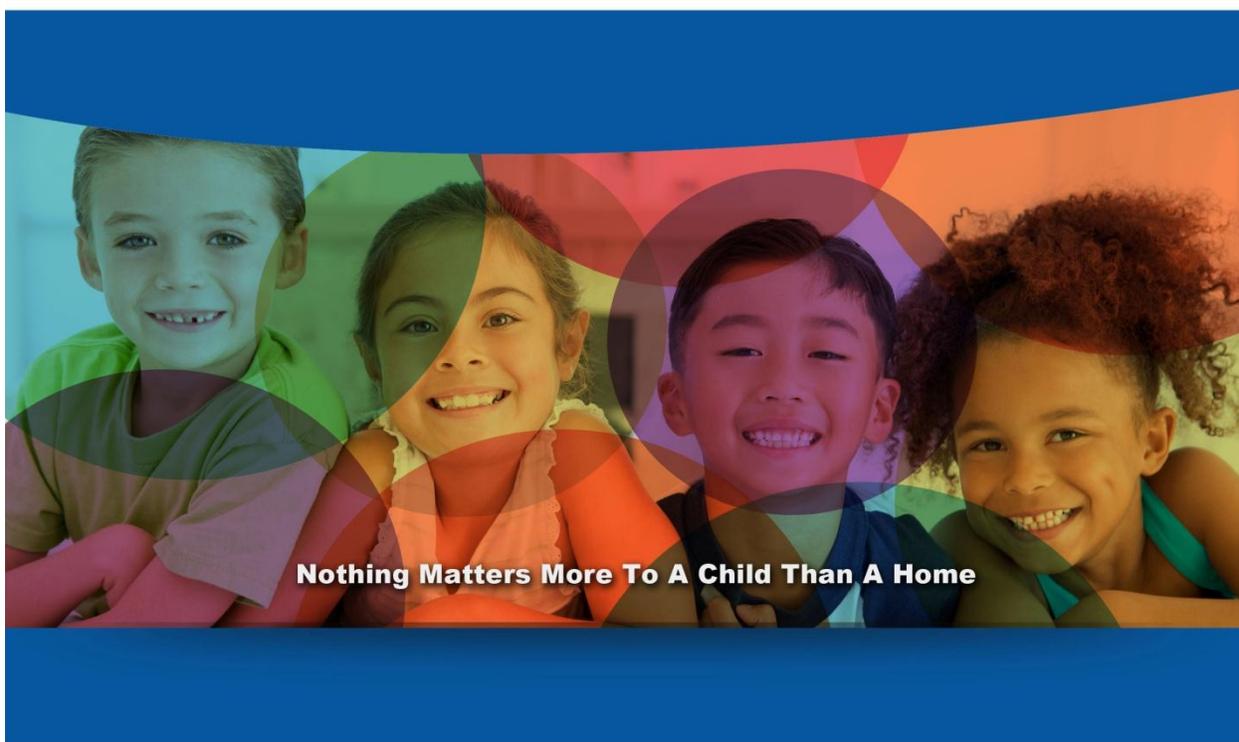


Maryland Department of Human Resources
Title IV-B Child and Family Services Plan
2014 Annual Progress and Services Report



Martin O'Malley, Governor
Anthony Brown, Lt. Governor
Theodore Dallas, Secretary



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I. FY 2014 ANNUAL PROGRESS AND SERVICES REPORT

A. ORGANIZATION AND FUNCTIONS

INTRODUCTION / OVERVIEW OF DHR

The Maryland Department of Human Resources (DHR) is designated by the Governor as the agency to administer the Social Services Block Grant (Title XX), Title IV-B and Title IV-E Programs. DHR administers the IV-B, subpart two, Promoting Safe and Stable Families plan and supervises services provided by the 24 Local Departments and those purchased through community service providers.

The Social Services Administration (SSA), under the Executive Director, has primary responsibility for the social service components of the Title IV-E plan and programs that include: A) Independent Living Services, B) the Title IV-B plan and programs for children and their families funded through the Social Services Block Grant, and C) the Child Abuse Prevention and Treatment Act (CAPTA).

Executive Director

The Executive Director of the Social Services Administration (SSA) is responsible for the overall administration of the Administration with support from two Deputy Directors (Programs and Operations). A number of specific child welfare programs and initiatives are managed within the Administration. In addition, there are five other offices or units within the Administration that provide an infrastructure to support the overall child welfare mission.

The Director's scope of responsibility includes oversight for the provision of a range of administrative supports to 24 Local Departments of Social Services (LDSS) in the areas of policy development, training, foster and adoptive home recruitment and approval, consultation and technical assistance, budgeting, data analysis, quality assurance, and also some direct client services to children and families.

The Director sets the vision for the Administration in establishing an infrastructure to support service delivery and the capacity for ongoing sustainability of these systemic improvements across all 24 local departments.

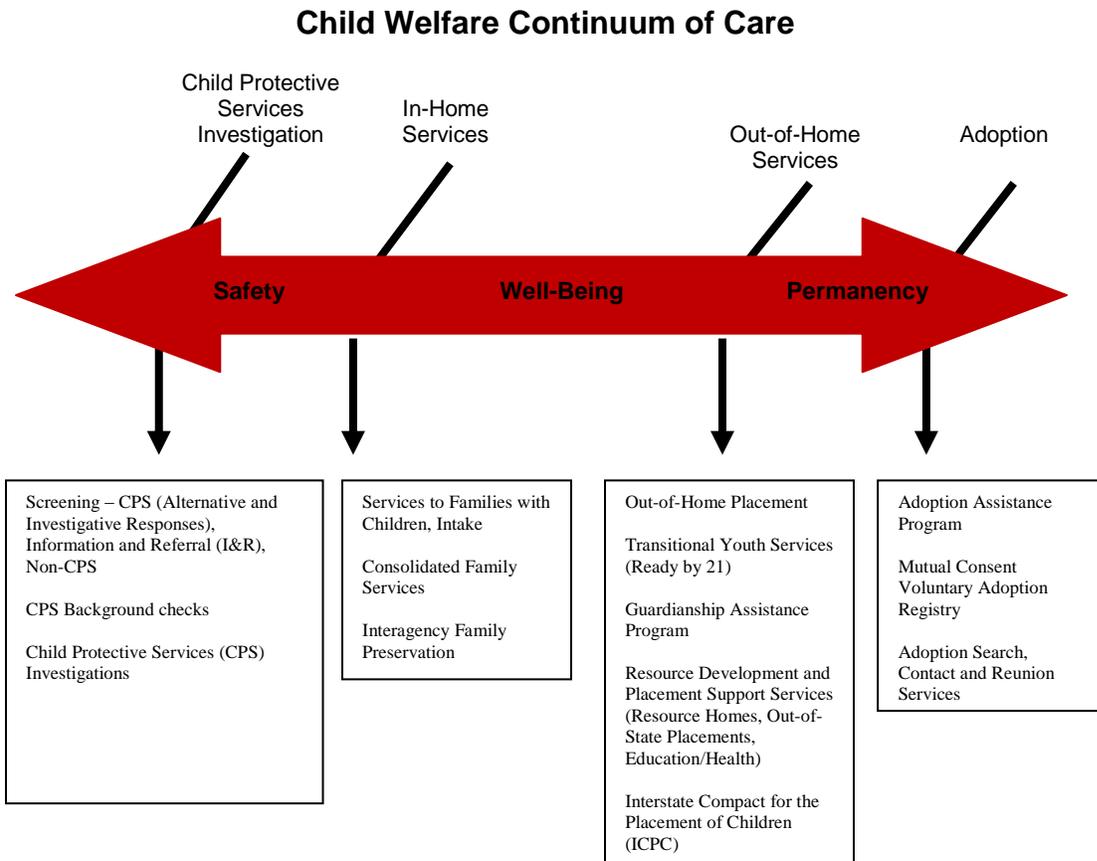
Coordination with the Secretary of the Department of Human Resources, Deputy Secretaries, and Office of the Attorney General, other Administration Directors, and County Directors takes place on a regular basis. The Director represents the Administration with other state and federal agencies, advisory groups, legislators, Governor's Office personnel, and advocacy groups.

Deputy Executive Director of Programs

The Deputy Executive Director of Programs is responsible for policy and program development for In-Home Services, Out-of-Home Placement, Organizational Development and Training, and Resource Development and Placement Support Services. This position shares responsibility for the development of the budget and legislative agenda.

Deputy Executive Director of Operations

The Deputy Executive Director of Operations is responsible for the Offices of Management and Special Services, Research and Evaluation, Quality Assurance, Systems Development, and Contracts and Monitoring. This position shares responsibility for the development of the budget and legislative agenda. This position joined a national working group to discuss current issues around child welfare information systems: the Child Welfare Technical Working Group (CWTWG).



The illustration shows the Child Welfare Continuum of Care in Maryland. The arrow depicts the outcomes, safety, well-being and permanency and where the state’s programs contribute to the outcomes. The program descriptions follow.

Office of Programs

- **In-Home Services**

- **Child Protective Services (CPS)** is a mandated program for the protection of all children in the State alleged to be abused and neglected. Beginning July 2013, Maryland transitioned to a two-track system – Investigative Response and Alternative Response. Child Protective Services screens and responds to allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. It also provides services designed to stabilize a family in crisis and to preserve the family by reducing threats to safety and risk factors. This program provides an array of prevention, intervention and treatment services including:
 - Operating a local jurisdiction based telephone hotline for receiving child abuse/neglect (CAN) reports;
 - Conducting CAN investigative and alternative response, family assessment and preventive services screenings;
 - Providing substance exposed newborn crisis assessment and services;
 - Providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
 - Preventive and increased protective capacity of families; and
 - Family-centered services.

- **In-Home Family Services** are family preservation programs available within the Local Departments of Social Services. These programs are specifically identified for families in crisis whose children are at risk of Out-of-Home Placement. Family preservation actively seeks to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment. Maryland provides three programs under In-Home Services: Services to Families with Children Intake (SFC-I), Consolidated In-Home Services (CIHS) and Interagency Family Preservation Services (IFPS). SFC-I provides assessment for situations that do not meet the criteria for a CPS response. Many of these cases stem from a family's self request for service. CIHS are cases referred from CPS, both IR and AR, where additional work is needed to bolster a families protective capacities to improve safety and reduce risk. IFPS is similar except that referrals can come from other child serving agency for assistance to prevent Out-of-Home Placements.

- **Out-of-Home Placement**
 - **Foster Care Services:**
 - Short-term care and supportive services for children that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm and voluntary placement services (VPA) because of the child's need for short term placement to receive treatment services for mental illness or developmental disability
 - Services to treat the needs of the child and help the family with the skills and resources needed to care for the child. Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives as the placement of choice. Attempts are made to keep the child in close

proximity to their family; however, the child's placement is based on the treatment needs of the child and the availability of placement resources.

- Time-limited reunification services using concurrent permanency planning to reunite with the birth family within 12 months of the placement or to pursue a permanent home for the child. Permanency planning options that are considered in order of priority:
 - Reunification with parent(s)
 - Permanent Placement with Relatives (includes guardianship or custody)
 - Adoption (relative or non-relative)
 - APPLA (Another Planned Permanency Living Arrangement)
- **Adoption Services** develops permanent families for children who cannot live with or be safely reunited with their birth parents or extended birth families. The Maryland Adoption's Program is committed to assisting Local Departments of Social Services and other partnering adoption agencies in finding "Forever Families" for children in the care and custody of the State. Adoption services include study and evaluation of children and their needs; adoptive family recruitment, training and approval; child placement; and post-adoption support.
- **Ready by 21** provides independent living preparation services to older youth, ages 14-21 years of age in any type of Out-of-Home Placement (such as kinship care, family foster care or residential / group care). Maryland continues to provide services to help them prepare for self-sufficiency in adulthood.
- **Guardianship Assistance Program** serves as another permanency option for relatives caring for children in out-of-home care. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the Local Department of Social Services by removing financial barriers.
- **Resource Development, Placement and Support Services**
 - **Resource Development and Retention** is responsible for services related to the recruitment and retention of resource families. Program staff provides technical assistance to Local Departments of Social Services in development of their local recruitment plans. The Maryland Foster Parent Association also receives technical assistance from this unit. The unit is responsible for monitoring and coordination of the 24 Local Departments of Social Services' resource home development plans.
 - **Placement and Support Services** is responsible for assisting the Local Departments of Social Services to facilitate barriers regarding the discharge and placement plans for youth in State care from psychiatric hospitals in Maryland and offer suggestions to the local departments for applicable placements for youths in State care. Placement and Support Services is also responsible for participating in a myriad of committee meetings to represent DHR to maintain rapport with various State agencies, including in-state and out-of-state providers. Program staff gleans updated knowledge of programs and initiatives and assists the local Departments to ensure that the youth in State custody are appropriately

positioned at their recommended placements and the placements are in the best interest of the youth. This unit works with stakeholders to identify and develop strategies to improve the array of services available to support children and families in achieving safety, permanence and well-being. The services include education, substance abuse treatment, health care and mental health. This unit is also responsible for monitoring the placement of children in Out-of-Home care placed in facilities out-of-state. The unit ensures that all efforts to place children in-state have been exhausted prior to the child being placed out-of-state.

Interstate Compact on the Placement of Children (ICPC) ensures that foster children placed out-of-state from Maryland and children placed in Maryland from other States receive the same protections guaranteed to the children placed in care within Maryland. The law offers states uniform guidelines and procedures to ensure these placements promote the best interests of each child while simultaneously maintaining the obligations, safeguards and protections of the “receiving” and “sending” states for the child until permanency for that child is achieved in the receiving state’s resource home, or until the child returns to the original sending State. **Interstate Compact on Adoption and Medical Assistance (ICAMA)** removes barriers to the adoption of children with special needs and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states. In addition, the **IV-E eligible Guardianship Assistance Program Medical Assistance (GAPMA)** provides a framework for interstate coordination specifically related to permanency established with custody and guardianship awarded to out-of-State IV-E eligible Foster Parents.

- **Child Welfare Training and Organizational Development**

- The Training and Organizational Development Unit oversees all aspects of training activities in the field along with the strategic planning to implement and integrate practice updates and innovation.
- The Child Welfare Training component oversees and coordinates the contractual delivery and development of training activities with the Child Welfare Academy (CWA) at the University of Maryland School of Social Work. The CWA provides statewide training for caseworkers, supervisors, administrators and resource parents. This partnership with the Child Welfare Academy delivers pre-service training for new employees and administers a competency exam at the end of pre-service training. The CWA offers continuing education workshops to reinforce the expertise and policy updates for the tenured staff. The oversight of the Title IV-E Education in Public Child Welfare Program is managed by this unit as well. This contract provides specialized child welfare training for MSW (Master of Social Work) degree candidates to enhance the skills of Maryland’s public child welfare workforce.
- The Organizational Development component uses theories of organizational change to facilitate the overall strategic mission of the Social Services Administration. The unit assesses training needs based on policy development and outcome trends across the continuum of program services.

The training assessments inform the delivery method and technical assistance to local departments to enhance the execution of practice activities.

Office of Operations

- **Research and Evaluation** is responsible for the collection and analysis of data for SSA and Local Departments of Social Services. In addition, it is responsible for reporting for SSA to StateStat. StateStat collects data from all of Maryland's Departments on outcomes and trends within their organizations and reports to Governor Martin O'Malley. The Research and Evaluation unit also prepares Federal reports such as the Adoption and Foster Care Analysis and Reporting System (AFCARS), Caseworker Visitation, the National Youth in Transition Database (NYTD), and the National Child Abuse and Neglect Data System (NCANDS).
- **Systems Development** is responsible for assisting with the development, maintenance, training, and support of Maryland Children's Social Service Information Exchange (MD CHESSIE), Maryland's SACWIS system. This unit works with Central Office and Local Departments of Social Services staff to ensure accurate and reliable data is input into MD CHESSIE. The unit works with the MD CHESSIE software contractor on enhancements and troubleshoots any operational problems. This unit is also responsible for assisting public and private providers with trouble shooting issues with their payments that are to be received on behalf of the children in their care. Systems Development also provides support to the SSA Office of Adult Services for its database, the Client Information System (CIS). Included in the unit is an MD CHESSIE training and onsite support team. The training team and onsite support team assists local department users either face to face or WebEx sessions with needs identified with entering data into MD CHESSIE and understanding how this data coincides with child welfare policy and directives. Newly created is the MD CHESSIE Call Center that assists local users with questions, concerns that require immediate attention involving MD CHESSIE. The Call Center and the Training Team also develops User Guides, Manual, and Tip Sheet focused on entering and understanding data found in MD CHESSIE.
- **Quality Assurance** is responsible for regular on-site review and data analysis for each the 24 Local Departments of Social Services, and develops the reports for these reviews. This unit works closely with the Federal government to provide input and receive guidance to coordinate improvements to Maryland's Continuous Quality Assurance process for child welfare, in order to position Maryland for the third round of the Child and Family Services Review.

B. PLAN REQUIREMENTS

1) Vision and Mission

Vision: The Maryland Department of Human Resources, Social Services Administration envisions a Maryland where all children are safe from abuse and neglect, where children have permanent homes and where families are able to meet their own needs.

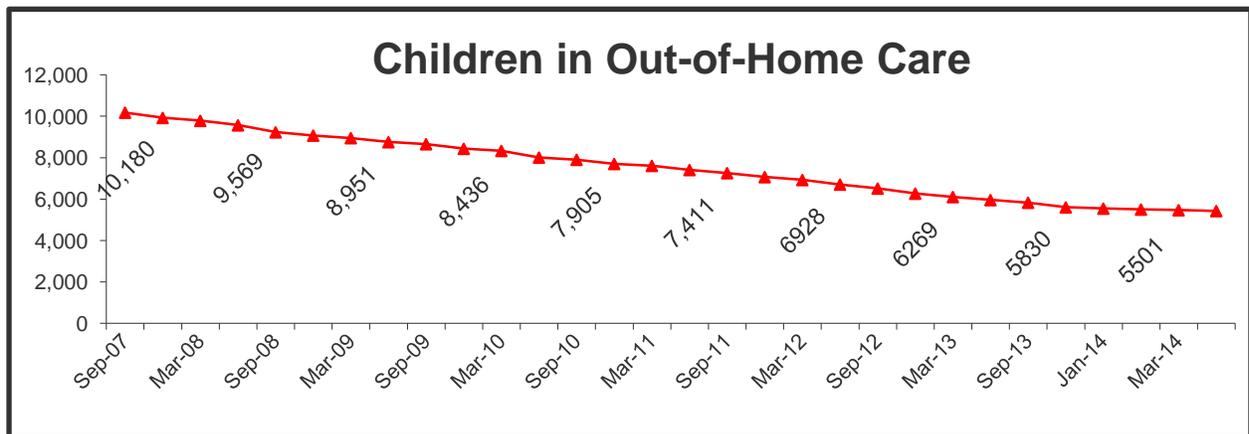
Mission: To lead, support and enable Local Departments of Social Services in employing strategies to prevent child abuse and neglect, protect vulnerable children, preserve and strengthen families, by collaborating with state and community partners.

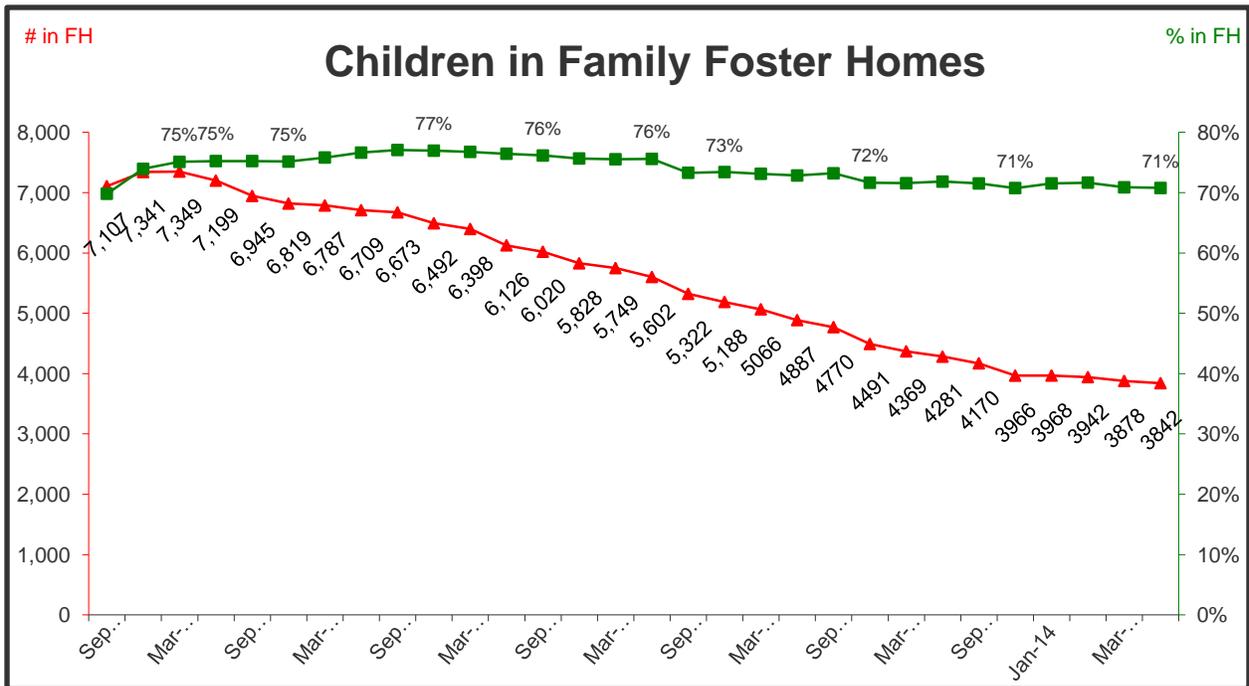
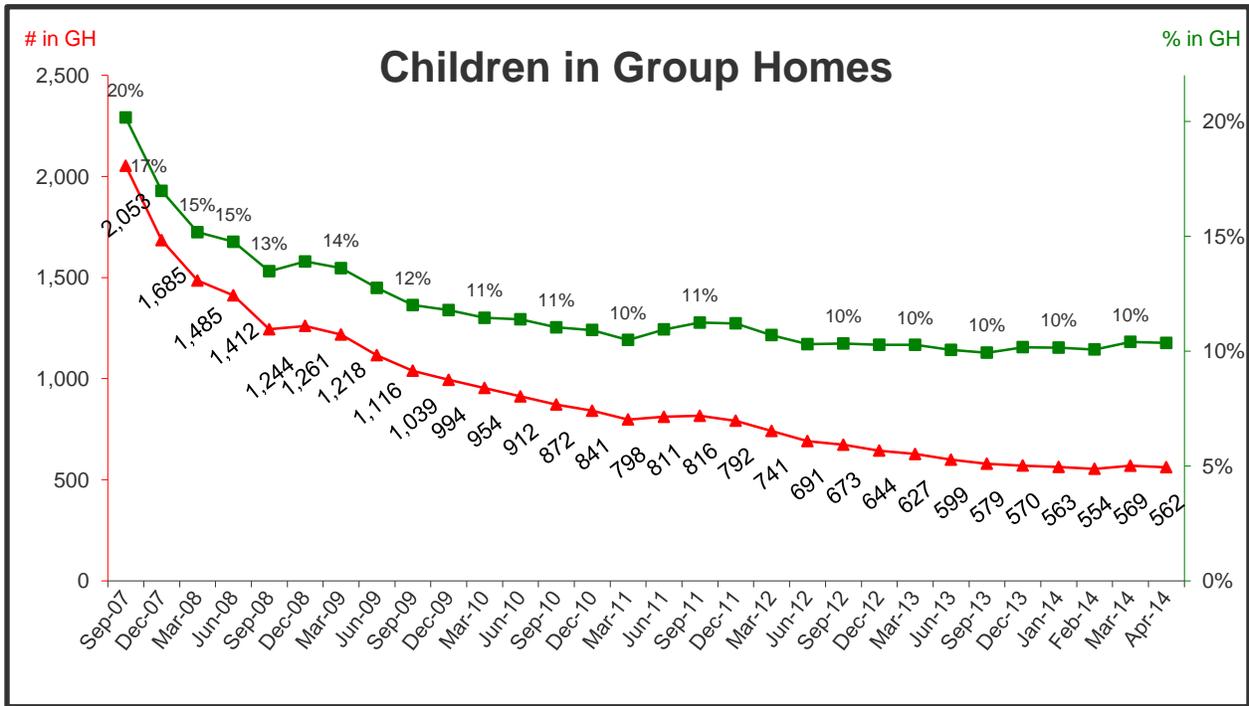
Place Matters

The Maryland DHR made a deliberate and focused shift in its practice, policy and service delivery with the July 2007 statewide rollout of the “Place Matters” initiative, which promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of “Place Matters”, designed to improve the continuum of services for Maryland’s children and families, places emphasis on preventing children from coming into care when possible, ensuring that children are appropriately placed when they enter care, and shortening the length of time youth are placed in out-of-home care. The goals of the Place Matters Initiative are:

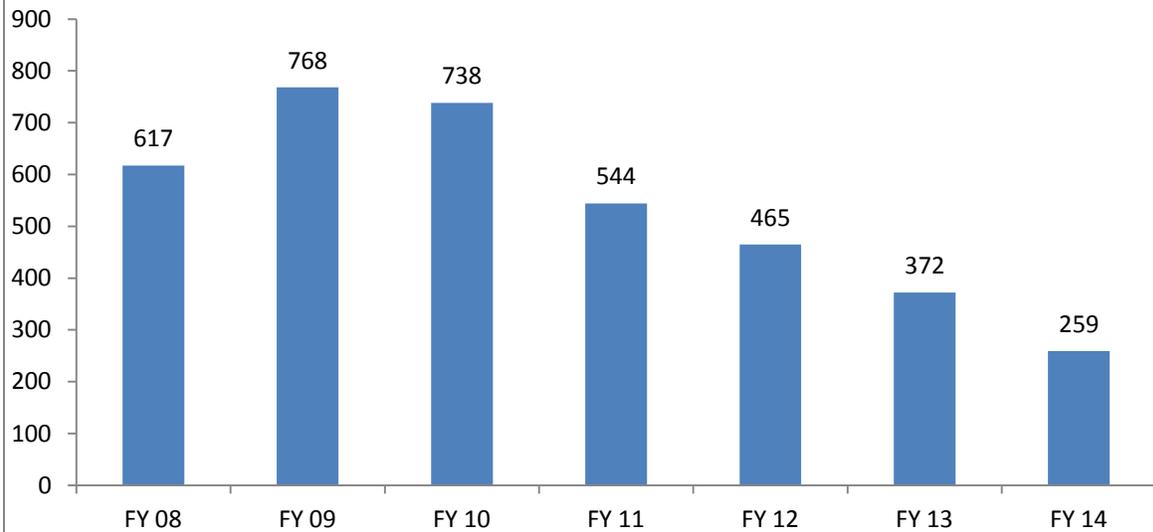
- **Keep children in families first** - Place more children who enter care with relatives or in resource families as appropriate and decrease the numbers of children in congregate care.
- **Maintain children in their communities** - Keep children at home with their families and offer more services in their communities, across all levels of care.
- **Reduce reliance on out-of-home care** - Provide more in-home supports to help maintain children in their families.
- **Minimize the length of stay** - Reduce length of stay in out-of-home care and increase reunification.
- **Manage with data and redirect resources** - Ensure that managers have relevant data to improve decision-making, oversight, and accountability. Shift resources from the back-end to the front-end of services.

Since July 2007, through April 2014 DHR’s Place Matter’s Initiative Maryland has reduced the total number of children in out-of-home care by 47%; decreased the proportion of total youth in group home placements from 19% to 10%; increased the proportion of total family home placements from 70% to 71%. In addition, the proportion of children exiting to reunification, guardianship, and adoption has increased from 66% during state fiscal year 2008 to 77% for state fiscal year 2013, and to 77% for the partial SFY14 (July 2013 – April 2014 data available).



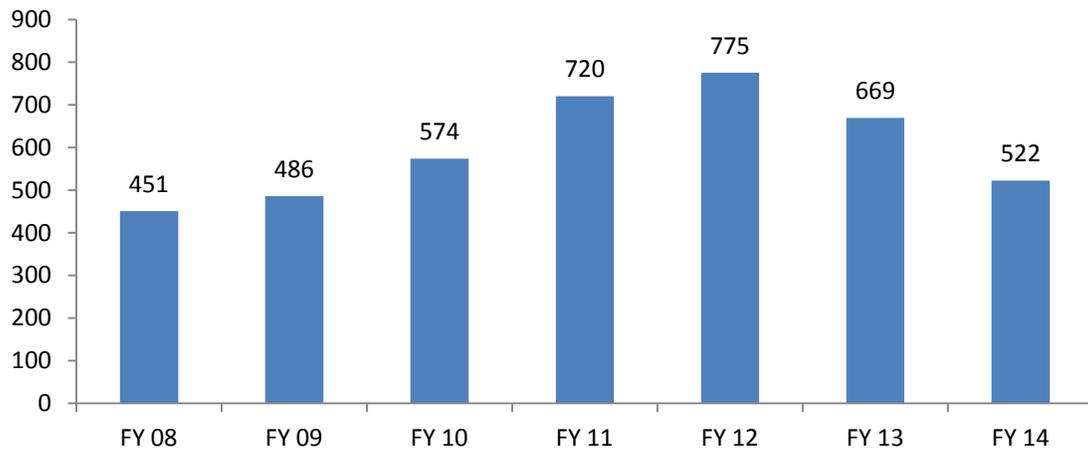


Exits from Out-of-Home Care - Adoption

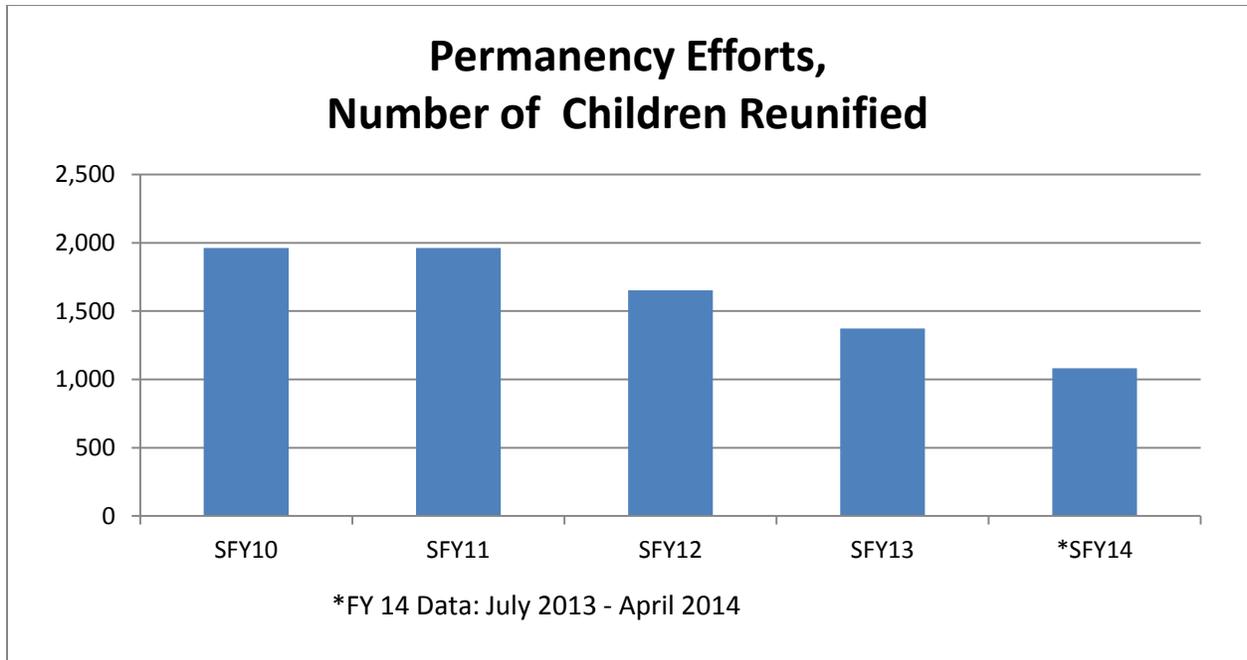


Fiscal Years are State Fiscal Years
FY 14 Data: July 2013 – April 2014

Exits from Out-of-Home Care - Guardianship



Fiscal Years are State Fiscal Years
FY 14 Data: July 2013 – April 2014



Successful implementation of “Place Matters” continues to be supported by the Maryland Child and Family Services Interagency Strategic Plan (Appendix A), which directs the implementation of a coordinated interagency effort to develop a child-family serving system that can better meet the needs of children, youth and their families and target children who are at-risk for a range of negative outcomes (e.g. delinquency, child maltreatment, Out-of-Home Placement, and poor school achievement).

2) Goals/Objectives

CHILD SAFETY OUTCOMES

The SSA is committed to protecting children first and foremost from abuse and neglect; maintaining children safely in their homes when possible and appropriate; reducing incidents of repeat maltreatment when children are under the care of their families; and protecting children placed in foster care from further maltreatment. A number of tools and strategies are used to assure the safety and well-being of children who come to the attention of the child welfare system. Many of the strategies outlined in the “Place Matters” initiative are aligned with the goal of providing safety for Maryland’s children and families.

Goal 1: Children are first and foremost safe from abuse and neglect, maintained safely in their homes whenever possible and appropriate, and services are provided to protect them.

Objectives

- 1.1: By June 30, 2014, Maryland will meet the National Standard for Absence of Maltreatment Recurrence.

- 1.2: By June 30, 2014, Maryland will meet the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months).

To achieve these objectives, SSA focused its efforts on:

- Structured Decision Making
- Alternative Response
- Implementation of Signs of Safety
- Consolidated In-Home Services
- Child and Adolescent Needs and Strengths Assessments (CANS)
- Structured Analysis Family Evaluation
- Private Provider performance reporting system

PERMANENCY OUTCOMES

Maryland is committed to ensuring that children are in a home that is safe and provides an environment where they have an opportunity to grow into healthy adulthood. Maryland's goal is to develop and maintain living situations that will afford a child permanency and stability while allowing for continuity of family relationships, and on-going connections with friends and community. All twenty-four jurisdictions in Maryland (twenty-three counties and Baltimore City) operate foster care programs that work with the birth and foster families to develop the most appropriate permanency plan for each child. Maryland works to ensure that reunification, adoption, or guardianship occurs in a timely manner for children who are placed in out-of-home care. Birth and foster families are assisted in obtaining the services, such as counseling and health care, needed to meet the goals of the permanency plan. Each foster care program also works to recruit, train, approve and retain foster care providers. All children deserve a family therefore Maryland has a renewed focus on reunification, subsidized guardianship, and adoption.

Goal 2: Children will achieve permanency within a timely fashion, have stability in their lives and placements, and maintain connections to families and communities.

Objectives:

- 2.1 By June 30, 2014, Maryland will make continued improvement to National Standard Score of 122.6 on Timeliness and Permanency of Reunification. Maryland 2013 Results: 98.2.
- 2.2 By June 30, 2014, continue to improve exits to reunification in less than 12 months to move toward National Median of 70.5% (Based on 2011 National Results). Maryland 2013 Results: 52%.
- 2.3 By June 30, 2014, continue to improve exits to reunification, median stay (lower score is preferred) to move toward National Median of 8.0 months (Based on 2012 National Results). Maryland 2013 Results: 11.3 months.
- 2.4 By June 30, 2014, continue to improve entry cohort reunification in less than 12 months to move toward National Median of 38.5% (Based on 2012 National Results). Maryland 2013 Results: 36.6%.
- 2.5 By June 30, 2014, continue to improve re-entries to foster care in less than 12 months after reunification (lower score is preferred) to move toward

National Median of 11.9% (Based on 2012 National Results). Maryland 2013 Results: 12.5%.

CHILD WELL-BEING OUTCOMES

The Department is committed to preserving and enhancing the development of children in its care. To improve the well-being of children and families, Maryland consistently focuses on protecting children from abuse and neglect, ensuring permanency and stability, enhancing the capacity of families to provide for the needs of their children and providing appropriate educational and health services. Maryland is committed to developing a system of care that supports Child Well-Being Outcomes through the provision of individualized services and supports that are family- and youth-driven, sensitive to child and family trauma (trauma-informed practice), and community-based.

Goal 3: Families have the enhanced capacity to provide for their children's needs, children and families are active participants in the case planning process, and children receive adequate and appropriate services to meet their educational, physical and mental health needs.

Objectives:

- 3.1 School enrollment within 5 days for children entering foster care during school year
- 3.2 Comprehensive health assessment within 60 days of removal
- 3.3 Annual health assessment for foster children in care the entire year
- 3.4 Annual dental assessment for foster children in care the entire year
- 3.5 Family Involvement Meetings occur in 75% of child welfare cases
- 3.6 Completed Child and Adolescent Needs and Strengths (CANS) assessment for youth and family within 60 days of entering care

Strategies

Maryland's Program Improvement Plan (approved April 15, 2011) built upon the Place Matters initiatives and included four themes. The themes and strategies were developed to address the areas needing improvement identified in the Final Report.

- **Family Centered Practice (FCP)**
 - Complete FCP engagement and teaming training
 - Integrate FCP into pre-service and continuing education training programs
 - Develop facilitation curriculum and coaching model
 - Develop specialized coaching model
 - Increase non-custodial parent and extended family being engaged and involved in case planning
- **Supervision**
 - Develop a Supervision Model incorporating
 - Training
 - Coaching/Mentoring
 - Support
 - Develop core requirements
 - Revise safety and risk assessment tools

- Implement Consolidated In-Home Services
- Revise Quality Assurance process
- **Permanency**
 - Develop case plan policy
 - Develop Youth Engagement Model (Atlantic Coast Child Welfare Implementation Center (ACCWIC) grant)
 - Develop policy on finding permanent connections for youth in Out-of-Home Placement
 - Develop an Adoption manual
 - Revise visitation policy
- **Resource Development and Support**
 - Improve the process for assuring consistency with the application of all standards to foster family homes and child care institutions
 - Integrate Child and Adolescent Needs and Strengths (CANS) into child welfare practice
 - Identify the process and/or mechanism to assure appropriate assessment of individualized educational needs
 - Identify the process and/or mechanism to assure appropriate development of needed services
 - Integrate Child and Adolescent Needs and Strengths (CANS) into child welfare practice
 - Identify the process and/or mechanism to assure appropriate assessment of individualized educational needs
 - Identify the process and/or mechanism to assure appropriate development of needed services

Maryland received the December 30, 2013 closeout letter from Department of Health and Human Services informing Maryland that the all of Program Improvement Plan goals were achieved. Maryland plans to continue strategies to improve the lives of children.

- In addition to the PIP strategies, Maryland has focused its efforts on:
 - Transitioning Youth to Families Placement Protocol
 - Transitioning Youth to Independence Initiatives
 - Citizen Review Board focus on Adoption and Another Planned Permanency Living Arrangement (APPLA) Reviews
 - Establishment of a Guardianship Assistance Program that promotes placement of children with a relative guardian
 - Interagency Support for the Family-Centered Practice Model through Regional Care Management Entities and Wraparound Care Coordination
 - Emphasis on Data-Driven Decision Making and Evidence-Based and Promising Practices

3) Program And Strategy Updates

Family Centered Practice

Maryland continues to make a concerted effort to upgrade the connections and expectations for Family Centered Practice (FCP) across the child welfare continuum. The goal is to develop strategies to reinforce the practice of FCP values and principles across all levels of program and organizational levels within the statewide child welfare continuum. During the past five years, specific training curricula were developed to advance the core FCP values. First, facilitation curriculum was developed to train staff who would lead the Family Involvement Meetings (FIMs). There have also been generalized training workshops to focus on the importance of engaging fathers and paternal kin and pursuing permanency with older youth.

The Family Centered Practice strategies from Maryland's Program Improvement Plan (PIP) were incorporated into statewide practice and policy expectations. The priorities have been the finalization of an automated Family Involvement Meeting (FIM) report to not only collect data from MD CHESSIE, but to use as a monitoring tool to connect FIM activities with safety and permanency goals. The outcome data will be used to give technical assistance to local departments when there are areas of concern or to recruit best practice efforts as a model of peer for support other jurisdictions.

Maryland's Fostering Connections demonstration project ended on June 30, 2013. The lessons learned from that demonstration project have been used to shape the planning for the implementation of Kinship Navigators and Family Finding. Both the Kinship Navigators and Family Finders programs reinforce the practice expectations to actively engage appropriate relatives who could support the permanency goals for children and youth. The peer support groups were thought to be an invaluable resource for the Kinship Navigators and Family Finders. The peer support involved locals sharing best practice experiences and offering advice to address a practice challenge. The local implementation planning was recommended as a useful tool that should be continued with the replication jurisdictions in addition to continuing the bi-monthly administrative coordination meetings. Using the policy directives as the framework for specialized Kinship Navigator and Family Finding training was suggested to better orient staff to the expectations.

There are 13 (Anne Arundel, Baltimore, Cecil, Charles, Dorchester, Harford, Montgomery, Prince George's Somerset, Washington, Worcester, Wicomico Counties and Baltimore City) jurisdictions with active Kinship Navigator and Family Finding programs. The remaining counties will have active programs by the end of the June 2015. Although the decision was made to delay the start of Kinship Navigator and Family Finding programs to avoid competing resources with the implementation of Alternative Response, the remaining local departments will be invited to join the Fostering Connections Implementation Team starting in June 2014.

Supervision Matters was a separate Program Improvement Plan (PIP) strategy; however, the core expectations of that model have been combined with the overall FCP policy and practice expectations since the critical role of supervisors crosses all areas of the child welfare continuum. The sustainability plan for Supervision Matters is to include those expectations and evaluation outcomes in the overall scope of FCP strategies as they are merged with the planning for the revised Quality Assurance process.

The role of the Policy Integration Committee was modified. Formerly, the committee reviewed policy content to make sure that MD CHESSIE instructions and family centered values were outlined in policy directives. Going forward, the focus of the committee will include a strategic planning assessment of training needs as new policies are developed or areas of concern are identified in the Quality Assurance reviews. The Program Managers will meet monthly to discuss policies being developed and make decisions about the type of training delivery that should be provided to child welfare caseworkers and supervisors. In addition, the committee will review trends with the Quality Assurance reviews and make decisions about the training needs to address local or statewide divergence from the expected practice outcomes. The training decision points could be recommendations to develop new curricula for the CWA to offer or a combination of new workshops with targeted technical assistance presentations to local departments.

This year the primary FCP efforts have focused on the following activities:

- **Family Involvement Meetings:**

Family Involvement Meetings (FIMs) continue to be an integral part of the case planning process for youth, families and key stakeholders. During July 2013 - April 2014, there were 2,674 FIMs held across the state. These meetings included participation from 3,966 community providers, 994 private child welfare resource providers, and 767 resource parents. Meetings were held for the following triggers: Removal: 1,139; Placement Change: 646; Permanency: 308; Youth Transition: 490; and VPA: 92.

- **Automated FIM Report:**

SSA has been working with the Ruth Young Center at the University of Maryland School of Social Work to pilot the automated FIM Report. The draft documents were vetted with the Assistant Directors in local departments to refine the methodology for collecting the FIM activity. Several local departments have compared the automated data with their manual tracking to help identify data collection errors to improve the reliability and validity of the data. The report will not only highlight the FIM activity at the identified triggers (Initial Removal, Placement Change, Permanency Change, Youth Transitional and Voluntary Placement), but the report will help Maryland assess safety and permanency outcomes for children and families who participate in FIMs. The report will be finalized by the end of June 2014. Data from the automated versions will be collected beginning in July 2014. Data from the manual report will continue to be collected for at least a year to ensure alignment with the information being gathered from the automated version.

- **Family Involvement Meeting (FIM) Fidelity Checklist**

The FIM Fidelity Checklist was initially developed as part of the Fostering Connections Demonstration Project to assess the quality and consistency of facilitation skills during FIMs. Wicomico County began piloting the revised tool in July 2013 to help inform the policy guidelines for statewide implementation. The initial feedback is being analyzed and data is not available at this time. The feedback will be used to help develop the statewide policy for using

the checklist. The goal is to have the policy finalized and to begin using the checklist by September 2014. The monitoring of the checklist results will be included in the revised Quality Assurance process.

- **FIM Feedback Survey**

The FIM Feedback Survey was also developed as part of the Fostering Connections Demonstration Project to gauge the level of participation and perception of families and stakeholders during FIMs. All participants are asked to voluntarily complete the surveys at the conclusion of the meeting. The policy established a process to administer the survey to maintain the confidentiality of the participants. The implementation of the surveys began in April 2013 as part of the schedule for the Quality Assurance onsite reviews. Participants are given the opportunity to share feedback regarding their meeting experiences. Calvert County was the first to complete the surveys as part of the Quality Assurance (QA) schedule. Talbot County completed the surveys in July 2013. Both Charles and Caroline completed surveys in October 2013. St. Mary's completed the surveys in January 2014. An updated protocol for administering the surveys will be included in the revised Quality Assurance process as well.

FIM Feedback Survey Data

From July 2013-March 2014, 455 surveys were completed. The surveys represented the following FIM types: 116 removal FIMs; 128 placement change FIMs; 24 recommended permanency change FIMs; 35 youth transitional FIMs; 29 voluntary placement agreements (VPA) FIMs; and 123 listed as "other".

In addition to basic demographic information, the survey asks about the service provisions for the child's care; types of participants and their relationships with the child; and their overall ratings about the degree of their involvement. The results of the FIM Feedback Survey will be integrated into the revised Continuous Quality Improvement process as a mechanism to monitor stakeholder involvement and the overall quality of the FIM practice.

Input from stakeholders is a critical component of Maryland's FCP values. The FCP Oversight Committee continues to meet bi-monthly to monitor the practice implementation and data trends and to offer recommendations for program enhancements to sustain statewide welfare practices. Representatives include a cross section of child welfare stakeholders such as, research staff, training partners, foster parents, attorneys, community advocates, providers and local department administrators. Having consistent youth and family voices has been an ongoing dilemma for the Oversight Committee. The decision was made to have a standing FCP agenda item at the state Youth Advisory Board meeting beginning in September 2014 to ensure input from the youth. The options for using the same mechanism to identify family forums are being explored to solicit meaningful input from family members.

FCP Oversight Training Subcommittee

An essential part of the FCP Oversight committee is to provide technical assistance to ensure statewide practice collaboration for all child welfare agencies and partners. The coordination of

services between the public and private provider agencies was identified as a need. As a result, representatives from the Oversight Committee convened the Training Subcommittee in May 2013.

In September 2013, SSA presented the public/private training collaborative proposal during two provider forums hosted by the Office of Licensing and Monitoring (OLM). During those initial meetings a training needs assessment survey was distributed to the provider administrators. An electronic version was subsequently sent for the providers' casework staff to complete. The results indicated a strong interest in re-establishing the public/provider training efforts that started in 2010 with the engagement and teaming orientation training. This training was conducted when the statewide family centered practice was implemented.

The initial task was to review the surveys to prioritize the scope of the training collaborative and the topics identified from the surveys. The Training Subcommittee has been developing an implementation plan that will include recruitment of trainers, requests for training curricula, coordination to training logistics. The tentative plan is to offer regional workshops in late 2014. The workshops will be jointly facilitated by SSA and provider trainers to highlight the shared responsibility and mutual collaboration strategies for meeting the needs of children and families served by Local Departments of Social Services and the provider placement agencies. The feedback from the training will be integrated into the ongoing evaluation by the University of Maryland School of Social Work to help inform the planning decision and recommendations made by the entire FCP Oversight Committee. This feedback will also include a mechanism to share and invite regular feedback from the provider agencies as well.

Supervision Model

Maryland's Supervision Matters Model continues to be a growing component of effective supervisory practice in child welfare. This comprehensive training model helps support new and experienced supervisors to promote job growth and professional development. This model is a 10-day training course organized into 5 modules over a six month period. Enrollment is open to new and experienced supervisors with less than five years of supervisory experience. Since implementation of this model in September 2012, 76 supervisors have been trained. The training curriculum has been revised to incorporate the feedback from participants in that pilot cohort; however, the basic framework and learning objectives of the modules remains the same. The revision to the training curriculum included:

- Increasing practice application and peer consultation of the material
- Joint orientation for supervisors and their administrators before the first module
- Starting administrators transfer of learning activities from the onset of the training
- Assigning coaches for supervisors within a month of training onset

The changes were incorporated based on feedback from the pilot cohort that included a recommendation for parallel training for administrators to support the new supervisors. The emphasis of the transfer of learning sessions for the administrators was to highlight the skills being taught in the modules with more focus on the active supervision strategies. Focusing on the active supervision strategies will guide the new supervisors' experience as related to the content in the training modules.

The second Supervision Matters cohort began with the orientation session in August 2013. The modules were delivered to the supervisors along with the companion transfer of learning sessions from September 2013-March 2013. The participants in the second cohort included 18 supervisors along with one SSA policy analyst. The supervisors were from the following jurisdictions: Anne Arundel, Baltimore County, Calvert, Frederick, Hartford, Prince Georges, St. Mary, and Wicomico Counties.

The expanded participation criteria and target recruitment outreach for the second cohort generated significant interest from the supervisors in the local departments, especially from Baltimore City. The decision was made to offer the training for a third cohort exclusively for Baltimore City. The orientation and modules for this third cohort began in January 2014. A total of 19 supervisors enrolled in the course that will conclude in May 2014. Based on the lessons learned from the coaching assignment from the second cohort, coaches will be assigned at the conclusion of the modules (June 2014) so that the participants will have a post training support network.

SSA is working with the Child Welfare Academy at the University of Maryland School of Social Work and an independent consultant to refine the evaluation plan for Supervision Matters. A survey instrument was developed and will be administered for post training feedback from the participants in both the second and third cohort. Elements of this survey will be administered to participants in the first cohort to assess their ongoing application of the skills and adjustment to supervision a year after completing the modules.

- **Coaching**

Coaching continues to be a crucial component of Supervision Matters to support the continuum of professional development and growth of new child welfare supervisors. Coaching is a structural interaction between two parties (trained coach and employee) that use specific strategies, tools and techniques to support a learning performance. The goal of coaching is to work with an employee to improve job performance.

In August 2013, SSA initiated statewide DHR outreach to recruit coaches for the second Supervision Matters Cohort. SSA received a total of 24 applicants who completed an application stating their strong interest in becoming a coach; nine were able to coach when the partner assignments were made to the new supervisors. These coaches participated in 2-day training in September 2013. The learning objective for this training was to clarify their role as a coach and to promote coaching strategies. There are currently 13 active coaches. This number includes a combined group of coaches from the 2012 and 2013 training sessions. The coaches worked with the supervisors throughout the 6-month training period from October 2013 until March 2014. The coaches observed the supervisors in all key aspects of their role and provide feedback and coaching to enhance their leadership/management skills. Coaches were also provided monthly consultation throughout their involvement with their assigned supervisor to support their efforts as they acquired coaching skills.

Overall, the feedback from the coaches and supervisors reported positive experiences that have strengthened their professional skills. Supervisors stated they believed that coaching provided additional support to their learning and it was especially helpful to speak with someone outside of their agency who was non-judgmental. Coaches reported that they felt more valued and it increased their social work practice with their own supervisors.

Coaches have found that when new supervisors transition into their new roles and begin to participate in the Supervision Matters trainings, the schedule is very demanding for the supervisors to manage. This feedback will be considered with the planning for the next coaching cohort. The recommendation from both the supervisors and coaches is to assess the unintended burden that the timing of the coaching might have on the overall level of performance. In addition, there will also be an attempt to minimize the burden so that supervisors will be more invested in the process.

The structure of the coaching model is being revised due to the challenges in building coaching capacity to partner with supervisors. As the 19 Baltimore City supervisors complete the modules in May 2014, those supervisors will be assigned coaches at the end of their training in June 2014. The revised structure will include a combination of three individual and two group supervision sessions for a five-month period. The goal is to build a peer coaching network to support the supervisors, but also expand the exposure to potential build the coaching network.

Alternative Response

On May 2, 2012 Governor O'Malley signed into law a bill allowing DHR to implement a child protective services response to allegations of abuse and neglect that includes both a traditional response and an Alternative Response (AR).

In preparation for the implementation of Alternative Response, the legislation created an Alternative Response Advisory Council. The Council members include representatives from the Department of Health and Mental Hygiene, Maryland State Department of Education, legal counsel for children, local managing boards, American Academy of Pediatrics, Public Defender's Office, Children's Review Board, Local Departments of Social Services (LDSS), State Council for Child abuse and Neglect, the Courts, and Casey Family Programs. The Council had four workgroups: Policy, Practice, Community Partners and Evaluation. Each workgroup had specific charges and deliverables. Each of the workgroups met on a regular basis to complete the necessary work to move forward the planning for the implementation of AR.

In May 2013, the Policy Workgroup developed the practice guidelines/policy for the implementation of AR. That workgroup was also charged with updating MD CHESSIE to support AR practice. The MD CHESSIE updates went into effect in June 2013 and were made available to jurisdictions as they implemented AR.

The Community Partners Workgroup engaged stakeholders and reviewed existing community and statewide resources in order to assist in the development of community resource plans to support the implementation of AR. This workgroup assisted in the organization of informational stakeholder meetings that were held across the state and identified key partners to identify their roles of and engage community partners.

The Practice Workgroup developed local implementation plans for each LDSS to complete. The Practice Workgroup, in conjunction with the Child Welfare Academy, also developed an “Overview Curriculum for Child Welfare Professionals and Community Partners on Alternative Response: Keeping Children Safe by Engaging Families.”

The Evaluation Workgroup focused its’ attention on what should be the focus of an AR process and outcome evaluation. In order to conduct a robust AR evaluation, Maryland signed a Memorandum of Agreement with the Institute of Applied Research (IAR) from St. Louis, Missouri, to assist with the evaluation process. The workgroups have concluded their work however; the AR Advisory Council continues to meet to assist with any issues that may arise during implementation.

DHR collaborated with local departments prior to their implementation of AR to ensure that they had engaged with both internal and external partners in preparation for this paradigm shift in practice. DHR facilitated the establishment of local AR Co-Chairs that were comprised of both agency staff and community stakeholders. Co-Chairs were assigned multiple responsibilities. Co-Chairs had to convene an implementation team made up of department staff, community stakeholders, consumers, law enforcement, courts, educators, mental health providers, hospital personnel, mandated reporters and others as identified. They guided the implementation process in their jurisdictions, convened the implementation team to discuss and complete all implementation activities and conferred with DHR staff regarding implementation. Finally, Co-Chairs had the responsibility of being the voice of AR in their agencies and communities by clearly communicating what AR is and what it means to their jurisdiction and stakeholders.

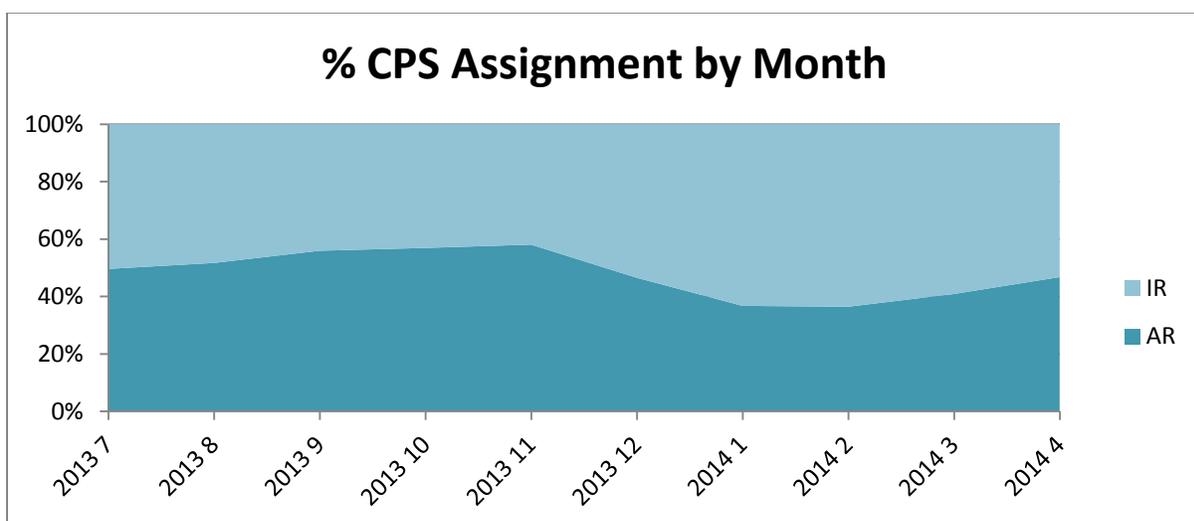
An AR Implementation Timeline was developed to establish set activities that local departments needed to complete prior to implementation to ensure the successful launch of AR. Approximately four to six months prior to implementation, DHR collaborated with each jurisdiction to host a Community Forum and Co-Chairs Kickoff. The community forums were in-person regional meetings for DSS administrators, local department staff and community stakeholders. At each of these sessions, the Department reviewed the authorizing legislation for AR, the culture shift in the way that LDSS’ interact with families and the method to determine if a case should be assigned to the Alternative or Investigative Response. The community partners were given an outline of their role during implementation and they were also given an opportunity to ask and receive clarification on any questions that they had pertaining to AR. Once this was completed, all attendees were divided into small groups to have a facilitated discussion to identify service needs, identify gaps in services and to discuss how the local DSS and community partners’ collaboration would change or remain the same for the referral process.

The Community Forums were well attended in each phase. There was a diverse representation of community partners and stakeholders in attendance including: Legal Aid Bureau, public schools, Citizens Review Board, local DSS’s, Management Boards, Law Enforcement, Health Department, Family Tree, Psychological Services, mental health agencies and court personnel. The Department followed a uniform agenda for each of these sessions. On July 15th, 2013, the Community Forum was held for Phase 3. Over 100 people attended from 5 jurisdictions. On October 23rd & 24th, 2013, two separate Community Forums were held for

Phase 4. Approximately 140 people attended these sessions. Baltimore City held their Community Forum on February 24th, 2014, and over 60 people were in attendance. Each jurisdiction identifies one Department staff person and one community stakeholder to serve as AR Co-Chairs. The role of the co-chairs was to oversee the implementation of AR for their county. The Department facilitated co-chair meetings starting 3-4 months prior to implementation. Co-chair meetings were scheduled monthly and were utilized to provide technical assistance to the local implementation teams. At each of these sessions, the co-chairs discussed the progress made on the completion of their AR Implementation Readiness Assessment and the Local Collaborative Implementation Plan. Both of these documents were tools used to help agencies and their community partners to prepare for the implementation of AR.

The Department collaborated with the Child Welfare Academy to develop the AR Curriculum utilized to train both staff and stakeholders. Each jurisdiction received a Training of the Trainers Training Session where local DSS staff and selected community partners were trained on the core components of AR. Once trained, 2-3 months prior to implementation, this select group of trainers provided the AR Overview Training to agency staff and community stakeholders. One to two months prior to implementation, each jurisdiction received the AR Skill Based Training, one day training for workers and supervisors directly involved in AR practice.

The plan for statewide implementation of Alternative Response was designed to occur in phases over a twelve month period of time beginning in July 2013 and ending in July 2014. Phase 1 (Garrett, Allegany, Washington, Frederick and Montgomery Counties) implemented in July 2013. Phase 2, the Central Region, (Carroll, Howard, Baltimore, Harford and Cecil Counties) implemented in November 2013. Phase 3, the Southern Region, (Anne Arundel, Prince George’s, Charles, Calvert and St. Mary’s Counties) implemented in January 2014. Phase 4, the Eastern Region, (Kent, Queen Anne’s, Caroline, Talbot, Dorchester, Wicomico, Worcester and Somerset Counties) implemented in April 2015. The final phase, Phase 5, is Baltimore City and they are scheduled to implement AR in July 2014.



Data Source: MD CHESSIE

The chart “% CPS Assignment by Month” shows the percentage of Child Protective Services cases assigned to Alternative Responses (AR) and Investigative Responses (IR) monthly since July 2013. The data shown includes Phases 1-4, with Phase 4 beginning April 2014, the last month displayed. As full implementation takes place in July 2014 and as the current jurisdictions become more knowledgeable and comfortable with the process, Maryland expects the percentage of cases assigned to Alternative Response to continue to increase.

In partnership with Casey Family Programs, the Department hosts a monthly learning collaborative that brings child welfare professionals together to share information about what’s going well with their AR practice, what challenges they are having with implementation and to provide information and technical assistance to stakeholders to support this paradigm shift in practice. The learning collaboratives are an opportunity for staff to learn from one another and increase their capacity to do family driven, strength-based child welfare practice. The topic for each learning collaborative changes from month to month.

Some of the topics that have been covered are: strength-based case documentation, how to write a family friendly AR summary, the Department provided clarification on AR policy, how to engage community partners and in March 2014 Casey Family Programs brought in a guest speaker, Adam Darnell, from Casey’s Seattle, Washington office to discuss national AR evaluation results.

The Department, in collaboration with Casey Family Programs, also sponsored an AR out-of-state Immersion Experience for local DSS staff who implemented AR in Phase I and Phase II. The out-of-state immersion afforded staff an opportunity to visit a state that has been implementing AR for an extended period of time. Staffs were given the opportunity to observe and learn firsthand about AR practice and implementation from seasoned AR child welfare practitioners. One group travelled to Ohio in February 2014 and a second group travelled to Minnesota in April 2014. Staff who participated in the out-of-state immersion was selected via an application process. Upon their acceptance, staff agreed to participate in a debriefing session with staff from DHR and Casey Family Programs to document lessons learned and provide feedback on how knowledge gained by this experience will impact their AR implementation. Staff agreed to host other counties for an intrastate AR immersion and finally, they presented on their lessons learned at the learning collaborative held on April 24th, 2014.

Structured Decision-Making as applied to Alternative Response

Maryland has used Structured Decision-Making as a decision tool for categorizing allegations of child abuse and neglect and for assigning a response time for certain high risk/high safety concern situations for several years. Structured Decision Making continues to be used to categorize allegations and help screening staff determine if the allegation rises to the level for a Child Protective Services (CPS) response. Once accepted as appropriate for CPS, additional questions were added to the process allowing screening supervisors assign allegations to either an Investigation or Alternative Response. Having Structured Decision-Making in place as a normal part of practice helped with implementation of the new two-path CPS system.

Safety and Risk Assessment

In Maryland's most recent Child and Family Services Review it was pointed out that the State's child welfare staff has difficulty developing safety and service plans that address areas of concern identified during assessment. The State is aware of this issue and sees this as a major challenge to overcome. With assistance from the Children's Research Center Maryland began incorporating Signs of Safety into its family assessment. This simple approach to assessing for threats to a child's safety helps staff focus on what is a real threat as opposed to what are complicating factors that look like a threat but really are not. As jurisdictions prepared to go live with Alternative Response the Department required that their staff have training on Signs of Safety. This tool is used by front line staff with their clients as well as supervisors use it to facilitate individual and group supervision.

In accordance with Maryland's Family Centered Practice model and implementation of Alternative Response in Maryland, DHR continues to move child protective services and family services programs towards a family engagement practice in which the strengths of the family are used to protect vulnerable children within the family. With the understanding that all families have strengths and protective capacities that can be utilized to provide safety and decrease future risk, Maryland is in the process of implementing new Safety and Risk assessment tools that are better able to address the complete functionality of each family and provide useful information to workers for safety and service planning. Following direction from the Children's Research Center Maryland changed several of the questions in the SAFE-C to eliminate redundancy and add a section on 'family protective capacities'. Maryland also plans to replace the current MFRA with an actuarial model and incorporate a family assessment (CANS-F) into its assessment menu.

In Spring 2013, planning took place to incorporate the new assessment tools on a tablet based platform that would allow staff to access the tools in the field and download into the automated case record once back in the office. Development costs and issues with the tablets prevented full implementation. Incorporating the new tool into MD CHESSIE remains a goal for the Department for 2014. DHR continues to work with the current developers to incorporate the needed updates in the assessment tools and the current plan is to have the updated SAFE-C, new risk assessment tool and the CANS-F in the system in calendar year 2014. As with many of the MD CHESSIE development plans, unforeseen issues can cause delays.

CANS-F

The CANS Family (CANS-F) is comprised of a comprehensive family system assessment as well as individual caregiver and youth assessments. It centers on the family unit as a whole for planning and measuring of service needs; therefore, all members of the household, regardless of age, are included in the assessment. Completing the CANS-F throughout the life of an in-home service case can help verify that the interventions or recommended services are successful in affecting change for the family.

The CANS-F was piloted in Anne Arundel, Frederick and Talbot Counties using a macro-enhanced Word version of the assessment. CANS-F assessment is scheduled for Statewide Implementation with the updated Maryland Family Risk Assessment during 2014. Utilization of the CANS-F will be tracked using the same process developed for the Maryland CANS. The

Department will develop and disseminate quarterly reports for each of the counties and provide in-person technical assistance as needed.

Signs of Safety

As stated above, Maryland continues the use of the Signs of Safety model for identifying families where children are vulnerable to specific dangers in their environment and who are at risk of continued abuse/neglect. This approach makes continued use of Maryland's existing safety and risk assessments and focuses evaluation on specific issues related to 'danger' and identifying family and community supports to bolster safety. Use of this effort is designed to reduce recurrence of maltreatment. To prepare staff for the introduction of a Child Protective Services system that has both a traditional investigation and an Alternative Response, all workers in the Alternative Response Phase I of implementation are required to receive training on using Signs of Safety prior to activating Alternative Response in their jurisdiction.

Substance-Exposed Newborns

In the summer of 2012 the Department of Human Resources (DHR) drafted legislation requiring health care practitioners to notify the Local Department of Social Services (LDSS) when they identify a newborn displaying the effects of prenatal controlled drug use or of a fetal alcohol spectrum disorder. The rationale is early intervention, ensuring that the local department can promptly assess safety and risk and develop a plan of safe care for the infant. In addition, families can be referred to community resources such as substance abuse treatment, parent education programs, and concrete supports.

The Secretary of DHR convened a group of stakeholders from the MD Chapters of the American College of Obstetricians and Gynecologists and of the American Academy of Pediatrics, the Maryland Hospital Association, and Legal Aid to review the draft and offer recommendations. After several meetings a consensus was reached, and the proposed legislation was sent to the Governor and was then introduced in the Maryland General Assembly as House Bill 245. With strong support from the medical community, the legislation passed and was signed into law on April 9, 2013.

The law also requires DHR to write regulations and to submit an annual report in 2014 and 2015 to the legislature. Passage of this law codified the practice for reporting substance-exposed newborns that many hospitals in Maryland followed voluntarily. DHR will work closely with the LDSS' to inform health care practitioners, hospital staff, and community service providers about the law and to ensure its implementation in a consistent manner among jurisdictions.

On October 1, 2013, a new Maryland law went into effect requiring health care practitioners who deliver or care for a newborn affected by prenatal exposure to alcohol or controlled dangerous substances to make a report to a Local Department of Social Services (LDSS). The law requires LDSS staff to respond to the referring hospital within 48 hours of the report; to consult with health care practitioners and hospital social workers; to assess the safety of, and risk to the newborn; and if needed, to develop a plan of safe care for the newborn and referral to services for the mother. Maryland's new law follows the provisions in the federal Child Abuse Prevention and Treatment Act whereby substance use prior to birth cannot be investigated as child abuse or neglect. In so doing, Maryland's new law makes it clear that there is no

presumption of child abuse or neglect based solely on a mother's prenatal use of certain substances and therefore, not eligible for a CPS response. Maryland requires physicians to report the birth of substance exposed newborns to the Local Departments of Social Services who are required to conduct risk and safety assessments and make a plan of safe care for the newborn.

Having worked with representatives of the Maryland Chapters of the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics and of the Maryland Hospital Association to draft and to testify in support of the legislation, SSA staff was assisted by these organizations and the Maryland Board of Physicians to notify in writing and by email all providers and hospitals about the requirements of the new law. In addition, all State Health Officers were notified.

During the summer and fall, SSA staff held meetings, either regionally or in individual jurisdictions, to provide technical assistance and training about the new law to collaborative teams consisting of staff from the Local Departments of Social Services, hospital(s), health department bureaus of maternal and child health and of behavioral health, substance abuse treatment providers, and child and family serving agencies. Staff is scheduling follow-up meetings to monitor implementation and regional meetings to address training needs to improve knowledge and competencies in regard to developmental risks for substance-exposed newborns, addiction and recovery in women, and motivational interviewing.

Aggregate and client level reports are generated monthly on numerous indicators. Since October 2013 the 33 birthing hospitals in Maryland have reported 565 substance-exposed newborns as compared to 355 in the same five month period in 2012-2013.

Because substance-exposed newborns can be some of the most vulnerable children in the child welfare system and their parents some of the most challenging clients to work with, the agency is focused on improving the way that the system responds to infants and families affected by the perinatal substance use. Efforts include monitoring implementation of the new law, collecting data, and reporting on outcomes to the Governor and legislature; developing staff training to increase knowledge about substance use disorders and to promote expertise in engaging and working with clients with the possibility of creating specialized units or specially trained staff to work with these families; clarifying policy; identifying barriers to or gaps in services needed for infants or parents; promoting collaboration with health care practitioners and hospitals to decrease the number of substance-exposed newborns.

DHR also continues to track collaborative efforts led by the local health departments in the three counties on the Lower Shore, Carroll County and in Baltimore City to develop interventions to prevent substance-exposed pregnancies and to engage women in substance abuse treatment services prenatally. Since implementing the 4P's Plus program, known as SART (Screening, Assessment, Referral, and Treatment) in Carroll County, prenatal care providers have screened a total of 3,158 pregnant women between September 2010 and June 4, 2013 using the 4P's Plus Questionnaire. Of the 1,776 positive screens, 78 brief interventions were given. In addition a total of 132 referrals were offered and 63 of those referrals were accepted.

The Department continues to work with the Regional Perinatal Advisory Group (RPAG) to develop a toolkit for all obstetrical care providers statewide on screening for and managing alcohol and drug use during pregnancy. DHR provided a section in the toolkit to explain the new law and its mandate to report newborns affected by controlled drugs or a fetal alcohol spectrum disorder. The toolkit will be distributed to providers and be available on line during the summer.

Birth Match

In October 2009, the bill referred to as Birth Match became law. This Department is required to provide the Department of Health and Mental Hygiene (DHMH) with an updated list of parents who had their parental rights terminated within the past five years and who have a finding of child abuse or neglect connected to the TPR. DHMH, Vital Statistics, matches the names against a list of parents with newborns and advises the Social Services Administration (SSA) of any matches.

If there is a match, the local department where the family resides is notified and required to make contact with the family to assess for the safety of the newborn child and determine if services are needed. In FFY13 there were 108 total matches of which 58 families were receiving services at the time of the match. Of the remaining 50, after assessment 23 received In-Home Services; 23 needed no additional services and 2 infants were placed at the time of birth. The remaining two were mismatched during computer matching process.

In 2013 the article *Child Welfare Birth Match: Timely Use of Child Welfare Administrative Data to Protect Newborns* was published in the Journal of Public Child Welfare. The article examined Birth Match Programs in three jurisdictions Maryland, Michigan, and New York City to identify and serve infants at high risks. Representatives from DHR were credited as major contributors to the article.

The article gained national acclaim resulting in a study conducted by Dr. Steven Sumner of the United States Center for Disease Control. In September 2013, Dr. Sumner visited DHR to interview SSA's state liaisons to gain further insight on the operation of the project and outcomes. Moreover, in order to gain a better perspective of the actual engaging of families and assessment process, Dr. Sumner interviewed representatives from Baltimore City's Local Department of Social Services.

Human Trafficking of Youth

Human Sex Trafficking was added to the child abuse statute in 2012. The Department has engaged in numerous activities to deal with the issue of sex trafficking since the change in statute. In conjunction with the Maryland Task Force on Human Trafficking, the department has engaged in efforts to address identification of victims, appropriate responses to discovery, service needs and prevention. The Department has worked as a member of both the Steering Committee of the Task Force, which includes fifteen organizations and as a representative on the Victim's Services Subcommittee (which expands beyond the participants of the 15 Steering Committee members) to identify State needs, barriers and challenges to fully address the needs of victims. Policy has been issued, training developed, a screening tool adapted for Child Welfare and a human trafficking identifier has been added to the data system to track all human trafficking referrals.

In the past year, the Department worked directly with TurnAround, a victims' services agency to develop a WebEx Training for Maryland Child Welfare workers. As of May 2014, 1500 child welfare staff had completed the WebEx. Training has been offered and conducted at local Departments in addition to the WebEx. TurnAround and the chair of the Maryland Task Force's Victims' Services Committee (who is also the Human Trafficking Program Specialist for the National Center for Missing and Exploited Children) worked with the Department to revise a screening tool originally developed for the Department of Juvenile Services population.. In March foster care workers interviewed youth in Out-of-Home Placement, 12 years and older and completed the screening tool to identify any youth in care with possible risk factors. This has not only provided the Department with a baseline regarding the foster care population but has also identified youth requiring services.

As of February 28, 2014, 2,955 children ages 12 and older were in Out-of-Home Placement. Surveys were completed on 1,321 of the required surveys had been completed to date. SSA continues to work with jurisdictions to complete the remaining surveys. Of the surveys completed, eight youth disclosed human trafficking and 36 youth were identified as having risk factors.

The Department participated in the second annual Governor's Conference on Human Sex Trafficking, both in the preparation and planning as well as in the conference, itself. Department staff in conjunction with partners from the Baltimore Child Abuse Center and the Araminta Freedom Initiative presented a workshop at the conference on "Mandated Reporters and Reporting of Human Trafficking". The Governor's Office of Crime Control and Prevention takes the lead on the conference with representation from multiple agencies and service providers.

The Human Sex Trafficking Policy was revised this year to include additional information and direction. As the Department has worked in conjunction with numerous partners, the policy revisions have reflected additional input to strengthen the policy. In addition, a Management of After Hours Human Sex Trafficking policy has been issued to ease the referral process after normal work hours. As this is generally the time when sex trafficking victims are recovered, the policy was issued to enhance the referral process. Staff from the United States Attorney's Office worked with the department to include law enforcement input and perspective. Also revised were the Out-of-Home Runaway/Missing and Abducted Children policy to address the need to report all runaways to include screening the youth for possible human trafficking involvement. In the past year July 1, 2013 – April 28, 2014, 26 referrals involving human sex trafficking have been identified.

In-Home Services (Consolidated and SFC-I)

DHR In-Home services are a critical component of meeting the needs of thousands of vulnerable children and their families. In SFY2013 18,791 children received In-Home services while just over 9,175 children received Foster Care services. DHR's Place Matters Initiative has had considerable success in its emphasis on family-centered practice and the use of family involvement meetings to find alternatives for children to entering the child welfare system.

Among those served in In-Home services, based on FY2012 (most recent year for which there is complete data), most children served:

- Do not experience an “indicated” CPS investigation (97.4%) during services, and
- Do not experience a Foster Care Placement (95.6%) during services.

Among those children whose In-Home services ended, based on FY2011, most children:

- Do not experience an “indicated” CPS investigation (96.7%) within 1 year of case close, and
- Do not experience a Foster Care Placement (97.5%) within 1 year of case close.

The In-Home Family Services program is designed to provide comprehensive, time-limited and intensive family focused services to a family with a child at-risk for an Out-of-Home Placement. The purpose of In-Home services is to promote safety, preserve the family unity, maintain self-sufficiency and assist families to utilize community resources. In-Home services are in-home and community-based. Based on the local jurisdiction size and staff availability, the In-Home Services staff may consist of a worker or a worker and family support worker team approach to serving the family. In SFY 14 all local departments provided Consolidated Services, Services to Families with Children and Interagency Family Preservation Services under their In-Home Services Program.

In the past five years, the Department with input from a representative workgroup of local department administrators and supervisors restructured on-going Child Protective Services to provide congruency between level of risk and safety and level of service provision. The SAFE-C and Maryland Family Risk Assessment serve as the assessment tools. Consolidated In-Home Services has replaced the previous nine sub groupings of categories, each containing their own specific requirements. With Consolidated Services the hours of face-to-face contact relates to the intensity of services required given each case’s level of risk and safety determination. Families are not required to transfer programs if risk and safety alter. Rather, workers adjust the intensity of services required given the changes in risk and safety.

Local Departments also serve families via Services to Families with Children – Intake (SFC-I) which are short term (less than 30 days) interventions to assess families needs and provide services. Most referrals come from the client requesting assistance, although CPS referrals that do not meet criteria for acceptance with risk factors are also referring to SFC-I. If the family requires ongoing services and/or there are safety or risk issues, the case can be transferred to Consolidated or IFPS.

Consolidated Services has a three level priority approach; high, moderate and low intensity. In-Home supervisors determine the level of intensity required at the time of referral based on risk and safety assessment. As the level of risk and safety changes so does the intensity level. The worker, in conjunction with supervisor approval, adjusts the level of intervention as the case proceeds to meet the family’s level of risk and safety. Intensity is measured by actual weekly face-to-face contact.

The restructuring of on-going family preservation services is in keeping with the Place Matters initiative implemented to improve services to Maryland families and to best comply with family centered practice.

Interagency Family Preservation Services

In addition to Consolidated In-Home Services, Maryland also offers Interagency Family Preservation Services (IFPS). Interagency Family Preservation Services provides intense services to families with a child(ren) at imminent risk of Out-of-Home Placement. Referrals can come from multiple sources and are served by workers with small caseloads who are able to provide more frequent and sustained contact. Each jurisdiction has the option to operate the program within the local department, with the department as the vendor or to utilize outside vendors. Currently the department is the vendor in 18 jurisdictions, with the remaining 6 jurisdictions contracting with private vendors.

PERMANENCY STRATEGIES

As stated previously, Maryland reduced the number of children in out-of-home care by 47% since 2007. This reduction was a result of children leaving the system to reunification, adoption and guardianship. Maryland strongly believes that every child deserves to grow up in a permanent, safe, loving family. The Foster Care Program in the State of Maryland features a family centered approach that encourages foster parents to play an active role with the birth family in planning and carrying out the goals of the permanency plan. Using the Family Centered Practice model, foster children are placed in homes that are in their own community thereby keeping the children connected to their home school, friends and resources within their neighborhood.

Permanent Connections for Youth

As a standard practice Maryland continues to identify youth in congregate care settings who are ready to transition to families, taking into consideration the best interests and needs of the child. As a result of this policy the number of youth in group care setting continues to decrease. As stated earlier, Maryland reduced the percentage of youth in group homes by more than 60%.

As of April 2014, in 5 jurisdictions including Baltimore City, the percent of youth placed in group homes is 10% and below. In SFY 15, Maryland will continue its efforts to ensure youth are placed in family setting in accordance with the needs of the youth.

Family Finding

Family Finding was introduced to state practice during the Fostering Connections demonstration project in 2009. Family Finding is an intervention designed to promote permanence and foster meaningful lifelong connections between youth and their families of origin. Family Finders assist case managers in finding and engaging family members who have lost contact with the Foster child. The pilot sites have hired or contracted with agencies to deliver the Family Finding services during the grant. State funding will be provided to hire staff as the remaining counties begin the practice. SSA will continue to provide implementation guidance and technical support.

The primary population for Family Finding services has historically been older youth with a plan of APPLA (Another Planned Permanent Living Arrangement). As Family Finding has been implemented in other counties, the success of initiating Family Finding services on the front end (before a child enters Out-of-Home Placement) has been very successful. There are currently 13 jurisdictions (Anne Arundel, Baltimore, Cecil, Charles, Dorchester, Harford, Montgomery, Prince George's, Somerset, Washington, Wicomico and Worcester Counties, and Baltimore City) with active Family Finders. SSA will continue to provide implementation guidance and technical support.

Several of the pilot sites have assigned the Family Finders to participate as a search and engagement resource during the "Initial Removal" FIM triggers. This practice has shown promise for the early identification of relative resources to prevent foster care placement. As part of the implementation technical assistance, replication sites are assessing the data and planning to embark upon Family Finding at the most challenging part of their respective service continuums. The intent is to: 1) build the statewide capacity for Family Finding to engage relatives so that children do not linger in the foster care system and 2) establish meaningful connections for youth as they transition. Specialized Family Finding training will be finalized during SFY2015.

As a foundation for building this Family Finding capacity, Maryland developed policy and training activities. First, an engaging fathers and paternal kin policy was enacted. The policy underscores the importance of engaging fathers and paternal kin early in the child welfare process so that potential resource are not overlooked while a child is in foster care. The Child Welfare Academy developed an in-service training to assist with engaging fathers and paternal partners. Secondly, a general family engagement in-service training was developed to explain the role of the designed Family Finders and to emphasize the shared casework responsibility of exploring relative resources. The message promoted is that engaging relatives is a best practice expectation to connect children with family members. Connecting children with these relatives should be part of the initial assessment process and part of the transition planning for older youth.

In March 2014, SSA participated in a Family Finding Forum hosted by Child Trends. The forum brought together policy makers, administrators, and funders from across the country to discuss findings from an evaluation of the Fostering Connections Demonstration Project. Through an exchange of ideas, it was noted that a strong Family Finding program, has a strong family centered culture as the foundation for collaboration between the Family Finders and case workers. Maryland is well ahead of the curve in these two areas. Maryland was recognized during the discussion for having a Family Finding Support group, which has been instrumental in anchoring the practice and keeping staff motivated. During the support group peer case consultation is provided as well as workshops.

Family Finding Data

Prior to July 2014, the Family Finding data was collected using the database developed by the University of Maryland School of Social Work as part of the evaluation for the Fostering Connections demonstration project. Since the conclusion of the demonstration project on June 30, 2013, SSA has been exploring options for streamlining and transitioning the data collection

into comparable fields in MD CHESSIE. The plan is to use the same methodology for developing the automated FIM report to create a Family Finding report.

Baltimore City has continued to use the database to assist in planning for the data conversion. During July 2013-March 2014, Baltimore City provided Family Finding services for 52 cases. Approximately 26% of those cases resulted in establishing a lifelong connection for a youth.

Adoption

Adoption Services has the best interests of children waiting for permanent homes in foster care as the primary focus. The goal is to develop permanent families for children who cannot live with or safely be reunited with their birth parents. The State of Maryland's Adoption Services Program assists Local Departments of Social Services and other partnering adoption agencies in finding adoptive families for children in the care and custody of the State. The range of adoption services includes study and evaluation of children and their needs; resource parent recruitment, training and home study, child match and placement, and post-adoption support. Annotated Code of Maryland Regulations (COMAR 07.02.12) for Adoption were published in April 2012. Updates of the regulations are planned for SFY14. The intent of the updates is to clarify the phases of the adoption process. Updates include clarification of Placement for Adoption including post placement services that begin the day of placement and end at court finalization; discontinuance of the use of the Maryland Adoption Resource Exchange and expansion of the use of the AdoptUSKids database system; updating the Title IV-E Monthly Assistance applicable child and non-applicable child eligibility criteria; clarification of Title IV-E, State-funded, and Post Adoption Assistance as they relate to a child and family's eligibility, negotiation and renegotiation of an assistance agreement, and termination of an adoption assistance agreement; and clarification of issuance of adoption assistance impacted by interstate placement.

The adoption program also includes mediated "open" adoption when it is in the child's best interests; the Mutual Consent Voluntary Adoption Registry; the Adoption Search, Contact and Reunion Services (ASCRS); the Post Adoption Services Permanency Program, (which provides limited funds for families when the adoption is at risk of disrupting); the Adoption Assistance Program; Title XX Child Care Reimbursement; and the Non-recurring Adoption Expenses Reimbursement. Adoption Assistance may continue until the age of 21 as long as the agreement is entered into prior to the youth's 18th birthday, and if the child continues to meet eligibility requirements, such as continued special needs status, school enrollment, employment or disability. Maryland's child welfare services continue to emphasize concurrent permanency planning, and dual approval of resource homes to increase the number and timeliness of adoptions of children in out-of-home care.

Adoption in Review

Four statewide Adoption Assistance Trainings on negotiating adoption assistance agreements with adoptive families were conducted with 60 local department supervisors/caseworkers from March 2012-December 2012. Initially issued in August 2011, the Adoption Assistance Program Policy was revised and reissued in July 2012 (#13-01) and serves as a written guide for local department staff. The policy is posted on the DHR Knowledge Base intranet.

During the development of the adoption assistance negotiation policy, DHR/SSA collaborated with Local Departments of Social Services staff having expertise with adoption assistance.

Informal ongoing collaboration occurred with staff that provided recommendations/suggestions based on their involvement with the implementation of adoption assistance services. Collaboration also occurred with the DHR assistant attorney general assigned to the SSA Out-of-Home Program. The outgrowth of this collaboration is a more uniform service delivery statewide.

Updates to Code of Maryland Regulations (COMAR) adopted in April 2012 that impact adoption practice included: (1) Graduated expansion of IV-E eligibility with inclusion of the applicable and non-applicable standard; (2) Inclusion of new IV-E eligibility criteria for youth 18 to 21 (3) Transfer from Adoption Services regulations to Out-of-Home Placement regulations requirements for termination of parental rights, guardianship notice, services to child, and services to birthparents; and (4) Post Adoption Services Permanency Program, a funding service designed to help prevent return of adopted children to out-of-home care.

Adoption Best Practices training was provided at the 2012 Fall Child Welfare Regional Supervisory Meetings with over 250 supervisors representing 24 jurisdictions and to local department staff regionally as part of the four Out-of-Home Program quarterly meetings in January, and in February 2013 with over 55 staff in attendance. The Adoption Best Practices WebEx training was developed and made available to Local Departments of Social Services (LDSS) supervisors and caseworkers March 15, 2013 on the DHR Knowledge Base where it will remain indefinitely so staff can continue to refresh their knowledge. Over 450 supervisors/caseworkers have viewed the WebEx. Over the long term, these trainings will improve LDSS' ability to make more timely decisions and placements for children with a plan of adoption and will standardize adoption practice.

Change in Usage of the AdoptUSKids Database

During SFY 2012, DHR/SSA determined that usage of two databases, i.e. the Maryland Adoption Resource Exchange (MARE) and the AdoptUSKids (AUK) database, to identify permanent families for children was cost prohibitive, and decided to use the AUK database system only as of 6/1/12. Prior to this change in usage, DHR/SSA collaborated with AUK's technology staff in an effort to link the two databases. LDSS staff could only upload case data to AUK first entering the data in MARE. Since then the collaboration continues as LDSS staff use the service. LDSS' usage has gradually increased since June 2011; however there is room for improvement.

The Adoption Services Policy Manual was revised and an electronic copy was made available to LDSS staff in April 2013. The electronic version of the manual will be updated regularly. The manual is a comprehensive document which provides local departments with the information they need when working towards adoption. Areas covered in the manual include adoption best practices for legal considerations, when to change the permanency plan to adoption, services to birth parents, preparing the child for adoption, selecting a family resource, post placement services, and post adoption services.

LDSS staff having years of professional adoption expertise served on a committee for one year, from November 2011 to November 2012 to help develop the manual. In completing the most recent version of the manual, the last manual writer sought additional information regarding

adoption practices from LDSS staff. Contact also included consultation on actual cases. The last version was issued April 13, 2013. This document will be updated as needed.

Adoption legislation passed in 2011 and 2014 impacted the Adoption Search, Contact and Reunion Services (ASCRS). In 2011 Chapter 326 provided for development of a placement resource or facilitation of a family connection for a minor in Out-of-Home Placement by permitting contact of siblings of a minor in Out-of-Home Placement if all the siblings were adopted through a local department resource. In 2014, Chapter 86 authorized further expansion of ASCRS to include a minor, who was adopted through a local department and re-entered Out-of-Home Placement, having contact with birth relatives, including birth parents, and other relatives at least 21 years old who are related to the minor by blood or marriage within five degrees of consanguinity or affinity under the Civil Law Rule. The local department must have determined that reunification with the adoptive family is not in the child's best interest. Enactment of Chapter 178 solidifies provisions of the Family Finders Initiative for minors who were adopted and re-entered care. These children have another chance to live with a family or having supportive connections with them. Some birth parents that were not able to provide for their children prior to termination of parent rights undergo positive changes that allow reconnection with their children. Other relatives who were not involved when the termination of parental rights occurred may be appropriate for placement or family support.

Revision of the ASCRS Policy Manual has been an ongoing effort since SFY10. A major revision was completed during SFY12. Additional revisions were made during SFY13 and SFY14. The revisions focused on clarification of all aspects of the ASCRS including, the legal underpinnings for the services, confidential intermediary qualifications, use of the Mutual Consent Voluntary Adoption Registry, and the operational procedures of ASCRS. The manual was issued to LDSS and private agency confidential intermediaries during trainings in November 2013 and March 2014. The manual is also on the DHR Knowledge Base intranet.

An initial training occurred on November 21, 2013 for confidential intermediaries candidates, who are local department or private agency staff who upon certification will provide Adoption Search, Contact and Reunion Services to applicants. A refresher training occurred on March 27, 2014 for certified confidential intermediaries. These trainings are mandated by state statute.

Since 1998 when legislation was passed creating the role of confidential intermediary (CI), there has been ongoing collaboration between DHR/SSA and the private agency confidential intermediaries on program development and direction. These individuals collaborated on planning for the trainings. Public and private agency staffs served as trainers. One of the private agency's CI's also collaborated with the DHR/SSA search coordinator on the revision of the ASCRS policy manual issued in SFY's 2011 and 2013. Collaboration on these efforts will continue.

Child and Adolescent Needs and Strengths (CANS)

The Child and Adolescent Needs and Strengths (CANS) instrument was developed for children's services for the following purposes:

- ***To support decision making, including level of care and service planning***

The CANS can be used by child and family teams to develop more individualized and ultimately more effective treatment plans and service plans. Additional decision support applications can be integrated into Family Involvement Meetings (FIM) at intake and change of placement.

- ***To facilitate quality improvement initiatives***

As a quality improvement tool, a number of settings utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need item suggests that this area must be addressed in the plan. A rating of '0' or '1' identifies a strength that can be used for strength-based planning and a rating of '2' or '3' indicates a strength that should be the focus on strength-building activities.

- ***To allow for the monitoring of outcomes of services***

As an outcome monitoring tool, the CANS may be used by the larger systems of care to track aggregate improvement by children and families. This can be accomplished in two ways. First, items that are initially rated '2' or '3' are monitored over time to determine the percent of youth who move to a rating of '0' or '1' (resolved need, built strength). Second, dimension scores can be generated by summing items within each of the dimensions (e.g., Emotional/Behavior Problems, Risk Behaviors, and Life Domain Functioning). These scores can be compared over the course of treatment. Ultimately, utilizing treatment plans guided by the CANS can lead to decreased duration in care and increased rate of permanency achievement.

The CANS assesses youth functioning in major life domains, strengths, emotional and behavioral needs, and risk behaviors, in addition to caregiver strengths and needs.

For the past six years Maryland has utilized the CANS in a variety of ways across the child serving system, including in systems of care initiatives funded by Maryland's Children's Cabinet, the Care Management Entities (CME) providing intensive care coordination, private Group Homes and Treatment Foster Care Agencies contracted with the Department of Human Resources (DHR) and the Department of Juvenile Services (DJS) and across programming within the child welfare system.

The Children's Cabinet prioritized the use of the CANS for specific interagency initiatives for four primary reasons:

- ***Appropriateness for use with children from ages 5-21.*** The CANS demonstrated reliability and validity with these populations, and can also be used with a transition-aged youth population.
- ***Ease of administration*** (after receipt of training). It is easy to learn how to use the CANS, and the tool only requires approximately 10-20 minutes to complete, once the administrator developed a relationship with the youth and family or if the administrator has access to a complete profile.
- ***Utility of dimension scores in developing a profile of strengths and needs.*** The CANS is well liked by parents, providers, and other partners in the services system because it is easy to understand and facilitates discussion important to case conceptualization and treatment planning.

- ***Accessibility, in terms of both cost and manual availability.*** The CANS is an open domain tool that is free for anyone to use. With training, anyone with relevant training and expertise and knowledge of the youth and family can learn to complete the tool reliably. Additionally, there is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

The CANS provides a common language among the diverse array of stakeholders and facilitates the linkage between the assessment process and the design of individualized service plans. Each item on the CANS suggests different pathways for service planning. This allows the CANS to be used as a care planning tool to identify an array of home and community based services and supports, including natural supports and evidence-based and promising practices.

The CANS has considerable potential to be used to further Maryland's data-driven decision-making processes and to support practice improvement efforts that emphasize family-centered planning and care. It is a natural fit with Maryland Family Centered Practice initiative in that it promotes the development of individualized, strength-based, community focused, child and family driven treatment plans.

Child and Adolescent Needs and Strengths Assessment (CANS) Initiatives

Since July 2011, DHR used the Maryland Child and Adolescent Needs and Strengths Assessment (MD CANS) to assess youth in Out-of-Home Placement settings. This aligned the public staff with private agency staff that has used the CANS tool since 2009. The MD CANS assessment is intended to elicit information about a particular child's strengths and needs to be used for service planning and placement intensity identification. MD CANS was incorporated into MD CHESSIE in early SFY11 in preparation for DHR staff completing the assessment. A policy was issued detailing the triggers and frequency for completing the assessment in July of 2011. All children over age 5 entering Out-of-Home Placement (OHP) will have the CANS completed within 60 days of entry into OHP. Children already in care will have the assessment completed at one of several triggers related to case level decision making points.

DHR partnered with the Institute for Innovation and Implementation at the University of Maryland, to assist with the implementation of the CANS assessment across the child welfare system. The Institute assists the Department with:

- Tracking the completion of CANS assessment in MD CHESSIE and Children's Services Outcome Measurement System CSOMS,
- Technical Assistance/Coaching at the county level
- Providing and monitoring certification training around the state
- CANS data analysis and reporting efforts
- The Level of Intensity Algorithm Project,
- Development and implementation of the family version of the CANS for In-Home Services, the CANS-F.

CANS Compliance

Quarterly compliance reports were developed over the past year to inform each local department of their CANS completion data. The reports include the names of children for whom a CANS

assessment has not been completed. After the first year of implementation, approximately 14% of youth in OHP had a completed CANS assessment. By the end of the second year 43% of the youth being served in out-of-home care had an up to date CANS assessment. In an effort to improve compliance with the CANS initiative, the Department offered technical assistance to each of the counties and increased the availability of CANS certification trainings around the State. Each county will continue to receive quarterly compliance reports to help them monitor CANS assessments at the local level.

Programs serving children in OHP on the private side of the child welfare system also receive quarterly compliance reports. Of the youth being served in private Treatment Foster Care programs and in Residential Care settings, approximately 74% of them had an updated CANS assessment on file as of the latest compliance report in March of 2014.

Individualized TA at the Local/Program Level

In addition to the ongoing CANS Certification Trainings being held around the State, the Department offers in-person consultation to county agencies to troubleshoot barriers to CANS implementation and assist local staff with connecting the CANS assessment to their practice. These “CANS Brown Bag” information sessions will be hosted at every local department.

The *CANS Brown Bags* are intended for local/program staff (workers, supervisors, and administrators). Topics of discussion include:

- exploring assessment strategies,
- using the CANS with youth and families,
- using the CANS in Supervision, and
- identifying barriers to implementation,
- entering assessment data in CHESSIE.

A memo was sent out to the CANS Website Designees identified by the local agencies and program who responded to the initial memo regarding updates to the CANS re-certification process. The memo highlighted Maryland’s commitment to provide training and technical assistance to local agencies around CANS implementation and practice. The consultation sessions focus on troubleshooting barriers to CANS implementation and assisting local staff in connecting the CANS initiative to their practice. This initiative seeks to improve agency compliance around CANS completion by directly addressing staff concerns and gathering feedback on barriers and opportunities. As of March 31, 2014, the Institute has conducted twelve “CANS Brown Bag” information sessions around the state. During the 2014 spring regional supervisor meetings, county level supervisors and administrators were able to review their CANS data and learn about new training approaches focused on integrating CANS into child welfare practice, and practice skills for connecting the CANS assessment to the case plan. The State will continue outreach to the remaining county agencies and private providers in an effort to schedule the in-person consultation meetings with each county agency in the coming year.

CANS Data Analysis and Reporting Efforts

In the first week of October 2013, the state began dissemination of the CANS provider spreadsheets to each contracted provider caring for children in OHP. The spreadsheets were

intended to (1) allow programs to use the CANS data to assist in decision making at the program level, and (2) assist programs in identifying youth being served in their programs who do not have a completed CANS assessment.

In collaboration with the Governor's Office for Children, the spreadsheets were introduced to providers at their provider conference on October 17, 2013. During this presentation providers were provided with a walkthrough of the spreadsheets and instructions on how to receive further technical assistance. Additionally, two 3-hour computer lab trainings were offered to providers. These trainings were intended to further develop the skills of the provider community to use CANS data in their program decision making. The first session had representation from 47 members of the provider community. In each of the sessions the information was well received. The providers were interested in learning how to use excel to answer program related questions using their CANS data. The second round of spreadsheets was disseminated in April of 2014. Similar spreadsheets have been developed for each of the 24 county agencies. These spreadsheets will be disseminated in May of 2014.

In an effort to better understand the utility of the CANS assessment in measuring change over time, the state, in partnership with the Institute for Innovation and Implementation, has undertaken research to test the approaches for measuring clinical change for youth in OHP. The three approaches being tested, any mean change, standardized effect size and Reliable Change Index, are based upon a review of the literature of measuring clinically meaningful change. Initial results show that the three approaches are significant predictors of moving to a less restrictive environment, a proxy for improved well-being. Further analysis is in progress to understand the sensitivity and specific of these approaches and recommendations for future work in this area.

Continuum of Kinship Decision-Making Project - Kinship Diversion

During FY2012, the Department partnered with Annie E. Casey Foundation (AECF) to assess the decisions made to divert children and youth from out-of-home care and approve the homes of prospective kinship caregivers. AECF presented the results of the Kinship Diversion study to assess practice decisions made to divert children and youth from out-of-home care and approve the homes of prospective kinship caregivers in October 2012. In December 2012, the SSA Steering Committee agreed with the recommendation to use the existing Fostering Connections Implementation Meeting as the forum to review the results and develop recommendations to clarify the policy expectations and improve the practice consistency. The recommendations are pending. During SFY2014, the Implementation group was focused on finalizing the Kinship Navigator policy to ensure that practice could support the recommendations from the Kinship Diversion study. The Implementation group will monitor the trends and make recommendations for the DHR/SSA to support the practice.

Kinship Navigator and Resource Center

Maryland continues to provide Kinship Navigator services to relatives who are caring for their minor kin. Kinship Navigator services were also introduced to the state through the Fostering Connections demonstration project in 2009. Kinship Navigators are responsible for providing information and referrals as well as caregiver support groups. SSA hired a statewide Kinship Navigator to oversee the administrative efforts and collaboration with local Kinship Navigators.

The Request for Proposal (RFP) for the Kinship Care Resource Center, that was intended to be part of the Fostering Connections project, was withdrawn. This statewide Kinship Coordinator will be assigned as DHR/SSA staff position who will assume responsibility for the scope of work that had been outlined in the RFP. The Kinship Coordinator will be the liaison for the local Kinship Navigators and the authority on local, state and national kinship topics. The Kinship Coordinator will be appointed to the Maryland Caregivers Coordinating Council. The purpose of the Council is to coordinate statewide planning, development, and implementation of family caregiver support services across the lifespan. The Kinship Coordinator will participate on the statewide peer support group for Kinship Navigators. In addition, this position will update the statewide kinship website in addition to continuing to offer technical assistance to local Kinship Navigators and represent DHR to offer community outreach about kinship services.

There are currently 13 jurisdictions with active Kinship Navigator services (Anne Arundel, Baltimore, Cecil, Charles, Dorchester, Harford, Montgomery, Prince George's, Somerset, Washington, Wicomico and Worcester Counties, and Baltimore City) The counties who participated in the pilot and Round 1 implementation will continue to provide peer support to counties in the upcoming rounds. Training will be developed and provided by the Child Welfare Academy.

The Assistant Directors and Kinship Navigators gave input on the Kinship Navigator policy that was drafted. Revisions were made based on feedback provided and the policy will be finalized by July 2014. Regional quarterly kinship caregiver workshops will resume beginning in late 2014. Data will be collected during SFY2014 after the policy is enacted.

The Kinship Navigators policy will provide guidance for statewide implementation of Kinship Navigator Services in Maryland. Subsequently, specialized training will be developed. Local departments will assign child welfare staff or procure services from a community vendor to serve as local or regional Kinship Navigators. The Kinship Navigator will be responsible for sharing resources with caregivers who contact the local department to support them in caring for minor relatives. Kinship Navigator services will collaborate with child welfare staff to offer resource information to families who are diverted from Out-of-Home care and placed with kinship caregivers after a Family Involvement Meeting (FIM).

The Kinship Navigator will continue to be accessible as an information and referral resource for other programs within the agency such as Family Investment and Child Support. The Kinship Navigator will continue to lead caregiver support groups and collaborate with community organizations. Based on the themes from the support group, the statewide Kinship Coordinator will collaborate with the Child Welfare Academy to offer quarterly regional kinship caregiver workshops. The relationships that the Kinship Navigators established with business for in-kind donations and services will be extended as a resource as the Family Finders identify and engage relatives.

In an effort to strengthen community partnerships, SSA partnered with the Maryland Coalition of Families for Children's Mental Health (MCFCMH) to share kinship care presentations. SSA facilitated a workshop about accessing DHR services at the annual kinship caregiver conference

in October 2013. SSA facilitated a webinar in January 2014 for community partners and caregivers with information regarding DHR's service continuum. Both the presentation and webinar were successful and lead to other offers to collaborate with to address the needs of relative caregivers in Maryland.

Maryland Caregivers Support Coordinating Council

Established in 2001, the Maryland Caregivers Support Coordinating Council works to identify the needs and challenges faced by informal family caregivers for those across the lifespan, advocating for and empowering through policies that support them, and making recommendations for the coordination of services.

DHR is required to provide staff to the Council, which is legislatively mandated, as well as have two approved members. The Council's 17 members are appointed by the Governor and five (5) members specifically represent children and families via an organization or as a family caregiver of a child with a special need or disability. Over half of the remaining Council members are involved in organizations that serve or provide administrative oversight to both Adults and Family/Children's services.

2013 Accomplishments that included children:

- The Council participated in a Strategic Planning process that articulated its efforts and formed three Standing Committees for: 1. Outreach and Advocacy, 2. Seek and Find Resources and Available Funding Sources, 3. Review Caregiver Systems, Aiming to Create Barrier Free Systems.
- The Council participated in 14 community outreach events, meeting informal family caregivers, and informing them of resources and gathering their needs and concerns.
- The Council worked with DHR's Office of Communications to increase awareness of its efforts through the Council web site and informational brochure.
- The Council worked to identify partnerships with supporting organizations for collaboration, information and resource sharing to reduce boundaries for caregivers.
- The Council worked to draft future legislation toward a Maryland Caregiver Bill of Rights.

On a local note, Anne Arundel Co. LDSS provides state funds to the Local Management Board to hold monthly support groups for kinship providers and to print an updated resource manual each year. The LDSS partners with the Anne Arundel County Department of Aging to hold a Caregiver Conference each year and to provide small stipends to kinship providers in the county.

Supportive Services To Informal Kinship Providers

The statewide Kinship Coordinator will be the link to address the needs for all relative caregivers in Maryland. DHR/SSA continues to recognize the crucial role that informal caregivers provide in meeting the needs of children outside of the formal child welfare system when their parents are unable to provide regular care for them. The Kinship Coordinator is responsible for providing information and referral, technical assistance, and advocacy to assist informal kinship providers caring for children who are not in Out-of-Home Placement. In this capacity, the Kinship Coordinator will connect relative caregivers with Kinship Navigators in the local departments to help facilitate services and support group participation within their communities.

The Kinship Coordinator will convene quarterly regional meeting with the Kinship Navigators to address the continuum of needs for all of the relative caregivers in Maryland that will specifically include benefits for medical assistance, child only grants for temporary cash assistance and food stamps. According to National KIDS COUNT (Annie E. Casey Foundation), Maryland's percentage of children residing with informal kinship providers has remained stable at 4% over the past 5 years.

Guardianship Assistance Program

The Guardianship Assistance Program (GAP) serves as another permanency option for kinship caregivers caring for children in Out-of-Home Placement. The goal of this program is to encourage kinship caregivers to become legal guardians of children who have been placed in their home by the local department of social services by removing financial barriers. A kinship caregiver agreeing to participate in the GAP is granted custody and guardianship of the child in their care with a subsidy that includes a monthly payment and Medical Assistance. The assistance payment is a negotiated rate that can be up to 100% of the foster care board rate. Under certain circumstances, the GAP payment can continue until the youth reaches age 21. In the past year, the Social Services Administration (SSA) has provided technical assistance to all 24 Local Departments of Social Services (LDSS). SSA conducted a State policy-based training for LDSS caseworkers, supervisors, and administrators. MD CHESSIE generates a monthly GAP report which is available on business objects for LDSS administrators to monitor GAP cases. SSA has completed and implemented Policy Directive SSA# 13-2 Case Planning, Concurrent Permanency Planning, this policy provided additional guidance to LDSS staff on placement with a relative for the purpose of custody and guardianship.

As of April 30, 2014, 2,451 children are receiving guardianship assistance payments, compared to 2,710 children receiving guardianship assistant payments as of March 31, 2013. Over the next year SSA will continue to monitor the program and offer technical assistance to Local Department of Social Services (LDSS) staff regarding policy and practice. Trainings on GAP will continue to be offered. In addition, GAP will be a topic on the agenda at a quarterly regional Out-of-Home Managers/Supervisors meeting.

RESOURCE DEVELOPMENT

Foster and Adoptive Parent Recruitment

Maryland continues to need resource parents for teens, sibling groups and medically fragile children. Though gains have been made in these areas, especially through educating current resource parents, the need continues. There also continues to be a need for recruitment of minority resource parents, in particular Spanish speaking parents. In many instances, the potential resource parents who respond to outreach efforts are only interested in younger children or children solely available for adoption.

Local Departments of Social Services are required to submit to the Central office their Recruitment and Retention Plans annually. These plans update the State on their progress in the recruitment of new resource homes and their current needs. Also included is specific information on the ages and ethnicities of children in care and the number of current resource homes for those children.

Over the last five years, the state has:

- Continued to decrease the number of children placed in group homes and RTCs out of state. In 2010, 61 children were placed out of state in 25 different facilities. As of July 2013, 53 children were placed out of state in 16 different facilities
- Collaborated with other child placing agencies (MSDE, DHMH, and Department of Juvenile Services) along with Governor's Office for Children (GOC) to refine the State Coordinating Council and the process for approval of children placed out of State
- Provided technical assistance to Local Department of Social Services staff on the placement of children with special needs
- Held regular regional meetings with Local Departments of Social Services resource home staff to discuss issues relating to the recruitment, approval and retention of resource homes. Discussed new policies or changes to regulations and receive input from local department staff.
- Developed a Quality Assurance process to review resource homes to ensure compliance to standards is consistently followed throughout the State.
- Worked with Local Departments of Social Services to develop recruitment and retention plans annually that reflect the needs of their local departments based on data. These reports are reviewed by Central Office staff prior to release of funds.
- Worked closely with the Child Welfare Academy (CWA) to develop training curriculum for resource parents that reflect the current needs of the children in Out-of-Home care. The CWA also provides training to local department staff and private providers on the SAFE Homestudy methodology.
- Established the Maryland Resource Parent Association which works collaboratively with DHR/SSA on training, recruitment and retention strategies for resource homes.

As of April 2014, the state reported race for children in care: Black/African American only, 65%; White/Caucasian only, 29%; Hispanic, 5.0%. These percentages fluctuate very little throughout the year. Older Youth 14-20 account for 52% of the caseload. From this information, local departments choose strategies targeted at finding families for the children in need of homes in their jurisdiction. These plans are reviewed and approved by staff at DHR and funding is allotted to assist with the strategies outlined. The recruitment and retention plans must indicate what activities the local department will plan to recruit resource parents for older youth and sibling groups or any other resource need identified by them. The plans also identify strategies to assist in the retention of resource homes. Some of the strategies local departments used for recruitment and retention include:

- Conduct "Foster-Ware" parties, to raise community awareness of the need for homes for teens
- Engage youth and resource parents of teens in public education activities - gift cards are given as incentives for participation
- Maintain updated local department website that focuses need for foster/adoptive families for teens

- Utilize young adults who are currently involved in the Independent Living Program to recruit foster families for older children. Also include young adults who have successfully aged out of foster care; \$50 stipend per child per event
- Send reminder cards “New Year, New Start” to those who received information or attended information session but did not follow up with PRIDE training
- Use social media as a tool to help recruit foster/adoptive parents
- Presentations to PTO/PTA (Parent Teacher Organization, Parent Teacher Association), groups, federal government employees; local church congregations, who have expressed interest in working with out-of-home children
- Quarterly calls and yearly surveys to receive feedback and provide support to foster/adoptive parents
- Retain current families by providing support, encouragement, training and fun things to do with other resource families
- Appreciation activities for current resource parents to acknowledge and thank resource parents for their hard work and dedication throughout the year
- Quarterly roundtable discussion/training for current and prospective resource parents
- Mentoring and Peer support for resource parents has been a very effective retention technique

The Child Welfare Academy also offered training classes to resource parents in the areas of discipline, trauma, child development and education. MRPA members assist with some of these trainings by either co-training or participating in panels along with youth. SSA staff meets quarterly with the Child Welfare Academy to discuss training for resource parents. Discussions revolve around the current training curriculum and any new topics or policies which need to be added to the schedule. Input from local department staff and resource parents are also used to develop the training schedule.

Resource Home Quality Assurance Process

A Resource Home Quality Assurance process is now in place which is managed through MD CHESSIE. The Resource Development and Placement Support Services unit conducts these quality assurance reviews of local Department of Social Service’s approved resource, and pre-adoptive homes. Each Local Department of Social Services is monitored at least once every three years, following the Department’s child welfare Continuous Quality Improvement schedule. Baltimore City DSS is reviewed once during every six-month period.

These reviews focus on compliance with safety regulations and policies in the following areas:

- Timeliness of home studies
- Resource parent’s annual training
- Health and fire inspections
- Medical evaluations
- CPS (Child Protective Services) clearances
- Federal criminal background checks
- State criminal background checks

Resource home cases are also reviewed to determine if the resource family received (or is receiving) services to meet the needs for each child placed in the home. Corrective action plans are developed by local departments to address any issues determined out of compliance during the Quality Assurance (QA) review. These plans are incorporated into the other corrective action plans done by the QA staff in Out-of-Home services and In-Home services.

Resource home cases are also reviewed to determine if the resource family received (or is receiving) services to meet the needs for each child placed in the home. Corrective action plans will be developed by local departments to address any issues determined out of compliance during the Quality Assurance (QA) review. These plans will be incorporated into the other corrective action plans done by the QA staff in Out-of-Home services and In-Home services.

The Resource Home staff is currently conducting a 100% review of all LDSS Resource Homes in preparation for the Title IV-E Audit. This review is being conducted through MD CHESSIE and reviewing the compliance with home approval time frame, CPS clearances and criminal background checks. LDSS are being informed of any cases that are out of compliance.

The State continues to focus on ensuring that children are placed in the least restrictive placement that meets their needs. As of April, 2014, 3,849 children of the 5,429 children in the Out-of-Home population are in family settings. As of April 2014, there are 1,868 approved resource homes across the State. From July 2013 through April 2014, a total of 387 new homes have been approved. During that same period, a total of 563 foster homes have been closed for various reasons, such as becoming adoptive resources, voluntary closing the home and / or agency related closings.

Emphasis on Data-Driven Decision Making and Evidence-Based and Promising Practices

Over the last 5 years the Children's Cabinet made a commitment to utilizing evidence-based and promising practices to ensure that effective community education, opportunities, support, and treatment options are available to the children, youth and families for whom they are appropriate. The Children's Cabinet demonstrated its commitment to implementing that recommendation by providing funding to support implementation, fidelity and outcomes monitoring, and fiscal analysis of EBPs.

The Institute for Innovation and Implementation (The Institute) has partnered with the Children's Cabinet to: Obtain data on existing EBPs in Maryland; provide training on identified EBPs; identify funding mechanisms to support the ongoing implementation and sustainment of EBPs; conduct fidelity monitoring on EBP implementation; and, evaluate outcomes of EBPs.

As a part of the commitment to EBPs the Children's Cabinet developed The Child and Adolescent Evidence Based Practice (EBP) Stakeholder Advisory Committee (Advisory Committee). The Advisory Committee has remained an important component of the success and implementation of the EBPs in Maryland. The Advisory Committee is facilitated by The Institute in their role as the child and adolescent EBP implementation center for the State. The Advisory Committee is a group of committed child and adolescent service system leaders who represent State and local agency leaders, providers, funders, and advocates for children's services in Maryland. The goals of the Advisory Committee are to assist State and local partners

in the implementation of evidence based and promising practices through the provision of technical assistance geared towards selection, implementation, training/coaching, evaluation and policy development related to these practices.

The following EBPs are currently being implemented in Maryland: Brief Strategic Family Therapy (BSFT); Early Childhood Mental Health Consultation (ECMHC); Functional Family Therapy (FFT); High Fidelity Wraparound; Home Visiting; Motivational Interviewing (MI) Multi-Dimensional Treatment Foster Care (MTFC); Trauma-Focused Cognitive Behavioral Therapy (TFCBT); Multi-Systemic Therapy (MST); Parent Peer Support Partners; and Social Emotional Foundations of Early Learning (SEFEL). A map was created illustrating where the EBP's are implemented across the state (Appendix B).

Evidence-based home visiting is the newest EBP to be added to the Children's Cabinet Agenda as a focus for the partnership with the Institute. Home visiting as a whole has been in place in Maryland for several years. On April 10, 2012, the Home Visiting Accountability Act of 2012 (Act) was signed into law under Chapter 79, (Senate Bill 566, House Bill 699). This Act requires that:

- the State to fund only evidence based or promising practice home visitation programs (as identified in the Home Visiting Evidence of Effectiveness Project of the federal Department of Health and Human Services) for improving parent and child outcomes;
- not less than 75% of State funding for home visiting programs be made available to evidence-based home visiting programs;
- State funded home visiting programs submit regular reports that account for expended funding, identify the number and demographic characteristics of the individuals served, and notes the outcomes achieved by the home visiting programs; and
- Governor's Office for Children (GOC) develops the reporting and monitoring procedures for State funded home visiting programs.

As an interim step in the implementation of this Act the GOC on behalf of the Children's Cabinet convened the home visiting workgroup to review current practices of evidence-based home visiting programs in Maryland in order to make recommendations for the development of a standardized reporting mechanism to track and monitor the effectiveness of State-funded home visiting programs. This charge is in direct response to the Home Visiting Accountability Act of 2012. A report recommending five specific outcomes and assessments for each was submitted on December 1, 2013 (Appendix C)

Functional Family Therapy focuses on family intervention for at-risk youth 10-18 years of age. The issues addressed are acting out to conduct disorder to alcohol and/or substance abuse. This model was duplicated with other child-serving systems and contributed to reductions in drop-out rates, re-offending and violent behavior, and sibling entries. FFT has positive impacts on families and youth. Since SFY10 utilization of FFT has increased statewide from 474 youth to 1,010 youth in SFY13.

For more details on utilization of FFT see Appendices D-F and visit:

- <http://theinstitute.umaryland.edu/topics/ebpp/docs/FFT/FFTSummary.pdf> (Appendix D)

- <http://theinstitute.umaryland.edu/topics/ebpp/docs/FFT/01%20FFT%20FY12%20Annual%20Report%20FINAL.pdf> (Appendix E)
- <http://theinstitute.umaryland.edu/topics/ebpp/docs/FFT/03%20FFT%20FY14%20Q2%20Report%20FINAL.pdf> (Appendix F)

Multidimensional Treatment Foster Care is a behavioral treatment alternative to group or residential treatment, incarceration, or hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disabilities, and delinquency. MTFC's target population is high-risk youth ages 12-17 and their families; targeted youth include those with histories of severe or chronic delinquent behavior who are at risk of incarceration as well as youth with emotional and behavioral disabilities who are at risk of psychiatric hospitalization. Eligible youth typically participate in MTFC for 6 to 9 months before discharging from treatment. From SFY10 through SFY12, 161 youth were referred to MTFC and of that 108 were referred by the Local Departments of Social Services (LDSS). More details about the implementation of MTFC can be found in the Annual report which can be found at:

http://theinstitute.umaryland.edu/topics/ebpp/docs/MTFC/MTFCAnnualReport_FINAL.pdf
(Appendix G)

Multi-Systemic Therapy (MST) can be used as an alternative to Out-of-Home Placement. This program targets youth 12-17 years of age and their families. This treatment includes daily contact with families, either by telephone or in-person contact and emphasizes preparing caregivers to adhere to the model. A total of 252 youth were referred to MST during SFY13. For more details on utilization of MST see Appendices H-J and visit:

- <https://theinstitute.umaryland.edu/topics/ebpp/docs/MST/MSTSummary.pdf> (Appendix H)
- <http://theinstitute.umaryland.edu/topics/ebpp/docs/MST/01%20MST%20FY12%20Annual%20Report%20FINAL.pdf> (Appendix I)
- <http://theinstitute.umaryland.edu/topics/ebpp/docs/MST/03%20MST%20FY14%20Q2%20Report%20FINAL.pdf> (Appendix J)

In addition, DHR continues to explore other EBP opportunities to serve our youth and families. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is becoming increasingly available around Maryland, and is funded through Medicaid. TF-CBT is an approach used with children 4-18 years of age who exhibit significant behavioral or emotional problems related to exposure to traumatic events, and their primary caregivers. Given the trauma issues that many children experienced related to abuse they experienced, the Department worked with the LDSS' to increase their awareness of the benefits and availability of this evidence-based intervention. Montgomery County, Baltimore City and the Eastern Shore currently participate in these programs.

Regional Care Management Entities and Wraparound Care Coordination

The Care Management Entities (CMEs) in Maryland serve as an entry point for specific populations of children, youth and families with intensive needs so that they can achieve the goals of safety, permanency, and well-being through intensive care coordination using a Wraparound service delivery model and the development of home- and community-based services.

The statewide CME has been operational for two years after a 2012 procurement that shifted away from a regional approach to service delivery. The Governor's Office for Children (GOC), on behalf of the Children's Cabinet, awarded a two-year contract for a single, statewide CME to serve the youth funded by the system of care grants, 1915(c) Psychiatric Residential Treatment Facilities (PRTF) Demonstration Waiver and Children's Cabinet Interagency Funds.

The CME serves multiple populations of youth, including those eligible for the 1915(c) Residential Treatment Center (RTC) Waiver, the Systems of Care Grants (MD CARES and Rural CARES), and four Children's Cabinet Interagency Fund (CCIF) initiatives (DHR Group Home Diversion, the Stability Initiative, the SAFETY initiative and the Department of Juvenile Services (DJS) Out-of-Home Placement Diversion to support youth and their families in their homes and communities. One of the CCIF Initiatives, the Stability Initiative serves youth with a diagnosis of serious emotional disturbance (SED) that are at risk of Out-of-Home Placement in a group home, therapeutic group home, treatment foster care home, or Transition Age Youth (TAY) program. The SAFETY initiative serves youth who are discharged from a RTC placement with a discharge plan that recommends community-based services, youth who are enrolled in a Home and Hospital Program, and at-risk youth experiencing significant behavioral difficulties. Youth may be referred to the SAFETY initiative by local school systems, Local Care Teams, or Core Service Agencies. The Department of Health and Mental Hygiene (DHMH) submitted an application for a 1915(i) State Plan Amendment to Centers for Medicare and Medicaid Services to serve youth with serious behavioral health problems with a Care Coordination Organization (CCO). DHMH and the Core Service Agencies (CSA) will be identifying a specific number of CCOs to provide three levels of care coordination under the 1915(i). Through a Systems of Care Expansion Grant, Launching Individual Futures Together (LIFT) is implementing a 1915(i) intensive care coordination service through a CCO in coordination with DHMH and the local CSA in Baltimore County. LIFT is partnering with the local jurisdictions to prepare for full 1915(i) implementation, with a focus on using the Wraparound model to serve up to 40 youth and families.

The average monthly CME enrollment in SFY13 was 340 youth, beginning July 2012 with 330 youth and reaching a high in June 2013 of 350 youth. The average monthly enrollment for the first three quarters of SFY14 (July 2012 to March 2014) was 318 youth. The numbers decreased from 353 youth in July 2013 (the highest enrollment for a given month in SFY14 to date) to 305 youth in March 2014.

The current CME slot allocation is as follows:

- Stability Initiative – 250 slots
- SAFETY Initiative – 120 slots
- Rural CARES – 55 slots
- MD Cares – Closed for enrollment
- Residential Treatment Care (RTC) Waiver – Closed for enrollment
- Interim Case Services Account – Closed for enrollment

Improving Educational Stability

Improving educational stability and educational outcomes for children and youth in Out-of-Home Placement continues to be a major priority for the Department of Human Resources (DHR). The Department has worked closely with the Maryland State Department of Education (MSDE), the Maryland Foster Care Court Improvement Project (FCCIP), and the Department of Juvenile Services (DJS) to improve education stability for children in Out-of-Home Placement. That work was supported by the Annie E. Casey Foundation and the American Bar Association Center on Children and the Law via technical assistance that was provided through December 2013.

Maryland State Department of Education Collaboration

During September 2013, the Secretary of DHR and the State Superintendent of Schools for MSDE issued a joint statement in a collaborative effort to provide guidance to the Local Department of Social Services and Local School Systems regarding the Uninterrupted Scholars Act (P.L. 112-278) enacted on January 14, 2013 with an immediate effective date. The memorandum highlighted the following areas:

- Access to Education Records;
- Who Is Allowed Access; and
- Documentation Needed for Accessing Child's Education Record.

The joint statement was sent to Local School System Superintendents, Directors, Local Departments of Social Services, and Assistant Directors, Local Department of Social Services. (Appendix K)

Court Collaboration

The Department continues to collaborate with MSDE, and FCCIP to provide training regarding educational stability. During late 2012 - early 2013 training was offered statewide to judges, masters, LDSS workers, and Local School System personnel. The training covered the McKinney-Vento Act and the Fostering Connections Act of 2008. Topics that were covered included: eligibility criteria, best interest factors/considerations, COMAR 13A.05.09.02 - "Child Awaiting Foster Care Placement", transportation obligations, enrollment, and transfer of education records, and DHR/SSA Education Stability Policy. Currently, the Department is collaborating with MSDE and FCCIP to provide an "*Improving Educational Outcomes for Children in Foster Care Summit*", November, 2014. The summit will host a key note speaker from Pima County Juvenile Court Center, Tucson, Arizona, Honorable Jane A. Butler. Judge Butler will be sharing information regarding the use of Educational Advocates that are stationed within the courts to help navigate educational issues for youth in foster care. In addition, the summit will provide four breakout sessions: Understanding Non-public Education Programs, Place Matters 101, Education Matters 101, and Special Education: IEP 101. One of the goals of the summit is to have jurisdictions work together and develop an action plan for their jurisdiction that will improve educational outcomes for youth in foster care in their area. The summit is designed for judges, masters, court personnel, pupil personnel workers (PPWs); LDSS case workers, attorneys, foster parents, and Court Appointment Special Advocates (CASA). (Appendix L)

During the 2014 regular session of the Maryland General Assembly, the Department supported House Bill 001 and Senate Bill 64, “Children in Need of Assistance - Educational Stability.” The bills indicated the following:

- The juvenile court shall inquire as to the educational stability of a child at a shelter care hearing, adjudicatory hearing, disposition hearing and any change of placement proceeding.
- In determining the educational stability of a child, the juvenile court may consider the following factors:
 - The appropriateness of the child’s current school placement;
 - The school placement of the child’s siblings;
 - The minimization of school changes;
 - The proximity of the school to the child’s placement;
 - Transportation to and from school;
 - The proper release and prompt transfer of the child’s education records;
 - The child’s school attendance;
 - The identification of and consultation with the child’s educational guardian;
 - The maintenance of any individual education plan (IEP); and
 - The child’s appropriate grade level progress or progress toward graduation.

The bills were signed into law and will become effective October 1, 2014. Currently, the Department is working with the Maryland Judiciary on the development of a bench card regarding educational stability. The bench card will be for the judges and masters that preside in juvenile court. The bench card will assist with the inquiry of foster children’s educational stability.

Georgetown Project

During December 2013 representatives from the Department, MSDE, University School of Social Work, and FCCIP attended the Georgetown University’s Center for Juvenile Justice Reform Information Sharing Certificate Program. The Information Sharing Certificate Program is designed to enable leaders to overcome information sharing challenges, while respecting laws and other provisions that protect the privacy and other rights of youth and their families. The program provided a venue through which leaders from the Department, MSDE, University School of Social Work and FCCIP, could increase their knowledge about information sharing, develop an action plan (capstone project) for reform, and receive technical assistance to break through barriers that may arise when implementing the reforms.

Currently Maryland has two capstone projects, a major and a minor project. Capstone 1, *Sharing Education Data for Children served in Child Welfare and Juvenile Services* is considered the “major” project. It is primarily dedicated to assuring that foster care and education data will be shared to help foster children reach their highest educational attainment while complying with existing privacy laws. Both child welfare/juvenile services caseworkers and local school systems will benefit from having shared information about foster children placed in the local school system. The purposes for sharing information about foster children include:

- ***Promote Continuity at School*** - Both caseworkers and school staff should work together to keep foster children placed in their school of origin or home school rather than placing them into different schools when residential placement has changed.

- ***Facilitate School Support*** - Local schools should assure that they know who has education decision rights for the foster child (may be the parent, or the Local Department of Social Services), and who is the parent surrogate for special education decisions if the parents of foster children with IEPs (Individualized Education Programs) have had their parental rights removed. These are critical people in the lives of foster children; both the school and Local Departments of Social Services should know and work closely with these adults to support the foster child in school.
- ***Provide Classroom Encouragement*** - Teachers, within the limits of confidentiality and applying appropriate discretion, should provide encouragement to foster children in their classrooms, and adjust academic assignments/activities in order to be sensitive to foster children. Teachers sharing information with the case worker and foster parents provide an opportunity for the important adults in the foster child's life to work together to help the child to be engaged in school, which helps to assure academic success.
- ***Provide Extracurricular Opportunities*** - There may be sports, music, arts, dance, chess, scouts, or other extracurricular interests that foster children should have support to experience, based on their interests. Children need to do well in school, and they need to have extra experiences, whether team-oriented or personally challenging, that fulfills expression and meaning in their developing lives. Extracurricular activities also provide foster children an opportunity to form an important adult relationship (through a coach, teacher, or trainer) that provides additional support and validation for a foster child.
- ***Planning for the Future*** - Having accurate information about foster children's progress at school will help both the schools and the caseworker to encourage foster children to be thinking about the future, to be planning for college or for a career and technology track that provides a solid path to the future.

The Department's vision for sharing education data, therefore, is part of the "info-structure" that can help to bridge the foster care agency and the local schools, to support a focus on education stability educational outcomes, and extracurricular success for foster children. School success promotes healthy brain development and a pro-social outlook among children and youth, making them ready for the next steps in their lives whether they are stepping from pre-school/kindergarten to first grade, or from high school (or GED) to college or working or training. It is anticipated that by December 2014 the first transfer of Maryland State Department of Education (MSDE) education data will be updated in both the DHR MD CHESSIE and DJS ASSIST systems.

The Capstone 2, *Interagency LINKS (Linking Information to eNhance Knowledge) Project*, is considered the "minor project". LINKS is dedicated to dealing with the challenge of making better use of data currently scattered across state and local databases, by safely linking agency databases and creating non-identified analysis files. Once achieved, the linked / non-identifiable data can be analyzed to detect patterns and trends associated with demographics, services, and outcomes for clients served in one or more agencies over time. Interagency participants would include vital statistics (DHMH), education (MSDE/LEA (Local Education Agency)), child welfare (DHR/SSA) juvenile services (DJS), and health and behavioral health-all fall within DHMH). LINKS would become a repository of linked interagency data that would help the State and local leaders to conduct in-depth analysis safely about questions that are currently unanswerable, while protecting the identity of the person's stored LINKS. The focus of the

Capstone 2 effort is to find a legal and appropriate way for education data to be included in the interagency data set. The following steps will be taken in order to find an acceptable solution for education data to be incorporated in Maryland's LINKS:

- June 2014 - A review of states that currently share education data in a longitudinal data collaborative such as LINKS will be conducted, and Maryland will determine whether the legal agreements for those arrangements are appropriate to use in Maryland.
- Summer 2014 - (if necessary) Maryland will contact the federal partners to learn more about how (or under what parameters or constraints) The Family Educational Rights and Privacy Act (FERPA) law may be applied in order for education data to be included in Maryland's LINKS.
- October to December 2014: (only if an acceptable data sharing Memorandum of Understanding (MOU) solution is found), then:
 - An MOU between LINKS and MSDE will be formed. As a starting point, the MSDE education data that has been identified for foster children in Capstone 1 would be considered as the starting data set for all K-12 students for the Capstone 2 LINKS data collaborative.
 - Education data will begin to be submitted to LINKS.

Capstone 1 and Capstone 2 efforts in Maryland are exciting because they have sparked positive interest and collaboration among DHR, MDSE, Local Schools, and the Foster Care Court Improvement Project. While the successes of implementing education data sharing for foster children and finding a legal pathway to share data in an interagency data collaborative may be considered stellar achievements, the true success will be that stakeholders built trust and found a way to make these efforts work.

4) Consultation and Coordination

Maryland understands that it is essential to develop collaborations to help to support the success and implementation of its Child Welfare Services. As indicated throughout this report, Maryland has made strong collaborations with its community partners to implement the Place Matters strategies. Stakeholders were active participants in the development and successful implementation of the CFSR PIP strategies. Participants included Local Department of Social Services staff, attorneys, Foster Care Court Improvement Project (FCCIP) staff, University of Maryland Child Welfare Academy, private providers and other child welfare advocates. Maryland's Youth Advisory Board is also consulted on policies and practice changes during their monthly meeting. Below are additional collaborations with which Maryland is involved.

Child and Family Advisory Board

The Child and Family Services Advisory Board formed in 2012. The membership consists of members from Casey Family Programs, Provider Advisory Council, Maryland Department of Juvenile Services, The Family Tree of Maryland, Institute for Family Centered Services, Foster Care Court Improvement Project, Maryland Association of Social Services Directors, Casey Family Programs, University of Maryland School of Medicine, Maryland Foster Parent Association, Governor's Office for Children, Citizens Review Board for Children, Maryland State Department of Education, Department of Health and Mental Hygiene, Advocacy of Children and Youth, University of Maryland School of Social Work, Maryland Family Network,

Local Departments of Social Services (LDSS) representatives from Frederick, and Wicomico counties, and Baltimore City and Social Services Administration's program managers.

Over the past two years, the Board

- Reviewed the IV-B plan, the progress made and the challenges ahead
- Provided input to the IV-B plan
- Reviewed and provided strategies for youth 14-21
- Reviewed the Strengthening Families approach that is currently in use in Illinois

In 2013, the Board and invited guests participated in a meeting to review the IV-E Waiver Application process. The guests included providers, local management board members, sister state agencies, University of Maryland School of Medicine, and other DHR staff. The participants provided input for the:

- Keys for successfully implementing a child welfare system that focuses on child well-being
- Interventions the State should consider for preventing children at risk
- Consider and record evidence-based practices and promising practices throughout Maryland and nationwide
- Interventions the state should consider for post-permanency services
- Other types of services the State should consider
- Upcoming changes and progress in Maryland in regards to psychotropic medications
- Services offered to the 0-5 years-old population in Maryland.

SSA plans to continue to seek the Advisory Board's input on the progress made on children's issues. The Board has been an invaluable partner in exchanging ideas and informing the State of practices state- and nationwide.

Collaboration with Courts

Maryland has a strong partnership with the Foster Care Court Improvement Project (FCCIP). The SSA Executive Director sits as an active member of the FCCIP Implementation Committee. This is the venue by which input is also sought on planning activities. The Executive Director uses this forum to receive input from the FCCIP on the IV-E State Plan and to share the results and impact of the Title IV-E Federal Review and the annual Single Audit. FCCIP participated in an intense effort to address the concerns of the last Title IV-E Federal Review with members of the Judiciary statewide through regional trainings, site visits, and the work of its Permanency Planning Liaisons (PPLs). FCCIP was also a valuable contributor to the development of the CFSR PIP and the Child and Family Services Plan, as the state developed strategies to overcome barriers to permanency. They were members of the workgroup which developed the Permanency strategies in the CFSR PIP.

The FCCIP staff was involved in the implementation of the PIP. DHR consulted with them regarding changes to the concurrent permanency planning policy. As a result of this consultation a questionnaire was developed for the local departments regarding their current practice to include how the courts are implementing concurrent permanency practice. In addition, small groups of local staff and FCCIP staff and a separate group of judges and masters were

established to develop the key components for the revised concurrent permanency policy. The feedback from these sessions was incorporated into the revised policy.

The Department collaborated with the Foster Care Court Improvement Project to conduct outreach to improve the execution of Family Involvement Meetings (FIM) with particular emphasis on improving permanency outcomes and engaging youth

Citizen's Review Board –Adoption and Another Planned Permanent Living Arrangement (APPLA) Reviews

The work of the Citizen's Review Board for Children (CRBC) is an important step to ensuring that the Local Departments of Social Services are working towards permanency for Maryland's children. During SFY 2013 the Citizens Review Board for Children (CRBC) reviewed 1,242 cases of youth in Out-of-Home Placements (Appendix M). In accordance with an agreement reached between the Department of Human Resources (DHR) and the CRBC State Board, CRBC reviewed cases of youth with a permanency plan of Adoption, Reunification or Another Planned Permanent Living Arrangement (APPLA) who met the criteria set out below. This focus allowed CRBC to review these vulnerable and often overlooked populations. The CRB submits individual case review reports to the local departments, as well as quarterly reports and an annual report to the Department regarding data from the reviews. The annual and quarterly reports are utilized by the Department to determine trends for local departments and to inform policy and practice changes. The annual and quarterly reports are made available to the local departments via DHR's intranet.

DHR efforts to address deficiencies identified in FY12 led to significant improvements in the outcomes for the children reviewed by CRBC in FY13.

As stated above, CRB reviewed 1,242 cases in SFY13 (10% of the cases reviewed met the criteria to be reviewed again during the 4th quarter of SFY13 to see if progress was made.) Of the 10% that were re-reviewed during the 4th quarter, 12% were adoption, 39% APPLA, 29% Reunification, 5% Relative and 15% Guardianship. Local Boards determined that adequate progress was made in 76% of cases re-reviewed.

Cases were reviewed that met the following criteria:

Adoption:

- Youth with a recent permanency plan change to adoption
- Youth with existing plans of adoption for twelve months or longer APPLA (Another Planned Permanency Living Arrangement):

APPLA:

- Youth with newly established primary permanency plans of APPLA (reviewed three months after the plan has been changed)
- Youth age 17 or 20 years old with existing or new cases (reviewed three to five months after the youth's birthday)
- Youth age 16 years old and younger with existing plans of APPLA.

Reunification:

- Youth age 10 and older with newly established permanency plans of reunification (reviewed three months before the youth's 18-month court hearing)

- Youth age 10 and older with established permanency plans of reunification and who have been in care longer than one year (reviewed three months before the next court review date)

Adoption reviews: CRBC reviewed a total of 160 adoption cases during SFY13

Goals of the adoption reviews were to ensure:

- Youth are receiving the services necessary to prepare them and their pre-adoptive families for adoption
 - 83% of the cases reviewed found local departments had established the child's permanency plan
 - 87% of the cases reviewed included concurrent planning
- Barriers are identified and removed so the adoption process progresses in a timely manner
 - Local boards did not find significant agency, court, family or child related barriers to adoption. Barriers that were identified as lower percentage:
 - Pre-Adoptive Resources not identified for child;
 - Denial of termination of parental rights;
 - Appeals by Birth parents;
 - Child Behavior issues in the home;
- The local departments are adequately searching for and recruiting adoptive resources
 - Statewide, the local boards found they made an effort to find an adoptive resource for children and youth in 84% of cases reviewed.

APPLA Reviews: CRBC reviewed 688 APPLA cases in SFY13

Goals of the APPLA reviews were to ensure:

- That youth are receiving the services necessary to prepare them to live independently
 - 66% of youth were receiving independent living skills
 - Local boards found that 80% of youth were being prepared to meet educational goals
 - Local boards found that 40% of youth were being prepared to meet employment goals
- That the local departments are working alongside the youth to identify a permanent connection for the youth.
 - 60% of cases reviewed youth had an identified permanent connection
- That APPLA is not viewed as a "catch-all" without exploring other permanency options
 - During reviews, workers reported that other permanency plans were considered prior to APPLA in 88% of the cases reviewed
- That youth are made part of the service and case planning processes
 - Workers reported efforts made to involve youth in the case planning process in 67% of the cases reviewed
 - In reviews where youth were eligible to sign the service agreement, youth had signed service agreements in 53% of the cases reviewed

Reunification Cases: CRBC reviewed 305 reunification cases in SFY13

Goals of the Reunification Reviews were to ensure:

- That youth and their families are receiving necessary services to reunify
 - Appropriate services were being offered to 97% of the children and families.
- That the local departments have identified and are working towards a concurrent plan that will allow cases to move forward more quickly and lessen the time youth spend in Out-of-Home care
 - 17% of the reviewed cases had an identified concurrent plan identified by the Courts.
- Barriers are identified and removed so youth can reunify with their families
 - Appropriate services were being offered to birth families in 90% of cases reviewed.
- That the local departments identify and work with all family members (including fictive kin) in an effort to lessen the time youth spend in Out-of-Home care
 - 63% of the cases reviewed had a return home achievement date of 12 months or longer

As part of the annual and quarterly reports, the CRBC makes specific recommendations to DHR to improve service delivery to youth and families. The importance of placing children in their home jurisdiction, adequate service planning to youth aging out of our system and ensuring concurrent planning was highlighted throughout the year. DHR's Place Matters initiative (in place since 2007) increased the numbers of children placed in family settings and within their home jurisdictions. DHR continues to work closely with the Developmental Disabilities Administration (DDA) and the Department of Health and Mental Hygiene (DHMH) to ensure adequate services are in place as youth exit foster care, especially for youth who require supportive services from DDA or DHMH. DHR developed an initiative, "Ready by 21", which focuses on preparing youth in 5 life domains to ensure that they are self sufficient when they exit the foster care system. DHR will continue to utilize the feedback provided by the CRBC to inform practice and policy development as indicated in the Department's response to the annual report (Appendix N).

Maryland Children's Cabinet

Maryland's Children's Cabinet coordinates the child and family focused service delivery system by emphasizing prevention, early intervention, and community-based services for all children and families. The Children's Cabinet includes the Secretaries from the Departments of Budget and Management, Disabilities, Health and Mental Hygiene, Human Resources, and Juvenile Services, as well as the State Superintendent of Schools for Maryland State Department of Education. The Executive Director of the Governor's Office for Children chairs the Children's Cabinet.

Over the last 5 years the Children's Cabinet has focused their work around The *Maryland Child and Family Services Interagency Strategic Plan* (Appendix A). This strategic plan was the culmination of an intensive, collaborative effort by the Maryland Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of youth and families. In particular, the focus of the strategic planning effort was on those youth who are involved with or at-risk for

involvement with multiple child-family serving agencies, based on the complexity of challenges facing children and families involved with more than one child-family serving agency.

Maryland's Children's Cabinet meets monthly to discuss and collaborate on the progress made toward achieving the goals of the plan. The Cabinet also provides input on individual agency plans to determine areas of continued collaboration and service coordination. The collaboration of the child serving agencies has been essential in carrying out the goals of Maryland's child welfare plan.

Providers Advisory Council

Maryland Department of Human Resources (DHR) understands the significant role of its providers in serving children and families in the child welfare system. As such, DHR formed a Providers Advisory Council (PAC). The role of the PAC is to advise and make recommendations to the DHR Secretary regarding pertinent and critical child welfare issues.

The PAC includes both Residential Child Care (RCC) Agencies and Child Placement Agencies (CPA) representatives and is co-chaired by the Social Services Administration (SSA) and the Office of Licensing and Monitoring (OLM). The PAC meets bi-monthly, or more often if necessary, with the Executive Directors of SSA and OLM. The Council provided consultation to DHR in matters pertaining to services to children, policy relating to payment services, health, safety and well-being.

Highlights of the Council's work since 2010:

- Completed a study on AWOL (absent without leave) youth and made recommendations that led to policy directives for local department payments,
- Facilitated statewide policy development for graduation and emancipation stipends for youth,
- Consulted on the SACWIS payment changes to enhance accurate payment for youth in placement,
- Consulted on integration of family centered practice, and
- Consulted on performance measures for residential child care facilities as the State moves toward performance based contracting
- Received information and discussed possible providers to provide placements to Human Trafficking victims who come through the Maryland foster care system;
- Received updates and provided feedback regarding Alternative Response (AR) legislation;
- Discussed Trauma-Informed Systems (ACYF-CB-PI-12-05). Subsequently, a sub-committee was formed to review how other states defined trauma informed services
- Discussed and provided feedback on Child Placement Agency Performance Measures for DHR contracts

During this reporting period:

- The Council reviewed Minority Business Enterprise contracting
- The Trauma-Informed Subcommittee continued to develop a survey to introduce the idea of a trauma-informed system of care

- Participated on the Interagency Rate Subcommittee to review the current rate structure models
- Participated at a IV-E Waiver Forum to provide input for the application and services
- Reviewed provider performance reports as related to the contracts

During the next year, PAC expects to continue reviewing and defining Trauma-Informed Systems for Maryland. In addition, it will continue to participate on the Interagency Rate Subcommittee and address other pertinent issues as they arise.

Maryland Family Network

Maryland Family Network (MFN), an independent non-profit organization is Maryland's lead agency for the Community-Based Child Abuse and Prevention (CBCAP) program. MFN is governed by a Board of Directors who, in matters related to the establishment and operation of the family support network, solicits input and feedback from parents and providers of the Family Support Center network and Early Head Start Policy Council. A parent and a representative of a local program are members of the Board. Via contracts, it acts as a fiscal and management intermediary between funders, most notably the State, and community-based providers. It provides fiscal support, grants management, technical assistance, training, and quality assurance to child abuse prevention programs throughout the State, known as Family Support Centers. MFN acts as liaison, partner and advocate with state agencies through participation on such decision-making state-sponsored bodies as the State Council on Child Abuse and Neglect (SCCAN), the State Advisory Council for Early Childhood Education and Care; the Department of Human Resources (DHR) Alternative Response Practice Workgroup, the Head Start State Collaboration Project; and the State Interagency Coordinating Council for Individuals with Disabilities Education Act (IDEA) Part C.

Core Services

During SFY 2014, MFN contracted with 20 local private and public non-profit agencies that operate 21 community-based family support programs; seven of these were Early Head Start programs. These community-based child abuse prevention providers were locally controlled, intergenerational, comprehensive, and culturally competent programs serving over 2,400 children ages 0-3 and their families. The Centers served over 4,800 parents and children during the year. They are located in neighborhoods with high concentrations of poverty and other factors that put children at risk for child maltreatment. Prevention services common to all 21 programs were: parent education and respite, infant/toddler programs, self-sufficiency programs, home visiting, service coordination, health education, parent involvement, and resource development.

Outreach to Special Populations/Cultural Competence

MFN Family Support programs offered supports to grandparents raising grandchildren, services for families whose children have been removed by child welfare, home visits for adjudicated youth who are parents, and outreach to non-custodial fathers. Family Support Centers (FSC) have provided direct services to homeless families within the Centers and at shelters and to migrant workers. Programs provide English for Speakers of Other Languages (ESOL) classes and family literacy services and employ staff who speaks compatible languages with diverse populations. In addition, MFN demonstrated an extraordinary commitment to children with

disabilities and their families as FSCs have provided “natural environments” for inclusion of infants and toddlers with disabilities.

Parent involvement/leadership

During the reporting period, parent consumers served on the MFN Board and were involved in planning, implementation, and evaluation of family support programs. Through its Early Head Start program, MFN convenes a Policy Council with at least 51% representation by parents who work with management staff to ensure program governance.

Over fifty (50) parents within Maryland’s network of Family Support and Early Head Start Centers received up to four days of intensive leadership training. The Parent Leadership Institute is comprised of two levels: introductory and advanced. The introductory session focuses on defining leadership, decision making, communication skills, and critical thinking. The session culminated with action planning for the use of skills acquired. The advanced session provides opportunities for participants to engage in skill building activities, testing their own abilities and confidence, and engaging in relationships with parents from other jurisdictions. Parents were from fourteen jurisdictions throughout the State (Prince George’s, Anne Arundel, Caroline, Dorchester, Queen Anne’s, Talbot, Wicomico, Cecil, Frederick, Cumberland, Washington, Carroll and Baltimore counties and Baltimore City) representing eighteen of the Centers in the network. The focus of the training was placed on the parents’ role as adults building on self-sufficiency and informed decision making, thereby enhancing their role as advocates for their children and families. One of the highlights of this training was the identification of parent leaders to speak before MFN’s stakeholders. Several did so throughout the year, including fathers.

Several participants in attendance were foreign-born and had varying levels of English proficiency. English as well as Spanish workbooks were provided for these participants. As the training progressed however, those with greater English proficiency assisted those with lesser command of the English language; all done on their own initiative. This demonstration of leadership skills was a source of pride not only for the trainers, but for these participants themselves as they were commended by the group.

NEW PROGRAMS

Race to the Top Early Learning Challenge Grant

Maryland Family Network established and implemented three major projects with funding through Maryland’s Race-to-the-Top Early Learning Challenge Grant (RTT-ELCG):

- 1) Established two Community Hubs that provide enhanced community services based on the best features of three proven programs in Maryland: Family Support Centers, Judy Centers, and Child Care Resource and Referral Centers. The Community Hubs are described as “Family Support Centers on steroids” because they offer program enhancements to the core services found in a Family Support Center, for example, expanded home visiting services to reach more pregnant women and at-risk families with very young children. Each Hub employs a Child Care Community Outreach Specialist charged with providing technical assistance and training to community child care providers with the goal of enrolling them in the State EXCELS program. A Title 1 School Transition Specialist provides linkages between each Community Hub and surrounding elementary schools to ensure a smooth transition for children leaving the Community

Hub and entering pre-K and/or kindergarten. During the reporting period, the Community Hubs served over 1,300 parents, children, and providers.

- 2) Strengthening Families and the Protective Factors have been integrated into the Parent, Family and Community Engagement portion of the Race to the Top Early Learning Challenge Grant. MFN co-chairs the Family Engagement Coalition, a cross-sectional, collaborative group which has worked on the planning and implementation of Family Engagement activities as part of Maryland's Race-to-the-Top project. One of the strategies that the Coalition identified for family engagement was the provision of Parent Cafes in organizations serving children under the age of five and their families. MFN uses the Be Strong Families model of Parent Cafes, which directly focus on the five protective factors and also have, as an integral, critical element of Cafes, the inclusion of parents as leaders in planning and implementing Cafes. To date, MFN held four (4) training sessions to prepare facilitators to host Parent Cafes throughout Maryland, with over 100 participants trained as facilitators and forty (40) Parent/Community Cafes having been offered, statewide, since the project's inception. MFN provided an introduction to the Strengthening Families framework to many organizations throughout the State that focus on young children and their families, along with subsequent opportunities to participate in Parent Café training, including Maryland's Developmental Disabilities Council, State Child Abuse and Neglect Prevention Coalition, State and local Early Childhood Advisory Councils, Family Support Center Network, and the Child Care Resource Center Network.
- 3) Hired a Capacity Building Coordinator and Training Coordinator to support professional development for the Maryland Model of School Readiness to ensure a smooth transition for children from child care to school-based early childhood programs. The Training Coordinator provides leadership and coordination of training services to the Child Care Resource Centers as they implement the State's Professional Development/MMSR strategy. The Maryland State Department of Education (MSDE) established the concept of Breakthrough Centers to target training, capacity building, and other services to child care providers in the communities where many children are entering kindergarten unprepared for the formal education system.

During the reporting period, MFN conducted an online Participant Satisfaction Survey for participating families throughout the network of FSCs. The survey was designed to be user-friendly, anonymous, confidential, and easily accessible for parents to provide honest feedback about their experiences and experiences of their children. Parents rated the programs on staff knowledge and ability to help, home visits, center environment, support with goal attainment, and communication.

Maryland Resource Parent Association (MRPA):

Legally known as Maryland Foster Parent Association (MFPA)

The MRPA continues to partner with the State to serve, support, and educate Maryland's resource parents. A Resource Parent Ombudsman continues to serve on the staff of the Secretary

of the Department of Human Resources to work closely with MRPA and share identified issues and concerns with the Social Services Administration. An advertised telephone line continues to be maintained and answered by MRPA members, who provide information for potential and current resource parents. MRPA also responds to general inquiries from its web presence.

The State issued a grant to MRPA to assist with facilitating their mission and providing supportive services to all resource parents in Maryland. In order to receive the grant, MRPA presented a plan of work (Appendix O). Their plan of work includes:

- Co-sponsor and fund the State “Foster Parent of the Year” event
- Co-sponsor and fund a State Adoption Celebration
- Co-sponsor two Resource Parent Conferences in the State
- Provide and maintain an updated website providing information for resource parents
- Support the development of local associations in all jurisdictions

MRPA supports the development of local Resource Parent Associations and coordinates training opportunities and recognition events for its members. It serves as the liaison to the Social Services Administration to advocate for the rights and concerns of resource families and ensure responsiveness to resource family needs. To facilitate collaboration, the Ombudsman and a Department liaison attend and participate in MRPA Board of Directors meetings as well as MRPA activities to enlist the Association’s input and support for the department’s child welfare initiatives. As a result of the organizations’ collective efforts, resource families are encouraged, supported and trained in providing safety, well-being, and permanence to children in Out-of-Home care.

MRPA continues its partnership with the State of Maryland to serve and educate Maryland’s resource parents. Having obtained tax exempt status as a 501(c) 3 non-profit organization, MRPA continues to provide guidance and financial support to local jurisdiction foster parent associations to maintain State incorporation status and achieve federal tax-exempt status. This will enable local associations to apply for grants to expand outreach to recruit and meet the service needs of local resource families. The IRS denied MRPA’s Group Exemption application with local jurisdictions as chapters. As a result, MRPA began the process of facilitating and funding individual local associations in getting their own separate tax exempt status.

Continuing education and training for Maryland resource parents is offered in different geographical sections of the State. This year MRPA co-sponsored two Resource Parent Conferences. These conferences were planned and facilitated by MRPA with the Child Welfare Academy and DHR, including Local Departments of Social Services and resource parents. The dates, locations and attendance are as follows:

- October 19, 2013: Southern (serving predominantly Charles, St. Mary’s, Calvert, Anne Arundel, and Prince George’s Counties). 110 registered and 102 attended.
- March 8, 2014: Eastern (serving predominantly Kent, Queen Anne’s, Caroline, Talbot, Dorchester, Wicomico, Somerset, and Worcester Counties). 166 registered and 157 attended.

In addition, On November 16, 2013 MRPA, along with the following: Mentor Maryland, North American Council on Adoptable Children, One Church One Child of Maryland, CHAIN Resource Parent Group, DHR, and Baltimore City DSS, sponsored an Adoption Celebration in Baltimore City. Adoptive parents and adoption professional were honored at the celebration. There were 207 registered participants with 162 in attendance.

MRPA also continues to collaborate with DHR to host the Statewide Foster Parent Appreciation Event with First Lady of Maryland. The event this year will take place on June 10, 2014 and honored resource parents from each jurisdiction who have been foster parents who have gone above and beyond in working with birth families. MRPA honored the First Lady of Maryland for hosting this Event at Government House for the past seven years.

Other activities in 2013-2014

- Provided scholarships for two resource parents to attend NFPA (National Foster Parent Association) Education Conference in Long Beach, California in June 2013 and gave some support to six other Maryland resource parents who received scholarships from their local department to attend.
- Provided one scholarship for a Maryland resource parent to attend the NACAC (North American Council on Adoptable Children) Annual Conference in Toronto, Canada in August 2013.
- Maintained a web presence at www.mrpa.org; almost 500 are registered on-site.
- Procured for distribution 128 more locking medication boxes to Maryland Resource parents this year with plans to procure and provide an additional 128 later this year.
- Printed approximately 400 foster parent photo ID's.
- Assisted in distribution of statewide resource parent survey.
- Advocated and testified in support of a bill that was passed by the Maryland legislature that grants foster parents the ability to receive a tax benefit for unreimbursed expenses up to \$1500 per year.
- Supported the initiation of a new resource parent support group in the Baltimore area.
- Served on work groups and panels supporting the initiatives of child welfare in the State.

Michelle Burnette, Vice President of MRPA, was honored for her work as a resource parent on the local, State, and national level by Casey Family Programs in Seattle in January 2014. Ms. Burnette received the 2014 Casey Excellence for Children Award as a Foster Parent.

Black Administrators in Child Welfare (BACW)

In 2013, the Department of Human Resources partnered with the Black Administrators in Child Welfare (BACW), the Council on Accreditation (COA) and Howard University's School of Social Work on a pilot project and research study funded by the Kellogg Foundation. The pilot project focused on strategies to reduce the overrepresentation of African American children in the foster care system by integrating the standards of accreditation to participate in the Racial Equity Strategy and Standards Integration Project (RESSIP) with the goal of identifying strategies and actions that could lead to the reduction of the number of children of color in the child welfare system.

Piloted in Baltimore County and Washington County Departments of Social Services (DSS), the project had two objectives: 1) To review the State and local departments' policies, practices, procedures, service delivery process, data reporting systems, administrative operations, and self-study documents to determine if they address the cultural diversity needs of children and families of color; and 2) To introduce "Racial Equity Strategy Areas" (RESA) best practices into existing policies and operations.

Though both counties had comprehensive program services, policies, and community partnerships, one major recommendation from the review was for DHR to establish a committee or advisory group with the purpose of addressing treatment and service disparities of African American youth in child welfare. Also, BACW recommended that the MD CHESSIE data system is reviewed to identify data reports that could be distributed to local departments to track progress on reducing disparities.

Since the initial RESSIP report, Baltimore County DSS is currently evaluating services available to African American females in foster care to address the higher-than-expected percentage who exhibit behavioral issues. They are determining the cultural competency of the programs and staff involved. In addition, Baltimore County DSS partnered with their Department of Health to develop an informational packet for older youth to enable them to access health and reproductive health services.

Washington County DSS partnered with BACW to provide cultural diversity training for all staff. They are considering additional training opportunities for community partners and vendors.

Launched in January 2014, the evaluation phase is currently underway. Dr. Ruby Gourdine and Dr. Jacqueline Smith, researchers at Howard University School of Social Work, are conducting interviews of RESSIP participants to produce the evaluative research study, "The Impact of the Racial Equity Strategies and Standards Integration Pilot Project." The study will be completed in the summer of 2014.

Developmental Disabilities Administration

The Department of Human Resources/Social Services Administration (DHR/SSA) and Department of Health and Mental Hygiene/Developmental Disabilities Administration (DHMH/DDA) continue to be committed to maximizing the independence for people receiving State services and supports. The Memorandum of Understanding (MOU) entered into by both agencies to improve access to the continuum of resources available to children and vulnerable adults with developmental disabilities, providing appropriate services in a timely and efficient manner continues to be in effect. Both Departments are jointly responsible to communicate and coordinate in order to plan for the best possible services available for immediate and future needs.

The agencies have begun to exchange data in order to ensure youth that qualify for DDA services after 21 years old, smoothly transitioned to DDA care. Regular meetings and trainings are held between staff in order to keep each agency aware of any changes that might be occurring.

5) Measures of Progress

Maryland continues to make progress towards achieving its measures of performance. The charts on the next few pages outline the achievement made in SFY13.

<i>Performance Measure</i>	2010	2011	2012	2013
By June 30, 2015, Maryland will consistently meet or exceed the National Standard for Absence of Maltreatment Recurrence.	93.6%	93.3%	93.0%	93.2%
By June 30, 2015, Maryland will maintain the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months).	99.60%	99.49%	99.65%	99.53%

Source: MD CHESSIE – derived by the University of Maryland Baltimore based on corrected federally-approved query

Federal Standards: Absence of Recurrence: 94.6%; Absence of Maltreatment in Care: 99.68%

Story behind the numbers:

Historical statistics (pre-SACWIS) for Maryland from the national Child Maltreatment reports are the following:

2002 - 92.0%

2003 - 93.1%

2004 - 93.0%

2005 - 92.8%

In relation to Maryland's signature Child Welfare initiative, Place Matters, the goal for Maryland during the last six years has been a safe reduction of foster care placements. The combined average for all of these years, both prior to and after implementation of Place Matters (2002-2005, 2009-2012) is 93.0%.

In the last two years, the State has worked on both data and practice strategies to improve in this area: In January 2013, the State received consultation at the National NCANDS meeting regarding methods for adjusting the way it reports NCANDS data. Current Maryland policy requires that a new investigation must be initiated when the investigator discovers a different type of maltreatment than that in the original investigation. This therefore results in multiple

“repeat” investigations even if no further incidents of maltreatment occurred after the child became known to the child welfare system; this then results in an artificially inflated maltreatment recurrence rate. For the purposes of this APSR and consistency, this 2013 rate was calculated using this methodology, as were prior years. The NCANDS report, however, will combine the information about these related investigations, in order to produce a more accurate recurrence statistic. This change is being implemented under federal guidance and should bring Maryland closer to meeting the federal target.

Additionally, each local office is continuing to review recurrence data to determine how it can change its practice or increase its attention on children experiencing maltreatment in order to avoid a second maltreatment.

Performance Measure	2010	2011	2012	2013
Exits to reunification in less than 12 months	53%	51%	53%	53%
Exits to reunification, median stay	10.9 months	11.5 months	11.1 months	11.2 months
Entry cohort reunification in less than 12 months	35%	36%	37%	37%
Re-entries to foster care in less than 12 months from being reunified	14%	11%	14%	12%
Exits to adoption in less than 24 months	14%	15%	25%	26%
Exits to adoption, median length of stay	43 months	39 months	33 months	32 months
Children in care 17+ months, adopted by the end of the year	16%	15%	14%	14%
Children in care 17+ months achieving legal freedom within 6 months	2%	3%	4%	3%
Legally free children adopted in less than 12 months	77%	79%	79%	83%
Exits to permanency prior to 18th birthday for children in care for 24 + months	25%	25%	27%	25%
Exits to permanency (prior to 18th birthday) for children with TPR	93%	94%	95%	98%
Children Emancipated Who Were in Foster Care for 3 Years or More	59%	58%	54%	54%
Two or fewer placement settings for children in care for less than 12 months	85%	88%	87%	86%

Performance Measure	2010	2011	2012	2013
Two or fewer placement settings for children in care for 12 to 24 months	72%	70%	72%	71%
Two or fewer placement settings for children in care for 24+ months	47%	45%	44%	41%

Source: CFSR Measures based on Maryland NCANDS and AFCARS data submission

Story behind the numbers: Maryland reduced foster care population by 9% per year during the last several years. During Federal Fiscal Year 2013 foster care entries averaged nearly 213 per month (down from 230 per month in FFY2012), while exits averaged nearly 255 per month (down from 290 per month). The combination of lower entries and higher exits continues to reduce the number of children in out-of-home care, even as both entries and exits are decreasing. As of the end of March 2013, less than 5,500 children/youth are in care.

Maryland continues to institutionalize its family-centered practice, which includes engaging parents, locating relatives, and conducting family involvement meetings, and so children entering foster care will do so only after intensive efforts to avoid placement and preserve families. The State took aggressive steps to have foster children exit to permanency: in FFY13, 78% children exited care to permanency (reunification, adoption, and guardianship).

Reducing the foster care population and increasing permanency are positive steps that Maryland has taken; however, it poses a challenge to the State's permanency indicators, in two possible ways. First, as the State works to exit foster children who were in care for a long period of time, their data will have a negative impact on average and median lengths of stay (when using exit cohorts as the basis for these data). Second, as new strategies are implemented to divert children from OOH are, those children that do enter care are those with higher needs than the overall foster care population of prior years.

Even so, Maryland achieved some positive results during the years of reducing the foster care population. A brief overview for each kind of exit to permanency follows.

Reunification: Exits to reunification in less than 12 months decreased from 57% (2009) to 53% (2012 and 2013) while the median length of stay for children reunified increased from 9.6 (2009) to 11.2 months (2013). These trends may be the consequence of Maryland's reduction in foster care population during which youth in care for a number of years who reunify will adversely impact both of these indicators. Among entry cohorts, on the other hand, the proportion of children reunifying in less than 12 months continues to climb, from 25% (2009) to 37% in 2012 and 2013. This may be the better indicator of reunification as it reflects work completed for children who have entered foster care while Maryland has been implementing its new family-centered practice model.

Re-entries into foster care among children who have been reunified have varied in the last several years, from 14% in 2010, 11% in 2011, 14% in 2012, and now 12% in 2013. Part of the reason for this volatility may be the low numbers of children involved (typically less than 200)

(i.e. s small change in these small numbers results in a larger observed change in percentage points).

Exits to Guardianship – An increasing number of children are exiting to guardianship and the State anticipates increasing exits to guardianship in the coming years in support of the goal for foster children to attain permanency.

Number of all exits and permanent exits, by state fiscal year				
SFY	All exits	Adoptions	Guardianship	Reunifications
2008	3965	617	451	1548
2009	3715	768	486	no data
2010	3867	738	574	1962
2011	3926	544	720	1963
2012	3705	465	775	1656
2013	3353	372	669	1526
2014 (thru April)	2425	257	503	1081
<i>Source – State Stat 03 files</i>				

Percent of permanent exits out of all exits, by state fiscal year				
SFY	All exits	Adoptions	Guardianship	Reunifications
2008	3965	16%	11%	39%
2009	3715	21%	13%	no data
2010	3867	19%	15%	51%
2011	3926	14%	18%	50%
2012	3705	13%	21%	45%
2013	3353	11%	20%	46%
2014 (thru April)	2425	11%	21%	45%
<i>Source – State Stat 03 files</i>				

Adoptions – Maryland’s SFY 14 Place Matters’ adoption goal was based on finalizing 65% of its children with a plan of adoption (as of the beginning of the fiscal year). Because the number of foster children decreased over the years, Maryland has fewer youth with a plan of adoption and therefore lower adoption goals each year. Maryland has seen substantial improvement in the percent being adopted within 2 years, increasing from 14% for 2010 to 26% in 2013. Median length for children adopted has also improved, from 43 months in 2010 to 32 months in 2013. Although the percent of children who are getting adopted by end of year children have been in care 17 or more months decreased from 16% (2010) to 14% (2013), the percent of legally free children adopted in less than 12 months has improved from 77% in 2010 to 83% in 2013. Maryland will continue to encourage best practices as it promotes adoption within 2 years.

Children Remaining in Foster Care for Long Periods: Nearly all – 98% - of legally free children (made legally free through termination of parental rights) exit to permanency prior to

their 18th birthdays. Exits to permanency prior to the 18th birthday for all children in care for 24 or more months increased from 16.1% (2009) to 27% (2012), but then declined slightly to 25% in 2013.

Placement stability among foster children, necessary for foster children to develop and thrive while in care, remains high: 86% of children in care less than 12 months have experienced 2 or fewer placements. Among children in care 12 to 24 months, the percent experiencing 2 or fewer placements dropped from 80% (2009) to 71% (2013). This may be due to the emphasis on family homes over group homes, and the “stepping down” of children who have been in care for a long time and on whose behalf the State has made efforts to find family home placements. The State will, however continue to examine the causes for this low performance and to seek ways to improve stability for all children.

Health and Education

Performance Measure	2010	2011	2012	2013
School Enrollment for children entering foster care during school year	70%	69%	72%	67%
Comprehensive Health Assessment for foster children within 60 Days	49%	45%	40%	50%
Annual Health Assessment for foster children in care throughout the year	78%	73%	75%	80%
Annual Dental Assessment for foster children in care throughout the year	51%	46%	42%	48%

Source: MD CHESSIE – derived by the University of Maryland Baltimore (Note: Table includes updated Education Enrollment and Health Assessment statistics)

Story behind the numbers: The statistics posted in the table above reflect aggregate data based on worker data entry of education and medical assessments, and should not be considered to be truly reflective of Maryland performance. School enrollment and health assessments are basic services coordinated by LDSS workers for foster children. Nearly all of Maryland quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school and receive their initial and annual health and dental assessments.

Maryland has recently entered into a data-sharing agreement with the Maryland State Department of Education (MSDE), through a data sharing project sponsored by Georgetown University, to enable education data to be electronically transferred from MSDE to MD CHESSIE. Not only will this improve aggregate data reporting, but this will provide workers with enhanced information about children in care, thus improving services and service coordination. Similar agreements are being pursued with the state’s Department of Health and Mental Hygiene for medical/Medicaid information.

C. BREAKDOWN OF TITLE IV-B SUBPART 2 FUNDS

Overview

The Department of Human Resources (DHR), as the designated Title IV-B agency, administers IV-B funds Plan based on the philosophy that children should be protected from abuse and whenever possible, families should be preserved and strengthened in order to nurture and raise children in safe, healthy and stable communities. Service interventions are based on a set of beliefs about outcome-based practice that is both strength-based and child focused and family centered, underscoring the importance of timely, culturally appropriate, comprehensive assessments and individualized planning on behalf of the children and families that come to the attention of the Department.

Maryland continues to use the Promoting Safe and Stable Families (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. For SFY14, Maryland continued to put more controls in place to ensure that the local departments spend their allocations for time-limited reunification, adoption promotion, and caseworker visitation. Monthly expenditure reports were requested from the DHR Budget office so that program staff can more closely monitor the funds. In the Policy Directives for the above-mentioned services, the Department added language that informs local departments that if ½ of their allocation is not spent by January 1, 2014, any remaining amount will be subject to reallocation to other local departments that are spending their funds. In addition, the local departments are required to submit a spending plan for Adoption Promotion and Time-Limited Reunification that describes how they will spend their allocation. For SFY14, failure to submit their plan may have resulted in the total allocation for that local department being withheld and redirected to another jurisdiction. Plans were submitted by all local departments and no allocations were withheld.

Time-Limited Reunification

The twenty-four Local Departments of Social Services offer time-limited family reunification services. For SFY14, the allocation is based on the number of children in care 15 months or less, including Baltimore City. A 10% limit was also applied so that no Local Department of Social Services' (LDSS) allocation went up or down by more than 10%. Each local designed the services to match the needs of the population served to its jurisdiction; however all the services are aimed at reunifying the family. 1,235 families and 1,360 children were served in SFY13. It is estimated that the same number of families and children will be served in SFY 2014. The types of services provided include:

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

Adoption Promotion and Support Services

The twenty-four Local Departments of Social Services offer adoption promotion and support services to improve and encourage more adoptions from the foster care population, which promote the best interests of the children. The activities and services are designed to recruit adoptive families, expedite the adoption process and support adoptive families. The Department issues a policy directive each fiscal year that provides details and examples of how the adoption promotion money can be spent and also provides the allocations for each local department. An action plan is also required from each local department that must provide an adequate description of the planned expenditures based on the total allocation and the approximate number of families and children to be served. Services are also provided to adoptive families that allow them to maintain the child in placement. For the SFY14 funds, the allocation for each local department is based on the number of children with a goal of adoption. During SFY13, 3,400 families and 3,335 children were served. Approximately the same number of families will be served in SFY14. The types of services provided include:

- Respite and child care;
- Adoption recognition and recruitment events;
- Life book supplies for adopted children;
- Recruitment through matching events, radio, television, newspapers; journals, mass mailings; adoption calendars and outdoor billboards;
- Picture gallery matching event, child specific ads, and video filming of available children;
- Promotional materials for informational meetings;
- Pre-service and in-service training for foster/adoptive families;
- National adoption conference attendance for adoptive families; and
- Materials, equipment and supplies for training;
- Foster/Adoptive home studies; and
- Consultation and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption in making a commitment.

Family Preservation and Family Support Services

Family preservation and family support funds through PSSF have been allocated to all 24 local departments in Maryland. Most of the local departments operate a specific program with these funds. Beginning in January of 2013, the local departments that did not yet have a specific program were awarded “flex funds” that could be used either to provide supportive services to families who are receiving in-home services or to contract with a private provider for services.

The amount of the “flex funds” is based on the size of a local department’s in-home services caseload. The local departments that operate programs supported with PSSF funds help to develop an adequate service array in communities through the State by filling service gaps. All of the programs are different and are based on the needs of their respective communities. Each program must achieve a positive impact on the State’s child welfare programs and be consistent with the mission and vision of the State to ensure the safety of children.

The PSSF family preservation and/or family support programs are available to all families who are in need of services, including birth families, foster families, and adoptive families. Some of

the programs also focus on serving fathers. In addition, the local departments that are receiving flex funds are providing supportive services to families who are receiving in-home services.

In the first two quarters of SFY14, the family preservation and support services programs served approximately 40 parents, 376 families, 37 individual participants, 25 pregnant and parenting teens, and 25 children who received respite services. The parents and children are not included in the family count, and pregnant and parenting teens are not included in the overall parent count. Approximately the same number of families and children will be served in SFY 15.

One of the requirements of each program is that the following outcomes be achieved: 80% of the families would not receive an indicated Child Protective Services (CPS) finding or experience an Out-of-Home Placement 6 and 12 months post-closing. The data from the quarterly reports submitted by the local departments from July 1, 2012 – June 2013 indicates that 17 out of 18 of the local departments achieved this outcome. (Data is unavailable from 2 local departments and 4 of the local departments do not have any cases closed yet for at least 6 months.)

Listed below are the family support and preservation programs currently in place for SFY14. These programs will likely continue in SFY15. In addition, the local departments that do not have specific programs will likely continue to receive flex funds in SFY15. These flex funds can continue to be used to either contract with private providers or provide supportive services to families receiving in-home services.

Local Department	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2013
Allegany County	The Incredible Years parenting curriculum is used to provide a series of workshops that is offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training. Individual home-based parenting sessions are offered to families who cannot attend the group sessions. The goals of the program are treatment of child aggressive behavior problems, improved parent-child interactions, improved parent functioning, and increased parental social support and problem solving.	Family Preservation	84 families served <hr/> No indicated abuse and 3 Out-of-Home Placements between 6 and 12 months post-closing; 110 parents were tracked.
Anne Arundel County	Receives “Flex funds” for families receiving in-home services.	Family Preservation	7 families served <hr/> No families eligible for tracking at 6/12

Local Department	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2013
			months post-closing.
Baltimore City	Flex funds are used to contract with The Choice Program to provide treatment services to youth including case management, counseling, crisis prevention/intervention, and wraparound services. In addition, Flex Funds are used to provide supportive services to families receiving in-home services.	Family Preservation	Data Unavailable
Baltimore County	Functional Family Therapy, and in-home mental health intervention, will be provided to families with children ages 10 or older and who are involved with the child welfare system.	Family Preservation	28 families served ----- 4 indicated abuses and 6 Out-of-Home Placements between 6 and 12 months post-closing; 74 families tracked.
Calvert County	Parent and child groups will be conducted with each group session consisting of education, support, and experiential exercises. Parents will learn child development, parenting strategies, and setting realistic expectations. Separate children's groups will focus on expressing and dealing with feelings surrounding placement. The conclusion of each group cycle will include several multiple family sessions, where parents and children are joined within the group.	Family Preservation	21 families served ----- 1 indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing. 29 families were tracked.
Caroline County	Flex Funds are used to contract with in-home aide workers to provide family support services to families receiving in-home services.	Family Preservation	15 families served ----- No families eligible for tracking at 6/12

Local Department	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2013
			months post-closing.
Carroll County	<p>The family support center will offer parenting classes, workshops, and parent/child activities to family who are approaching reunification with their children.</p> <p>In-home Family preservation services are offered to families. The program utilizes a family-centered approach that is strengths-based.</p>	<p>Family Support</p> <p>Family Preservation</p>	<p>67 families served (Family Support) 45 families served (Family Preservation)</p> <hr/> <p>1 indicated abuse for family preservation program and none for family support program. 6 Out-of-Home Placements in family support program and none in family preservation program between 6 and 12 months post-closing; 74 and 60 families were tracked for family support and family preservation programs, respectively.</p>
Cecil County	An Outreach Recovery Worker was hired in October 2013 by the Alcohol and Drug Recovery Center and housed at the Cecil County DSS. The outreach worker will accompany workers into the field to provide evaluations, act as a liaison between DSS and substance abuse treatment providers, provide substance abuse education, help staff	Family Preservation	Data unavailable

Local Department	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2013
	identify behaviors associated with active drug use or relapse, develop relapse plans with clients and DSS worker, attend Family Involvement meetings, and help establish accurate treatment plans by attending intake appointments with the parent.		
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age 5. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	Family Support	91 families served <hr/> No indicated abuse and no Out-of-Home Placement between 6 and 12 months post-closing.
Dorchester County	Receives Flex Funds for families on in-home services caseload.	Family Preservation	1 family served <hr/> No families' eligible tracking at 6 and 12 months post-closing.
Frederick County	Family support and family preservation services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and fathers, parent and child interaction activities, self-sufficiency services, life skills training, counseling, and case management.	Family Preservation and Family Support	16 families and 59 individuals <hr/> No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing. 97 families tracked.
Garrett County	In-home preservation services are offered to help families remain intact and improve family functioning.	Family Preservation	11 families served <hr/> No indicated abuse and 1 Out-of-Home Placement

Local Department	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2013
			between 6 and 12 months post-closing; 6 families tracked.
Harford County	The Safe Start program is an early assessment and intervention program that targets children at-risk for maltreatment and Out-of-Home Placement. If risk factors for abuse/neglect are identified, the program provides further assessment with intervention and follow-up services to families.	Family Support	33 families served <hr/> 3 indicated abuses and no Out-of-Home Placements between 6 and 12 months post-closing; 80 families tracked.
Howard County	The Family Options program provides services to help pregnant and parenting teens and very young parents. These services include group sessions, parenting classes, intensive case management, referral services, and substance abuse counseling.	Family Support	38 teens and 35 infants served <hr/> No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing; 39 families tracked.
Kent County	Receiving Flex Funds for in-home services caseload.	Family Preservation	2 families served <hr/> No families eligible for tracking at 6/12 months post-closing.
Montgomery County	This family preservation service focuses on teens returning home after placement. Short-term, intensive, in-home services are provided to families in crisis. This family support service focuses on families in crisis with teens at risk for Out-of-Home Placement including out-	Family Preservation Family Support	26 families served <hr/> 1 indicated abuse and no Out-of-Home Placements between 6 and 12 months post-

Local Department	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2013
	<p>of-control teens, special needs teens, and teens with mental health issues. These families will be provided in-home services, families will be connected to community providers, and parents will be taught coping mechanisms and life skills.</p>		<p>closing. 16 families tracked</p>
<p>Prince George's County</p>	<p>Strengthening Family Coping Resources (SFCR) is a trauma-focused, multi-family, skill-building parenting program for families who have experienced trauma. SFCR is designed to increase coping skills in children and adult caregivers to increase families' sense of safety, improve stability and stabilize emotions and behavior.</p>	<p>Family Preservation</p>	<p>4 families served</p> <hr/> <p>No indicated cases t of abuse and no Out-of-Home Placements at 6 months post-closing; 4 families tracked at 6 months.</p>
<p>Queen Anne's County</p>	<p>The Healthy Families Queen Anne's/Talbot program provides home visiting services to first time parents to prevent child abuse and neglect, encourage child development, and improve parent-child interactions.</p>	<p>Family Support</p>	<p>29 participants served</p> <hr/> <p>No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing; 19 participants tracked.</p>
<p>Somerset County</p>	<p>The Healthy Families Lower Shore program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.</p>	<p>Family Support</p>	<p>47 families served</p> <hr/> <p>No Indicated abuse/neglect and no Out-of-Home Placements 6 and 12 months post-closing. 66 families tracked</p>

Local Department	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2013
			at 6 months and 13 were tracked 12 months.
St. Mary's County	A home visiting program strives to provide parenting services to at-risk families and increase a parent's knowledge of child development and early learning. This program targets families with children up to three years old.	Family support	34 families served <hr/> 4 indicated cases of abuse and no Out-of-Home Placements between 6 and 12 months post-closing; 17 families tracked.
Talbot County	<p>Respite services provide support to families who have a child at risk of an Out-of-Home Placement. The program offers voluntary, planned, or emergency services for short-term Out-of-Home Placement in a respite provider's home.</p> <p>The parent education program provides separate groups for parents and children that meet concurrently. Topics covered in the curriculum include: building self awareness; teaching alternatives to yelling and hitting; improving family communication; replacing abusive behavior with nurturing; promoting healthy development; and teaching appropriate developmental expectations.</p>	<p>Family Preservation</p> <p>Family Preservation</p>	<p>25 families and 32 children served in respite program</p> <p>56 participants served in Parent Education</p> <hr/> <p>No indicated abuse for both programs. 3 Out-of-Home Placements between 6 or 12 months post-closing for respite program but none for parent education program. 56 parents and 25 families tracked for Parent Education and respite programs,</p>

Local Department	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2013
			respectively.
Washington County	Funding will be directed to the Family Center. Specifically, child care services will be provided to parents attending the parenting or self-sufficiency classes.	Family Support	138 families _____ 2 indicated cases of abuse and no Out-of-Home Placement between 6 and 12 months post-closing. 42 families were tracked.
Wicomico County	Respite services will be provided to families who are in crisis and who are receiving services.	Family Preservation	20 families and 26 children served _____ No indicated abuse and no Out-of-Home Placements 6 months post-closing. 4 families tracked at 6 months post-closing.
Worcester County	The Enhanced Families NOW program identifies and serves families already involved in the Department of Social Services Continuing Protective Services when mental illness of the parent has been identified as the primary reason for intervention. The families are linked with a mental health clinician who provides an in-home assessment and individual and family therapy services and reinforces the work of the case manager in areas of parenting skills and child development.	Family Preservation	11 families served _____ No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing. 9 families tracked.

D. CONSULTATION WITH INDIAN TRIBES

From 2010 -2014, the Department has collaborated with Maryland's Commission on Indian Affairs to ensure coordination with tribes. Over the course of the last 5 years, the following activities were completed: several cultural sensitivity/competency trainings were provided in various regions of Maryland for caseworkers and supervisors who work at the local department of social services; a presentation was given by SSA staff at a Commission on Indian Affairs meetings in which several tribal members in Maryland were present; and several meetings were held between the Administrator of Maryland's Commission on Indian Affairs and staff at the Social Services Administration to discuss how the agencies can collaborate regarding Native American children in Out-of-Home Placement. In SFY 2014, the Department has continued to collaborate with the Maryland Commission on Indian Affairs to discuss issues related to Native American children in Out-of-Home Placement. The only 2 Maryland recognized tribes, the Piscataway Indian Nation and the Piscataway Conoy, are an integral part of the Commission on Indian Affairs. There are no federally recognized tribes in the state.

E. PLAN FOR HEALTH CARE SERVICES FOR CHILDREN IN FOSTER CARE

Managing Healthcare for Youth in Out-of-Home Care

The Department understands that children in Out-of-Home Placement (OHP) have comprehensive medical needs that differ from those of other child populations. To enhance health care services that meet the health need of youth in OHP, the Department continues to maintain and forge viable partnerships with the Department of Health and Mental Hygiene (DHMH), the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School the Maryland Department of the Environment, State Council on Child Abuse and Neglect, and other local and community stakeholders

Currently, the Department is consulting and collaborating with DHMH in the following five areas regarding the health needs of children and youth in Maryland's Out-of-Home Placement.

- Policy and Practice
 - Review existing policies and recommend additional policy and practices for health care services for foster youth that utilize Medicaid.
 - Develop a protocol for the appropriate use and monitoring of psychotropic medications among foster youth
 - Refine existing procedures and policies for how DHR will monitor and treat emotional trauma associated with child's maltreatment and removal, in addition to other health needs identified through screening.
 - Further develop the concept of a Medical Home Model for youth in foster care (i.e. Managed Care Organization (MCO) involvement, Primary Care Physician's (PCP) roles and responsibilities and etc.
- Oversight, Coordination and Monitoring of Health Care Services
 - Develop strategies for monitoring, tracking and sharing health care information
 - Draft Concept/Proposal for the implementation of an Electronic Health Passport
 - Develop strategies to expand the Making All The Children Healthy (MATCH) program throughout the State (regionalization of MATCH)

- MATCH provides medical case management and health care coordination for all children in foster care with the Baltimore City Department of Social Services. Care coordination includes: enrollment in Maryland Medical Assistance and annual redeterminations, coordination of mandated examinations, medical case management by nurses for children with complex medical needs, and etc.
- Data Sharing
 - Develop and execute data use agreements that would allow Medicaid services to share data about whether or not foster youth are getting initial, comprehensive and annual exams as well as profile information to see how foster children are doing health wise compared to the general population. This data will be used to help DHR target additional attention/services/etc to those children who appear to be having health issues as well as inform future policy development.
- Quality Assurance, Outcomes, & Evaluation
 - Review and recommend evaluation tools that will appropriately measure the effectiveness of oversight, coordination, and monitoring of health care services for youth in Maryland's foster care.
- Funding and Legislative
 - Address funding and/or legislative actions that may be needed to ensure proper health care services for Maryland's foster youth.

The Department is also represented on the State Council on Child Abuse and Neglect (SCCAN) Medical Care Workgroup. The workgroup is currently working on recommendations, which will be submitted to the Governor's Office and Legislative Body, regarding a standardized/centralized system for providing medical care/expertise to children in the child welfare system.

During April, 2014 the Department released its' policy directive regarding oversight and monitoring of health care services for children and youth in Out-of-Home Placement, SSA Policy Directive # 14-17 Oversight and Monitoring of Health Care Services. The purpose for the policy is to:

- To clarify the responsibilities of the local DSS regarding ongoing oversight and monitoring of health care services received by children and youth in Out-of-Home Placement.
- To clarify health services that a minor can consent for and confidentiality and/or informing obligation of the health care provider.
- To provide guidance regarding obtaining medical records and health care information for children and youth in Out-of-Home Placement.
- To establish guidelines for documenting health information in MD CHESSIE and the Health Passport.

The policy highlights the following:

- **Monitoring of Health Care Services**
 - Upon entry into Out-of-Home Placement:
 - Obtain signature of parent or legal guardian on Consent to Health Care or obtain limited guardianship via Court Order

- Complete Health Passport and give to caregiver
 - Enroll child in Maryland Medical Assistance Assistance Plan
 - Ensure child has initial health care screening within 5 days
 - Ensure child has comprehensive health assessment within 60 days
 - If initial screening was a full physical, it qualifies as a comprehensive exam.
 - Mental Health screening within 60 days
 - Can be completed as part of comprehensive health assessment.
 - Complete all screens in MD CHESSIE
- **Ongoing Health Care Requirements**
 - Annual Well Child Examination,
 - Dental Care for children over age 1 every 6 months,
 - Annual Vision Examination,
 - Follow-up appointments as needed based upon the child’s needs,
 - Mental Health treatment as appropriate,
 - Maintain Health Passport, and
 - Enter all health information in MD CHESSIE

Initial and Follow-up Health Screenings and Treatment, Medical Home and Documentation

Currently, each child in foster care is enrolled into a Managed Care Organization (MCO) through their enrollment into Medical Assistance. This MCO establishes their medical home. Each child is assigned a primary care physician within 10 days of entering care.

Maryland’s regulations and policy require that all children in foster care must have the following:

- Initial health screening within 5 days of placement
- Initial mental health screening within 5 days of placement
- A comprehensive health examination within 60 days of placement, which includes satisfaction of the required Early Periodic Screening, Diagnosis, and Treatment (EPSDT) components of Maryland Healthy Kids Program.
- Follow up medical appointments as indicated by the physician.
- Annual physical and dental examinations.

Additional feedback will be given to the Local Departments of Social Services (LDSS) through the Quality Assurance process on MD CHESSIE documentation of the initial medical exam (within 5 days), mental health assessments within 60 days, annual medical and dental exams, and ongoing medical/dental/mental health care.

Caseworkers are responsible for ensuring that foster children obtain needed health care and conferring with the physician regarding Medical treatment and follow-up.

All components of the child’s health care are documented in Maryland’s Health Passport. Every child in foster care receives a Health Passport. The caseworker and/or caregiver accompany the child on subsequent visits during which the physician consults with the caseworker and/or caregiver regarding the child’s health and completes the Health Passport. Maryland physicians

must complete the Health Passport forms each time they examine a foster child. The Passport includes the following:

- Medical Alert
- Child's Health History
- Developmental Status (ages 0-4 or child with disability)
- Health Visit Report
- Receipt of Health Passport
- Parent Consent to Health Care and Release of Records

The child's health needs and treatment are also documented in MD CHESSIE in the health screens, providing caseworkers and supervisors the ability to monitor and track the health care needs of the child.

In determining appropriate medical treatment for children in Out-of-Home Placements, standards are outlined and described in: Maryland's regulations (COMAR); The Maryland Healthy Kids/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Standards for the Healthy Kids Program are developed through collaboration with key stakeholders such as the Maryland Department of Health and Mental Hygiene (DHMH), Family Health Administration, the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School, and the Maryland Department of the Environment. Under EPSDT, Medicaid covers all medically necessary services for children in Out-of-Home Placements.

The Healthy Kids Annual screening components include:

- Health and Developmental History
- Height and Weight
- Head Circumference
- Blood Pressure
- Physical Examination (unclothed)
- Developmental Assessment
- Vision
- Hearing
- Hereditary/Metabolic Hemoglobinopathy
- Lead Assessment
- Lead-Blood Test
- Anemia hematocrit (Hct) / hemoglobin (Hgb)
- Immunizations
- Dental Referral
- Health Education/Anticipatory Guidance

These components represent the program's minimum pediatric health care standards. The State of Maryland uses board certified physicians to provide medical services to children in foster care. DHMH is responsible for oversight of all physicians and the collection of medical data on each child and is working closely with the Department for implementation.

The state is currently exploring the possibility of having Medicaid/state Department of Health and Mental Hygiene (DHMH) data directly shared with MD CHESSIE; this would serve the dual purpose of correcting aggregate data and providing workers with more detailed medical information. This would also eliminate dual data entry work by state workers (DHR and DHMH/ medical personnel).

In lieu of that option, the state will utilize a data clean-up model that worked well for other indicators: Exception reports will be developed, with worker and supervisor identified, of cases where health data has not been entered into MD CHESSIE, and local departments will be expected to update the missing data.

Consultation with Physicians and other Medical Professionals

The Department of Human Resources continues to consult and collaborate with DHMH on issues involving consultation or lack of consultation by physicians. This DHR staff person also coordinates with Maryland's Managed Care Organizations (MCO) and local department of social services health coordinators to ensure effective service delivery.

Headed by Medical Director Dr. Rachel Dodge, MD., M.P.H., of the Making All the Children Healthy (MATCH) program continues to provide medical case management and health care coordination for children and youth in the Baltimore City foster care system. In addition to coordinating medical and dental care, the program assures the completion of a mental health assessment of youth upon entry to foster care and completes referrals and follow up for mental health treatment. The program continues to work on a monitoring system that is based on the child's current functioning and complexity of psychotropic medication regimen. A child psychiatrist consultant continues to review the medical records of youth with designated "red flag" to identify youth whose regimen warrants further evaluation based on poor treatment response, complexity of regimen, safety concerns, or treatment that is not consistent with current standards of care. Currently, the MATCH program oversees the health care of 3776 children in foster care, which represents 52% of youth in foster care statewide.

The Department continues to work with local departments to increase their awareness of the benefits and availability of evidence based Trauma-Focused Cognitive Behavioral Therapy. The Child Welfare Academy has developed an introductory course that will be required for all new workers and supervisors as part of a series of courses that are mandatory in the first 2 years, following pre-service training. The assistant directors recommended targeting transitional age youth and voluntary placements. This training began with the first pre-service cohort in July 2013. The State continues to partner with Kennedy Krieger and University of Maryland around trauma focused training for local department staff resource parents and private providers.

During October, 2013, SSA's Executive Director issued a memorandum to the directors, assistant directors and out-home-placement supervisors regarding the ACA Medicaid Coverage for Former Foster Youth. The memorandum highlighted the eligibility criteria for Medicaid coverage as well as how to and where to go to apply for Medicaid coverage.

Oversight of Psychotropic Medications

The U.S. Department of Health and Human Services FY2015 Budget in Brief: Strengthening Health and Opportunity for All Americans, proposes to authorize a five-year Medicaid

demonstration grant with the Administration for Children and Families. Beginning in FY2015, the Medicaid demonstration will address the over prescription of psychotropic medications for children and youth in foster care. States would receive performance-based Medicaid incentive payments to improve care coordination and delivery for children and youth in foster care through increased access to evidence-based psychosocial interventions with the goal of reducing over-prescription of psychotropic medications and improving outcomes for these young people. This investment is paired with \$250 million in the Administration for Children and Families to support state efforts to build provider and system capacity. \$500 million in Medicaid State Grants and \$250 million in mandatory child welfare costs over 10 years.

The Department is in discussion with DHMH/Mental Hygiene Administration, Medicaid, and University of Maryland about the possibility of applying for the HHS FY2015 demonstration grant once the request for purpose (RFP) is released. It was an overwhelming consensus that when the RFP is released that Maryland should apply for the demonstration grant. The grant would provide an opportunity to expand existing programs that currently provide monitoring and oversight of psychotropic medication and care coordination services. These programs include:

- Making All The Children Healthy (MATCH);
- Peer to Peer;
- Psychopharmacology Monitoring Database; and
- MD Behavioral Health Integration in Pediatric Care (B-HIPP) Consultation Program.

Possible expansion efforts include:

- MATCH - Possible Health Home for child and youth in foster care. Expanding MATCH to cover the State and not just Baltimore City (i.e. regionalize MATCH). Further develop child psychiatrist consultation to prescribers and develop a centralized process for informed consent/assent; enhance preventive and intervention services, trauma assessments, and etc.
- Peer to Peer - Process for flagging children and youth in foster care. Include all classes of psychotropic medication and not just antipsychotic in the pre-authorization process.
- B-HIPP - Possibility of providing in-person consultation especially in the rural areas of Maryland.

Below is a brief description of each of the programs previously mentioned.

The Psychopharmacology Monitoring Database

The Psychopharmacology Monitoring Database is an initiative by State leadership at the Department of Mental Health and Hygiene and Child Welfare. The database links administrative records from MHA (i.e. mental health claims) with child welfare data on youth in Out-of-Home Placement. This initiative has been ongoing for the past three years as a result of successful collaboration among the State child serving agencies and faculty at University of Maryland, Schools of Pharmacy and Medicine. The data linkage has been approved for statewide evaluation. There are recent efforts to work with jurisdictions to create linkages that would facilitate better monitoring at the direct patient care level. The evaluations that have been completed to date include: a) time trends in psychotropic use; b) antipsychotic persistence among very young children; c) use of concomitant antipsychotic treatment and the impact on hospitalization and emergency department use; and d) use of antipsychotic medication among children with attention-deficit/hyperactivity disorder (ADHD) with and without co-morbidities.

Evaluations currently in progress are: a) assessment of antipsychotic dosing in relation to hospitalization; and b) initiation of antipsychotic use and association with placement instability. This work has been presented at the 2013 Systems of Care Training Institute (SOCTI) and reports are periodically shared with the state administration.

Peer to Peer Program

The Peer Review Program for Mental Health Medications (also known as the Peer to Peer Program) operates through the Maryland Medicaid Pharmacy Program. This program, which was implemented in October 2011, conducts pre-authorization review for antipsychotic treatment for youth under age 18. This program impacts all Medicaid enrolled youth, which included all children in foster care. Providers are required to submit indication for medication treatment/target symptoms, baseline side effect assessment (e.g. fasting blood work is required), information on referral for non-medication psychosocial treatments (e.g. psychotherapy), the antipsychotic medication and dose being requested, and a list of any co-prescribed medication. Initial review is completed by a pharmacist, and a child psychiatrist consultation is provided if the required criteria are not met and the prescriber wishes to appeal the disapproval. Ongoing review of antipsychotic treatment is required every six months to assess if adequate safety monitoring and treatment response has been achieved to support ongoing medication treatment. In the case that a child is deemed to be at a higher risk for side effects or where the drug regimen is unusual or complicated, ongoing review may take place more frequently.

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP)

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP) is a free statewide consultation, continuing education, and resource/referral program for pediatric primary care providers (PCPs) funded by the Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education. B-HIPP supports the efforts of pediatric primary care providers in the assessment and management of mental health concerns among their patients through a consultation phone line. PCPs are able to have questions answered about diagnosis, medication, and other mental and behavioral health concerns answered by experts including child psychiatrists. B-HIPP is able to provide consultation to PCP's regarding children from infancy to transitional age youth, and their families. B-HIPP also seeks to increase access to children's mental health services by improving linkages between primary care providers and the mental health providers in their communities, rather than by creating new services. The clinical work for this project is carried out as collaboration among the University of Maryland School of Medicine/Department of Psychiatry, the Johns Hopkins University School of Public Health, and the Salisbury University School of Social Work. B-HIPP is available Monday through Friday from 9:00 AM to 5:00 PM by calling 1-855-MD-BHIPP.

Making All Children Healthy (MATCH) Program

Making All Children Healthy (MATCH) program is a Baltimore City initiative that was developed and implemented by the Baltimore City Department of Social Services (BCDSS) in collaboration with Health Care Access Maryland. MATCH oversees the health care of children in Baltimore City foster care, which is 50% of youth in foster care statewide. MATCH provides medical case management and health care coordination for children and youth in foster care. In addition to coordinating medical and dental care, the program assures the completion of a mental health assessment of youth upon entry to foster care and completes referrals and follows mental health treatment. The program incorporates a child psychiatrist consultant in their review of

cases with complex psychiatric health needs. The MATCH program is currently exploring options to develop direct child psychiatrist consultation to prescribers and to develop a process for psychotropic medication consent that utilizes clinical review by MATCH staff. The program plans to share information regarding our psychiatric case reviews with the Peer to Peer Program to decrease duplication of case reviews. Prescribers should expect to hear more details from the MATCH program within the next year.

The Department developed, in consultation with Maryland Department of Health and Mental Hygiene, University of Maryland School of Medicine, University of Maryland School of Pharmacy, and Johns Hopkins School of Medicine, a drafted Psychotropic Medication Utilization Guidelines for Children and Youth in Foster Care (Appendix P and Appendix Q) The guidelines were developed with the goal of ensuring for safe and appropriate psychotropic medication treatment for youth in foster care. Currently, the guidelines are under review. The Department's goal is to release the guidelines the summer of 2014. The guidelines will be available on DHR's website.

E. DISASTER PLAN

Continuity

The Department has a Continuity of Operations Plan (COOP). This plan presents a management framework to establish operational procedures necessary to assure the capability to conduct and sustain essential agency functions across a wide range of potential emergency situations. The plan identifies mission critical functions, classifies vital records, systems and equipment, describes relocation procedures and alternative facility locations, and provides orders of succession and limitations of authorities, and details implementation and plan maintenance procedures.

In Maryland, direct services are delivered by the twenty-four (county) Local Departments of Social Services (LDSS), which are blended entities with both State and local authorities and responsibilities. All of the LDSS' have been directed by DHR to fully support their local emergency management office and to shoulder whatever responsibilities are assigned to them as part of the local (county) emergency plan. Each jurisdiction's emergency plan follows the standards set by DHR that include the services provided to children under State care and identified new cases for children displaced or affected by a disaster. The jurisdictions' COOP plans also include the response, communication, coordination of services and information and record access. The details of the COOP plans vary to adapt to the specific locale.

Emergency Management

Additional functions and capabilities required during an emergency are organized under the Maryland Emergency Preparedness Program (MEPP) managed by the Maryland Emergency Management Agency (MEMA). The MEPP enlists and emphasizes the partnership of all of Maryland's governmental agencies and many private organizations. The MEPP establishes a tiered planning structure that addresses all phases of an emergency event, and further establishes multi-agency support teams to facilitate more effective and efficient use of resources in each of those phases. The function-oriented approach of the plan enables coordinators to deploy

resources and complete tasks more effectively. It outlines an approach and designates responsibilities intended to minimize the consequences of any disaster or emergency situation in which there is a need for state assistance.

Under the MEPP, primary responsibility for addressing an event lies with the local jurisdiction. The State is expected to step in with supplemental resources or additional complete operations when asked to meet shortfalls at the local level. Under the State Response Operations Plan (SROP) DHR is designated as the lead agency at the state level to support Emergency Support Function #6 – Mass Care and Emergency Assistance (ESF #6). Twenty-one of the state’s twenty-four local jurisdictions have designated their LDSS as the lead agency within their jurisdiction’s response plan for ESF #6 and the remaining three jurisdictions have designated their LDSS as a support agency to that ESF.

The roles of the LDSS’ and DHR as ESF#6 leads within their respective jurisdictions are fundamentally similar, and involve responsibility for developing plans, obtaining resources, and coordinating with other support agencies (both government and Non-Government Organizations (NGO)) to meet the needs for shelter, food and water, and other elements of “mass care” during a public emergency. The exact nature and details of those plans vary from jurisdiction to jurisdiction based on local circumstances and the local resources, while simultaneously empowering DHR to coordinate additional resources from throughout the State when they are needed to supplement local efforts.

General Actions

DHR is taking many steps to meet those duties that naturally fallout from its normal operations, as well as its additional emergency management responsibilities under the MEPP. For example, all personnel at all levels of DHR are required to take in-service training courses in Emergency Preparation (EP), and in Shelter Management/Operations (SMO). These courses were developed internally but in consultation with the Federal Emergency Management Agency (FEMA), American Red Cross (ARC), and other partner agencies. SMO is taught jointly throughout the State by staff from Office of Emergency Operations (OEO) and American Red Cross (ARC). The EP course has been modified for presentation to Foster Parents, and other modifications are planned for other communities served by DHR.

Additionally, DHR continues to work with vendor support to develop a framework within MD CHESSIE for tracking the emergency plans of children placed in independent living. The goal is to develop a framework that can be easily adapted to other sorts of placements. The project outlined specific design objectives and is seeking budgetary resources. There are also ongoing investigations of different alternatives for post-disaster reunification and tracking of children in and out of State custody. Disaster planning for residential providers of children in foster care is incorporated in the licensing requirements of the Office of Licensing Management (OLM) as outlined in the Maryland Code of Annotated Regulations, COMAR 10.07.14.46 Emergency Preparedness, and COMAR 10.07.02.24 Emergency and Disaster Plan. There is also ongoing planning of different alternatives for post-disaster reunification and tracking of children in out of State custody. Partnerships with other entities will likely play a significant role in any long-term solution. Current discussions involve different alternatives with fellow State agencies,

nonprofits, and for-profit contractors, and are heavily impacted by budgetary considerations. Maryland did not have a disaster in the last calendar year that impacted child welfare.

The reports created, RE881R In-State Emergency Contact Report and RE882R out-of-state Emergency Contact report are generated weekly. These reports are accessible through business objects. Business objects is a web-based application that is accessible to anyone with the proper security and Virtual Private Network (VPN) access. The report contains the identity and location for children under State care or supervision. The report also provides the names of the worker and their contact information.

G. CHILD WELFARE DEMONSTRATION ACTIVITIES

Maryland does not have any demonstration grants.

Fostering Connections

The Foster Connections Project ended June 30, 2013.

H. ADOPTION INCENTIVE PAYMENTS

Maryland was awarded Adoption Incentive Funds for the 544 adoptions achieved during SFY11. The goals are as follows: (1) To facilitate stabilization of an adoption placement prior to finalization; (2) To help maintain an adoption after finalization; and (3) To recruit families for older children and children of any age who present challenges that hamper identification of family resources for adoption.

The funding period for 544 adoptions achieved during FY 2011 began in October 2011 and ended December 31, 2013. Of the local department allocations for this period, the majority of the funds were spent on education and mentoring services, training for adoptive families, and equipment for children with major physical handicaps

Incentive Funds Spent During SFY14

Services Provided after Finalization	
Activity/Services/ Equipment	Percentages
Training - North American Council on Adoptable Children 2013 Conference Scholarships for 27 families	40%
Wheelchair lift for multi-handicap child	10%
Student table and chairs set for physically handicap child	.003%
Services Provided Prior to Finalization	
Services / Equipment	Percentages
Handicap Accessible Vehicle for Multi-handicap child	35%
Large multi-passenger vehicle for sibling group of 5 and 2 parents	14%

I. CHILD AND FAMILY SERVICES PROGRAM (CFSP) TRAINING PLAN

The Maryland Department of Human Resources – Title IV-E Training Matrix (Appendix R) provides a framework for the training activities that support the delivery of child welfare services.

The primary focus this year has been training for the implementation of Alternative Response (AR). The CWA developed and piloted AR orientation curriculum to train both staff and stakeholders. Each jurisdiction invited local department and stakeholder representatives to attend regional train-the-trainer sessions to enable them to deliver the workshops within their respective communities prior to the actual implementation. In addition, the CWA developed AR skill based curriculum that was offered to the caseworkers and supervisors who were directly involved making child protective service assessments. Specialized training has been developed with the screeners in the local departments to reinforce the initial assessment skills. This training will be offered beginning in early SFY15. The CWA will continue to be involved in the learning collaborative workshops and transfer of learning activities to support the ongoing practice in the local departments.

To enhance the professional development of new employees, a foundational training series was added for the first two years of employment upon completion of pre-service training. These quarterly workshops began in SFY14. The foundational training topics include: trauma-informed practice; family centered service planning; impact of child maltreatment on child development; and secondary trauma. In addition, the core content of the foundational training series was expanded to offer workshops for more tenured staff. The topics for those workshops include: concurrent and permanency planning; special considerations for visitation; sexual abuse dynamics and planning; and achieving well-being for special populations.

MD CHESSIE content was integrated within the modules in January 2014 to better highlight the practical functionality of the SACWIS application. Regional training workshops were offered for kinship caregivers encountered by the Kinship Navigators. Input from the local department caregiver support groups guided the workshop topics. Specialized content courses will also be developed to sustain the Kinship Navigator and Family Finding practice that was also started during the Fostering Connections demonstration project.

The CWA has been participating as a member of the Family Centered Practice (FCP) Training Subcommittee to establish the infrastructure for the public and private training workshops to better equip staff to provide services to the children and families assigned to their agencies. These workshops will be established to further enhance the cross training benefits and collaboration across services

The Department continues to host Bi-Annual Child Welfare Regional Supervisory Training. Each Bi-Annual Regional Training is conducted at four (4) selected dates and locations to encourage statewide participation.

Approximately 400 supervisors attend each Bi-Annual Regional Training. These trainings include policy and data reviews, technical assistance with program policy changes and new legislation, plus giving the opportunity to interact with statewide supervisors and central staff.

J. QUALITY ASSURANCE SYSTEM (EVALUATION AND TECHNICAL ASSISTANCE GOALS AND OBJECTIVES)

2010- 2014 Overview

In June 2009, the state participated in the Children’s Bureau Child and Family Services Review (CFSR) process. One finding and recommendation from the CFSR was that Maryland was in need of a stronger, more comprehensive quality assurance (QA) system. In light of this feedback, and Maryland’s own desire for a more data-driven and effective QA system, revisions to this process began in SFY 2010.

Feedback from Local Departments of Social Services (LDSSs) and the University of Maryland School of Social Work (SSW) were incorporated into a revised child welfare Continuous Quality Improvement (CQI) process. A pilot manual was published and pilot reviews were conducted in SFYs 2011 and 2012.

The state also received technical assistance from the Children’s Bureau to ensure that the case reviews developed as part of the CQI process could be used to measure the state’s progress on the CFSR Program Improvement Plan (PIP). A finalized *Child Welfare Continuous Quality Improvement (CQI) Policies and Procedures Manual* was published in SFY12.

The current CQI process combines analysis of aggregate and qualitative data, and increases community and client participation. The state’s Place Matter’s indicators are used as the primary CQI indicators, with the CFSR areas needing improvement also being a focus of case reviews and local improvement plans.

2010- 2014 Work – CQI Process

The Continuous Quality Improvement process is comprised of four major components:

1. The local Department of Social Services (LDSS) self-assessment;
2. MD CHESSIE case reviews by the Quality Assurance unit;
3. On-site review of the LDSS;
4. The LDSS development and implementation of a Continuous Improvement Plan.

At the initiation of the CQI process, the LDSS conducts a comprehensive self-analysis, during which stakeholder focus groups are held and an analysis of aggregate data is completed. Aggregate data is comprised of DHR’s Place Matters indicators (see below).

The Department’s Quality Assurance staff then complete comprehensive MD CHESSIE case reviews on a random sample of Investigation, In-Home, and Out-of-Home cases (30 total; 10 from each program area).

The onsite review is led by the DHR/SSA Quality Assurance unit, assisted by volunteer interviewers. Case-related interviews are conducted with children, youth, family members, foster parents, etc. Additional interviews are held with stakeholder focus groups (providers, attorneys, judges, school personnel, staff, etc.). Volunteer interviewers are members of sister LDSSs and local child serving agencies. Findings from the LDSS review are formalized into a written report, which is shared with the local department and with the SSA leadership team, in order to ensure that needed training and technical assistance are provided.

After this process, the LDSS develops a Continuous Improvement Plan in conjunction with SSA, and then enters a three-year implementation and monitoring period. Monitoring is conducted semi-annually, with technical assistance provided by the University of Maryland School of Social Work.

2010- 2014 – LDSS Reviews and Findings

By the end of SFY14, the State will have completed on-site reviews of all 24 Local Departments of Social Services.

- SFY 2011 (pilot): Worcester, Somerset, and Baltimore County
- SFY 2012: Howard (pilot); Cecil, Wicomico, Washington, Montgomery, Dorchester, and Allegany
- SFY 2013: Prince George’s, Harford, Garrett, Queen Anne’s, Frederick, Carroll, Calvert, and Talbot
- SFY 2014: St. Mary’s, Caroline, Charles, Kent, Anne Arundel, and Baltimore City

Jurisdictions are in various stages of CIP development and implementation/monitoring. As of April 2014, DHR has reduced the number of children in Out-of-Home care by 47% since June 2007, has exceeded the federal standard for caseworker visitation, meeting those two SFY 2014 Place Matters goals and four others goals.

Place Matters Indicator	SFY 14 Goal	April 2014 Data	Prior Data
Child Protective Services open less than 60 days - Investigation Response	90% or higher	89%	73% (April 2011)
Child Protective Services open less than 60 days - Alternative Response	90% or higher	93%	n/a – new goal
Number of children in Out-of-Home Placement	5,621 or lower	5,429	10,330 (June 2007)
Percent of children in group homes - children under 18	9% or lower	9%	n/a – new goal
Percent of children in family homes - children under 18	82% or higher	82%	n/a – new goal
Caseworker Visitation - percent of children in Out-of- Home care visited every month	95% or higher	96% (SFY 2014 average)	85% (July 2011)
Exits from Out-of- Home care - Guardianship exits	419 or more	522	451 (SFY 2008)
Exits from Out-of- Home care - Adoption	317 or more	259	617 (SFY 2008)

Place Matters Indicator	SFY 14 Goal	April 2014 Data	Prior Data
Placement Stability - percent of children in Out-of- Home care less than 12 months with two or less placements	86% or higher	82% (SFY 2014 Q3)	83% (SFY 2011 Q1)

Qualitative data from the CQI process has provided information related to the Place Matters indicators:

1. ***Reduction in the number of children placed in out-of-home care:*** Family Centered Practice, including Family Involvement Meetings (FIMs), was reported by local departments as an effective means of avoiding Out-of-Home Placement. Limited community resources, coupled with parental substance abuse, lack of family supports, and issues related to low-income (unemployment, homelessness, lack of affordable housing, and lack of transportation) contribute to children’s risk of Out-of-Home Placement.

2. ***Increase of percentage of children in family homes / decrease of percentage of children in group homes:*** Resource family recruitment, training, and support are seen as crucial to maintaining children in family homes. Use of kinship resources, including early identification of those resources, and Family Involvement Meetings before removal was reported as effective strategies. Challenges of approved resource families not wanting, and / or not having skills to manage children with special needs, was noted. Of child characteristics presenting challenges, older youth and those entering under Voluntary Placement Agreements (VPA) were identified by nearly half of all jurisdictions. Certainly, children / youth with severe enough issues to meet VPA requirements typically need placements at a level higher than family homes (often residential treatment center level of care). Meanwhile, placements besides family homes are often developmentally appropriate for older youth, and are therefore least restrictive (i.e. college, their own home or apartment, job training programs, etc.).

3. ***Guardianship exits:*** Again, Family Involvement Meetings were cited as a significant factor, especially when FIMs were used to identify possible relative resources and when services, resources, and training were provided to potential guardian resources. The Guardianship Assistance Program (subsidy) has also helped increase the number of children exiting to guardianship. Two jurisdictions noted that guardianship is often a more appealing option for parents and relatives, as families may be more willing to work towards guardianship than termination of parental rights and adoption.

4. ***Adoption:*** LDSSs reported that staff positions dedicated to adoption work – either a specific adoption unit, or adoption liaisons for Out-of-Home units – were critical in helping children move to adoption. These workers enable legal documentation, home studies, and other adoption-specific work to be completed quickly. Court delays and the length of appeal processes were noted as challenges to timely adoptions, although mediation, consideration of open adoption (and post-TPR parental visitation) and positive relationships with courts and attorneys were reported as helpful in the court process.

5. ***Caseworker Visitation:*** The most often cited support for success in completing monthly caseworker visitation was strong supervision, of both the worker's visitation schedule and documentation. Report tools were seen as critical management tools, as was training. Staff vacancies were cited as a challenge to completing all visits.
6. ***Placement stability:*** Family Involvement Meetings were seen as critical in maintaining placement stability for children. Also stressed was the importance of matching the child and the resource parent, with consideration of the child's needs and the resource parents' skills. Close supervision of services, training and support for resource parents (including peer support and respite), ongoing assessments and services for the child, and placement with siblings were also reported as influential. One jurisdiction observed that the health of the resource parents also affects placement stability. Children with intensive needs, older youth, and those who entered via Voluntary Placement Agreements were reported to have more challenges with placement stability.
7. ***Investigations open less than 60 days:*** As with caseworker visitation, supervision and use of management reports were seen as important in ensuring that investigations were open no longer than 60 days. Vacancies, and resulting larger caseloads, contributed to challenges meeting goals in this area.

2010- 2014 - CFSR PIP Measurement

The CQI process was used to measure the State's progress on the CFSR Items identified as ANIs in the June 2009 review. Initially, nine (9) items were identified as ANIs:

- Item 1- timeliness of investigation
- Item 3 – services to families to prevent foster care entry/re-entry
- Item 4 – risk assessment and safety management
- Item 7 – permanency goal for children
- Item 10 – Another Planned Permanency Living Arrangement (APPLA)
- Item 17 – needs and services of child, parents, and foster parents
- Item 18 – child and family involvement in case planning
- Item 19 – caseworker visits with children
- Item 20 – caseworker visits with parents

Rating and scores from the MD CHESSIE case review instrument, completed by the Quality Assurance staff, were used to measure the progress in these PIP Items. Case reviews were conducted on Investigation, In-Home, and Out-of-Home cases. The case review process and instrument were developed in conjunction with, and approved by, the Children's Bureau for use as the PIP measurement method.

After a six-month baseline reporting period (November 2011 – April 2012, with Period Under Review (PUR) of November 1, 2010 to February 29, 2012), specific improvement goals were established by the Children's Bureau. Four six-month reporting periods followed (A, B, C, and D).

Maryland met federal improvement standards for six (6) of the PIP items in Reporting Period A, and submitted a revised Reporting Period B report in November 2013 (which was accepted by

CB) showing that the remaining three (3) items had been passed. Maryland also completed all PIP action steps and benchmarks by April 2013, and successfully completed the CFSR PIP in CY 2013.

Current CQI Revision Process

Throughout this round of CQI development, implementation, and review (SFY 2010 – 2014), the process itself has been informally evaluated and improved, based on feedback from participants and experience of the Department's QA staff. One of the most significant challenges has been the child and family participation rate in case-related interviews. Several strategies have been implemented based on feedback and experience during the past two years, including:

- Making the interview schedule more flexible, to allow families more opportunities to schedule appointments; and
- Developing talking points for LDSSs/workers to use when explaining the CQI process to families and asking them to participate in interviews.

Additionally, both the case-related and stakeholder interview questions have been revised to capture more specific information, and to improve the flow of questions and answers during interviews. As the current round of on-site reviews is concluding at the end of this SFY, a comprehensive evaluation and revision of the CQI process is occurring.

Research/Evaluation

The Department's Research and Evaluation unit is responsible for child welfare data collection, data analysis, report development and dissemination, evaluation and reporting of State and federal indicators, and the selection and development of program evaluation measures. These research activities are based on the Results Accountability framework, which attempts to answer three basic questions regarding the performance of the child welfare system:

- How much did we do?
- How well do we do it?
- Is anyone better off?

In order to complete this work, the Research/Evaluation unit works closely with the Policy and Program unit, DHR/SSA leadership, the Local Departments of Social Services, and external stakeholders. Critical work is done in coordination with DHR Office of Technology for Human Services (OTHS) and the SACWIS vendor, Xerox; these technical efforts focus on report development, testing, and validation, as well as data clean-up and enhancements to MD CHESSIE which improve data collection and accuracy.

The unit also has an ongoing contract and close working relationship with the University of Maryland School of Social Work (SSW) Ruth H. Young Center for Families and Children to increase Maryland's research and data capacity for child welfare. Collaboration with and technical assistance from the University of Maryland School of Social Work enabled the Department to improve the quality of data used in measuring statewide Place Matters goals, federal CFSR indicators, AFCARS, NCANDS, and NYTD requirements, and caseworker visitation. Data reports are available (and analyzed) on state and jurisdiction levels. The University of Maryland School of Social Work also works closely with OTHS and Xerox to develop and test queries used in reports finalized by Xerox. A majority of Maryland's child

welfare reporting capability is the result of the collaboration between the Research/Evaluation unit, MD CHESSIE/Systems Development unit, the SSW Ruth H. Young Center, OTHS, and Xerox.

Maryland also worked to improve data quality for AFCARS and NCANDS submissions, including enhancing our report querying logic and the SACWIS system itself (see section below on MD CHESSIE.) The Research/Evaluation unit is also currently working on improving NYTD data collection and submission.

The Research/Evaluation unit also has a partnership with the University of Chicago's Chapin Hall Center for Children to collect and produce longitudinal analysis of foster care data. Other partnerships include work with Casey Family Programs and the Foster Court Improvement program. Each partnership is designed to provide unique analysis and perspectives to the entire array of data available regarding Maryland child welfare.

The Research/Evaluation unit publishes various reports on child welfare throughout the year:

1. **Child welfare data** – data on CPS, In-Home, OOH, and Resource Homes; available to the public monthly via the DHR website (http://www.dhr.state.md.us/blog/?page_id=2856 . . (DHR homepage > Documents > Data and Reports > SSA).
2. **StateStat/Place Matters** - data on DHR/LDSS progress on Place Matters goal; available to the public monthly via the Governor's StateStat website (<http://www.statestat.maryland.gov/>)
3. **Report of all new entries into OOH care, to Maryland State Department of Education** (MSDE) – for purposes of ensuring foster children receive reduced/free school lunch; available to MSDE via secure file transport site
4. **Joint Chairman's Reports**
 - a. **Out-of-Home Placement** – report of all OOH placements during state fiscal year, by placement type, age, race, etc.; includes cost and narrative analysis; data on In-Home/ Family Preservation is also included, focusing on rate of OOH placement and rate of indicated / unsubstantiated CPS findings during and up to one year after In-Home / Family Preservation services; report submitted annually to Maryland General Assembly and available at www.goc.maryland.gov
 - b. **Caseload** – report on caseload staffing / caseload ratios; report submitted annually to Maryland General Assembly.
5. **Child Well-Being** – child poverty and maltreatment data and analysis as part of the Governor's Office report on Child Well-Being; available annually at www.goc.maryland.gov
6. **Multiple ad hoc reports** at the request of the Governor, state legislators, the Secretary, and other stakeholders
7. **Provider report cards** – performance-based contracting for Residential Congregate Care providers generated quarterly <http://www.dhr.state.md.us/blog/?p=8028> (Documents > Request for Proposal > Residential-Child-Care-RFP-Provider-Performance-Reports)
8. **Other measures for ongoing internal and external analysis** (available in multiple documents)
 - a. Federal measures – recurrence of maltreatment, maltreatment in care, placement stability, caseworker visitation, reentry, length of stay, etc.

- b. Rate of maltreatment
 - c. Per capita rate of children in OOH care
 - d. Analysis of placement types
 - e. CQI/CFSR/PIP case reviews and reports
 - f. Birth-match
 - g. Ready by 21 data
9. ***Internal reports*** – (note: all reports are encrypted before email; all client-level detail reports have jurisdiction, worker, and supervisor information)
- a. ***StateStat staff data analysis of OOH population*** (age, race, placements, exits, voluntary placement agreements, etc.); available to DHR/LDSS staff monthly via intranet
 - b. ***OOH Served reports*** – client level detail reports for all children in care at the beginning and end of the month, all entries, and all exits; available to selected LDSS staff monthly via email
 - c. ***Exception reports*** - OOH child welfare data entry issues; available to affected LDSSs monthly via email
 - d. ***Casework visitation report*** – aggregate performance data as well as client-level detail report for all children missing at least one visit in the federal fiscal year; available to select LDSS staff via email

K. BIRTH TO 5 INITIATIVES

Foster Children Under the Age of 5

Over the past five (5) state fiscal years, children under the age of 5 have comprised approximately 20% of the total Out-of-Home (OOH) population. As this total population is expected to decrease, so is the number of children under the age of 5. As of the end of April 2014, there were 1,169 children under the age of 5 in care. Not surprisingly, the majority of children (72% as of April 2014) have a permanency plan of reunification.

For all years, the largest proportion (approximately two-thirds) of these children is under 3, 66.4% as of April 2010, and 67.1% as of April 2014. A majority are African-American, although the percent of African-American children under the age of 5 (54% at end of April 2014) is less than that of the overall African-American portion of all children in OOH care (67%, end of April 2013). There are a corresponding higher percentage of children under 5 who are White/Caucasian (40%) than for the overall OOH population (32%), for the same time periods. A small percentage of parents of children under 5 in foster care have had termination of parental rights (TPR). As of April 2014, only 41 children under age 5 (3.5%) have had TPR.

Number/Percent of Children in OOH Care Under Age 5

	4/30/2010	4/30/2011	4/30/2012	4/30/13	4/30/14
Under age 5	1733	1516	1431	1315	1169
All OOH	8632	7804	6982	6297	5445
% of OOH under age 5	20%	19%	20%	21%	21%

Source - MD CHESSIE

Number of Children in OOH Care Under Age 5, with Termination of Parental Rights

	4/30/2010	4/30/2011	4/30/2012	4/30/13	4/30/14
Under age 5, w/ TPR	70	57	42	35	41

Source - MD CHESSIE

Number of Children in OOH Care Under Age 5, by Permanency Goal

	4/30/2010		4/30/2011		4/30/2012		4/30/2013		4/30/2014	
	#	%	#	%	#	%	#	%	#	%
Adoption	271	16%	201	13%	206	14%	183	14%	159	14%
APPLA - Child Requires Long Term Care	4	0%	0	0%	0	0%	0	0%	0	0%
Guardianship	85	5%	77	5%	85	6%	70	5%	63	5%
Live with Other Relative(s)	171	10%	80	5%	47	3%	24	2%	20	2%
Reunification	1000	58%	940	62%	902	63%	924	70%	841	72%
Not Yet Determined/Missing	202	12%	218	14%	191	13%	114	9%	86	7%
Grand Total	1733	100%	1516	100%	1431	100%	1315	100%	1169	100%

Source - MD CHESSIE

Demographics - Children in OOH Care Under Age 5

By Gender	4/30/2010		4/30/2011		4/30/2012		4/30/2013		4/30/2014	
	#	%	#	%	#	%	#	%	#	%
Female	847	49%	725	48%	701	49%	633	48%	553	47%
Male	886	51%	791	52%	729	51%	682	52%	614	53%
By Race*										
Black/African - American	983	57%	792	52%	736	51%	704	54%	634	54%
Other/Multiple/Unknown	115	7%	89	6%	79	6%	63	5%	69	6%
White Caucasian	504	29%	502	33%	508	35%	548	42%	466	40%
By Ethnicity**										
Hispanic	66	3.8%	69	4.6%	61	4.3%	55	4.2%	45	3.9%
Not Hispanic	1416	81.7%	1243	82.0%	1201	83.9%	1082	82.3%	952	81.4%
By Age										
0	312	18.0%	262	17.3%	263	18.4%	264	20.1%	245	21.0%
1	433	25.0%	375	24.7%	323	22.6%	326	24.8%	305	26.1%
2	405	23.4%	351	23.2%	320	22.4%	251	19.1%	229	19.6%
3	317	18.3%	290	19.1%	265	18.5%	254	19.3%	194	16.6%
4	266	15.3%	238	15.7%	260	18.2%	220	16.7%	196	16.8%
TOTAL	1733	100%	1516	100%	1431	100%	1315	100%	1169	100%

*Race - American Indian, Asian, and Native Hawaiian/Pacific Islander together make up less than 1% each year; remainder are unknown/race declined (7-9% each year)

**Ethnicity - Unknown/no response equals 11-14% each year

Source - MD CHESSIE

Approximately 98% of the children under 5 are placed in Family Home Settings. Maryland has put an important emphasis on ensuring and promoting positive child-well being outcomes for children 5 and under. The state realizes how crucial it is to monitor the progress of children in several areas, and chose three overarching themes and eight results areas to describe child well-being across all age groups. Of the eight result areas, five target children 5 and under (they are listed in blue below):

Maryland's Three Overarching Themes

1. Health
2. Education
3. Community Life

Maryland's Eight Results for Child Well-Being

(Blue results target children 5 and under)

- Babies Born Healthy
- Healthy Children
- School Readiness
- School Success
- School Completion
- School Transition
- Safety
- Stability

To read more about Maryland's Results for Child Well being please see <http://goc.maryland.gov/PDF/2011%20Results%20for%20Child%20Well-Being%20Report.pdf>

Along with Maryland's Results for Child Well-Being, the Children's Cabinet made children 5 and under a priority. The efforts have focused on the following initiatives: Funding Evidence Based Home Visiting Practices (described on page 47); Ready at 5; the Five-Year School Readiness Action Agenda; efforts to reduce substance exposed infants; and concurrent permanency planning.

Ready At 5

Ready At Five is a statewide public-private partnership committed to ensuring that every child enters school fully ready to succeed. Ready At Five was founded in 1992 by six prominent organizations dedicated to Maryland's young children in response to the first National Education Goal, "All children will enter school ready to learn." As a board designated program of the Maryland Business Roundtable for Education, Ready At Five monitors the school readiness of Maryland's young children, advocates for systemic change in early care and education, and explores and promotes innovative models aimed at improving the school readiness of children birth to age 5. To support parents, early educators, public school teachers, and community leaders in their role as "First Teachers," Ready At Five provides professional development opportunities and a variety of multilingual resources.

Ready At Five aims to improve the school readiness of Maryland's young children, birth to age 5. Ready At Five works toward this goal by:

- Coalescing, influencing, and galvanizing key stakeholders, policy makers, and communities to support early care and education
- Providing professional development to build a vibrant, highly skilled workforce of “First Teachers”—parents, early educators, and pre-k and kindergarten teachers
- Promoting high quality early learning environments and best practices to ensure positive results for young children

For more information, please review: <http://www.readyatfive.org/>

Five-Year School Readiness Action Agenda

In collaboration with early childhood stakeholders and with guidance from the 40-member Maryland Early Care and Education Committee, the Maryland State Department of Education (MSDE) is implementing the Five-Year School Readiness Action Agenda. The Action Agenda was developed through collaboration among MSDE, child-serving agencies, the private sector, the Children’s Cabinet, and the Annie E. Casey Foundation. The Action Agenda consists of six goals and 25 strategies to increase the number of children entering school ready to learn. With the support of the Governor’s Office and the General Assembly, the Action Agenda was adopted by the Children’s Cabinet and is now the official plan for early care and education in Maryland.

The Action Agenda Goals

1. All children, birth through age 5, will have access to quality early care and education programs that meet the needs of families, including full-day options.
2. Parents of young children will succeed in their role as their child’s first teacher.
3. Children, birth through age 5, and their families, will receive necessary income support benefits and health and mental health care to ensure they arrive at school with healthy minds and bodies.
4. All early care and education staff will be appropriately trained in promoting and understanding school readiness.
5. All Maryland citizens will understand the value of quality early care and education as the means to achieve school readiness.
6. Maryland will have an infrastructure that promotes, sufficiently funds, and holds accountable its school readiness efforts.

For more information about the action agenda and children entering school ready to learn please review:

http://www.marylandpublicschools.org/MSDE/newsroom/publications/school_readiness.htm

Home Visiting

Home Visiting is a voluntary early childhood strategy that can enhance parenting, and promote the growth and development of young children. Evidence-based home visiting programs are focused, individualized and culturally competent services for expectant parents, young children and their families, and caregivers (including friends, neighbors and kinship caregivers) in their homes. They help families strengthen attachment, provide optimal development for their children, promote health and safety, and reduce the potential for child maltreatment.

Five evidence-based home visiting programs are in use in Maryland: Nurse-Family Partnership, Healthy Families America, Parents as Teachers, HIPPPY, and Early Head Start. The total capacity of these programs is enough to serve only a small percentage of estimated eligible families who would choose to participate. There are other home visiting programs in Maryland such as Baltimore City's Healthy Start program, and the Maryland State Department of Education's Infants and Toddlers program that provide family support and education focused on the family's needs. For overview on Home Visiting, please refer to "Home Visiting in Maryland: Opportunities & Challenges for Sustainability" prepared by The Institute for Innovation and Implementation (Appendix S).

A comprehensive State Plan for Home Visiting was developed as part of Maryland's implementation of the Affordable Care Act and each Maryland jurisdiction will create a plan for its specific communities. These plans will assist the State and local jurisdictions in addressing gaps and bringing Home Visiting to more families as funding becomes available (http://fha.dhmh.maryland.gov/mch/SitePages/home_visiting.aspx).

Maryland Early Childhood Advisory Council (ECAC)

The Council is composed of early childhood educators, policy-makers, and community advocates. Its mission is to identify the most important factors and most effective strategies for making the greatest possible gains in early care and education. The ECAC developed a three-year action plan with three clear goals:

1. All children, birth through age five, will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families.
2. Families of all young children will have access to the resources needed to be their child's first teacher.
3. Children, birth through age five, will have access to adequate and equitable resources that will enable them to arrive at school with healthy minds and bodies.

Maryland's Local Early Childhood Advisory Councils (LECACs)

The Race to the Top Early Learning Challenge (RTT-ELC) grant will enable Maryland to create a seamless Birth-to-Grade 12 reform agenda to ensure that all young children and their families are supported in the state's efforts to overcome school readiness gaps and to move early childhood education in Maryland from a good system to a great system.

The Maryland State Department of Education (MSDE) is the fiscal agent for the grant and its Division of Early Childhood Development takes the lead in implementing the funds. The Governor's State Advisory Council on Early Care and Education advises MSDE on the implementation of the RTT-ELC State Plan. Participating state agencies, including the Maryland Department of Health and Mental Hygiene, the Maryland Department of Human Resources, and the Governor's Office for Children, collaborate with MSDE in support of the State Plan. Ten innovative projects address the scope of Maryland's Race to the Top Early Learning Challenge State Plan. The ECAC's completed project 1, which is the establishment of local early childhood Advisory Councils, and will continue in SFY15 to work on the remaining projects in the state plan. For details about all 10 projects please visit:

http://www.marylandpublicschools.org/NR/rdonlyres/28B75D91-0DCF-4B6F-92CB-E21A6A638486/33520/ProjBrief_091312.pdf

For more information about the RTT-ELC State plan and the interagency initiatives for the States birth-five population please visit:

http://www.marylandpublicschools.org/MSDE/divisions/child_care/planning.html

Early Childhood Mental Health Consultation (ECMHC)

Early Childhood Mental Health Consultation (ECMHC) is designed to improve the ability of early care and education (ECE) program staff and families to address mental health problems, particularly behavioral, in children birth-five years. Services include:

- observation and assessment of the child and the classroom environment
- referring children and families to Maryland's Infants and Toddlers program, Child Find, and other appropriate mental health services
- training and coaching of early care and education providers to meet children's social and emotional needs
- assisting children in modifying behaviors
- helping providers retain and serve children with behavioral and other mental health needs

ECMHC has two general approaches:

1. *child- and family-focused consultation* – targets the behavior of a specific child in an ECE setting
2. *classroom-focused or program consultation* – targets overall teacher-child interaction within ECE classrooms

The Early Childhood Mental Health Consultation (ECMHC) Fidelity and Outcomes Monitoring project is a collaborative effort between the Maryland State Department of Education (MSDE) and The Institute to evaluate the utilization, fidelity and outcomes of Maryland's ECMHC programs. The ECMHC Project is supported by Maryland's Children's Cabinet and aligns with MSDE's goals of quality improvement and data-based decision-making. The ECMHC project provides ongoing monitoring of ECMHC programs for the State of Maryland in an effort to strengthen implementation sustainability of ECMHC, drive the improvement of outcomes for those served and secure funding for these vital programs that intend to enhance children's social/emotional development and school readiness. For more information on ECMHC please visit: http://www.marylandpublicschools.org/MSDE/divisions/child_care/program/ECMH.htm

Social Emotional Foundations of Early Learning (SEFEL)

In Maryland, SEFEL is being implemented in a variety of early childhood settings, including early care and education and elementary schools, through a multi-agency effort led by the Maryland State Department of Education (MSDE). The purpose of SEFEL is to promote the social emotional competence of young children. The Institute for Innovation and Implementation (The Institute) is assisting the multi-agency effort in the development of a SEFEL initiative in Maryland. As part of that initiative, The Institute is creating a SEFEL fidelity and outcomes monitoring system for the State of Maryland. The system is being designed to provide the necessary data to help improve training and implementation efforts. The SEFEL Project will build upon the Early Childhood Mental Health Consultation Outcomes Monitoring System. For more information on SEFEL, please visit: <https://theinstitute.umaryland.edu/SEFEL/>

Child Protective Services Enhancements through Legislation

Over the past 5 years there have been significant advances in child protection programs in Maryland. Four stem from the Department's efforts to strengthen programs through legislation. Birth Match, Alternative Response, Human Sex Trafficking of Youth and Substance Exposed Newborns each add to the Department's ability to protect vulnerable children and support families. Each of these initiatives was discussed in the Child Protective Services section of this report.

Local Programs- Anne Arundel County

The Anne Arundel County Family Support Center offers services to at-risk families who have children under 3. The Center provides home visitation services to families who are referred and offer a Teen Parent Alternative Program so that pregnant and parenting teens can receive their high school diplomas while learning to parent their young children. An evening program is offered, where families in Annapolis can drop in with their young children to participate in parenting activities and support groups. The Young Fathers Program is in the Family Support Center and promotes healthy relationships and employment counseling.

Birth to Five Initiative

The Birth to Five Initiative began in Anne Arundel County by training all staff in the use of the Ages and Stages Questionnaire (ASQ). All children receiving services in In-Home and Out-of-Home Care, who are five and under, are being assessed to identify any developmental delays. Children with delays are referred to services that include local Infant and Toddlers Programs but also to pediatricians who are aware of the local's efforts. Foster parents are in the process of learning how to use the tool.

Anne Arundel County LDSS trained all staff to identify the symptoms of "trauma" so The efforts are focused on the birth to five age group in an effort to reduce the effects of trauma that are often manifested in later years. A consultant with expertise in this field was hired to assist staff with difficult cases.

Visitation for children in Out-of-Home Placement

For the children in Out-of-Home Placement, contact with the children's family is maintained through visitation. The primary purpose of visitation is to maintain parent / child and sibling attachment while reducing the child's sense of abandonment and preserving the sense of family for a child residing in Out-of-Home Placement. During visitation, the parents and the child can reconnect and reestablish their relationship, and the parents have an opportunity to practice and demonstrate new parenting skills which they developed since the child was removed from the home. Research shows that parent / child visits are a key strategy to maintain connections and work toward reunification. Frequent visitation between children in Out-of-Home Placement and their parents is key in the timeliness of reunification. For children who are not able to be reunified with their parents, the visits give the child the opportunity for understanding and closure. Sibling visitation allows the child to maintain family connections that will last a lifetime. It is especially important for older youth to have connections with siblings and other family members after exiting the foster care system.

The Department issued Policy Directive #12-33 Child/Parent and Sibling Visitation on June 15, 2012. The purpose of this policy directive is to provide guidance to the Local Departments of Social Services (LDSS) on parent, child, and sibling visitation for all children in Out-of-Home Placement. This policy provides guidance on implementing the requirements of COMAR 07.02.11.05, which mandates weekly parent / child visitation for reunification cases and sibling visitation. The policy also provides instruction to caseworkers and LDSS staff on how to correctly document the visitation plan and visitation log as tools to establish and document visitation between a child in Out-of-Home Placement and the child's parents and siblings. The visitation plan and visitation log can be found in MD CHESSIE.

Maryland provided trainings to caseworkers and supervisors through the University of Maryland, Child Welfare Academy on the importance of maintaining children's connections via regular visitation with parents and siblings.

SSA monitors visitation through quarterly reports that are generated through MD CHESSIE. The report is distributed to all 24 LDSS which outlines the visitation that has occurred during that quarter. SSA reviews this data and provides technical assistance to LDSS that need to increase the percentage of compliance.

Baltimore County Sibling Camp

All too often, when children enter foster care they lose not just their mother and father, but



brothers and sisters as well. Recognizing the significance of sibling bonds and the practical reality that some will be separated despite our best efforts, in 2001 Maryland established Camp Connect. This camp is a nearly weeklong overnight camp experience to reunify brothers and sisters for a memorable week of new experiences, fun, and a bit of adventure. The goal of the camp experience is to promote sibling bonds that will last far longer than their stay in our foster care system.

Now entering its 14th year, Camp Connect serves 60 children ages 6 – 18 from local departments around the state. Volunteer counselors come from local departments and community groups such as Court Appointed Special Advocates, Legal Aid, and others concerned about the welfare of children. This year, ten of the counselors are current or former foster youth, most of whom have spent over a decade participating as campers. The ratio of staff to campers is kept purposefully high to meet the needs of even the most challenging campers.

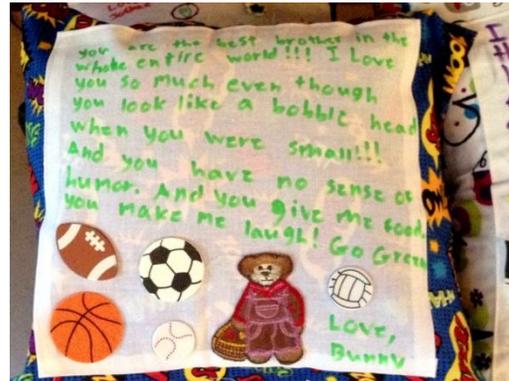


The week of camp is packed with horseback riding, drumming, tubing, and swimming. Arts and crafts have a sibling theme, including our pillow project. Each year, campers decorate a pillow, write a message to a brother or sister, and present their gift after meals in front of their

fellow campers. In the evening, 'all camp' activities include go-karting, an on-campus movie, and a barbecue and pool party to celebrate the last night together, followed by a campfire and

fireworks. Campers put together a scrapbook from photos taken with their disposable cameras, and take home photo souvenirs of their brothers and sisters, and new camp friends. A professional photographer donates his time taking photos of every sibling group, sent out as a holiday gift in December.

In summary, the unique challenges of child welfare demand creative responses. Camp Connect offers the ‘normalizing’ experience of overnight camp as a venue for recognizing and supporting sibling relationships. From years of camper feedback, we know that the experience has great impact.



L. CHILD WELFARE WORKFORCE

Maryland’s child welfare workforce is comprised of over 2,000 staff. There are nearly 1,600 child welfare caseworkers in the 24 local jurisdictions and over 300 supervisors. In 1998 Maryland’s General Assembly passed legislation which required the Department of Human Resources (DHR) to hire only human services professionals as caseworkers and require that all new casework staff pass a competency test before being granted permanent employment status. The bill prohibits DHR from employing contractual caseworkers or supervisors, except to meet an unanticipated need, in which case no contractual position is to last longer than one year.

All Child Welfare Supervisors must have a Master of Social Work Degree and possess a license to practice social work in the state of Maryland. Supervisors must have a minimum of 3 years of experience in child welfare or a related field. Supervisors’ salaries range from \$45,938 to \$73,541 depending on years of experience. As of April 2014 the average supervisor to worker ratio was 1:5.2.

All casework staff must possess a minimum of a Bachelor’s of Arts Degree in a human service related field. No experience is required for entry level caseworkers other than the possession of a degree in a related human services field. Salaries for caseworkers range from \$40,547 to \$64,536 based on years of experience and level of education. There are various caseworker positions which are listed below:

CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF 7/1/13	
CASEWORK SPECIALIST FAMILY SERVICES	Master's Degree in Social Work	None	\$38,117.00	\$60,481.00
FAMILY SERVICE CASEWORKER TRAINEE	BA in appropriate behavioral science	None	\$33,715.00	\$53,123.00
FAMILY SERVICES CASEWORKER I	BA in appropriate behavioral science	1 Year	\$35,840.00	\$56,674.00
FAMILY SERVICES CASEWORKER II	BA in appropriate behavioral science	2 Years	\$38,117.00	\$60,481.00

CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF	
			7/1/13	
FAMILY SERVICES CASEWORKER III	BA in social work	3 Years	\$40,547.00	\$64,536.00
FAMILY SERVICES CASEWORKER SUPERVISOR	Master's Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	3 Years	\$43,153.00	\$68,887.00
FAMILY SUPPORT WORKER TRAINEE	HS diploma	None	\$25,001.00	\$38,798.00
FAMILY SUPPORT WORKER I	HS diploma	1 Year	\$26,517.00	\$41,276.00
FAMILY SUPPORT WORKER II	HS diploma	2 Years	\$28,139.00	\$43,933.00
FAMILY SUPPORT WORKER LEAD	HS diploma	3 Years	\$29,874.00	\$46,774.00
SOCIAL SERVICE ADMINISTRATOR I	Master's Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	5 Years 2 years must have been in an administrative, supervisory or consultative capacity	\$43,153.00	\$68,887.00
SOCIAL SERVICE ADMINISTRATOR II	Master's Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	6 Years 3 years must have been in an administrative, supervisory or consultative capacity	\$45,938.00	\$73,541.00
SOCIAL SERVICE ADMINISTRATOR III	Master's Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	7 Years 4 years must have been in an administrative, supervisory or consultative capacity	\$48,920.00	\$78,507.00
SOCIAL WORKER I FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	None	\$40,547.00	\$64,536.00
SOCIAL WORKER II FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	1 Year	\$43,153.00	\$68,887.00
SOCIAL WORK THERAPIST FAMILY SERVICES	Master's Degree in Social Work plus license as a Certified Social Worker - Clinical	1 Year Clinical	\$45,938.00	\$73,541.00
SOCIAL WORK SUPERVISOR FAMILY SERVICES	Master's Degree in Social Work plus license as Certified or Certified Clinical Social Worker	3 Years	\$45,938.00	\$73,541.00

Recruitment and hiring of child welfare staff is done at the local level. Job announcements are posted on the DHR Website as well as the Maryland Department of Budget and Management's Website. Job postings are also sent to American Public Health Association (APHA) and National Association of Social Workers (NASW) for posting. At this point DHR does not track retirements, dismissals, resignations by position, however DHR plans to have a system in place to track this information in November 2014.

The current vacancy rate in child welfare is roughly 11.14% (as of beginning of June 2014; time period June 2013- June 2014). Maryland has had challenges recruiting Child Welfare supervisors that possess a LCSW-C and 18 months experience in the State of Maryland. There have not been challenges filling caseworker positions with qualified staff. To review the Race/Ethnicity of the current staff, please review Appendix T.

The State average blended caseload ratio is 1:12. The staffing ratio standards for Maryland are set as follows:

- Investigations -1:12
- In-Home Services - 1:12
- In-Home IFPS – 1:6
- Out-of-Home Services - 1:15
- ICPC -1:30
- Referrals - 1:122
- Public Family Foster Homes - New Applications -1:14
- Public Family Foster Homes - Open Homes -1:36

Title IV-E Education Program

During the 2012-2013 academic year, 1 BSW graduate and 27 MSW graduates were hired by local departments. Two of the MSW graduates were non child welfare DHR employees. 12 employees completed their MSW programs during the 2012-2013 academic year. Only one graduate was unable to fulfill their employment obligation. For the 2013-2014 academic year, there were 16 employees enrolled as MSW students along with 28 prospective employees as MSW students and 10 prospective employees as BSW students. Approximately 36 students are projected to graduate in 2014 and be referred for employment in local department child welfare programs.

Prospective employees provide a valuable resource for practice innovation in child welfare. The stipend agreement and the employment recruitment process were changed to reinforce the recruitment strategies to train and retain commitment child welfare professionals. Targeted outreach and informational sessions were held with employees in October 2013 to provide an overview of the academic requirements and employment obligations for participation in the Title

IV- E Education program to earn an MSW degree. DHR and local department staff conducted joint interviews with the consortium universities to select prospective employees for participant in the program. Lastly, the stipend agreement for prospective employees was changed to give them six months instead of 90 days to actively compete for vacant child welfare positions.

All new employees are required to pass a competency exam as a condition of employment at the completion of the six module pre-service training series. New employees with an MSW or BSW degree with one year of experience are eligible to be considered for pre-service training exemption upon successful passing of the competency exam.

II. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN

CAPTA Spending Plan (past and future)

The following items correspond to the activities mentioned in SEC. 106 Grants to States for Child Abuse and Neglect Prevention and Treatment Programs [42 U.S.C. 5106a]. There are 14 activities specified in SEC. 106 and Maryland is planning for activity in several. Following each paragraph is the number in parenthesis corresponding to the section in SEC. 106.

The Maryland Department of Human Resources received \$473,930 in fiscal year 2013 Child Abuse Prevention and Treatment Act (CAPTA) federal grant and does not plan on any major policy shift from that reported in the State's submission for FY14 Maryland historically used and will continue to use the bulk of funds received from the CAPTA federal grant to support child abuse and neglect prevention activities in Maryland. For the past several years the state negotiated and entered into two contracts for child maltreatment prevention services. The first contract is with the University of Maryland School of Social Work's Ruth Young Center for Family Connections Program (FCP), Grandparent Connections to continue working with grandparents raising their grandchildren keeping them safe from abuse and neglect and out of the child welfare system. This program also provides a learning experience for master's level graduate students in social work who are employed as case managers working with families. This contract is awarded annually in the amount of \$195,000. While the vendor for the service might change in the future, the plan is to continue to support a prevention program. (SEC. 106 #11)

In SFY13 FCP provided services to 81 families including 224 children. Services included: individual, conjoint, family and group counseling; case management; provision of concrete resources; and advocacy.

One of the basic practice principles of FCP is to provide outcome driven practice. This is achieved by using clinical instruments in practice, integrating them into development of comprehensive assessments, and then, based on the assessment, developing goal driven service plans with families that are used to track the direction and progress of service. The instruments are used both to inform practice for individual families and to evaluate outcomes of the program as a whole. FCP uses 12 family/caregiver measures and eight child measures. In SFY13, FCP achieved similar outcomes to SFY12: statistically significant decrease in caregiver depressive

symptoms, trauma symptomatology, and parenting stress, and parent-child dysfunctional interaction, as well as increases in family resource adequacy and parental sense of competency. Child functioning, as measured on the Child Behavior Check List, showed significant change over time in the six of the eight behavior syndromes: anxious/depressed, somatic complaints, social problems, thought problems, attention problems and aggressive behavior.

The second contract supported with CAPTA funds is for an array of services including a 24-hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups. The award from CAPTA is \$101,770 annually and has been awarded to the Family Tree, Maryland's chapter of the Prevent Child Abuse America and Parents Anonymous for a five-year period beginning in 2011.

The following data is from reports submitted by The Family Tree for August 2012 - July 2013. Six hundred seventy-eight (678) participants were served in the parenting classes held in Baltimore City, Baltimore County, and Prince George's County. This number represents a 97% completion rate. Nine hundred eight (908) parents were served in the Parent Support groups. This number exceeded the Family Tree's annual goal of serving 500 parents.

In addition, the Family Tree served 106 families in their home visiting program in Baltimore City, Baltimore County and Prince George's County. This number is 96% of the Family Tree's annual goal. The Helpline yielded a total of 5,376 calls. This number exceeded the Family Tree's annual goal of 4,700 calls.

The AAPI is administered to participants in the parenting education program at the beginning and end of the program. The data from November 2013 – January 2014 shows that the average AAPI scores from the Expectations of Children and Discipline constructs were higher in the post-tests than the pre-tests. 103 participants' scores were analyzed.

The Adult/Adolescent Parenting Inventory (AAPI) is administered to participants in the parenting education program at the beginning and end of the program. The data from November 2013 – January 2014 shows that the average AAPI scores from the Expectations of Children and Discipline constructs were higher in the post-tests than the pre-tests. 103 participants' scores were analyzed.

The last purely prevention initiative awarded CAPTA funds is to the State Council on Child Abuse and Neglect (SCCAN), one of Maryland's 3 CAPTA panels. Beginning in 2009 the Secretary of the Department of Human Resources committed \$75,000 annually to support SCCAN. DHR continues to support the salary of the SCCAN Executive Director.

SCCAN membership includes representatives from all of Maryland's child serving Departments (Health and Mental Hygiene (DHMH), Juvenile Services, Education), the Director of the agency receiving CAPTA Part II funds, physicians, legislators, victims of abuse/neglect and other individuals interest in child abuse/neglect prevention, detection and intervention. The CAPTA panel serves as a place where parties can meet to discuss a range of issues effecting children and discuss plans for coordinating services. A portion of each full SCCAN meeting is dedicated to a presentation on a promising or evidence-based prevention program. In addition to the full bi-

monthly SCCAN meetings there are committee meetings that generate reports back to the full Council (see details in the SCCAN Draft Annual Report, Appendix U). (SEC. 106 #14)

SCCAN meets all of its CAPTA responsibilities in addition to voluntarily taking on the drafting of the state prevention plan. For the past several years SCCAN, through the DHR has had a contract with the University of Maryland to conduct an environmental scan to identify service availability, capacity and gaps across the state. The scan included research, focus groups and survey distribution (resulted in over 200 surveys being returned). SCCAN brought several individuals representing Evidence-Based and Promising Practices to Maryland for their input on effective prevention programs to be considered for inclusion in the prevention plan. As the time nears for actual writing of the prevention plan, CAPTA funds from either a new award or unexpended funds from a current year will be used to support the effort. Once written, a series of activities will be scheduled to promote the plan and encourage coordination between governmental and non-profit organizations to accomplish its goals. This will likely occur in 2015 and 2016. (SEC. 106 # 11) The Department will utilize information captured in the environmental scan for planning to address needs of underserved populations in Maryland.

Local Departments of Social Services continue to receive \$68,555 in CAPTA funds to support two important initiatives. First, investigations into allegations of mental injury to a child are required by State law to include two assessments of a child's mental or psychological ability to function (\$20,555 allocated to local departments based on caseload size). These assessments can be costly and local departments receive an allocation of CAPTA funds to enhance their ability to obtain the assessments when needed. Second, each local department receives \$2,000 annually to support activities of their multidisciplinary teams (\$48,000). Funds can be used to offset costs to participants (mileage, child care, etc.), bring specialists to the team meetings or provide for the team's infrastructure. The central office supported these local department activities for the past several years and plans to continue as long as the need exists. (SEC. 106 #2 and #3)

The remaining \$33,605 is used to support various Local Departments of Social Services requests for training. Each year Washington County Department of Social Services receives \$5,000 to support their regional child maltreatment conference held in April. Talbot County DSS requested and received funds to support a secondary trauma intervention for their staff. Dr. Roger Friedman provided a total of 12 on site seminars. In group sessions, Dr. Friedman discussed current and past trauma with staff. After the series of meetings, he conducted an anonymous survey on "Agency Capacity to Respond to Secondary Traumatic Stress." He presented the results with interpretation guidelines to staff. He discussed the results more fully with the Executive team and made recommendations. Talbot County now has a committee, a Recovery team, to continue the work Dr. Friedman started. There are two initial mandates. One is to have a written protocol to acute episodes. The other mandate is address chronic, ongoing stress. Another point of discussion is for each staff to have their own recovery plan filed with their supervisor, addressing personal needs in a crisis.

Finally, a small amount of the grant is used to support travel expenses for the State Liaison Officer (SLO) to attend the Annual SLO meeting and bi-annual National Conference on Child Abuse and Neglect and funds to support travel for Maryland's nominee for the Commissioner's

Award given at the National Conference. (SEC. 106 #6 and #10). Unfortunately the nominee for the 2014 award was unable to make the 19th Annual Conference due to scheduling conflicts.

Program Descriptions

- As stated above, Maryland awarded a 5-year grant for prevention services that include a 24-hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups to the Family Tree of Maryland. Local Departments of Social Services can refer individuals and families to these programs and the services can also be accessed directly by the public. Maryland child welfare staff routinely refers families for prevention interventions at all stages of the continuum beginning at screening through investigation and on-going services. Structured Decision-Making, used at screening, includes referring families not appropriate for investigation to other services within the agency or to service providers in the community.
- Again, while not supported directly with CAPTA funds the staff in the Central Office and local departments conduct training for mandated reports. Central office staff is called on routinely to provide training for mandated reporters at the National Association of Social Workers (NASW) annual conference, at schools for their social work and guidance staff, at local colleges where students soon to be employed in day care and other child related fields are receiving instruction, and at hospitals upon request. Local department staff also conducts training for their mandated reporters upon request. Maryland State Department of Education requires local schools to provide training on recognizing and reporting child abuse and neglect annually and invite local staff to conduct the training. The Department participated in making a video several years ago that local school jurisdictions continue to use.
- Maryland makes use of Family Involvement Meetings (FIMS) and one of the triggers for holding a meeting is at the point where assessment indicates that it is unsafe for a child to remain home. Individuals knowledgeable of the family's situation are called together to make a plan of safe care for the child. Signs of Safety, a model for safety planning is now widely used by CPS staff.
- Maryland has had a long standing policy on the use of multi-disciplinary teams that encourages community participation in case decision making and local program planning. These teams can be standing or ad hoc and both are expected to have community partners as active participants. Also, the membership composition of the State Council on Child Abuse and Neglect is defined in Maryland Family Law and includes representatives from each of Maryland's child serving Departments, local law enforcement, prosecutors, legislators, consumers of child welfare services, faith based service providers, child advocates, community service providers and a representative from both the State's Children's Justice Act Committee and Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP) program. Collaboration and cooperation is a hall mark of the Council whose membership committee is now in a position to interview and select a person for Council membership from a list of candidates interested in the program. A discussion of Maryland's ability to submit information on Child Protection Services Workforce and Juvenile Justice Transfers is provided in Section VI. of this report.

- MD has in place policy that directs Local Departments of Social Services to receive reports on, and take action to address the safety needs of children born substance exposed including newborns with Fetal Alcohol Spectrum Disorder. This policy is more thoroughly discussed in the Child Protective Services Section.
- Maryland's State Liaison Officer is Stephen Berry, LCSW-C, In-Home manager located at DHR/SSA, 311 W. Saratoga St., Room 552, Baltimore., MD 21201. He can be reached on (410) 767-7018 or sberry@maryland.gov. He is not identified as the State Liaison Officer on the Department's website.

Citizen Review

Each of Maryland's three citizen review panels (Citizen's Review Board (Appendix M), State Council on Child Abuse and Neglect (draft copy) (Appendix U), and State Child Fatality Review Team (Appendix V) continued their work during the past year. The Fatality Report and the State Council on Child Abuse and Neglect are in Draft Forms and have not been finalized.

Child Protective Workforce

Advancement in CPS is based on years of service, level of education and licensure. An individual employed as a CPS supervisor (Social Work Supervisor, Family Services) must be licensed at the LCSW level (established by the Maryland Board of Social Work Examiners) and have a minimum of 3 years experience providing child welfare services. To gather specific data on the workforce would require a survey to LDSS staff as this information is not readily available. The State plans to have a system in November 2014.

Maryland strives to maintain an average worker caseload at the standards established by the Child Welfare League of America. For CPS investigations the caseload standard is 1:12. In April 2014 the ratio was 1:9. Neither Maryland law nor regulation establishes a worker to case ratio for an individual employed as a CPS worker. The staffing ratio standards for Maryland are described under the Child Welfare Workforce section. The Supervisor to worker ratio is 5.2 workers per supervisor as of April 2014.

Infants and Toddlers Report - The federal Child Abuse Prevention and Treatment Act requires children birth through their third birthday who are involved in a substantiated (Indicated in Maryland) case of child abuse or neglect be referred to early intervention services funded under part C of the Individuals with Disabilities Education Act. In Maryland that program is Infant and Toddlers. Each of Maryland's twenty-four jurisdictions have agreements between child protective services and the Infant and Toddlers program that spells out the referral process. Data for the most recent year shows 583 children receiving Infants and Toddlers (I & T) Services. This number represents an undercount as it is clear that not all referrals to I & T are captured in the appropriate data field in MD CHESSIE.

Maryland realizes the need to accurately report on this data item. MD CHESSIE planning for SFY14 included adding Referrals to Infants and Toddlers as a new "agency provided service" data item created to capture this data and the ability to generate an ad-hoc business objects report on this data will be created.

Additionally, Maryland's safety and risk assessments both direct attention to children 0-5 years of age. Safe-C asks workers to plan for safety in situations where children are under the age of 6 and issues threatening their safety are present. The Maryland Risk Assessment has workers classifying children 2 and under as 'high' risk and those 3-7 as 'moderate' risk.

Child Fatality Reporting – Maryland has several possible ways that child fatalities come to the attention of the Department. Social Services Administration Policy Directive #10-5 requires that the central office be notified whenever a child in an active or recently closed child welfare case is involved in a fatality, critical incident or sustains a serious physical injury. Additionally, all child fatalities where child abuse or neglect is suspected to be a contributing factor in the death are investigated by local department staff and information forwarded to the central office.

Each local department has a representative on the local child fatality review team (CFR). CFRs are administered by the Department of Health and Mental Hygiene and at the state level functions as one of Maryland's three citizen review panels (designation as a citizen review panel is in Maryland law). Cases that come before the local team include many where abuse and neglect are not factors that contributed to the death. If and when there is a suspicion that child abuse or neglect was a factor in the death the local department initiates an investigation and the central office notified as required by policy.

The official notice the local CFR teams receive is from the Office of the Chief Medical Examiner (OCME). When a county has a death or deaths of a child under 18, the following month the local CFR team coordinator receives a list of those deaths directly from the OCME. This is the CFR coordinator's official notification for CFR purposes. (The list is done by county of residence of the deceased, not county of death).

The OCME cases are the cases local CFR teams are supposed to review. The cases that go to the OCME are the cases that are "unusual or unexpected" child deaths. (A routine death from leukemia in the hospital would not go to the OCME).

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

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

The following is a description of the process for reporting fatality data to NCANDS:

According to NCANDS a child fatality is "...the death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death." Fatalities are reported to NCANDS in two main ways. The first manner is as a field in the child level file and the second is as a field in the agency file. The deaths listed in the child file are instances where child abuse/neglect was a contributing factor in the death. The agency file count is a subset of this number where the family had received Family Preservation Services in the previous 5 years. Maryland uses the information collected in the Maltreatment Characteristics tabs to label a fatality as either the cause of death or a contributing cause of death for a child involved in report.

Maryland produces two types of statistical reports on child fatalities based on information generated by local department staff and forwarded to the central office as required by policy. All deaths in active child welfare cases, irrespective of whether abuse or neglect is determined to be a factor, are reflected in one report. On a monthly basis information is collected on children who die while a local department is involved in an investigation or providing service. Many of the children fall in the category of 'medically fragile' or come to the department's attention following a life threatening illness or chronic condition. A small number of situations involve children who sustain injury from abuse or neglect, are in Out-of-Home Placement, who then die from injury sustained prior to a local department's involvement. Also, a small number of deaths occur during or immediately following a local department involvement and abuse/neglect are determined to be a contributor.

A second statistical report is produced on a calendar and fiscal year basis on child fatalities investigated where it is determined that abuse or neglect contributed to the death, and of those, the number where there was active or recent involvement by a local department. This report is produced for the legislature.

Disclosure of Information

During the 2010 Legislative Session, the Maryland General Assembly, with strong support from the Department of Human Resources, passed HB 1141 – Child Abuse and Neglect – Disclosure of Information. The bill was signed into law by the Governor and was effective on October 1, 2010. The law requires that the Department release certain information regarding child fatalities and near fatalities where child abuse or neglect is determined to be a contributor to the death or near death when such information is requested. The Department developed DHR/SSA 2037, Disclosure of Information – Child Fatality/Near Fatality reporting form (Appendix W) for local departments to use when reporting information to the central office on child fatalities/near fatalities for public release. A protection regarding criminal prosecution is written into Maryland's disclosure law and requires that the local Office of the State's Attorney give approval for release of information. When such approval is not initially granted, information must be released at the conclusion of the prosecution if previously requested.

The Disclosure of Information – Child Fatality/Near Fatality and memorandum dated 4/17/2012 providing instruction to LDSS staff for completing the report can be found in Appendix W. All of the information required for release found in ACYF-CB-PI-13-04, *CAPTA Fatality and Near Fatality Public Disclosure Policy* (p. 15) is requested on the form for LDSS staff to complete at the conclusion of their investigation. Maryland Law requires that the name of the child in

fatalities where it is determined that child abuse or neglect contributed to the death be released. In the case of near fatalities the name cannot be released.

III. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

A. PROGRAM DESIGN AND DELIVERY

Over the past 5 years Maryland has reinvented and expanded services provided to older youth in Out-of-Home Placement. The Ready By 21 Services evolved since 2010 provided transitional youth services for youth 14-21 years old regardless of permanency plan or living arrangement. The purpose of the Ready By 21 Services is to prepare youth exiting the foster care system for self sufficiency. Maryland has accomplished the following:

- Implementing the Maryland Transitional Youth Plan
- Implementing Ready By 21 Benchmarks
- Revising the Transitioning Youth regulations
- Establishing Enhanced After Care-Voluntary Placement Agreement
- Creating the Ready By 21 Manual
- Entering into contracts with the 3 Credit Reporting Agencies to pull credit reports on youth in foster care
- Establishing a Policy Directive on Credit Reporting
- Revising Semi Independent Living Arrangement (SILA) policy
- Implementation of Youth Matters
- Training all LDSS supervisors and managers on Ready BY 21
- Implementation of \$1.00 Maryland State ID's for foster youth
- AIRS/Empire Home demonstration project
- Thrive @25 grant

Ready By 21/Transitioning Youth Preparation Services

Maryland's primary goal in the delivery of Ready By 21/Transitioning Youth Preparation Services is to prepare youth for the transition to independence, to encourage higher education or vocational attainment, and to solicit their advocacy on behalf of other youth in the foster care system. This goal is accomplished through the implementation of an array of services for all foster care youth ages 14 up to their 21st birthday. As of April 2014, the Department has provided services to 5,429 children in out-of-home care, of whom 2,816 (52%) are youth ages 14-20. Regardless of the youth's permanency plan or placement type, they are eligible to receive Transitioning Youth Preparation Services. These figures are lower than April 2013, when there were 3,267 youth ages 14-20 in out-of-home care, which was 54% of 6,077 total children in care.

Maryland continues to strategize to institute best practices and improve services by developing and strengthening services and partnerships that will improve outcomes for youth exiting foster care. Services are provided to youth ages 14-21, in out-of-home care, were adopted or achieved kinship guardianship at 16 or older. Services include but are not limited to: case planning including transition plans, independent living service agreements and Life Skills Training; in

order to address needs for self-sufficiency, Maryland is working toward increased consistency with case plan goals that are derived from the outcomes of the Casey Life Skills Assessment tool. In addition, the focus will continue to include: vocational, educational and personal goals. Some of the current topics include: responsible sexual behavior, money management and budgeting, critical decision making skills, preparations for healthy eating; proper nutrition; how to obtain community resources, and others:

- Social, Cultural and Recreational Activities - The independent living coordinators and foster care staff plan and implement various activities for the youth to recognize special events such as: school graduations, birthdays, major holidays, team building events for improved interpersonal relationships, recognition of completed life skills series, practice of etiquette skills learned at a local restaurant; and others.
- Assistance with Educational Services - The youth receive information, resources, tutoring services, flex funds and/or post-secondary funds (State Tuition Waiver and the Educational Tuition Waiver) to meet their educational goals.
- Medical and Mental Health Services - Foster Care Youth receive health care services to address their mental and physical health care needs.
- Youth Development and Leadership Skills - Selected youth from the Local Departments of Social Services serve on the State Youth Advisory Board to ensure that youth are given an opportunity to speak out about issues that impact service delivery.
- Additional services are provided as needed to meet individual needs of the youth.

Ready By 21 (RB21) Five Key Factors

A critical priority of DHR continues to be preparing youth for adulthood. DHR is working collaboratively to engage stakeholders and partners in both the public and private sectors to ensure that youth are provided with the opportunity to achieve these outcomes. Outlined in Ready By 21 are 5 Key factors:

1. Housing: Safe, affordable, stable
2. Education: high school diploma or GED or is actively enrolled in an education or occupational skills training program
3. Financial: stability either through employment or entitlements, in addition to established credit and basic identification documents to allow for self sufficiency
4. Health: Linkages to appropriate healthcare services to address physical and behavioral health needs
5. Mentors: connections for ongoing support

The Department is working with AIRS/Empire Home to provide 30-35 transitioning age foster youth from Baltimore City and Baltimore County jurisdictions with housing and supportive services. This service provides designated housing for eligible youth, while overseeing an integrated transitional service plan that pulls multiple agency resources together toward the successful transition of the foster youth.

AIRS/Empire Homes takes the lead with respect to facilitating Intakes and placement in housing. AIRS/Empire Homes takes the lead with respect to facilitating Intakes and placement in housing. A range of housing types used, (room mating, Single Room Occupancy (SROs), subsidized, and market rate), with every effort to match housing cost to the available income declared, along

with proximity to work and needed services. The Workforce Development Coordinator will meet with every foster youth, review their education and employment needs, and, in concert with the team, ensure all are connected to a plan that can maximize their income and skill set by their 21st birthday, (including internships, employment, certifications, and diplomas). The program provides youth with 6 months of housing prior to turning 21 years old, during this time the youth receives supportive services from AIRS/Empire Homes as well as the LDSS. During the 6 months the youth is in foster care the LDSS provides the youth with a monthly Semi Independent Living Arrangement (SILA) grant to assist with rental and living costs. The youth is guaranteed this housing for 6 months after the youth ages out of foster care as long as they are compliant with the program.

Beginning October 1, 2013, DHR and Motor Vehicle Administration (MVA) established a partnership to provide foster youth with Maryland State Identification Cards. Foster youth are now able to obtain a Maryland State Identification Card for the cost of \$1.00. The \$1.00 fee is paid by the Department of Human Resources. This program allows foster youth the ability to have a State ID which is crucial with obtaining employment and housing.

In 2013, Five Local Departments of Social Services (Talbot, Dorchester, Caroline, Kent and Queen Anne's) headed by the Talbot County director have formed a Mid-Shore Ready By 21 workgroup to develop strategies and resources to prepare their older foster youth population for independence. In a partnership with DHR/SSA, National Center on Housing and Child Welfare, and The Institute for Innovations at the University of Maryland School of Social Work the mid shore counties applied for and were awarded a grant from the US Department of Health and Human Services. This two year planning grant called Thrive @25, will help to demonstrate and evaluate key components of DHR/SSA's Ready By 21 efforts and develop a comprehensive and coordinated approach to preventing and solving the issue of homelessness among youth in the mid-shore counties of Maryland. The grant funding is awarded from September 30, 2013-September 29, 2015.

Maryland received technical assistance from the National Resource Center for Youth Development (NRCYD). Maryland made a request for technical assistance in 2013 to the NRCYD to provide training to staff and youth on "Presenting with Purpose". The NRCYD conducted the training in Maryland on December 10 & 11, 2013 and April 16 & 17, 2014. This training was provided to a small group of youth (31) across Maryland in Out-of-Home Placement. These youth were identified as youth that were being asked to speak publicly about their story and members of the State Youth Advisory Board. The purpose of the training was to provide public speaking and strategic sharing skills to this group of youth. Over the last year, a select group of Maryland youth has been asked to tell their story in a public setting, the Social Services Administration wanted to ensure the youth had the skills in order to do this appropriately.

Local Departments of Social Services and Social Services Administration staff also participated in the training. The staff was taught how to support and prepare the youth before the presentation and how to debrief after the presentation. The staff was also taught how to identify youth that are ready to tell their story.

The NRCYD also provided technical assistance for the State Youth Advisory Board. On April 16, 2014 NRCYD staff observed the monthly State youth Advisory Board (SYAB) meeting in order to provide feedback on the interaction

Transitional planning for youth must begin at age 14 regardless of the youth's living arrangement or permanency plan. The plan must include: the agreed upon steps to be taken to meet the goals; the youth's responsibility for aspects of the plan; the responsibility of the agency and other persons who will assist the youth to accomplish those steps; the date of the plan; the date when the plan was reviewed or updated; and signatures of the youth, Local Department of Social Services (LDSS) representatives, and other participants responsible for the plan and activities.

During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth acquired skills and overcome barriers to complete school, obtain and maintain gainful employment, find adequate and affordable housing, find a connection and access health and mental health care.

The caseworker must ensure that the core areas of service, in the transitional plan, are reviewed and have been achieved by the youth. This information must be recorded in the youth's case record.

Aging Out Workshop or Meeting to Finalize the Discharge Plan for Youth 18-20

- Discharge plans for youth should be based on the outcome of the court, youth, the department, and the caregiver or provider.
- Review the education, workforce, and home living arrangements prior to discharge.
- Discharge cannot take place if the youth does not have a place to go. Also, identify and communicate with an identified adult to provide support.
- Determine if the placement crosses jurisdictions or states then additional guidelines must be adhered to for the best safety practices. (This is for youth under age 18).
- Outline how those identified adults will assist the youth, and assist with the implementation of the identified goals, for the youth to continue their transition, and maintain self-sufficiency.
- Develop a service agreement or review the current service agreement to determine proposed dates, and goals that still need to be implemented.
- Include educational/vocational goals, life skills gained and or still needed safety and healthy living plans, financial supports and plans to secure what other identified desired outcomes are needed.
- Identify the anticipated barriers that the youth may encounter based on the meeting outcomes.
- Attempt to identify target dates and/or some resolution for the barriers.
- Include dates and signatures of all parties in attendance of the meeting based on their responsibility and willingness to reach the designated goals.

Semi Independent Living Arrangement (SILA) provides youth ages 16-21 an opportunity to learn and practice independent living skills and activities. The youth is placed in an approved setting, such as an apartment and receives monitoring and supportive independent living preparation skills. Youth specific tasks should be included in the independent living service

agreement and transitional plan of the youth while they receive services from the Local Department of Social Services. As of April 30, 2014, 321 youth resided in a SILA.

A youth residing in a SILA may live on their own or with a roommate(s). The roommate(s) does not have to be another foster youth. Youth over the age of 18 can cohabitate with their significant other as long as the other party is able to pay their share of the bills. The caseworker shall use discretion prior to approving cohabitation. The youth shall be in a stable relationship free of any history of domestic violence.

The monthly SILA stipend is based on the needs and expenses of the youth and can be equal to 100% of the regular foster care board rate. The youth is eligible to participate in a SILA if the youth meets the criteria outlined in COMAR 07.02.10.11. When deciding the amount of a monthly SILA payment the following are goods and services eligible to be covered through a SILA stipend:

- Food;
- Transportation;
- Clothing;
- Recreation;
- Education; and
- Housing.

Moving forward DHR/SSA will continue to provide technical assistance to LDSS staff on Ready By 21 including SILA. During the implementation of Youth Engagement Model, LDSS caseworkers are trained on Ready By 21. Maryland is in the middle of the 18-month implementation plan for the Youth Engagement Model to be available statewide.

Local Department Independent Living Coordinator Duties

The core areas of responsibility for the Local Department of Social Services Transitioning Youth Services Coordinators include: program development, program accountability, providing life skills, outreach, administering the life skills assessment and networking. Most Coordinators also provide case management services to the youth who return to the agency for youth under an Enhanced Aftercare Voluntary Placement Agreement and Independent Living Aftercare services.

DHR/SSA hosts a monthly meeting of the LDSS coordinators from across the State to come together and exchange information from each of their jurisdiction as well as learn about changes on the State level. This monthly meeting provides the coordinators with peer feedback and also allows them to ask questions of the State Independent Living Coordinator.

Life Skills Assessment

Maryland continues to use a life skills assessment tool annually for all youth ages 14-21 as part of assisting youth transition to self-sufficiency. Every youth between the ages of 14-21 are administered the Casey Life Skills Assessment annually.

The Ready By 21 Manual includes a chapter on the Casey Life Skills Assessment and on life skills. Included in the Ready By 21 Manual is the correct way for LDSS staff to document the Casey Life Skills Assessment in MD CHESSIE.

The purpose of the Casey Life Skills Assessment tool is to assess a youth's life skills readiness. Agency staff, youth, foster parents and caregivers can conduct the assessments and use the learning tools to assess the strengths and areas in need of improvement for the youth. Every youth who enters Out-of-Home care services should receive an assessment regardless of their future permanency plan or the type of placement. From the assessment, the case manager should establish an individual life skills plan as well as connect the youth to the age appropriate group for life skills training. Local departments conduct group life skills training from (4) four to (8) times per calendar year. Then, an annual assessment would be completed to test the progress and determine future goals.

Once the Casey Life Skills Assessment is completed the local department can connect the youth to the appropriate group for life skills training. Maryland designed the following topics that the local departments include in their agenda for the life skills group training:

- Education
- Employment
- Health/Mental Health
- Housing
- Financial Literacy/Resources
- Family and Friends Supports

In SFY14 Maryland again contracted with the Maryland Foster Youth Resource Center (MFYRC) to provide 24 life skills classes to LDSS youth. DHR/SSA coordinates the referral and tracks the number of life skill classes utilized by LDSS monthly. DHR/ SSA has also begun to provide life skills classes to groups of youth that do not have easy access to LDSS life skills classes. Many youth are placed long distances from the LDSS that hold jurisdiction over the youth. LDSS staff brought to DHR/SSA attention the need to train these groups of youth that live in group placements. On February 26, 2014, DHR/SSA provided a life skills training to 18 youth ages 17-21 from across the state placed at Board of Child Care group home. The life skills training was titled "Transition to Success" which provided youth an interactive discuss and education on transitioning out of the foster care system.

State Youth Advisory Board

The State Youth Advisory Board (SYAB), also known as MY LIFE (Maryland Youth Launching Initiatives for Empowerment), consists of foster youth from across the State of Maryland. The purpose of the SYAB is to provide a vehicle in which information about the Transitional Youth Services Program can be gained and recommendations for improvements can be made. The board serves to empower youth to have a positive effect in their communities, encourage youth to develop skills necessary for independent living and leadership development, assist in the planning of the annual teen conferences and review State and Federal legislation that may affect them.

This year, a conscious effort was made to improve the leadership and presentation skills of members of the SYAB. Youth participated in "Presenting with Purpose" training sponsored by the National Resource Center for Youth Development (NRCYD). This training provided the youth with skills on how to affectively tell their personal story in a safe way. Youth from several

jurisdictions were also trained in Maryland's Youth Matters Initiative. Once youth were trained on Youth Matters Initiative the youth were utilized to assist with training LDSS staff on Youth Matters Initiative.

As a new initiative, the SYAB are participating in quarterly community service projects. The purpose of the community service projects is to teach members of the SYAB that service is the foundation of leadership. The first community service event was to attend Constituent Night in Annapolis, Maryland during the 2014 legislative session. The SYAB were invited to the Maryland General Assembly by Delegate Kathleen Dumais of the 15th Legislative District. During the session, Delegate Dumais introduced the members of the SYAB by name to the House of Delegates. Youth were afforded the opportunity to speak with members of the House of Delegates and thank them for supporting legislation to improve the lives of Maryland youth who are in foster care.

The SYAB under the leadership of the State Independent Living Coordinator and support of local independent living coordinators, drafted new by-laws and are currently coordinating the 20th Annual Teen Conference. The annual teen conference provides an opportunity for youth, ages 14 -18, to develop new friendships (or rekindle old ones), explore available resources, and become involved in advocacy. MY LIFE members are key stakeholders in the conference.

The 19th Annual DHR Teen Conference held in 2013 was entitled "21 Here it Comes R U Ready?" As is the Social Services Administration's practice the SYAB decided on the theme and a youth designed the logo, which was used on the conference booklet and tee shirts. The youth who designed the logo was acknowledged in the booklet and received a gift card. FosterClub, the national network for current or former foster youth, brought six youth from the FosterClub All Star Program who facilitated a team building activity, "Building Bridges", which was a huge success for both the youth and adults and workshops; topics Get U-NYTD, Get a Financial Life, Tell it Like it is. Maryland youth were inspired to meet foster youth from other states and have the opportunity to share experiences.

Five local advisory boards, which include members of MYLIFE, facilitated workshops on topics important to them, (Topics: Social Media, The Power of Education, Money Management, All About Me, True Independence). Other workshop topics facilitated by professionals include, LGBTQ, Human Trafficking, Bullying,

The 2013 teen conference was a success; it is attended and supported by the SYAB, Executive office, Social Services Administration and local department staff.

The SYAB completed their 2014 goal of revising the Maryland Foster Youth Handbook, "A Handbook for Youth in Out-of-Home Placement-Foster Care". The board reviewed the previous handbook and made suggestions on making it "youth friendly". The handbook is currently being distributed to all youth in Out-of-Home Placement. The handbook outlines services that will be provided to youth including: types of placements, services provided, education, youth advisory board, and after care resources.

The board with the assistance of the State Independent Living Coordinator redesigned the “Maryland Connect My Life” website. The website <http://mdconnectmylife.org> became live in March 2014; it is now an interactive and educational youth friendly website. Youth can utilize the Maryland Connect My Life website to find information they need to locate services and resources designed to aid them in their transition out of the foster care system.

Medicaid Coverage for Youth 18-21 and No Longer in Care

In 2009, the Maryland General Assembly passed and the Governor signed into law the Foster Kids Coverage Act (House Bill 580/Chapter 681). Under the Foster Kids Coverage Act, Medicaid provides comprehensive health care to independent foster care adolescents who are under 300 percent of the federal poverty level (FPL) and below the age of 21. Prior to the Foster Kids Coverage Act, many of these children lost access to comprehensive health care coverage provided by Medicaid. The Foster Kids Coverage Act requires Maryland to exercise the federal option, which extends Medicaid coverage to independent adolescents up to age 21 who are aging out of foster care. In August 2009, the Department issued directives to local departments relating to encouraging youth to remain in care after age 18 to receive the continued supportive services to ensure successful transition out of foster care upon their 21st birthday.

Research shows that most adolescents aging out of foster care have low incomes and would likely have incomes close to the federal poverty level. With this in mind, most adolescents aging out of foster care would be eligible for the Primary Adult Care (PAC) program benefits. Individuals eligible for PAC are age 19 or older and have incomes below 116 percent of the FPL. The PAC program provides access to primary, pharmacy, hospital emergency room services, outpatient substance abuse treatment, and outpatient mental health care. While PAC provides access to critical health care services, former foster care adolescents above the age of 21 do not currently have access to comprehensive health care coverage or access to more extensive mental health benefits through Medicaid.

The Fostering Connections To Success and Increasing Adoptions Act of 2008 (Act), requires that all states assist and support a youth in developing a transition plan as the youth ages out of Out-of-Home Placement. One area highlighted by the Act is the importance of health care planning for the transitioning or exiting youth.

DHR and the Department of Health and Mental Hygiene (DHMH) are committed to ensuring that Section 2004 of the Affordable Care Act is implemented within the state of Maryland. Section 2004 creates a new mandatory Medicaid eligibility category for former foster care children. Under the new provision, Medicaid must cover any child under age 26 who:

- was in foster care under the responsibility of the State when he or she turned 18 (or a higher age designated by the State);
- was enrolled in Medicaid under the State plan or a waiver while in foster care; and,
- due to income or other criteria, does not qualify for Medicaid under another mandatory eligibility category (except for the category added by ACA to cover formerly ineligible adults under 65 with incomes up to 133 percent of the FPL).

Former Maryland foster care children will be eligible to receive comprehensive health care coverage, *i.e.*, all services covered under the Medicaid State Plan. These eligibility changes took

effect January 1, 2014. A verification memo has been developed for youth who are applying for benefits under the Affordable Care Act.

Independent Living After Care Services

Maryland offers after care services to former foster youth who were in care on their 18th birthday and left care prior to age 21 or who were adopted or achieved kinship guardianship after age 16. This applies to former foster care youth from other states currently residing in Maryland. Upon request for services, an assessment is conducted and a service case is opened for youth.

Aftercare services are designed to be short-termed and individualized to meet the youth’s needs.

Aftercare services can include:

1. Financial assistance to purchase goods and services to support efforts of youth,
2. Supportive counseling,
3. Employment assistance including instruction on job search, interviewing, appropriate work attire, or support to assist with transportation to maintain and seek employment, the purchase of uniforms, etc.,
4. Educational assistance and information regarding obtaining a General Educational Development (GED), and enrolling in post-secondary educational institutions,
5. Provide referral for medical assistance,
6. Payment for security deposits,
7. Payment for room and board, and
8. Funding for utilities or other appropriate services for self-sufficiency.

For many years Maryland provided extended foster care eligibility up to age 21, however, many youth still left care prior to age 21, even though independent living aftercare services existed to provide support to youth who exited care prior to 21. The number of exits from Out-of-Home care for 18-21 years old is:

<i>Exits from Out-of-Home care, ages 18-20, State Fiscal Years 2012 - 2013</i>				
	Age			
	18	19	20	Total Exits, Ages 18-21
SFY 12	149	64	620	833
SFY 13	102	41	635	778

Source: MD CHESSIE/University of Maryland School of Social Work

Enhanced After Care Voluntary Placement Agreement

On April 9, 2013 Senate Bill 86 “Voluntary Placement for Former Children in Need Of Assistance (CINA)” was signed into law. The bill allows a former CINA who exited care after the age 18 but before age 20 years and six months to re-enter care via a Voluntary Placement Agreement. The youth must not have exited due to reunification, adoption, guardianship, marriage or military duty to participate. Youth re-entering Out-of-Home Placement through an Enhanced After Care Voluntary Placement Agreement (EA VPA) are entitled to all services provided to youth in Out-of-Home Placement. This legislation allows DHR to be eligible for additional Title IV-E funds if the youth is eligible.

The law was implemented starting October 1, 2013. The following changes were made to incorporate the new law into policy and practice:

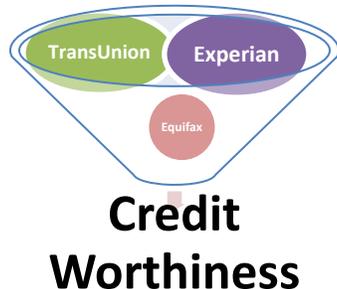
- Revisions to COMAR regulations;
- Revisions to Ready By 21 Manual;
- Creation of an Enhanced After Care Voluntary Placement Agreement (DHR/SSA 2032B); and
- Adjustments to MD CHESSIE.

In order for Local Department of Social Services staff to become knowledgeable on EA VPA, DHR provided a WebEx to walk the local department staff through policy and MD CHESSIE updates. This WebEx was sent out via email and also posted on DHR's Knowledge Base intranet website. Out-of-Home Placement Managers and Supervisors were trained on EA VPA during the Regional Out-of-Home Placement Managers and Supervisors Meetings on August 21, September 5, and September 9, 2013. On August 28 and September 25, 2013 during the monthly statewide Independent Living Coordinators meetings, local department independent living coordinators were also trained on policy and practice changes. DHR/SSA staff has provided continuous technical assistance to local departments on EA VPA including the following jurisdictions Calvert, Charles, Caroline, Carroll, Frederick, St. Mary's, and Washington. DHR/SSA staff has also extended training to community partners on EA VPA, presentations were provided to Legal Aid Bureau on December 11, 2013 and during the annual Court Appointed Special Advocate (CASA) conference on March 29, 2014.

Identity Theft Prevention, Credit Report Services and Assistance with Credit Repair

On September 1, 2011, the Child and Family Services Improvement and Innovation Act (Public Law (P.L.) 112-34) was signed into law. A major provision of the act requires that each State provide children age 16 and older in foster care with copies of their consumer credit reports each year until discharged from foster care. Additionally, the law also requires that youth be provided assistance with interpreting consumer credit reports and resolving any inaccuracies.

The Child and Family Services Improvement and Innovation Act (P.L.) 112-34 is the impetus behind the implementation of Policy Directive SSA # 14-7 Identity Theft, Credit Report and Repair for Youth. The policy was implemented October 1, 2013 and provides guidance as it relates to the Department of Human Resources (DHR), Social Services Administration (SSA) accessing consumer credit reports for youth in Out-of-Home Placement. Under the policy, youth are provided with consumer credit reports from each of the three (3) major credit reporting agencies (i.e., TransUnion, Equifax and Experian). The consumer credit reports, in turn, are used to advance financial literacy and foster self-sufficiency of youth in Out-of-Home Placement.



Credit Reporting Agencies (CRA's) collect and maintain the information that forms credit history and ultimately, a credit report. While most of the information collected by the three credit bureaus is similar, there are differences. Youth receive credit reports from each of the three to ensure a better understanding of financial standing.

The following procedures were established to ensure compliance with policy directive and federal guidelines:

DHR/SSA Responsibilities

- On an annual basis, DHR/SSA will provide the Local Department of Social Services (LDSS) with consumer credit reports for youth ages 14 to 17 in Out-of-Home Placement.
- DHR/SSA will access MD CHESSIE on a monthly basis to process consumer credit reports for all new youth age 14 to 17 entering care.
- The Assistant Director of Services in the LDSS will receive an encrypted email with a copy of the youth's consumer credit reports upon availability.
- If the credit issue(s) cannot be resolved by the caseworker and youth within 6 months in consult with the CRAs, then the matter may be referred by the Assistant Director of the LDSS to DHR/SSA for review and assistance.

Youth Age 18 to 20

- Caseworkers shall provide computer access and instruction to assist youth 18 years or older with obtaining consumer credit report by accessing www.annualcreditreport.com.
- Discuss the results of the consumer credit report with each youth
- Assist youth in correcting credit issues
- Document the steps taken in Contact Notes in MD CHESSIE

Once consumer credit reports are received the LDSS shall:

- Discuss the results of the consumer credit report with each youth
- Assist youth in correcting credit issues
- Document the steps taken in Contact Notes in MD CHESSIE

Since the implementation of Policy Directive SSA # 14-7, DHR/SSA provided each of the twenty-four LDSS with consumer credit reports for 2013. For 2014, DHR/SSA will provide the LDSS with consumer credit reports for youth ages 14 - 17 in Out-of-Home Placement as per the following schedule:



2014 consumer credit reports will be made available to the LDSS no later than the last business day of each quarter.

In 2013, in an effort to increase awareness of Policy Directive SSA # 14-7, DHR/SSA presented the policy and practice changes to the local department staff and Youth Advisory Board. Out-of-Home Placement managers and supervisors were trained during the 2013 Fall Regional Supervisory meetings held on October 4, 2013, October 10, 2013, November 1, 2013 and November 7, 2013. A presentation of the policy was made on October 18, 2013 and October 22, 2013 at the Resource Home staff meetings. Additionally, on October 23, 2013 the local departments Independent Living Coordinators (ILC) were provided instruction as it relates to Policy Directive SSA # 14-7 during the monthly statewide Independent Living Coordinators meeting. Furthermore, on October 16, 2013 a presentation was provided to youth and local department staff in attendance at the monthly Youth Advisory Board meeting.

Trust Fund Program

The State does not have a Trust Fund Program.

B. NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)

Maryland continues to participate and make progress in improving its process to collect NYTD data. For the first Survey Cohort (FFY 2011), 266 Baseline surveys were compiled, and among those, 200 nineteen year olds participated in the first Follow Up surveys (75% of Baseline): 161 (80.5%) of the follow up surveys came from respondents who remained in foster care, while the 39 (19.5%) were no longer in foster care. As the original Baseline response rate is low (34%), the results summarized here should be considered descriptive statistics.

Among the 266 NYTD baseline respondents, just over half were male (52%) and the race breakdown was 66% for Black/African American, 33% for White/Caucasian, and 1% for other/unknown. Three percent (3%) are Hispanic/Latino. At Follow Up, the same proportion (52%) was male among those 161 respondents who remained in foster care, while 41% of the non-foster care respondents were male. As for race—73% of those respondents remaining in foster care were Black/African American, whereas 53% of the non-foster care respondents were Black/African American.

At Baseline, among the 266 respondents answering the Employment/SSI/Support questions, 16% indicated they were employed (part-time or full-time), just over a quarter (26%) had completed some sort of work training experience in the past year, and 9% were receiving SSI payments. A small portion of respondents (2% to 4%) reported having education funding or other kind of significant income. These statistics have shifted among the nineteen year old Follow Up youth:

- Among those remaining in foster care, 34% report part-time or full-time employment, and nearly a third (32%) report some sort of work training experience. About the same proportion (9%) report receiving social security payments, but much larger proportions report receiving financial aid for education or support from another source (30% and 11%, respectively).
- Among those who have left foster care, 42% report part-time or full-time employment, and nearly a third (32%) report some sort of work training experience. About the same proportion (9%) report receiving social security payments, but much larger proportions report receiving financial aid for education or support from another source (30% and 11%, respectively).

For the Education questions, only 6% of the 266 Baseline foster youth reported having a GED or above, which increased to 50% among the Follow Up youth still in foster care, and 71% among the Follow Up youth no longer in foster care. Among the Baseline group, 92% were enrolled in high school, GED, post-high school vocational training, or college, whereas 70% of the Follow Up group still in foster care were enrolled, and only 45% of the Follow Up group not in foster care were enrolled.

Ninety-two percent (92%) of the Baseline (17 year old) respondents have at least one adult in their lives that provide advice or emotional support, and this had dropped to 83% of the Follow Up foster care youth still in care, and remained the same (92%) among the Follow Up youth who have left foster care.

Among the life risk questions,

- Substance Abuse Referral:
 - Baseline: 18% reported substance abuse assessment or counseling
 - Follow Up still in foster care: 19%
 - Follow Up not in foster care: only 5%
- Incarcerated:
 - Baseline: 13% had been detained in juvenile or adult facilities in connection to an alleged crime,
 - Follow Up still in foster care: 10%
 - Follow Up not in foster care: 18%, which is concerning
- Became a parent:
 - Baseline: 5% had given birth or fathered a child.
 - Follow Up still in foster care: 8%
 - Follow Up not in foster care: 11%, which is concerning as well
- Homelessness:
 - Baseline respondents: 4% reported past homelessness,
 - Follow Up still in foster care: 5%
 - Follow Up not in foster care: 24%, which is considerably concerning

For the health care questions, 98% of the Baseline youth reported that they had health insurance, and this decreases among the Follow Up groups, with 95% of those still in foster care reporting that they have health insurance, and 92% of those not in foster care reporting they have foster care. Since the passage and implementation of the Affordable Care Act, all foster children are Medicaid eligible through age 26, and so it is possible that the youth may not fully understand the wording of the question.

Based on these descriptive data, it is encouraging to see that an increased proportion nineteen year olds surveyed have a GED or high school diploma, working or in job training, and some are continuing with school; that the vast majority have an adult with whom they connect for guidance; and that they have health insurance for years to come. The older youth no longer in foster care, however, are experiencing some difficult, problematic outcomes in the form of increased incarceration, parenting, and homelessness, and Maryland continues to build its youth in transition program to stay connected and supportive of older youth in foster care.

C. YOUTH ENGAGEMENT MODEL

As an extension of family centered practice and sustainability planning, Youth Matter is a component of the statewide Ready By 21 initiative to focus on understanding the process and importance for actively engaging and teaming with youth. Through this Initiative, Maryland provides training to all child welfare staff to be knowledgeable of the current policies as well as provide training to apply various strategies to actively engage youth as they prepare to transition to adulthood.

The implementation strategies continue to include Family Involvement Meetings (FIMs), local and state youth advisory boards, as well as youth panelists for community events and local youth engagement training classes. After the four pilot counties (Prince George's, Somerset, Wicomico and Worcester) participated in the demonstration project, Round 1 implementation began in Anne Arundel, Cecil, Harford, and Washington Counties in July 2012, Round 2 implementation began in Calvert, Charles and Saint Mary's Counties in January 2013, Round 3 implementation began in Frederick and Carroll counties in July 2013, and Round 4 implementation began in Caroline, Dorchester, Kent, Queen Anne's and Talbot counties in January 2014. Monthly technical assistance was provided to the replication jurisdictions to clarify policy questions, offer input or resources and strategize ways to improve practice based on their respective youth populations. As Youth Matter rolls out across the state, Maryland will continue to encourage local departments to provide appropriate outreach and education to community partners and providers on their role in youth engagement as all partners must work together to meet the needs of Maryland youth.

D. PARTNERSHIP FOR ACHIEVING SELF SUFFICIENCY (PASS)

The Partnership for Achieving Self Sufficiency (PASS) is Maryland's new framework for helping low-income TCA applicants and recipients overcome barriers, gain employment and achieve economic independence. PASS replaces the annual Family Investment Plan (FIP) and Maryland RISE program.

The PASS program assesses the job readiness and strengths of Temporary Cash Assistance (TCA) recipients and applicants. Each Local Department of Social Services develops a local plan to assist customers in securing employment. Partners in the process include customers, Local Departments of Social Services, vendors and the Family Investment Administration at the Department of Human Resources. The PASS program works with clients to overcome barriers that may prevent employment; examples may include education, job skills and readiness, short term disabilities, substance abuse, child care challenges and transportation issues. The Program works to ensure that individuals are either employed or are in activities that will lead to gainful employment.

Locally the Workforce Development Agency in Anne Arundel County provides subsidized employment for any Anne Arundel Co. LDSS youth, including the foster care population who wish to have after school and /or summer jobs.

E. EDUCATION AND TRAINING VOUCHERS PROGRAM

Maryland continues to ensure that funds for the Education and Training Voucher (ETV) Program are available to eligible children in Out-of-Home Placement. The populations served are youth between the ages of 17 but not yet 21 years old. Eligible youth include those who are currently in foster care or who left foster care after their 18th birthday. Youth who were adopted or achieved kinship guardianship after age 16 are eligible to receive ETV vouchers. If a youth is participating in the ETV program prior to their 21st birthday and making satisfactory progress (2.0) GPA in school, they can remain eligible to receive ETV until they obtain the age of 23

The State collaborates with the Foster Care to Success (FC2S) to ensure that eligible youth are able to access the funds to further their education. In addition to fiscally managing the MDETV Program, FC2S provides a comprehensive support program that combines academic coaching and support, volunteer mentors, care packages, career guidance and targeted coaching for seniors prior to graduation. FC2S has a program entitled InternAmerica. InternAmerica is a six week summer program that places MD ETV students in prestigious internships in Washington DC as well as internships closer to home, and support them through the experience. Those students who participate in the internships also attend professionally led seminars that help prepare them for the transition from student to young professional. The seminars cover topics such as: Human Resource issues, working with colleagues and supervisors, managing workplace expectations, financial decision-making, networking, personal empowerment, and communications training. A designated staff person works directly with the FC2S in determining eligibility, providing technical assistance and training to youth, local departments and community partners. The goal of the FC2S is to help MD ETV recipients identify an achievable education and career goal and work towards success whether it is through a traditional four year program, an associate degree, or a technical certificate. All of their services are geared to complement the Chafee Independent Living program and provide a continuum of State services that help youth become educated, trained and ready to enter the 21st Century workforce. The outreach and partnership with FC2S as well as the State's Tuition Waiver program, which is administered through Maryland Higher Education, assisted the state in ensuring that youth receive postsecondary education assistance available.

According to the Foster Care to Success 2012-2013 Annual Report (<http://www.fc2success.org/about-us>) (Appendix Y). They provided funding for 343 youth covering the period from July 1, 2012 through June 30, 2013 (2012-2013 School Year). Of the 343 MD ETV 2012-2013 recipients, 185 (53.7%) were new students (applying for the first time) and 158 (46.3%) were returning (Appendix Z).

IV. MARYLAND TUITION WAIVER FOR FOSTER CARE RECIPIENTS

The Maryland Tuition Waiver for Foster Care recipients provides a waiver of tuition for Maryland public institution of higher education and is applicable to youth in, or formerly in, Out-of-Home Placement. The youth that desires to utilize the waiver must complete the Free Application for Federal Student Aid (FAFSA) by March 1st of each year; Be enrolled in a

Maryland public institution of higher education before he or she reaches the age of 25; and Be enrolled as a full time or part time student. The tuition waiver can be used for the Fall, Winter, Spring and Summer semesters. The youth continues to be eligible to receive the tuition waiver until 5 years after first enrolling in school.

During the 2013 Legislative Session, the Department of Human Resources supported House Bill 1012 and Senate Bill 414, Higher Education-Tuition Waiver Foster Care Recipient. The bills were approved by the Governor on May 2, 2013 and become effective on July 1, 2013. The enactment of these bills into law will have a positive impact on youth that are in Out-of-Home and Guardianship Placements. The new law allows for children who are placed into guardianship or who are adopted out of an Out-of-Home Placement after age 13 to be eligible for the tuition waiver. Secondly, for youth who are eligible for the tuition waiver, the new law will exempt them from paying tuition and *any* fees associated with enrollment at a Maryland public college/university regardless of their receipt of a scholarship or grant. Prior to the new law, the tuition waiver was applied to balances after scholarships and/or grants were applied. Since the enactment of the new law, the tuition waiver would be applied to the tuition prior to the scholarship or grant. Lastly, the law will allow eligible youth to utilize the waiver when attending a vocational certificate program at a public Maryland college or university. 146 certificates were provided to MHEC for the tuition waiver.

In efforts to ensure that the new requirements for the Maryland Tuition Waiver for Foster Recipients law, which became effective July 1, 2013, are properly understood and adhered to, the Department collaborated with the Maryland Higher Education Commission (MHEC) to host two trainings during 2014 for Maryland public colleges and universities' financial aid personnel, LDSS workers, foster parents, and foster youth. The trainings cover the following:

- proper interpretation of the tuition waiver law,
- DHR/SSA tuition waiver policy directive,
- Ready By 21, and
- COMAR 07.02.11.12 (K)- Tuition Waiver

Title IV-E Program and State Plan

The enactment of the Fostering Connections to Success and Increasing Adoptions Act of 2008 required Maryland to make substantial changes to the Title IV-E Plan in order to continue receiving federal funds. Maryland completed all requirements for the State Plan Program Improvement Plan (PIP) as of June 7, 2012. The Amended State Plan incorporating all changes from the PIP was submitted. Additional changes were also included regarding Credit Reports for Youth and Educational Stability as a result of the Innovations and Improvement Act of 2012.

The Title IV-E Program continues to strive for improvement in Title IV-E Eligibility for children in foster care. Strategies implemented include: Proposed reimbursement for foster care candidates, Revision of the Social Services Time Study, Centralization of Title IV-E staff, Training, Title IV-E Monitoring, and Collaborations with Education and the Courts.

- ***Candidacy***: DHR in collaboration with DJS submitted a plan to the Department of Health and Human Services (DHHS) to claim federal reimbursement for foster care candidates.

Federal approval for Title IV-E Candidacy claims was granted effective April 2013. Updates were made to policy and MD CHESSIE, and the In-Home Service Agreement was also revised to provide the required documentation for foster care candidates claims. As of July 2013, Maryland began instituting claims for foster care candidates.

- **Revision of SSTS:** The Social Services Time Study (SSTS) was revised to a format that is more user friendly and more responsive. The revised SSTS has been approved by DHHS. Child welfare staff statewide was trained on the modified SSTS and began utilization statewide Fall 2013.
- **Centralization:** Beginning January 2, 2013 Title IV-E staff in Local Departments of Social Services came under the administrative authority of the Department of Human Resources, Social Services Administration (DHR/SSA). The centralization of staff is intended to: Increase federal funds received by Maryland related to Title IV-E reimbursement, and; establish a mode of DHR Central supervision of IV-E Specialists statewide to increase accuracy and timeliness of Title IV-E determinations and implement necessary programmatic changes in an expedient and effective manner. Ongoing costs associated with the centralization, include computer equipment, printers, scanners, office supplies, and increased travel. During state FY2014, many modifications were made in the Title IV-E centralized program. Regional supervisors were added to the staff as well as quality assurance personnel. Additional quality assurance measures and data review methodologies were instituted to increase accuracy and timeliness of Title IV-E determinations.
- **Training:** Focused Title IV-E training for areas of improvement and also areas of non-compliance from recent federal reviews and audits. (1) Title IV-E Specialists Staff; (2) Child Welfare Caseworkers; (3) Child Welfare Supervisors; (4) Local department Directors and Assistant Directors; and (5) Court and associated legal personnel. Mandatory training for Title IV-E specialist is conducted twice yearly, fall and spring. The fall 2013 mandatory training was conducted in the form of a 3-day training session in which Title IV-E specialist and supervisors were trained on the revised Federal Review Instrument (December 2012) in anticipation of the upcoming Federal Review in 2014. Additional training was provided for LDSS Title IV-E Liaisons which reviewed basic documentation requirements and caseworker responsibilities for information to complete Title IV-E determinations.
- **Monitoring:** The Department began quarterly examination of reasons for ineligibility across the state and by jurisdiction to determine any strategies that can be implemented to reduce the number of ineligible cases. Monthly reporting and monitoring of eligibility determinations by jurisdiction to determine compliance with policies and timeframes was implemented to help increase Title IV-E eligibility. Additionally, quality assurance staff has been added to the Title IV-E unit. Although in the initial phases of implementation, the quality assurance staff reviews of foster care and subsidy determinations is expected to not only increase efficiency and effectiveness of the Title IV-E specialist, but also provide vital information locally on training and compliance needs for casework staff and the courts.
- **Collaborations:** DHR also formed an extensive partnership with the Administrative Office of the Courts/Foster Care Court Improvement Program (FCCIP). This collaboration is focused on providing a seamless continuum of care by partnering with the juvenile courts to not only improve the movement of children into care and out-of-

care to a permanent living arrangement, but also provide services necessary for the well-being of the child in care. This partnership is essential to establishing the State Plan, and Maryland's substantial compliance for the upcoming Federal Title IV-E Review and annual Single Audits. The partnership continues with joint efforts to meet federal standards for court involvement and required determinations for compliance, and training of both legal and social service professionals regarding Title IV-E requirements. The partnership is an ongoing collaborative between Title IV-E and the courts to review the frequency of ineligible cases due to insufficient court language, and to develop joint methodologies to reduce this number both statewide and in specific jurisdictions.

V. SYSTEM DEVELOPMENT-MD CHESSIE

The Maryland Children's Electronic Social Services Information Exchange, MD CHESSIE, is the Statewide Automated Child Welfare Information System (SACWIS) for Maryland. MD CHESSIE was implemented across the state as of January 2007 and is intended to ensure standardization of practice, enforce policy, provide easy access to information, improve workflow and automate federal reporting requirements of the Adoption and Foster Care Analysis and Reporting System (AFCARS) and The National Child Abuse and Neglect Data System (NCANDS).

Through MD CHESSIE, Maryland established a secured single, integrated, statewide case management computer information system that will:

- Coordinate Child Welfare Services electronically with the functions of other DHR administrations, such as Family Investment (TANF – Temporary Assistance to Needy Families) and Child Support (IV-D), as well as the Medicaid Administration of the Department of Health and Mental Hygiene (Title XIX, DHMH);
- Establish a statewide foster care and adoption payment issuance and reconciliation system that provides full fiscal accountability, monitoring, controls, update, mass change, and reporting capabilities;
- Establish an automated link between program and fiscal staff to more easily identify Federal participation programs;
- Provide social workers with an interactive system which automates the case record, containing word processing capabilities to assist in scheduling appointments, generating reminders, printing notices, storing and using data, issuing payments, monitoring availability and compliance of foster and adoptive homes, and other administrative functions;
- Enable DHR to extract management information data from the database for decision making as well as mandatory reports and including ad hoc reporting capabilities to enable local staff to retrieve lists, reports, and statistical summaries to assist with case and program management;
- Provide continuous monitoring of data generation by MD CHESSIE to ensure that the accuracy of the system meets the regulatory standards as the Department of Social Services System of Record;

- Enable DHR to respond to the rapidly growing demands for child welfare and adult services data, especially demographic historical data from federal agencies, State legislators, the judiciary, advocacy groups, attorneys, the media, and the public;
- Provide an interface capability with CIS (Client Information System), FMIS (Financial Management Information System) and Automated Fiscal Systems (AFS);
- Provide an interface capability to link with State agencies outside of DHR; and
- Facilitate good practice by including policy and procedure manuals with hypertext links from the database to the manuals. In addition, the system software itself contains certain good-practice reminders and constraints.

The automated child welfare case management system allows Maryland to provide better service to each client of child welfare programs, allows social service staff to spend more time doing social work, and also provides more programs and fiscal accountability than has been available in the past.

System Development

Maryland made enhancements to MD CHESSIE July 1, 2012 through June 30, 2013 which assisted in improving the quality of data entered. These improvements are in response to changes in federal regulations, state laws, program policy and practice, and quality control. Several enhancements were made to the functional areas modules of Case Management, Financial Management, Intake and Investigations, Reports, Federal Reporting, Provider Management and Batches and Interfaces including:

- **Case Management**
 - Candidacy Program in MD CHESSIE - Modifications to the system include the ability to identify, track and report "Out-of-Home Candidacy" for Title IV-E through the In-Home services case plan when the child is a candidate for foster care. Visitation Report - Modifications include a new online Detailed Visit Information Report for each local and modifications to the existing Worker Visits to Child IH and OH Sum' report. Changes and modifications include:
 - A new out-of-home report captures clients visit information as an Online Report in MD CHESSIE for the current month. A new Business Objects report on the out-of-home clients visit details for the prior month for each Local Department of Social Services (LDSS) identifying the Case, the Client, and the Visit information will generate on the 5th of each month in MS Excel format. Worker Visits to Child OHP Summary'. The report has been modified to limit the Reason to 'Monthly Visit' instead of both 'Monthly Visit' and 'Worker Visit'. The installation of this modification has improved the timeliness of visitation reporting, thus improving state and federal reporting performance.
 - ⊖ Ticklers Screen - Installation of a new screen for MD CHESSIE/Social Services Administration (SSA), to display all active ticklers at the Case and/or Client level for each Client in MD CHESSIE.
- **9999 Error message prevents Removal** - This modification fixed the 9999 Error message which was preventing Removal.
- **Financial Management**
 - Finance

- The Monthly Child Account Activity Report logic is modified to consider Child Accounts (CA) which are currently inactive but were active during the report period. The report now displays all transactions related to Child Accounts that were in active status during the reporting period. Finance Logic Modifications-
- MD CHESSIE's logic is modified to no longer create a duplicate Child Account when a case transitions in MD CHESSIE from being an Adoption Planning (Foster Care) case to an Adoption case.
- Quarterly Cost Allocation Report Automation-MD CHESSIE has been automated via a one-way interface between MD CHESSIE and CARES.
- **Intake and Investigations**
 - Alternative Response - All references in MD CHESSIE to Investigation were changed to Child Protective Services. MD CHESSIE is modified so that immediately after the screened-in CPS referral is approved by the supervisor, a new screen "CPS Response Type" screen will appear to enable the supervisor to give the approved CPS referral the pathway to an Alternative Response in certain well-defined circumstances before the CPS case is assigned to a worker.
 - New ticklers were added for the AR cases" The system maintains the existing investigation functionality. A folder was added to the tree view for changing an Investigation from AR to IR or from IR to AR.
 - Structure Decision Making Modifications - SDM Modifications contains updates to the Child Protective Services (CPS) Structured Decision Making instrument and to the DHR/SSA/396. On the CPS Maltreatment tab beneath Sex Abuse, an additional item of "Human Sex Trafficking of a youth" was added to update the Sexual Abuse selection.
 - Alternative Response - CIS and Alternative Response - MD CHESSIE is modified to accommodate the new CPS Response Type of AR.
 - National Child Abuse and Neglect Database System (NCANDS) Screen Changes - Additional screen modifications and enforcement of new edits on the investigation screens are added in MD CHESSIE.
 - A Completion Checklist has been added to the system to check for missing NCANDS elements. This Checklist will display upon requesting approval of the investigation. The checklist contains the mandatory and conditional elements required to complete an investigation.
- **Reports**
 - CPS Modifications - Existing CPS Business Objects reports were modified to accommodate the additional response pathway of Alternative Response to a report of abuse or neglect. The additional response pathways are documented in the following reports:
 - Finance reports
 - The Monthly Child Account Activity Report): Report logic is modified to consider Child Accounts
- **Federal Reporting**
 - National Child Abuse and Neglect Database System (NCANDS) Modifications – The NCANDS external interface batch was modified to address critical data elements on the NCANDS child file reported to the federal government on an annual basis. Additional modifications were made to the corresponding data elements in the NCANDS Reports.

- AFCARS Touching Point - The modifications are made to the AFCARS Extraction Report for Foster Care (F) and Adoption (A): based on the AFCARS Assessment Review Improvement Plan (AIP) and the reporting period October 2011 submission, in relation to the Element and the General submissions.
 - The AFCARS extraction logic was modified to include clients up to age 21 on the AFCARS extract.
 - Clients not eligible for IV-E after 18 were excluded from subsequent AFCARS submissions regardless of their change in IV-E status.
 - The AFCARS extraction logic was modified to look for qualifying Living Arrangement types with a Start Date on or after the Removal Start Date only.
 - The AFCARS report logic was modified to look at 'Adoption Subsidy' and 'MA Only' fields on the Adoption Subsidy screen in MD CHESSIE to determine if the child was receiving adoption subsidy.
 - For IV-E eligible clients between 18 to 21 years of age, the AFCARS logic was modified to report the actual foster care discharge date (E56) and discharge Reason (E58) from the Removal Screen. For clients between 18 to 21 years of age and not eligible for IV-E, the AFCARS logic was modified to report them as Emancipated (E58) as of the last not IV-E eligible period i.e. with a discharge date (E58) equal to the last not IV-E eligible period.
 - The AFCARS extraction logic was modified to include same sex married couple in the report on foster care caretaker elements (E50 to E54)

AFCARS Compliance - Based on the AFCARS Assessment Review Improvement Plan (AIP) and the reporting period October 2011 submission, the AIP recommended that Maryland update certain Foster Care and Adoption areas in relation to the Element and the General submissions. Modifications were made to the AFCARS Extraction Report for Foster Care (F) and Adoption (A).

- NYTD Improvements - Modifications were made to the NYTD Survey to accurately identify the NYTD baseline, served and follow-up populations.
- MD CHESSIE Batch process Redesign - Modifications were made to the Maryland CHildren's Electronic Social Services Information Exchange (MD CHESSIE) batch processes to create an optimal design and standard that ensures batches are following best practices in regards to error handling and alert notifications. The results of this modification are an improvement in response time and resolution of processing errors, and, an overall improvement in processing fiscal transactions and statistical reporting.
- **Planned Major Modifications**
 - Implementation of Caseplan Phase I- Includes a revised SAFE-C tool available in a mobile solution (This is a carryover from FY' 2013)
 - Modifications to Caseplan Phase II – (This is a carryover from FY' 2013) Includes improvement to the following assessments:
 - Assessments and Case Plans: This is a substantial enhancement that would improve the way the MD CHESSIE automates Maryland's In-Home and Out-of-Home Service response.
 - Expungement – This project would ensure that MD CHESSIE is in full compliance with the law and will be accomplished in two phases. The first phase will focus on remediating the issue of data that should have been expunged from MD CHESSIE.

The data itself will be the focus. In addition, the first phase will include a thorough regression testing cycle to identify any bugs within the System regarding the expungement process. The second phase will focus on the long-term solution to ensure that MD CHESSIE appropriately and systematically expunges all targeted data.

- Enterprise Reporting (ER) MD CHESSIE - This system enhancement will provide all users with the ability to design and generate dynamic custom reports specific to their needs.
- **Data Archiving** - MD CHESSIE – These projects were completed and upgrade the archive processes needed to implement an efficient solution following MD CHESSIE business data retention policies.

MD CHESSIE Call Center for local use

The MD CHESSIE Call Center was enhanced to accept calls from MD CHESSIE local users effective January 1, 2013. This enhancement has enabled MD CHESSIE Call Center staff to assist Local Departments with MD CHESSIE issues that may result in work orders for data fixes or system modifications. Most Local Departments have notified the hotline by either telephone or email seeking assistance.

During State Fiscal year 2013, the MD CHESSIE Call Center has received two hundred thirty two (232) calls and/or emails for assistance. Of these, twenty four (24) were issues that Local Departments were requesting work orders for a data fix, but the issues were corrected via telephone and/or email and did not result in a work order request. Nine (9) were issues that would require a system modification which is currently in the planning phase. Forty-eight (48) work order requests were submitted by SSA to OTHS on behalf of Local Department staff for data fixes. Eighteen (18) of the data fix requests sent by MD CHESSIE Call Center to OTHS have been corrected by Xerox during this reporting period. Those data fixes covered financial issues preventing payments, deletion of ticklers preventing the closure of a case record and approval that were hanging on.

As a result of the local department contacts to the Call Center there was an identified pattern of repeated questions on how to do certain functions in MD CHESSIE. A weekly Tip Sheet was developed to assist locals. These one page sheets covering topics for assistance started in July 31, 2013. The weekly Tip Sheets are sent to all users by category of their work assignment, i.e. Family Services worker, Fiscal, providers, etc. The first weekly Tip Sheet was posted 8/1/13 and will be posted weekly providing information regarding simple steps on how to do things in MD CHESSIE, such as search for a provider, resolve a tickler, and create a contact. The weekly Tip Sheet will also be used to provide information on changes to MD CHESSIE and how the users will be affected.

MD CHESSIE Call Center for Providers

The MD CHESSIE Call Center Hot Line was established in December 2008. In many situations, the Call Center is the first point of contact for resolving public and private child care provider payment and placement issues for all of Maryland's Local Departments of Social Services. The MD CHESSIE Call Center staff receives and handles calls relating to: incorrect payment amounts, zero payment amounts on draft and final statements, children missing from statements, over and under payments, payment checks not received, incorrect payment structures where a child is electronically placed in the wrong program, incorrect begin or exit dates, requests for

Electronic Funds Transfers (EFT's), address changes and general inquires. Hot Tickets are created in order to track problem issues and to bring a resolution.

The MD CHESSIE Call Center Hot Line has implemented a gate keeping and intense follow-up approach to problem issues that result in the creation of Hot Tickets. Hot Tickets are the mechanism used to track issues from providers that need to be resolved by a particular local department and worker. The Hot Tickets, clearly identifies the child, the issue that needs to be addressed and the provider that made contact to report this issue. Some issues are diagnosed and resolved by the Call Center Representative at the first point of contact. Others have to be forwarded to the local department for resolution or follow up. The directive of the Call Center is to have all Hot Tickets resolved within 5 business days if possible. Each Call Center Representative is assigned to a particular local department and the larger providers. If the Hot ticket is not resolved by the 25th of the month Call Center staff follow-up with the MD CHESSIE Coordinators. Also, Validation Failure, Sixty and Ninety Day Outstanding Hot Ticket Reports are sent locals each month requesting a resolution within 3 business days. As a result, The MD CHESSIE Call Center has been able to reduce the number of Hot Tickets created and the number of unresolved Hot Tickets. Provider payments are being generated timely and the error rate has gone down by more than half. During the time period of July 1, 2012 through June 30, 2013, the MD CHESSIE Call Center Hotline created Nine Hundred and Forty One (941) Hot Tickets and closed One Thousand Seven Hundred and Sixty Five (1,765) Hot Tickets. Five Thousand Seven Hundred and Seventy Three (5,773) calls were received.

MD CHESSIE Training Team

The MD CHESSIE training team of DHR is responsible for providing MD CHESSIE system orientation to all LDSS staff. The training is inclusive of task specific, face-to-face, WebEx-based sessions, and pre-recorded modules on system updates and changes to program policies. The goal of the MD CHESSIE Unit is to provide up-to-date training for all MD CHESSIE users. These trainings correspond to new employee orientation, enhancements to MD CHESSIE, and clarification of existing system operations that impede user performance.

During the timeframe of July 1 2012-June 30, 2013, the MD CHESSIE training team provided training to a total of 1580 attendees consisting of child welfare workers, supervisors, and Assistant Directors representing the 24 jurisdictions within the state. Through the feedback received at the end of each session, and from a subsequent 30 day follow-up evaluation, each class was developed to follow real world based scenarios that users encounter to make training more effective. As well, this feedback enabled the team to enhance current and to develop future training. Assessments were developed for each module and the success rate of these assessments has been at 95%. Tip sheets, manuals, and pre-recorded training modules were created for additional training assistance. The training team also participated in the development of the application for a more accurate and user-friendly data base.

The training team took over the responsibility of providing a revised onsite support training and analysis for the 24 Local Departments of Social Services statewide and provided onsite at the following locals: Prince George's, Worcester, Somerset, St. Mary's, Caroline, and Queen Anne's Counties. The training team also collaborated with the Title IV-E Eligibility Unit to conduct

several statewide WebEx training sessions pertaining to Adoption, GAP, Court, and Title IV-E Eligibility Determination tasks for workers.

The training team also revised the Pre-Service training that is offered through the Child Welfare Academy and University of Maryland School of Social work. The training now occurs over six weeks on five separate days and includes co-training with the academy for a better understanding of, and stronger outcome, of the usage of MD CHESSIE. As this training is not back-to-back over four days, the training team created take away assignments the students were responsible for completing, through the usage of the university's Blackboard application. This revised training was implemented in January 2014.

The training team also used exception and governance reports; and data from the MD CHESSIE call center to re-evaluate and develop training modules. Training continues to offer classes for each build that occurs in MD CHESSIE, and works with Xerox, the developer, to have builds pushed to the training region prior to production so users can become familiar with the enhancements before a build goes live. The team continues to utilize reports, feedback, and interactions with SSA policy analysts to gauge the most meaningful learning experience for users of MD CHESSIE.

Additional responsibilities of the training team are to create and maintain MD CHESSIE "Tip Sheets", User Guides and MD CHESSIE training manuals. This fiscal year six manuals were published. To review the Training manuals that occurred between July 2012 and June 2013, please see Appendix AA.

VI. STATISTICAL AND SUPPORTING INFORMATION

A. JUVENILE JUSTICE TRANSFER

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

B. INTER-COUNTRY ADOPTIONS

The number of children who were adopted from other countries and who enter into State custody as a result of disruption of a placement of adoption or the dissolution of an adoption is based on estimates of the total number of children who have been adopted and re-entered Out-of-Home Placement. When these children re-enter care, services provided to families include family preservation; family therapy; and referrals to community based adoption support programs. While the State is aware of that children adopted in other countries have experienced adoptive

placement disruptions or dissolutions, our SAQWIS system, MD CHESSIE, does not yet have a means to collect data separating out international from domestic adoptions. The estimated number of children adopted from other countries who have re-entered care in Maryland is less than 10% of the 20-30 adopted children who re-enter care.

C. MONTHLY CASE WORKER VISIT DATA

Maryland’s Local Departments of Social Services are required to have a number of contacts with a foster or kinship child on a regular basis. Contacts can be in the form of phone calls, e-mails, letters or visits. A monthly visit is a face-to-face contact that includes dialogue (or communication as appropriate to the age and ability of the child) and exchange information pertinent to the child and family. This distinguishes a visit from a simple contact. Visitation or face-to-face contacts are vitally important to the provision of child welfare services, meeting the needs of the child, promoting well-being, and achieving permanency.

Maryland has reached a high level of performance for caseworker visitation, and established a solid track record documenting caseworker visitation in MD CHESSIE (Maryland’s SACWIS). Maryland had begun generating caseworker visitation data entirely from MD CHESSIE starting with the FFY2011 report, and has successfully shifted to the new federal methodology required for FFY2012. Indeed, Maryland’s performance in documenting caseworker visitation has already surpassed the FFY2015 targets for FFY2013.

Caseworker Visits Goals (Revised as of 2012 per changes in Federal requirements)					
2010	2011	2012	2013	2014	2015
70%	90%	90%	90%	90%	95%
Caseworker Visits in the Home Goals					
2010	2011	2012	2013	2014	2015
73%	75%	50%	50%	50%	50%

FFY2010 results were positive (based on MD CHESSIE data augmented by local data):

1. Percent of children fully visited: 72.9% (met the goal)
2. Percent of children visited at their out-of-home residence: 94.0% (met the goal)

FFY2011 results were positive (based on 100% MD CHESSIE data):

1. Percent of children fully visited: 90.7% (met the goal)
2. Percent of children visited at their out-of-home residence: 89.5% (met the goal)

FFY 2012 results (revised methodology) were positive (based on 100% MD CHESSIE data):

1. Percent of children visited: 94.6% (met the goal)
2. Percent of children visited at their out-of-home residence: 69.7% (met the goal)

FFY 2013 results (revised methodology) were positive (based on 100% MD CHESSIE data):

1. Percent of children visited: 96.6% (met the goal)
2. Percent of children visited at their out-of-home residence: 72.5% (met the goal)

Maryland uses a monthly data report to help the local departments to track their progress documenting caseworker visitation that has proven very effective, and will continue to use this feedback to sustain the State's performance in this area.

In September 2012, the Department distributed a policy directive delineating the new Federal requirements for caseworker visitation funds. SSA also required a caseworker visitation plan from Local Departments of Social Services for the period October 1, 2012 – June 30, 2013 to ensure the new guidelines would be met. These plans were approved by Central staff. As of October 1, 2012, the caseworker visitation funds are being utilized to improve the quality of caseworker visits focusing on caseworker decision-making on the safety, permanency, and well-being of foster children and on caseworker recruitment, retention, and training.

D. TIMELY HOME STUDIES REPORTING AND DATA

Safe and Timely Placement Act of 2006 (P.L. 109-239) In 2013, 50% of all INCOMING home study reports were completed in 0-60 days, 25% were completed in 61-90 days and 25% were completed in over 90 days.

The reasons why the extended compliance period was needed range as follow:

- Delay in completion and receipt of required State criminal history background clearances (i.e., Maryland Criminal Justice Information System (MD-CJIS) reports), of required Federal Bureau of Investigation reports (FBI-CJIS), of required United States Department of Justice, Federal Bureau of Investigation (US DOJ, FBI-CJIS) reports when additionally indicated and of required Adam Walsh P.L. 109-248 Child Protective Services (CPS) Clearances when also indicated.
- Delay in completion of required home health/fire inspection.
- Delay in completion or return of required medical evaluations from the prospective caregiver.
- Prospective caregiver's lack of timely response to offered home study despite being informed of P.L. 109-239's 60-day deadline.
- Lack of technology and resources to complete the home studies timely (i.e., lack of Statewide availability of Livescan, lack of Statewide availability of scanners and associated support staff to operate this equipment, lack of "paperless technology systems").

The 15 day extension required (i.e., from the required 60 day deadline, per section 471 (a) 26, to the 75 day deadline) resulted in virtually no additional home studies being completed within the 15 day extension period. Note that the 15 day extension permitted under P.L. 109-239 expired on 9/30/08, per the P.L. 109-239 legislation.

The actions taken by the State of Maryland to resolve the need for an extended compliance period included:

- Educating staff as to the "provisional" home study recommendation option available, per PL 109-239, when only pre-service Foster parent training/education remains to be completed.

- Sharing of Foster Parent training resource classes between jurisdictions, when possible.
- Making use of electronic criminal history record checks, (i.e., Livescan), when possible.
- Continuing to staff four (4) ICPC/ICAMA Specialist staff at State Central Office in 2013 (4 ICPC/ICAMA Specialists now in Office) to increase processing efficiency, however, Administrative Assistant support staff capped at 2.
- Finalized a Maryland and Washington, DC “Limited Border Agreement” affecting DC-initiated MD private child placing agency contracts versus request for public agency work on February 7, 2013. The DC-MD Border Agreement has significantly increased the speed of DC placements into MD (and daily average of DC children in MD has been reduced to an average of 738 children in 2013) as well as reduced the amount of time MD-ICPC office spends in processing DC-proposed placements into MD.

In 2013 the Maryland Local Departments of Social Services staff and DHR/MD-ICPC staff completed 749 out-going Interstate referrals (some of which involve multiple children) for Maryland children proposed to be placed into another State’s jurisdiction. This casework service and ICPC administrative processing must be completed for each Interstate case.

VII. FINANCIAL INFORMATION

Maryland intends to expend twenty percent on each of the following services: family preservation, community-based family support, time-limited family reunification and adoption promotion and support services.

In FFY2013, state and local spending on IV-B part 2 activities totaled \$100 million. These amounts include services that prevent the risk of abuse, assist families at risk of having a child removed from their home, promote the timely return of a child to his/her home, and if returning home is not an option, provide appropriate placement and permanency. The FY 1992 baseline is \$31.7 million.

The State does not spend Title IV-B, Subpart 1 funds for foster care maintenance payments, adoption assistance payment or child day care related to employment or training for employment.

See Appendices BB and CC for the CFS Forms.

VIII. APPENDICES

- A. Maryland Child And Family Services Interagency Strategic Plan
- B. Map of Evidence Based Practice
- C. Defining Shared Outcomes for State-Funded Home Visiting Programs in Maryland
- D. Functional Family Therapy (FFT): A Brief Summary of the Intervention
- E. Functional Family Therapy In Maryland: FY 2012 Implementation Report
- F. FFT Quarterly Report
- G. Multidimensional Treatment Foster Care Maryland State FY2010-FY2012 Report
- H. Multisystemic Therapy (MST): A Brief Summary of the Intervention
- I. Multisystemic Therapy In Maryland: FY 2012 Implementation Report
- J. Multisystemic Therapy Quarter Report
- K. Uninterrupted Scholar Act Memo
- L. Improving Educational Outcomes for Children in Care
- M. Citizens Review Board for Children Annual Report
- N. Letter in response to Citizens Review Board for Children Annual Report
- O. Maryland Resource Parent Association Plan
- P. Psychotropic Medication Cover and Table of Contents
- Q. Psychotropic Medication Utilization Guidelines for Maryland's Foster Youth document
- R. Training Matrix
- S. Home Visiting in Maryland Opportunities and Challenges for Sustainability
- T. Race / Ethnicity of Staff
- U. State Council on Child Abuse and Neglect
- V. State Child Fatality Review Team
- W. Form 2037 Disclosure of Information
- X. Child Abuse and Neglect, Disclosure of Information
- Y. Foster Care to Success
- Z. Annual Reporting of State Education and Training Vouchers
- AA. Training MD CHESSIE
- BB. CFS-101, Parts I, II, III, PDF
- CC. CFS-101, Parts I, II, III, Excel Version

Acronyms

AAPI – Adult Adolescent Parenting Inventory
ACCWIC - Atlantic Coast Child Welfare Implementation Center
ACF - Administration for Children and Families
AECF - Annie E. Casey Foundation
AFCARS - Adoption and Foster Care Analysis Reporting System
AFS – Automated Fiscal Systems
APD – Advance Planning Documents
APPLA – Another Planned Permanency Living Arrangement
APSR – Annual Program Services Review
AR – Alternative Response
ARC - American Red Cross
ASCRS – Adoption Search, Contact and Reunion Services
ASFA – Adoption and Safe Family Act
MD CANS - Child and Adolescent Needs and Strength
CA/N - child abuse/neglect
CANS – F Child and Adolescent Needs and Strength - Family
CAPTA – Child Abuse Prevention and Treatment Act
CBCAP - Community-Based Child Abuse and Prevention
CFSR – Child and Family Services Review
CFP – Casey Family Programs
CIP - Continuous Improvement Plan
CIS - Client Information System
CQI – Continuous Quality Improvement
CRBC - Citizens Review Board for Children
CRC - Children’s Research Center
CME- Community Management Entities
COOP - Continuity of Operations Plan
CPS - Child Protective Services
CSOMS - Children's Services Outcome Measurement System
CWA – Child Welfare Academy
DDA - Developmental Disabilities Administration
DEN - Drug-Exposed Newborn
DHMH - Department of Health and Mental Hygiene
DHR - The Maryland Department of Human Resources
DJS – Department of Juvenile Services
DOB - Date of Birth
EFT - Electronic Funds Transfers
EP - Emergency Preparation
ESF - Emergency Support Function
EPSDR - Early Periodic Screening, Diagnosis, and Treatment
FASD Fetal Alcohol Spectrum Disorder
FAST - Family Advocacy and Support Tool
FBI-CJIS - Federal Bureau of Investigation reports

FSC - Family Support Center
FCCIP – Foster Care Court Improvement Project
FCP – Family Centered Practice
FCS – Foster Care to Success
FEMA - Federal Emergency Management Agency
FIM- Family Involvement Meetings FPL - Federal Poverty Level
FMIS - Financial Management Information System
GAP - Guardianship Assistance Program
GEAR – Growth, Empowerment, Advancement, Recognition
GOC - Governor’s Office for Children
ICPC Interstate Compact on the Placement of Children
ICAMA - Interstate Compact on Adoption and Medical Assistance
IDEA - State Interagency Coordinating Council for the Individuals with Disabilities Education Act
ILC – Independent Living Coordinator
IR – Investigative Response
LDSS – Local Department of Social Services
MCO - Managed Care Organizations
MD-CJIS - Maryland Criminal Justice Information System
MFN - Maryland Family Network, Inc.
MFPA - Maryland Foster Parent Association
MHA - Mental Health Access
MHEC – Maryland higher Education Commission
MSDE – Maryland State Department of Education
NCANDS – National Child Abuse and Neglect Data System
NCHCW – National Center on Housing and Child Welfare
NYTD - The National Youth in Transition Database
NRCPRFC- National Resource Center for Permanency and Family Connections
NRCCWDT - National Resource Center for Child Welfare Data and Technology
OOH – Out-of-home
OHP – Out-of-Home Placement
OLM - Office of Licensing and Monitoring
OFA – Orphan Foundation of America
PAC - Providers Advisory Council
PIP – Program Improvement Plan
PSSF – Promoting Safe and Stable Families
QA – Quality Assurance
RFP – Request for Proposal
RTT-ELC - Race-to-the-Top Early Learning Challenge
SACWIS - Statewide Automated Child Welfare Information System Assessment Reviews
SAMHSA - Substance Abuse and Mental Health Services Administration
SARGE - State Automated Child Welfare Information System Review Guide
SARR - SACWIS Assessment Review Report
SCCAN - State Council on Child Abuse and Neglect
SCYFIS - State Children, Youth and Family Information System
SDM – Structure Decision Making

SEN – Substance Exposed Newborn
SILA – Semi Independent Living Arrangements
SMO - Shelter Management/Operations
SoS – Signs of Safety
SSA – Social Services Administration
SSTS – Social Services Time Study
SYAB – State Youth Advisory Board
US DOJ, FBI-CJIS – United States Department of Justice, Federal Bureau of Investigation
TANF – Temporary Assistance to Need Families
TPR – Termination of Parental Rights
VPA – Voluntary Placement Agreement
VPN – Virtual Private Network
WIC - Women, Children and Infants