scruggs
DLLR Secretary Portia Y. Wu
Governor's Office of Crime Prevention, Youth, and Victim Services, Dorothy J. Lennig, Executive Director
SCCAN Members[1]

[1] While state agency designees sit on the Council to provide information and perspective to inform Council recommendations, state agencies take no position either for or against the recommendations.

Executive Summary

SCCAN's 2022-2023 Annual Report to the Governor and General Assembly continues to provide a framework for a seismic culture change in how we as a state address child abuse and neglect, along with related adverse childhood experiences (ACEs) and childhood trauma. Child physical, sexual, and emotional abuse and child neglect, along with parental mental illness, parental substance abuse, domestic violence, parental incarceration, divorce and separation, experiencing racism, witnessing violence, living in an unsafe neighborhood, living in foster care, peer violence, bullying, historical and intergenerational trauma, as well as other adverse experiences disrupt the healthy development of children.

Individually and particularly when experienced in combination, these ACEs lead to poor child health, educational, and relational outcomes. These outcomes then impact communities by reducing public safety and economic productivity at an immense cost to taxpayers. In North America, total health system costs attributed to ACEs were estimated, in a study funded by the World Health Organization, to amount to $748 billion per year.[2] Tennessee's Sycamore Institute study estimated that ACEs led to $5.2 billion in medical costs and lost productivity among Tennessee adults in 2017.[3] And, a recent study published in JAMA Pediatrics by researchers at Columbia and Harvard University, found that "Because childhood adversity increases the risk for heart disease, cancer and suicide, it contributes to approximately 400,000 excess U.S. deaths per year, or 15% of all U.S. mortality."[4] The costs of ACEs emphasize that the future prosperity of any society depends on its ability to foster health, well-being and resilience of the next generation. As Maryland policy makers invest early and wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship.

Conversely data shows a correlation between mental health outcomes and Positive Childhood Experiences (PCEs) with lower rates of mental health concerns among children with more PCEs. PCEs include protective adult relationships, school connectedness and peer connections that can build a child's resilience to life challenges. Additionally, promoting household financial security, supporting positive parenting, encouraging school safety and a sense of belonging, and providing access to programs that improve conflict resolution and stress-handling skills contribute to fostering PCEs. Research indicates that the negative effects of multiple ACEs can be mitigated by exposure to multiple PCEs, reinforcing the importance of cultivating positive environments and relationships during childhood to enhance overall well-being and resilience. This underscores the potential role of PCEs in promoting better mental health outcomes and

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[2] Mark A Bellis, Karen Hughes, Kat Ford, Gabriela Ramos Rodriguez, Dinesh Sethi, Jonathon Passmore Life **course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis, September 3, 2019.**

[3] Courtnee Melton, The Economic Costs of ACEs in Tennessee, The Sycamore Institute, February 1, 2019.

[4] *Exposure to childhood adversity is linked to early mortality and associated with nearly half a million annual U.S. deaths*, October 2021.

highlights the potential for prevention strategies focusing on fostering positive experiences during childhood.

While the COVID-19 pandemic has waned, it has left behind a mental health crisis and an epidemic of loneliness. The outcries against racism have led to increased awareness and some change, but also increasing pushback against change. Now more than ever, it is critical that we consider instituting trauma-informed and resilience-building public and private policies and practices to create safe, stable, and nurturing relationships and environments for children and prevent and mitigate ACEs.

Building infrastructure to disseminate the science and support collective statewide and community efforts is essential. SCCAN facilitated Maryland's participation in the U.S. Centers for Disease Control and Prevention's (CDC) Essentials for Childhood (EFC) Framework Statewide Implementation technical assistance program. The Essentials for Childhood initiative is helping us find ways to promote and strengthen relationships and environments that help children grow up to be healthy and productive citizens so that they, in turn, build more supportive and safer families and communities for their children (a multi-generation approach). Maryland Essentials for Childhood (MD EFC) includes public and private partners from across the state and receives technical assistance from the CDC. Participating in this program allows Maryland to learn from national experts and leading states. When people learn about the science of the developing brain, epigenetics, the ACE Study, and theories of resilience, they begin to understand the interconnection of many of the social problems that confront our state; and begin learning and working together to innovatively solve these problems. While the Essentials for Childhood initiative meetings have been on pause during the selection and onboarding of our new Executive Director, the work has continued, and we hope to see it flourish in the coming year.

MD EFC and SCCAN efforts within the executive and legislative branches have helped to ensure action on key SCCAN recommendations toward making Maryland a trauma informed and resilient state:

- In 2021, The Maryland General Assembly (MGA) passed legislation, HB548/SB299, create a Commission on Trauma Informed Care (TIC). The Commission continues to meet regularly and is creating methods and measurements to ensure that State agencies are properly trauma informed. The TIC is also looking at ways to integrate screening for ACEs and their effects into pediatric primary care and to address mental and behavioral health issues that may be the result of ACE exposure.
- In 2021, The MGA passed legislation, HB771/SB548 requiring inclusion of ACEs questions in the Youth Risk Behavior Survey/Youth Tobacco Survey for both middle and high school children. The first data collected since the passage of this legislation from the 2021-2022 school year is presented in this report.
- In 2023, after many years of SCCAN and MD EFC advocacy and support, the MGA passed HB1/SB686, The Child Victims Act. This legislation eliminated the civil statute of limitations for child sexual abuse, allowed a permanent lookback window to enable

victims previously barred by the statute of limitations to file suit, allowed both public and private entities to be sued, and eliminated the notice of claims deadlines for public entities in child sex abuse cases.

- Members of SCCAN and MD EFC formed an Achieving Racial Equity in Child Welfare Workgroup in response to the movement for racial justice brought about by the murder of George Floyd. The Achieving Racial Equity Workgroup developed and SCCAN adopted an Anti-Racist Statement to guide the Council's efforts on racial equity; and, successfully advocated for legislation to ensure DHS and MSDE collect and disseminate critical population level data on children in the child welfare system disaggregated by gender, race, and ethnicity. That data will be essential to informed decision-making that eliminates racial disparities, dismantles systemic racism within the child welfare system, and reduces childhood adversity associated with experiencing racism and the foster care system. In addition, the Workgroup hosted a listening session in December 2023 to allow individuals with lived experience and professionals to engage in conversations about how to eliminate inequities in the child welfare system.
- SCCAN's Health Care for Children in Child Welfare Workgroup has worked closely with Dr. Rich Lichenstein, the Medical Director for Child Welfare, to improve the receipt and tracking of health care services for children in out-of-home placement. The Medical Director position was created by 2018's HB 1082, sponsored by Del. C.T. Wilson, which SCCAN was deeply engaged in passing.
- From March 2022 to January 2024, SCCAN held 8 membership meetings, with speakers from many organizations and agencies that serve Maryland Children. A listing of all meetings is included in Appendix K.

SCCAN's Annual Report for 2022 includes the following:

- A description of Maryland data on the magnitude of the problem.
- A description of the recent accomplishments toward achieving our four strategic goals.
- Recommendations to the Governor, the General Assembly and child and family serving agencies.
- A brief background of SCCAN's mandate, focus and efforts in Appendix D.
- An overview of the key concepts of neurodevelopmental science and the impact of adversity on the developing brain which are foundational to many of the SCCAN recommendations and is included in Appendix F.
- Recommendations by agency in Appendix M.

Key Recommendations for the Governor, the General Assembly, and Agencies:

Overarching Recommendations:

(1) Educate key state leaders, stakeholders, and grassroots on brain science, ACEs, and resilience; in order to build a commitment to put science into action to reduce ACEs,

promote positive childhood experiences, and create safe, stable, and nurturing relationships and environments for all Maryland children.

(2) Identify and use Data to inform actions and recommendations for systems improvement.

(3) Integrate the Science into and across Systems, Services & Programs.

(4) Integrate the Science into Policy and Financing solutions.

(5) Develop and implement a **Trauma and Resilience-Informed State Action Plan for Preventing and Mitigating Childhood Trauma/ACEs** that aligns with the work of the Trauma Informed Care and Health Equity Commissions. The plan should include budgetary commitments, public/private collaboration to develop infrastructure, promotion and creation of local community-based cross-sector coalitions, and incorporation of the 6 strategies and evidence-based programs and approaches listed in the CDC's *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence* resource tool.[5]

(6) Support legislation and funding of a Children's Trust Fund administered by a public-private board of directors to lead innovation and financing across the state.

Surveillance Recommendations:

(1) **MDH –** Continue collecting data on ACEs and Positive Childhood Experiences through statewide surveys including BRFSS and YRBS/YTS.

(2) **DHS, MDH, GOCPP, Maryland Children's Cabinet –** Use data from CJAMS, YRBS/YTS, BRFSS, and other sources to determine where and who should be prioritized for services.

(3) **DHS, MDH, MDTHINK –** Provide personnel and financial resources immediately to address operability issues with CJAMS.

(4) **DHS, MSDE –** Work collaboratively to gather data on educational services received by children in out-of-home care and track educational outcomes for foster youth.

(5) **Maryland General Assembly --** Pass legislation to amend Md. Code Ann., Family Law § 5-1312 (2021) to include additional data to be collected by DHS and MSDE on youth in foster care.

(6) **DHS, MSDE, Maryland General Assembly –** Also see Racial Equity recommendations (1) – (4) that address surveillance.

Achieving Racial Equity within Maryland's Child Welfare System Workgroup Recommendations (to be updated in report from Visioning Session):

(1) **DHS:** Require caseworkers to input race demographic data on all cases brought to the attention of the Department of Human Services, in order to examine disparities. Data should be gathered for all families referred to CPS, screened out, received Investigative Response, received Alternative Response or Non-CPS Risk of Harm Response, as well as those referred to and receiving services.

[5] Centers for Disease Control and Prevention. Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Online at: https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Resource_508.pdf

(2) **DHS:** Make publicly available child welfare and health-related data that is disaggregated by race, ethnicity, gender, age, and geographic region. Child welfare data should also be disaggregated for each system level (i.e., referrals, pathways, and services). Neglect referrals should be disaggregated by risk factor (food insecurity, housing status, etc.)

(3) **DHS, MSDE:** Work collaboratively to gather data on educational services received by children in out-of-home care. Comply with the MOU in place between DHS and MSDE to allow for the sharing of data regarding foster youth since September 27, 2013, and the federal requirement pursuant to the Every Student Succeeds Act for states to track educational outcomes for foster youth.

(4) **Maryland General Assembly:** Amend current statute to expand data currently collected by Maryland's Department of Human Services and published in their Child Welfare Indicators Report. Recommended data are included in Appendix L.

(5) **Maryland General Assembly:** Pass legislation to require all mandated reporters in the state of Maryland to receive racial bias training focused on the role of bias and racism in child abuse and neglect reporting.

(6) **Maryland General Assembly:** Pass legislation to require all DHS employees and local DSS supervisors and caseworkers in the state of Maryland to receive racial bias training focused on the role of bias and racism in decision-making throughout the continuum of child welfare cases.

Child Sexual Abuse Prevention Recommendations:

(1) **Maryland General Assembly** – Amend HB 1072 and HB 486 to require oversight of implementation by Maryland State Department of Education. Each jurisdiction should be required to annually submit to MSDE their training program, Code of Conduct, and policies for screening new staff. MSDE should be required to share information about implementation annually with the Maryland General Assembly.

(2) **Maryland General Assembly/MSDE** – require that all jurisdictions complete CPS background checks prior to hiring of new employees. This will identify individuals determined to be responsible for the maltreatment of a child who are not identified through a criminal background check.

(3) **Maryland General Assembly** – expand requirements of HB 1072 and HB 486 to other child serving organizations to help prevent the hiring of child predators.

Healthcare Committee Recommendations:

(1) **DHS, MDTHINK:** The issues with CJAMS operability, including problems with data entry and creation of reports must be fixed as soon as possible; data system linkages and an electronic health passport cannot be created without a fully functional CJAMS/MDTHINK system. Personnel and financial resources must be dedicated to this effort.

(2) **DHS, MDTHINK:** Create an electronic health passport to replace the current paper passport, as is required by Md. Code Ann., Human Services § 8-1101- 8-1103 (2018). This electronic passport is vital to ensure that foster youth, foster care workers, foster

parents, biologic parents, and health care providers have access to critical health and mental health information.

(3) **DHS, MDH, MDTHINK:** Direct Maryland Medicaid, CRISP, and the Child Welfare Medical Director to link Medicaid and CRISP data to CJAMS to meet the requirements of Md. Code Ann., Human Services § 8-1101- 8-1103 (2018), including the tracking of health care outcomes using HEDIS or other quality measures.

(4) **Maryland General Assembly:** Mandate access to foster youth health care information by necessary personnel at Medicaid, CRISP, and DHS in order to carry out the purposes of Md. Code Ann., Human Services § 8-1101- 8-1103 (2018). Require CRISP to notify primary care providers (PCPs) of changes in placement so that the PCP can more effectively serve as a medical home for children in foster care.

(5) **DHS, MDH:** Direct the Child Welfare Medical Director, Medicaid, Medicaid Managed Care Organizations, and their special needs case managers to identify ways in which case managers can assist with ensuring health and mental health care needs of foster youth are met beyond the initial and comprehensive health screenings, including analyzing health care quality measures for children in care to meet the requirements of the statute.

(6) **DHS:** Direct the Child Welfare Medical Director to work with Maryland CHAMP (Child Abuse Medical Professionals) to ensure best practice medical review and evaluation of cases of suspected abuse or neglect to meet the requirements of the statute.

(7) **DHS:** Create at least 2 additional positions at DHS for physicians or nurse practitioners to assist the Medical Director in reviewing health care data, assessing quality of care, and providing input to local DSS agencies. One of these positions should be filled by a child psychiatrist to address psychotropic medication prescribing, including informed consent.

(8) **MDH, DHS, GOCPP, Children's Cabinet** - Convene Key Stakeholders listed above as an "Expert Panel" to review system gaps and develop solutions. MDH (Secretary Herrera) could serve as convener to bring other stakeholders to the table, potentially through the Children's Cabinet, or could propose amendments to the CHAMP legislation that would reconstitute and re-purpose the "Expert Panel" created by the legislation to serve this purpose. Children's Cabinet members would need to determine specific next steps such as meeting frequency, structure, and invitees.

(9) **MDH** – Consider legislation passed in other states (e.g., Florida, New Jersey, Kansas) as a model to centralize and coordinate funding for hospital and CAC-based medical services provided by physicians, advanced practice nurses, and forensic nurse examiners. Include mandated expert consultation as a condition of funding, as this is required for CAC accreditation by the National Children's Alliance.

MAGNITUDE OF THE PROBLEM IN MARYLAND

Important to addressing any problem is understanding of its scope. Mitigation and prevention of ACEs requires an understanding of the incidence of child maltreatment in the state, along with information about what is being done by Maryland DHS and other agencies and organizations to address maltreatment, enhance caregivers' abilities to provide safe, stable, and nurturing environments, and prevent further maltreatment. Mitigation and prevention also requires an understanding of the prevalence of ACEs among Maryland adults and children, so that resources to address ACE sequelae may be equitably distributed based on need.

Several data systems [Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS)] can capture estimates of ACE prevalence among adults and adolescents in Maryland. Child maltreatment-related fatalities are captured through the Office of the Chief Medical Examiner and the Maryland Vital Statistics Administration. However, other data, such as reports to Child Protective Services (CPS) by race and services received by families are more difficult, if not impossible to obtain at the current time.

There is considerable need for improvement in providing comprehensive data and analysis of childhood adversity for both individual case determinations and systems improvement decision-making. In 2016, the Council and its' partners supported the creation of MD THINK shared services platform into which all the human service agencies could integrate their data systems. The proposal provided for replacing the three legacy data systems within DHS – CARES (for public assistance); CSES (for child support enforcement); and MD CHESSIE (for child welfare) into a single system, CJAMS, which would later be integrated with other MD THINK data systems. DHS assured the Council and partners that this ground-breaking project would bring needed accuracy, efficiency, data analysis capabilities, and tracking of critical outcomes for children across child and family serving agencies.

More than two years after the implementation of CJAMS, the system still does not work effectively. Key data points are either not regularly and systematically collected or are not readily accessible and therefore not analyzed. Integration of CJAMS with other state data systems (e.g. Medicaid) has not happened. This is despite the requirement under Md. Code Ann., Human Services § 8-1101- 8-1103 (2018) to integrate child welfare data with data from CRISP (Chesapeake Regional Information Systems for our Patients), Immunet, and Medicaid. Data system integration has the potential to: (1) reduce hand entry of medical information by DSS foster care workers; (2) enable DSS staff to better track health care needs and receipt of services; and (3) provide a mechanism for health information sharing with other stakeholders (e.g., birth parents, foster parents, health care providers, and foster youth) through an electronic health passport. Much of this important health and mental health information remains inaccessible to DHS leadership and staff, as well as to foster youth, foster parents, biologic parents, and foster care workers. CJAMS child welfare data must be linked to other electronic health data at the patient level to accurately assess children's health care needs and treatment and services received. Many other states and jurisdictions have successfully linked Medicaid and Child Welfare data; Maryland needs to expeditiously create these linkages. Doing so *will*

provide critical data and a clearer picture of not only how well children are doing within the child welfare system, but how those same children and families are faring in sister child and adult serving systems (health, behavioral health, education, courts, juvenile services, corrections, housing, etc.) and across Maryland.

CPS reports are known to underestimate the true occurrence of maltreatment. Non-CPS studies estimate that 1 in 4 U.S. children experience some form of child maltreatment in their lifetimes. It is important to look at multiple sources of data to understand the true scope of children's experiences with maltreatment. To give the reader some perspective on the problem in Maryland, the Council considers data from three Maryland sources below: Maryland CPS Data (incidence), Behavioral Risk Factor Surveillance System ACE Module data (childhood prevalence among Maryland adults of all ages), and Youth Risk Behavior Survey data (prevalence to date among adolescents).

Child Welfare Data, Child Abuse and Neglect Reports, Pathways and Services Provision

Figure A illustrates the number of referrals (alleging suspected maltreatment), reports (screened-in referrals), their pathways (investigation, alternative response or risk of harm), dispositions, and service provision.

- During FFY 2021 DHS SSA reports that it received 71,077 referrals of suspected child abuse or neglect, up from 66,865 referrals in 2019. Of those, 35,298 reports or 49.7% were screened in for a CPS response (either investigative or alternative response).
- During FFY 2021, 20,547 investigations were completed. Of this total, 6,573 caregivers were indicated for abuse or neglect. The 6,573 indicated cases represent 32% of the total abuse and neglect investigations and 18.6% of all screened-in referrals. Once there is an indicated referral, children are considered victims of child abuse/neglect.
- During FFY 2021, 14,746 screened-in reports (20.8% of total referrals; 41.7% of total screened-in referrals) received an alternative response (AR). Of those 14,746 cases, 711 (or 4.8% of AR cases) received services and 136 cases (or 0.9% of AR cases) ended up with a removal. The majority of AR cases (94.3%) received neither services nor ended up in a removal.
- Data was not readily available to indicate what, if any, specific services were offered to and accepted by children and their families. This is unfortunate as many of the children referred to child welfare experience risk factors (multiple types of maltreatment, parental mental illness, substance abuse, incarceration, domestic violence) that result in poor short and long-term outcomes. ***It is unclear from available data the extent to which children and families are not only referred for services but linked and provided those services.***

Data from SCCAN's Annual Reports since 2013 have emphasized the importance of tracking health services and outcomes for children involved with child welfare. Gathering and

analyzing this data should be a high priority for ensuring our state's appropriate care of these our *most* vulnerable children. Because children and families involved in child welfare are often involved in multiple public systems − public health, behavioral health, primary care, Medicaid, child welfare, criminal and juvenile justice, education, public assistance, and child support enforcement **it is essential that these systems work in unison and share data effectively to meet these children's health care needs.** Brain science and the ACE Study indicate that leaving these needs unmet leads to poor behavioral, health, educational, employment, and relational outcomes in the future. **A comprehensive state plan to prevent and mitigate ACEs should include gathering, sharing, and analyzing data to help understand the magnitude of the problem and ensure data-driven solutions.**

Figure A: FFY2021 Child Maltreatment Referral, Pathways, and Services

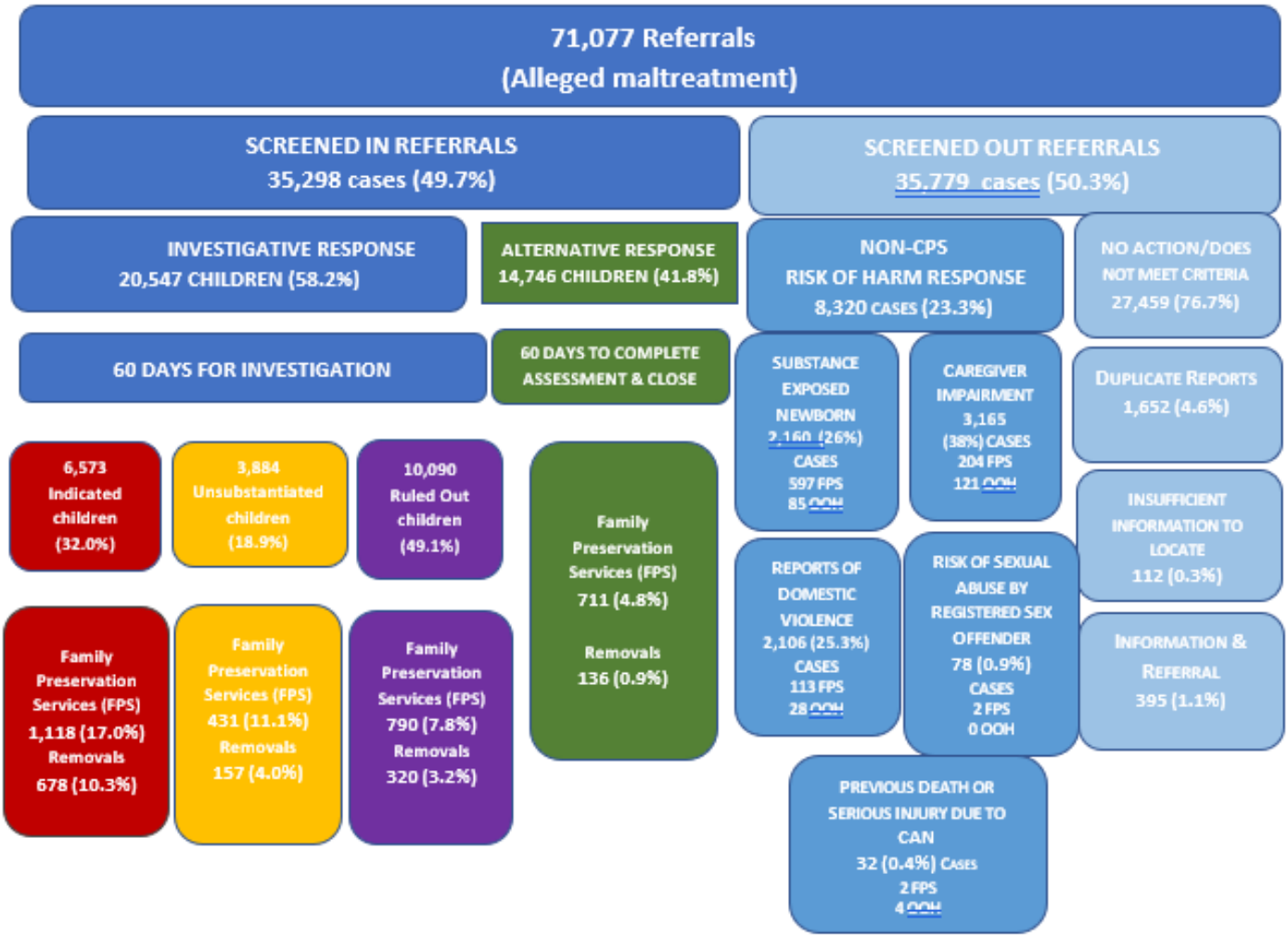


Table 1: CPS Cases in FFY2021 by Race/Ethnicity

	Screened-In Cases			Maltreatment Findings - indicated only		
	All CPS	AR*	IR**	Sexual Abuse	Physical Abuse	Neglect
Hispanic	3,076	1,215	1,861	419	58	247
Black (NH)	13,697	5,259	8,438	519	460	1,714
White (NH)	9,545	3,905	5,640	483	188	1,376
All Others (NH)	281	145	136	24	1	24
Declined	41	27	14	295	424	1,068
Missing/Unknown	8,653	4,195	4,458	508	125	427
Total	35,293	14,746	20,547	1953	832	3,788

*AR=Alternative Response **IR=Investigative Response ¥Non-Hispanic

Table 2: CPS Screened-In Cases by Race and Ethnicity Compared to the Maryland Child Population by Race and Ethnicity

	Percentage of 2020 MD Child Population	Percentage of Screened-In Cases
Hispanic	16.6%	8.72%
White (NH)	40.6%	27.0%
Black (NH)	30.6%	38.8%
All others (NH)	12.2%	25.48%

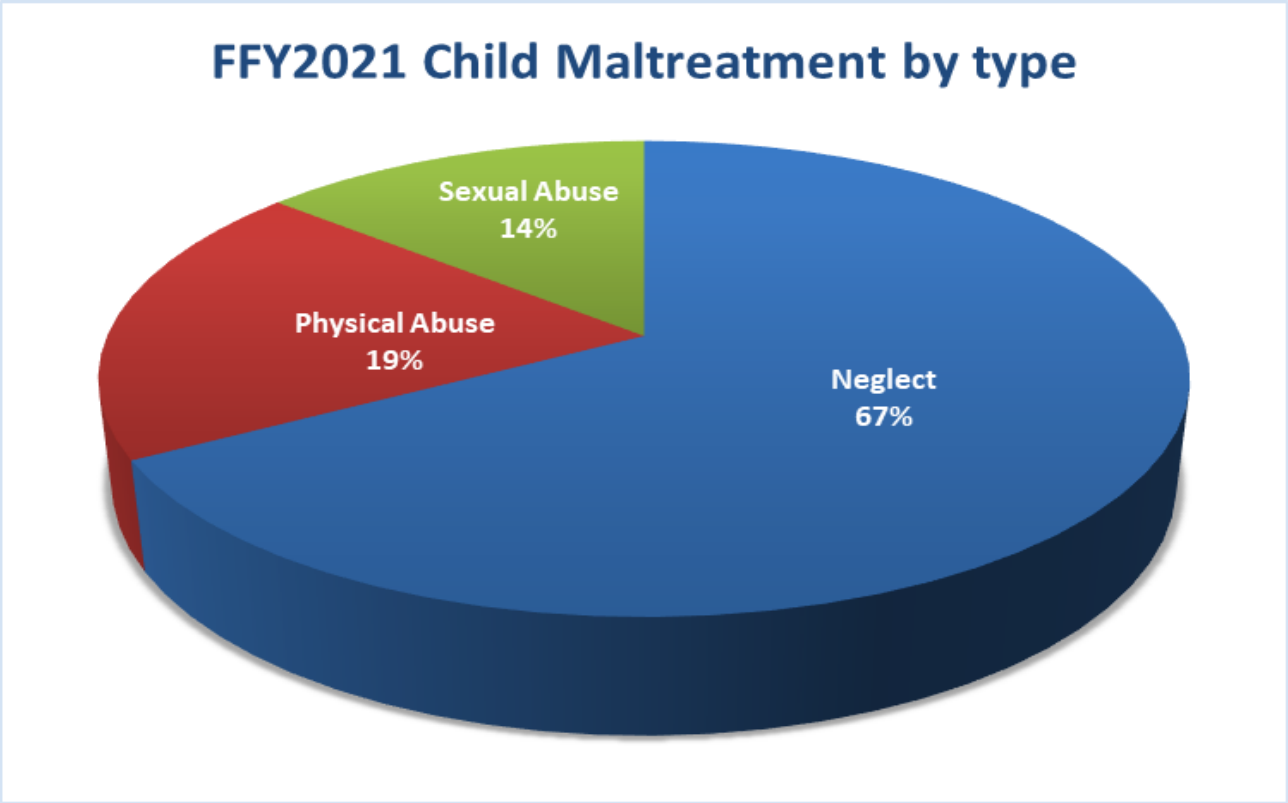
SCCAN requested that each data point in Figure A, referrals, pathways, and services be disaggregated by race, gender, age, and ethnicity. DHS provided disaggregated data by race for children/families receiving an investigative response and an alternative response. They also provided disaggregated data by race for children/families with indicated maltreatment findings (Table 1). DHS did not provide disaggregated data by race on all families/children with CPS referrals, nor on services offered or received by families/children in any pathway (IR, AR, or Non-CPS). It is therefore not possible to assess whether there are racial/ethnic disparities in the decision to screen-in a referral, nor in the decision to assign a referral to alternative response. Likewise, it is not possible to determine whether there are disparities in the offer or acceptance of services.

Data from DHS does enable us to compare the racial and ethnic make-up of children/families investigated for maltreatment (i.e., screened-in) to the 2020 racial and ethnic make-up of all children in Maryland (Table 2). This data shows that Black families are over-represented and white and Hispanic children are under-represented among screened-in referrals, when compared to all Maryland children.

Child Maltreatment by Type

- Neglect is the largest category of child maltreatment at 67% (up from 57% in 2020), followed by physical abuse at 19% (up from 18% in 2020) and sexual abuse at 14% (down from 23% in 2020) (Figure B). Sex trafficking was at 0% (down from 1% in 2020) and mental injury remained at 0%. The 2021 Maryland percentages of maltreatment by type are similar to those for the U.S. as a whole (76% neglect, 16% physical abuse, 10% sexual abuse and 0.2% sex trafficking).[6]
- Chronic neglect is given less attention in policy and practice, however, can be associated with a wider range of damage than physical or sexual abuse. Science tells us that young children are especially vulnerable to poor physical and mental health outcomes of neglect. A broad range of developmental impairments can occur, including cognitive delays, stunting of physical growth, impairments in executive function and self-regulation skills, and disruptions of the body's stress response.[7]

Figure B: FFY 2021 Child Maltreatment by Type



[6] https://www.acf.hhs.gov/cb/report/child-maltreatment-2021
[7] *In Brief, The Science of Neglect*, Harvard Center on the Developing Child.

Caregiver Risk Factors in Child Maltreatment

Caregiver risk factors are characteristics that may increase the likelihood that their children will be victims of abuse and neglect. However, the extent of the problem in Maryland is challenging to ascertain because different data sources provide very different statistics. The U.S. Department of Health and Human Services, Administration for Children and Families *Child Maltreatment 2021* report on National Child Abuse and Neglect *Data* (NCANDS) analyzed data for seven caregiver risk factors, those factors are, and are defined as:

- Alcohol abuse: The compulsive use of alcohol that is not of a temporary nature.
- Domestic Violence: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.
- Drug abuse: The compulsive use of drugs that is not of a temporary nature.
- Financial Problem: A risk factor related to the family's inability to provide sufficient financial resources to meet minimum needs.
- Inadequate Housing: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness.
- Public Assistance: A risk factor related to the family's participation in social services programs, including Temporary Assistance for Needy Families; General Assistance; Medicaid; Social Security Income; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); etc.
- Any Caregiver Disability: This category counts a victim with any of the six disability caregiver risk factors—Intellectual Disability, Emotional Disturbance, Visual or Hearing Impairment, Learning Disability, Physical Disability, and Other Medical Condition.

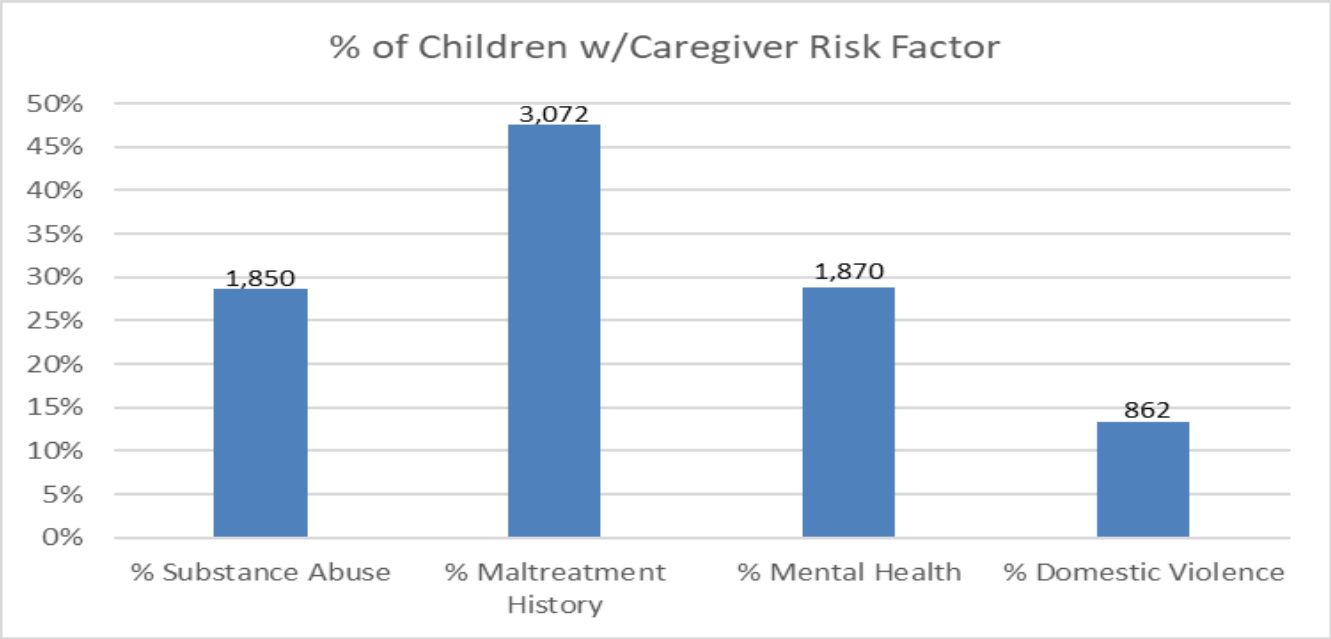
Data submitted to NCANDS by the Maryland Department of Human Services showed that in 2021, 3.6% of child maltreatment victims (i.e. cases with an indicated finding) in Maryland had a caregiver risk factor of alcohol abuse and 9.7% had a caregiver risk factor of drug abuse.[8] Maryland's caregiver alcohol abuse and drug abuse risk factor numbers are smaller than numbers in most other states (victims with alcohol abuse as a caregiver risk factor varies from 49% in Massachusetts to Maryland's 3.6% and Wisconsin's 2.5%; victims with drug abuse as a caregiver risk factor varies from 54% in Alabama to Maryland's 9.7%, Florida's 2.3% and Pennsylvania's 2.2%).

In contrast, DHS reported to SCCAN significantly higher rates of parental substance abuse (28.6% for combined alcohol and other substances - Figure C & Tables 3 & 4) than they did to NCANDS (maximum of 13.3% if no families experienced both alcohol and drug abuse). SCCAN is also concerned about the accuracy of data for other key child maltreatment risk factors. For example, DHS reported very different rates of victim exposure to domestic violence to NCANDS

[8] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2022), Child Maltreatment 2021

and SCCAN in 2021; the rate was 6.3% reported to NCANDS and 24.3% reported to SCCAN (Table 4). As addressing caregiver risk factors is key to preventing and responding to child maltreatment, it is critical to have accurate data upon which to base policy and practice decisions.

Figure C: Maryland FFY2021 Risk Factors among MD Children with Indicated Maltreatment Finding*



*DHS data reported to SCCAN for Federal Fiscal Year 2021

Table 3: Maryland FFY2021 Risk Factors among MD Children with Indicated Maltreatment Finding*

	% of children w/risk factor	# of children w/risk factor
Substance Abuse	28.6%	1,850
Maltreatment History	47.5%	3,072
Mental Health	28.9%	1,870
Domestic Violence	24.3%	862

*DHS data reported to SCCAN for Federal Fiscal Year 2021

Table 4: Comparison of Number and Percent of Maryland Child Victims with Specific Risk Factors Reported by Maryland DHS, Social Services Administration (SSA) to SCCAN vs. to NCANDS – FFY2021

CAREGIVER RISK FACTOR	# of children with risk factor as reported by MD SSA to SCCAN	% of children with risk factor as reported by MD SSA to SCCAN	# of children with risk factor reported by MD SSA to NCANDS	% of children with risk factor reported by MD SSA to NCANDS
Alcohol abuse	Not Reported	Not Reported	230	3.6%
Drug abuse[9]	Not Reported	Not Reported	612	9.7%
Substance Abuse	1850	28.6%	NCANDS did not report this factor	NCANDS did not report this factor
Maltreatment History	3072	47.5%	2100	33.3%
History of Violence	Not Available	Not Available	NCANDs did not analyze this factor	NCANDs did not analyze this factor
Financial Problems	Not Available	Not Available	Not Reported	Not Reported
Inadequate Housing	Not Reported	Not Reported	137	2.2%
Public Assistance	Not Reported	Not Reported	Not Reported	Not Reported
Any Disability	Not Reported	Not Reported	Not Reported	Not Reported
Domestic Violence	862	24.3%	395	6.3%

Given the differences in data reported by DHS SSA to NCANDS compared to that reported to SCCAN, we are concerned about the accuracy of this data. As this is data upon which child welfare policy is formulated, it is critical to ensure that risk factors are accurately identified and documented in the child welfare data systems; and, accurately reported to policy makers.

Child Abuse & Neglect Fatalities as Reported by DHS

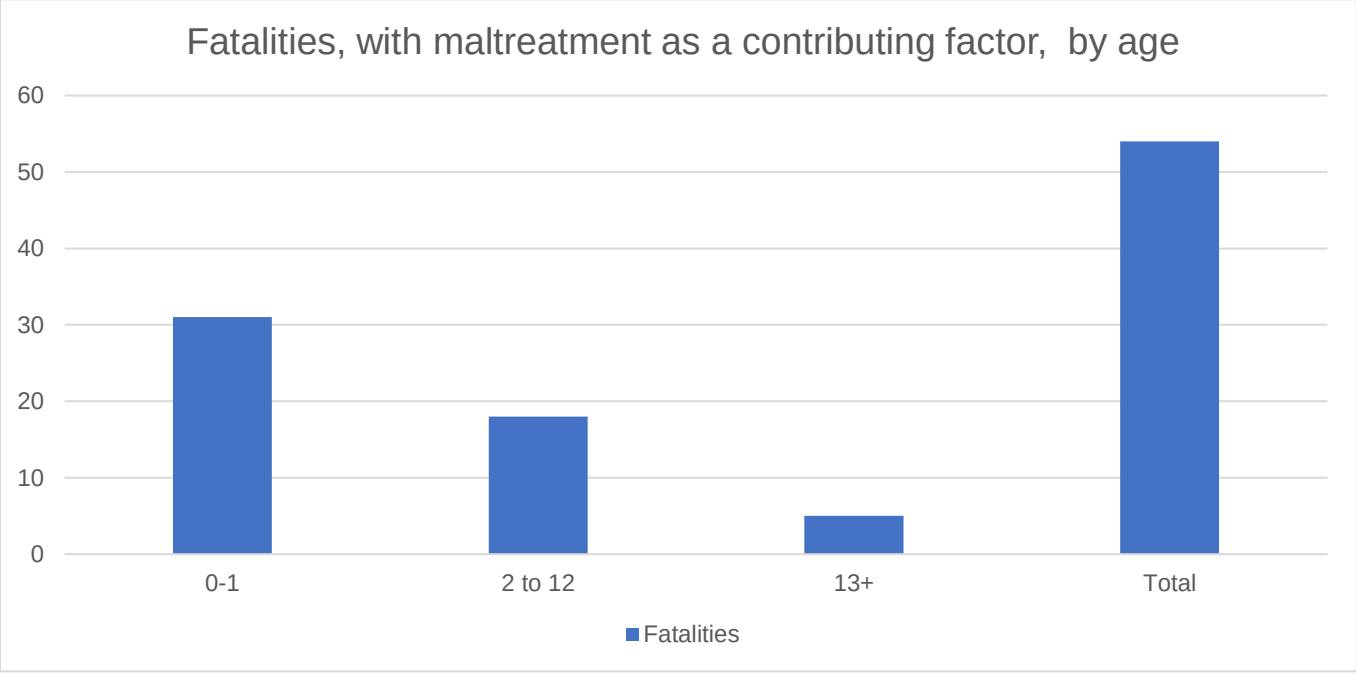
- In FFY 2021, DHS reported to NCANDS 84 fatalities with child maltreatment as a contributing factor. Child maltreatment fatalities have increased each year over the last 7 years, from 28 deaths in 2015; 32 deaths in 2016; 41 deaths in 2018;

[9] NCANDS collects separate data on alcohol abuse and drug abuse.

55 deaths in 2019; and 53 deaths in 2020. Of the 84 children who died in 2021, none of their families had received Family Preservation Services within the previous 5 years and only one child was removed from and reunited from his/her family within the previous 5 years.

- DHS SSA data provided to SCCAN showed 54 child deaths in calendar year (CY) 2021. Additional demographic data for these 54 children are as follows:
    - Fatalities by Age: 31 (57%) were 0-1 years old; 18 (33%) were 2-12 years; 5 (9%) were 13-17 years.
    - Fatalities by Race: 34 (63%) were Non-Hispanic African American; 18 (33%) were White; 1 (2%) were Asian; and 1 (2%) were another race. There were no reported Hispanic fatalities.
    - As with maltreatment investigations, there is an over representation of Black children and an under-representation of Hispanic children. The percentage of white child maltreatment related fatalities closely reflects their percentage of Maryland children.
- It is important to note that the data DHS provided to NCANDS was for FFY 2021 and the data provided to SCCAN is for Calendar Year 2021. The different time frames may explain the difference in number of fatalities.
- SCCAN requested data on serious physical injuries, disaggregated by age and race, but did not receive this information from DHS, SSA. This is of great concern to the Council. This data should be publicly available on a regular basis.

Figure D: Fatalities with Maltreatment as a Contributing Factor by Age (Calendar Year 2021)



Collecting ACEs Data in Maryland

Background: **The Adverse Childhood Experiences Study**

The ACE Study examines the social, behavioral and health consequences of adverse childhood experiences throughout the lifespan. ACE Study participants (17,337) were members of Kaiser Permanente Medical Care Program in San Diego, California and reflected a cross-section of middle-class American adults. The study is an ongoing collaboration between Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) that began with two-waves of participants beginning in 1995 and 1997. Participants were asked questions regarding ten adverse childhood experiences which included all forms of child maltreatment and five indicators of family dysfunction: substance abuse, parental separation/divorce, mental illness, domestic violence, and/or criminal behavior within the household. Key findings of the ACEs Study can be found in prior SCCAN annual reports and at the CDC ACEs website. A key takeaway from the ACE Study is that exposure to ACEs increases the risk for developing physical and mental health conditions in adulthood, and that the risk often increases in a dose-response manner based on the number of ACE exposures. That is, as the number of ACEs increases, the occurrence of poorer physical and mental health outcomes also increases. Findings from the ACE Study have been replicated in other populations and with additional ACEs.

Collecting ACE Data through the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey/Youth Tobacco Surveillance System (YRBSS/YTS)

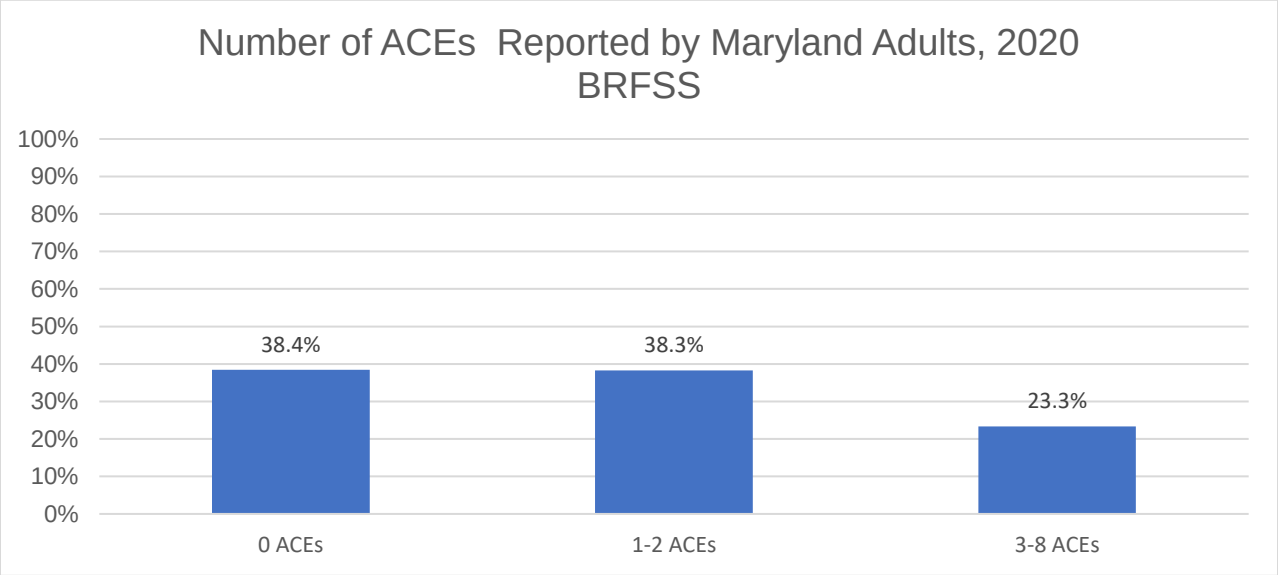
BRFSS and the ACEs Module

The Behavioral Risk Factor Surveillance System (BRFSS) is a CDC supported, state-administered random-digit-dial (landline and cell phone) survey conducted in all 50 states, the District of Columbia, and three U.S. territories, that collects data from non-institutionalized adults regarding health conditions and risk factors. The purpose of the BRFSS is to assess the population prevalence of chronic health conditions, risk factors, and the use of preventive services.

Several states began collecting ACEs data through their state BRFSS survey in 2009. In 2013, SCCAN and MD EFC recommended adding the ACEs module to Maryland's BRFSS and successfully advocated in 2014 for inclusion of the module in the 2015 BRFSS. The ACEs module was included in the 2018 and 2020 Maryland BRFSS. SCCAN and MD EFC recommend inclusion of the ACE module in the BRFSS every three years. The BRFSS Module collects data on eight of the original ten ACEs. These included physical abuse, emotional abuse, sexual abuse, household incarceration and witnessing domestic violence. It does not include the original ACE questions on physical neglect and emotional neglect.

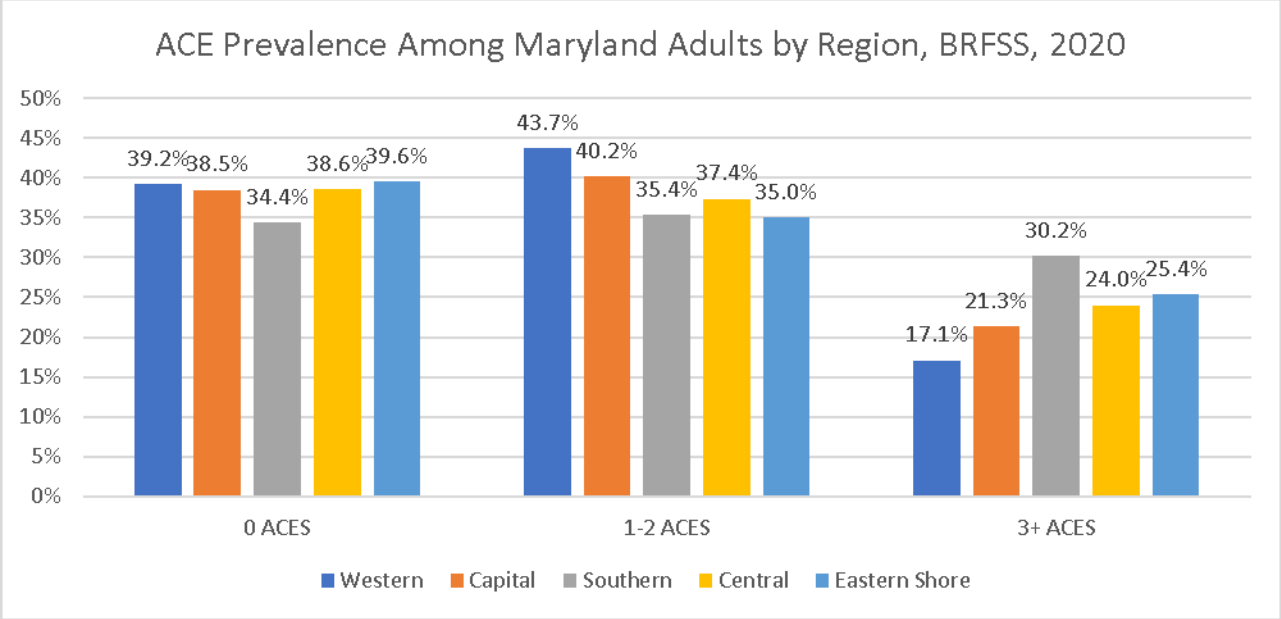
Key findings from the 2020 BRFSS ACE questions are described below.

Figure E:



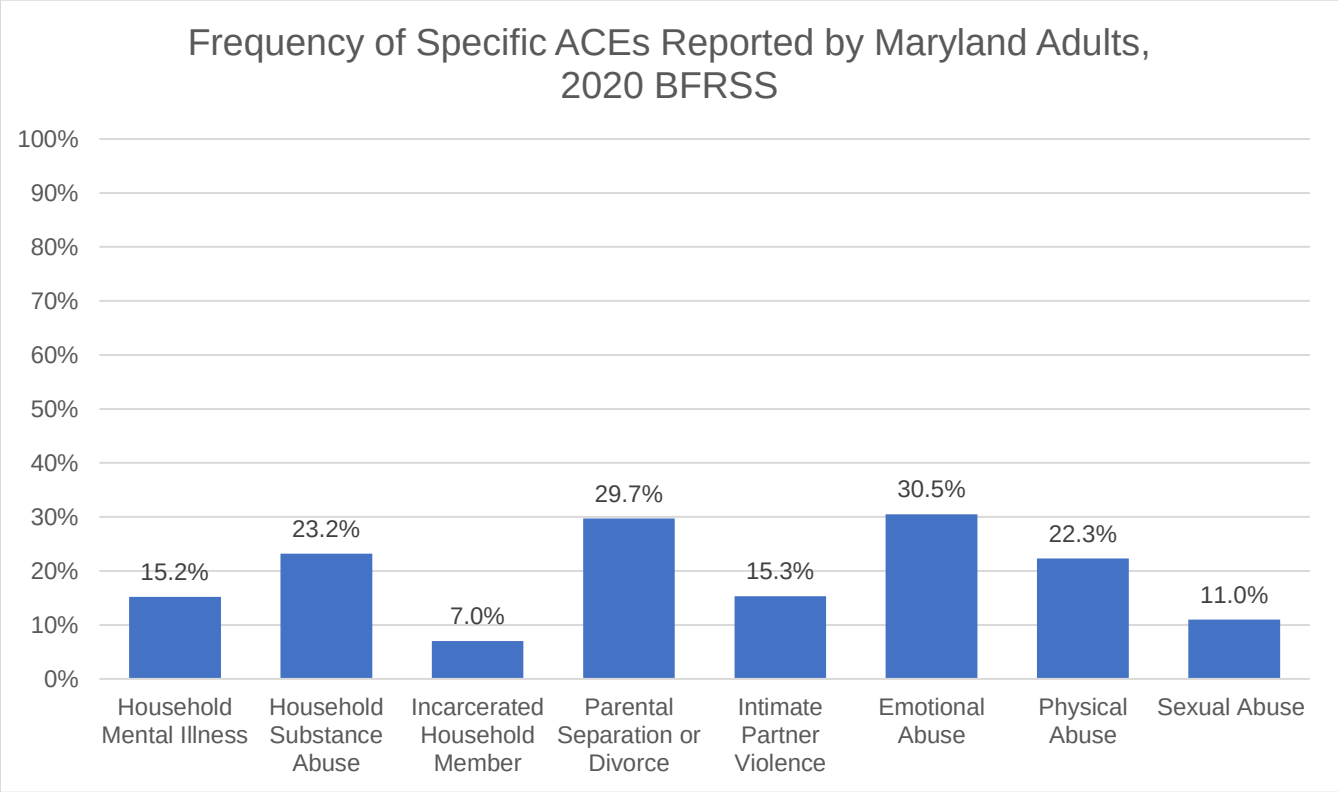
According to the 2020 BRFSS data, overall 38.4% of Maryland adults reported being exposed to 0 ACEs. 38.3% reported exposure to 1-2 ACEs and 23.3% reported 3-8 ACE exposures.

Figure F:



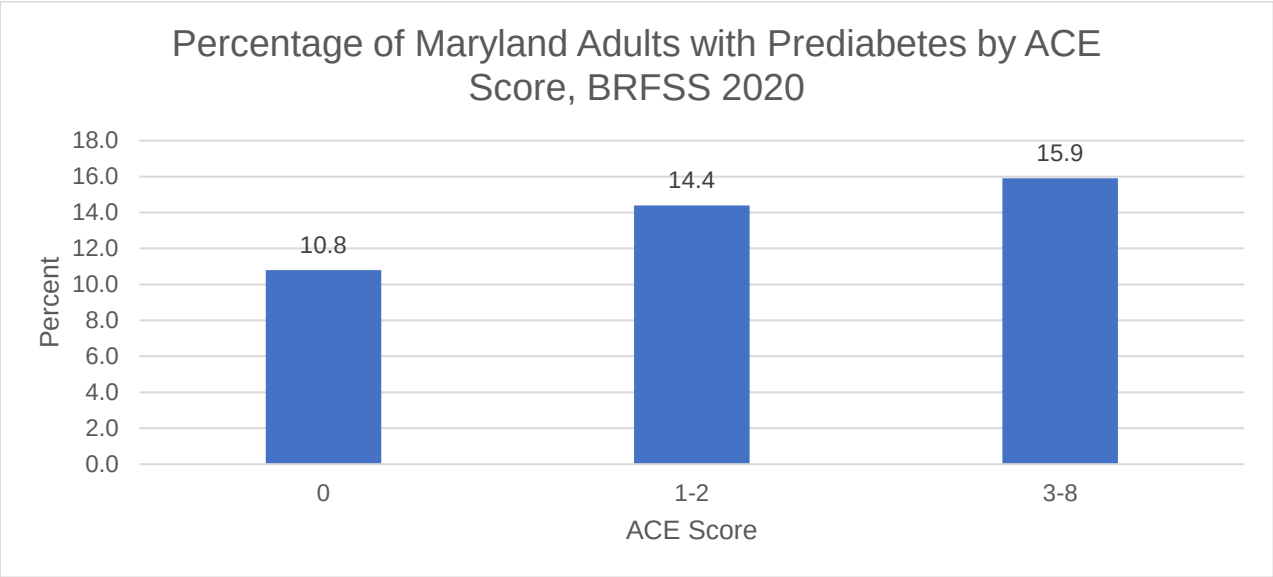
Regional differences in the prevalence of ACEs among Maryland residents highlight distinctive patterns across the state. In Western Maryland, 39.2% of individuals report having no ACEs, 43.7% report 1-2 ACEs, and 17.1% report 3 or more ACEs. The Capital region shows a similar distribution with 38.5% reporting 0 ACEs, 40.2% reporting 1-2 ACEs, and 21.3% reporting 3 or more. Southern Maryland exhibits variation, with 34.4% reporting no ACE exposures, 35.4% reporting 1-2 ACE exposures, and 30.2% reporting 3 or more. In Central Maryland, 38.6% report 0 ACE exposures, 37.4% report 1-2 ACE exposures, and 24% report 3 or more. On the Eastern Shore, 39.6% report no ACE exposures, 35% report 1-2 ACEs, and 25.4% report 3 or more exposures. These regional differences underscore the need for tailored interventions and support systems that consider the unique challenges and experiences faced by individuals in different areas of the state.

Figure G:



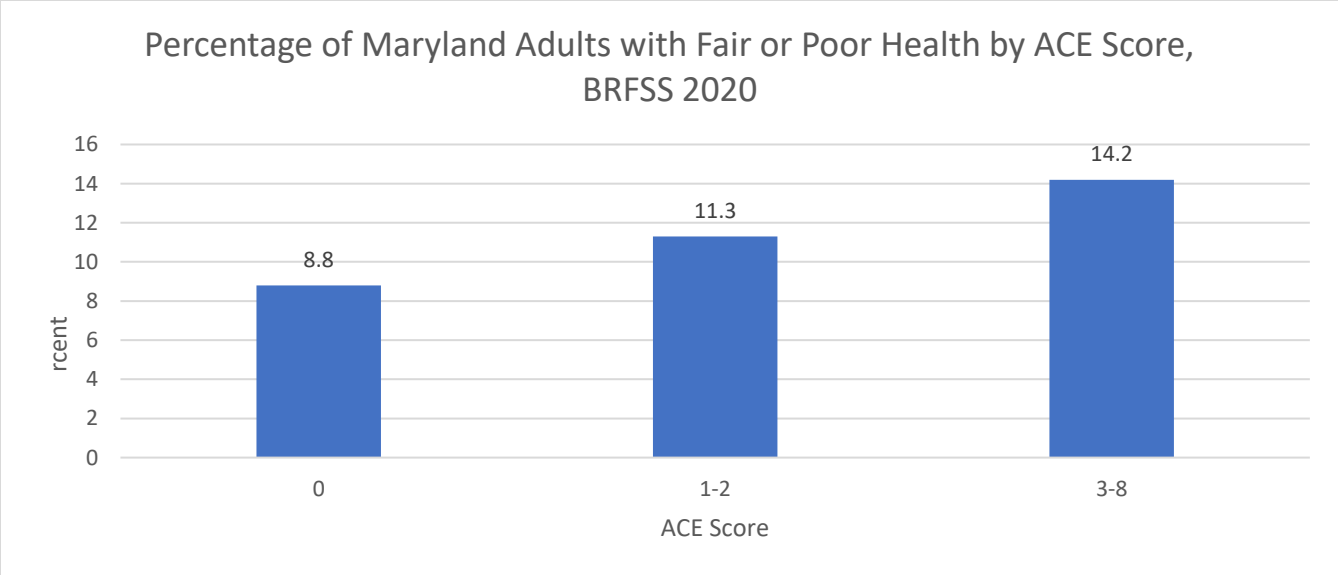
Specific ACEs show varying prevalence rates, with notable percentages reporting mental illness in the household (15.2%), household substance abuse (23.2%), an incarcerated household member (7.0%), parental separation or divorce (29.7%), intimate partner violence (15.3%), emotional abuse (30.5%), physical abuse (22.3%), and sexual abuse (11.0%).

Figure H:



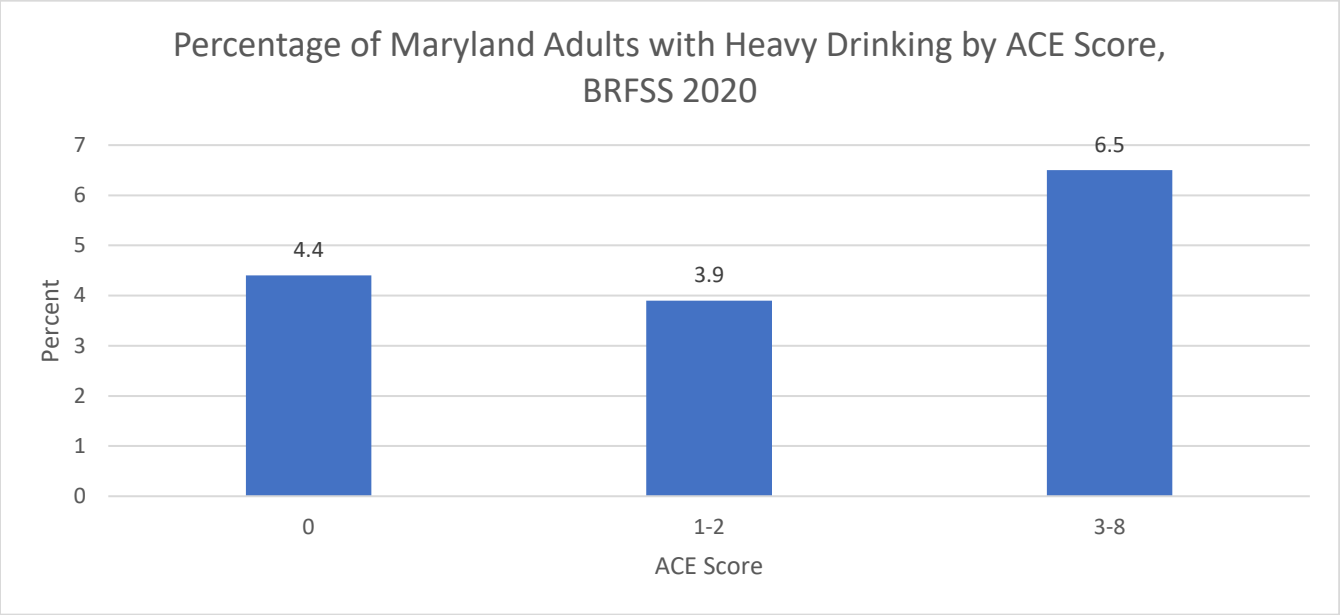
Examining the health indicators among adults in Maryland in relation to ACEs can provide valuable insights. Overall, 14% of adults in Maryland have prediabetes, however this will vary based on the number of ACEs reported. 10.8% of those exposed to 0 ACEs reported being diagnosed with Prediabetes, with 14.4% for those with 1-2 ACEs reported and 15.9% for those with 3-8 ACEs.

Figure I:



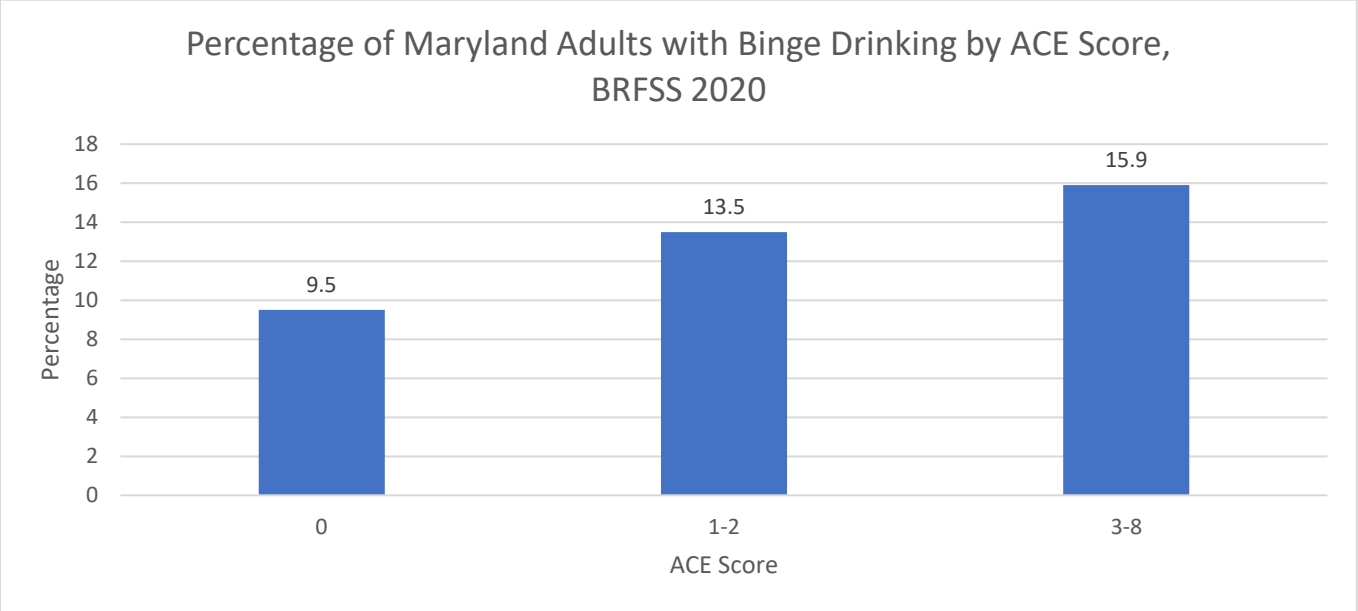
Self-reported fair or poor health is observed in 11.3% of the overall population, with disparities across ACE categories: 8.8% for 0 ACEs, 11.3% for 1-2 ACEs, and 14.2% for 3-8 ACEs.

Figure J:



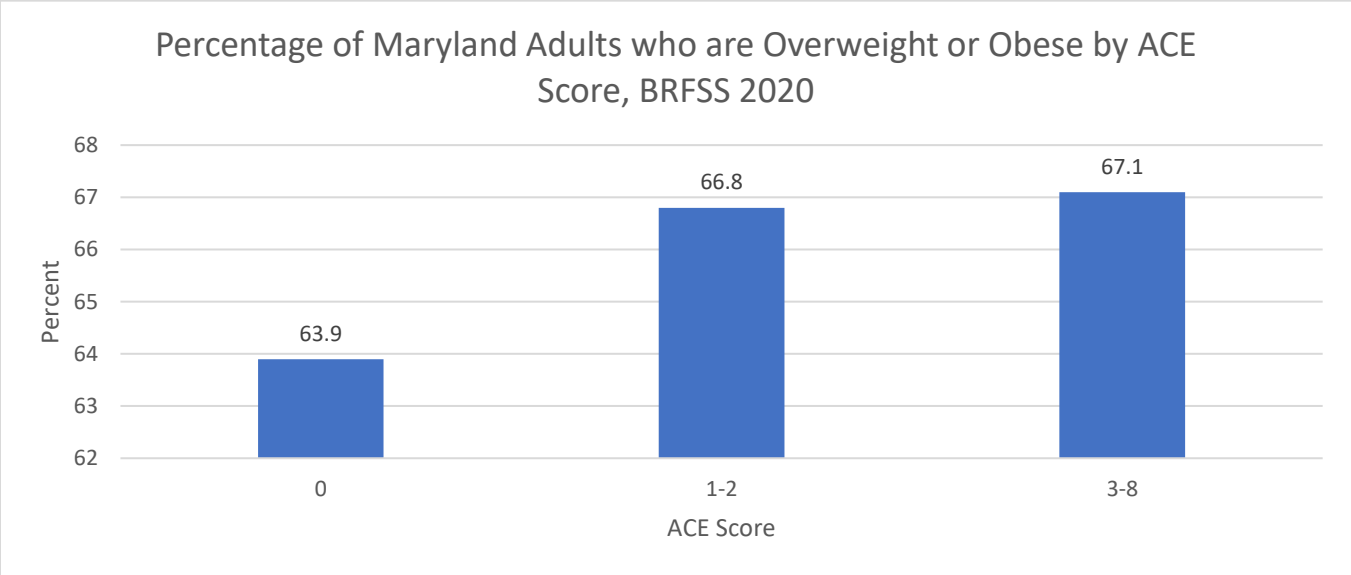
Regarding alcohol consumption, 5.2% engage in heavy drinking overall, while the breakdown by ACE categories reveals 4.4% for 0 ACEs, 3.9% for 1-2 ACEs, and 6.5% for 3-8 ACEs.

Figure K:



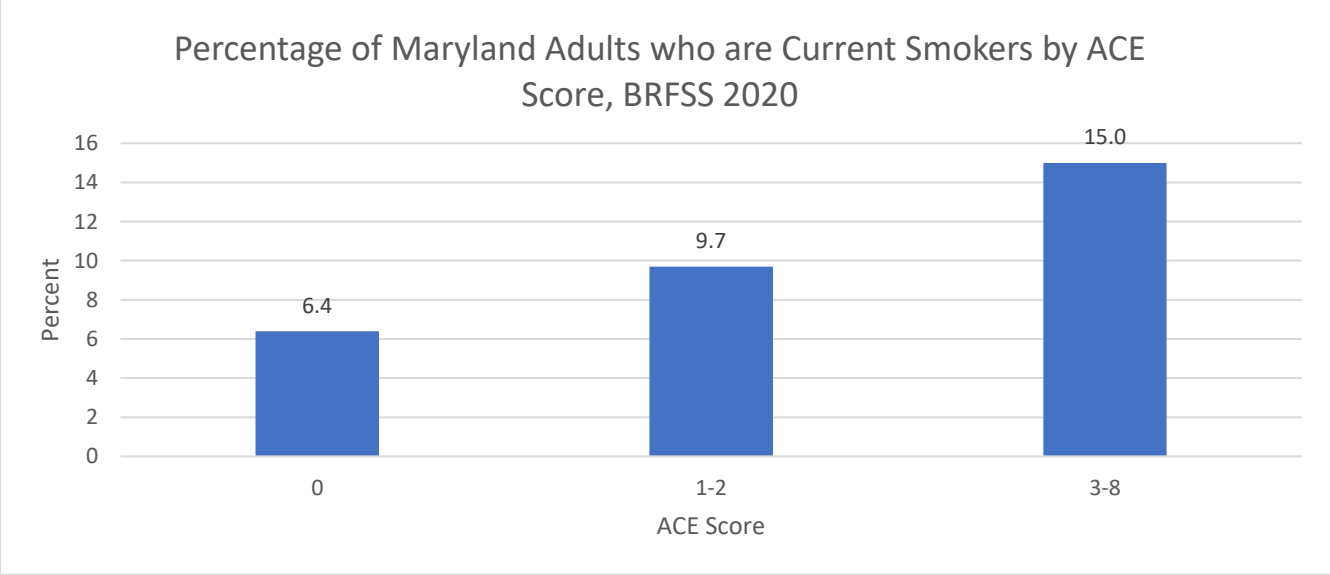
Similarly, binge drinking is reported by 12.3% overall, with distinctions based on ACEs: 9.5% for 0 ACEs, 13.5% for 1-2 ACEs, and 15.9% for 3-8 ACEs.

Figure L:



When considering weight status, 66.5% of Maryland adults are overweight or obese, with marginal variations across ACE categories: 63.9% for 0 ACEs, 66.8% for 1-2 ACEs, and 67.1% for 3-8 ACEs.

Figure M:



Examining smoking behaviors, 10.9% are current smokers, and 22.1% are former smokers overall. When combining current and former smokers, the percentages are 29.0% for 0 ACEs, 32.8% for 1-2 ACEs, and 41.0% for 3-8 ACEs.

YRBS and ACEs

The Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) is an onsite survey of students at select Maryland public middle and high schools. Questions assess behaviors that contribute to leading causes of death and disability among teenagers, including alcohol and other drug use, tobacco use, sexual activity/behavior, unintentional injury, violence, physical activity, and dietary behavior. The TYBS/YTS combines the CDS's Youth Risk Behavior Survey (YRBS) and Youth Tobacco Survey (YTS). It is administered every other year to examine and monitor youth risk behavior. Results guide the Maryland Department of Health (MDH) State Health Improvement Plan (SHIP) and community health improvement plans developed by each Maryland jurisdiction. The data is also used by the Maryland State Department of Education (MSDE) and many community organizations to inform, assess, and improve programs that address child and teen health and wellbeing.

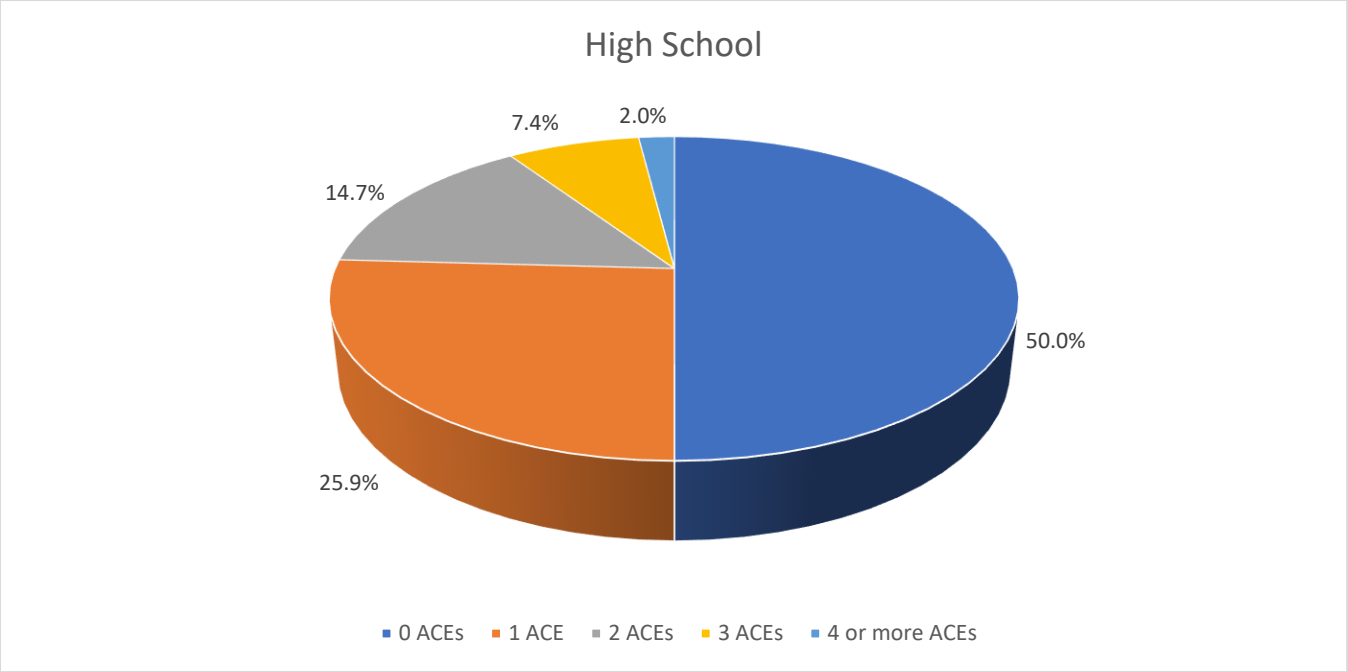
PREVALENCE OF ACEs IN MARYLAND YOUTH:

35,605 Maryland high school students from 183 Maryland public, charter and vocation high schools completed the survey during the 2021-22 school year.

Five categories of ACEs were measured on the high school survey during the 2021-22 Maryland YRBS/YTS administration: emotional abuse; living with a household member who abused substances, was mentally ill, or was ever incarcerated; and witnessing intimate partner violence. Children who have experienced any of the five ACEs measured by the Maryland YRBS/YTS are more likely to have other ACEs, as well.[10] To get a clear picture of the adversity experienced by Maryland youth, it is important that the full panoply of the CDCs ACE module questionnaire be included in Maryland's YRBSS. The CDC ACE module includes 8 of the original ACE questions, 2 incidence ACE questions, 3 community ACEs, and 3 positive childhood experiences (PCE) questions.

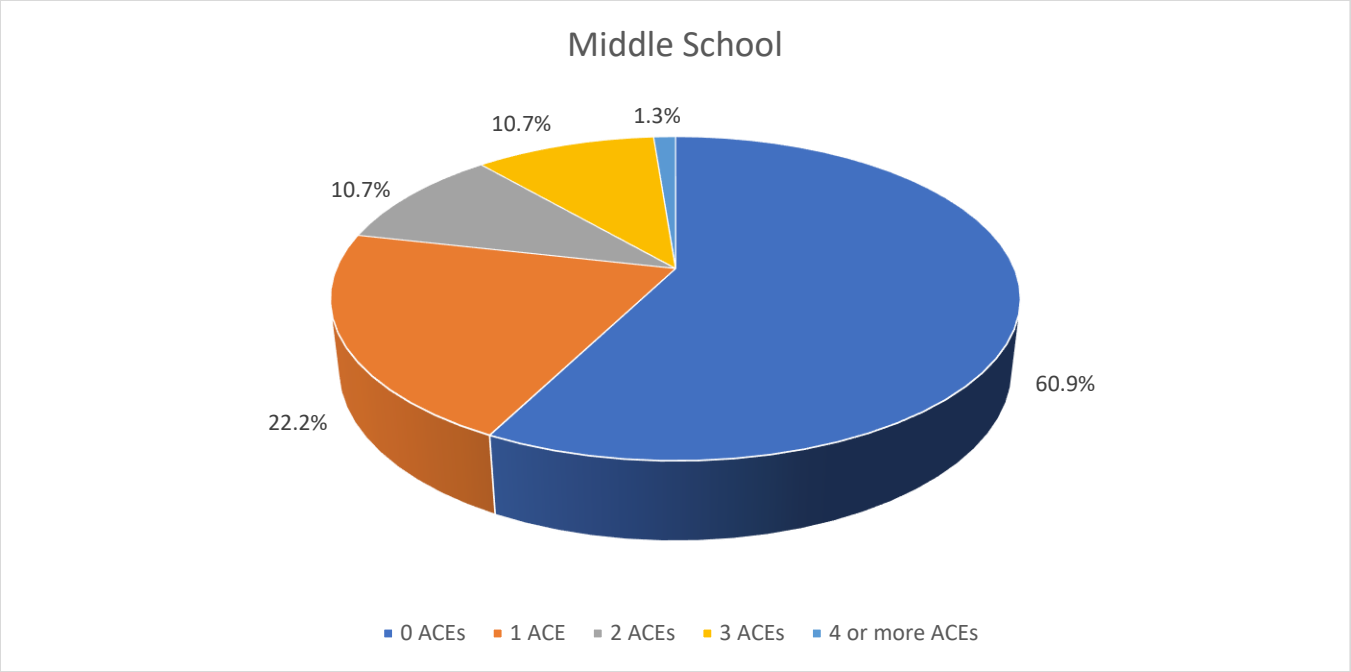
[10] Bethell, C., et.al., *Methods to Assess Adverse Childhood Experiences of Children and Families: Toward Approaches to Promote Child Well-being in Policy and Practice,* Academic Pediatrics Journal, (2017).

Figure N: Maryland Public High School Children with ACEs by Number of ACEs (YRBS 21-22)



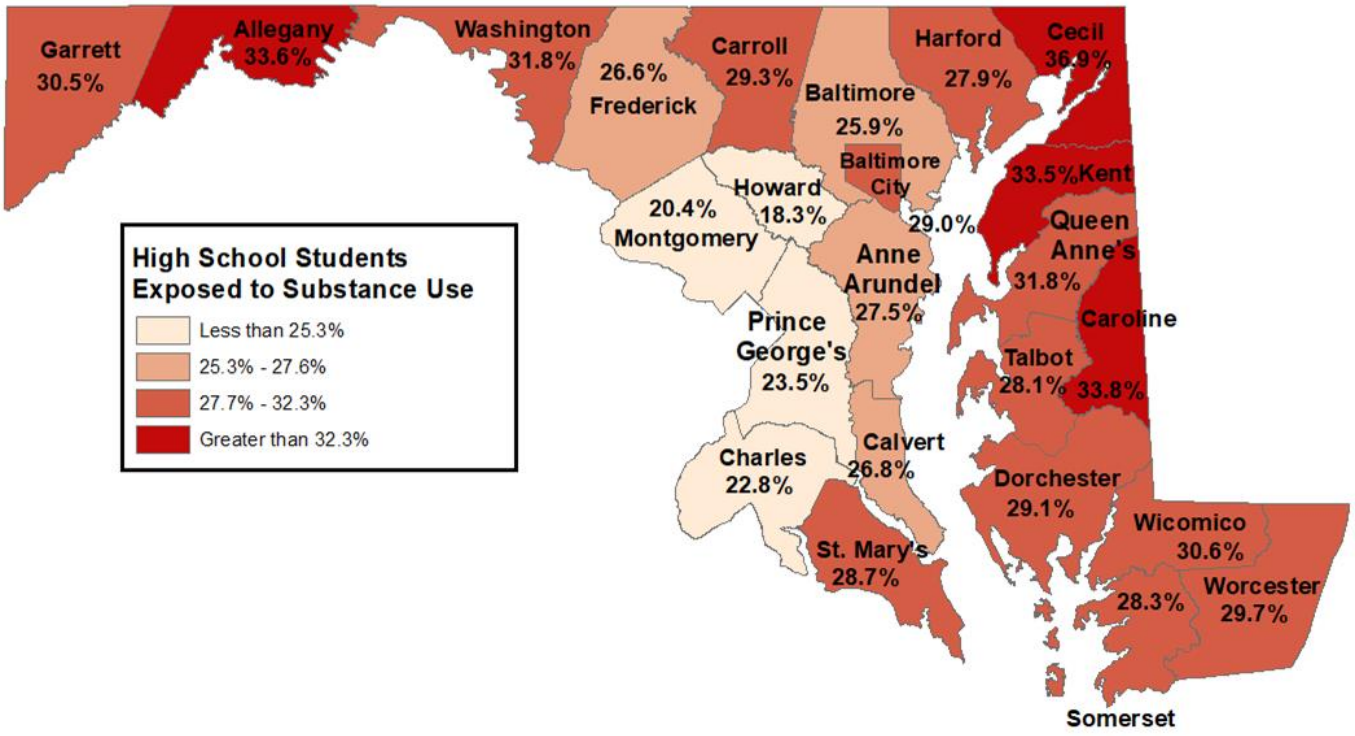
Approximately half of Maryland public high school students report that they have not been exposed to any ACEs, while 26% of these students report exposure to 1 ACE and 14.7% have been exposed to 2 ACEs. 7.4% report exposure to 3 ACEs and 2% report exposure to 4 or more ACEs (Figure N).

Figure O: Maryland Public Middle School Children with ACEs by Number of ACEs (YRBS 2021-22)



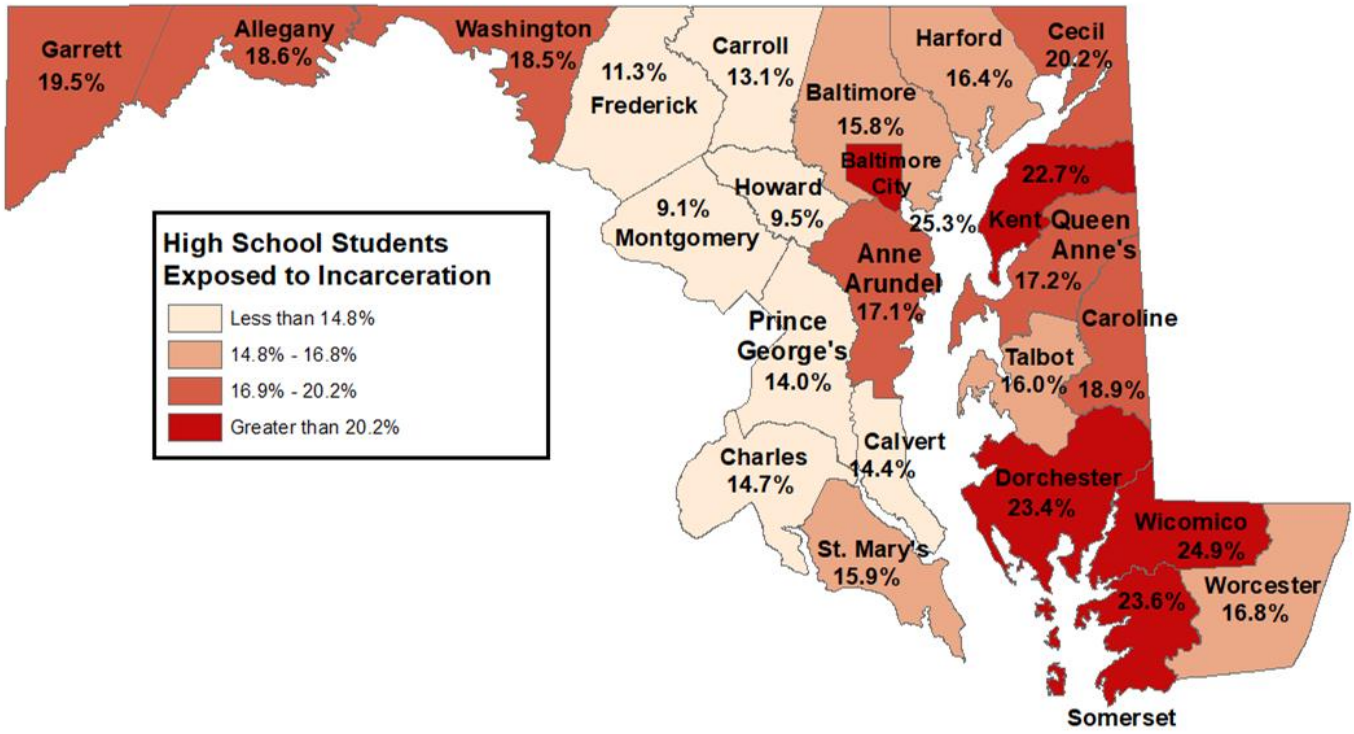
Most public middle school students report no exposure to ACEs (60.9%). 22.2% report exposure to one ACE and 10.7% report exposure to both two and three ACEs. While 1.3% report 4 or more ACEs (Figure O).

Figure P: Percentage of Maryland High School Students with Household Member with Substance Use by Jurisdiction, YRBS



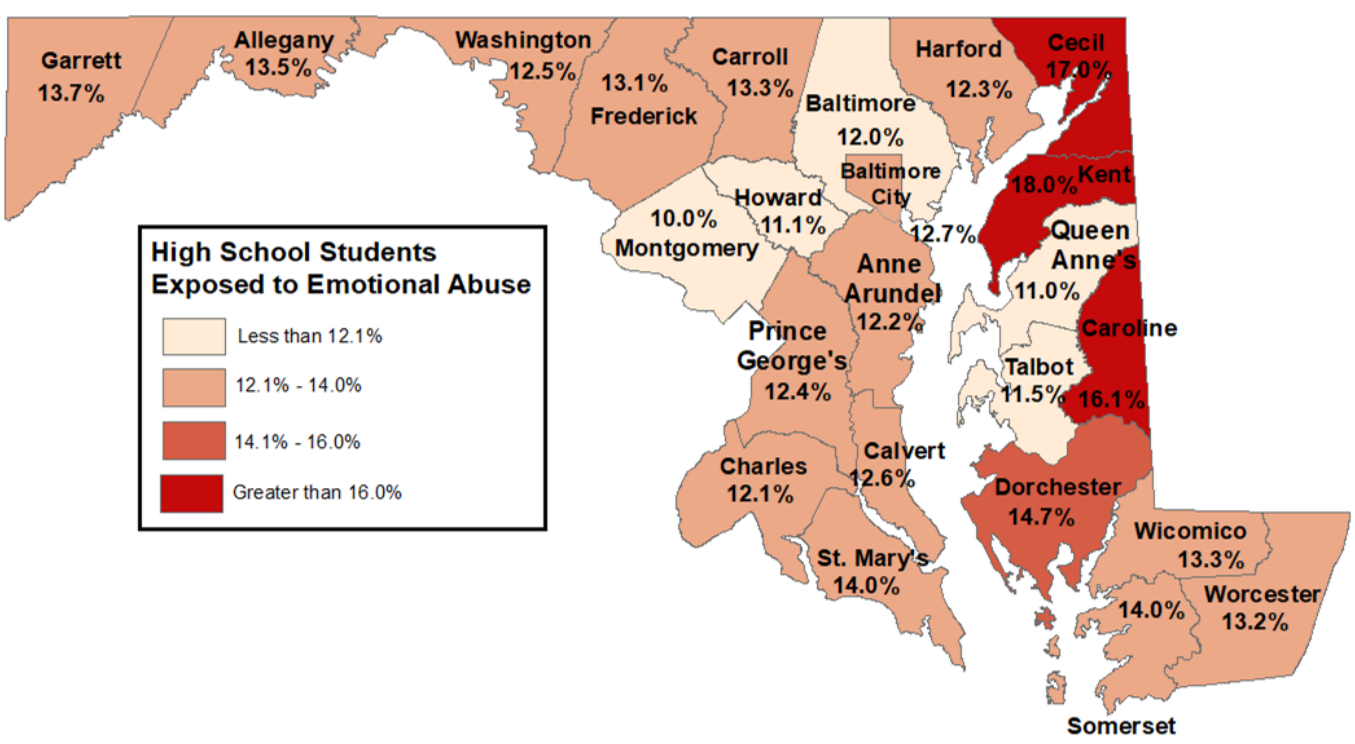
Substance use is common among caregivers in all Maryland jurisdictions, with about 25.3% of high schoolers (Figure P), up from 24% in 2021, and 18.3% of middle schoolers exposed to household substance use. Rates are highest for high schoolers in Cecil and Alleghany Counties and lowest for Montgomery and Howard Counties. For middle schoolers rates continue to be the highest in Kent and Cecil Counties and the lowest in Howard and Montgomery Counties (Middle School data not shown).

Figure Q: Percentage of Maryland High School Students with Incarcerated Household Member by Jurisdiction, YRBS



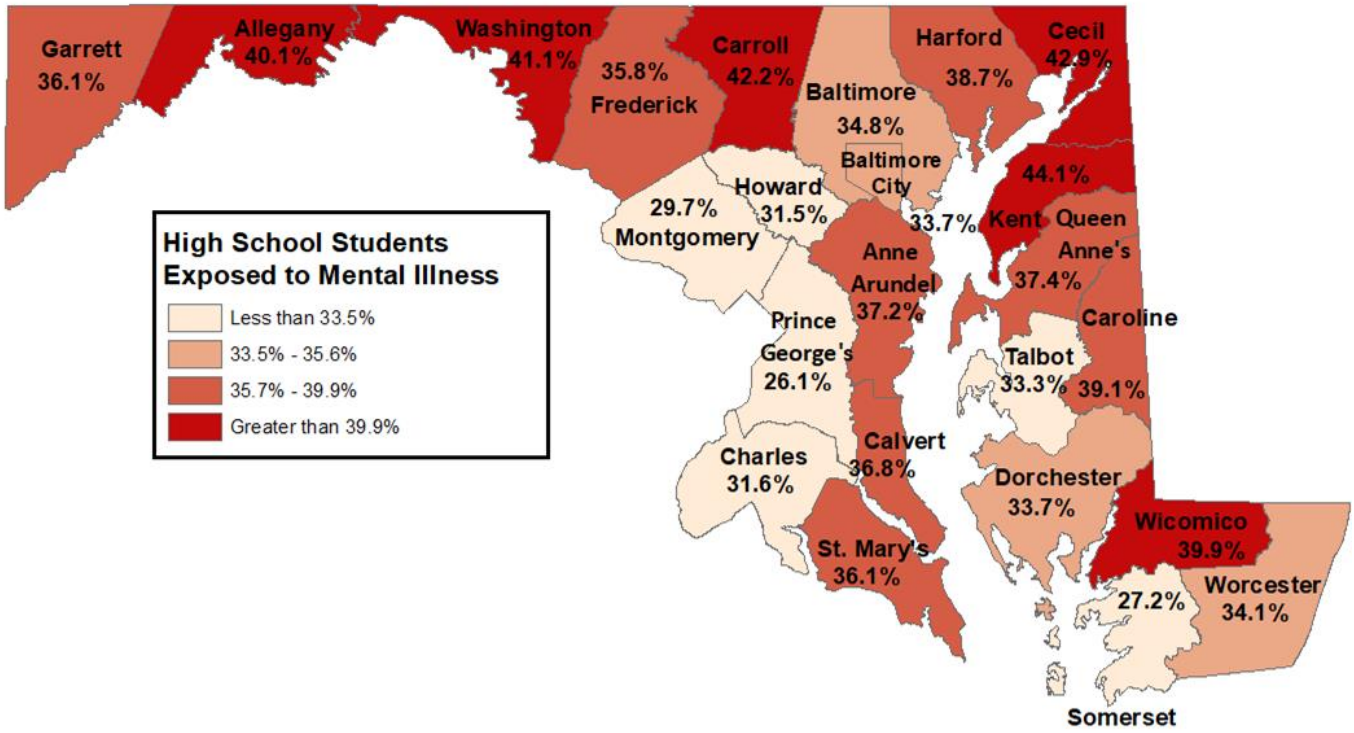
14.8 % of Maryland high schoolers and 11.4 % of middle schoolers have a caregiver or household member who has gone to jail or prison. Rates of household incarceration are highest in Baltimore City, Wicomico and Dorchester Counties for high schoolers (Figure Q), and highest in Somerset and Baltimore City for middle schoolers. Rates of household incarceration are lowest in Howard and Montgomery counties for both middle and high school students (Middle School data not shown).

Figure R: Percentage of Maryland High School Students Exposed to Emotional Abuse, by Jurisdiction, YRBS



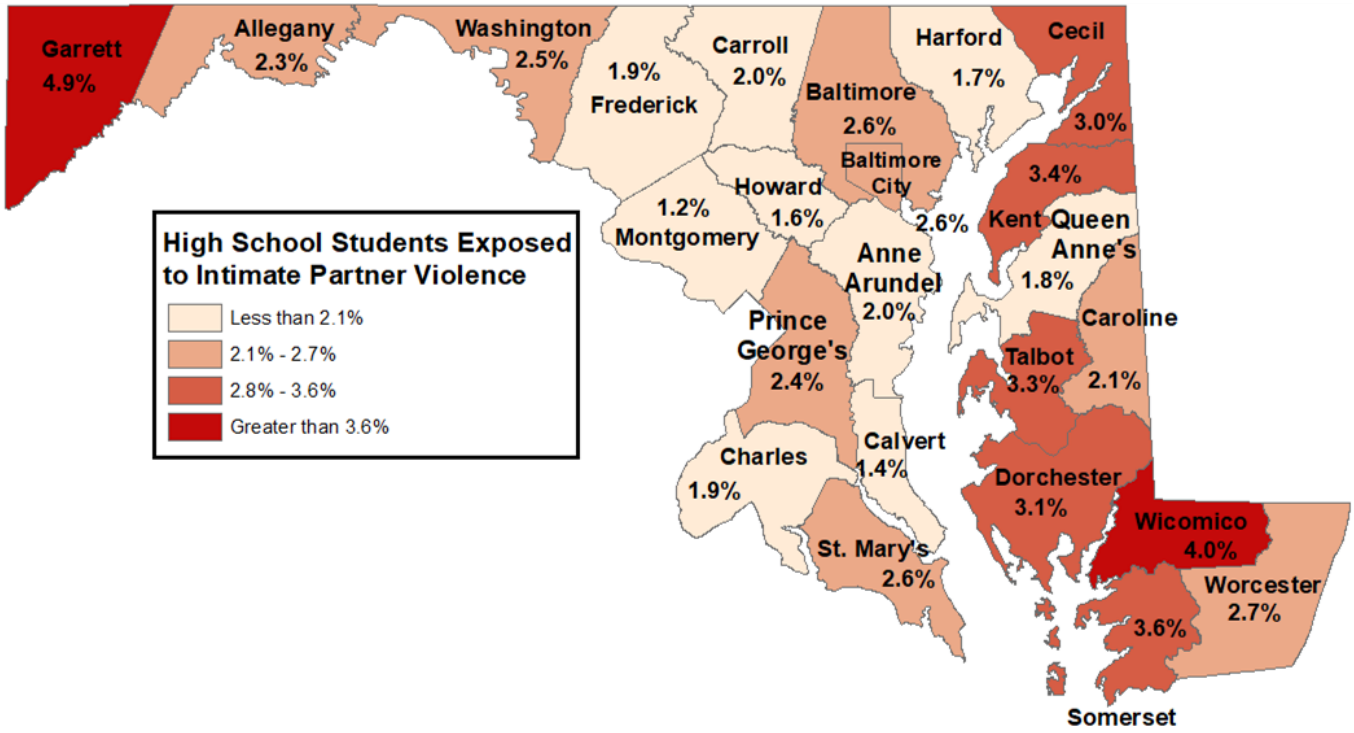
In both middle and high school 12.1% of students report emotional abuse taking place in the home. The question asked to measure emotional abuse was, “A parent or other adult in the home, sworn at you, insulted you, or put you down.” This was measured in either the lifetime, or within the past year. If the response was anything other than, “Never,” in either the lifetime, or during the past year, the question was counted as exposure to the ACE. Rates are highest in Kent and Cecil Counties for high school (Figure R). Rates are highest in Kent and Prince George’s for middle school children, and lowest in Montgomery and Queen Anne’s County for high school students and lowest in Harford and Howard Counties for middle school (Middle School data not shown).

Figure S: Percentage of Maryland High School Students Exposed to Mental Illness in the Home by Jurisdiction, YRBS



Household mental illness is common among caregivers and household members in all Maryland Jurisdictions. The highest rates of household mental illness for high schoolers were seen in Kent and Cecil Counties (Figure S). For middle school children raters were highest in Cecil and Washington Counties. The lowest rates of household mental illness were seen in Somerset and Prince George's Counties for High schoolers and Montgomery and Howard Counties of middle schoolers (Middle School data not shown).

Figure T: Percentage of Maryland High School Students Witnessing Intimate Partner Violence, by Jurisdiction, YRBS

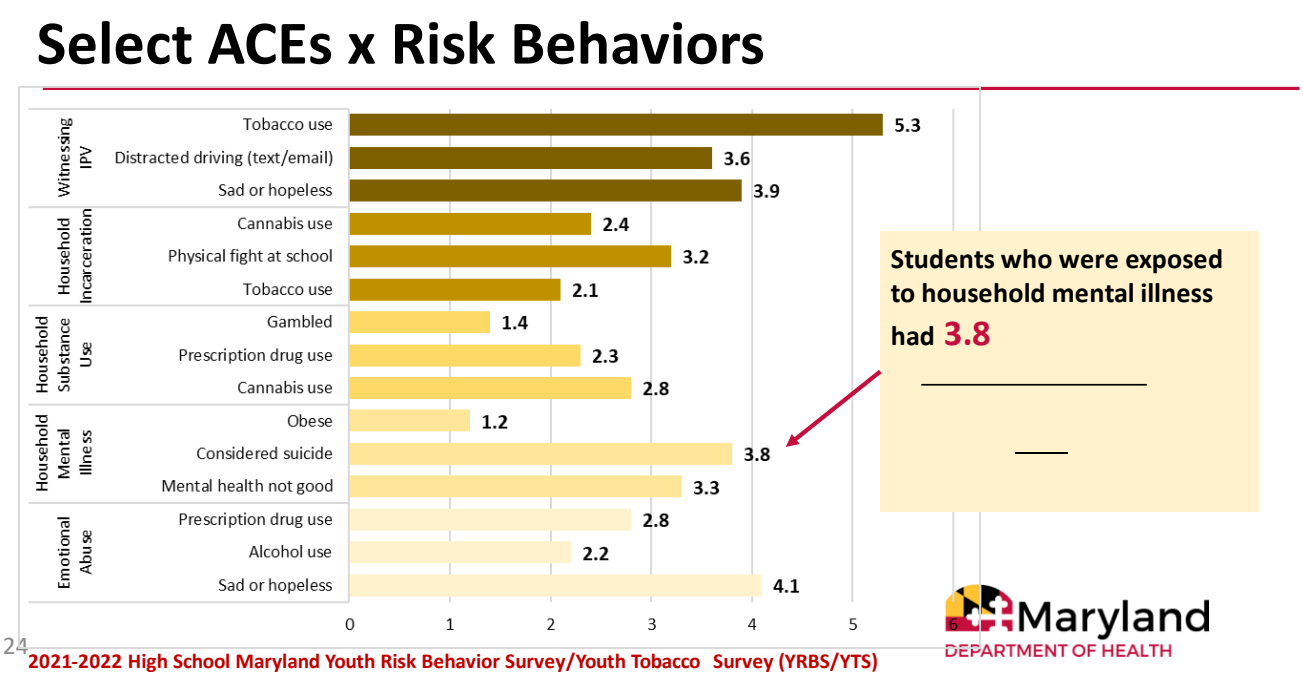


Witnessing intimate partner violence is defined as knowing that parents of other adults in you home slapped, hit, kicked punched or beat each other up. Exposure to the ACE was defined as answering, sometimes, most of the time, or always. Across the state, 2.1% of Maryland children reported witnessing physical domestic violence in their homes. Among high schoolers, rates were highest in Garrett and Wicomico Counties and lowest in Montgomery and Howard Counties (Figure T).

Dose Response Relationship ACEs and Selected Risk Behaviors

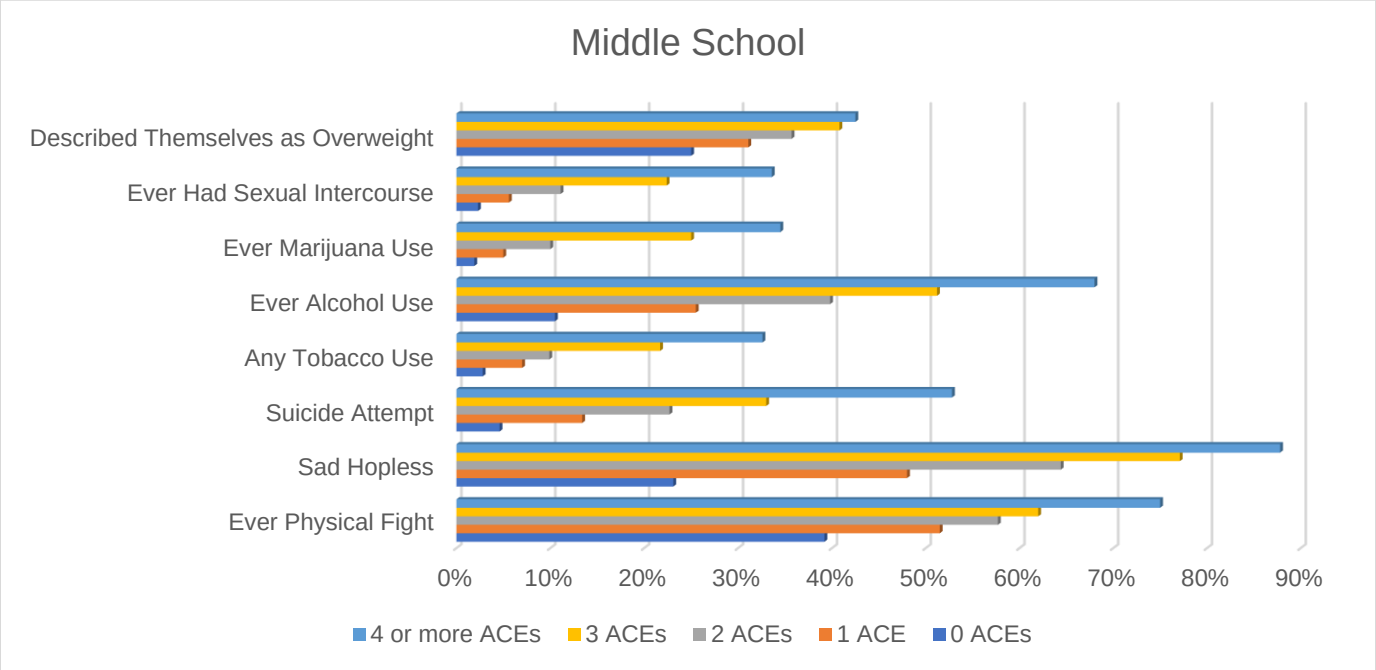
Similar to BRFSS data, YRBS data can also be examined for relationships between ACE exposure and mental health issues and between ACE exposure and risky health behavior. Figure U shows the likelihood of mental health issues and the likelihood of risky health behaviors for students exposed to specific ACEs compared to students who were not exposed to that ACE. For example, teens who witnessed IPV were 5.3 times more likely to use tobacco and were 3.9 times more likely to feel sad or hopeless than teens who did not witness IPV. Teens who experienced emotional abuse were 2.8 times more likely to acknowledge prescription drug use, 2.2 times more likely to acknowledge alcohol use, and 4.1 times more likely to feel sad or hopeless compared to teens who did not experience emotional abuse.

Figure U: Percentage of Maryland Public School Students with Risky Behavior or Mental Health Issues by Exposure to Specific ACEs (YRBS 2021-22)



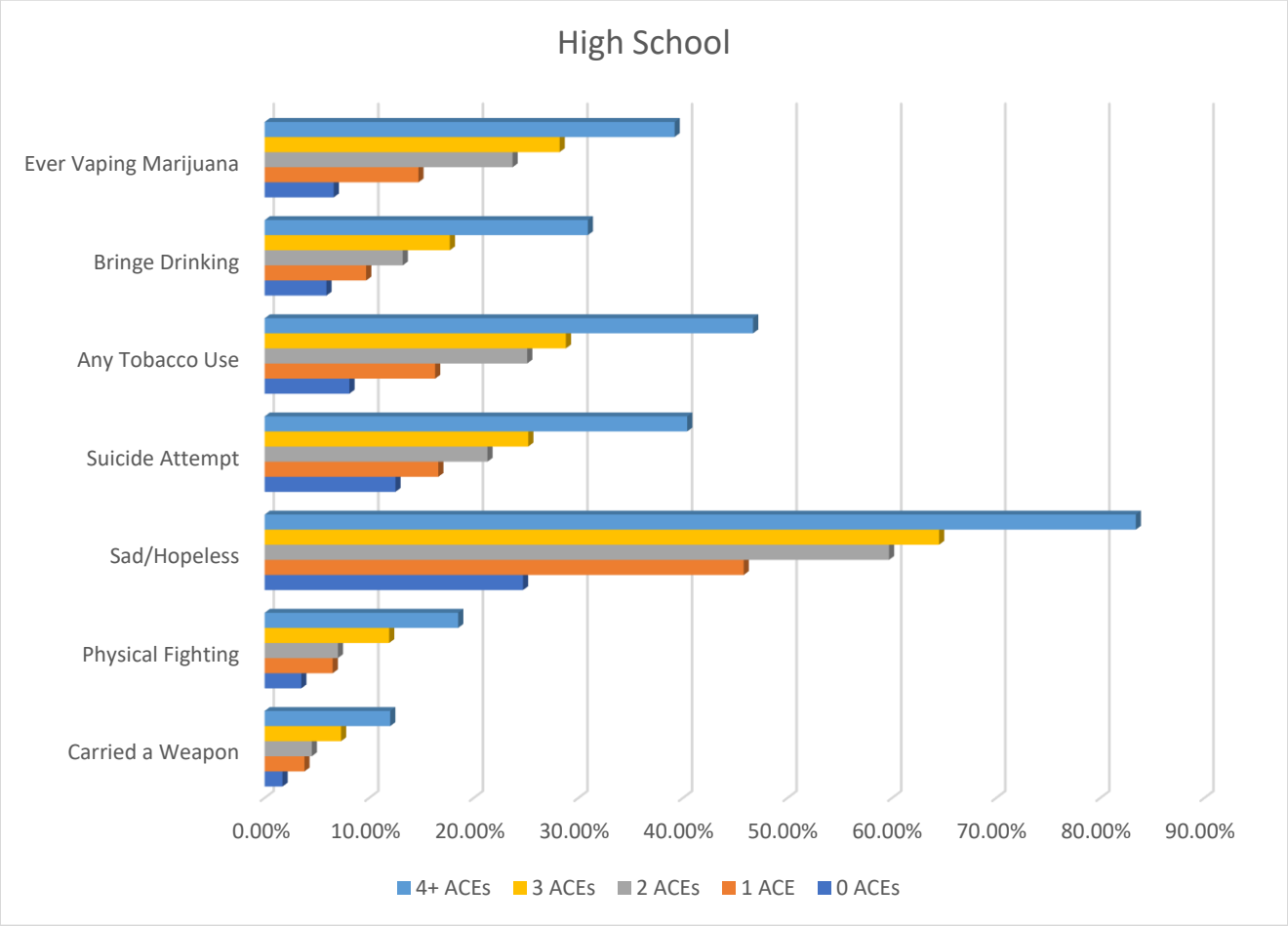
Maryland YRBS data also demonstrate dose-response relationships between ACE exposure and mental health issues and between ACE exposure and risky health behaviors (Figure U).

Figure V: Percentage of Maryland Public Middle School Students' Engaged in Risky Behavior by Number of ACEs (YRBS 2021-2)



For example, among middle school students, about 23% teens with 0 ACEs reported feelings of sadness or hopelessness, compared to 88% of teens with 4 or more ACEs. Only 5% of teens with 0 ACEs have attempted suicide, compared to 53% of teens with 4 or more ACEs. Rates of tobacco and marijuana use are also low for teens with no ACEs (3% and 2%, respectively), but much higher for teens with 4 or more ACEs (33% and 35%, respectively). Teens with more ACEs are also more likely to have gotten into a physical fight, ever used alcohol, and ever had sex, Teens with more ACEs were more likely to perceive themselves as overweight (Figure V).

Figure W: Percentage of Maryland Public High School Students' Engaged in Risky Behavior by Number of ACEs (YRBS 2021-22)

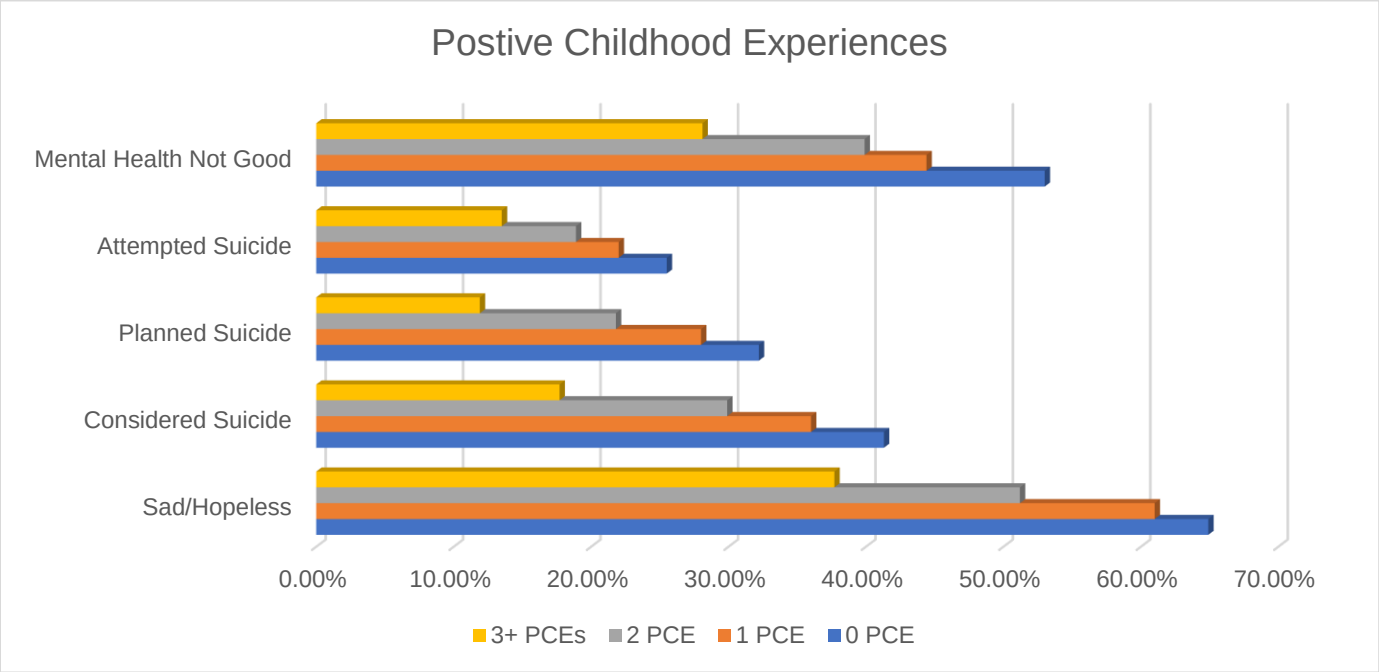


For high school students, there is also a dose-response relationship between ACE exposure and the likelihood of risky behaviors and adverse mental health outcomes (Figure W). The prevalence of violent behaviors, such as carrying a weapon and engaging in physical fights increases as the number of ACE exposures rises, peaking at 14.0% and 18.5% respectively, for those with four or more ACEs. This also shows the importance and potential benefits of early interventions among children exposed to ACEs to prevent violent behaviors in high school students. Adverse mental health indicators, including feelings of sadness or hopelessness and attempted suicide, surge with an increase in ACEs, reaching 83.4% reporting sadness or hopelessness for those with four or more ACEs. Substance use also rises with a higher number of ACEs.

Positive Childhood Experiences

ACEs can clearly adversely impact youth futures, positive childhood experiences (PCEs) can mitigate the long-term impact of ACEs. PCEs include protective adult relationships, school connectedness, and peer connections that can build student resilience to life challenges. Other PCEs include improving household financial security, supporting positive parents, encouraging school safety and belonging, and providing access to programs that improve conflict resolution and stress-handling skills. Research shows that the negative effects of multiple ACEs can be mitigated by exposure to multiple PCEs. PCEs provide students with a protective barrier against the negative outcomes that arise from ACEs by allowing them access to resources (supportive adults, peers, or teachers) to overcome difficult situations. Even students who have experienced multiple adversities can benefit from having PCEs.

Figure X: Mental Health Outcomes for Maryland Public School Children by Number of Positive Childhood Experiences (YRBS 2021-22)



YRBS data also showed a correlation between mental health outcomes and Positive Childhood Experiences (PCEs), with lower rates of mental health concerns among children with more PCEs (Figure X). Students with 3 or more PCEs have fewer mental health concerns, including feeling sad or hopeless and attempting suicide than students with fewer PCEs. Students reporting zero PCEs have the highest rates of mental health indicators such as feeling sad or hopeless, considering suicide, planning suicide, attempting suicide and poor mental health. This underscores the potential role of PCEs in promoting better mental health outcomes and highlights the potential for preventing strategies focusing on fostering positive experiences during childhood.

Surveillance Recommendations

(1) DHS: Require caseworkers to input race demographic data on all cases brought to the attention of the Department of Human Services. In order to effectively understand and interpret information about children and families served by DHS, demographic data, including race must be consistently collected. Disparities in child welfare cannot be identified and addressed without accurate data.

(2) **DHS, MDH, MDTHINK: FIX CJAMS** -In order to effectively understand and interpret information about children and families served by DHS, information must be entered into the CJAMS data management system, and DHS leadership and policymakers must be able to easily access aggregated data from the system. ***Issues with CJAMS operability, including problems with data entry and creation of reports must be fixed as soon as possible***. ***Personnel and financial resources must be dedicated to this effort.*** Doing so is necessary to understand disparities at all levels of child welfare services, the extent to which children and families are referred to and are receiving services, and the key risk factors that families face and need to be addressed. Doing so is also necessary to ensure accuracy and consistency of the data used by DHS and reported to the Federal Government.

(3) **DHS:** Make publicly available child welfare and health-related data that is disaggregated by race, ethnicity, gender, age, and geographic region. Child welfare data should also be disaggregated for each system level (i.e., referrals, pathways, and services). Neglect referrals should be disaggregated by risk factor (food insecurity, housing status, etc.)

(4) **MDH:** Continue inclusion of ACE and Positive Childhood Experiences questions in biannual YRBS/YTS surveys. Include all 10 ACEs in future surveys. Publish and widely disseminate ACE and Positive Childhood Experiences data so that it is available to all stakeholders.

(5) **MDH:** Continue collection of ACE data in Maryland BRFSS every 3 years. Publish and widely disseminate ACE data so that it is available to all stakeholders.

(6) **DHS, MDH, GOCPYVS:** Use data from CJAMS, YRBS/YTS, BRFSS and other sources to determine where and who should be prioritized for interventions. This data should also be used to identify and enhance protective factors/Positive Childhood Experiences.

(7) **DHS, MSDE:** Work collaboratively to gather data on educational services received by children in out-of-home care. Comply with the MOU in place between DHS and MSDE to allow for the sharing of data regarding foster youth since September 27, 2013 and the federal requirement pursuant to the Every Student Succeeds Act for states to track educational outcomes for foster youth.

(8) **Maryland General Assembly:** Amend current statute to expand data currently collected by Maryland's Department of Human Services and published in their Child Welfare Indicators Report. Recommended data are included in Appendix M.

SCCAN's Accomplishments in 2022-2023

Maryland Essentials for Childhood Initiative

Since 2006, SCCAN has focused its efforts and recommendations on preventing child abuse and neglect *before it occurs* and promoting public and systems awareness of Adverse Childhood Experiences (ACEs) science to inform policy and practice changes in Maryland systems to improve the lives of our children. In 2012 SCCAN adopted the goals of *the Center for Disease Control and Prevention's state level implementation of Essentials for Childhood* as a framework for its efforts and recommendations, working side-by-side with its partners, to create a statewide collective impact initiative—Maryland Essentials for Childhood (MD EFC). The mission of MD EFC is to prevent and mitigate child maltreatment and other ACEs. The overarching strategic goals of MD EFC are as follows:

1) Educate key state leaders, stakeholders, and grassroots organizations on brain science, ACEs, and resilience; in order to build a commitment to put science into action to reduce ACEs and create safe, stable, and nurturing relationships and environments for all Maryland children.
2) Identify and use Data to inform actions and recommendations for systems improvement.
3) Integrate the Science into and across Systems, Services & Programs.
4) Integrate the Science into Policy and Financing solutions.

The Maryland Essentials for Childhood Initiative (MD EFC) has worked statewide toward achieving the four strategic goals above with the purpose of creating the safe, stable, and nurturing relationships and environments that support the healthy development of all Maryland children, i.e., becoming a trauma-informed and resilient state. While MD EFC meetings have been on hold until the Governor's Appointment's Office completed appointment of new SCCAN members, work has continued on priorities initiated in response to the pressing global events of 2020 and 2021, including the impact of the COVID-19 pandemic and systemic racism on Maryland's children. As the pandemic and racial inequity are significant adversities in the lives of Maryland's children, SCCAN and MD EFC members formed two working groups to develop potential solutions to mitigate short and long-term harms of the pandemic and systemic racism within the child welfare system. These include the Achieving Racial Equity within Maryland's Child Welfare System Workgroup and the Childhood Resiliency Workgroup. Below is a brief description of key actions by SCCAN and MD EFC Partners to achieve our collective goals.

Achieving Racial Equity within Maryland's Child Welfare System Workgroup:

Background: A full review of the history of racism in the U.S. child welfare system can be found in the preamble of SCCAN's antiracism statement in Appendix I.

Maryland only began disaggregating child welfare data by race beginning in 2015. The data shows black children and families continue to be disproportionately overrepresented year after year in Maryland. In addition to overrepresentation, Black children also experience disparate outcomes. In Maryland, Black Youth are overrepresented in out of home foster care placements

and are also more likely to exit care without achieving permanency compared to their white counterparts. Of all youth emancipated (not being adopted, reunified, or placed in guardianship) Black youth comprise the overwhelming majority.

With this information, beginning in the Fall of 2020, SCCAN dedicated time, attention, and resources to address racial inequities and disparate outcomes within Maryland's child welfare system. Below are SCCAN's accomplishments and recommendations to date.

Accomplishments prior to 2022: To address racial disparities and disparate outcomes for youth and families involved in Maryland's Child Welfare System, SCCAN created an "Achieving Racial Equity in Child Welfare" Workgroup within SCCAN to develop recommendations to address current racial inequities and disparate outcomes for youth and families of color within the child welfare system. The Workgroup:

- Developed an Anti-Racism statement which was adopted by SCCAN. (See Appendix I).
- Prioritized 2021 Child Welfare Data Bill, HB258/SB592 which requires the Maryland Department of Human Services and Maryland Department of Education to provide disaggregated data by race, gender, age, and geographic region on outcomes for children and youth in in Maryland's Child Welfare System. The bill passed both the House and Senate unanimously.
- Began educating SCCAN and MD EFC members on historical systemic racism within the child welfare system and other child and family serving systems through presentations by expert speakers, including Dr. Adrianne M. Fletcher, PhD of Case Western Reserve University and Alexandra Citrin, MSW, MPP and Maya Pendleton, MPP of the Center for the Study of Social Policy.
- Built a list of resources to achieve racial equity, address white privilege, and reduce disparate outcomes within child and family serving systems.
- Began work on a visioning session to seek input on how the Maryland child welfare system can become anti-racist.

2022-2023 Accomplishments: The Achieving Racial Equity in Child Welfare committee has continued its work on the visioning session, which took place on December 11, 2023, at Morgan State University. The goal of the Visioning Session was to develop recommendations to address racial inequities at all levels of child welfare. The committee sought input from individuals with lived experience as well as professionals who work in or collaborate with child welfare agencies. The goal was to have equal representation from individuals with lived experience and professionals so that the voices of both groups were heard and incorporated into recommendations. Invited speakers include Mr. Rafael Lopez, Secretary of the Maryland Department of Human Resources and Maryland State Delegate C.T. Wilson. Much of the day was devoted to breakout discussions where key questions about improving child welfare were discussed and debated.

Next steps will include sharing a summary of recommendations from the event and developing a plan for collaborative implementation of recommendations. The recommendations and plan will be included in the 2024 SCCAN Annual Report.

Interim Workgroup Recommendations (to be updated in report from Visioning Session)

(1) **DHS:** Require caseworkers to input race demographic data on all cases brought to the attention of the Department of Human Services.
(2) **DHS:** Make publicly available child welfare and health-related data that is disaggregated by race, gender, age, and geographic region. Child welfare data should also be disaggregated for each system level (i.e., referrals, pathways, and services). Neglect referrals should be disaggregated by risk factor (food insecurity, housing status, etc.)
(3) **DHS, MSDE:** Work collaboratively to gather data on educational services received by children in out-of-home care. Comply with the MOU in place between DHS and MSDE to allow for the sharing of data regarding foster youth since September 27, 2013 and the federal requirement pursuant to the Every Student Succeeds Act for states to track educational outcomes for foster youth.
(4) **Maryland General Assembly:** Amend current statute to expand data currently collected by Maryland's Department of Human Services and published in their Child Welfare Indicators Report. Recommended data are included in Appendix M.
(5) **Maryland General Assembly:** Pass legislation to require all mandated reporters in the state of Maryland to receive racial bias training focused on the role of bias and racism in child abuse and neglect reporting.
(6) **Maryland General Assembly:** Pass legislation to require all DHS employees and local DSS supervisors and caseworkers in the state of Maryland to receive racial bias training focused on the role of bias and racism in decision-making throughout the continuum of child welfare cases.

COVID-19 Childhood Resilience Action Team:

The Childhood Resilience Action Team began during the COVID-19 pandemic in the spring of 2020 to identify and share resources that could inform and support the resilience of children during the pandemic and beyond. More than 70 volunteers from many organizations worked collaboratively and assembled a resource library for caregivers, children, and service providers. Topics included physical, mental, and behavioral health, education, childcare, and economic supports.

The team planned to share the resources through a dedicated childhood resilience website. Through 2022, the team worked to identify funding for the website domain and additional content development. Ultimately, the effort was integrated into broader efforts of the MDH Behavioral Health Administration Adverse Childhood Experiences Initiative to allow for a unified and comprehensive approach.

With funding from the 2021 federal American Rescue Plan Act (ARPA), the Behavioral Health Administration partnered with the University of Maryland School of Medicine Department of Psychiatry and the Systems Evaluation Center at Bowie State University to "design and implement a collaborative initiative to provide ACE data surveillance, training, technical assistance and continuous quality improvement to support the adoption of trauma-informed policies and practices within the Maryland Public Behavioral Health System."[11] This initiative was later broadened to meet the mandates of Maryland SB299/HB548 – Trauma Informed Care – Commission and Training, passed in 2021. The effort was renamed the BHA TIROE (Trauma-Informed Resilience Oriented Equitable Care and Culture) Mobilization Grant. BHA is using the grant funding to provide a resource for the trauma-informed work of state agencies, and to prevent siloing of that work. Partners include Maryland 211 call and resource center, Maryland Essentials for Childhood, and the Maryland Trauma-Informed Care Commission. The resources identified by the Childhood Resilience Action Team will soon be organized and posted on a resource website.

Sexual Abuse Prevention

Statute of Limitations Legislation - After many years of advocacy, Maryland HB001/SB686, the Child Victims Act passed in 2023. Key elements of the bill include: (1) Elimination of the statute of limitations for child sexual abuse civil lawsuits; (2) Repeal of the so-called "statute of repose"; (3) Creation of a permanent lookback window for claims that would otherwise be blocked by the prior statute of limitations; (4) Allowance for suits against both public and private entities; (5) Elimination of the notice of claims deadlines for public entities in child sexual abuse cases. Effective October 1, 2023, the Child Victims Act represents a significant step forward in acknowledging and addressing the issues of child abuse and its long-lasting impact on survivors. Lawsuits are currently being filed which will set the stage for the subsequent steps in implementing this law. Ultimately, the Maryland Supreme Court will likely be asked to weigh in on the constitutionality of the legislation. The Archdiocese of Baltimore, anticipating multiple lawsuits, filed for Chapter 11 bankruptcy two days before the law went into effect. The filing put a stop to all civil claims while the Archdiocese reorganizes, and shifts the claims to bankruptcy court, a less transparent process. As the legal processes unfold, SCCAN remains committed to advocating for a system that ensure that victim's voices are heard, their experiences validated and their path to healing as survivors is facilitated.

Sexual Abuse Prevention in Schools

Over the past several years, SCCAN has been actively engaged in policy efforts to prevent child sexual abuse in schools. We have worked closely with Delegate C.T. Wilson to pass several bills requiring policies to reduce the possibility of sexual victimization in schools. These bills include:

- **2018's HB 1072 – Child Sexual Abuse Prevention – Instruction and Training**

[11] Tiffany Beason and Joanna Prout. Behavioral Health Adverse Childhood Experiences (ACEs) Initiative. Presentation to the Maryland State Council on Child Abuse and Neglect (SCCAN). January 5, 2023.

- Requires each county board of education or non-public school that receives state funds to require annual instruction of all school employees on the prevention, identification, and reporting of sexual abuse and misconduct. The training must include:
  - Recognition of sexual misconduct in adults;
  - Recognition, and appropriate response to sexually inappropriate, coercive, or abusive behaviors among minors;
  - Recognition of behaviors and verbal cues that could indicate a minor has been a victim of child sexual abuse;
  - Responding to disclosures by minors or their parents or guardians of child sexual abuse or reports of boundary-violating behaviors of adults or minors in a supportive and appropriate manner that meets mandatory reporting requirements under state law.
- Requires each county board to establish and implement policies that support the prevention of child sexual abuse through ongoing training of staff on behavior that constitutes adult perpetration; reporting obligations and procedures; and for staff involved in hiring: comprehensive screening of prospective employees.
- Requires each county board to develop an Employee Code of Conduct that addresses appropriate contact between staff and students.
- Beginning in the 2019-2020 school year, each county board shall develop policies and procedures on the use and modification of physical facilities and spaces to reduce opportunity for child sexual abuse. SCCAN worked with the Interagency Commission on School Construction to draft the "Guidelines and Best Practices for the Assessment and Modification of Physical Facilities and Spaces to Reduce Opportunities for Child Sexual Abuse" which were approved by both groups.

- **2019 HB 486: Education – Personnel Matters – Child Sexual Abuse and Sexual Misconduct Prevention** For new employees who will have direct contact with minors: requires schools to gather information about applicant's prior employment and consent to contact prior employers. Requires schools to request of prior employer(s)' about past sexual misconduct or abuse investigation.

In 2023, SCCAN completed a search of board of education websites for all 23 Maryland jurisdictions and then attempted to contact local board of education staff in every jurisdiction to determine what had been done to comply with HB 1072 and HB 486. In addition, while not part of HB 1072 or HB 486, SCCAN asked whether boards of education routinely completed CPS background checks when hiring new employees. In conduction this work, SCCAN found that it was sometimes challenging to identify the appropriate point of contact, particularly in larger jurisdictions. For jurisdictions where contact was made, many reported using a training developed by Vector Corporation,[12] which has been recommended by the Maryland State Education Association. SCCAN is currently in the process of obtaining information from Maryland private schools through the Association of Independent Maryland Schools (AIMS).

[12] https://www.vectorsolutions.com/course-search/training/child-sexual-abuse-prevention-for-staff/

Table 5: Local Jurisdiction Implementation of Mandates from 2018 Maryland HB 1072 and 2019 HB 486 and Requirement for Child Protective Services (CPS) Background Checks for New Employees

	Employee Code of Conduct Y/N	Staff-Student Relationships Y/N	Training Vector (V) or Other (O)	Background Check per HB 486 Y/N	CPS Background Check Y/N
Allegany	Y	N	V	Y	Y
Anne Arundel	Y	Y	V	Y	Y
Baltimore City	Y	Y	O	Y	N
Baltimore County	Y	Y	Y	Y	Y
Calvert	Y	N	V, O	Y	N
Caroline	Y	Y	V	Y	N
Carroll	Y	N	V	Y	N
Cecil	Y	Y	V, O	Y	N
Charles	Y	Y	V, O	Y	Y
Dorchester	Y	Y	V	Y	Y
Frederick	Y	Y	O	Y	N
Garrett	Y	Y	V	Y	No Response
Harford	Y	Y	V, O	Y	Y
Howard	Y	Y	V	Y	N
Kent	Y	Y	V	Y	Y
Montgomery	Y	Y	O	Y	Y
Prince George's	Y	Y	V	Y	Y
Queen Anne's	Y	Y	V	Y	N
Somerset	Y	N	V	Y	Y
St. Mary's	No Response	No Response	Y	Y	N
Talbot	Y	N	V	Y	Y
Washington	Y	Y	V	Y	N

Wicomico	Y	N	V	Y	N
Worcester	Y	N	V	Y	Y

Notes:
Code of Conduct: A copy of the Code of Conduct has been obtained by SCCAN.
Staff-Student Relationships: Sexual relationships between staff and students are specifically mentioned in the Code of Conduct.
Training: The jurisdiction uses Vector Solutions (V) for their annual online training, or have they created their own (O). Note: Several jurisdictions have incorporated their own model into the Vector training.
Background Check per HB486: A background check per HB 486 requirements is done prior to employment.
CPS Background Check: The local DSS is contacted for a CPS Background check prior to employment (note: this is not a legal requirement in Maryland).

In SCCAN's efforts to obtain this information, it became clear that the legislation as written was missing a requirement for monitoring of implementation and compliance. SCCAN also found that many jurisdictions did not require CPS background checks for new employees, though this was not a requirement of either bill. Additionally, while these bills apply to schools, they do not apply to other child serving organizations such as after school programs or childcare sites.

Healthcare for Children Involved in Child Welfare Workgroup

The SCCAN medical subcommittee has focused their work on improving health care services for children in out-of-home care and children undergoing evaluation/investigation following a report of suspected child abuse or neglect.

Improving Health Care Services for Children in Out-of-Home Care

HB 1582-Human Services Children Receiving Child Welfare Services-Centralized Comprehensive Health Care Monitoring Program to Meet the Health Needs of Children involved in the Child Welfare System passed unanimously out of both houses of the General Assembly and was signed into law by Governor Hogan on May 8, 2018. Md. Code Ann., Human Services § 8-1101- 8-1103 (2018) mandates:

i) the creation of a **Child Welfare Medical Director at DHS** to:
   (1) Ensure best practice medical review and evaluation of cases of suspected abuse or neglect, and
   (2) Collect data on timeliness and effectiveness of health services provision and procurement for children in the custody of a local department;
   (3) track health outcomes for children in out-of-home placement using the most recent health care effectiveness data and information set (HEDIS);
   (4) assess the competency, including cultural competency/humility, of health care providers who evaluate and treat abused and neglected children in the custody of

a local department;

(5) periodically assess the supply and diversity of health care services that evaluate and treat children in out-of-home placement, identify shortfalls, if any, and report them to the relevant local department, DHS, and the Maryland Department of Health; services; and work to expand the availability of health care services;

(6) work with state and local health and child welfare officials, provider agencies, and advocates to identify systemic problems affecting health care for children in out-of-home placement and develop solutions;

(7) in consultation with the local departments, develop a centralized comprehensive health care monitoring program for children in out-of-home placement that will ensure the replication of centralized health care coordination and monitoring of services across the state.

ii) the creation of a **centralized data portal with health information** integrated from CRISP (Chesapeake Regional Information System for Our Patients), Immunet, and Medicaid, and;

iii) the creation of an **electronic health passport** for foster youth.

Workgroup Activities: SCCAN medical workgroup members participated in an 18 month-long **Affinity Group** program sponsored by Centers for Medicare & Medicaid Innovations. Participating pediatricians included Drs. Wendy Lane, Rebecca Seltzer, and Rachel Dodge, all with expertise in medical care for children in foster care. Affinity group regular members included the Medical Director for Child Welfare, Dr. Rich Lichenstein and his team, and representatives from Maryland Medicaid. Dr. Lichenstein's team and Medicaid representatives participated in trainings provided by CMS, bimonthly technical assistance meetings, and monthly coaching sessions with a Quality Improvement advisor, data sharing advisor, and child welfare and Medicaid policy subject matter experts.

The goals of the Affinity Group were as follows – **addressing HB 1582 requirements 2, 5, and 6 above**:

- Increase the percentage of **timely completion of comprehensive health assessments** among Maryland children placed in foster or kinship care from 77% to 90%. These comprehensive assessments are required to be completed within 60 days of entry for all children entering care.
- Increase the percentage of **timely completion of initial health assessments** (within 5 business days of placement) from 65% to 90%
- Increase the percentage of **completion of at least one dental assessment annually** from 47% to 75%, with a longer-term goal of 90%

Overall, Maryland met its goals for timely initial and comprehensive health visits. Between July 1, 2022 and June 30, 2023; 92% of children had timely initial visits and 90% of children had timely comprehensive visits. Dental visits remain a challenge; only 58% of children

received at least one dental assessment during the year. The counties with the largest numbers of children in foster care, Baltimore County (34% of 527 children), and Baltimore City (34% of 1361 children), had the most difficulty meeting this goal.

The Affinity Group did not focus on increasing the percentage of timely annual visit completion. Only 75% of Maryland children in foster care received timely annual visits.

The Affinity Group examined several other issues. While not specifically named as Affinity Group goals, they addressed requirements of HB 1586. For example, the group discussed ways **to streamline completion of healthcare provider documentation**, document sharing with DSS, and data entry into CJAMS (**HB 1582 requirements 6 & 7 above**). The group worked on developing a **common medical form and dental form** to be used by all jurisdictions that would include prompts for key information while limiting the total amount of information required (**HB 1582 requirements 6 & 7 above**). Currently, most Maryland jurisdictions ask providers to complete documentation using the 631-E form, which contains very few prompts about what information should be included. Baltimore City and County use a modified and more structured 631-E form that specifically requests diagnoses, new and existing medications, testing completed, and recommendations. Fillable on-line forms that could be compatible with many electronic medical record systems as well as CJAMS were recommended to reduce the burden of paperwork and data entry for medical practices and DSS staff.

The group also discussed whether combining the initial and comprehensive medical exams could improve adherence to visits. There were concerns over getting this done quickly enough by the appropriate provider (such as a child's primary care provider) within the needed time frame. The group also discussed whether it might be possible to change the billing codes for initial visits. Currently, health care providers can bill Medicaid for initial foster care exams by adding a special modifier to a code for a periodic health exam (i.e., a well child checkup). Creating a new allowed billing code for an initial foster care health screen may enable more providers to see children during brief sick visit slots. Providers may still be reluctant to schedule initial foster care exams in these slots because of the lack of medical history and the potential need to address many health issues in a short time. We are also exploring with Medicaid the requirement for the initial screening exam to be performed by an EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) certified provider; i.e., a primary care provider who is certified by and follows preventive care standards established by the State Medicaid Program. Some jurisdictions have limited EPSDT certified providers to perform these time-sensitive exams. Another initiative has been to review all COMAR health-related legislation and make edits to ensure that the legislation best meets the health needs of children in care.

Additional Efforts by the Medical Director for Child Welfare: Dr. Lichenstein has also been working on other projects outside of the Affinity Group. For example, his team has finalized a **Data Use Agreement to access information from CRISP**, the state designated Health Information Exchange for Maryland. He can now submit lists of children in foster care to CRISP and receive notifications about visits and hospitalizations. The team is also working with Harford County to determine whether **Special Needs Coordinators from Medicaid Managed Care**

Organizations can help improve access to comprehensive exams. Within DHS, the Audit Compliance and Quality Improvement (ACQI) unit was established to monitor compliance with standards. Information is gathered from CJAMS and through one-on-one meetings with local department leadership. Guidance on improving oversight is provided to LDSS agencies by the team when needed.

Ongoing Barriers: Some of the issues with timely receipt of care may be due to documentation, as when local department staff wait until the medical report is received before documenting that the visit was kept. Even if the visit is done on time, it may not be recorded as such if the visit is not recorded in CJAMS on time. Many barriers to receipt of timely care have been reported by local departments. For example, older youth may refuse the visit, be AWOL, or may be incarcerated. Provider availability may be limited; an especially challenging problem for children who are medically fragile or who have developmental disabilities and require specialized dental care. Local DSS agencies may be understaffed, dealing with multiple crises, or may have difficulty with tracking and monitoring. Placement site and Medicaid Managed Care Organization changes may also create challenges. Finally, maintaining continuity of care can be difficult when children are placed outside of their home jurisdiction.

DHS and the office of the Child Welfare Medical Director have made many improvements to health care services for children in out-of-home placement. However, there is still much work to be done. The following issues are still of **major concern to the council**:

(1) Despite implementation more than two years ago, the **CJAMS system for child welfare information tracking continues to have defects that limit accurate data input and reporting**.[13] The L.J. vs. Massinga consent decree Independent Verification Agent (IVA) report has noted that the CJAMS application needs multiple corrections and enhancements to ensure appropriate data entry and accurate and reliable data reports. Implementation of changes has been slow, and the IVA notes that "At this rate it is not an exaggeration to say that without substantially more resources dedicated to this work, the needed application changes will not be completed until well into 2024, if not 2025."

(2) There has been **little or no progress toward integrating information from Medicaid, Immunet, and/or CRISP with CJAMS** (**HB 1582 requirement ii above**). Many other states and jurisdictions, including Texas, Washington, Oregon, Illinois, Washington, D.C., Milwaukee, WI, Allegheny County, PA, San Diego County, CA, and Dade and Monroe Counties, FL have found ways to electronically link Medicaid records with child welfare records, enabling child welfare professionals to have easy access to information about health visits and medications.[14] **Without this data, it is difficult, if not impossible to**

[13]L.J. vs. Massinga consent decree Independent Verification Agent (IVA) Certification Report for Defendants' 68th Compliance Report January 1, 2022 to June 30, 2022. Filed May 9, 2023. Online at: https://dhs.maryland.gov/documents/Local%20Offices/Baltimore%20City/Consent%20Decree/68th%20Compliance%20Report/IVA%20Report/Text%20of%20IVA%20Report.pdf

[14] Beth Morrow, *Electronic Information Exchange: Elements that Matter for Children in Foster Care*, The Children's Partnership, State Policy Advocacy and Reform Center, 2013.

assess whether children are receiving quality care by HEDIS or other valid measures.

(3) There has been **little or no progress toward the development of an electronic health passport** (**HB 1582 requirement iii above**). The plastic health passport folder used for the past 30+ years remains the mechanism for sharing of health information between and among LDSS agencies, providers, birth parents, foster and kinship caregivers, and youth in out-of-home care. This is an antiquated system that needs to be updated. Information technology resources need to be committed to addressing this issue, while adhering to HIPAA and privacy concerns given the relationship of the child to the birth parent, resource parent, and state. There is no process for informing primary care providers when a child enters or exits foster care or has a change in placement. This makes it impossible for the PCP to know whether no-shows or lack of follow-up are due to changes in placement or an oversight by the family or DHS. PCPs are also left with no contact information to re-engage the child into health care services.

(4) **DSS foster care workers continue to have primary responsibility for health care oversight of the children in their caseload**. A survey of LDSS Assistant Directors completed in October 2021 respondents indicated that they would like additional assistance, particularly for mental and behavioral health issues, health and developmental issues, informed consent for psychotropic medication use, case management, and completion of required health visits. The pilot program in Harford County using Medicaid Case Managers, if successful, could serve as a model for other jurisdictions.

Improving the Medical Evaluation of Children with Suspected Child Abuse and Neglect

Although ensuring best practice medical review and evaluation of cases of suspected child abuse and neglect (**HB 1582 requirement 1 above**) has not been a major focus of the Medical Director for Child Welfare, efforts are underway by Maryland Child Abuse Medical Professionals (CHAMP) to work with the Maryland Department of Health on these issues. Maryland CHAMP was created in 2005 by House bill 1341, Md. Code, Health – General § 13-2201-2205, and amended in 2008. CHAMP faculty are tasked with:

- assisting jurisdictions in development of standards and protocols for child abuse medical providers;
- providing training and consultation to local child abuse medical providers in the diagnosis and treatment of child abuse and neglect;
- providing financial support to part-time local and regional expert staff for the diagnosis and treatment of child abuse and neglect;
- collaborating with local or regional child advocacy centers and forensic nurse examiner programs

. Since its inception, CHAMP has accomplished the following:

- Offered 3x yearly trainings to Maryland physicians and nurses practicing in the field. Our most recent training in October 2023 had nearly 60 attendees.

- Established a web-based, secure, and HIPAA compliant peer review system for medical professionals to submit cases for review.
- Developed a website with practice templates (consent forms, exam documentation forms, etc.), practice guidelines, and links to local, regional, and national resources.
- Collaborated with Maryland Children's Alliance (MCA) to train Child Advocacy Center (CAC) leaders on medical standards.
- Provided technical assistance to local CACs, Departments of Social Services, and law enforcement agencies about the medical evaluation of child maltreatment.
- Trained 14 physicians and more than 30 nurses to conduct medical evaluations for children with suspected maltreatment.

Unfortunately, the **current structure of CHAMP limits our reach** and allows us to touch only a small proportion of these vulnerable children. Current systems are fragmented, without a centralized or mandatory framework to provide access to medical expertise. Access to medical expertise varies by jurisdiction, and sometimes by the practice of the referring agency within that jurisdiction. This **fragmentation and lack of medical expertise may lead to**:

- **Misinterpretation of exam findings**, and **failure to provide definitive assessments** regarding the likelihood of abuse.
- **Unnecessary investigation and family removal of children with accidental injuries or ongoing maltreatment of children when abuse is missed.**
- **Over and under-reporting,** which is costly to children's wellbeing and to child welfare systems. It also becomes a social justice issue if implicit bias substitutes for clinical knowledge.

High-quality, effective systems for providing health care to children with suspected abuse and neglect require expert oversight, continuous quality improvement, continuing education for providers, and stable funding. Multiple agencies, organizations, and experts have established these criteria as best practices for the evaluation of children with suspected child abuse and neglect.[15]

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[15] Adams JA, et al. Updated Guidelines for the Medical Assessment and Care of Children who may have been sexually abused. J Pediatr Adolesc Gynecol. 2016;29:81-87.
Christian CW and Committee on Child Abuse and Neglect. The evaluation of suspected child physical abuse. Pediatrics. 2015;135(5):e20150356. Reaffirmed 2021. Online at: http://publications.aap.org/pediatrics/article-pdf/135/5/e20150356/1344221/peds_20150356.pdf

Jenny C, Crawford-Jakubiak JE, and Committee on Child Abuse and Neglect. The evaluation of children in the primary care setting when sexual abuse is suspected. Pediatrics. 2013;132:e558.
National Children's Alliance. National Standards of Accreditation for Children's Advocacy Centers 2023 Edition. Online at: https://www.nationalchildrensalliance.org/wp-content/uploads/2021/10/2023-RedBook-v5B-t-Final-Web.pdf;
National Optional Standards of Accreditation for Children's Advocacy Centers 2023 Edition. Online at: https://www.nationalchildrensalliance.org/wp-content/uploads/2022/03/2023-Optional-Standards-Book.pdf.
U.S. Department of Justice Office on Violence Against Women. A National Protocol for Sexual Assualt Medical Forensic Examinations Adults/Adolescents, 2nd Ed. Washington: D.C.: U.S. Department of Justice, April 2013. Online at: https://www.ojp.gov/pdffiles1/owv/228119.pdf

While CHAMP provides training and CQI to providers and Children's Advocacy Centers around the state, the following *structural issues inhibit optimal care*:

(1) *Lack of coordinated system for payment of providers*. Financial support for programs is currently pieced together from multiple revenue streams, which may vary from year-to-year, and may not cover services such as multidisciplinary team participation and court testimony (Appendix). Unstable funding makes it challenging to recruit and retain experts.

(2) *Lack of mandated expert review*. Without a clear mechanism or mandate for expert medical review, local DSS and law enforcement agencies may rely on the opinions of inexperienced emergency department, inpatient, or primary care providers, who may miss abuse diagnoses, or diagnose accidental injuries as abusive.

(3) *Lack of medical professional oversight.* Despite standards that mandate medical professional participation in peer review, continuous quality improvement, and ongoing training, there is no mechanism to ensure that this occurs for providers not working at CACs.

(4) *Lack of consistent process for multidisciplinary maltreatment investigations*. CACs were initially established for the multidisciplinary investigation and management of child sexual abuse; Maryland jurisdictions routinely use CACs for this purpose. The National Children's Alliance has developed optional standards for physical abuse; these are likely to become required standards in the next decade. However, not all Maryland jurisdictions use their local CAC for physical abuse investigations, making it less likely that medical experts will be engaged.

(5) *Mismatch in availability of experts across the state.* Most physician child abuse experts are based in large metropolitan areas. It is difficult to recruit and retain providers in smaller jurisdictions without stable funding and support.

Key Stakeholders:

Many Maryland agencies and organizations play a role in meeting the needs of children with suspected maltreatment and their families. Therefore, solutions will require a collaborative process.

Stakeholders and their potential roles include:

- *Maryland Children's Alliance (MCA)* – Can assist CACs in meeting NCA medical standards for physical and sexual abuse investigations. MCA can continue to partner with CHAMP to educate about NCA medical standards and can develop templates for medical linkage agreements which require participation in training and peer review.
- *Maryland Department of Human Services* – Can mandate that local DSS agencies use child abuse experts to perform medical exams or review exams done by non-experts.

U.S. Department of Justice Office on Violence Against Women. A National Protocol for Sexual Abuse Medical Forensic Examinations Pediatric. April 2016. Online at: https://www.justice.gov/ovw/file/846856/download;

DHS can also require that multidisciplinary investigations of physical and sexual abuse include medical input.

- *Maryland Department of Health –* Can convene other stakeholders for system improvement, guide Maryland Board of Nursing to enforce standards for training/peer review of providers and can support the CHAMP program through collaborative partnership.
- *Maryland Medicaid* – Can create billing code modifiers that enable payment for services regardless of Medicaid Managed Care Organization.
- *Governor's Office of Crime Prevention, Youth and Victim Services (GOCPYVS)* – Can work with other agencies to streamline medical services and funding for child maltreatment. The Maryland Children's Cabinet, responsible for coordinating the state agencies that serve Maryland children, is chaired by the GOCPYV Executive Director, and includes Secretaries from the Departments of Health, Human Services, Juvenile Services, Budget and Finance, as well as the State Superintendent of Schools.
- *State's and County Attorneys* – Can pay for expert testimony for child abuse cases in Family Child in Need of Assistance (CINA) hearings and criminal courts or contribute dollars to a single funding stream.
- *Maryland Chapter of American Academy of Pediatrics (MDAAP):* Can educate pediatricians about the health needs of children being evaluated for suspected abuse or neglect and those in foster care and can provide feedback to DHS and MDH on the implementation of new protocols or policies. The MDAAP can also advocate for legislative changes that can address system issues.
- *Maryland Hospital Association and Maryland Coalition Against Sexual Assault (MCASA):* Convenes and supports hospital-based Sexual Assault Forensic Examiner programs, disseminates information about best practices for sexual assault examinations, and advocates for policies and funding to improve the availability and effectiveness of hospital-based programs.

Maryland CHAMP is currently working to financially support more CACs and to work more collaboratively with hospital-based FNE programs. CHAMP is also working with MDH to address **structural issues (1) – (4) listed above**.

Membership Committee

The 2015 Maryland legislation establishing SCCAN requires the appointment of 23 members. Representatives from the Maryland Senate and House of Representatives, and state agencies, including DHS, MDH, MSDE, DJS, Maryland Judiciary, and Maryland State's Attorney's Association are appointed by their organizational leadership. The other 15 members are appointed by the Governor via his Appointments Office, with input from SCCAN. Required representation includes a pediatrician with expertise in child abuse and neglect, recommended by the Maryland Chapter of the American Academy of Pediatrics and at least two individuals with personal experience with the child welfare system. The remaining members may come from

professional and advocacy groups, private social service agencies, and medical, law enforcement and religious communities.

With a pause in appointments under the prior administration, the terms of all appointed members had expired by 2022, and SCCAN members included only those individuals representing state agencies. Nevertheless, Wendy Lane, the SCCAN Chair, and many individuals whose terms had expired or who were recommended by SCCAN to serve but never received official appointments, have remained committed to SCCAN and have actively participated in SCCAN workgroups.

Dr. Lane and Edward Gallo, the new SCCAN Executive Director, have been working with Governor Moore's Appointment's Office to re-nominate individuals whose prior recommendation for appointment had stalled and to recommend additional individuals who are committed to SCCAN's work. By the end of 2023, a full complement of new members has been appointed to SCCAN, and a new SCCAN Chair, Taniesha Woods has been appointed.

For a current list of SCCAN members see Appendix B.

Appendix A

DHS Response to Annual Report

Appendix B

State Council on Child Abuse and Neglect (SCCAN)

SCCAN Membership

15 MEMBERS APPOINTED BY THE GOVERNOR

Name	Representing	Jurisdiction	Email	Address	Term Expires
Wendy Lane, MD, MPH ***(Outgoing SCCAN Chair)***	Clinical Associate Professor, University of Maryland (Epidemiology & Public Health, Pediatrics)	Baltimore County	wlane@epi.umaryland.edu	660 West Redwood Street Baltimore, MD 21201	1st-partial 2017
Paul Marziale	Harford County Sherriff, Harford County Child Advocacy Center	Harford County			1st-10/2026
Jamie Sheppard	Individuals with Lived Experience	Baltimore County			1st-10/2026
VACANT					
Crystal Ricks	Calvert County Public Schools	Calvert County	ricksc@calvertnet.k12.md.us		1st-7/2021
Stacey Brown	The Family Tree	Baltimore City	sbrown@familytreemd.org		1st-7/2022
Rowan Willis-Gorman	Individuals with lived experience	Baltimore City	rowan.willis.powell@gmail.com		1st-7/2022
Marjorie Merida		Montgomery County	marjoriec90@gmail.com		1st- 7/2023
Lisa Weah		Baltimore County	drweah@gmail.com		1st-7/2022

Kelly Jaskiewicz	Maryland State Police		kelly.jaskiewicz@maryland.gov		1st-3/2021
Jody Burghardt		Montgomery County	jburghardt@jssa.org		1st-7/2023
Ademola Oduyebo		Prince George's County	odubeyond@gmail.com		1st-7/2023
Taniesha Woods	Maryland Family Network		twoods@marylandfamilynetwork.org		1st-7/2022
VACANT					
VACANT					

8 POSITIONS FILLED BY DESIGNATION OF THEIR ORGANIZATIONS

Name	Representing	Email	Address
Hilary Laskey	Maryland Department of Human Services	hilary.laskey@maryland.gov	Maryland Department of Human Resources Social Services Administration, 5th Floor 311 W. Saratoga St. Baltimore, MD 21201
Lindsay Carpenter	State's Attorney Association	TLeache@statesattorney.us	100 West Patrick Street Frederick, Maryland 21701
Delegate Susan McComas	Maryland House of Delegates	susan_mccomas@house.state.md.us	Maryland House of Delegates 9 West Courtland Street P.O. Box 1204 Bel Air, MD 21014
VACANT	Maryland Department of Juvenile Services		State of Maryland Department of Juvenile Services

Karla Smith	Representative of the Judicial Branch appointed by the Chief Judge of the Maryland Court of Appeals	karla.smith@mdcourts.gov	
John McGinnis	Pupil Personnel Specialist, Maryland Department of Education	john.mcginnis@maryland.gov	Pupil Personnel Specialist Maryland Department of Education 200 West Baltimore St. Baltimore, MD 21201
Courtney McFadden, MPH	Deputy Director, Prevention and Health Promotion Administration, Maryland Department of Health	courtney.lewis@maryland.gov	Maryland Department of Health 201 W Preston Street Baltimore MD 21201
Anthony Muse	Maryland Senate	Anthony.Muse@senate.state.md.us	James Senate Office Building, Room 220 11 Bladen St., Annapolis, MD 21401

SPECIALLY DESIGNATED MEMBERS OF CJAC

Name	Relevant Background	Email	Address
Jennifer Krabil	Director, Children and Youth Division, Governor's Office of Crime Prevention, Youth and Victim Services	jennifer.krabill@maryland.gov	100 Community Place, Crownsville, MD 21032

SCCAN EXECUTIVE DIRECTOR

Name	Relevant Background	Email	Phone	Address
Ted Gallo	Child Protective Services Investigations	edward.gallo2@maryland.gov	Office: Cell:	311 W. Saratoga Street, Room 405, Baltimore, MD 21201

Appendix C

Achieving Racial Equity Workgroup

Co-Chairs:

Erica Lemon, Maryland Legal Aid

Dr. Michael Sinclair, Morgan State University

Members:

Andrew Bell, JBS International

Stacey Brown, The Family Tree

Patricia Cobb-Richardson, Behavioral Health Systems Baltimore

Stephanie Cooke, Baltimore City DSS, Former DHS, SSA Representative to SCCAN

Eiza Cooper, Thriving Communities Collaborative

Serafinam Cooper, MDH

Patricia Cronin, The Family Tree

Courtney Dowd, Child Justice, Inc.

Janice Goldwater, SCCAN, Adoptions Together

Dr. Edwin Green, Jr., Citizens Review Board for Children

William Jernigan, GOCPYVS

Eileen King, Child Justice, Inc.

Sara Lewis, MDH

Carletta Lundy, City of Bladensburg Council Member

Courtney McFadden, SCCAN, MDH

Amanda Odorimah, Hearns Law Group

Laura Edwards, Maryland CASA

Davina Richardson, Citizens Review Board for Children

Dr. Michael Sinclair, Morgan State University

Joan Stine, The Family Tree

Vanita Taylor, Office of the Public Defender

Denise Wheeler, Citizens Review Board for Children

D'lisa Worthy, MDH. BHA

Appendix D

SCCAN & Maryland Essentials for Childhood Background

SCCAN has its historical origins in the 1983 Governor's Task Force on Child Abuse and Neglect, appointed at the request of the General Assembly. The Task Force "found that child abuse, especially sexual abuse was far more widespread than originally estimated; [and,] the problems of child abuse and neglect require long term efforts for the implementation and monitoring of programs for the prevention, detection, and treatment of victims and offenders." In light of the task force findings, on April 29, 1986, the task force became the Governor's Council on Child Abuse and Neglect created by Executive Order. In 1999, the Maryland General Assembly established The State Council on Child Abuse and Neglect (SCCAN) as one of three citizen review panels required by the Federal Child Abuse Prevention and Treatment Act (Title 42, Chapter 67, Subchapter I), known familiarly as CAPTA, and elaborated on its Federal responsibilities in the Maryland Family Law Article, Section 5-7A.

SCCAN consists of up to twenty-three members, most of whom are private citizens appointed by the Governor of Maryland, including representatives from the Maryland Chapter of the American Academy of Pediatrics, professional and advocacy groups, private social service agencies, and the medical, law enforcement, education, and religious communities. At least two members must have personal experience with child abuse and neglect within their own families or have been clients of the child protective services system. Eight members of SCCAN are designated representatives of their respective organizations including: the Maryland Senate, Maryland House of Delegates, Department of Human Services, Department of Health, Department of Education, Department of Juvenile Services, Judicial Branch, and the State's Attorneys' Association.

SCCAN's mandate is defined in Federal and State law. CAPTA charges SCCAN and all citizen review panels "to evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities" and to "provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations." The Maryland Family Law Article reiterates the CAPTA requirements and specifically charges SCCAN to "report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs".

Prevention as a priority

For over a decade, the Council has focused its research, advocacy, and collective energies on activities to raise awareness of the science of the developing brain and adverse childhood experiences (ACEs) and build cross-sector collaboration to advocate for systems reform to promote child well-being and prevent child maltreatment and other adverse childhood experiences (ACEs)*before they occur*. *The profound impact that child maltreatment and other (ACEs) have on a child's well-being-- including short and long-term health, behavior and development; school success; future employment and earning potential; ability to form positive, lasting relationships and become productive citizens-- is well documented.* Historically, most

national, state, and local funding streams and responses to the problem of child maltreatment are directed at a case-by-case approach to detecting, investigating, prosecuting, and providing CPS or court supervised services to the “perpetrators” of abuse and neglect and to protecting children who have already been abused or neglected from future abuse and neglect by providing services to families or placing children in foster care.

A broader public health approach is needed to prevent child maltreatment *before it occurs.* The public health approach extends our criminal justice and case-based approaches by fostering a better understanding of the complex causes of child maltreatment in order to more effectively and preemptively intervene at all levels of the socio-ecological model (individual, family, community, and societal). Current prevention programs, policies, and practices in Maryland are fragmented across public and private agencies; and, vary both qualitatively and quantitatively from jurisdiction to jurisdiction. While many states, including Tennessee, Wisconsin, Iowa, Minnesota, Washington, Colorado, California, North Carolina, Massachusetts, among others are developing a coordinated approach to addressing childhood adversity and its impacts, **Maryland has no state agency that is specifically mandated to focus on primary prevention of child maltreatment. With the absence of mandated leadership, there is no formal cross-sector statewide strategy for promoting child well-being and preventing child maltreatment and other ACEs before they occur, leaving current prevention efforts are fragmented across agencies.** That is why SCCAN and its partners joined together to form Maryland Essentials for Childhood Initiative, a statewide collective impact initiative that promotes safe, stable, nurturing relationships and environments for children and prevents, mitigates ACEs, and builds resilience in children, families, and communities.

Maryland Essentials for Childhood Initiative:

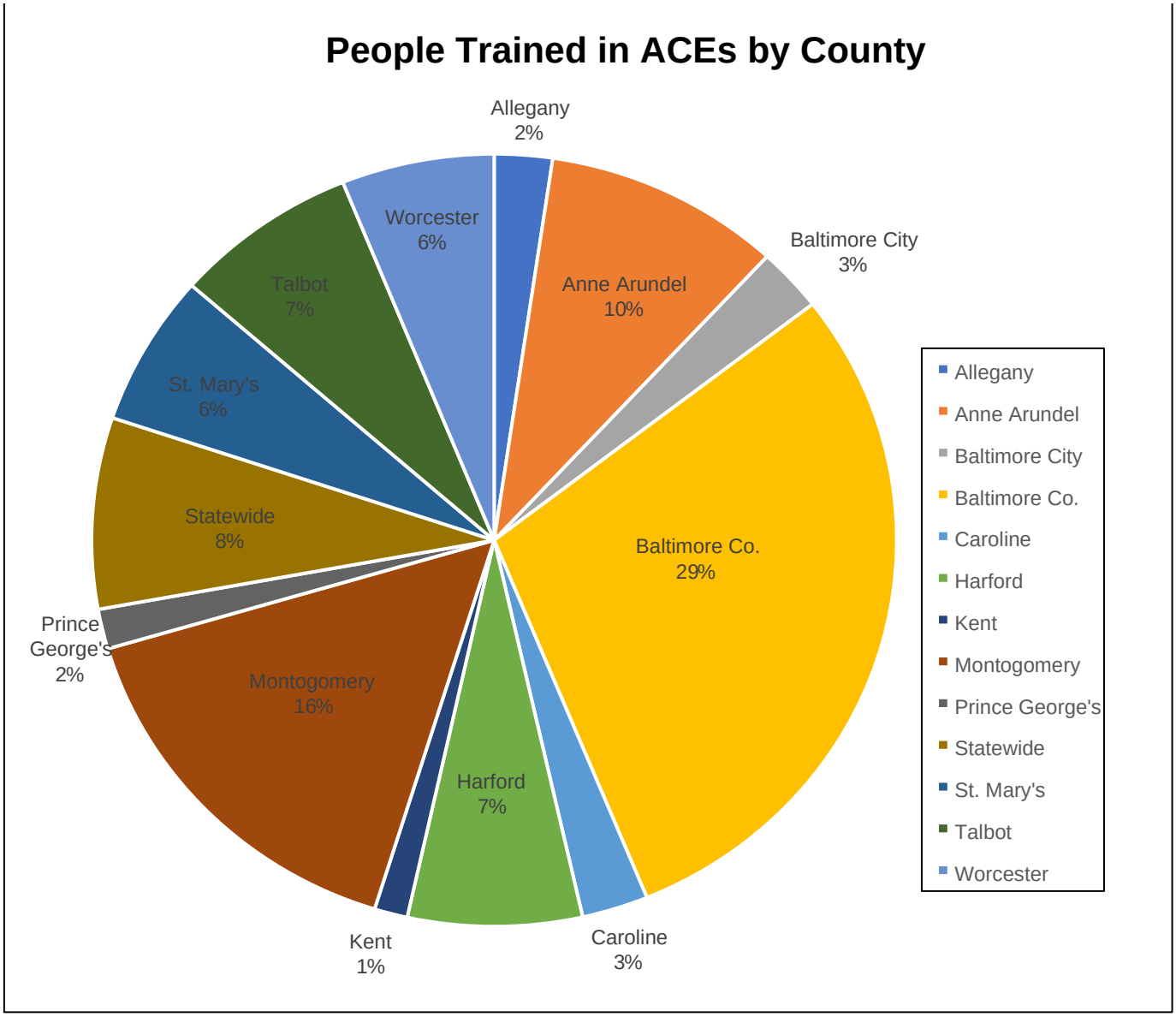
Maryland Essentials for Childhood (EFC) is a statewide collective impact initiative to prevent child maltreatment and other adverse childhood experiences (ACEs). It promotes relationships and environments that help children grow up to be healthy and productive citizens so that *they*, in turn, can build stronger and safer families and communities for *their* children (a multi-generation approach). Maryland EFC includes public and private partners from across the state and receives technical assistance from the U.S. Centers for Disease Control. The initiative provides members the opportunity to learn from national experts and leading states. Using advances in brain science, epigenetics, ACEs, resilience and principles of collective impact, the EFC leadership and working groups are advancing the following goals:

1. Educate key state leaders, stakeholders, and grassroots on brain science, ACEs, and resilience; in order to, build a commitment to put science into action to reduce ACEs and create safe, stable, and nurturing relationships and environments for all Maryland children.
2. Identify and use Data to inform actions and recommendations for systems improvement
3. Integrate the Science into and across Systems, Services & Programs
4. Integrate the Science into Policy and Financing Solutions

Appendix E

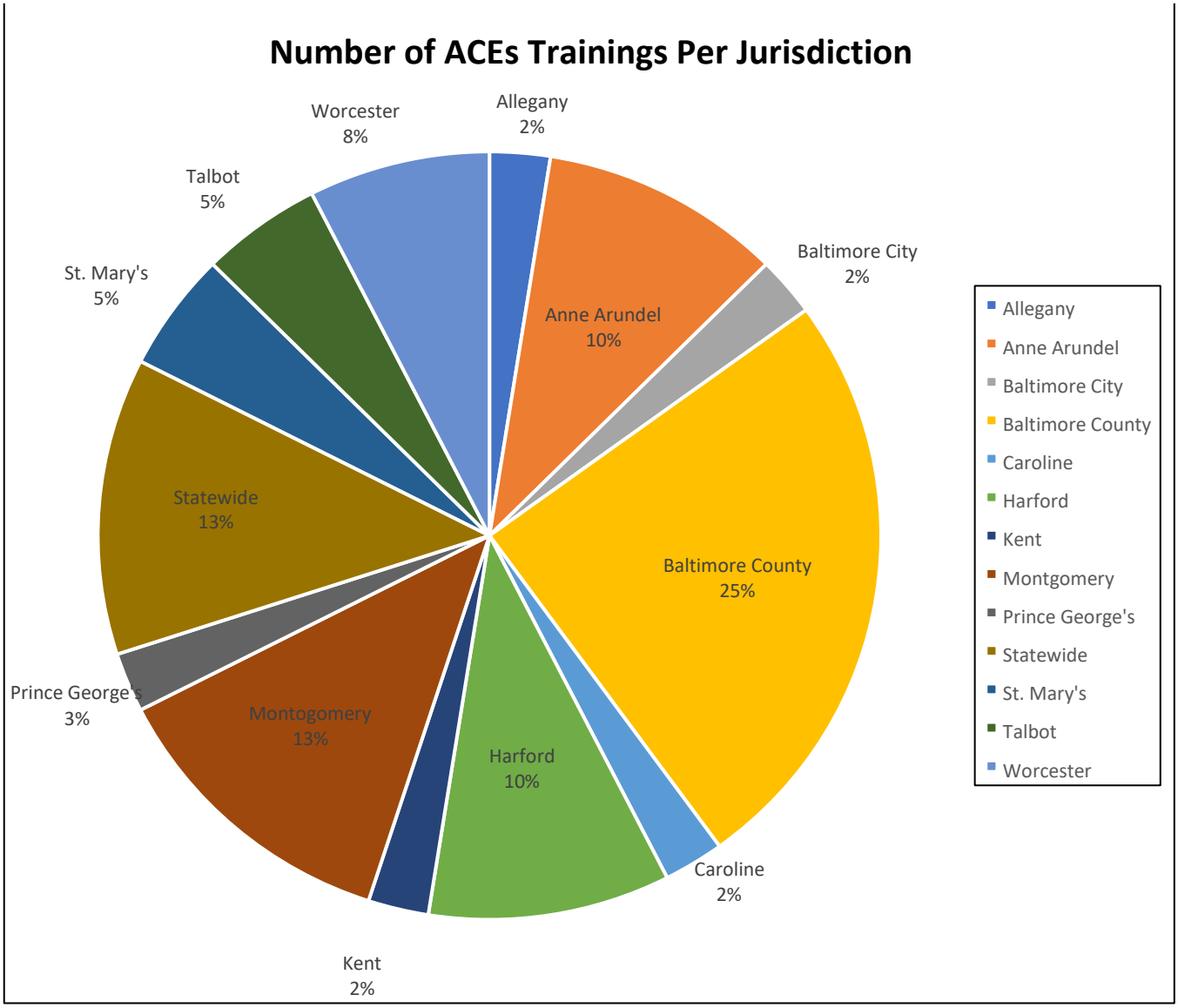
ACEs Interface Training Locations by Maryland County

Between June 2022 and June 2023, ACE Interface Master Trainers gave 40 ACE Interface presentations hosting 1,500 attendees across 12 Maryland jurisdictions. The graphs below show the percentage of people trained by Maryland County and the number of training sessions conducted per jurisdiction.



People Trained in ACEs by County (Participant Count)

Maryland County/Jurisdiction Served	Number of Participants
Allegany	35
Anne Arundel	143
Baltimore City	40
Baltimore County	439
Caroline	40
Harford	105
Kent	20
Montgomery	235
Prince George's	25
Statewide	120
St. Mary's	95
Talbot	111
Worcester County	92


Number of ACEs Trainings Per Jurisdiction
Allegany 2%
Anne Arundel 10%
Baltimore City 2%
Baltimore County 25%
Caroline 2%
Harford 10%
Kent 2%
Montgomery 13%
Prince George's 3%
Statewide 13%
St. Mary's 5%
Talbot 5%
Worcester 8%
Allegany
Anne Arundel
Baltimore City
Baltimore County
Caroline
Harford
Kent
Montgomery
Prince George's
Statewide
St. Mary's
Talbot
Worcester

Number of ACEs Trainings Per Jurisdiction (By Number of Occurrences)

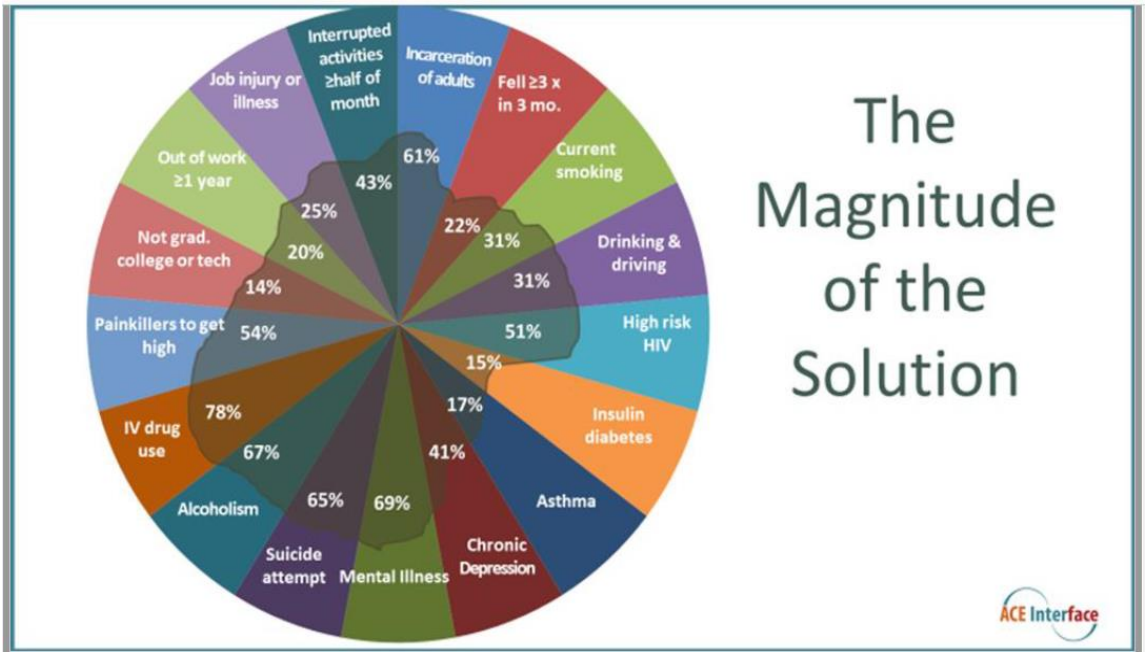
Maryland County/Jurisdiction Served	Number of Participants
Allegany	1
Anne Arundel	4
Baltimore City	1
Baltimore County	10
Caroline	1
Harford	4
Kent	1
Montgomery	5
Prince George's	1
Statewide	5
St. Mary's	2
Talbot	2
Worcester	3

APPENDIX F

THE SCIENCE OF THE DEVELOPING BRAIN, ACES & RESILIENCE: A STRONG CASE FOR A PROSPEROUS MARYLAND[1]

As Marylanders understand the impact of Adverse Childhood Experiences, they realize that the future economic development and prosperity of the state depends on rethinking our policies in health, education, public safety, justice, public assistance, child welfare, and juvenile justice. Focusing on building healthy brain architecture for every child and coordinating our efforts across all our child and family serving systems will prove to be key. This shift in our focus will considerably *reduce childhood adversity at a population level* and stem the tide of ever-more-costly social problems. Understanding the implications of the ACE study and the developments in fields of neuroscience, epigenetics, trauma and resilience is a powerful pathway to health, well-being, and a more prosperous Maryland. Preventing ACEs and their intergenerational transmission is the greatest opportunity of our time…perhaps of all time…for improving the well-being of human populations.

The figure below from the ACE Interface training shows the percentage of various health and social problems that epidemiologists estimate is caused by ACEs. The calculation that is commonly used to do this in public health studies is called Population Attributable Risk (PAR). The PAR calculation is displayed as an "oil spill" on this slide. The percentage of a problem coated by the oil spill represents the percentage of each problem that is potentially preventable by preventing ACEs. The percentages are quite large. In fact the high percentages portrayed in the figure below are rarely seen in public health studies.



[1] The common language used in this section comes from a combination of sources: ACE Interface, Harvard Center for the Developing Child, Frameworks Institute, CDC Essentials for Childhood and Tennessee's Building Strong Brains: ACEs Initiative.

Appendix G

CDC ACEs Module

Tier 1

Question	Construct	Question
1	*Lifetime prevalence of emotional abuse*	During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
2	*Lifetime prevalence of physical abuse*	During your life, how often has a parent or other adult in your home hit, beat, kicked or physically hurt you in any way? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
3	*Lifetime prevalence of sexual abuse*	Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.) A. Yes B. No
4	*Lifetime prevalence of physical neglect*	During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
5	*Lifetime prevalence of witnessed intimate partner violence*	During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched or beat each other up? A. Never B. Rarely C. Sometimes D. Most of the time

		E. Always
6	*Lifetime prevalence of household substance abuse*	Have you ever lived with someone who was having a problem with alcohol or drug abuse? A. Yes B. No
7	*Lifetime prevalence of household mental illness*	Have you ever lived with someone who was depressed, mentally ill, or suicidal? A. Yes B. No
8	*Lifetime prevalence of incarcerated relative*	Have you ever been separated from a parent or guardian because they went to jail, prison or a detention center? A. Yes B. No

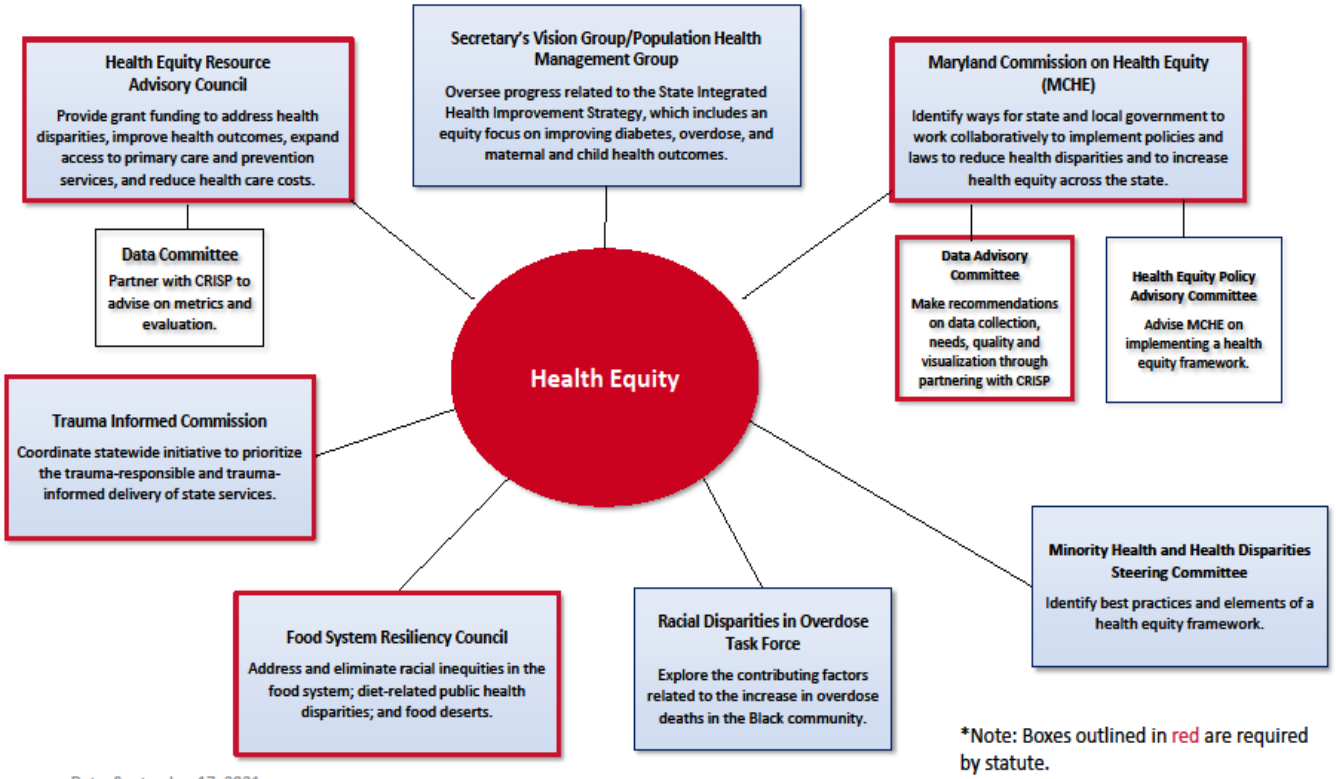
Tier 2

Question	**Construct**	**Question**
9	*Lifetime prevalence of perceived racial/ethnic injustice*	During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
10	*Lifetime prevalence of perceived sexual minority discrimination*	During your life, how often have you felt that you were treated badly or unfairly because of your sexual orientation? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
11* *Note this question will be on the standard questionnaire,	*Lifetime prevalence of community level of violence*	Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood? A. Yes B. No

it will not need to be added and should not be deleted if applying for Tier 2 Funds.		
12	*Past 12-month incidence of physical violence*	During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way? A. 0 times B. 1 time C. C 2 or 3 times D. 4 or 5 times E. 6 or more times
13	*Past 12-month incidence of emotional violence*	During the past 12 months, how many times has a parent or other adult in your home sworn at you, insulted you, or put you down? A. 0 times B. 1 time C. C 2 or 3 times D. 4 or 5 times E. 6 or more times
14	*Lifetime prevalence of feeling able to talk to adults about feeling*	During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
15	*Lifetime prevalence of feeling supported by friends*	During your life, how often have you felt that you were able to talk to a friend about your feelings? A. Never B. Rarely C. Sometimes D. Most of the time E. Always
16 ** **Note this question is	*Incidence of feeling a sense of belonging at*	Do you agree or disagree that you feel close to people at your school? A. Strongly Agree B. Agree

the same question that is already required for DASH-funded LEAs	*school*	C. Not sure D. Disagree E. Strongly disagree

APPENDIX H - Health Equity Initiatives



*Note: Boxes outlined in red are required by statute.

Date: September 17, 2021

Appendix I

State Council on Child Abuse and Neglect (SCCAN) Antiracist Statement

Preamble

Evidently, the disparity in service offered and treatment of African Americans children has existed since the beginning of the child welfare system. In fact, prior to 1865, slavery was the primary welfare institution for African American s.[16] African Americans were not alone in tracing the history of the U.S child welfare system and the racist, discriminatory and disparate practices that have been used with children of color from the beginning of the system, to current times. Native American and Indigenous people have also been victims of biased practices and discriminatory procedures within the child welfare system.[17]

After slavery was abolished many White children were sent to orphanages, almshouses or sent west on "Orphan Trains" to live with foster families through indentured servitude. African Americans were largely excluded from that type of assistance with the exception being the Society of Friends. (an abolishment group in Philadelphia, PA).[18] The under-funded and short-lived Freedman Bureau provided direct relief for many African American children and their respective families. More often than not, most of the support services provided (i.e. day care, orphanages) to African American children were through self -help efforts offered through schools, churches, and other social organizations.[19] It was not until the National Urban League founded in 1910 began to advocate for equitable distribution of child welfare services.

By 1935, mothers' pension laws had been adopted in 46 states. Similarly, the Social Security Act established Title IV-A, known as Aid to Dependent Children (ADC). However, many states instituted

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[16] Dettlaff, A. J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., & Burton, L. (2020). It is not a broken system, it is a system that needs to be broken: The upEND movement to abolish the child welfare system. *Journal of Public Child Welfare*, *14*(5), 500-517. Barth, R. P., Jonson-Reid, M., Greeson, J. K., Drake, B., Berrick, J. D., Garcia, A. R., ... & Gyourko, J. R. (2020). Outcomes following child welfare services: what are they and do they differ for black children?. *Journal of Public Child Welfare*, *14*(5), 477-499.

[17] Bird, S. E. (2018). Introduction: Constructing the Indian, 1830s–1990s. In *Dressing in feathers* (pp. 1-12). Routledge. Berkhofer, R. F. (1979). *The white man's Indian: Images of the American Indian, from Columbus to the present* (Vol. 794). Vintage.

[18] Dettlaff, A. J., & Boyd, R. (2020). Racial disproportionality and disparities in the child welfare system: Why do they exist, and what can be done to address them?. *The ANNALS of the American Academy of Political and Social Science*, *692*(1), 253-274. Cénat, J. M., Noorishad, P. G., Czechowski, K., Mukunzi, J. N., Hajizadeh, S., McIntee, S. E., & Dalexis, R. D. (2021). The Seven Reasons Why Black Children Are Overrepresented in the Child Welfare System in Ontario (Canada): A Qualitative Study from the Perspectives of Caseworkers and Community Facilitators. *Child and Adolescent Social Work Journal*, 1-16.

[19] Burslem, R. R. (2021). TRANSFORMING OUTCOMES TO INCREASE PARTICIPATION IN THE INDEPENDENT LIVING PROGRAM SPONSORED BY SUNRISE CHILDREN'S SERVICES. Bremner, R. H. (1983). Other people's children. *Journal of Social History*, *16*(3), 83-103.

"home suitability clauses"[20], "illegitimate child clauses" and "substitute father in the house clauses". These clauses were established to weed out "immoral homes" and often excluded African Americans from receiving any public welfare benefits. Consequently, states like Mississippi, Florida and Louisiana were notorious for removing African American children from their families because their families were, in their opinion, too poor to take care of children.[21]

During the 1960's there was a major shift in America's conceptualization of the poor. The growing use of contraception and liberalized abortion laws increased social acceptability of many unwed, single parent households. The reduction of White children eligible for adoption led many private agencies to focus on African American children. African American children began to be over-represented in the child welfare system and experience disparate outcomes.[22] White culture maintaining the privilege of being the standard against which everyone else is compared perpetuates racial disparities.

Historically, Black children have experienced overrepresentation within the child welfare system throughout the U.S.. Maryland only began disaggregating child welfare data by race beginning in 2015. The data shows Black children and families continue to be disproportionately overrepresented year after year in Maryland.

In addition to overrepresentation, Black children also experience disparate outcomes. Black Youth are overrepresented in out-of-home foster care placements and are more likely to exit care without achieving permanency compared to their White counterparts. Of all youth emancipated (not being adopted, reunified, or placed in guardianship) Black youth comprise the overwhelming majority of cases.

As a society, it is our duty to ensure that every child has a bright future. Child welfare interventions require active and ongoing responsibility and accountability to minimize the potentially harmful effects of these interventions.

Achieving permanency prior to aging out of care is correlated to better outcomes in housing, education, employment, economic stability, physical and mental health, healthy relationships and connections to community. Providing research-informed guidance and support around housing, finances, relational stability, nutrition and the development of lifelong connections, builds resiliency and leads to personal well-being and healthy community members.

Additionally, experiencing racism is an Adverse Childhood Experience (ACE) that causes toxic stress and trauma.[23] We are actively building our knowledge, skills, and resources to increase equitable outcomes for

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[20] Fong, K. (2020). Getting eyes in the home: Child protective services investigations and state surveillance of family life. *American Sociological Review*, *85*(4), 610-638. Piven, F. F., & Cloward, R. (2012). *Regulating the poor: The functions of public welfare*. Vintage.

[21] Lawrence-Webb, C. (2018). African American children in the modern child welfare system: A legacy of the Flemming Rule. *Serving African American Children*, 9-30. Simon, R. J. (1984). Adoption of black children by white parents in the USA. *Adoption: Essays in Social Policy, Law, and Sociology. New York/London, Tavistock Publications*.

[22] Hamilton, E., Samek, D. R., Keyes, M., McGue, M. K., & Iacono, W. G. (2015). Identity development in a transracial environment: Racial/ethnic minority adoptees in Minnesota. *Adoption quarterly*, *18*(3), 217-233.

[23] Research, Publications and Applications of the Expanded ACE Survey, The Philadelphia ACE Project; Philadelphia ACE Study; Racism and Discrimination as Risk Factors for Toxic Stress – Transcript, April 28, 2021.

all children and families. We are committed to being antiracist, to using an equity lens in our policy work, and to being intentional about addressing and eliminating racial inequities.

SCCAN
ANTIRACIST STATEMENT

1. **Racism exists.**

Racism is prevalent in all institutions. Historic and systemic racism permeates the child welfare system and other child and family serving systems, including health, education, economic and justice systems. The State Council on Child Abuse and Neglect (SCCAN) unequivocally supports and stands in solidarity with all racially oppressed individuals and communities (African American, Black, Indigenous, and People of Color[24]) as an ally in the fight against racism, racial inequity, and racial discrimination.

In our role as a citizen review panel mandated by CAPTA, SCCAN *"evaluate[s] the extent to which State and local agencies are effectively discharging their child protection responsibilities."*[25] As an advisory body by Maryland law, we *"make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs."*[26] In these roles *SCCAN* is particularly allied with black children and families who are disproportionately represented in and impacted by the child welfare system.

2. **Racism is both conscious and unconscious.**

It is every individual's responsibility to learn the meaning and impact of how race influences and impacts everyone's interactions. Each of us must embrace the duty to understand our history, biases, prejudice, bigotry, and societal assumptions.

We acknowledge that racism can be unconscious or unintentional, and that identifying racism as an issue does not automatically mean that those involved in the act are racist or intend a negative outcome.

3. **Systematic racism exists, and we must distinguish intent from impact.**

We are committed to being actively antiracist. and we adopt Ibram X. Kendi's definition of racism, racial equity, racist policy, and racist ideas:

"Racism is a powerful collection of racist policies that [produce and normalize racial inequities] and are substantiated by racist ideas. **Antiracism** is a powerful collection of antiracist policies that lead to racial equity and are substantiated by antiracist ideas."[27] An antiracist idea is any idea that suggests the racial groups are equals in all their apparent differences—that there is nothing right or wrong with any racial group. Antiracist ideas argue that racist policies are the cause of racial inequities. Policies are any written

[24] We use the phrase "People of Color" to intentionally include individuals who may identify as Black, African-American, Asian, South Asian, Middle Eastern, Pacific Islander, Latinx, Chicanx, Native American, and multiracial. People of color are not a monolithic group. We specifically differentiate Black, African-American, and Indigenous people, as they have historically experienced overrepresentation in the child welfare system.
[25] 42 USC Ch. 67: CHILD ABUSE PREVENTION AND TREATMENT AND ADOPTION REFORM
[26] Family – General Article, Annotated Code of Maryland, § 5-7A-09, State Council on Child Abuse and Neglect (SCCAN)
[27] Kendi, Ibram X., How to Be an Antiracist. New York: One World, 2019.

and unwritten laws, practices, rules, procedures, processes, regulations, and guidelines that govern people.

SCCAN is committed to evaluating and reevaluating all Council recommendations regarding policies, procedures, services, and trainings to ensure that they are inclusive, equitable, accessible and antiracist.

4. **It is not the job of the oppressed to teach the oppressors about their mistakes.**

We understand it is not the job of the historically oppressed to educate the oppressors about oppression. We must teach ourselves to recognize the inappropriate assumptions that deny the humanity of the oppressed, based on our biases and accept responsibility for our role in perpetuating unfair advantages, disadvantages and racism. We pledge to be informed and promise not to be complicit or silent against racism. We are committed to identify and unlearn dominant narratives in the child welfare and other child and family serving systems.

5. **We need to validate and affirm members of our communities.**

We must do our absolute best to validate and affirm members of our community by ensuring that their voices are heard and valued. As a Council, it is our responsibility to actively elevate the voices of those unheard and marginalized by systems and structures. Silence normalizes oppression, bias, and other systemic issues, and as an entity committed to creating change in our society, we will not be silent. Until African American, Black, Indigenous, and People of Color communities are seen, heard, and valued, our work is not done.

6. **White Supremacy Exists**

White supremacy, white supremacy culture, and white privilege are prevalent today despite some advancements towards racial equity. The United States remains deeply embedded with the historical legacy of visible and invisible racist structures, policies and ideas. White people enjoy unfair advantages but are not a superior race and should not dominate society or serve as the standard of acceptability. We believe that equity is paramount.

7. **Acknowledgment**

SCCAN admits that while recommendations and advocacy efforts have been well-intended, we have not viewed our systems recommendations through an actively antiracist lens and towards antiracists solutions. We challenge and encourage our members and partners in child welfare and other child and family serving systems to address racist ideas and policies that perpetuate inequities.

8. **Reconciliation and Forward Progress**

SCCAN will hold itself accountable for promoting antiracist policies and ideas in child welfare and other child and family serving systems and commits to:

1. Recruit, interview and recommend to the Governor for appointment only individuals who have read, understood, and are committed to our antiracist statement. The interview process will consist of questions related to an understanding of the statement.
2. Ensure broader and consistent outreach to increase engagement in SCCAN's education and advocacy efforts and in order to recruit a more diverse membership.
3. Deliberately establish meaningful relationships and dialogue with impacted communities in order to inform our recommendations and advocacy efforts.
4. Actively build the knowledge, skills, and resources of Council members and partner organizations to increase equitable outcomes for all children and families.
5. Draft and review all recommendations to the Governor and General Assembly to ensure the recommended policy improvements address racial inequities.
6. All legislative proposals submitted for consideration of support by the Council must include information about racial impact and be reviewed by the Council using a racial equity lens.
7. Engage with our members and partners to exercise our collective influence with decision makers to promote antiracist ideas and policies, racial equity and develop antiracist solutions.

SCCAN's Antiracist Statement is a living document. We are committed to regular reviews and consistent accountability.

Appendix J

SCCAN ACHIEVING RACIAL EQUITY WORKGROUP

RESOURCES ON RACISM, RACIAL EQUITY AND CHILD WELFARE*

ORGANIZATIONS

- childwelfare.gov
- State Automated Child Welfare Information Systems (SACWIS)
- The Center for the Study of Social Policy-Alliance for Racial Equity
- American Bar Association:
  - Race and Poverty Bias in the Child Welfare System: Strategies for Child Welfare Practitioners: https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/race-and-poverty-bias-in-the-child-welfare-system---strategies-f/
  - Implicit Bias Test: https://www.americanbar.org/groups/litigation/initiatives/task-force-implicit-bias/implicit-bias-test/

RESOURCES ON RACIAL EQUITY

- Racial Equity Discussion Guide
- 3 Tools for Getting Started with the Race Matters Toolkit
- Continuum on Becoming an Anti-Racist Multicultural Organization
- [Infographic] Promoting Racial Equity Through Workforce & Organizational Actions
- NCWWI Innovations Exchange 2: Inclusivity, Racial Equity, and Community Engagement
- Racial Disproportionality and Disparity in Child Welfare
- [1-Pager] Microaggressions in the Child Welfare Workplace
- [1-Pager] Addressing Racial Disparity in Foster Care Placement
- Staff Core Competencies for Working to Achieve Racial Equity
- Implicit Bias in the Child Welfare, Education and Mental Health Systems
- Race Equity and Inclusion Action Guide
- Five guiding principles for integrating racial and ethnic equity in research
- AWAKE to WOKE to Work: Building a Race Equity Culture
- Tribal sovereign status: Conceptualizing its integration into the social work curriculum
- Communities Creating Racial Equity: Ripple Effects of Dialogues to Change

HUBS

National Association of Counsel for Children, Race Equity Hub

TOOLKITS

CASA of Harford County Anti Racism Toolkit: https://www.casaofharfordcounty.org/anti-racism-toolkit

https://imprintnews.org/opinion/sad-omission-child-welfare-mainstream-discussion-race/46315

https://youthtoday.org/2020/02/mandatory-child-abuse-reporting-belongs-in-dustbin-new-research-makes-clear/

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2924920

https://drive.google.com/file/d/0B291mw_hLAJsUlRxVnB0SDlOUnM/view

https://www.nccprblog.org/2020/06/child-welfare-responds-to-racism-in.html

http://harvardlawreview.org/wp-content/uploads/2019/04/1695-1728_Online.pdf

WEBINARS

ABA WEBINAR 9-16-20

American Bar Association- A Conversation about the Manifestation of White Supremacy in the Institution of Child Welfare Level 2: https://www.youtube.com/watch?v=QoggJj60VoY

VIDEOS & DOCUMENTARIES

Race: The Power of an Illusion Documentary This three-part documentary by California Newsreel is important for understanding the history of racialization in America and how racial categories came about that we often inaccurately equate with biology. InterVarsity has purchased the rights to stream this documentary online for three years.

https://socialimpactexchange.org/initiative/2020-exchange-conference/#blackwell

To transform child welfare, take race out of the equation (Jessica Pryce | TED Residency)

https://www.ted.com/talks/jessica_pryce_to_transform_child_welfare_take_race_out_of_the_equation?utm_source=tedcomshare&utm_medium=email&utm_campaign=tedspread

Redlining Video from Dr. Fletcher's presentation: https://www.youtube.com/watch?v=ETR9qrVS17g&feature=emb_logo

ARTICLES AND CITATIONS

Strategies to Reduce Racially Disparate Outcomes in Child Welfare
https://files.eric.ed.gov/fulltext/ED561817.pdf

Racial Disproportionality and Disparity in Child Welfare
https://www.childwelfare.gov/resources/child-welfare-practice-address-racial-disproportionality-and-disparity/

Strategies for Reducing Inequity
https://www.childwelfare.gov/topics/systemwide/cultural/disproportionality/reducing/

Achieving Racial Equity

https://cssp.org/wp-content/uploads/2018/08/achieving-racial-equity-child-welfare-policy-strategies-improve-outcomes-children-color.pdf

White Privilege and Racism in Child Welfare

http://cascw.umn.edu/wp-content/uploads/2013/12/WhitePrivilegeSubSum.pdf

Race and Poverty Bias in the Child Welfare System: Strategies for Child Welfare Practitioners

https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/race-and-poverty-bias-in-the-child-welfare-system---strategies-f/

Institutional racism in child welfare
https://www.sciencedirect.com/science/article/abs/pii/S1090952404000403

Minority Children and the Child Welfare System: An Historical Perspective
https://academic.oup.com/sw/article-abstract/33/6/493/1941010

Systematic Inequality and Economic Opportunity
https://www.americanprogress.org/issues/race/reports/2019/08/07/472910/systematic-inequality-economic-opportunity/

Systemic Inequality: Displacement, Exclusion, and Segregation
https://www.americanprogress.org/issues/race/reports/2019/08/07/472617/systemic-inequality-displacement-exclusion-segregation/

A new take on the 19th-century skull collection of Samuel Morton
https://www.sciencedaily.com/releases/2018/10/181004143943.htm

Race and Class in the Child Welfare System
https://www.pbs.org/wgbh/pages/frontline/shows/fostercare/caseworker/roberts.html

Poverty, Homelessness, and Family Break-Up
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5760188/

https://www.futureswithoutviolence.org/health/racism/

BOOKS

Race Matters in Child Welfare: The Overrepresentation of African American Children in the System - by Dennette M. Derezotes (Editor), John Poertner (Editor), Mark F. Testa (Editor)
Shattered Bonds: The Color of Child Welfare Paperback – by Dorothy Roberts

Stamped: Racism, Antiracism, and You, A Remix of the National Book Award-Winning Stamped from the Beginning, by: Jason Reynolds, Ibram X. Kendi

Post Traumatic Slave Syndrome https://www.joydegruy.com/post-traumatic-slave-syndrome

**This list contains a few resources. The resources are as expansive and complex as the subject matter.*

Appendix K

SCCAN Meetings 2022 and 2023 – Speakers and Topics

Meeting Date	Meeting Speaker	Speaker Topic
March 3, 2022	Katie Pederson, Maryland DHS	Maryland Child Fatalities – Risk Factors and Fatality Review
October 6, 2022	Kay Connors, MSW Instructor, Department of Psychiatry, University of Maryland School of Medicine, Executive Director, Taghi Modaressi Center for Infant Study	Healthy Steps Program – Program based in pediatric primary care to promote positive parenting and healthy development
	Margo Candelaria, PhD Co-Director, Parent, Infant, Early Childhood (PIEC) Program The Institute for Innovation and Implementation University of Maryland School of Social Work	Grow Your Tree Program – Engagement of pediatric providers to promote positive early childhood experiences in children < 2 years old living in poverty
December 1, 2022	Kristen Parquestte, MPH CEO, President C4 Innovations Rowan Willis-Gorman Behavioral Health Advocate & Researcher C4 Innovations	Project Amp – Peer support program to address youth substance use, stress management, healthy coping & self-efficacy
January 5, 2023	Tiffany Beason, PhD Joanna Prout PhD Department of Psychiatry, University of Maryland School of Medicine	ACEs and Trauma Informed Care Data-to-Action Initiative
	Carrie Freshour, LCSW-C Commissioner, Maryland Trauma Informed Care Commission	TICC Screening Committee Update
May 4, 2023	Rebecca Allyn Victim Services Program Manager Governor's Office of Crime Prevention, Youth, and Victim Services	Victim Services Programs at GOCPYV
	Janice Goldwater, LCSW-C Commissioner, Maryland Trauma Informed Care Commission	TICC Training Committee Update
September 14, 2023	Richard Lichenstein, MD Medical Director for Child Welfare Maryland DHS	Medical Director, Child Welfare Review

November 2, 2023	Susan Dos Reis, BSPharm, PhD Professor of Practice, Sciences, and Health Outcomes Research University of Maryland School of Pharmacy	Psychotropic medication prescriptions among Maryland Children Insured by Medicaid and those in Out-of-Home Care
January 4, 2024	Hilary Laskey Deputy Executive Director of Programs Maryland DHS For: Stephen Liggett-Creel	Child Welfare Planning and Key Initiative Updates
	Erica LeMon, Esq. Maryland Legal Aid	Review of December 11th Child Welfare Visioning Session

Appendix L

Recommended Child Welfare Data to be Made Publicly Available by DHS

The number of referrals and the number of screened out referrals.

The number of referrals (both screen in and screened out) by referral source (it., school, medical professionals, neighbors, family/friends, etc.)

The number of referrals (both screened in and screened out) by abuse type; and, more specifically, when a child or youth is referred to the Department as a result of neglect. This information should be disaggregated by risk factor (food insecurity, housing status, poverty, etc.)

The stability of early care and education as measured by number of child care providers placements.

The number and percentages of children 0-5 in a quality childcare program as defined by Maryland Excels

The number and percentage of children 0-5 in informal childcare.

The number and percentage of children with CPS involvement referred to Infants and Toddlers.

The number and percentage of children and youth receiving all early periodic screening diagnosis and treatment visits recommended by Maryland Healthy Kids.

Data collected by the child welfare medical director as defined in MD Human Services Code Section 8-1101 (2018).

Disaggregate all indicators by race, age, gender and geographic region.

Amend current statute to expand the data collected by the Maryland State Department of Education. Additional indicators include:

The number and percentage of all Maryland children with a current individualized education plan.

The number and percentage of children in out-of-home placement with a history of individualized education plans.

The number and percentage of children in out-of-home placement with a current individualized education plan.

The number and percentage of children in out-of-home placement with an individualized family services plan.

Rate of college and postsecondary application, acceptance and attendance amongst youth in out-of-home placement.

Disaggregate all indicators by race, age, gender and geographic region.

MARYLAND DEPARTMENT OF HUMAN SERVICES

Wes Moore, Governor | Aruna Miller, Lt. Governor | Rafael López, Secretary

June 12, 2024

Dr. Taniesha Wood, Chair
State Council on Child Abuse and Neglect
Maryland Family Network
1800 Washington Blvd, Suite 445
Baltimore, MD 21230
twoods@marylandfamilynetwork.org

Dear Dr. Wood and Council Members:

The Department of Human Services, Social Service Administration (DHS/SSA) appreciates the work and advocacy of the State Council on Child Abuse and Neglect (SCCAN) in its 2022-23 report on behalf of Maryland's children and families.

It is the partnership and advocacy of not only SCCAN and DHS/SSA, but all community stakeholders (providers, court partners, advocates, and mandated reporters) as well as the families, children, and youth involved in our system that will shift us into a new era of child welfare and moving toward a more trauma-responsive, family-centered, outcomes driven, community focused, and individualized strengths-based system. DHS/SSA remains committed to serving and supporting Maryland's children, youth and families so that they are:

1. Safe and free from maltreatment;
2. Living with safe, supportive, and stable families where they can grow and thrive;
3. Healthy and resilient with lasting family connections;
4. Able to access a full array of high-quality services and supports that are designed to meet their needs; and
5. Partnered with safe, engaged, and well-prepared professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

Maryland DHS/SSA's work over the last year is aligned with many of the recommendations SCCAN has outlined in its report:

Kin-First Culture

In response to federal regulations, Maryland is revising regulations to allow kinship providers identified for children in foster care to become licensed, thus receiving equitable compensation. This initiative aims to provide kinship caregivers with necessary resources to support their minor kin, facilitating family connections and expediting permanency outcomes while reducing trauma associated with entering foster care. Recent legislation was passed around expanding Maryland's kinship definition, signed into law on May 9, 2024, and becoming effective October 1, 2024; corresponding regulations are being drafted to align with the October 1st implementation date.

Improving Data Collection

Since taking office this administration has been transparent about the deficiencies we found with the Child, Juvenile and Adult Management System (CJAMS). In response, DHS has initiated measures to enhance the data collection capabilities of CJAMS through the MDTHINK system. Collaborating with our partners, we have taken immediate action to address these issues. This includes restructuring key leadership overseeing MDTHINK's operations, implementing stricter accountability measures for new expenditures, establishing project budgets, and instituting essential administrative safeguards. Moreover, we have identified and prioritized specific steps to rectify CJAMS' shortcomings and have organized software development teams accordingly.

In addition to these efforts, DHS introduced new identifiers within CJAMS, such as categories for individuals with unknown whereabouts, cases involving psychological or medical neglect, incidents of domestic violence, and instances of sex trafficking. Furthermore, we are actively collaborating with the Maryland Longitudinal Data System to synchronize foster care data with outcomes data from the Maryland State Department of Education (MSDE). This collaboration aims to provide a comprehensive understanding of children's experiences within the foster care system.

Public Data Sharing

DHS has established a centralized data office, collaborating with SSA to develop publicly accessible data dashboards which will offer child welfare data in a user-friendly and comprehensive manner encompassing more varied data than before. Through these dashboards, stakeholders will gain a more nuanced view of the children and families served, with the added benefit of expedited data when necessary. DHS intends to review Appendix L data requests for potential inclusion in existing or future dashboards. Once the dashboards have been thoroughly tested, DHS will launch these dashboards representing a significant step toward enhanced transparency and accessibility within Maryland's child welfare system in alignment with the Moore-Miller Administration Value of over-communicating and being audacious.

Family First Implementation

Maryland is in the process of finalizing a new five-year Title IV-E Prevention Plan, slated for submission to the Children’s Bureau in October 2024 with collaborative input from diverse stakeholders, including individuals with lived experience, and builds upon insights garnered from the initial five years of implementation. The plan addresses current identified needs and emphasizes the adoption of prevention practices through a Community Pathways model, aiming to intervene before families encounter local departments of social services. These initiatives are geared towards reducing initial instances of abuse or neglect and mitigating further occurrences once families are engaged with local departments of social services. Furthermore, the plan entails an evaluation of additional evidence-based practices (EBPs), considering the wealth of options available since the inception of the first Prevention Plan in 2019.

Addressing Adverse Childhood Experiences (ACEs), Trauma, Resiliency, and Brain Science

Collaborative Assessment
Maryland is in the process of assessing the various assessment tools and exploring those that will allow for data-driven and heart led practices and alignment with the strategies identified in the Child and Family Services Plan for the next 5 years.

Health Care
Discussions are underway to integrate CRISP and CJAMS, while updates to the health passport for children in foster care are being considered to ensure access to current health and mental health information. Additionally, the Child Welfare Medical Director is evaluating monitoring mechanisms for vulnerable children in care, including oversight of psychotropic medications to ensure appropriate usage in partnership with a national consulting firm.

Systems Collaboration and Community Partnerships
Maryland's commitment to family-centered service delivery spans many years. Central to this approach is the belief that families are best equipped to make decisions impacting their lives, and they should be empowered to do so in partnership with DHS. The ongoing partnership with the Maryland Coalition of Families reinforces this commitment, ensuring that family voices are heard and integrated into plans and practice policies.
In alignment with the Quality Service Reform Initiative (QSRI) and in collaboration with the Department of Juvenile Services, Maryland encourages and supports providers to become qualified residential treatment providers (QRTP) offering evidence-based trauma-informed services under the Family First Prevention Services Act. Providers are also encouraged to participate in a monthly Provider Advisory Council (PAC) where concerns, challenges, and needed partnerships with local departments are discussed and solutions identified.

Race Equity
Maryland has made deliberate strides in prioritizing race equity within its child welfare system, actively scrutinizing data to identify racial disparities among the children and families served, while also delving into the systemic roots of institutional racism. Our focus is on developing strategies to address these disparities and ensure racial equity by dismantling policies and structures that historically perpetuate inequities. DHS is developing dashboards that provide insights into the racial and ethnic composition of children and youth entering and exiting the foster care system, including disparities and disproportionality. Once the dashboards have been thoroughly tested, DHS will launch these dashboards which will represent a significant step toward enhanced transparency and accessibility within Maryland's child welfare system in alignment with the Moore-Miller Administration Value of over-communicating and being audacious.

As we pursue the transformation of our child welfare system, DHS/SSA welcomes SCCAN members to join us in our implementation teams, fostering collaboration towards the collective goal of improving the lives of children, youth, and families throughout the State. Together, we look forward to working in partnership.

Sincerely,

Dr. Alger M. Studstill, Jr., Executive Director
Maryland Department of Human Services
Social Services Administration

Citizens Review Board For Children

CRBC
Citizens Review Board for Children

MARYLAND

ANNUAL REPORT

FISCAL 2024

(July 1st 2023 - June 30th 2024)

Table of Contents

Introduction

Maryland's Citizens Review Board for Children (CRBC) is comprised of volunteer citizens and Department of Human Services (DHS) staff that provide child welfare expertise, guidance and support to the State and Local Boards.

CRBC is charged with examining the policies, practices and procedures of Maryland's Child Protective Services, evaluating and making recommendations for systemic improvement in accordance with §5-539 and § 5-539.1 and the Federal Child Abuse and Treatment Act (CAPTA) (Section 106 (c)).

CRBC reviews cases of children and youth in Out-of-Home Placement, monitors child welfare programs and makes recommendations for system improvements. Although CRBC is housed within the DHS organizational structure, it is an independent entity overseen by its State Board.

There is a Memorandum of Agreement (MOA) between the Department of Human Services (DHS), the Social Services Administration (SSA) and CRBC that guides the work parameters by which CRBC and DHS function regarding CRBC review of cases.

The CRBC State Board reviews and coordinates the activities of the local review boards. The board also examines policy issues, procedures, legislation, resources and barriers relating to Out-of-Home Placement and the permanency of children. The State Board makes recommendations to the General Assembly around ways of improving Maryland's child welfare system.

Since January 2021, the local Boards have conducted virtual instead of in person case reviews of children in Out-of-Home Placement for all Local Department of Social Services and in every jurisdiction. Individual recommendations regarding permanency, placement, safety and well-being are sent to the Local Juvenile Courts, the LDSS and interested parties involved with the child's care.

This CRBC FY2024 Annual Report contains CRBC's findings from our case reviews, advocacy efforts and recommendations for systemic improvements.

On behalf of the State Board of the Maryland Citizens Review Board for Children (CRBC), its staff and citizen volunteer board members, I present our Fiscal 2024 Annual Report.

Sincerely,

Nettie Anderson-Burrs
State Board Chair

Executive Summary

As a result of the COVID-19 Pandemic during 2020, not only have children, youth and families been exposed to and experienced additional stressors but child welfare-serving agencies have also been challenged with trying to meet the increasing demand for services and the needs of Maryland's most vulnerable. Child welfare serving agencies are charged with meeting the demand while addressing the need for additional resources, including services, placement resources and child welfare staff throughout most of the state. Lingering effects continued to impact systems and highlight others, including the need for appropriate placements and a capable child welfare workforce that is supported with necessary resources. These include data, data access, shareability of relevant information and staff training to ensure appropriate oversight of Maryland's most vulnerable children and families' needs.

Demographic changes continued due to child welfare staff turnover, in some cases, without the opportunity for preparation and transfer of knowledge. Trends that were highlighted by the COVID-19 pandemic, hiring delays, salary, advancement opportunities, childcare, employment and work flexibility impacted the workforce. These changes ultimately impact the delivery and quality of services, safety, well-being and permanency for children in Out-of-Home Placement.

Older youth aging out of care present with persistent complexities for child welfare staff. Expanding and investing in strategies for workforce recruitment, development and retention is necessary to support the challenging and necessary work of child welfare staff. Similarly, exploring new and innovative strategies and ways to engage and work with older youth would support improved outcomes and preparedness for transitioning youth or emerging adults.

During fiscal year 2024, the Citizens Review Board for Children reviewed 693 cases of children and youth in Out-of-Home Placements. Reviews are conducted per a work plan developed in coordination with DHS and SSA with targeted review criteria based on Out-of-Home Placement permanency plans. This report includes Out-of-Home Placement review findings for health, education and older youth, CRBC activities including legislative advocacy and recommendations for system improvement for fiscal FY2024.

Health and Education Findings for statewide reviews include:

CRBC conducted virtual reviews of local department of social services cases statewide. Reviews included Google Meet interviews with local department staff and interested parties identified by the local department of social services, such as parents, youth, caregivers, providers, CASA Volunteers, therapists, and other relevant parties to individual cases. At the time of the review, local review boards requested information and documentation regarding education and health, including preventive physical, dental and vision exams. Reviewers also considered medication reviews,

treatment recommendations, health and mental health follow-up appointments and referrals recommended by medical providers.

- Approximately 293 (42%) of the children/youths were prescribed medication.
- Approximately 240 (35%) of the children/youths were prescribed psychotropic medication.
- The local boards found that there were completed medical records for 288 (42%) of the total cases reviewed.
- The local boards found that for 320 (46%) of the 693 total cases reviewed, the health needs of the children/youth had been met.
- 245 (53%) out of the 465 youths enrolled in school had a 504 or IEP plan.
- 70 (31%) out of 229 youth that were disabled and exiting school were aware of and engaged with community supports.
- The local boards agreed that 413 (60%) of the children/youth were being appropriately prepared to meet educational goals.

Demographic findings for statewide reviews include:

- 438 (63%) of the children/youth were African American.
- 211 (30%) of the children/youth were Caucasian.
- 338 (49%) of the children/youth were Male.
- 355 (51%) of the children/youth were Female.

CRBC conducted 224 Reunification reviews. Findings include:

- 63 cases (28%) had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan for 146 (65%) of the cases reviewed.
- The local boards found that service agreements were signed for 70 (31%) of the eligible cases reviewed. Two of the cases were post termination of parental rights and the child was under 14.
- The local boards agreed that the signed service agreements were appropriate to meet the needs of 67 (96%) of the 70 the children/youths.

<u>CRBC conducted 141 Adoption reviews. Findings include:</u>

- 11 (9%) of the 118 non-relative placements for adoption cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan for 117 (98%) of the 119 cases reviewed
- None (0%) of the 23 relative placement for adoption cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan for 23 (100%) of the 23 cases reviewed

Barriers that typically prevent the adoption process or that prevent progress in the child's case include:

- Pre-Adoptive resources not identified
- Child in pre-adoptive home, but adoption not finalized
- Efforts not made to move towards finalization

- Child does not consent
- Appeal by birth parents
- Other court-related barrier

CRBC conducted 244 (APPLA) reviews - Another Planned Permanent Living Arrangement

APPLA is the least desired permanency plan and should only be considered when all other permanency options have been thoroughly explored and ruled out. APPLA is often synonymous with long-term foster care. Many youths with a permanency planning goal of APPLA remain in care until their case is closed when they age out of the foster care system at 21. Findings include:

- 109 (45%) of the cases had a plan of APPLA for 3 or more years.
- The local boards agreed with the permanency plan of APPLA for 244 (100%) of the 244 cases statewide. 236 of the cases reviewed with a permanency plan of APPLA were youth between the ages of 17-20.
- A permanent connection is an identified person that a youth can rely on for assistance with support, advice and guidance as they deal with the day-to-day life circumstances that adulthood can bring about on a regular basis. The local boards agreed that for 220 (90%) of the 244 cases of youth with a permanency planning goal of APPLA that a permanent connection had been identified, and the local boards agreed that the identified permanent connections were appropriate for 244 (100%) of the 244 cases.

Barriers/Issues

Typical barriers to permanency/issues:

- No service agreement with parents
- No current safety or risk assessment
- Lack of concurrent planning
- Lack of follow-up (general)
- Youth placed outside of home jurisdiction
- Youth has not been assessed for mental health concerns
- Issues related to substance abuse
- Other service resource barrier
- Other physical health barrier
- Youth refuses mental health treatment including therapy
- Other placement barrier
- Other child/youth related barrier
- Non-compliance with service agreement
- Child has behavior problems in the home
- Youth non-compliant with medication
- Youth engages in risky behavior

Ready By 21 (Transitioning Youth)

Age of Youth (14 years and older all permanency plans = 411 cases)

- 121 (30%) of the 411 youths reviewed were between 14-16 years old.
- 178 (43%) of the 411 youths reviewed were between 17-19 years old.
- 112 (27%) of the 411 youths reviewed were 20 years old.

Independent Living skills

- The local boards agreed that 228 (56%) of the eligible youths were receiving appropriate services to prepare for independent living.

Employment

- The local boards found that 161 (39%) of the eligible youths were employed or participating in paid or unpaid work experience.
- The local boards agreed that 182 (44%) of the eligible youths were being appropriately prepared to meet employment goals.

Housing (105 cases)
Transitioning Youth (20 and over with a permanency plan of APPLA or exiting care to independence within a year of the date of review).

- The local boards found that 86 (82%) of the 105 youths had a housing plan specified.

- The local boards agreed that 83 (79%) youths were being appropriately prepared for transitioning out of care, 20 were not being appropriately prepared, 4 were not transitioning.

Concurrent Planning

Concurrent planning is an approach that seeks to eliminate delays in attaining permanent families for children in foster care. In concurrent planning, an alternative permanency plan or goal is pursued at the same time rather than being pursued after reunification has been ruled out. The Adoption and Safe Families Act (ASFA) of 1997 provided for legal sanctioning of concurrent planning in states by requiring that agencies make reasonable efforts to find permanent families for children in foster care should reunification fail and stating that efforts could be made concurrently with reunification attempts.

At least 21 states have linked concurrent planning to positive Results, including reduced time to permanency and establishing appropriate permanency goals, enhanced reunification or adoption efforts by engaging parents and reduced time to adoption finalization over the course of two review cycles of the Federal Child and Family Services Review (Child Welfare Information Gateway, Issue Brief 2012, Children's Bureau/ACYF). DHS/SSA Policy Directive#13-2, dated October 12, 2012 was developed as a result of Maryland reviewing case planning policy, including best practices and concurrent planning as part of Maryland's performance improvement plan. CRBC supports concurrent planning when used in accordance with state policy to achieve goals of promoting safety, well-being, and permanency for children in out-of-home placement, reducing

the number of placements in foster care and maintaining continuity of relationships with family, friends and community resources for children in out-of-home care.
According to SSA Policy Directive #13-2, a concurrent plan is required when the plan is reunification with a parent or legal guardian, placement with a relative for adoption or custody and guardianship, and guardianship or adoption by a non-relative (prior to termination of parental rights).

The local boards found the following in statewide reviews:

- A total of 153 (77%) of the 325 eligible cases had a concurrent permanency plan identified by the Local Juvenile Courts.

- The Local Departments (LDSS) were implementing the concurrent permanency plans identified by the Local Juvenile Courts for 126 (41%) of the 310 cases.

- The local boards found that, for 208 (30%) of the eligible cases, the Local Departments (LDSS) were engaged in concurrent planning.

Child Welfare Barriers

There has been an increasing number of children and youth without a placement option due to challenging behaviors. In some instances, children and youth with challenging behaviors have remained in hospitals or emergency rooms for extended periods of time due to a lack of placement or while waiting for placement. As a result, children and youth are deprived of services that they have a right to, including education, recreation and socialization. In other instances, when these stays or over-stays are not deemed medically necessary. Children and youth are put at further risk for anxiety, depression, and possibly harm due to this trauma. On March 4, 2024, according to the Civil Rights Division, the Department of Justice filed a statement of interest explaining how the integration mandate of Title II of the American Disabilities Act applies to children who have been medically cleared for discharge from psychiatric institutions but who remain institutionalized because of the lack of available community placements. A lawsuit was filed, T.G. v. Maryland Department of Human Services on behalf of children in the foster care system with mental health disabilities that have been cleared for discharge but cannot go due the lack of resources. It is further noted that the Administrators of both the Department of Human Services and the Maryland Department of Health have failed to reasonably modify the programs to prevent prolonged overstays in segregated facilities. A lawsuit filed in May 2023 illustrates prolonged stays for children in the foster care system as well.

CRBC Recommendations to the Department of Human Services

1. Review and develop policies and practices to ensure that all policies and practices are trauma informed.

2. Ensure consistency in the availability and delivery of services to children and youth involved with child welfare statewide by identifying resource needs and gaps to address lack of access.

3. Develop a system to track and monitor health including mental health of children and youth in out-of-home placement for improved oversight.

4. Coordinate services across Public Agencies, such as Primary Care, Behavioral Health, Medicaid, Juvenile Criminal Systems, Education, and Public Assistance to improve health needs being met and outcomes for children in Out-of-Home Placement.

5. Ensure adequate state resources to provide services to children and youth with intensive needs. Children with serious behavioral, emotional, and medical needs that require additional structure not provided in family or other group settings in-state, should receive appropriate services and level of support for their own safety and the safety of others and to help improve outcomes.

6. With Rate Reform anticipating to begin in 2025, there is an expectation that there will be an increase in additional resources for children in foster care, and as a consequence, thee resources should be monitored.

7. Identify gaps and areas needing improvement in the child welfare workforce. Increase efforts to improve workforce development to attain and maintain a highly experienced and skilled workforce to include transfer of knowledge. Develop and implement measures to retain child welfare staff by considering case and workloads, staff development and training, quality of supervision and competitive compensation.

8. Ensure that concurrent planning occurs to increase the likelihood of establishing appropriate permanency plans or goals and achieve permanency without undue delay.

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

10. Continue to increase the number of relative/kin placement and permanency resources.

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

12. Increase efforts to begin transitional planning should begin for youth at 14 to include housing, education, employment, and mentoring. Plans should be developed by the youth with the assistance of the Department of Social Services worker and others identified by the youth for support. Engagement of the youth and individuals identified by the youth is important. The plan should build on the youth's strengths and support their needs. While it is important to understand and meet legislative requirements for youth transitional plans, it is crucial that child welfare professionals working with youth view transitional planning as a process that unfolds over time and through close youth engagement rather than as a checklist of items to accomplish. [1]

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

[1]Child Welfare Information Gateway https://www.childwelfare.gov

14. Identify housing resources and funding to address the lack of affordable housing options available for aging out youth.

15. Explore more opportunities to utilize the Family Unification Housing Program (FUP) and educate staff on how to access it.

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

17. Increase community partnerships in order to further develop life/independent skills, gain employment experiences, and improve affordable housing options for older youth exiting care.

Acknowledgements

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

- CRBC Governor Appointed members for their tireless efforts on behalf of Maryland's most vulnerable children and youth. CRBC volunteers have been dedicated and committed to the mission, vision and goals of CRBC, successfully transitioning from conducting in person to virtual case reviews and interviews, providing individual case advocacy and systemic improvement advocacy.
- The Department of Human Services (DHS)
- The Social Services Administration (SSA)
- The Local Departments of Social Services (LDSS), Baltimore County & Montgomery County (DHHS)
- The State Council on Child Abuse and Neglect (SCCAN)
- The State Child Fatality Review Team (SCFRT)
- The Coalition to Protect Maryland's Children (CPMC)
- Maryland CASA Association
- The Local Juvenile Courts of Maryland
- All Community Partners who strive to improve outcomes for children and youth involved with child welfare

April 8, 2024

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

Dear Ms. Anderson-Burrs and Review Board Members:

The Department of Human Services, Social Services Administration (DHS/SSA) extends its appreciation for the work of the Citizens Review Board for Children (CRBC). The CRBC Fiscal 2023 Annual Report provides information that is essential for DHS/SSA to continually improve its services to Maryland's children, youth and families who are involved with the child welfare system. The constructive feedback contained in the report contributes a great deal to our Continuous Quality Improvement (CQI) efforts.

DHS/SSA envisions a Maryland where all children are safe from abuse and neglect, children have permanent homes, and families are able to thrive. Maryland's 24 local departments of social services employ strategies to prevent child abuse and neglect, protect children, and preserve and strengthen families by collaborating with state and community partners. Maryland is building a system that improves family and child well-being with family-centered, child-focused, community-based services.

We are guided in this work by the Moore-Miller Administration values and a commitment to leave no one behind. DHS/SSA is prioritizing the following areas that address areas outlined in the CRBC recommendations.

1. Implementing the Family First Prevention Services Act (FFPSA);
2. Ending aging out from foster care;
3. Creating a kin-first culture; and
4. Reforming how we compensate providers who care for Maryland's children and youth.

DHS/SSA recognizes the need for critical services to meet the complex and individual needs of the families, children, and youth we serve. We continue to strengthen partnerships with key service providers, stakeholders, sister state agencies, and community partners to better coordinate services, communicate the needs of children and families, and raise awareness of needed services. The Department continues to implement prevention focused evidence-based practices (EBPs) across Maryland. The Family First Prevention Services Act makes it possible to offer Healthy Families America, Parent Child Interaction Therapy, Multisystemic Therapy, and Functional Family Therapy in Maryland to build the continuum of services for children and families to prevent entry into foster care.

In addition, DHS/SSA recognizes the importance of developing consistent and trauma-responsive services for Maryland's children, youth, and families. Maryland implemented its Integrated Practice Model (IPM) in 2020 and has continued to provide services as outlined in the model. The Department plans to revise the IPM to ensure that services continue to be family-centered strength-based, trauma responsive, outcomes driven, community-focused and culturally and linguistically responsive. The IPM highlights the need for an engaged, and well-prepared workforce and aligns with the CRBC's recommendations. While the Department has experienced increased difficulty in recruiting and

retaining qualified staff. Efforts have been taken to increase hiring of child welfare caseworkers, DHS has worked with the Department of Budget and Management to increase base hiring. In addition, to retain staff, all staff in child welfare caseworker classifications that were below the new base step had their compensation increased. The Department continues to focus its efforts on some key training such as Coach Approach, Coach Mentor Certification and Adaptive Leadership to assist with staff retention.

The CRBC report recommends that the Department develop a system to track and monitor health including mental health of children and youth in out-of-home placement for improved oversight. Under the leadership of the Child Welfare Medical Director and Nurse, the Department continues its work with the Chesapeake Regional Information System for our Patients (CRISP). The agreement allows the DHS Medical Director to access CRISP data to identify the health and wellness needs of children in the Department's care.

DHS continues to partner with our sister agencies as well as consultants to modernize our care provider rate framework to create a continuum of care that better meets the needs of Maryland's children and families. Many youth that do enter out-of-home placement often come to us with behavioral health and developmental needs. With a corresponding national decline in group-based placements, we must be ever more vigilant to ensure youth receive treatment services in Maryland. With rate reform, children and families will experience a streamlined placement process, higher quality and tailored services, and shorter lengths of stay. The initial phase of rate reform will be implemented in fiscal year 2025.

In support of creating lasting permanency for children and youth in care, DHS/SSA is focusing on creating a kin- first culture and increasing permanency outcomes for youth. Best practice and research remind Maryland that placement with kin increases stability, results in better mental and physical health outcomes, reduces the risk that youth in foster care will be trafficked, and keeps children connected to family, community, and culture. We have identified statutory, regulatory and policy changes necessary to enable Maryland to adopt kin-specific licensing which will increase permanency outcomes for youth. Additionally, DHS/SSA has contracts to provide adoption counseling and pre-and post- adoption support services to children, youth, and families. Regarding adoption counseling for youth who did not consent to adoption, DHS/SSA plans to explore the services offered to youth and what, if any additional pre-adoption supports are needed. The Department remains committed to working diligently to address barriers to permanency for Maryland's children.

The CRBC recommendations around older youth transition planning, including planning for housing and other independent living skills are being explored. The Department is embarking on older youth work with the Annie E. Casey Foundation, now known *as Advancing Well-Being and Connections for Youth in Foster Care.* The Department is invested in developing strategies that promote lifelong well-being for youth and young adults in Maryland's foster care system. With these efforts we will work to end "aging out" of foster care in Maryland.

In addition to the DHS/SSA Placement and Permanency Team continues to provide support and guidance on goals of ensuring children, youth and vulnerable adults are:

- Safe and free from maltreatment;
- Living with safe, supportive, and stable families and in least restrictive environments where they can grow and thrive;
- Able to achieve timely and lasting permanency; and

- Connected with professionals, family members, and other supportive resources to enable them to sustain success upon exiting our child welfare system.

Through our Implementation Teamwork, DHS/SSA has updated the Youth Transition Plan (YTP) and process. This includes integration of youth voice and allows space for growth and change over time. Transitional planning should begin for youth at age 14 to include housing, education, employment, and mentoring. The goal is for all child welfare professionals who work with youth to view transition planning as a process that unfolds over time and requires close youth involvement and ongoing engagement.

The YTP is a youth driven document that is designed to be utilized statewide by all transition-age youth. To ensure services meet the needs of Maryland's youth in care, the YTP process includes an instructional video specifically tailored to older youth. The YTP is available online via Maryland's MyLife website. In addition, to address the housing needs of youth emerging from foster care, DHS/SSA maintains its partnership with the U.S. Department of Housing and Urban Development (HUD) to support maintenance of the Family Unification Program (FUP). DHS/SSA continues to collaborate with the Maryland Developmental Disabilities Administration (DDA) to provide services and locate sustainable housing for youth who have disabilities.

The Department appreciates the recommendations to improve our practices. We are committed to continuing to identify and strategically implement best practices to effectively serve children, youth, families, and the vulnerable adults of Maryland. We look forward to the ongoing partnership with the CRBC.

Sincerely,

Dr. Alger Studstill, Jr.
Executive Director
Social Services Administration
Maryland Department of Human Services

CRBC Program Description

The Citizen Review Board for Children is rooted in a number of core values, which relate to society's responsibility to children and the unique developmental needs of children. We have a strong value of believing that children need permanency within a family and that their significant emotional attachments should be maintained. We know children develop through a series of nurturing interactions with their parents, siblings and other family members, as well as their own culture and environment. Therefore, a child's identity or sense of selfhood grows from these relationships.

In addition, we believe children grow and are best protected in the context of a family. If parents or kin are not able to provide care and protection for their children, then children should be placed temporarily in a family setting, which will maintain the child's significant emotional bonds and promote the child's cultural ties.

The CRBC review process upholds the moral responsibility of the State and citizenry to ensure a safe passage to healthy adulthood for our children and to respect the importance of family and culture.

As case reviewers, CRBC values independence and objectivity, and we are committed to reporting accurately what we observe to make recommendations with no other interest in mind but what is best for children. In addition, CRBC provides an opportunity to identify barriers that can be eradicated and can improve the lives of children and their families, thereby and improving the services of the child welfare system (CRBC, 2013).

The Citizens Review Board for Children consists of Governor appointed volunteers from state and local boards. Currently, there are 35 local review boards representing all 24 jurisdictions (23 counties and Baltimore City). There are currently 144 volunteers serving on local boards, 2 pending appointments by the Governor, 1 applicant pending submission for appointment and 1 pending selection. CRBC reviews cases of children in Out-of-Home Placement, monitors child welfare programs and makes recommendations for system improvements.

The State Board reviews and coordinates the activities of the local review boards. The State Board also examines policy issues, procedures, legislation, resources, and barriers relating to Out-of-Home Placement and the permanency of children. The State Board makes recommendations to the General Assembly around ways of improving Maryland's child welfare system.

The Citizens Review Board for Children supports all efforts to provide permanency for children in foster care. The State Board provides oversight to Maryland's child protection agencies and trains volunteer citizen panels to aid in child protection efforts.

Mission Statement

To conduct case reviews of children in out-of-home care, make timely individual case and systemic child welfare recommendations; and advocate for legislative and systematic child welfare improvements to promote safety and permanency.

Vision Statement

We envision the protection of all children from abuse and neglect, only placing children in out-of-home care when necessary; and providing families with the help they need to stay intact; children will be safe in a permanent living arrangement.

Goals

Volunteer citizens review cases in order to gather information about how effectively the child welfare system discharges its responsibilities and to advocate, as necessary for each child reviewed in out-of-home care.

The Citizens Review Board for Children provides useful and timely information about the adequacy and effectiveness of efforts to promote child safety and well-being, to achieve or maintain permanency for children and about plans and efforts to improve services.

The Citizens Review Board for Children makes recommendations for improving case management and the child welfare system, and effectively communicates the recommendations to decision makers and the public.

Discrimination Statement

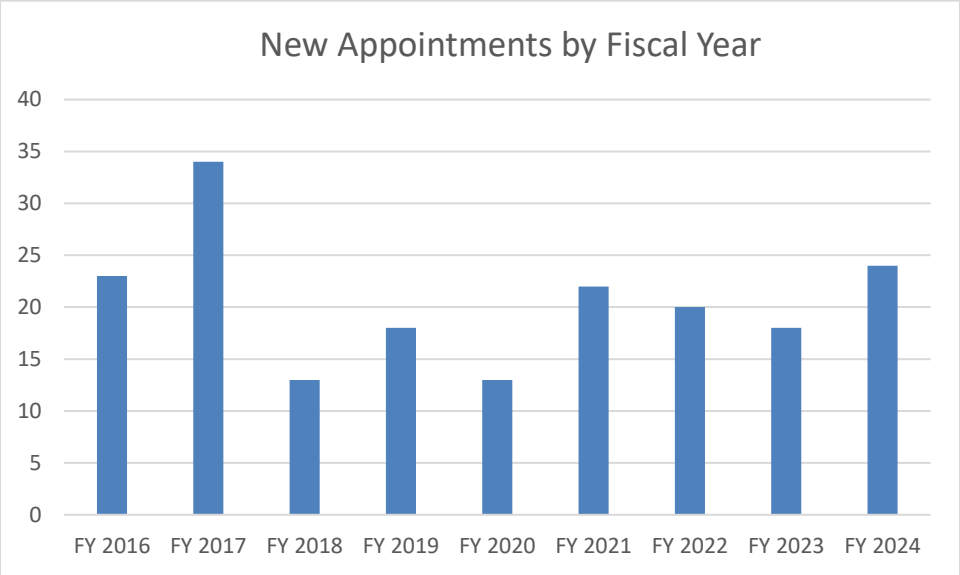
The Citizens Review Board for Children (CRBC) renounces any policy or practice of discrimination on the basis of race, gender, national origin, ethnicity, religion, disability, or sexual orientation that is or would be applicable to its citizen reviewers or staff or to the children, families, and employees involved in the child welfare system (CRBC, 2013).

Confidentiality

CRBC local board members are bound by strict confidentiality requirements. Under Maryland Human Services Code § 1-201 (2013), all records concerning out-of-home care are confidential and unauthorized disclosure is a criminal offense subject to a fine not exceeding $500 or imprisonment not exceeding 90 days, or both. Each local board member shall be presented with the statutory language on confidentiality, including the penalty for breach thereof, and sign a confidentiality statement prior to having access to any confidential information.

CRBC Appointments and FY2024 Activities

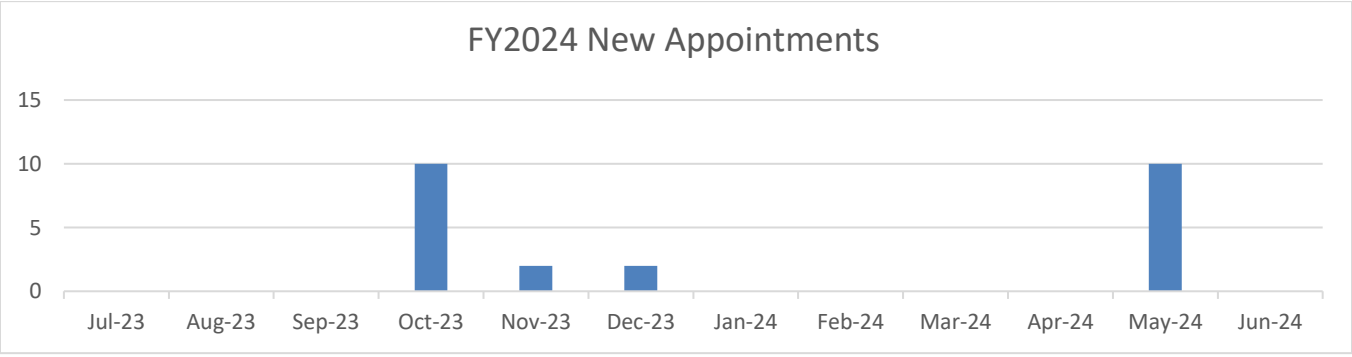
Appointments breakdown By Fiscal Year



There were 23 new members appointed by the Governor to Local Out of Home Placement Review Boards in fiscal year 2016. Thirty-four members were appointed in fiscal year 2017, 13 were appointed in fiscal year 2018, 18 were appointed in fiscal year 2019, 13 were appointed in fiscal year 2020, 22 were appointed in fiscal year 2021 and 20 in 2022. In FY2023, 18 members were appointed.

FY2024 New Appointments

During FY2024, CRBC continued to utilize recruitment and retention strategies to ensure membership and facilitation of reviews in all 23 counties and Baltimore City. Many of CRBC members have been dedicated and committed to serving on behalf of Maryland's most vulnerable children and youth for numerous years. Ongoing recruitment is necessary to account for some expected reduction due to attrition. Recruitment efforts continued to support CRBC's mission, vision and goals. The chart below shows appointments in FY2024.



In FY2024, 24 members were selected by selection committees and appointed by the Governor to local out-of-home placement review boards in jurisdictions where they reside. Members were appointed to the following local boards: Anne Arundel County (1), Allegany County (1), Baltimore County #1 (1), Baltimore County #3 (1), Baltimore County #4 (1), Calvert County (4), Cecil County (1), Frederick County (3), Howard County (1), Montgomery County #1 (1), Montgomery County #2 (1), Montgomery County #5 (1), Queen Anne's County (2), Wicomico County (1), Baltimore City SW#3 (1), Baltimore City NW#6 (2), and Baltimore City NW#8 (1). CRBC provided orientation, pre-service training and ongoing training, child welfare expertise and guidance for newly appointed members who served in FY2024.

Educational Advocacy

Education is crucial to the well-being of children/youth. It increases opportunities and choices in life due to the skills and confidence gained when appropriate educational services including emotional and mental health services are provided to support a child reaching their full potential.

Educational concerns consequent COVID that had arisen during the CRBC review process prompted the establishment of an Educational Advocacy Committee (EAC) in fiscal year 2021. The committee is a sub-committee of CRBC's State Board, and its purpose is to support CRBC's efforts with advocacy around improvement in educational services for children in foster care. The committee makes recommendations to the State Board. The goal is that all of Maryland's children will have access to safe, equitable and sustainable education to support the well-being and success of all of Maryland's children. This prompted plans for a deeper look of cases including those with Individual Education Plans (IEP) and those cases where a child may be in need of special education services but, as yet, have not been referred. Also, consideration regarding if there was sufficient examination and review of these cases. Additional considerations include the following:

- The need for data on the number of children within foster care who qualify for special education services.
- The need for every foster child who has been identified as in need of special education to have a parent or person who can function as the parent in an IEP meeting.
- Procedures within Department of Human Services (DHS) and Maryland State Department of Education (MSDE) regarding children in foster care.
- Residential placement resources for a child who qualifies for special education services.
- Practices and policies of DHS regarding oversight of IEP development and implementation.

The committee engaged in information gathering and a series of meetings with individuals with expertise in education and education advocacy. As the result of the above-mentioned meetings, it was determined that the committee would create a special education process tip sheet in an effort to assist the Departments with a clearer understanding of the process. Although it is in draft form and requires final approval, it is the intent to finalize it and begin to utilize it in the next fiscal year.

Training

Due to the new guidelines and federal regulations, it was determined that it would be beneficial to provide training to board members and local departments statewide. There were two sessions held on March 20, 2024, and March 22, 2024, for a total of 110 participants combined for both sessions. The training was entitled "Equipping Older Foster Youth for College Readiness: Understanding Recent Free Application for Federal Student Aid (FAFSA)", presented by Christle Foster, MSM Executive Director of Trio Programs at Maryland Regional Community College. The learning objectives for the training was to gain an overview of the financial aid types Federal, State, and Private, along with a full understanding of FAFSA key changes and new technology and gain knowledge on how to assist students with new FAFSA process and how to navigate provisional independent status; understand how to assist students applying to the Maryland Higher Education Commissions' (MHEC) grant scholarship and waiver programs utilizing the MHEC One App through the Maryland College Aid Processing System (MDCAPS) Program.

One of CRBC's main goals is to support and advocate for children/youth in out of home care, but also provides support to the staff of the local departments. During a review, it was noted that three of the four youth were undocumented and unaccompanied, and it was unclear as to what should be the best course of action to address their needs. As a result, meetings were held with Alejandra Morisi, Managing Director for Kids in Need of Defense (KIND) and Diana Pak Yi, Senior Attorney for KIND to discuss how to proceed. As a result, "Introduction to Children's Immigration Matters" was developed. With that in mind, four training sessions were held, May 10th & May 17th morning sessions, October 2nd & October 8th evening sessions to accommodate the varied schedules of local department staff, partners and board members. The combined sessions for May had a total of 130 attendees and the sessions in October had a total of 109 attendees. The learning objectives for the sessions were to allow participants to identify key departments and agencies involved in the adjudication of immigration matters. Next, be able to define and recognize differences in the immigration status of children in Maryland State care. In addition, participants will be able to define and understand eligibility for common forms of immigration relief for immigrant youth in Maryland. Furthermore, be able to understand and apply cultural responsiveness when working with immigrant youth in Maryland. And finally, participants will be able to recognize and seek ways to help youth to be eligible for other services.

On April 19, 2024, CRBC provided an In-Service training and Volunteer Appreciation for all CRBC members entitled "Recognizing Mental Illness, Addressing Stigma, and Prioritizing Mental Health", presented by Amanda Hopkins, LCSW-C, a licensed therapist serving Maryland, Washington, DC and Virginia. The learning objectives of the training was to be able to differentiate similarities and differences between mental health and mental illness. In addition, can define trauma, it's symptoms and how childhood trauma may manifest itself into mental illness. Next, participants will have the ability to define stigma in mental illness that plagues communities for people of color. And finally, can differentiate between behaviors and mental illness in children in out of home placements.

Promoting Safety, Well-Being and Permanency

CRBC's priorities remains the safety and well-being of Maryland's most vulnerable children and youth. In FY2024, CRBC facilitated virtual meetings with local department of social services administrators in Baltimore City, Baltimore County, Kent County, Prince George's County and Worcester County for individual and jurisdictional advocacy. CRBC advocated for resources and support for children and youth, child welfare staff, caregivers and providers. Further discussions elaborated on the lack of shared health and education information and documentation, the potential impact on case management, planning, decision making, placement stability and permanency. Advocacy efforts included safety, well-being, placement resources for youth with intensive needs, child welfare workforce, DHS policy and practices in addition to vacant child welfare positions and workforce development.

Meetings and Advocacy

CRBC has consistently worked to enhance service delivery for children/youth in care by participating in various meetings and advocacy opportunities to be well informed. On **2/26/24** CRBC participated in the Advancing Well-Being & Connections for Youth in Foster Care Statewide Convening in Annapolis. The main purpose of the session was to review the data relating to the Youth in Foster Care in the State of Maryland as well as nationwide to determine what is the data saying about youth aging out of care. What kind of youth engagement is taking place prior to them aging out of care and are they really prepared. Other discussions were had about exploring the possibility of changing the aging out age to 23-25. No headway on the possibility, but just a point of contention. Creating more pathways to success with employment, housing support, mental health resources as well as educational opportunities.

On **3/19/24** a meeting was held with the ***Baltimore City Department of Social Services*** (BCDSS). In short, the Department discussed how they have moved forward with the KinFirst Agency philosophy and how they are improving the number of children placed with kin. In addition, they have asked for waivers for certain things to get kids placed sooner to include reviewing regulations with placements for instance, room spacing can be a huge hindrance when placing children. The Department was also focusing on increasing the number of children in care placed with kin as well as increasing the number of Kin families that are licensed. Board payment from the time of placement and working on streamlining the process starting on the provisional licensing for new entrants. The Department of Human Services (DHS) is working on the tracts for licensing from the FEDS that will allow some more leniency as it relates to placing children with kin.

BCDSS had a total of 1,476 children in care effective on the day of the meeting. Currently, they have 35% placed with kin and their goal is to have 50% of the children in care placed with kin. The Department has developed a Kin Center that is available to the entire community and not just persons with children in Foster Care providing resources and connecting families with needed support. BCDSS has made an effort to be innovative and creative by reaching out other departments of social services to seek out assistance to create a Kinship Resource Home Unit, a pilot program that

focuses primarily resources homes for Kin. Second Chance in Allegany County in Pennsylvania is providing technical support to assist with the new project.

On **3/26/24** a meeting was held with the ***Prince George's County Department of Social Services***. Mr. Walter Jackson, Assistant Director indicated that it had been determined that Ms. Gloria Brown-Burnett former Director for the Department has taken on a position at central DHS as the new Deputy Director of Operations. At this time, it has not been determined who will be the new Director moving forward. This meeting was an opportunity to bring CRBC up to speed on the status of the Department. In short, Mr. Jackson provided updates on the new staff that are in place and his hopes for additional staff when the need arises. He shared the wellness indicators for young people receiving timely annual, dental and vision exams are at 90%. The Department will continue to manage the work in real time to minimize issues and concerns. He also mentioned that they have incorporated wellness rooms for staff when they need a moment to calm down or take a breather to regroup. They have a total of 432 children in care as of this meeting.

On **4/2/24** a meeting was held with the ***Baltimore County Department of Social Services***. Mr. Mark Millspaugh is the new Director since Dr. Branch no longer works for the Department. In short, Mr. Millspaugh provided an update on the staff shortages as well as an interim Assistant Director for Child Welfare since Theresea Cunningham retired. He too discussed the KinFirst Culture and what the Department has been doing on a regular basis and has been for quite some time. The Department has 3 dedicated units specifically for kinship placements to ensure that the necessary steps are taking place to speed up placements. To increase best practices, the Department has also been exploring other types of Evidence Based Practice Models under the First Family Act to continue to improve outcomes. Mr. Millspaugh also mentioned that some of his staff have taken their own initiative to seek out a technique called Collaborative Problem Solving designed to assist youth how to problem solve with everyday scenarios. It's not an additional program, but a way of incorporating it into their practice while working with the youth as a supportive model. There are a total of 620 kids in care as of this meeting.

On **4/2/24** a meeting was held with the ***Worcester County Department of Social Services***. In summary, Director Roberta Baldwin indicated that they have been noticing younger children entering care like school age and younger. Since they do have new leadership team, they are in the process of evaluating their practice and determine what is working and what isn't so they can develop some new protocols. Currently, there are no challenges with staff turnovers or shortages, but they do on the other hand have limited resources with specialized treatment placements as well as independent living skills resources for youth 14 years of age and older. To date, they have a total of 26 kids in care as of this meeting.

On **5/10/24** a meeting was held with the ***Kent County Department of Social Services*** Leadership mostly an introduction meeting because there was new staff. One of the concerns discussed was the lack of independent livings skills workshops available for Dorchester, Kent, Caroline, Worcester and Talbott counties for older youth.

On **5/23/24** Provided a training/overview to the ***Prince George's County Department of Social Services*** on the goals and objectives of CRBC and its mandated role to provide oversight. The Department has had several turnovers with staff and this overview provided a firsthand account of

our partnership with departments statewide. Two board members from the region along with the Child Welfare Specialist (CWS) for Prince George's County were also available to present.

CRBC FY2024 Legislative Activities

CRBC has a Children's Legislative Activities Committee (CLAC) and is a voting member of the Coalition to Protect Maryland's Children (CPMC). During this legislative session, CPMC had just begun to reconvene and pulling together other child welfare advocates after a short hiatus. CRBC also was transitioning with a newly acting Administrator within days of the session beginning. The following listed below are factors considered when reviewing the scope of child protection.

Criteria: Protection of Children to include but not limited to the following:

- Child neglect and abuse
- Out of home placement, foster care, guardianship
- Institutions/facilities that house children
- Child exploitation and trafficking
- Behavioral health and treatment (counseling/therapy)
- Child welfare workforce
- Older youth placement
- Health - physical and mental
- Social services
- Education/curriculum/assessments
- Domestic violence
- Sexual harassment or other types of harassment
- In care Juveniles –disciplinary, punishment, penal system
- Reports, records, privacy

Bills Reviewed:

HB0191 -- **Favorable/Support.** ---*Reviewed before*. Requiring the Division of Correction to allow a certain pregnant woman and a certain woman who recently gave birth to transfer to the prerelease unit for women for 1 year following the birth; establishing the Healthy Start Bonding Program to facilitate strong bonds between incarcerated women and their children; and requiring the Division to allow liberal visitation between certain individuals and certain children under certain circumstances.

HB0405 -- **Favorable/Support**. *Reviewed before.* Insufficient information available. -Specifying certain qualifications and training necessary for an individual to be appointed or approved by a court as a custody evaluator; specifying that certain expert evidence is admissible in certain child custody and visitation proceedings under certain circumstances; and requiring a court, in any action in which child support, custody, or visitation is at issue to provide information to the parties regarding the role, availability, and cost of a custody evaluator.

HB0644 -- **Unfavorable/Oppose** – *Reviewed before*. **CPMC and NASW wrote opposing testimony**. Requiring a local department of social services or a law enforcement agency to provide certain notice to a parent or caretaker of a child at a certain time during an investigation of suspected child abuse or neglect; and excluding evidence obtained in violation of the Act from being used in certain judicial or administrative proceedings.

HB0195 -- **Neutral – but overall supportive**. *Reviewed before*. Requiring a law enforcement officer to make a certain report to a local department of social services after a certain arrest of a certain child under the age of 13 for purposes of a neglect investigation.

SB0314 -- **Unfavorable/Oppose.** Establishing the joint and several civil liability of a parent, guardian, or custodian of a minor who commits an act of willful misconduct that results in the death or injury of an individual or damage to property, subject to a certain exception; requiring the Administrative Office of the Courts to periodically adjust and publish certain maximum liability amounts; and limiting the liability of an insurance provider under the Act.

This bill limits the liability of the parent or guardian of a child who causes death or injury to a person or destruction of property to $25,000. It also limits the amount that an insurer is obligated to pay to $10,000. I think this should be handled on an individual basis and dependent upon what the parents can afford. Many can afford more than $25,000 if a child causes more extensive and expensive destruction. How do you put a limit on the loss of life at $25,000?

SB0403 -- **Favorable/Support.** Altering the definition of "accredited residential treatment center" for certain provisions of law governing hospitals and related institutions to include residential treatment centers accredited by the Commission on Accreditation of Rehabilitation Facilities or the Council on Accreditation.

HB0833 -- **Favorable/Support.** Establishing a presumption that placement with a child's parent is in the best interest of the child, the child is receiving proper care and attention, and there is not a certain emergency situation if the child's parent is receiving certain substance use disorder treatment; and requiring a local department of social services to file a report with a court if the child was not placed with the parent, describing any difficulties in placing the child with the parent, and efforts by the local department to find a placement for the child. Whenever a child is not returned to the child's parent, guardian, or custodian, the local department shall immediately file a petition to authorize continue shelter care.

HB0508 -- **Favorable/Support**. Adding labor trafficking by a child's parent or guardian to the list of conditions under which a local department of social services is authorized to ask the juvenile court in a child in need of assistance proceeding to find that reasonable efforts to reunify a child with the child's parent or guardian are not required; and expanding provisions of law relating to the Safe Harbor Regional Navigator Grant Program to apply to child victims of labor trafficking.

HB0542 -- **Favorable/Support.** Requiring the Department of Human Services to establish and maintain a decentralized supply of new luggage to be used to transport the personal belongings of a child in foster care; requiring the Department to provide new luggage to a child who is being removed from a household, unless the child is changing placement and is in possession of luggage

previously provided by the Department; and requiring the Department to maintain certain records regarding luggage and children in foster care.

SB0670 -- **Favorable/Support.** Requiring the court, in determining the appropriate allocation of custody or visitation between the parties that is in the best interest of the child, to consider the ability of each of the parties to meet the child's developmental needs, the relations between the child, the parties, the siblings and other relatives, the ability of each party to meet the child's day-to-day needs and certain other factors; and requiring the court to articulate certain findings of fact on the record.

SB0708 -- **Favorable**. Altering provisions of law relating to the kinship care program in the Department of Human Services and certain procedures for the placement of children in need of out-of-home placement.

HB0772 -- **Favorable/Support**. Prohibiting a health care provider from knowingly engaging in or causing certain medical or surgical procedures to be performed on a minor without the consent of the parent, guardian, or custodian of the minor if performed for the purpose of attempting to alter the appearance of, or affirm the minor's perception of, the minor's gender or sex and the appearance or perception is inconsistent with the minor's sex; establishing certain penalties for a violation of the Act.

HB0772 #2 **Outside of our purview**. Prohibiting a person from selling an Internet-connected device that is intended for minors unless the device is sold with a certain filter, certain privacy settings, and other features; making a violation of the prohibition an unfair, abusive, or deceptive trade practice that is subject to the enforcement and penalties under the Maryland Consumer Protection Act; requiring that preference be given to certain grant applications that include the use of broadband providers that implement the use of certain filters; etc.

HB0963 -- **Favorable/Support**. Prohibiting a person from committing sexual solicitation of a minor or human trafficking within 5 miles of certain locations; and increasing the distance surrounding certain school property within which a person is prohibited from committing a certain crime relating to drug distribution from 1,000 feet to 5 miles. Establishing that a violation of the Act is a felony and punishable with imprisonment up to 15 years.

HB0937 -- **Favorable/Support.** Requiring a local director of a local department of social services or the Secretary of Human Services to disclose certain reports and records of child abuse and neglect within 30 days after receiving a request if certain conditions are met; requiring the Secretary to notify the State's Attorney's office of a request to disclose certain reports and records of child abuse and neglect; requiring the State's Attorney's office to be given 30 days during which the office is authorized to redact certain portions of the reports and records; etc.

SB0732 -- **Favorable/Support.** Requiring the Department of Juvenile Services and the Maryland Department of Health to establish a certain inpatient program for children who have been

adjudicated delinquent to provide rehabilitation, comprehensive care, and holistic therapies that address health, mental health, and substance abuse issues.

HB0849 -- **Favorable/Support.** Establishing the Universal Basic Income for Transition-Age Youth Program in the Department of Human Services to provide for the economic security of individuals aging out of the out-of-home placement program; providing that payments made under the Program may not be considered income or resources for purposes of determining eligibility for certain benefits; and requiring the Department to report annually by October 1 to the General Assembly including descriptive information and outcome measures of recipients**. Hearing date March 6, 2024**

HB1100 **-- Generally Favorable/Support**. **(CPMC Opposed)** Requiring child advocacy centers to report annually to the Behavioral Health Administration certain information related to behavioral health care services provided at the center; requiring the Administration to include in its annual report certain information related to child advocacy centers; and authorizing the Secretary of Health to investigate certain complaints related to child advocacy centers. **(need more information on why CPMC opposed but otherwise, favorable for CLAC)**

HB1311 **Outside of our purview but would be supportive.** Requiring, beginning January 1, 2025, all devices activated in the State to enable a certain filter to prevent minors from accessing obscene material; prohibiting a certain person from deactivating the filter; providing that a manufacturer of a device and certain persons are subject to civil and criminal liability for certain conduct related to device filters; authorizing the Attorney General to take certain actions against persons who violate the Act; etc.

HB1254 **Generally Favorable/Support**. **However, concerns about background checks every 5 years. Also, the bill does not address minors who volunteer or who are employed and under 18. The bill addresses volunteers and adult employees but not those who are still considered minors and might have issues that could negatively impact children, e.g., sexual abuse.** Requiring certain individuals to submit to a criminal history records check before the individual is authorized to have a position involving direct contact with children in a licensed child care center, registered family child care home, or registered large family child care home; requiring the State Department of Education to establish a dedicated unit to process certain criminal history records checks; requiring the Department of Human Services to provide notice of child abuse and neglect clearance for employees at child care centers; etc**.**

HB 1453 - BILL WITHDRAWN (too many gaps in information) -- Advocacy Centers. For the purpose of establishing the Foster Care Families Child Care Assistance Program 4 in the State Department of Education to provide child care assistance through 5 subsidies and scholarships to eligible foster care families; requiring the Department 6 to administer the Program in accordance with federal law and to establish a process 7 that meets certain requirements for granting subsidies and scholarships to foster 8 care families under the Program; establishing the Foster Care Families Child Care 9

Assistance Fund as a special, no lapsing fund to award certain subsidies under the 10 Program; and generally relating to the Foster Care Families Child Care Assistance 11 Program and Fund.

HB0065 -- **Opposed**. Concerns about the safety of the child if the consultation needs to remain private, e.g., suicide prevention, child abuse, sexuality, etc. Requiring a school health practitioner, health care practitioner, or certified school psychologist employed by or under a contract with a school-based health center, local school system, or local health department to provide school health services at a public school to provide certain information to a certain student's parent or guardian about any consultation, diagnosis, or treatment provided to the student.

CRBC Out-of-Home Placement Case Reviews

Targeted Review Criteria

The Department of Human Services (DHS), formerly the Department of Human Resources (DHR), Social Services Administration (SSA) and the Citizens Review Board for Children (CRBC) together have created a review work plan for targeted reviews of children in out-of-home-placement. This work plan contains targeted review criteria based on out-of-home-placement permanency plans.

Reunification:

- Already established plans of Reunification for children 10 years of age and older. CRBC will conduct a review for a child 10 years of age and older who has an established primary permanency plan of Reunification and has been in care 12 months or longer.

Adoption:

- Existing plans of Adoption. CRBC will conduct a review of a child that has had a plan of Adoption for over 12 months. The purpose of the review is to assess the appropriateness of the plan and identify barriers to achieve the plan.

- Newly changed plans of Adoption. CRBC will conduct a review of a child within 5 months after the establishment of Adoption as a primary permanency plan. The purpose is to ensure that there is adequate and appropriate movement by the local departments to promote and achieve the Adoption.

Another Planned Permanent Living Arrangement (APPLA):

- Already established plans of APPLA for youth 16 years of age and younger. CRBC will conduct a full review of a child 16 years of age and younger who has an established primary permanency plan of APPLA. The primary purpose of the review is to assess appropriateness of the plan and review documentation of the Federal APPLA requirements.

- Newly established plans of APPLA. CRBC will conduct a review of a child within 5 months after the

establishment of APPLA as the primary permanency plan. Local Boards will review cases to ensure that local departments have made adequate and appropriate efforts to assess if a plan of APPLA was the most appropriate recourse for the child.

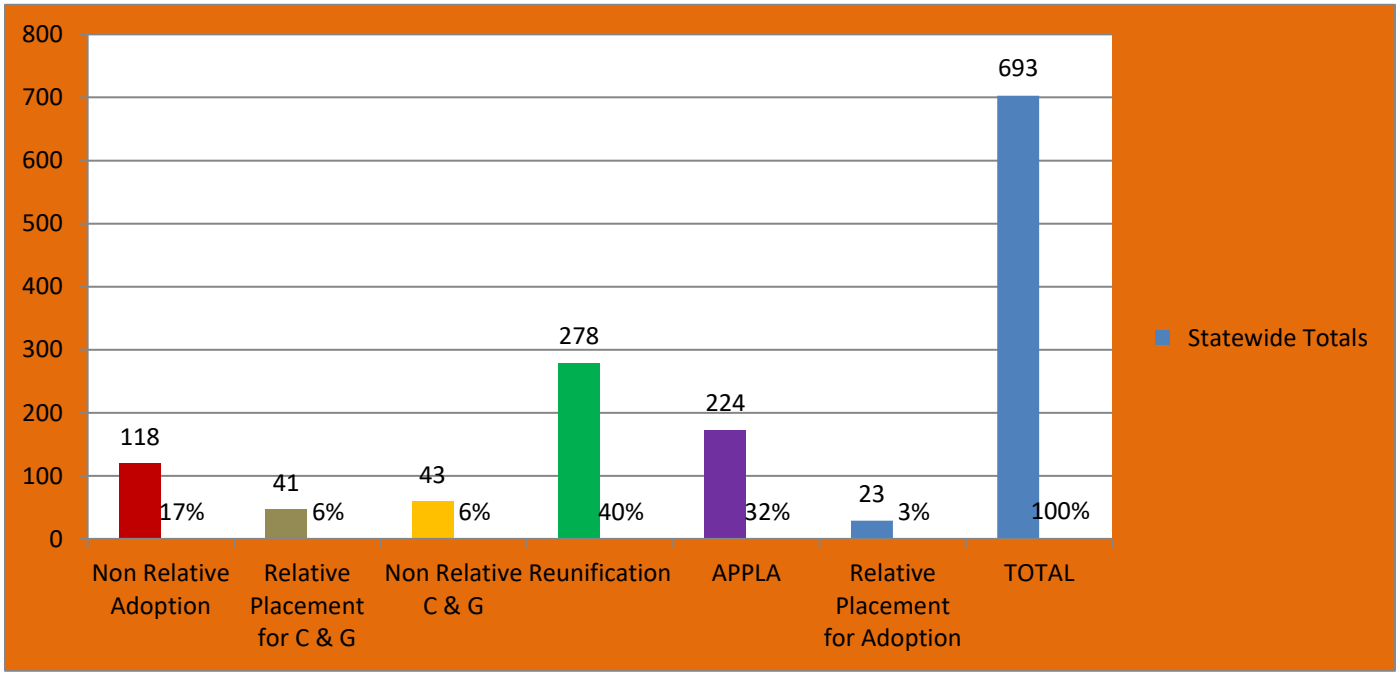
Older Youth Aging Out

- Older youth aging-out or remaining in the care of the State at age 17 and 20 years old. CRBC will conduct a review of youth that are 17 and 20 years of age. The primary purpose of the review is to assess if services were provided to prepare the youth to transition to successful adulthood.

Re-Review Cases:

- Assessment of progress made by LDSS. CRBC will conduct follow-up reviews during the fourth quarter of the current fiscal year of any cases wherein the local board identified barriers that may impede adequate progress. The purpose of the review is to assess the status of the child and any progress made by LDSS to determine if identified barriers have been removed.

CRBC FY2024 Case Review Findings by Permanency Plan



Gender Totals (693)

Male	Female
338 (49%)	355 (51%)

Male

Non-Relative Adoption	Relative Placement for C & G	Non-Relative C & G	Reunification	APPLA	Relative Placement for Adoption
67 (10%)	22 (3%)	21 (3%)	122 (18%)	98 (14%)	8 (1%)

Female

Non-Relative Adoption	Relative Placement for C & G	Non-Relative C & G	Reunification	APPLA	Relative Placement for Adoption
51 (7%)	19 (3%)	22 (3%)	102 (15%)	146 (21%)	15 (2%)

Ethnicity Overall (693)

African American	Caucasian	Asian	Other
438 (63%)	211 (30%)	7 (1%)	37 (5%)

Age Range by Permanency Plan

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

AGE RANGE	RE	RA	RG	AD	CG	AP	Totals
age 1 thru 5	22	16	6	45	6	0	95
age 6 thru 10	44	6	7	33	4	0	94
age 11 thru 13	52	0	11	21	9	0	93
age 14 thru 16	69	1	12	15	17	7	121
age 17 thru 19	34	0	4	4	7	129	178
age 20	3	0	1	0	0	108	112
Totals	224	23	41	118	43	244	693

CRBC FY2024 Case Reviews by Jurisdiction & Permanency Plans

Jurn #	County	Non Relative Adoption	Relative Placement for C & G	Non Relative C & G	Reunification	APPLA	Relative Placement for Adoption	TOTAL	Boards held
01	Allegany	3	1		2	2	3	11	3
02	Anne Arundel	3	3	3	8	14		31	8
03	Baltimore County	17	3	4	31	29	3	87	24
04	Calvert	1			7	3		11	2
05	Caroline	2			2			4	1
06	Carroll	1			5	2		8	2
07	Cecil	6		2	2	3	2	15	4
08	Charles	2		1	1	7		11	3
09	Dorchester	4			3	1		8	2
10	Frederick	10			3	6		19	5
11	Garrett				2	2		4	1
12	Harford	6	1		15	9	1	32	8
13	Howard		6		3	2	1	12	3
14	Kent	1			1			2	1
15	Montgomery	16	6	5	25	28	1	81	21
16	Prince George's	8	3	4	26	37	1	79	20
17	Queen Anne				1	1		2	1
18	Saint Mary's	11		2	1	4		18	4
19	Somerset				3	1		4	1
20	Talbot	1	1			2		4	1
21	Washington	2		1	6	8	1	18	5
22	Wicomico		2	1	2	3		8	2
23	Worcester	1				3		4	1
49	Baltimore City	23	15	20	75	77		220	60
	Statewide Totals	118	41	43	224	244	23	693	183
	Percentages	17%	6%	6%	32%	35%	3%	100%	

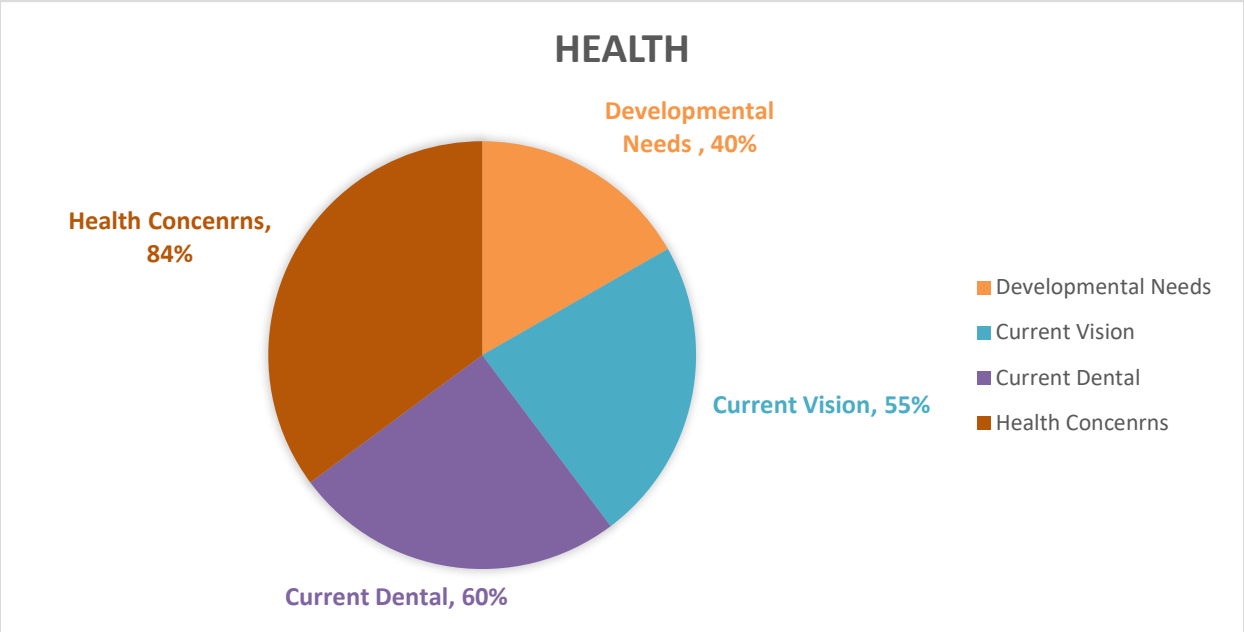
CRBC conducted a total of 693 individual out-of-home case reviews (each case reviewed represents 1 child/youth) in 24 jurisdictions on 186 board that held reviews during fiscal year 2024.

- The local Boards agreed with the permanency plan for 603 (87%) of 693 cases reviewed.

Health/Mental Health

- Current Physical: 507 (73%) out of the 693 children/youth had current physical.

- Developmental Needs: 275 (40%) out of 693 children/youth had developmental needs.
- Current Vision: 380 (55%) out of 693 children/youth had current vision.
- Current Dental: 416 (60%) out of 693 children/youth were current on Dental Exams.
- Health Concerns: The local department ensured that appropriate follow-up occurred on 293 (84%) out of the 347 children/youth.



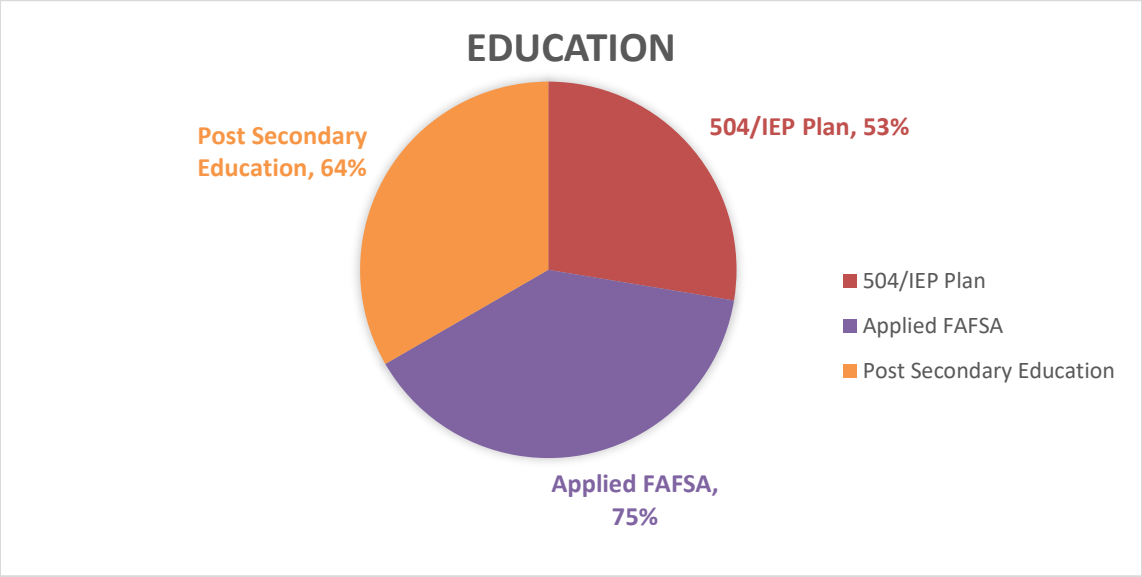
- Prescription Medication: 293 (42%) out of 693 children/youth were on Prescription Medication.
- Prescription Medication Monitored: Prescription Medication was regularly monitored for 288 (98%) out of 293 children/youth.
- Psychotropic Medication: 240 (35%) out of 693 children/youth were on Psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic Medication was monitored at least on a quarterly basis for 233 (97%) out of the 240 children/youth.
- Prescribed Medication: 88 (35%) out of 255 children/youth refused Prescribed Medication.
- Mental Health: 486 (70%) out of the 693 youth/children had mental health issues.
- Mental Health Diagnosis: 491 (71%) out of the 693 youth/children had a mental health diagnosis.
- The Local Boards agree that the Mental Health Issues were addressed for 376 (75%) out of the 502 children/youth.

- 186 (86%) out of the 217 children/youth who were transitioning and were identified as having a Mental Health Issue has an identified plan to obtain services in the adult mental health care system.
- Standard Health Exams: 48 (7%) out of the 693 youth/children refused to have a standard exam.
- Completed Medical Records: 288 (42%) out of the 693 youth/children had completed medical records.

The Local Boards agree that the health needs for 320 (46%) out of the 693 youth/children were met.

Education

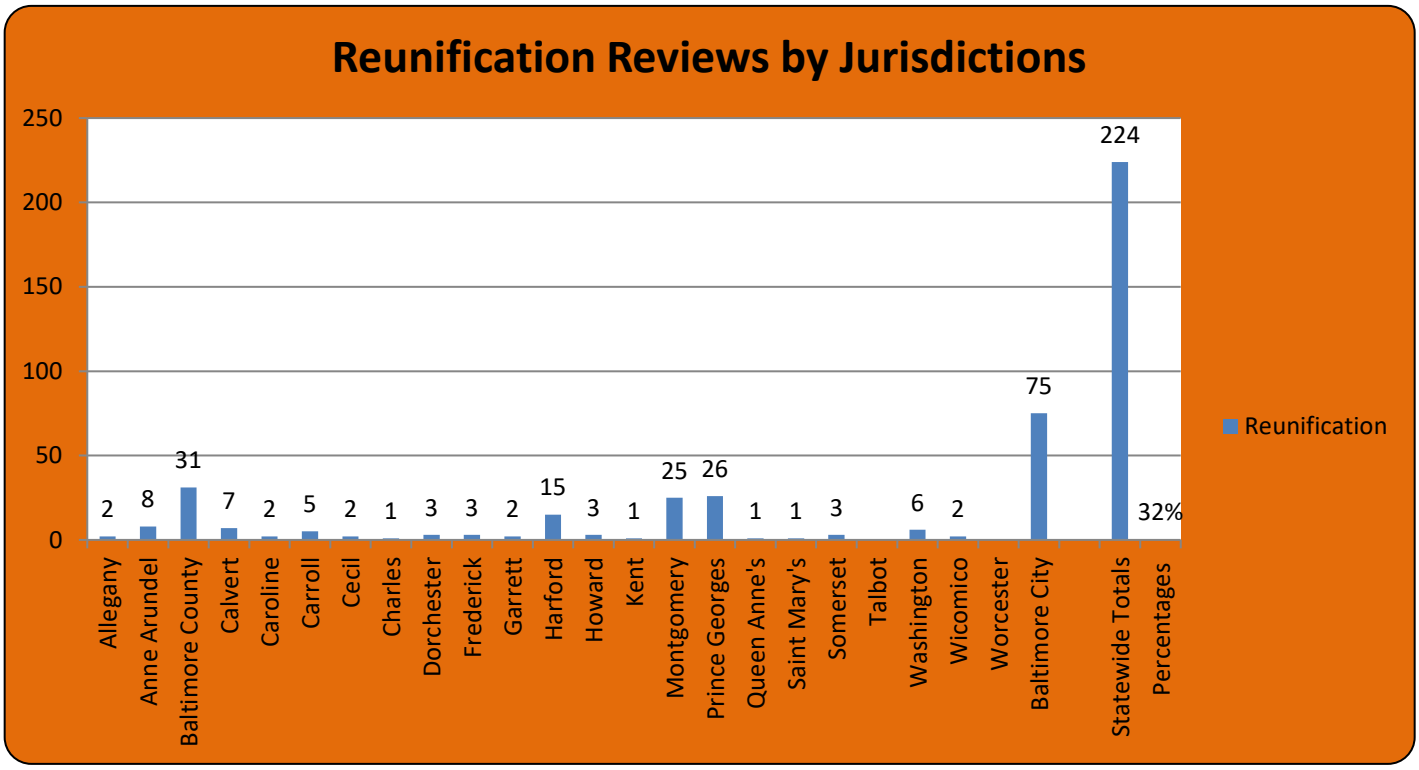
- 245 (53%) out of the 466 youths were enrolled in school had a 504 or IEP plan.
- A current progress report card was available to review for the 254 of the youth enrolled in school.
- 90 (64%) out of the 140 youths had concrete plans for post-secondary education.
- 36 (75%) of the 48 youths pursuing higher education were found to have applied for FAFSA.
- 70 (31%) out of 229 youth that were disabled and exiting school were aware of and engaged with community supports.



The Local Boards agreed that 413 (79%) out of 524 youths were being appropriately prepared to meet their educational goals.

Reunification Case Reviews

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



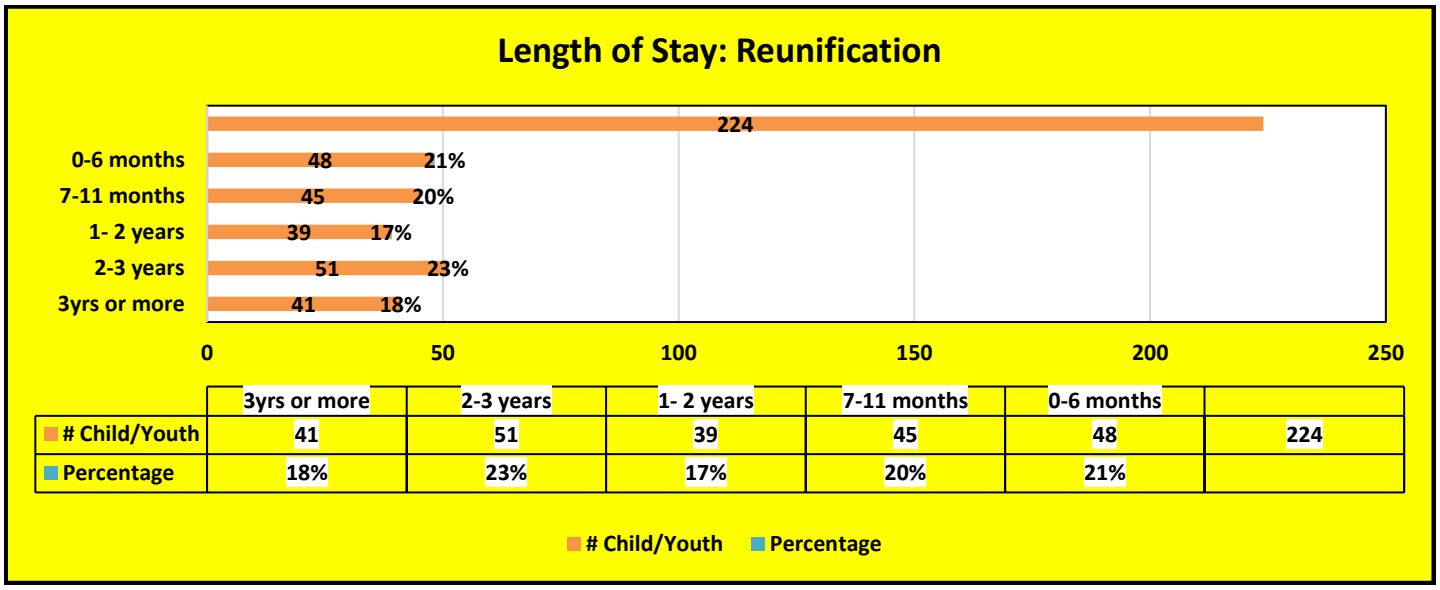
Age Range	Statewide Totals	Reunification	Percentage
Age 1 thru 5	95	22	23%
Age 6 thru 10	94	44	47%
Age 11 thru 13	93	52	56%
Age 14 thru 16	121	69	57%
Age 17 thru 19	178	34	19%
Age 20	112	3	3%
Total	693	224	32%

Permanency

The local boards agreed with the permanency plan of reunification for 146 (65%) of the 224 cases reviewed.

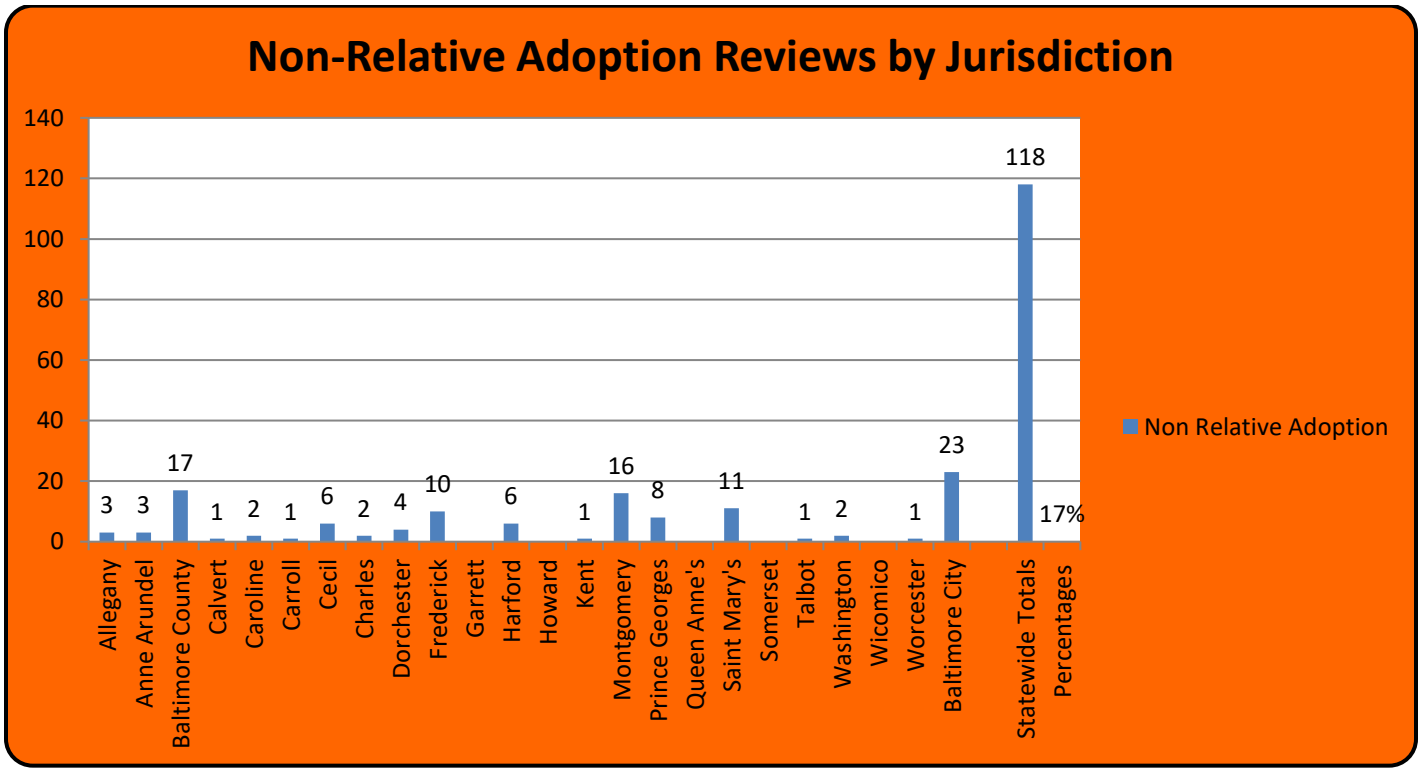
Length of Stay for Children/Youths with a plan of Reunification

The local boards found that the lengths of stay for the 224 children/youths with a plan of Reunification were as follows:



Non-Relative Adoption Case Reviews

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



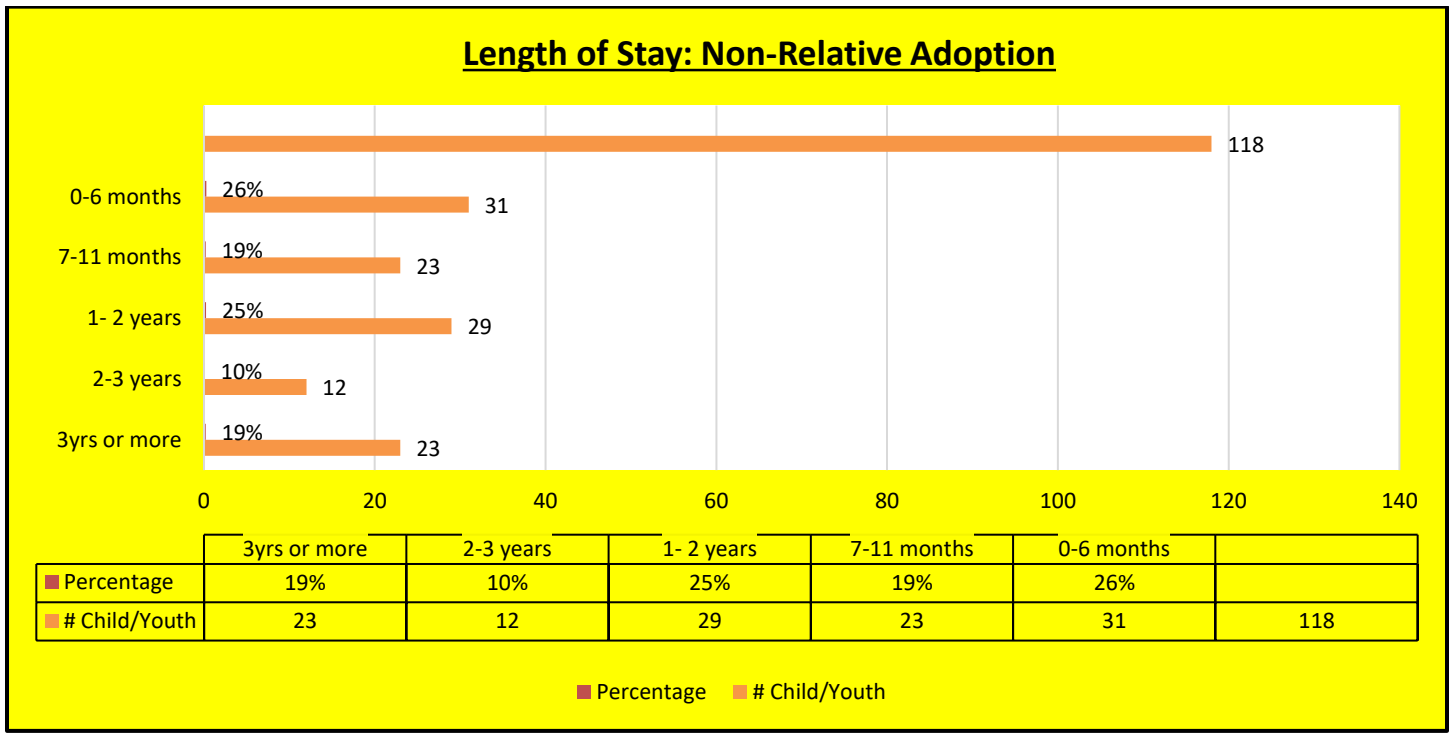
Age Range	Statewide Totals	Adoption	Percentage
Age 1 thru 5	95	45	47%
Age 6 thru 10	94	33	35%
Age 11 thru 13	93	21	23%
Age 14 thru 16	121	15	12%
Age 17 thru 19	178	4	2%
Age 20	112	0	N/A
Total	693	118	17%

Permanency

The local boards agreed with the permanency plan of Non-Relative Adoption for 117 (99%) of the 118 cases reviewed.

Lengths of Stay for Children/Youths with a plan of Adoption

The local boards found that the lengths of stay for the 118 children/youths with a plan of Non-Relative Adoption were as follows:

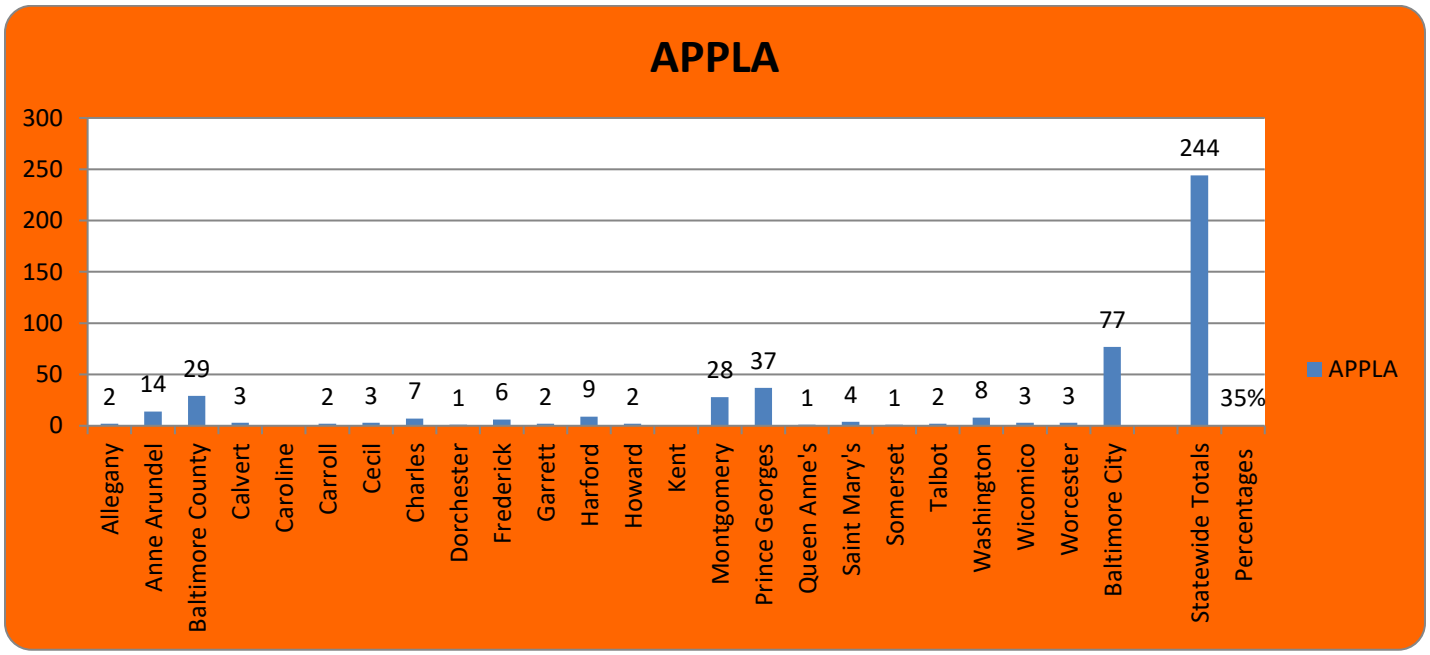


	3yrs or more	2-3 years	1- 2 years	7-11 months	0-6 months	
Percentage	19%	10%	25%	19%	26%	
# Child/Youth	23	12	29	23	31	118

APPLA Reviews
(Another Planned Permanent Living Arrangement)

APPLA is the least desired permanency plan. All efforts should be made to rule out all other permanency plans including reunification with birth family, relative placement for custody and guardianship or adoption, adoption to a non-relative and guardianship to a non-relative before a child/youth's permanency plan is designated as APPLA.

Out of the total number of 693 cases reviewed, 244 (35%) of the cases had a plan of APPLA. Baltimore City had the most cases at 77 (32%), Prince George's County 37 cases (15%), Baltimore County 29 cases (12%), Montgomery County 28 cases (11%), Anne Arundel County 14 cases (6%), Harford County 9 cases (4%), Washington County 8 cases (3%), Charles County 7 cases (3%) and Cecil County 3 cases (1%).



Age Range	Statewide Totals	APPLA	Percentage
Age 1 thru 5	95	0	N/A
Age 6 thru 10	94	0	N/A
Age 11 thru 13	93	0	N/A
Age 14 thru 16	121	7	6%
Age 17 thru 19	178	129	72%
Age 20	112	108	96%
Total	693	244	35%

Permanency

The local boards agreed with the permanency plan of APPLA for all 244 (100%) of the total cases reviewed.

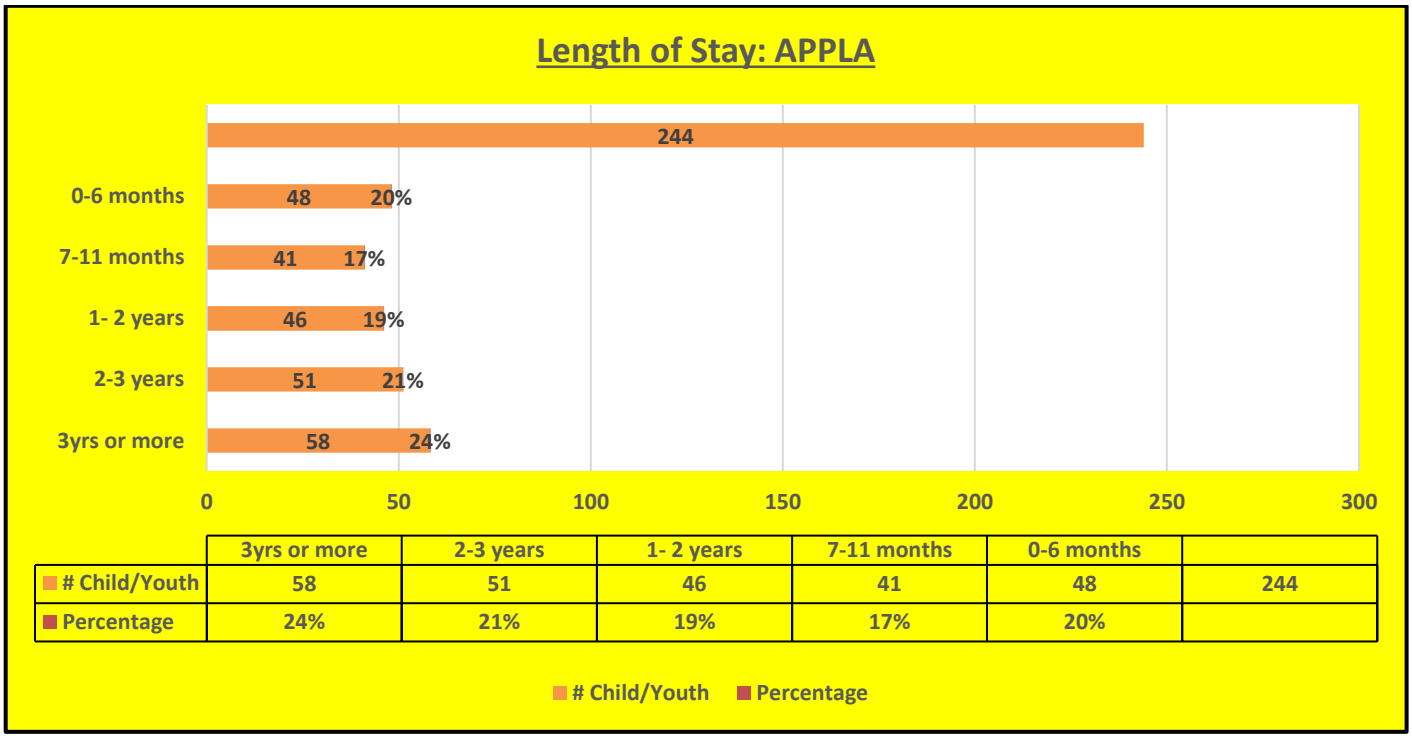
- 7 reviews with the plan of APPLA, the youths were between the ages of 14 thru 16.
- 129 reviews with the plan of APPLA, the youths were between the ages of 17 and 20.
- 108 reviews with the plan of APPLA, the youths were age 20 and above.

Length of stay Child/Youth had a plan of APPLA

The local boards found that the lengths of stay for children/youths with a plan of APPLA were as follows:

Length of stay Child/Youth had a plan of APPLA

The local boards found that the lengths of stay for children/youths with a plan of APPLA were as follows:



Ready by 21

Independent Living Services

- 244 (60%) youths received appropriate services to adequately prepare for independent living when they leave out of home care.
- 227 (56%) of the youths completed a Life Skills Assessment.
- 233 (57%) of the youths received required independent living skills.

The Local Boards agreed that 161 (49%) of the youth received appropriate Independent Living Skills to prepare for transition to successful adulthood.

Employment (Age 14 and Older)

- 161 (40%) of youth participated in paid or unpaid work experience.
- 153 (38%) of 407 youths participated in paid or unpaid work relevant to career field of choice.
- 140 (34%) of youth were referred by caseworkers to summer or year-round training and employment opportunities.
- 66 youths were identified as being 20 years old and earning a living wage.

The Local Boards agreed that in 182 cases that the child/youth was being appropriately prepared to meet employment goals.

Housing (20 and with APPLA only)

- 86 (82%) out of the 105 youths who were transitioning out of care had specified housing.
- 89 (85%) of the youths transitioning out of care were provided with alternative housing options.

The Boards agreed with the transitional housing plan for 85 youths.

The Boards agreed that 83 (79%) out of the 105 youths were appropriately prepared for transitioning out of care.

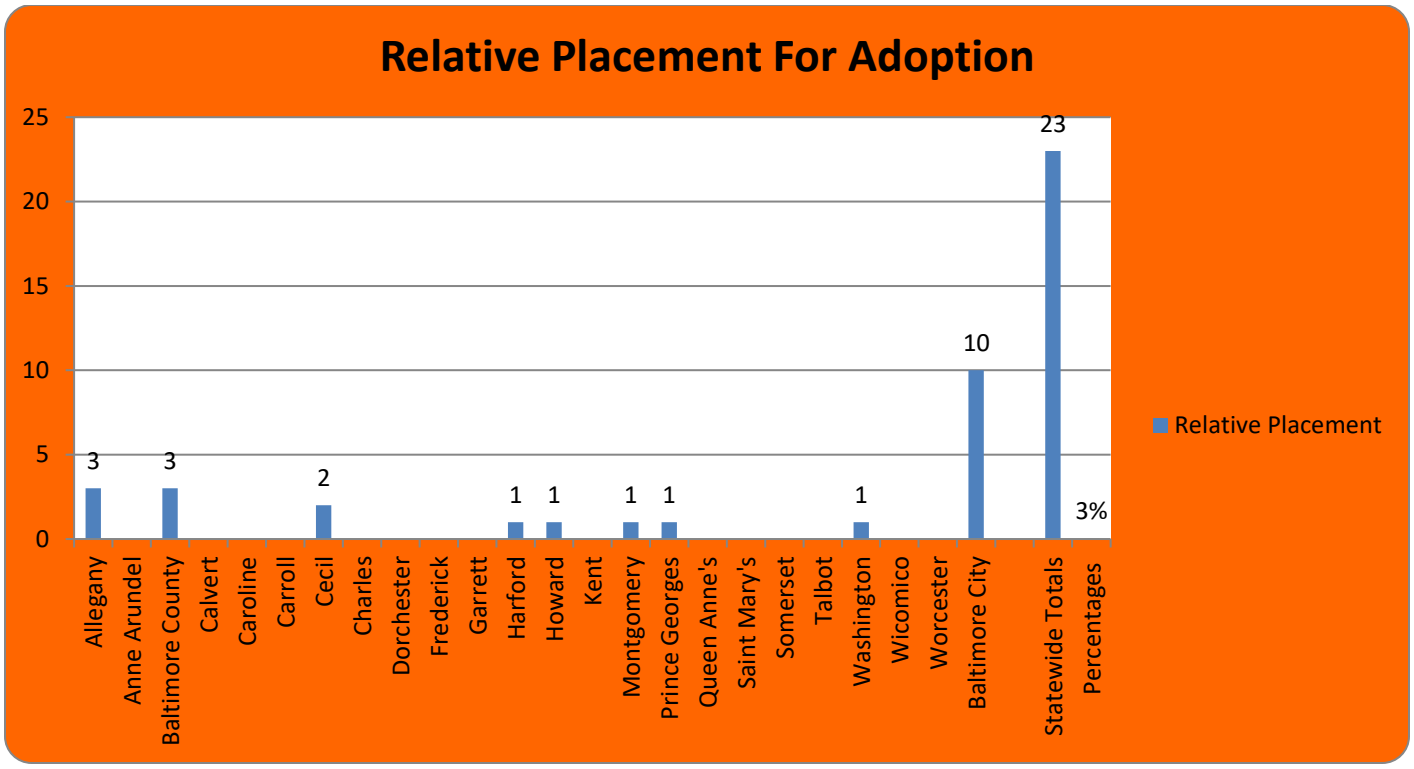
Permanent Connections (APPLA only)

The LDSS identified 220 (90%) out of the 244 cases reviewed as a permanent connection for the child.

The Local Board found the identified permanent connection appropriate for 218 (89%) of 244 cases.

Relative Placement for Adoption Case Reviews

It is the responsibility of the local departments to seek out opportunities for placement with a blood relative or explore other permanency resources including fictive kin when reunification is not possible.



Category of Relative Placement

- Relative Placement for Adoption: 23 cases

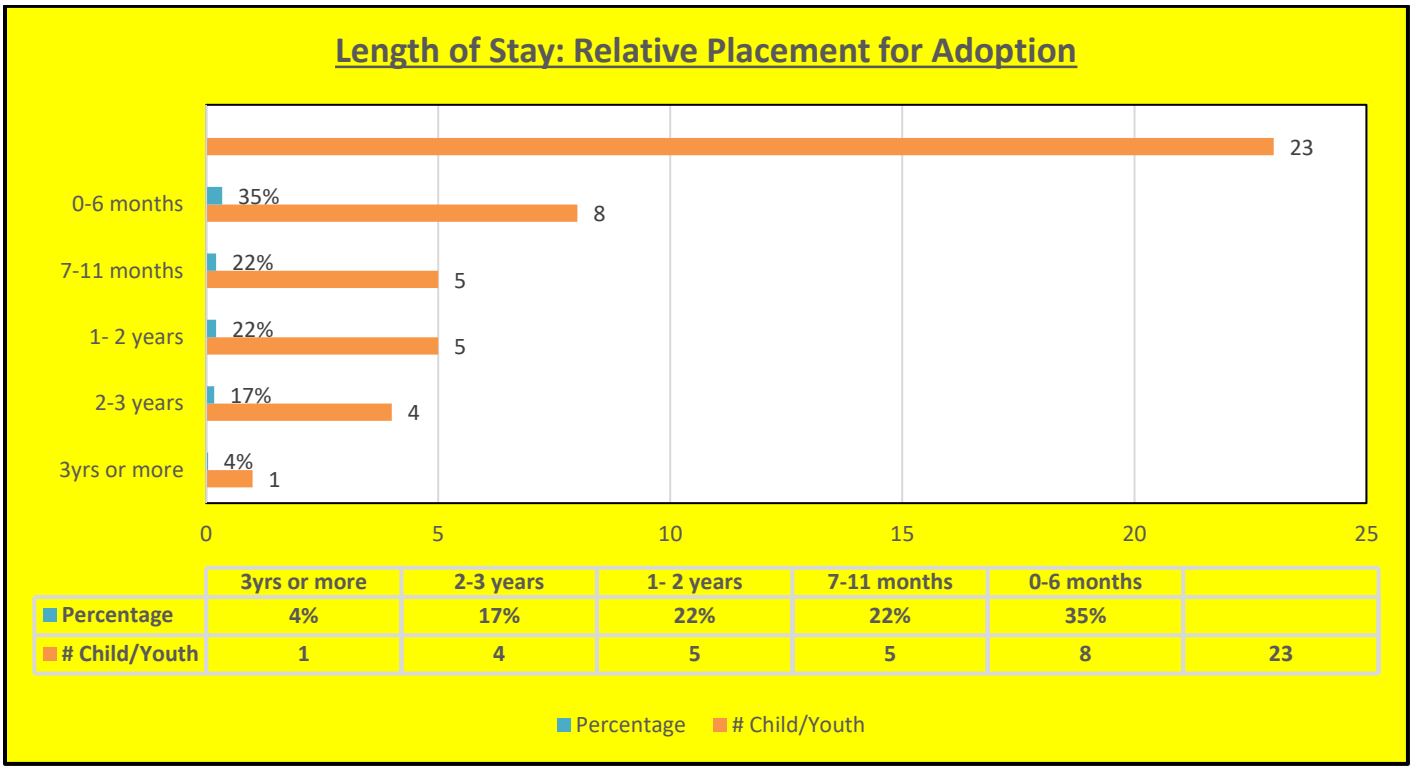
Age Range	Totals	Relative Placement	Percentage
Age 1 thru 5	95	16	17%
Age 6 thru 10	94	6	6%
Age 11 thru 13	93	0	N/A
Age 14 thru 16	121	1	1%
Age 17 thru 19	178	0	N/A
Age 20	112	0	N/A
Total	693	23	3%

Permanency

The local boards agreed with the permanency plan of relative placement for all 23 (100%) of the cases reviewed.

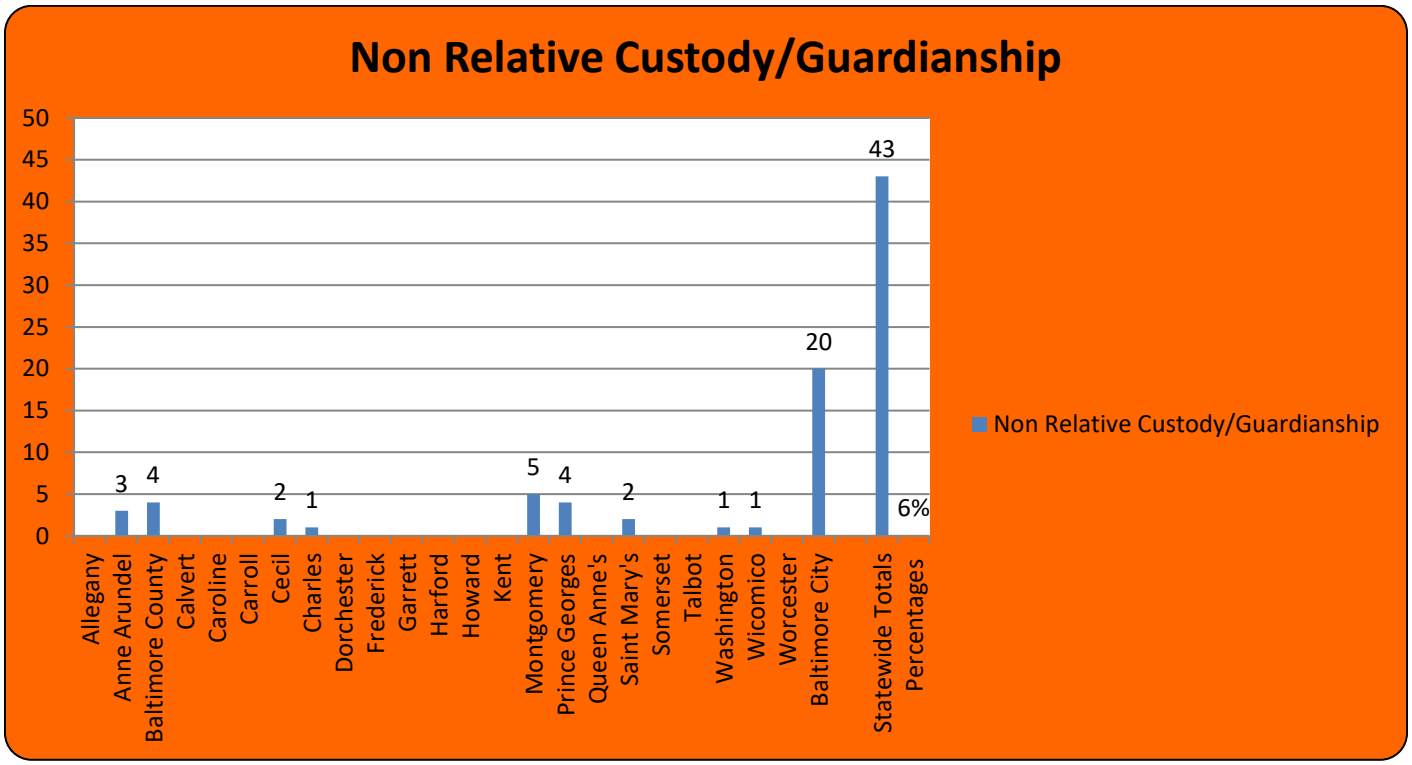
Lengths of Stay for Children/Youth with a plan of Relative Placement for adoption

The local boards found that the length of stay of the 23 children/youths with a plan of Relative Placement for Adoption were as follows:



Non-Relative Custody/Guardianship Reviews

Custody and guardianship is another option that local departments can explore for permanency, and that is made available to a caregiver that would like to provide a permanent home for a child/youth, without having the rights of the parents terminated. This plan allows the child/youth to have a connection with their external family members.



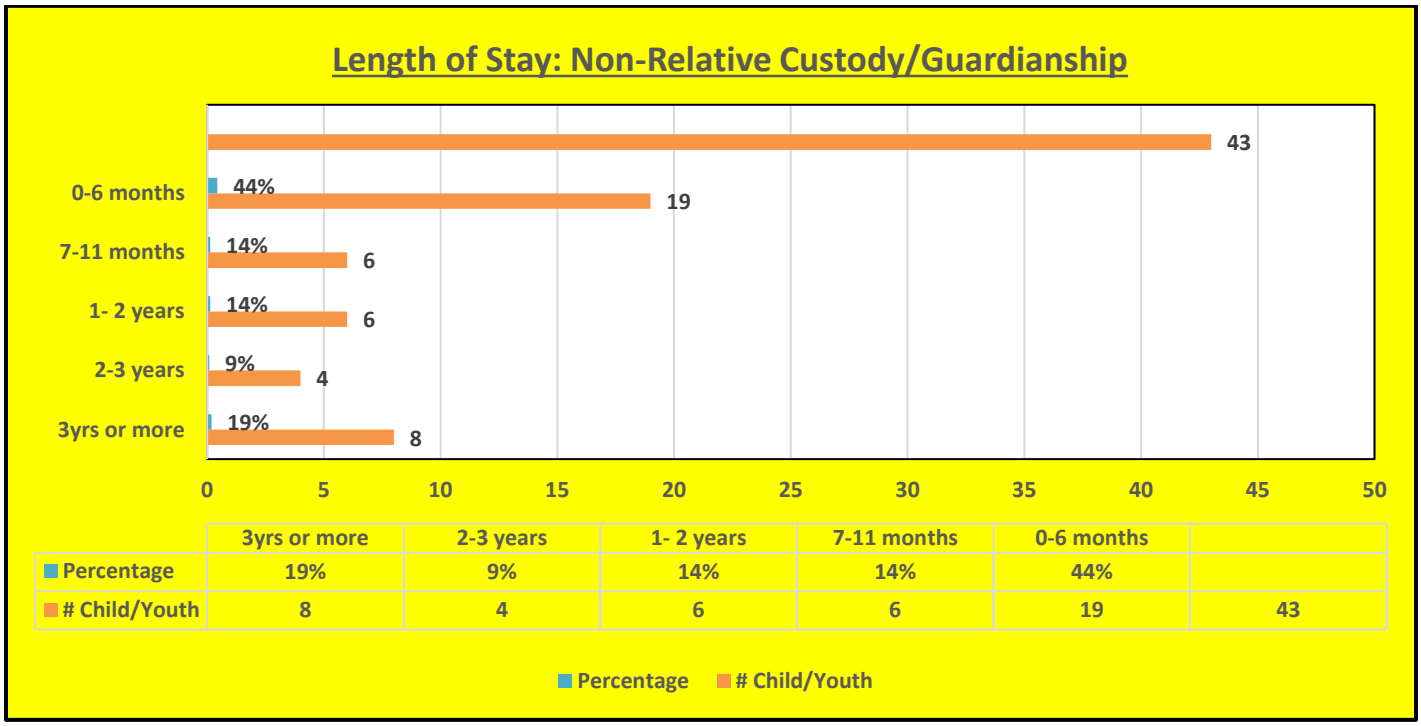
Age Range	Statewide Totals	Custody/Guardian	Percentage
Age 1 thru 5	95	6	6%
Age 6 thru 10	94	4	4%
Age 11 thru 13	93	9	10%
Age 14 thru 16	121	17	14%
Age 17 thru 19	178	7	4%
Age 20	112	0	N/A
Total	693	43	6%

Permanency

The local boards agreed with the permanency plan of Non-Relative Custody/Guardianship for 35 (81%) of the 43 cases reviewed.

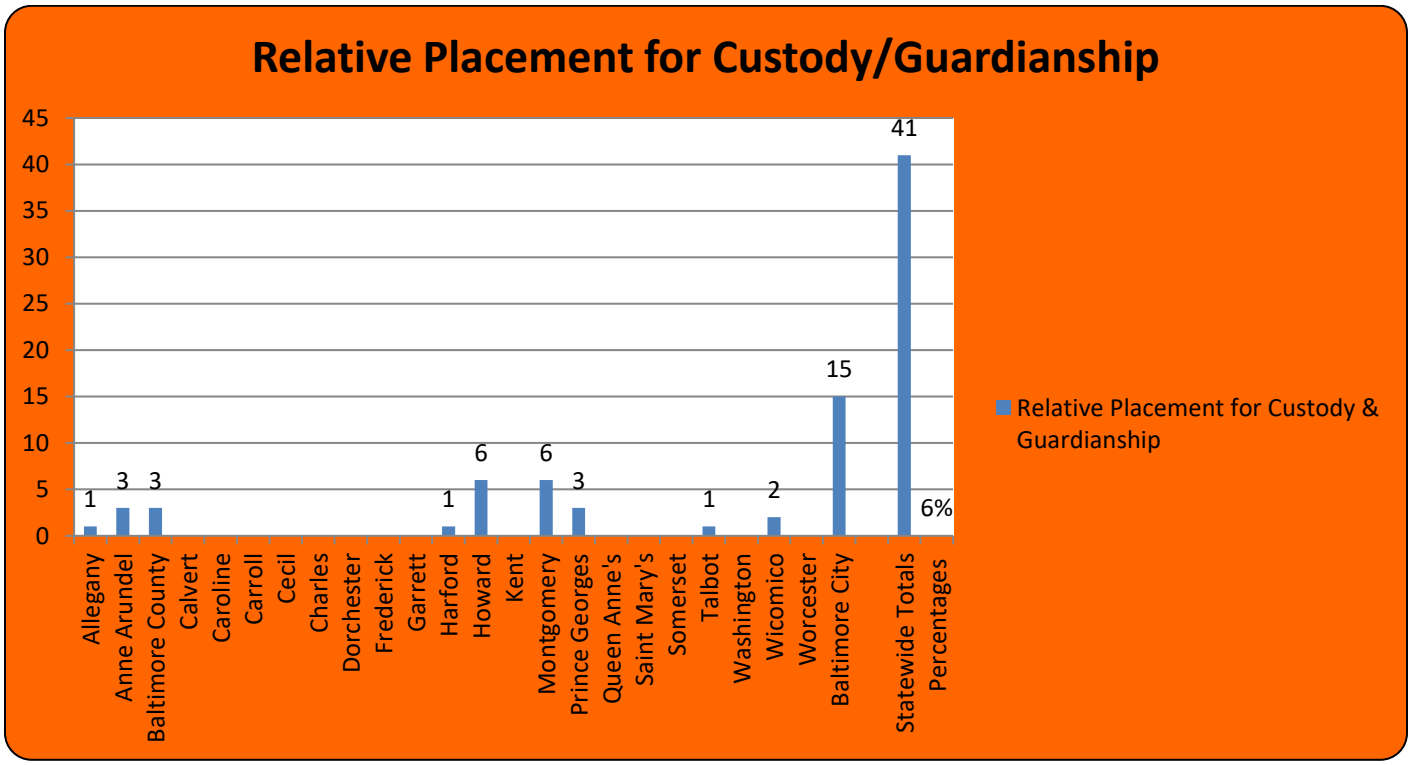
Lengths of Stay for Children/Youths with a plan of Non-Relative Custody/Guardianship

The local boards found that the lengths of stay of the 43 children/youths with a plan of Non-Relative Custody/Guardianship were as follows:



Relative Placement for Custody/Guardianship

Custody and guardianship is another option that local departments can explore for permanency, and that is made available to a caregiver that would like to provide a permanent home for a child/youth, without having the rights of the parents terminated. This plan allows the child/youth to have a connection with their external family members.



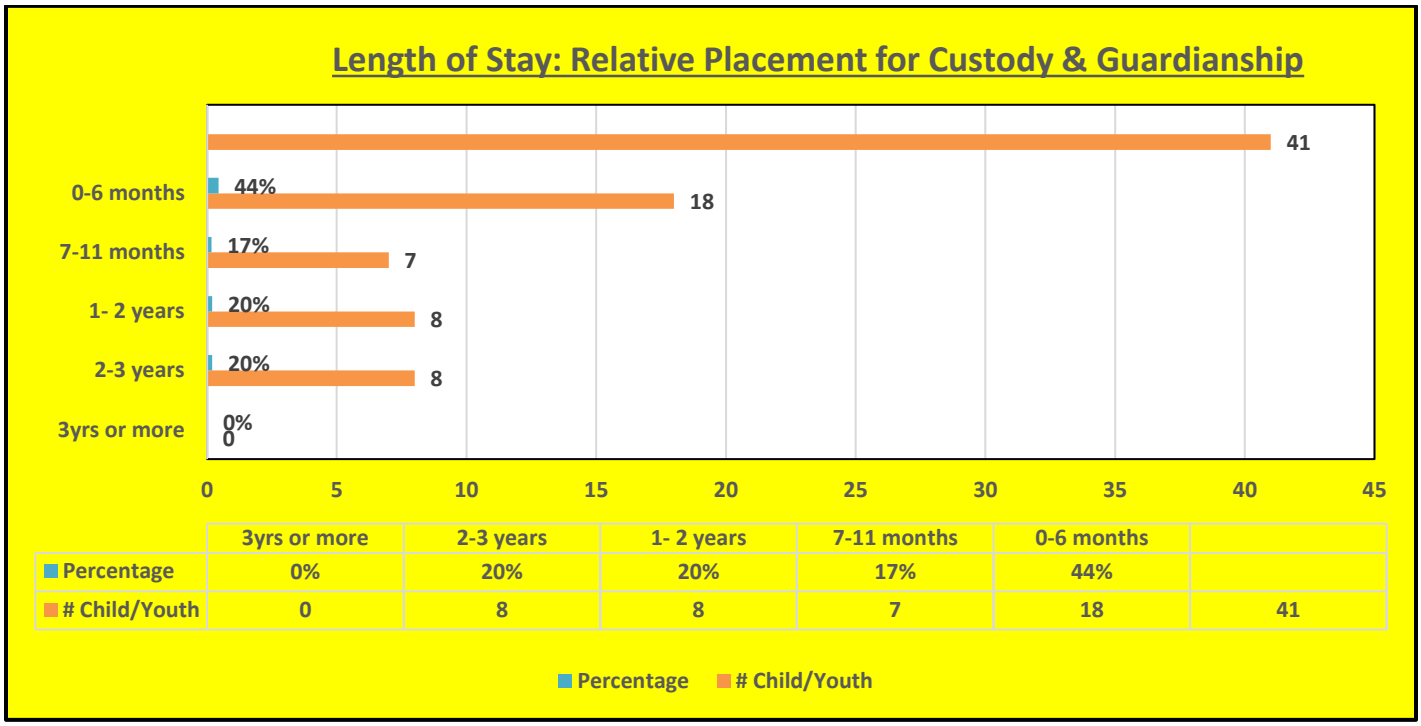
Age Range	Statewide Totals	Relative Placement Custody/Guardian	Percentage
Age 1 thru 5	95	6	6%
Age 6 thru 10	94	7	7%
Age 11 thru 13	93	11	12%
Age 14 thru 16	121	12	10%
Age 17 thru 19	178	4	2%
Age 20	112	1	1%
Total	693	41	6%

Permanency

The local boards agreed with the permanency plan of Relative Custody/Guardianship for 38 (93%) of the 41 cases reviewed.

Lengths of Stay for Children/Youths with a plan of Relative Custody/Guardianship

The local boards found that the lengths of stay of the 41 children/youths with a plan of Relative Custody/Guardianship were as follows:



Summary

Based on the findings of the review, the local boards determined that the local Department of Social Services made adequate progress towards a permanency plan (COMAR – 07.01.06.05 (F)) for 581 (84%) of the 693 total cases reviewed.

CRBC FY2024 State Board

Nettie Anderson-Burrs (Chair)
Circuit 4: Representing Allegany, Garrett, and Washington Counties

Delores Alexander (Vice Chair)
Circuit 3: Representing Baltimore and Harford Counties

Dr. Theresa Stafford
Circuit 1: Representing Dorchester, Somerset, Wicomico, and Worchester Counties

Vacant
Circuit 2: Representing Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties

Vacant
Circuit 5: Representing Anne Arundel, Carroll, and Howard Counties

Sandra "Kay" Farley
Circuit 6: Representing Frederick and Montgomery Counties

Davina Richardson
Circuit 7: Representing Calvert, Charles, Prince George's, and St. Mary's Counties

Beatrice Lee
Circuit 8: Representing Baltimore City

Rita Jones
Circuit 8: Representing Baltimore City

Benia Richardson
Circuit 8: Representing Baltimore City

Denise E. Wheeler
CRBC Administrator
Crystal Young
Acting Administrator

CRBC FY2024 Members*

Virginia From	Tabatha Phipps	Charlene Myers-Hough
Jane Sheehan	Sandra Shapiro	Samirah Brown
Troy Anderson	Karen Robbins	Kimberly Elder
Genna Lee	Terry Adirim	Michelle Morrissette
Mariana Byrant	Sarah David	Wesly Hawkins
Juliet Pearrell	Jonathan DiPietro	Daniel Russell
Emily McCoy	Starlin Weaver	Cordero Kimbrell
Barbara Peace	Tammy Fraley	Tyrika Hendricks

***New members appointed by the Governor in FY2024**

CRBC Staff Members

Denise E. Wheeler
Administrator

Crystal Young, MSW
Assistant/Acting Administrator

Hassan Aslam
Information Technology Officer

Hope Smith
IT Functional Analyst

LeShae Harris
Office Clerk II

Michele Foster, MSW
Child Welfare Specialist

Marlo Palmer-Dixon, M.P.A
Child Welfare Specialist

Nikia Greene
Child Welfare Specialist

Sandy Colea, CVA
Volunteer Activities Coordinator Supervisor

Lakira Whitaker
Volunteer Activities Coordinator II

Agnes Smith
Executive Assistant

Cindy Hunter-Gray
Lead Secretary

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COMAR 07.02.11.03. Out of Home Placement: Definitions. Title 07 Department of Human Services (formerly Dept. of Human Resources).

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Maryland
DEPARTMENT OF HUMAN SERVICES
Wes Moore, Governor · Aruna Miller, Lt. Governor · Rafael López, Secretary

May 30, 2025

Crystal Young, MSW, Administrator
Citizen Review Board for Children
Delivered electronically to: crystal.young@maryland.gov

RE: SSA Response to Citizen Review Board for Children FY2024 Annual Report (sent

Dear Members of the Citizen Review Board for Children:

We sincerely appreciate your FY2024 Annual Report and thank you for your dedicated advocacy for Maryland's children. Your recommendations are vital to our mission and align with the Moore-Miller Administration's trauma-informed and family-centered values, as outlined in our 2024-2029 Child and Family Service Plan.

In response to your key findings, we are taking the following steps:

- **Safety Assessments:** To address the need for consistent safety assessments and follow-up, we are reinforcing documentation expectations through updated guidance and direct support during Family Team Decision Making meetings.
- **Permanency:** We agree that every child needs a permanent family. To support this, we are advancing a "kin-first" culture through streamlined licensing and a new Kinship Navigator Program. We are also expanding prevention services under the Family First Prevention Services Act (FFPSA) and partnering with other agencies to improve outcomes for youth with complex needs.
- **Documentation:** Recognizing the inconsistencies you noted, we are redesigning our quality assurance processes to ensure documentation accurately reflects family engagement and progress. We will continue to stress the importance of timely and thorough documentation through training and supervision.
- **Service Accessibility:** We are actively working to expand the array of available and accessible services for families by strengthening interagency partnerships to increase access to behavioral health, educational, and housing supports.
- **Youth Transition:** To better prepare youth for adulthood, we are enhancing our Youth Transition Planning process, increasing access to housing assistance, and strengthening partnerships with educational and workforce development agencies.

We understand the critical role that service accessibility plays in achieving safety and permanency for children and families. Goal 4 of the 2024-2029 Child and Family Service Plan, is to strengthen and expand the service array with a focus on availability, accessibility, and intensity to meet the individual and cultural needs of children, youth, and families. SSA is working collaboratively with state and community partners to increase access to behavioral health, educational, and housing supports through interagency agreements and shared data systems as well as maximize federal and state resources.

We are grateful to CRBC for its partnership in identifying areas of concern and opportunity. Your work helps guide our agency's strategic focus and reinforces our shared commitment to the safety, stability, and success of Maryland's children. SSA will continue to use CRBC's recommendations to inform policy, practice, and quality improvement efforts. We look forward to our continued collaboration as we work to build a responsive and resilient child welfare system that supports families and empowers communities.

Sincerely,

Dr. Alger Studstill, Jr., Executive Director
Social Services Administration
Maryland Department of Human Services

Maryland Department of Human Services
Social Services Administration
Foster and Adoptive Parent Diligent Recruitment Plan
2025 - 2029

Maryland is focusing on implementing a kin first culture and our primary focus for meeting diligent recruitment requirements is identifying kin and other trusted adults in children's lives. Significant progress is underway in this area. As described in the CFSP, Maryland is implementing a Kinship Action Plan to significantly increase the proportion of children in out of home care living with kin, and increasing support provided to those kinship families. As of April 2024, 26% of children in out-of-home care live with kin.

We expect focusing on kin will drastically reduce the need for non-kinship resource parents. Maryland will work to modernize its approach to resource and adoptive parent recruitment, by focusing on implementing key practices including:

- Conducting data analysis to understand the characteristics of children in our care, at the county level, so recruitment strategies are specifically targeted to actual needs rather than generic.
- Conducting an assessment of current resource families to understand placement preferences and capacities, identify gaps, and develop targeted strategies to address those gaps. This may include an analysis of the characteristics of children that resource parents *say* they want to serve, compared with the characteristics of children actually placed in their resource homes.
- Implement strategies to engage experienced resource parents to recruit and support other resource parents.
- Assessing and streamlining the process to become a resource parent. This includes identifying the processes in which prospective resource parents participate and addressing any noted activities that support or hinder the process.
- Exploring technology to modernize and simplify the process of initial certification and recertification.
- Building capacity at SSA through training opportunities to support technical assistance to the Local Departments of Social Services (LDSS) on these and other best practices.
- Develop a communications plan to disseminate information referencing recruitment needs to the public.

The remainder of this document identifies current work in resource home recruitment and provides some current data.

Current Work
As reported in the 2024 Annual Progress Service Review (APSR), DHS continues to partner with the Maryland Resource Parent Association (MRPA), the Child Welfare Academy (CWA), and Adopt-Us-Kids (AUK) for ongoing recruitment and retention efforts. The CWA increased resource parent training by utilizing a virtual training platform. Continuing virtual training offers greater accessibility and reach across jurisdictions, enabling more resource parents to take advantage of training opportunities throughout the year. MRPA continues to provide webinars to Resource Parents which support them in meeting their continuing training needs. The SSA is working to have a digital commercial developed by AUK with a MD specific end screen. The digital commercial can be shared on different social media platforms and will be used to recruit resource parents. Additionally, AUK has targeted media outreach and continues to submit families' names for recruitment to SSA on a weekly basis. SSA then sends the family information to the LDSS for follow-up.

The SSA continues to contract with Center for Adoption Support and Education (CASE) and Adoptions Together for permanency and stability for Maryland youth. The SSA continues to provide Adoption and Guardianship Incentive payments and Post Adoption Permanency funds to families that apply and are eligible. These funds are available for pre- and post-adopt families depending on their circumstances.

Resource Parent Training
The state continues to utilize Parent Resource for Information, Development and Education (PRIDE) pre-service training for resource parents. After attending the Permanency Summit in Washington, DC in May 2023 SSA started to explore the National Training and Development Curriculum (NTDC) pre-service training. It was determined that NTDC would better support the needs identified by the LDSS across the state.

In spring 2024 SSA partnered with Spaulding for Children to begin a pilot program for the National Training and Development Curriculum (NTDC). The NTDC curriculum consists of three components that help to prepare and provide ongoing development for parents who want to foster or adopt: Self-Assessment, Classroom-Based Training and Right-Time Training.

The NTDC Self-Assessment is a self-discovery tool that provides families who are preparing to become resource, kinship, or adoptive parents the opportunity to learn more about themselves as they consider the characteristics and competencies that are important when parenting children who have experienced trauma, separation, and loss.

The Classroom-Based Training themes provide a framework to build a strong foundation for parenting children who have experienced trauma, separation, and loss. Each Classroom-Based Training theme has clearly delineated competencies. The themes include Child Development, Attachment, Separation, Grief & Loss, Trauma-Related Behaviors, Maintaining Children's Connections, Trauma-Informed Parenting, Effective Communication, Building Resilience for Kinship Parents, Preparing for & Managing Intrusive Questions, and Overview of Child Welfare System. There are hands-on activities and group work that encourage brainstorming and deeper conversation, while self-reflection and relevance activities allow families to consider how they might apply the information learned to their own lives. Classroom-based training can be offered in-person, remotely or through a hybrid design.

Right-time training offers continuing education that can be viewed anytime. Training certificates are generated so participants can count the hours toward their annual training requirements. The Right-time training themes include Accessing Services and Support, Building Children's Resilience, Building Parental Resilience, Common Feelings Associated with Being Adopted, Education, Family Dynamics, Preparing for Adulthood, Preparing for and Managing Visitation, and Responding to Children in Crisis.

In May 2024, SSA and Spaulding for Children offered a Train the Trainer session for LDSS and Treatment Foster Care staff. There were representatives from SSA, four LDSS and three Treatment Foster Care agencies. SSA intends to have NTDC utilized throughout the state of Maryland by the beginning of 2025.

SSA Work with Local Departments

SSA develops relationships with recruitment and retention staff at the twenty-four LDSS. This includes attending local monthly grassroots meetings and leading workgroups around resource home licensure requirements. SSA will make ongoing efforts to connect with recruitment and retention staff at the twenty-four LDSS.

One of the LDSS worked with a kinship family to develop a video to recruit kinship caregivers and inform the public about the need for resource homes for older youth. SSA is collaborating with the LDSS so a Maryland specific end screen can be added to the video. Once this is completed LDSS across the state can use this video on their social media platforms to recruit additional families including kinship caregivers and teen specific homes.

The SSA recently developed and presented a statewide logo for Recruitment and Retention initiatives. The new "Foster Love Maryland'' logo will serve as a unified symbol for our recruitment campaigns in each of the twenty-four

jurisdictions in Maryland. The new logo creates a consistent and recognizable brand identity across recruitment materials and communications.

In August 2024 Out of Home staff will attend the Permanency Summit in Arlington, VA where we hope to understand additional recruitment strategies being used nationally that are approved by federal partners.

Future Recruitment and Retention Planning
While many of the ongoing efforts of the Department are mentioned above, we intend to strengthen several existing processes to enhance recruitment and retention activities across the state. We will continue to incentivize families to refer others who subsequently become resources. SSA is also collaborating with local entities to gather information and develop a comprehensive state recruitment strategy that supports local efforts in securing families for targeted populations, such as older youth and special needs/medically fragile children.

We will provide additional technical assistance to LDSS in recruiting and retaining families through training and other opportunities offered by the Workday Learning, Child Welfare Academy (CWA), CWLA, and the Children's Bureau.

To support retention efforts, we will support training through CWA, CASE, MRPA, and other avenues. Training will cover topics such as building parental resilience, family dynamics, preparing for and managing visitation, and responding to children in crisis. DHS is also transitioning from PRIDE to NTDC, which offers additional on-demand training modules for families and workers. Finally, due to federal regulatory and state statutory changes, promoting our status as a kin first state will enhance the recruitment of kin caregivers. Kinship caregivers will now be eligible for the same support services without the previous barriers, and SSA will explore and offer additional kin-specific supports. Pending state regulatory changes will further support kinship caregiver recruitment.

Characteristics of Maryland Children
Per the December 31, 2023, demographic information (point in time) provided by Maryland's CCWIS Child, Juvenile, Adult Management System (CJAMS) there were 3,767 children in care.

According to the State of Maryland Out-of-Home Placement Dashboard 6,084 youth were in care during fiscal year 2023. This number reflects 14,610 total placements with 62.9% of youth placed in their home jurisdiction. The number of youth in care includes the following age ranges: under 5 33.8% (2,065), 5-9 17% (1,037), 10-14 26% (1,591), and 15-21 23% (1,411). The placement

category statistics noted that 78.6% of youth were placed in family homes (resource/kin) however, the remainder of the youth were placed in other non-family placements such as hospitals, residential, or unknown.

Legally Free Children/Youth
(procedures for a timely search can reference policy)
As of April 15, 2024, there were 264 children in need of adoptive homes who were determined to be legally free and eligible for adoption.

For youth that are legally free for adoption and do not have an adoptive resource, Adopt US Kids is a resource that can assist in matching families and youth together. Per SSA policy 12-28, "Instructions on Using the Adopt US Kids Database", youth are to be registered on Adopt US Kids if they do not have a committed family at the time of the permanency plan changing to Adoption. SSA staff are able to register LDSS staff on the AUK website and provide them with a logon to register the child or youth.

In Maryland, there are currently 113 youth who have an active Termination of Parental Rights Case (TPR) or are waiting for a TPR date. There are 77 youth that are placed in pre-adoptive homes but are waiting for the Termination of Parental Rights to occur or are waiting for the adoption finalization.

As previously noted, Maryland is working towards becoming a kin first state and placing children with kin is a priority. The goal is for all kinship caregivers in the state to be licensed under the new kinship program standard regulations that will be effective in the Fall of 2024. Under these new regulations kin will have the opportunity to establish permanency for the child or youth in their care through custody and guardianship or adoption. The state's goal is to increase the number of children placed with kin, increase the number of licensed kinship caregivers and to increase the number of siblings that are placed and remain together.

The SSA will connect with One Church, One Child of Maryland. One Church, One Child works to reduce the number of children in the Maryland foster care system through adoption education and recruitment.

The DHS website has been updated so those interested in becoming resource parents can easily locate information including who to contact in their locality to learn more about foster care. One centralized list of contacts in each county makes it easier for interested parties to learn about opportunities. The updated website is easier to navigate for those interested in becoming resource parents. The website will continue to be updated with new information.

SSA staff collaborate with the DHS communications team to ensure that the need for resource families is communicated effectively on social media platforms. The DHS communications team is responsive to SSA's interest in featuring LDSS along with their specific needs for families. By utilizing DHS's social media platforms, we will increase targeted recruitment efforts for LDSS across the state.

DHS will continue to diligently recruit resource parents for victims of human trafficking. DHS will ensure resource parents receive training and resources to enhance their knowledge around the needs of trafficking victims. DHS continues to partner with the National Center for Missing and Exploited Children (NCMEC) to be informed of resources and needs for youth who are missing or have been trafficked.

Older Transitional Age Youth

In Fiscal Year 2023, Maryland had a total of 13,880 placements of youth ages 0-21 of which 21.3% were youth ages 15-20. In recruiting and retaining resource homes, Maryland will ensure that all LDSS focus on targeted recruitment strategies with a concentrated effort on older youth who have more diverse needs and have experienced trauma. The LDSS will ensure resource providers have trauma responsive training to adequately manage the needs of older youth. Through the Advancing Well-being and Connections Youth in Care initiative, DHS will promote permanent connections and stability for older youth.

DHS will utilize targeted recruitment by:

- LDSS will recruit at high schools, PTA meetings, and college and vocational fairs.
- DHS will encourage LDSS to utilize their recruitment budget to recognize and incentivize resource parents for older youth and special needs/medically fragile children.
- DHS will continue to recruit and retain permanent resources for older youth in care.

Sibling Placements Outreach

As previously stated, the State of Maryland is working toward becoming a kin first state which includes prioritizing placing siblings together whenever possible. As SSA finalizes kin specific licensing standards, these standards will expedite the licensure process for kinship caregivers and enable state financial support. One of the goals of transitioning to a kin first system is to increase the number of siblings placed together in a kinship home. Kinship care minimizes trauma; increases the likelihood children remain with siblings; increases permanency by providing stability with fewer placement disruptions; improves children's behavioral and mental health outcomes;

reduces the risk that children in out-of-home care are trafficked; and maintains family, community, and cultural ties that function as protective factors for children.

SSA tracks data for sibling placements. Maryland children with siblings in care are more likely than not to be placed with siblings. As of January 2024, there were 3,716 youth in out of home care. Of those youth, 1,636 have a sibling in care and 1,125 (74.27%) are either all placed together or some of the siblings are placed together. Of the 1,636 youth that have siblings in care, 797 (48.72%) are all placed together; 418 (25.55%) have some siblings placed together and 412 (25.73%) do not have a sibling placed together.

The SSA will ensure that recruitment and retention efforts are improved so more public resource homes are recruited for siblings. The SSA will release new resource home licensure regulations in Fall 2024. The regulations remove non-safety requirements that could be preventing siblings from being placed together. For example, the new regulations allow the use of bunk beds in resource and kinship homes. The use of bunkbeds may increase the number of homes who are willing and able to care for siblings.

The LDSS are required to ensure that siblings, who are not placed together, have monthly visitation, be placed in close proximity to one another, and are able to have daily contact by phone or email.

Staff Training

The National Adoption Association (NAA) is a resource that SSA can utilize for staff training. The NAA mission is to have leaders advancing best practices in adoption from foster care. The SSA have an annual subscription to NAA and members from the LDSS are able to gain valuable support, education, and resources. The state will ensure the LDSS are able to gain knowledge and support from NAA.

The Center for Adoption Support and Education (CASE) and Paths for Families both offer training for staff. A Request For Proposal (RFP) should be released in 2024 and the agency(ies) that are awarded post adoption funding will also offer training to staff for Adoption Competency and other adoption/guardianship related topics.

The Child Welfare Academy will also offer training to LDSS staff including a Concurrent Permanency Planning training for Supervisors. The training will focus on the supervisor's role of guiding the workers through difficult concurrent planning conversations with parents, guardians, resource homes, and kinship caregivers. The training will focus on the need for transparency and sensitivity in the conversations with all parties.

Non-Discriminatory Fee Structure

Maryland currently does not have a non-discriminatory fee structure as all components of fostering to adopt are state funded. Resource parents are supported financially and given information on resources by the LDSS.

Private foster care agencies (group providers and private treatment foster care agencies) submit an annual budget to the SSA Office of Licensing and Monitoring and the Maryland Interagency Rate Committee (IRC) which outlines the cost for all services provided for each child in the program, including the cost for a clothing allowance. Private agencies provide clothing allowances to their foster parents or youth on either a monthly or quarterly basis. Private agencies are provided sufficient funds within their monthly payment amount as established by the IRC to cover the approved clothing allowance for placements in their programs and are not eligible to receive additional funds for this purpose from the LDSS. For public provider board rates, see Appendix RP E SSA-CW #19-13-Guidelines for Foster Care Board Rate Expenditures revised 1.15.19.