Maryland's Title IV-E Waiver Demonstration Semi-Annual Report # 1 Report Period: July 1, 2015 – December 31, 2015 Submitted February 29, 2016 to the Children's Bureau

I. Overview

The Maryland Department of Human Resources (DHR), Social Services Administration (SSA) envisions a Maryland where all children are safe from abuse and neglect, children have permanent homes, and families are able to meet their own needs. Maryland's 24 local departments of social services (LDSS) employ strategies to prevent child abuse and neglect, protect vulnerable children, and preserve and strengthen families by collaborating with state and community partners.

In 2007, DHR made a deliberate and focused shift in its practice, policy and service delivery with the launch of its Place Matters initiative. Over the last seven years, Maryland has been building a system that improves family and child well-being through the provision of family-centered, child-focused and community-based services. Place Matters promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of Place Matters is designed to improve the continuum of services for children and families, and places emphasis on preventing children from coming into care when possible, while ensuring that children are appropriately placed when they enter care. The primary successes of Place Matters are found in the shorter lengths of stay in out-of-home care and the increasing numbers of children and youth exiting from foster care to a permanent placement. Since the start of Place Matters, **the number of children in out-of-home care has decreased by over 53%,** the number of youth in group placements has decreased by more than 74%; and the proportion of youth in group home placements declined from 19% to 10%.[1] **There are fewer children in foster care today in Maryland than at any time in the past twenty-seven years.**

In 2014, Maryland applied for and was approved for a Title IV-E Waiver Demonstration Project, focusing on reducing entries and reentries to out of home care. Maryland is utilizing the Title IV-E Waiver to create a **responsive, evidence-based and trauma-informed system to promote child and family well-being**, using standardized assessments, building capacity of evidence-based and promising practices, strengthening families, and serving children in their homes. Maryland's priority populations for the Title IV-E Waiver are **children and youth at-risk of re-entering out-of-home care (reentries)** and **children and youth at-risk of coming into care (new entries)**. The Children's Bureau and Maryland agreed upon a capped allocation funding structure for this Demonstration Project, which was formally implemented on July 1, 2015, and will end on September 30.

Maryland received a two-part approval for its Initial Design and Implementation Report (IDIR); in June 2015, the IDIR for initial work on the state's trauma-informed system, the implementation of a trauma-informed assessment, was approved for July 1, 2015. In February 2016, the IDIR for implementation of evidence-based practices was approved. This report (Semi-Annual Report #1), therefore, will report on the implementation of the trauma-informed assessment, the CANS-F, and will highlight upcoming implementation activities to occur in the next reporting period.

[1] From July 2007 to June 2015.

It should be noted that during this reporting period, Maryland Department of Human Resources/ Social Services Administration (DHR/SSA) welcomed its new Executive Director, Kary A. James. Two additional executive leaders have joined DHR/SSA in the beginning of the subsequent reporting period: D'Artagnan Caliman, Chief of Staff, and Rebecca Jones Gaston, Deputy Executive Director of Programs. Please see Appendix A for list of DHR/SSA leadership and Waiver staff.

II. Demonstration Status, Activities, and Accomplishments

Maryland is committed to reducing first time entries and reentries into out of home care, and to improving the well-being of the children, youth and families. Implementing a trauma-informed system of care is a critical strategy which will allow workers to better utilize the strengths and address the needs of children, youth and families who come into contact with the child welfare system, while reducing risk of further traumatization. The first component in Maryland's trauma-informed system is the implementation of a trauma-informed assessment, the CANS-F (Child and Adolescent Needs and Strengths – Family). The 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.

The CANS-F (and the CANS) is a trauma-informed assessment tool that includes a trauma assessment as well as assessment of other life domains (relationships, school, etc.). It assists caseworkers with the identification of individualized strengths and needs of the children and families and supports the development of a plan of care that includes specific and individualized interventions to address identified needs. Prior to the implementation of evidence-based practices (EBPs), implementation of the CANS-F will allow workers to better assess children and parents' strengths, needs, and trauma impact, provide more appropriate services and service referrals, and adjust services throughout the life of a case. Individualize services may include trauma-based therapy, parent-skill building, substance abuse services, mental health services, or other interventions. Data collected from the CANS-F will also allow DHR and the LDSSs to identify common themes around strengths, needs, and trauma, and to use that data to create or expand appropriate services. After implementation of EBPs, these activities will continue but will also include the use of CANS-F as an additional tool in referral/screening for EBPs and to assess ongoing progress with families.

A. *Numbers and types of services provided to date* - Training for LDSS staff on the CANS-F began in April 2015, provided by the Institute for Innovations and Implementation (The Institute) and DHR. Training focused on: skills required to assess for trauma, and secondary traumatic stress (STS) and its impact on assessment skills, and self-care activities for frontline staff. Between April 2015 and December 2015, Maryland provided 28 separate trainings in 17 different jurisdictions, to 549 workers.

During this reporting period (July 1, 2015 – December 31, 2015), the CANS-F was implemented in 23 of Maryland's 24 local Departments of Social Services. Baltimore City, the last LDSS for implementation, began training and utilizing the CANS-F in December 4, 2015.

B. *Other demonstration activities begun, completed, or that remain ongoing (e.g., introduction of new policies and procedures, staff training)* - The CANS-F policy, DHR Policy #16-01 (Appendix F) was released just prior to this reporting period, and established timeframes for completion of the CANS-F. Training and support on CANS-F for Baltimore City is continuing, as is support for all other jurisdictions.

C. *Challenges to implementation and the steps taken to address them* - Baltimore City requested postponement of their CANS-F implementation date, in order to allow additional training time and to adjust local standard operating procedures. Baltimore City began training and implementing the CANS-F in December 2015, with additional support and training provided by DHR/SSA and the Institute.

D. *Data –*

Data Element	***Reporting Period 1***
Target population(s) age range(s)	Child/youth = 0-18 Caregivers = 18+
Type of trauma screens used	CANS-F
Number of children/youth screened for trauma	4,619
Type of trauma/well-being assessments used	CANS-F
Number of children/youth assessed for well-being/trauma	3,819
Type of trauma-focused evidence-based interventions (EBIs) used	n/a
Number of children/youth receiving trauma-focused EBIs	n/a
Percentage of children and youth receiving trauma-informed EBIs who report positive functioning at follow up	n/a
Number of parents/caregivers: - Screened for trauma - Assessed tor trauma - Treated for trauma	n/a
Number of clinicians trained in trauma-focused EBIs	n/a

III. Evaluation Status

A. *Numbers of children and families assigned to the demonstration*

Between July 1 and December 31, 2015, a total of 2,152 unique CANS-F assessments were completed throughout the State of Maryland. Given that some households included more than one caregiver and youth, a total of 3,030 caregivers and 4,619 youth have been assessed with the CANS-F assessment.

All but one Maryland jurisdictions began implementing the CANS-F on July 1, 2015. The remaining jurisdiction, Baltimore City, began training and implementation in December 2015. Because Baltimore City is the largest jurisdiction and they began implementing more recently, the number of CANS-F assessments completed is lower than original estimates.

For the first six months of implementation, overall compliance rates are reasonable. Compliance with whether the CANS-F was completed with every eligible family at each appropriate time point was assessed. The overall state compliance rate (excluding Baltimore City) was 64%, with rates in individual counties ranging from 11% to 93%. More details about compliance can be found in Appendix G, Table 4.

B. *Major evaluation activities and events (e.g., primary and secondary data collection, data analysis, database development).*

Between July 1 – December 31, 2015, the focus on the evaluation activities has been on the initial implementation and training of the CANS-F assessment statewide. Between April 28, 2015 and November 20, 2015, Maryland provided 28 separate trainings in 17 different jurisdictions (other jurisdictions were included in these trainings). The trainings were targeted to in-home service workers. The training sessions were scheduled for a day and a half each. As of December 31, 2015, of the identified 654 in-home staff, 549 (84%) of staff across Maryland was trained on using CANS-F. Of those trained, 226 (41%) have gone on to the complete the online test to earn their CANS-F certification.

The evaluation team is working closely with DHR staff who manage the CANS-F data as well as CANS trainers who provided the initial training to caseworkers as well as offer ongoing technical assistance and support to the jurisdictions to improve their uptake and utilization of CANS-F. During this reporting period, processes for data sharing and task divisions related to data cleaning, data analysis, and reporting have been developed. During this reporting period, the CANS-F data findings were shared with the IV-E Waiver Demonstration Advisory Board as well as the IV-E Waiver Evaluation workgroup. Both groups offered input on additional analyses and interpretation of the findings.

C. *Challenges to the implementation of the evaluation and the steps taken to address them.*

During this reporting period, there have been no significant challenges. The evaluation team is working closely with the DHR staff and other partners on the CANS-F initiative.

IV. Significant Evaluation Findings to Date

Appendix G includes a more comprehensive report about the use of and findings from the first six months of CANS-F implementation. The report describes CANS-F compliance, the proportion of needs/strengths across families, caregivers, and youth, as well as a more in-depth examination of the trauma experiences of the assessed population.

V. Recommendations and Activities Planned for Next Reporting Period

Three major areas of demonstration activities will be addressed in the next reporting period (January 1, 2016 – June 30, 2016):

1. Trauma-informed care development
2. Evidence-based practice implementation
3. IV-E Waiver governance restructuring

Trauma-informed care development – As part of the trauma-informed system of care, the use of the CANS-F will continue, as will data analysis. Training and support for workers will continue to be provided.

Additionally, the Trauma Strategic Plan (developed in summer 2015) will be reviewed in light of recent LDSS-submitted Concept Papers, several of which request Waiver funding to implement trauma-informed practices. Training/coaching, family support networks, interventions, and other strategies will be considered and planned for.

Evidence-based practice implementation – As a result of a recent Concept Paper process, LDSSs submitted proposals for Waiver funding to implement evidence-based practices (EBPs). Seven EBPs will be implemented across eight jurisdictions in the next reporting period:

DSS Service Models	• SafeCare – Prince George's, Howard, Montgomery • Solution-Based Casework – Baltimore City
Parenting Models	• Incredible Years – Allegany • Nurturing Parenting – Harford
Child Mental Health/Behavioral Health Models	• Family Functional Therapy (FFT) – Anne Arundel • Parent-Child Interaction Therapy – Anne Arundel • Cognitive Behavior Therapy+/Partnering for Success – Baltimore County

An additional promising practice is planned in Baltimore City, focusing on parental substance abuse treatment, job training, and housing. Discussions are underway with the Maryland Department of Health and Mental Hygiene to plan evidence-based, trauma-informed substance abuse treatment, which is the first component of an 18-month service program, which also includes a 6-month job training program and 12 months of an incrementally decreasing housing subsidy. Waiver funds would be used to support the housing subsidy. In addition, all workers in this program would receive training in the Solution-Based Casework EBP approach. The evaluation plan for Solution-Based Casework was approved by the Children's Bureau, and the evaluation plan for the substance abuse treatment/ job training/ housing will be developed once the program development is finalized.

Continued technical assistance and support will be provided by DHR/SSA and its partners to these jurisdictions. Plans for expansion of EBPs (through LDSSs and/or private providers) will be finalized either in this upcoming reporting period or the next (depending on evaluation results and available data, among other factors).

IV-E Waiver governance restructuring – Prior to and during the reporting period, the work of the IV-E Waiver has been guided by two governing bodies: a Steering Committee (which met weekly) and an Advisory Council (which met monthly). Both are being reevaluated as of the writing of this report, in order to ensure alignment with implementation science principles and current needs. Revisions should be finalized by June 2016.

VI. Program Improvement Policies

Maryland has agreed to implement two child welfare program improvement policies:

1. (new) Establishment of specific programs to prevent foster care entry or provide permanency: a family counseling program, such as family group decision-making program, which may include in-home peer support for families; and
2. Title IV-E Guardianship Assistance Program.

Program to prevent foster care entry or provide permanency/family counseling program – Maryland is establishing two family counseling programs which are aimed at preventing foster care entry or increasing permanency for children and youth: Parent-Child Interaction Therapy (PCIT) and Family Functional Therapy (FFT). Both are evidence-based practices, rated 1/well-supported by research evidence (PCIT) or 2/supported by research evidence (FFT) by the California Evidence-Based Clearinghouse. Both interventions provide family therapy/counseling: PCIT focuses on children ages 2-7 years old, while FFT focuses on youth ages 11-18. Goals of PCIT include: improving child-parent relationship by promoting safety, warmth, and security; alleviating the child's frustration and anger; teaching parents new skills; and developing parents' confidence. FFT goals include: improving family communication; improving behavioral and mental health by reducing problem behaviors; increasing problem solving and conflict management skills; and engaging in relapse prevention.

Both practices are currently available in some jurisdictions in Maryland, although not widely used by child welfare. By building upon existing resources and applying these strategies to families involved in child welfare, it is believe that families will be strengthened, child well-being will be increased, first-time and reentries to out of home care will be reduced, and behavior problems, which are often a barrier to permanency, will be reduced, thereby increasing the likelihood of permanency.

Both interventions will be implemented within calendar year 2016. See Appendices B and C for additional information on PCIT and FFT.

Guardianship Assistance Program (GAP) – Maryland first established a GAP program in 2010, with revisions in 2015. Please see Appendices D and E for Policy Directive 15-25 (dated April 15, 2015) and State regulations (amended 8/17/15). In SFY 2015, 130 children/youth received GAP.