Maryland Department of Human Services

Title IV-B Child and Family Services Plan
2018 Annual Progress and Services Report

Families Blossom
In Places that Matter

In Places that Matter

DHS
MARYLAND DEPARTMENT OF
HUMAN SERVICES

Larry Hogan, Governor
Boyd Rutherford, Lt. Governor
Lourdes R. Padilla, Secretary

MARYLAND

I.   **Table of Contents**

ACRONYMS

ACCWIC – Atlantic Coast Child Welfare Implementation Center
ACF – Administration for Children and Families
ADHD – Attention-deficit/hyperactivity disorder
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
BSFT – Brief Strategic Family Therapy
CANS – Child and Adolescent Needs and Strengths
CA/N – child abuse/neglect
CANS-F – Child and Adolescent Needs and Strength-Family
CAPTA – Child Abuse Prevention and Treatment Act
CASA – Court Appointed Special Advocates
CB – Children's Bureau
CBCAP – Community-Based Child Abuse and Prevention
CCIF – Children's Cabinet Interagency Fund
CCWIS – Comprehensive Child Welfare Information System
CCO – Coordination Organization
CFSR – Child and Family Services Review
CFP – Casey Family Programs
CIHS – Consolidated In-Home Services
CINA – Children in Need Of Assistance
CIP – Continuous Improvement Plan
CIS – Client Information System
CME – Care Management Entities
CQI – Continuous Quality Improvement
CRBC – Citizens Review Board for Children
CRC – Children's Research Center
CSA – Core Service Agencies
COOP – Continuity of Operations Plan

CPS – Child Protective Services

CSOMS – Children's Services Outcome Measurement System

CWA – Child Welfare Academy

CY – Calendar Year

DDA – Developmental Disabilities Administration

DEN – Drug-Exposed Newborn

DHMH – Department of Health and Mental Hygiene

DHS – The Maryland Department of Human Services

DJS – Department of Juvenile Services

DOB – Date of Birth

ECE – Early care and education

ECMHC – Early Childhood Mental Health Consultation

EFT – Electronic Funds Transfers

EP – Emergency Preparation

ESOL – English for Speakers of Other Languages

EPSDT – Early and Periodic Screening, Diagnosis, and Treatment Program

ESF – Emergency Support Function

EA VPA – Enhanced After Care Voluntary Placement Agreement

FASD Fetal Alcohol Spectrum Disorder

FAST – Family Advocacy and Support Tool

FC2S – Foster Care to Success

FEMA – Federal Emergency Management Agency

FBI-CJIS – Federal Bureau of Investigation reports

FFT – Functional Family Therapy

FCCIP – Foster Care Court Improvement Project

FCP – Family Centered Practice

FEMA – Federal Emergency Management Agency

FIM- Family Involvement Meetings FPL – Federal Poverty Level

FMIS – Financial Management Information System

FSC – Family Support Center

GAP – Guardianship Assistance Program

GAPMA – Guardianship Assistance Program Medical Assistance

GEAR – Growth, Empowerment, Advancement, Recognition

GED – General Educational Development

GOC – Governor's Office for Children

GOCCP – Governor's Office of Crime Control & Prevention

IAR – Institute of Applied Research

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

IEP – Individualized Education Programs

IFPS – Inter-Agency Family Preservation Services

ILC – Independent Living Coordinator

IR – Investigative Response

LDSS – Local Department of Social Services

LGBTQ – Lesbian, Gay, Bi-sexual, Transgender, Questioning

LIFT – Launching Individual Futures Together

MAF – Mission Asset Fund

MD THINK – Maryland's Total Human Services Information Network

MEMA – Maryland Emergency Management Agency

MEPP – Maryland Emergency Preparedness Program

MFRA – Maryland Family Risk Assessment

MATCH – Making All The Children Healthy

MD CHESSIE – Maryland's Children Electronic Social Services Information Exchange

MCO – Managed Care Organizations

MD-CJIS – Maryland Criminal Justice Information System

MD THINK - **M**aryland's **T**otal **H**uman **S**ervices **I**nformation **N**etwor**k**

MFN – Maryland Family Network, Inc.

MHA – Mental Health Access

MHEC – Maryland Higher Education Commission

MI – Motivational Interviewing

MRPA – Maryland Resource Parent Association

MSDE – Maryland State Department of Education

MST – Multi-Systemic Therapy

MTFC – Multi-Dimensional Treatment Foster Care

NCANDS – National Child Abuse and Neglect Data System

NCHCW – National Center on Housing and Child Welfare

NCSACW – National Center on Substance Abuse and Child Welfare

NGO – Non-Government Organizations

NRCPRFC- National Resource Center for Permanency and Family Connections

NRCCWDT – National Resource Center for Child Welfare Data and Technology

NYTD – The National Youth in Transition Database

OEO – Office of Emergency Operations

OOH – Out-of-Home

OHP – Out-of-Home Placement

OLM – Office of Licensing and Monitoring

OFA – Orphan Foundation of America

PAC – Providers Advisory Council

PCP – Primary Care Physician

PIP – Program Improvement Plan

PSSF – Promoting Safe and Stable Families

QA – Quality Assurance

RFP – Request for Proposal

RTC- Residential Treatment Center

RTT-ELC – Race-to-the-Top Early Learning Challenge

SACWIS – Statewide Automated Child Welfare Information System Assessment Reviews

SAFE – Structured Analysis Family Evaluation

SAMHSA – Substance Abuse and Mental Health Services Administration

SARGE – State Automated Child Welfare Information System Review Guide

SCCAN – State Council on Child Abuse and Neglect

SCYFIS – State Children, Youth and Family Information System

SDM – Structure Decision Making

SED – Serious emotional disturbance

SEFEL – Social Emotional Foundations of Early Learning

SEN – Substance Exposed Newborn

SFC-I – Services to Families with Children-Intake

SILA – Semi Independent Living Arrangements

SMO – Shelter Management/Operations

SOCTI – System of Care Training Institute

SoS – Signs of Safety

SROP – State Response Operations Plan

SSA – Social Services Administration

SSI – Supplemental Security Income

SSTS – Social Services Time Study

SUD - Substance Use Disorder

SYAB – State Youth Advisory Board

US DOJ, FBI-CJIS – United States Department of Justice, Federal Bureau of Investigation

TANF – Temporary Assistance to Need Families

TAY – Transition Age Youth

TFCBT – Trauma-Focused Cognitive Behavioral Therapy

TPR – Termination of Parental Rights

UMB – University of Maryland, Baltimore

VPA – Voluntary Placement Agreement

VPN – Virtual Private Network

WIC – Women, Children and Infants

WWF – Wireless Web Form

SECTION I: MARYLAND'S CHILD WELFARE SYSTEM

INTRODUCTION

The name of the Maryland Department of Human Resources will change to the Maryland Department of Human Services effective July 1, 2017. The link to the State legislation that passed is:

http://mgaleg.maryland.gov/webmga/frmMain.aspx?pid=billpage&tab=subject3&id=hb103&stab=018&ys=2017RS

Forms and documents are in the process of changing from the Maryland Department of Human Resources (DHR) to Maryland Department of Human Services (DHS). During this reporting period, some references may still cite "DHR" rather than "DHS".

The Maryland Department of Human Services (DHS) 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. DHS administers the IV-B, subpart two, Promoting Safe and Stable Families plan and oversees services provided by the 24 Local Departments of Social Services 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) Chafee Foster Care Independence Program, 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). To view the Social Services Administration's organizational structure, see Appendix A.

SSA envisions a Maryland where *Families Blossom* by strengthening families so that children are safe, healthy, resilient, and are able to grow and thrive. Maryland began this journey in 2007 with the launch of the Place Matters Initiative which led to the provision of family-centered, child-focused, community-based services that promote safety, family strengthening, and permanence for children and families in the child welfare system. The primary success of Place Matters is evidenced by the decreased number of children in out-of-home care (4,837 in SFY 2015 to 4,661 in SFY 2016; see figure 1) and the increased number of children reunified (1,061 in SFY 2015 to 1,321 in SFY2017; see Figure 5). Since the start of these efforts in 2007, Maryland was able to decrease the number of children in Out-of-Home care by over 55% (from 10,330 in SFY2007 to 4,661 in SFY2017) while the proportion of youth in group home placements declined from 19% in SFY2007 to 10% in SFY 2017. This percentage in group homes has remained steady at 10% from SFY2015 to SFY2017, even as the number of children in group homes decreased from 495 (SFY2015) to 480 (SFY 2017; Figure 2). The number of children in family homes has increased slightly from 71% to 72% from SFY 2015 to SFY 2017, even as the number of children has decreased from 3,440 (SFY 2015) to 3,348 (SFY 2017; Figure 3).

Adoptions increased from 295 in SFY2015 to 349 in SFY2016 with a slight drop to 320 in SFY2017 (Figure 4). The drop in adoptions is not unexpected as the number of children in Out-of-Home placement decreases, the number of children legally free for adoption also decreases. The number of exits from Out-of-Home to Guardianship dropped from 507 in SFY2015 to 468 in SFY2016 to a slight increase to 472 in SFY2017. The overall decrease in Guardianship will be assessed. However, the number of children reunifying did increase as mentioned above indicating that more children are returning to their biological parent(s) than being adopted or going to guardianship which is also a success of Place Matters.

Figure 1

Figure 2

Figure 3

Children in Family Homes

in FH

SFY 2015	SFY 2016	SFY 2017
71%	72%	72%
3,440	3,378	3,348

% in FH

Figure 4

Exits from Out-of-Home: Adoption

SFY 2015	SFY 2016	SFY 2017
295	349	320

Figure 5

Permanency Efforts:
Number of Children Reunified

	SFY 2015	SFY 2016	SFY 2017
	1,061	1,242	1,321

Figure 6

Exits from Out-of-Home: Guardianship

	SFY 2015	SFY 2016	SFY 2017
	507	468	472
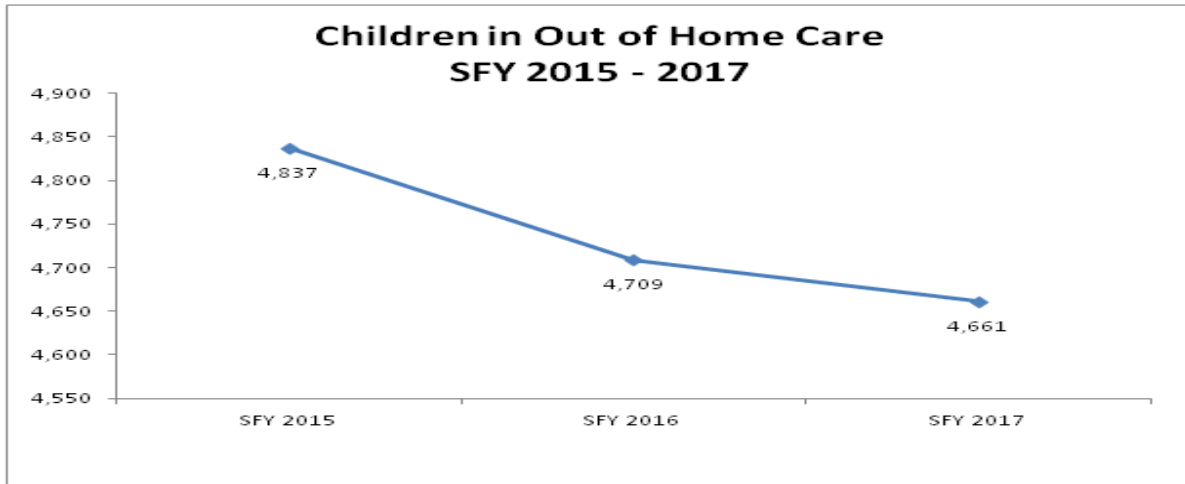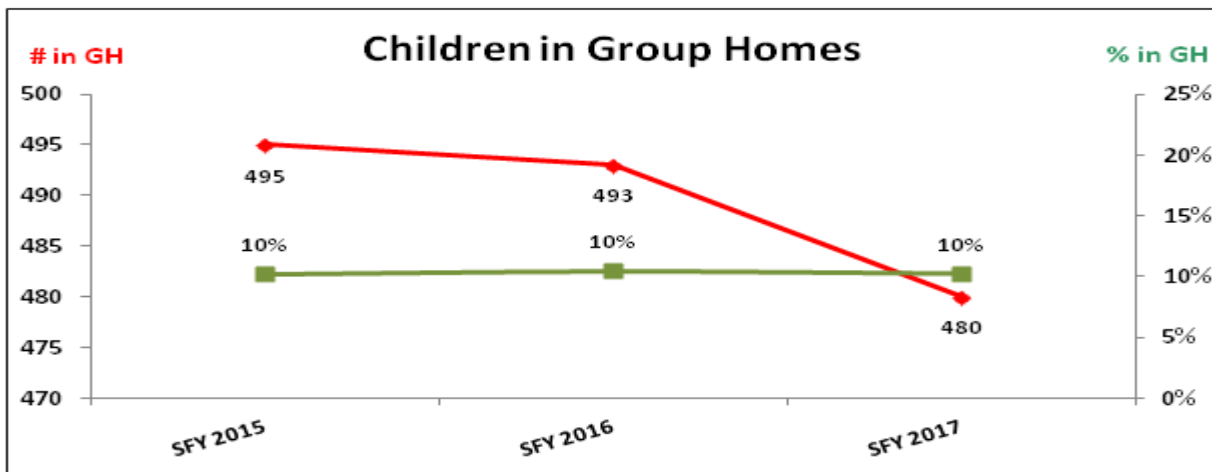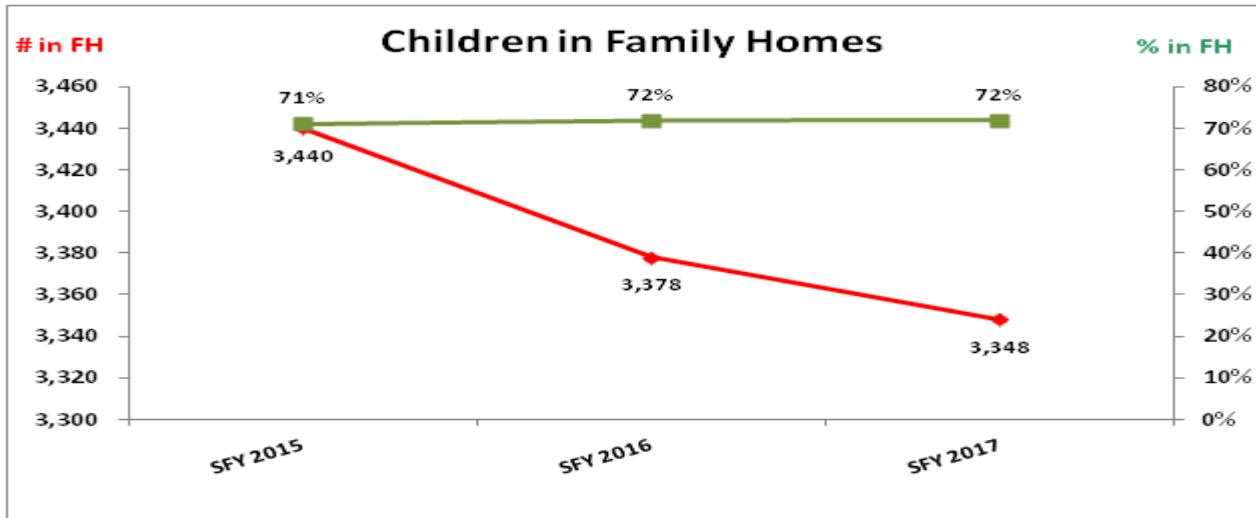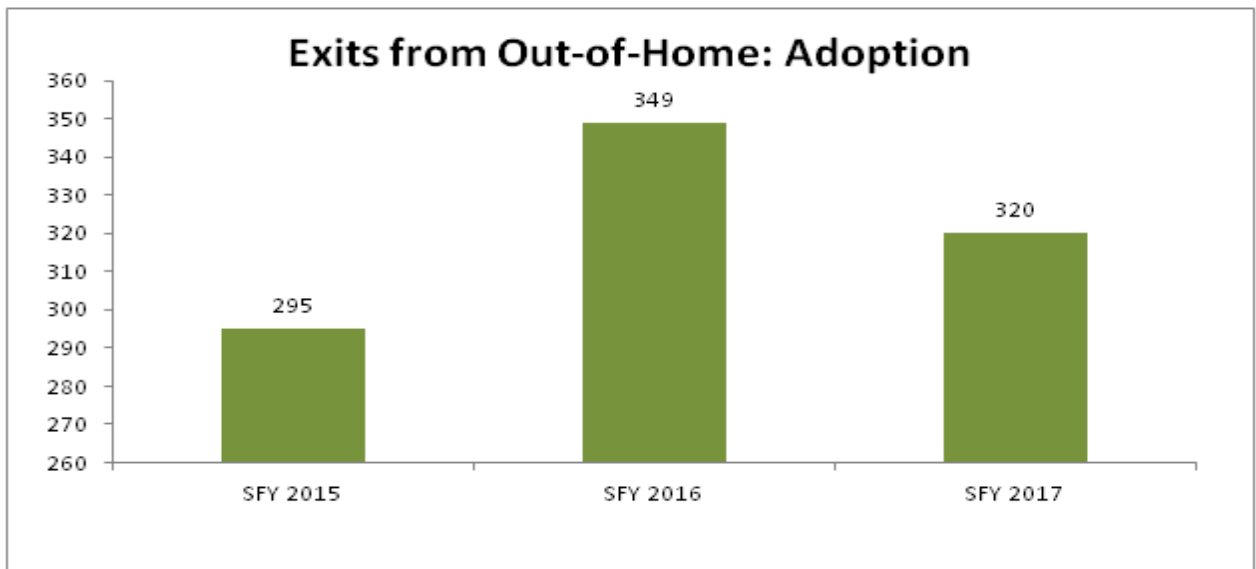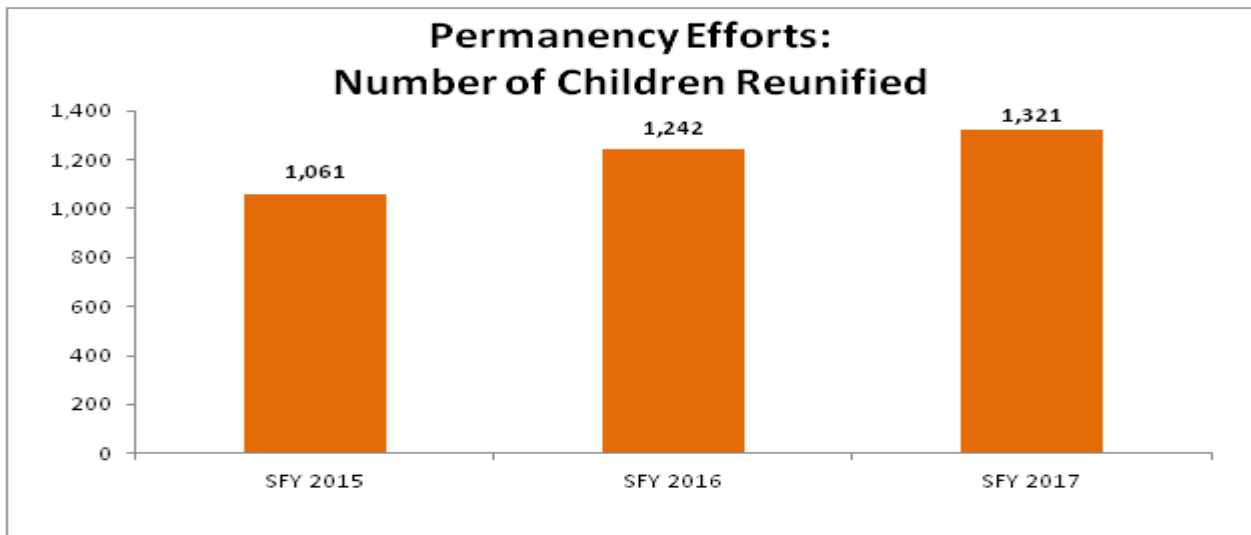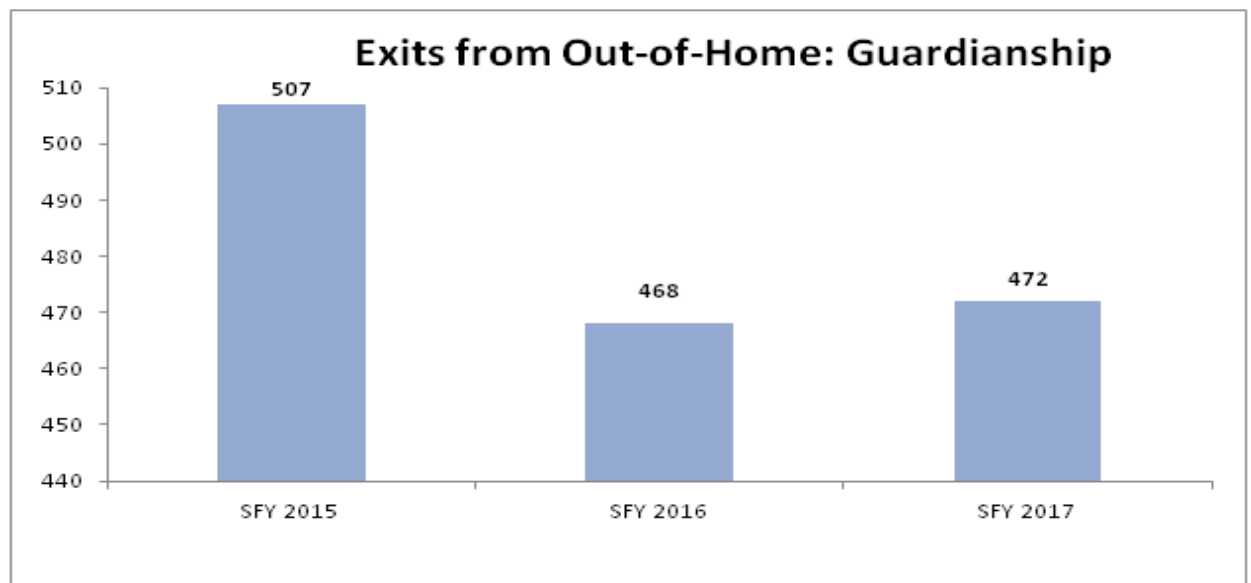
SSA's next major child welfare system reform effort, Families Blossom (Maryland's Title IV-E Waiver Demonstration Project), is building upon Maryland's previous successful improvement efforts (Place Matters, Alternative Response, and Family Centered-Practice) to operationalize a comprehensive, integrated Practice Model, implement and effectively utilize comprehensive assessments, and expand the existing service array. These efforts include infusing trauma responsive, strength-based, family-centered and youth-guided principles within and across the child welfare continuum, meaningful utilization of Child and Adolescent

Needs and Strengths (CANS)/Child and Adolescent Needs and Strength-Family (CANS-F) and other assessment data in case planning and decision-making, and the implementation and testing of a range of evidence-based and promising practices within identified jurisdictions with the goal of expanding the array of effective, evidence-based interventions available across the State. By aligning these efforts, Maryland will be able to re-imagine its full continuum of services from prevention through aftercare supports to:

● Improve well-being across the family unit,
● Keep children and youth in their homes, and
● Ensure children and youth in out-of-home care have shorter lengths of stay, are placed in less restrictive placements, and do not reenter out-of-home placement.

By leveraging the Families Blossom opportunity, Maryland is also engaging in an internal restructuring process that better aligns with the agency's strategic vision (See Appendix B. SSA Strategic Vision) and promotes an intentional focus on outcomes improvement across the child welfare continuum, including at the local level. An organizational paradigm shift has accompanied these efforts, as SSA has transitioned its focus away from siloed conversations about discrete initiatives and projects toward an overall emphasis on outcomes improvement, collaborating with internal and external stakeholders to identify and articulate how each strategy or intervention fits into the overall practice model and is designed to improve the outcomes of children and families involved with the child welfare system.

SSA created an outcomes improvement implementation structure (See Appendix C. SSA Implementation Structure) to guide the execution of its strategic direction. This structure, built on the practice and principles of implementation science research, will strengthen communication and promote a shared understanding and align leadership, resources, and efforts between SSA, Local Departments of Social Services, and their stakeholders. The Implementation Structure moves SSA-LDSS efforts and activities from an initiative-focus to a unified outcome-focus.

The SSA Implementation Structure promotes real-time, multidirectional communication (e.g., practice to practice, policy to practice, and practice to policy) to help SSA achieve their strategic vision and related outcomes. The Implementation Structure allows for:

1. Real-time refinements and enhancements during development and implementation;
2. Identification and allocation of needed resources;
3. Promotion of timely policy and programmatic decisions;
4. Continual tracking and monitoring of progress toward identified outcomes; and
5. Managing and sustaining the desired change.

In addition, the implementation structure directly impacts the full breadth of SSA's and LDSS's practice and activities, informing child welfare practice across the child welfare continuum by addressing: policy; continuous quality improvement; stakeholder communication and engagement; information system

modernization; services and resource development, including Evidence-Based Practices (EBPs); funding and contracting; and technical assistance to local partners. Identification and communication of success/progress, barriers/challenges and needed action steps occurs within the Implementation Structure's integrated teams and workgroups. Communication is specifically facilitated through two documents: the Implementation Structure Work Plan and Summary Report. Implementation Teams, Cross-Cutting Networks, and Content-focused Workgroups review and update both documents in real-time (e.g., monthly and/or quarterly) to ensure frequent communication with the Outcomes Improvement and SSA Executive Leadership Teams.

The Implementation Structure is comprised of SSA and LDSS leadership and staff with representatives from the stakeholder and provider community, including families and youth, advocacy groups, community providers, university partners, the court system as well as the Families Blossom evaluation team. Through the Implementation Structure, SSA hopes to increase collaboration and participation with their LDSS partners.

The major work of the Implementation Structure is led by the Outcomes Improvement Steering Committee, which serves under the leadership of the SSA Executive Leadership Team (i.e. SSA Executive Director, Deputy Executive Director Programs, Deputy Executive Director Operations, and Chief of Staff). The Outcomes Improvement Team consists of representatives from:

- SSA Executive Leadership
- SSA Program Leadership
- LDSS Representatives
- Implementation Team and Network Leads
- University Partners

While the SSA Executive Leadership Team develops and refines the strategic direction and desired child, family and system outcomes, the direction is then executed by three groups: Outcomes Improvement Steering Committee; Integrated Practice Implementation Team; and Service Array Implementation Teams. These groups track, manage and monitor progress towards outcomes. The Outcomes Improvement Steering Committee drives the work of the Integrated Practice and Service Array Implementation Teams. These teams are again made up of representatives from SSA, LDSS, university partners, youth and family, and community partners and external stakeholders (e.g., providers, court, advocacy, content experts, etc.).

The Implementation Teams, utilizing content-specific workgroups (e.g., family-centered, trauma responsive, strength-based practice model; comprehensive trauma-informed assessment; development of community and in-home evidence-based services and interventions; alternative response; transition age youth; etc.) with assistance from Cross-Cutting groups (e.g., Data, Information Technology [IT]), Continuous Quality Improvement (CQI), Communication, Workforce), are assigned primary responsibility for developing, implementing and enhancing needed practice, policy and resources. Ultimately, however, successful implementation does not occur until the collective work of the Implementation Structure reaches the LDSS

through their Local Leadership Teams. At the LDSS level, ownership has already been clearly established through their collective collaboration and partnership in the development of the vision and work. Focus at the local level, under LDSS leadership, is now on providing training, technical assistance and CQI to ensure successful implementation and sustainability and the achievement of the desired outcomes for children and families.

Going forward, Maryland will continue to grow and enhance its child welfare system and practice by utilizing an implementation structure that will allow for communication to occur across the system as well as monitoring and tracking of progress and outcomes. By leveraging the Title IV-E Waiver Demonstration opportunity, Maryland is able to continue to build upon the existing foundations of Place Matters, Family Centered Practice, Alternative Response and Ready by 21 while taking the next steps forward to integrate trauma responsive practice into daily work across the continuum (see Figure 7, Maryland's Continuum of Care), enhance and grow community-based services and evidence-based practices for children and families, and implement comprehensive assessments in order to shape future practice and improve children's and families' safety, permanence, and well-being.

Figure 7

CHILD WELFARE CONTINUUM OF CARE

Child Protective Services (CPS) Response

In-Home Services

Out-of-Home Services

Adoption

Safety **Well-Being** **Permanency**

• Screening – CPS (Alternative and Investigative Responses), Information and Referral (I&R), Non-CPS • CPS Background Checks • CPS Investigative Response • CPS Alternative Response	• Services to Families with Children, Intake • Consolidated Family Services • Interagency Family Preservation	• Out-of-Home Placement • Ready By 21 (Transitional Youth Services) • Guardianship Assistance Program • Placement Services and Interagency Initiatives (Resource Homes, Out-of-State Placements, Education/Health, Interstate Compact for the Placement of Children, Placement Support Services)	• Adoption Assistance Program • Mutual Consent Voluntary Adoption Registry • Adoption Search, Contact and Reunion Services

SECTION II: GENERAL INFORMATION

<u>COLLABORATIONS</u>

Maryland has developed collaborations with state/county agencies, stakeholders, nonprofits, community organizations, and the courts to review and improve outcomes for children. Through these partnerships DHS has engaged in meaningful discussions that have shaped the development of services and policy. These partnerships will support the implementation and ongoing evaluation of the goals, objectives, and measures established to ensure the safety, permanency, and well-being of children in the child welfare system. (For collaborations specific to goals and objectives, please review the Update on Assessment of Performance / Update to Plan for Improvement, Goals and Objectives.)

Strengths
DHS/SSA's partners are active partners in projects, initiatives, and discussions to move the Department forward in developing and monitoring better outcomes for children. Many of the organizations are represented on more than one committee or initiative, thus giving a linkage to the whole child welfare system, rather than viewing the outcomes from a single program or agency.

The strength of DHS/SSA's collaborations is the direct contact with DHS/SSA's partners. The partners are able to give direct feedback and comment on data and evaluations regarding programs and policies for revision, development, and outcomes through meetings and discussions.

SSA also meets regularly face-to-face with local Directors and Assistant Directors of the Local Departments of Social Services, which are also SSA's stakeholders. Review of policies and practices are regular, with opportunities for comment during the drafting of policies and when requested. SSA also gives LDSS opportunities to comment on draft policy, thus enabling SSA to review any noted impacts on the LDSS.

Concerns
DHS/SSA continues to strengthen narrative to support the data. The Implementation Structure put in place, as noted in the Overview, will increase opportunities to clarify the stories behind the data and to ensure that the collective work of the teams move Maryland's children to safety, permanency, and well-being.

Capacity Building Center For States
The Capacity Building Center for States had personnel change over the past year; however DHS/SSA has met with the new liaison, D'Artagnan Caliman, twice during this SFY2017 to reestablish assessment and goals. The Capacity Building Center for States will support DHS/SSA with Technical Assistance with youth and birth parent engagement.

SECTION III: UPDATE ON ASSESSMENT OF PERFORMANCE / UPDATE TO PLAN FOR IMPROVEMENT

GOALS & OBJECTIVES

The Title IV-E Waiver Demonstration enables Maryland to continue to progress in achieving safety, permanency, and well-being for Maryland's children. Maryland has begun the work to implement an evidence- and trauma-informed system that provides the framework to integrate programs as one system that collectively works to improve the outcomes for children and families. The success of Place Matters, Alternative Response, Family Centered Practice, and Ready by 21 is measured by the results of the following goals:

Goal 1: Improve the safety for all infants, children, and youth who have a child protective services investigation.
Note: To narrow its scope, this goal has been revised from "Improve the safety for all infants, children, and youth."

Measure 1: Absence of Recurrence will be 90.9% or more
Objective: Reduce recurrence of Maltreatment
Measure 2: Maltreatment in Foster Care will be 9.5% or less
Objective: Reduce Occurrence of Maltreatment

Goal 2: Achieve permanency for all infants, children, and youth in foster care.
Note: To narrow its scope, this goal has been revised from "Achieve permanency for all infants, children, and youth."

Measure 1: Permanency in 12 months for children entering foster care will be 40.5% or more.
Objective: Improve services so that children are able to exit care.
Measure 2: Permanency in 12 months for children in care 12 and 23 months will be 43.6% or more.
Objective: Improve services so that children are able to exit care.
Measure 3: Permanency in 12 months for children in care 24 or more months will be 30.3% or more.
Objective: Improve services so that children are able to exit care.
Measure 4: 12% or less of children exiting to reunification will reenter OOH care.
Objective: Reduce Reentry into care from reunification.
Note: Measure 3 was changed from 17% to 30.3% to align with the National Standard
Measure 4 was changed from 13% to 12% to align with other State reports.

Goal 3: Strengthen the well-being of infants, children, and youth in foster care.
Note: To narrow its scope, this goal has been revised from "Strengthen the well-being of infants, children, and youth."

Measure 1: 85% of children entering foster care are enrolled in school within five days.
Objective: Children are enrolled in school within five days.
Note: Measure 1 was changed from 77% to 85% due to improvement in the data used to measure performance.
Measure 2: 75% of the children in Out-of-Home Care receive a comprehensive exam.
Objective: Children in Out-of-Home care receive a comprehensive health assessment.
Measure 3: 90% of the children in Out-of-Home Care receive an Annual Health Exam.
Objective: Foster children have their health needs reviewed annually.
Measure 4: 60% of the children in Out-of-Home Care receive an annual Dental Exam.
Objective: Children in Out-of-Home care receive a dental exam.

The objectives identified in the preceding pages are subject to change in order to ensure alignment with State and Federal guidance over the next five years.

Goal 1: Improve the safety for all infants, children, and youth who have a child protective services investigation.

Measure 1: Absence of Recurrence of Maltreatment will be 90.9% or more.
Objective: Reduce recurrence of maltreatment

Child and Family Services Review (CFSR) Safety Outcome 1: Children are—first and foremost—protected from abuse and neglect.

The Federal guidelines were modified to extend the base period and observation period from six months to 12 months. Maryland revised their measure to reflect the new guidelines. Maryland's results are illustrated in Table 1.

Table 1

Absence of Recurrence of Maltreatment, by Federal Fiscal Year Target: Absence of Recurrence of Maltreatment will be 90.9% or more	
FFY2015	**91.6%**
National Standard: 90.9% or more	
Source: MD CHESSIE; University of Maryland School of Social Work analysis.	
Revised based on new Federal guidelines *Justification: Based on the CFSR Round 3, this is a modified federal measure that extends the base period and observation period from six months to 12 months.* *Note: The FFY 2016 data, base period October 2015 to September 2016, cannot be generated until 2018 using January's copy of MD CHESSIE.*	

Measure 2: Maltreatment in Foster Care will be 9.5 or less.
Objective: *Reduce occurrence of maltreatment while in foster care.*

Child and Family Services Review (CFSR) Safety Outcome 1: Children are—first and foremost—protected from abuse and neglect.

The Federal guidelines were modified to extend the base period and observation period from six months to 12 months. Maryland revised their measure to reflect the new guidelines. Maryland's results are illustrated in Table 2.

Table 2

Rate of Victimization Foster Care by Federal Fiscal Year	
FFY2015	13.3
FFY2016	13.8
Source: MD CHESSIE; University of Maryland School of Social Work analysis	
Revised based on Federal guidelines	
Justification: Based on the CFSR Round 3, this is a modified federal measure in two important ways: it includes all instances of indicated and unsubstantiated child maltreatment (no longer limited to maltreatment by foster parents and facility staff members), and has improved the denominator to reflect accurately the exposure to this risk among foster children. The rate of victimization per 100,000 days of foster care during a 12-month period.	

Data Assessment

Over the past two years, Maryland implemented two major improvements to the Child Protective Services and In-Home Services programs that promote improved assessment and family-centered practice that should continue to reduce the recurrence of maltreatment rate and reduce maltreatment in foster care. For FFY2016 the rate of child maltreatment in foster care increased by .5% but continues to remain lower than the highest rate registered in FFY2014 of 17.1.

Alternative Response (AR) was fully implemented statewide as of July 1, 2014. In the report to the Maryland Legislature the organization conducting the legislatively required independent evaluation (IAR Associates) points out that families report higher ratings on feeling engaged and their participation in case direction decision-making. The time period of the evaluation was relatively early in AR implementation but suggests that the alternative path produces more family involvement in case direction. The report also indicates the six month recurrence rate of AR families in jurisdictions with mixed units was 6.0% while the rate in jurisdictions with specialized AR units was 4.1%. The difference was statistically significant ($p < .001$). Provision of an all AR caseload may assist in limiting recurrence of maltreatment. This percentage will be important to continue to monitor to see if it reduces recurrence of maltreatment.

Per the most recent data, the rate of the maltreatment recurrence within 12 months of families starting an AR case during FFY15 (meaning that within 12 months of starting AR, a maltreatment finding of indicated or unsubstantiated is made), is 6.0%. This is nearly 2% lower than the recurrence of maltreatment among families starting in Investigative Response (IR) which is 7.9%, and makes sense because the AR families served have a lower risk of maltreatment than families screened into the traditional Investigative Response.

On July 1, 2015 Maryland's LDSS (with the exception of Baltimore City) implemented use of Child and Adolescent Needs and Strength–Family (CANS-F) as an added assessment tool for In-Home staff for identifying a family's strengths and weaknesses and to target assessed deficiencies in corresponding service

plans developed with families. Baltimore City Department of Social Services (BCDSS) started using CANS-F in January 2016. Preliminary data shows that approximately 68% of cases where one would expect to find a completed CANS-F for the time period July 1, 2015 through December 31, 2015, actually had one in the record. Those LDSS showing low completion rates were identified and steps were taken in the form of targeted training to bolster the utilization of the tool. While it is too early to state that better assessment and service planning will reduce recurrence, a drop in the rate is anticipated.

The use of the CANS-F and the CANs data will continue to allow the LDSS to thoroughly assess a child's needs. In the event that a child needs to enter Out-of-Home Placement, the assessments available will guide the LDSS in selecting the most appropriate placement for the child.

SSA recognizes that there may be some discrepancy in the number of cases of maltreatment reported while a child is in foster care. Children and youth in foster care often report prior maltreatment that predates their stay in foster care. However, the maltreatment is reported at the time of disclosure. Therefore, SSA is exploring how to accurately determine the number of reports of maltreatment.

Interventions
- **CANS–F Training**
  o SSA has a contract with the University of Maryland to continue to offer training on CANS-F and to produce detailed data on completion rates, and the needs and strengths identified. Data is provided to LDSS to manage their caseloads and to the Central office to identify where additional training or technical assistance is needed. Maryland is an approved IV-E Waiver Demonstration State. Maryland has chosen to use monies from the IV-E Waiver to implement evidence-based practices in chosen jurisdictions that will assist in the work that is done with families who are at risk of abuse and neglect. Preventing placement and reentry after re-unification are the goals of the IV-E Waiver Demonstration effort. The Evidence-Based Practices should promote better family functioning thereby reducing the recurrence of maltreatment. A full discussion of Evidenced-Based Practices being implemented is discussed in the IV-E Waiver section of this report.
- **Ruled Out Investigations**
  o During the 2016 Maryland Legislative Session a bill was passed and took effect on October 1, 2016, allowing the local departments to keep Ruled Out investigations for 2 years instead of expunging them within 120 days. This change allowed the Department to examine all the investigations completed with families and determine whether the Department needs to intervene differently or earlier with families regardless of a Ruled Out finding. It will also help the Department understand the shortcomings of investigations especially in cases where a Ruled Out investigation was followed by a new Child Protective Services (CPS) report. At present CPS might be completely unaware that the family's situation was brought to the Department's attention because the record of the previous investigation was destroyed. At the time of this writing there

has not been sufficient time passed to determine if DHS/SSA's ability to maintain ruled out findings for two years will have a significant impact on investigations.

- **Risk Assessment Tools**
  - o Maryland indicated in the last report that the new risk assessment tool developed in conjunction with the Children's Research Center would be incorporated into the new electronic child welfare record system. That system remains under development and the plan remains to incorporate the new risk tool into it. There has been increased interest in reviewing all of the risk tool components to identify and eliminate redundant assessments. As part of the Families Blossom structure a Redundancy Elimination Workgroup was formed and recommendations made to restructure segments of the tools so that they complement and build on one another.
- **Training for Resource Parents**
  - o As an intervention for maltreatment in foster care, SSA will offer training around trauma informed care to the resource parent.
  - o SSA will explore purchasing the new generation PRIDE training offered by CWLA in order to train resource parents around issues of trauma.

Benchmarks

May 2016 – April 2017

- **CANS-F Data Review**
  - o DHS Central will also use the data to identify areas where completion rates are low to offer assistance to bolster compliance. Additionally, discussions will be held with the Continuous Quality Improvement (CQI)/Quality Assurance Unit to determine if service plans contain activities that address needs identified in the CANS-F for families. Better linking of service plans to assessment should help reduce recurrence of maltreatment. In collaboration with the University of Maryland and Innovations Institute work will continue to tighten the risk factors associated with sex trafficking to identify through the CANS-F data, those youth receiving child welfare services that may be at risk for trafficking.
  - o *Update:* For a detailed discussion on CANS-F implementation and some preliminary analysis of assessments being completed by LDSS staff please see Appendix D Systemic Factors, Item 29. Additionally, the overall CQI process is being revised and an item under discussion is how to best assess how assessment is reflected in Service planning with families. The process is somewhat complicated because there is not necessarily a direct correlation between items assessed as an immediate need and those reflected in a plan. DHS/SSA believes that better linking of service plans to assessment should help reduce recurrence of maltreatment. Information from the onsite Quality Assurance reviews will also be available for several jurisdictions for a closer analysis of whether assessment and planning are producing the desired result.

- **Risk Assessment Tools**
  - o Review requirements with the IT Modernization efforts.

- o *Update:* DHS/SSA reported for the past several years that plans were on hold for replacing the existing Maryland Family Risk Assessment with two new tools developed jointly between DHS and the Children's Research Center. Plans continue to be on hold until the MD THINK (new electronic system) comes online. LDSS will continue to use the Maryland Family Risk Assessment (MFRA) until that time.

- **Alternative Response**
  - o In May 2016, Maryland hired a Program Analyst to continue the work of the Alternative Response Director who left State service in May 2015. This work includes following up on local sustainability plans, providing onsite technical assistance where needed and promoting the philosophy of Alternative Response to help the Local Departments of Social Services move closer to the fidelity of the service model.
  - o Reengagement of community partners to begin further discussions of how to best provide services within the community as well as how community partners view efforts to serve AR families, will be scheduled.
  - o Evaluate the use of Signs of Safety by staff in local jurisdictions and work with Child Welfare Academy to provide any needed technical assistance in the application of these skills.
  - o *Update:* The Alternative Response Analyst accomplished the following during the past year:
    - ▪ Followed up on local sustainability plans, provided onsite technical assistance where needed and promoted the philosophy of Alternative Response to help the LDSS move closer to the fidelity of the service model.
    - ▪ Encouraged LDSS to reengage their community partners to begin further discussions of how to best provide services within their community as well as how community partners view efforts to serve AR families.
    - ▪ Continued to evaluate the use of Signs of Safety by staff in local jurisdictions and working with Child Welfare Academy to provide any needed technical assistance in the application of these skills.
    - ▪ Conducted a survey in August 2016 to assess the sustainability of AR in the state. The results of the findings are as follows:
      - ● Only three out of 24 LDSS report complete buy-in from community partners.
      - ● 70% of staff indicated that their agency needed to increase community outreach and education.
      - ● 55% of staff indicated that there was a need for additional training other than the options offered at UMSSW.
      - ● 44% were in need of technical assistance in reference to model fidelity.
      - ● 49% of staff was unaware that service plans should be completed during the initial 60-day assessment period if the families are in need of services.

- As a result of the findings, follow-up sustainability meetings were held between August and April 2016 in Washington, Garrett, Allegany , Cecil, Dorchester and Montgomery counties to discuss the survey in addition to barriers and improvements made since SSA staff met with them in 2015. During these meetings SSA staff provided technical assistance around the court and police intervention process as it relates to AR cases. SSA will continue to conduct site visits throughout the state. The next sustainability meeting was scheduled for April 28, 2017 with Frederick and Carroll counties.
- Working with the Child Welfare Academy, an advanced AR training curriculum was developed to move AR practice forward and provide more skills for workers to use with AR families.
- SSA conducted discussions with University of Maryland Child Welfare Academy April 28, 2017 about providing trainings in the western and eastern regions of the state as oftentimes due to the distance between those LDSS and UMSSW, taking advantage of trainings has been proven to be challenging. Staff also indicated they were in need of more advance/clinical trainings.

- **Training Resource parents**
  - o *Update:*
    - ▪ SSA will explore purchasing the new generation PRIDE training offered by Child Welfare League Association in order to train resource parents around issues of trauma.

May 2017–April 2018

- **CANS-F:** Data Analysis will be conducted
  - o Similarly for CANS-F, very detailed data will have been available for LDSS and Central office staff use to clearly determine if strengths/needs assessment and corresponding service planning are effective in reducing maltreatment. Information from the onsite Quality Assurance reviews will also be available for several jurisdictions for a closer analysis of whether assessment and planning are producing the desired result.
  - o Maryland has implemented AR, revised SAFE-C assessment, and CANS-F that, along with the Maryland Family Risk assessment, constitute the comprehensive assessment package for staff to use when working with In-Home families. Maryland made the decision to revise the safety assessment to improve the reliability and validity of the tool following an assessment of the tool by the Children's Research Center (CRC). The assessment revealed inconsistencies in the use of the tool by trained staff. Analysis of the effectiveness of these assessment tools on safety and service planning continues to be needed to determine if deficiencies and strengths uncovered during assessment are effectively addressed in service provision and utilization by families. As shown in Table 6, the number of families receiving In-Home services continued to rise slightly. As

more families receive the CANS-F assessments, staff has a larger population for analysis to determine if the assessment is reflected in the service plans.

- **Alternative Response:** Data analysis will be conducted.
  - o Per the most recent data analysis with 40% of the cases being serviced on the AR track, it appears that the recurrence rate of abuse and neglect of children has been reduced. Most of the services offered to families are counseling and parenting skills training.
  - o SSA will continue to use the available data from Alternative Response and Investigative Response to direct local practice. By mid-2018 it should be clear whether Alternative Response has been effective in reducing repeat maltreatment. Data should also help determine whether changes in the law are needed to expand or reduce the types of cases served in the alternative and investigative tracks. If appropriate, changes in law will be recommended.
  - o During the next year, time will be spent looking at AR data to determine which jurisdictions have the numbers to support AR specific staff or units.
  - o Continue to assist jurisdictions to engage the community to address AR families' needs and seek changes in service provision to meet the needs of families. This assistance can include exploring how current services are provided and how simple changes might have a significant impact on access (e.g., Ask A Mental Health Provider to use space in a school for meetings or ask a church for space for meetings in the families' community, thus eliminating a transportation burden on families living outside of towns or cities).
  - o Continue to provide technical assistance, hold quarterly AR Learning Collaboratives and training to all jurisdictions to ensure adherence to AR model fidelity.
  - o Provide staff with more advanced training, in addition to have University of Maryland Training Department provide trainings to staff in the Eastern and Western regions of the state.
- **Training Resource parents**
  - o Purchase New Generation PRIDE Training.

May 2018–April 2019
- **Alternative Response:** Data analysis
  - o SSA will continue to use the available data from Alternative Response and Investigative Response to direct local practice. By mid-2018 it should be clear whether Alternative Response has been effective in reducing repeat maltreatment. Data should also help determine whether changes in the law are needed to expand or reduce the types of cases served in the alternative and investigative tracks. If appropriate, changes in law will be recommended.
  - o SSA will assess with local jurisdictions and service and community providers services required to assist AR families and address gaps in service and how to fill these gaps.
- **Risk Assessment Tools:** Modernization Implementation (as available)

- As Modernization tools are developed, review the Risk Assessment Tools and their capabilities with the new system.
- **Training Resource parents**
  - Train Resource Parents on New Generation Pride

Data / Measures of Progress
Table 3

Number of CPS Reports, by State Fiscal Year		
State Fiscal Year	*Reports*	*Percent Change*
SFY2014	**49,976**	
SFY2015	**49,293**	-1%
SFY2016	**53,323**	8%
Source: MD CHESSIE and Baltimore City data, Child Welfare 03 files *Data reporting was changed from Calendar Year to State Fiscal Year for more consistent reporting.*		

The number of calls to LDSS hotlines statewide for SFY2016 continued to increase over the year before. A large number of these calls are deemed inappropriate for a CPS response and can be referred to other agency programs (e.g., allegations of substance-exposed newborns are received and referred internally to Services for Families with Children for assessment), referred to community resource, or closed with no action. The number of calls accepted for a CPS response can be found in Table 4.

Table 4

Number of New CPS Responses, by State Fiscal Year		
State Fiscal Year	**Responses**	**Percent Change**
SFY2014	**23,238**	
SFY2015	**20,761**	-11%
SFY2016	**21,346**	3%
Source: MD CHESSIE *Data reporting was changed from Calendar Year to State Fiscal Year for more consistent reporting.*		

The number of calls accepted for a CPS response for SFY2016 increased over the previous year but continues below the highs set in 2011 (27,821), 2012 (27,761) and 2013 (26,522). Since those years, allegations of substance-exposed newborns were screened out from a CPS response and assigned to Services to Families for assessment. Starting in 2014, LDSS were trained not to accept these cases for investigation unless it was clear at the time of the call that an act of abuse or neglect was suspected following the birth of the child.

Table 4a

CPS Cases Open Less than 60 days, Average Percentage, by State Fiscal Year			
Target: 90% of CPS responses will be completed within 60 days			
Investigative Response		Alternative Response	
SFY2014	86%	SFY 2014	87%
SFY2015	90%	SFY 2015	94%
SFY2016	88%	SFY 2016	88%
Source: MD CHESSIE; Child Welfare Place Matters files *Data reporting was changed from Calendar Year to State Fiscal Year for more consistent reporting.*			

Table 5

Families and Children Receiving In-Home Services Total Number of Families and Children Served, by State Fiscal Year				
	Numbers		Percent Change	
State Fiscal Year	Families	Children	Families	Children
SFY2014	8,626	18,137		
SFY2015	9,813	20,520	14%	13%
SFY2016	10,061	21,417	3%	4%
Source: (MD CHESSIE); 2010 -15: state of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2013-2015				

Table 6

Number/Percentage of Children Who Were the Identified Victim of an Indicated Maltreatment Finding While Receiving In-Home Services		
State Fiscal Year	**Number**	**Percent**
SFY2014	299	2.20%
SFY2015	NA until SFY2017	NA until SFY2017
Source: (MD CHESSIE); state of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2016		

Table 7

Number/Percent of Children Who Were Placed Into OOH Care While Receiving In-Home Services		
State Fiscal Year	**Number**	**Percent**
SFY2014	518	3.80%
SFY2015	NA until SFY2017	NA until SFY2017
Source: (MD CHESSIE); state of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2016		

For Tables 6 and 7, the trend for the measures is tracking in the right direction, however, more updated data is needed to see if work on the part of In-Home services staff further reduced the indicated finding during service provision and also kept children from needing placement outside of the home.

Strengths

In the past year, Maryland revised the SAFE-C assessment with the assistance of the Children's Research Center and implemented the new CANS-F. Maryland also emphasized training and supporting staff in the use of family-centered practice by embracing the Signs of Safety as a casework and supervision tool. Maryland initiated a two-track Child Protective Services response and supported the Local Departments of Social Services by providing them with data on their Alternative Response decision making and reviewing with each local how they plan to sustain the AR approach in each jurisdiction.

The percentage of children who were identified as a victim of abuse/neglect and who were placed into Out-of-Home Placements while receiving In-Home Services is decreasing. The number of cases being closed within 60 days is improving. DHS expects the percentages to continue to improve in this area with the availability of the Milestone Reports to each LDSS that began in the spring of 2016. The Milestone Reports will allow caseworkers, supervisors and managers to see what has been done in the life of a CPS or In-Home Services case at a glance and, in some cases, give prompt feedback on when certain activities are to be

completed. Currently the Milestone Reports are available weekly but will eventually be available on a daily basis to staff. Alternative Response continues to have a positive impact reducing the recurrence of new reports of alleged maltreatment, especially in jurisdictions with designated AR units (see Data Assessment for Goal 1). For more information on human trafficking, please refer to the CAPTA section of this report.

Concerns

In August 2016, a survey was completed by AR staff to assess the sustainability of AR across the state. Also, at the most recent AR Learning Collaborative in December 2016, LDSS staff were asked to verbally rate their jurisdiction on a scale of one to ten in reference to AR sustainability (with one being least sustainable and ten being most sustainable). During face-to-face discussions, the staff gave average scores of eight to ten; however, the written survey results did not indicate scores of eight to ten. It is worth taking a deeper look at this issue because there are discrepancies related to what was documented in the written survey and what staff reported verbally.

Plans for Improvement
Support Needed

Maryland implemented AR, revised SAFE-C assessment, and CANS-F that, along with the Maryland Family Risk assessment, constitute the comprehensive assessment package for staff to use when working with In-Home families. Analysis of the effectiveness of these assessment tools on safety and service planning is needed to determine if deficiencies and strengths uncovered during assessment are effectively addressed in service provision and utilization by families.

The implementation report from IAR pointed out that the jurisdictions with designated AR and IR units saw more benefits from the two path response system to allegations of abuse/neglect. Assisting jurisdictions where possible, in evaluating what it would take to move to AR and IR designated units needs to be explored. In some cases it may not be feasible due to number of staff. SSA plans to:

● Continue to provide technical assistance, hold quarterly AR Learning Collaboratives, and train all jurisdictions to ensure adherence to AR model fidelity.
● Provide staff with more advanced training, in addition to having the University of Maryland Training Department provide trainings to staff in the Eastern and Western regions of the state.
● Monitor the literature on programs evolving around the country showing promising practices for trafficking victims and pursue their replication in Maryland. While there is considerable literature on trafficking best practices are somewhat allusive regarding this population. Lessons have been learned and adjustments made to the extent possible but much work needs to continue to build services.

Services Needed (Service Array)

CANS-F data has supported the idea that 1) parental mental health and substance use; and 2) child mental health are the factors negatively impacting families who become involved in the child welfare system. What is needed is:

- Increased access to the appropriate level of substance abuse treatment for adults and teens.
- Expansion of the number of child mental health providers, especially in rural parts of the state.
- Available daycare or respite services for parents so they can become more self-sufficient (work) and access other services they might need (substance abuse treatment or mental health services).
- Identification of non-traditional services that can assist families in meeting needs, such as family-based substance abuse treatment.
- Creation of financial assistance, transportation, housing, job training and services in rural areas that is available to families in their area rather than in the nearest city.

Collaboration / Feedback Loops

The new policy analyst for Alternative Response was hired in May 2016 continues to work with LDSS on sustainability and fidelity of the model. . The Department formed an Alternative Response Workgroup in January 2017 to address issues of community partnerships, training of the workforce on model fidelity and family engagement, and the re-education of professionals who are necessary to support the AR model, such as law enforcement, the school system, and the judiciary. As part of its work, the group will be reviewing the data about how the AR program is working in Maryland, such as the number of referrals assigned as AR, the number of re-assignments from AR to Investigative Response (IR) and the number of IR to AR, and the number of subsequent investigations following an AR. After recruiting the appropriate stakeholders and establishing a workgroup charter, the workgroup began to meet in May 2017. Workgroup members include but are not limited to private providers, the Maryland Department of Health, the Maryland Department of Education, Advocates for Children and Youth, and the State Council on Child Abuse and Neglect. For Feedback results, please refer to Benchmarks 2016-2017 above.

SSA plans to share the foster care maltreatment data with the Provider Advisory Committee (PAC) to solicit feedback on the data and to evaluate the New Generation Pride Training.

<center>**Goal 2: Achieve permanency for all infants, children, and youth in foster care**</center>

Note: The goal was changed from "Achieve permanency for all infants, children, and youth" to "Achieve permanency for all infants, children, and youth in foster care" to narrow the scope of the goal.

Measure 1: Permanency in 12 months for children entering foster care will be 40.5%.
Objective: Improve services so that children are able to exit care.
National Standard: 40.5%

Data was changed from calendar year to fiscal year in order to maintain consistency with reporting throughout the report.

Figure 8

Permanency in 12 months for children entering foster care

	SFY14	SFY15	SFY16	SFY17	SFY18	SFY19
Results	39.22%	37.99%	37.09%			
Interim Targets			37.00%	38.10%	39.10%	40.10%
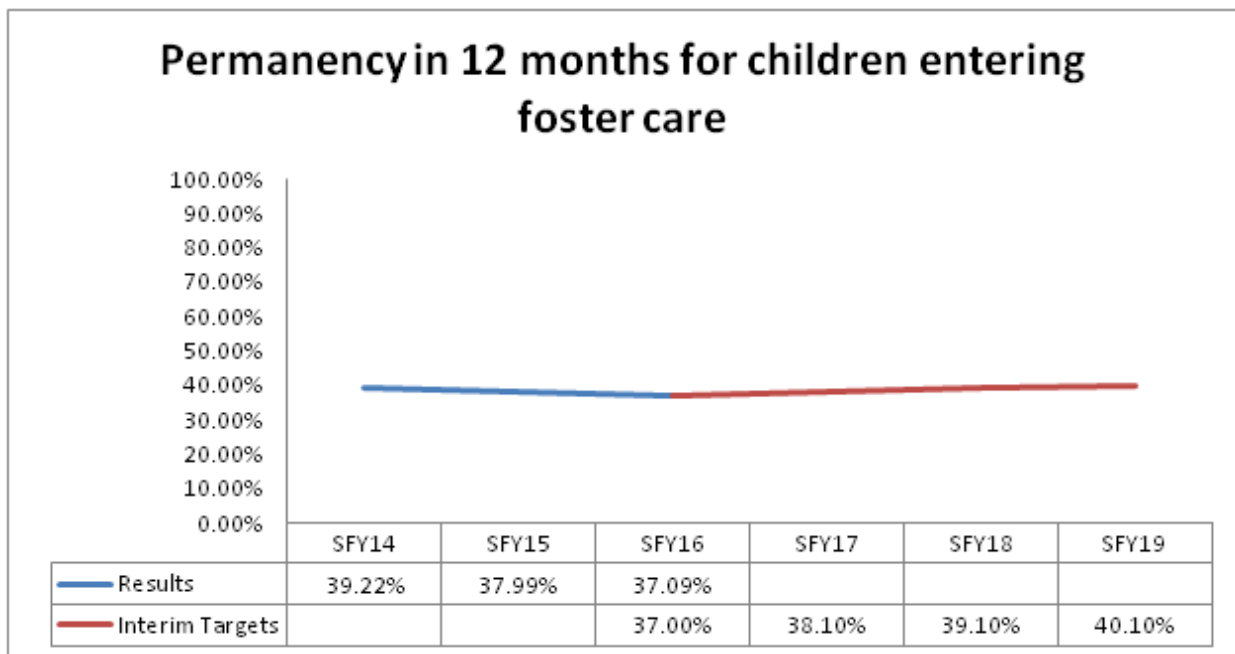
Measure 2: Permanency in 12 months for children in foster care between 12 and 23 months will be 43.6%.

Objective: *Improve services so that children are able to exit care.*
National Standard: *43.6%*

Data was changed from calendar year to fiscal year in order to maintain consistency with reporting throughout the report.

Figure 9

Permanency in 12 months for children entering foster care between 12 and 23 months

	SFY14	SFY15	SFY16	SFY17	SFY18	SFY19
Results	37.99%	38.34%	26.37%			
Interim Targets			40.00%	41.00%	42.00%	43.00%

Measure 3: Permanency in 12 months for children in care 24 or more months will be 30.3% or more.
Objective: Improve services so that children are able to exit care
National Standard: 30.3%
Note: Measure 3 was changed from 17% to 30.3% to align with the National Standard

Data was changed from calendar year to fiscal year in order to maintain consistency with reporting throughout the report.
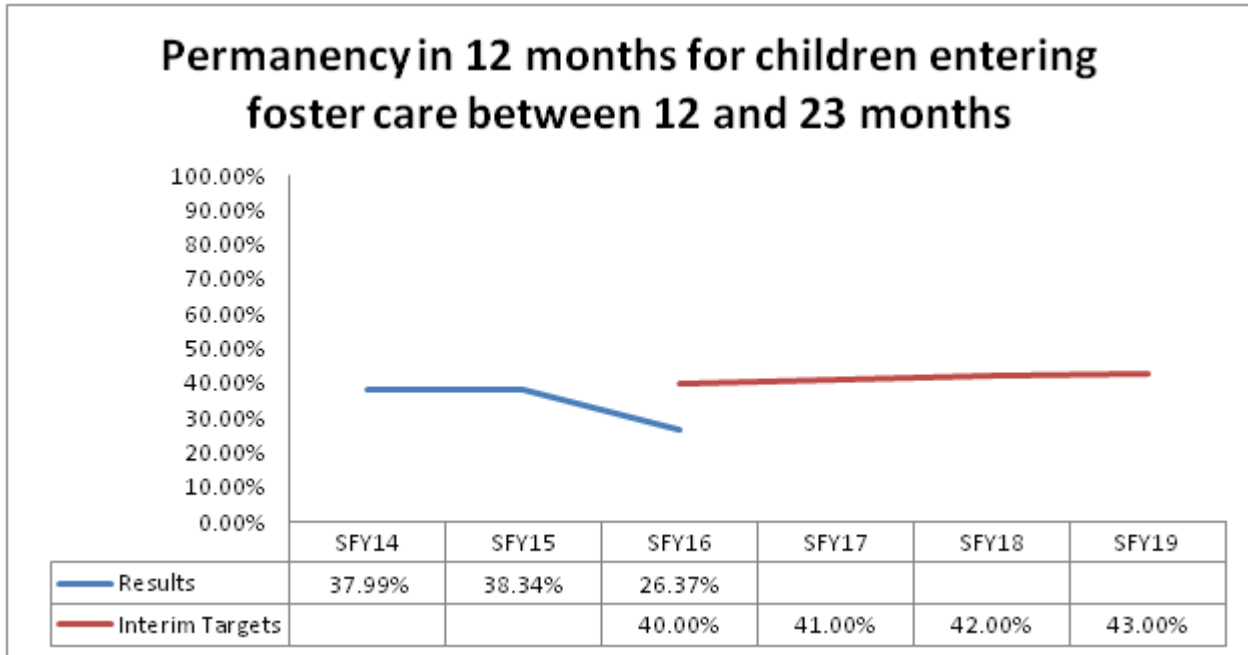
Figure 10

Permanency in 12 months for children entering foster care 24 months or more

	SFY14	SFY15	SFY16	SFY17	SFY18	SFY19
Results	37.09%	43.99%	26.58%			
Interim Targets			17.00%	35.00%	36.00%	37.00%
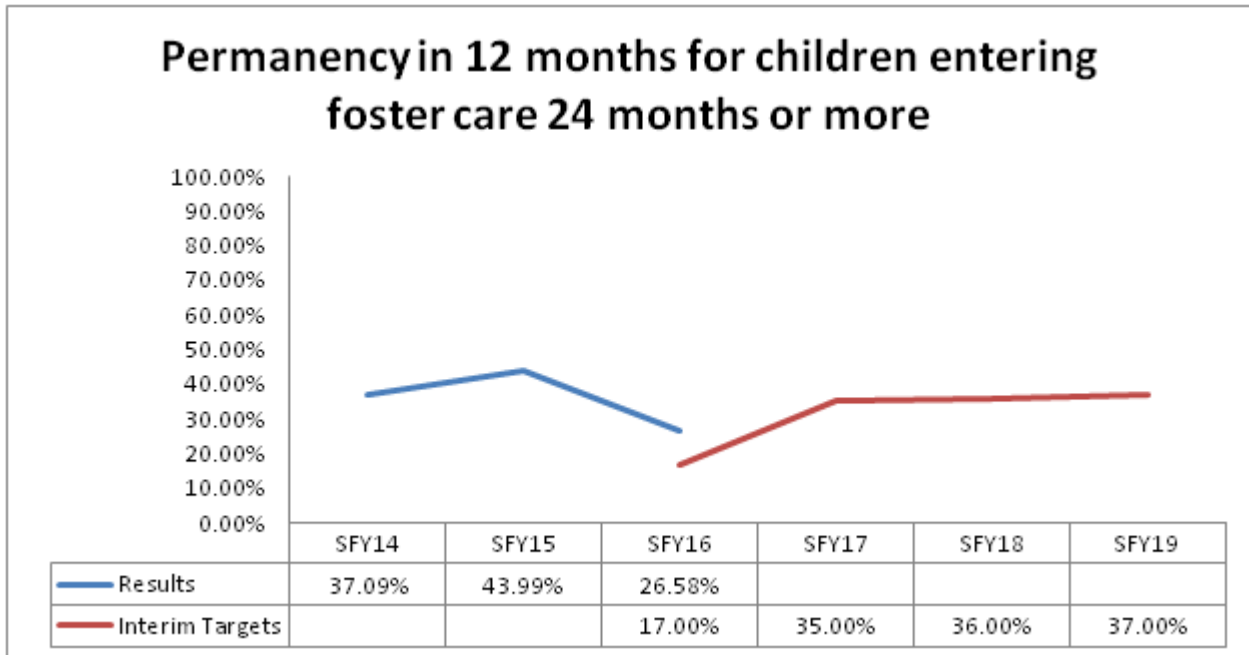
Data Assessment

Since 2007, Maryland's Place Matters Initiative focused on reducing the number of children in Out-of-Home Placement and achieving timely permanence for children who enter Out-of-Home Placement. DHS/SSA is making progress to reach its goal of the percentage of children attaining permanency based on their length of stay in foster care. As shown in Figures 9 and 10, DHS/SSA is quite close to reaching national targets for permanency among children who have entered foster care or been in care up to two years. As for children in care two or more years, DHS/SSA has considerably more progress to make, however, it should be noted that most of those are youth ages 18 and older: among children under 18, only 30% have been in care two or more years, whereas 88% of youth 18 and older have been in care two or more years.

DHS/SSA trained its entire child welfare staff on the core values and principles of Family Centered Practice Model (FCP), which is an essential part of Place Matters Initiative. The focus of Family Centered Practice is actively engaging families to plan for the safety and well-being of their child throughout the continuum of service delivery. The Social Services Administration (SSA) has implemented multiple programs that are an extension of the FCP model including Family Finding, Kinship Navigator and Adoption and Guardianship Services. Collectively, these programs ensure children achieve permanency and permanent life connections with families or other supportive relationships. Local Departments of Social Services have been trained to support the on-going efforts to develop permanency options or to safely divert children from Out-of-Home Placement; to build community partnerships with providers; and to help youth to build life skills and to be involved in the decision-making process surrounding their own permanency.

Parent/Child and Sibling Visitation are critical steps towards reaching permanency, and the data at this point indicate a low range of performance in these areas (Table 8), however, it should be noted that DHS/SSA recently shifted to a total population measure and is still in the process of improving data entry so that these measures will reflect actual performance.

Although Maryland saw a slight decrease in adoptions, there has been an increase in reunifications and guardianships since the last reporting period. The LDSS report that this is a reflection of the parent and sibling visitation and concurrent permanency planning. Although the visitation data does not reflect this change, SSA believes the visitation data is due to a documentation issue and will continue to explore ways to rectify the data.

Interventions
o **Concurrent Permanency Planning**
   o Allows the LDSS to simultaneous pursue two permanency plans in order to achieve permanency for a child as safely and expeditiously as possible.

- o **Parent and Child Visitation**
  - o Allows the parent and child to maintain their connection and relationship, and affords the parents 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 a key factor in the timeliness and stability of reunification.
  - o Monitoring the quality of the visits is measured through supervision between the caseworker and supervisor and in written case plans. Documentation of the quality of visitation is provided during written case plans and in court reports.

May 2016–April 2017

- ● **Concurrent Permanency Planning**
  - o Maryland will continue to partner with the courts through the Foster Care Court Improvement Project to train and discuss concurrent permanency planning with the judges and masters. The LDSS must engage in concurrent permanency planning with all children with a permanency plan of reunification with the parent or legal guardian, placement with a relative for adoption or custody and guardianship or adoption by a non-relative (prior to termination of parental rights). SSA collaborated with FCIP to establish priorities which included concurrent permanency planning. This will ensure that the courts are upholding best practices within the Local Departments of Social Services.
  - o *Update:* Due to staff changes at the Foster Care Court Improvement Project as well as SSA, training on permanency planning did not occur. SSA plans to reconvene with the FCCIP around Concurrent Permanency Planning and provide training to judges and masters.
    - ▪ Based on data outcomes, Maryland will evaluate and solicit feedback to determine the policies that need revision to reflect federal mandates and Maryland State regulations. The Case Planning/Concurrent Permanency Planning Policy Directive will be revised to establish appropriate concurrent plans and to align with updated federal mandates and Maryland state regulation. Local departments must engage in concurrent permanency planning with all children who have a permanency plan of reunification, a placement with a relative for adoption or custody and guardianship, or adoption by a non-relative (prior to termination of parental rights).
    - ▪ To manage staffing changes in the future, SSA is concentrating on ensuring that employees are knowledgeable about all parts of the administration. This is being implemented as a part of the Implementation Structure. As a result, if there are staffing changes in the future, the current employees will be able to continue the work without gaps in progress.
  - o *Update:* The Concurrent Permanency Planning Policy is currently under revision. Due to staffing changes at SSA, the policy has not been finalized. SSA expects to have a finalized policy completed in the Fall of 2017.

- o Continue to provide staff the Concurrent Permanency Planning Training offered by the Child Welfare Academy. This training is offered quarterly to all child welfare staff.
- o *Update:* SSA developed a Concurrent Permanency Planning Web-based Training on the HUB. SSA plans to promote this training for all child welfare caseworkers to ensure appropriate planning and accurate documentation.
- **Parent and Child Visitation**
  - o Documentation of information on parent and child visitation into MD CHESSIE continues to be a concern. SSA will continue to work with LDSS to improve documentation (see Table 8). Although documentation is a concern it has not affected the overall goal of achieving permanency in a timely manner.
  - o Determine the type of additional technical assistance that is needed to sustain improved practice and document visitation consistently to bolster this performance measure.
  - o *Update:* SSA met with LDSS Directors to discuss how visitation was recorded in MD CHESSIE. There were concerns that arose regarding the accuracy of the data around parent/child visitations as well as child/sibling visitations. The LDSS expressed that the data does not accurately reflect the work that is being completed by the caseworkers. SSA plans to develop a policy workgroup to examine the visitation policies and documentation constraints to address of the data accuracy. SSA plans to monitor how the LDSS is recording monthly visitations in the MD CHESSIE.
- **Guardianship Assistance Program**
  - o Continue to utilize Guardianship to exit children to permanency when reunification and adoption are not an option.
  - o *Update:* SSA continues to monitor the permanency plans of youth who have a permanency plan of Guardianship to ensure that services are being provided.

May 2017 – April 2018
Based on 2016-2017 activities, the plan was revised
- **Concurrent Permanency Planning**
  - o SSA will continue to partner with the Child Welfare Academy to train Out-of-Home Placement caseworkers across the state on concurrent permanency planning and parent and child visitation.
    - ▪ A web-based training has been developed for The Hub. SSA plans to promote the training as a resource for caseworkers to ensure appropriate concurrent permanency planning and documentation accuracy by Fall of 2017. SSA will provide technical assistance to the local departments as needed.
  - o SSA plans to continue the process of revising the Case Planning/Concurrent Permanency Planning Policy. The policy revisions (SSA-CW # 16-18 Case Planning/Concurrent Permanency Planning) are planned for the Fall of 2017 and will align with other best practices, federal mandates, changes in the Maryland Family laws and other SSA's policy directives, including:

1. Outlining the timelines for completion that were added to Steps for Concurrent Permanency Planning
2. Explaining the benefits of Concurrent Planning
3. Adding the Waiver of Reunification
4. Changing Another Planned Permanency Living Arrangement (APPLA) as a permanency plan.
   o SSA plans to reconvene with the FCCIP around Concurrent Permanency Planning and provide training to judges and masters.
- **Parent and Child Visitation**
  o Maryland will continue to review data on parent and child visitation and provide technical assistance to LDSS that have low percentages. A work group will be established in LDSS with low percentages in parent and child visitation to identify the specific needs of the LDSS.
  o SSA plans to develop a policy workgroup to examine the visitation policies and documentation constraints to address the data accuracy. SSA plans to monitor how the LDSS is recording monthly visitations in the MD CHESSIE.

May 2018 – April 2019
- **Concurrent Permanency Planning**
  o Maryland will continue to train staff on both Concurrent Permanency Planning and Parent and Child Visitation.
- **Parent and Child Visitation**
  o Maryland will evaluate data on a quarterly basis, develop corrective action plans and provide technical assistance for LDSS who need improvement on percentage of parent and child visitation.

SSA plans to:
- Review and revise as necessary the Concurrent Case Planning Policy and Parent/Child and Sibling Visitation Policy,
- Provide on-going training and technical assistance to local departments on all areas of Out-of-Home-Placement services,
- Discuss best practices with local departments Workgroups,
- Monitor data to assess changes in trends, and
- Develop policy work groups to address concerns around permanency planning and continue to collaborate with the LDSS Directors around these issues.

Data/Measures of Progress

Table 5

Parent/Child and Sibling Visitation		
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.		
Calendar Year	**Percentage of Cases with Monthly Sibling Visits**	**Percentage of Cases with Monthly Parent Visits**
CY2014	30%	18%
CY2015	44%	29%
CY2016	22%	19%
Source: MD CHESSIE		

For plans on improving data, please refer to benchmark above.

Table 6

Placement Stability - Rate of placement moves per 1,000 days of foster care Target: 4.12	
SFY 2014	4.73
SFY 2015	4.12
SFY 2016	4.55
Source: MD CHESSIE;MFR FY 2016	
Justification: Based on the Child and Family Services Review round 3, this is a modified federal measure of foster care placement stability. The national target is 4.12 placement moves among children under 18 entering foster care in a 12-month period per 1,000 days in foster care.	

DHS/SSA is examining ways to improve the placement of stability of children in foster care. DHS/SSA will be collaborating with the LDSS around their specified recruitment and retention plans in order to appropriately match children to foster homes and avoid replacements.

Table 7

Exits to Permanency	Reunification		Guardianships		Adoptions	
	#	%	#	%	#	%
SFY2014	1,254	44%	617	21%	337	12%

Exits to Permanency	Reunification		Guardianships		Adoptions	
	#	%	#	%	#	%
SFY2015	1,061	42%	512	21%	306	12%
SFY2016	1,188	48%	468	19%	349	14%
Source: MD CHESSIE, MD CHESSIE SFY14-16 *Data was changed from calendar year to fiscal year in order to maintain consistency with reporting throughout the report.*						

Tables 8 and 9 show that Maryland's utilization of Concurrent Permanency Planning is successful, as a high proportion of children continue to exit to permanency while the length of stay of children in foster care has decreased. Maryland will continue to collaborate with community partners to ensure all services needed by families (parents and relatives) are available. Maryland will move forward with its evidence-based trauma-informed practice.

Table 8

Length of Stay in Care (In Months) of All Children in Out-of-Home Care							Number of children in care
Children in care 0-6 months		Children in care 7-11 months		Children in care 12+ months			
	#	%	#	%	#	%	
SFY2014	959	18%	621	12%	3750	70%	5330
SFY2015	861	18%	638	13%	3323	69%	4822
SFY2016	1043	22%	622	13%	3044	65%	4709
Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file							

Table 9

Average and Median Length of Stay of Children in Out-of-Home Care		
SFY	Average LOS (Months)	Median (Months)
SFY2014	41	23
SFY2015	39	23
SFY2016	35	20
Source: MD CHESSIE; University of Maryland School of Social Work analysis/ OOH Served file		

Table 10

	Out-of-Home Entries and Exits							
	Numbers				Percent Change			
	OOH Entries	OOH Exits	OOH Total Served	OOH as of Jun 30	OOH Entries	OOH Exits	OOH Total Served	OOH as of Jun 30
SFY2014	2,355	2,874	10,572	5,339				
SFY2015	2,125	2,503	7,464	4,837	-9%	-13%	-29%	-9%
SFY2016	2,491	2,432	7,328	4,709	16%	-3%	-2%	-3%
Source: MD CHESSIE and Baltimore City data; Child Welfare 03 files *Data was changed from calendar year to fiscal year in order to maintain consistency with reporting throughout the report.*								

Strengths

Out-of-Home Placements have been steadily decreasing since 2009. As of June2016, there were 4,709 children in Out-of-Home care. This number is the lowest number of children requiring removal from their homes in over 28 years. There has been an increase in the percentage of reunifications and adoptions. Maryland made improvements in reducing the length of stay in Out-of-Home Placements and minimized the number of placement changes within 12 months of entering Out-of-Home Placements. The data in the Tables 8 and 9 with exits to permanency and length of stay support this trend. DHS/SSA attributes the number of exits and reduction in length of stay to the two interventions: concurrent permanency planning and parent/child visitation.

Concerns

Documentation of information on parent and child visitation into MD CHESSIE continues to be a concern. SSA will continue to work with LDSS around this issue. SSA has identified the LDSS with the lowest percentages. In 2017, SSA will continue to provide intensive technical assistance to the identified LDSS and will monitor the reports with the LDSS Assistant Directors. Although documentation is a weak area on parent and child visitation, it has not affected the overall goal of achieving permanency in a timely manner.

Collaboration/Feedback Loops

DHS involves community partners/stakeholders and LDSS staff in the review of the data and receives feedback on the data as they relate to the current practice. During regional supervisory meetings, steering committee meetings, Provider Advisory Council meetings (PAC), and monthly assistant directors meeting

these data are reviewed. Changes to policy and practice are a result of data review. SSA plans to develop policy work groups to revise and/or update existing policies surrounding visitation issues. The workgroup will be comprised of the SSA, LDSS, Core Service Agency, University of Maryland, and other agency partners.

DHS's collaboration with the Foster Care Court Improvement Project continues to have a positive impact on the required changes in court practices and findings as required by changes in federal laws, regulations, and program instructions. This collaboration also impacts the practice related to permanency within the LDSS. DHS and FCCIP review data as it relates to length of stay in foster care.   SSA's collaboration with the FCCIP has ensured that the judiciary officials are educated on the importance of permanency for a child.

In October 2016, DHS partnered with the American Bar Association at the annual Child Abuse Neglect and Delinquency Options conference. This conference is hosted by FCCIP to educate judges and masters on changes in practice and policy. DHS's presentation focused on permanency planning for transition-aged youth. DHS will continue to collaborate with FCCIP around increasing permanency for older youth in foster care.   DHS and FCCIP have identified older youth as a target population for this year priority. SSA plans to attend the Federal Grantee meeting with MDFCIP to participate in developing a draft work plan.

Additionally, DHS plans to meet quarterly with the Citizens Review Board for Children (CRBC) to enhance the partnership with CRBC to ensure that the goals of safety, permanency and well-being for children are met. From the Executive Summary of the 2016 Annual Report for the CRBC:

"During fiscal 2016, the Citizens Review Board for Children reviewed 1358 cases of youth in Out-of-Home placements which represented 19% of the total number of 7,166 children served in the state of Maryland. Reviews are conducted per a work plan developed in coordination with the DHS/SSA with targeted review criteria based on Out-of-Home Placement permanency plans. The majority of the cases reviewed (48%) had a permanency plan of Another Planned Permanent Living Arrangement (APPLA).

CRBC conducted 382 Reunification reviews. Findings include:
- 84 cases had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan in 97% of cases reviewed.
- The local boards agreed that appropriate services were being offered to children/youth in 97% of the cases reviewed. Appropriate services were being offered to birth families in 68% of cases and to the foster and kin providers in 43% of cases reviewed.
- The local boards found that service agreements were signed in 50% of cases reviewed.
- The local boards also found that local departments made efforts to involve the family in case planning in 94% of cases.

CRBC conducted 277 Adoption reviews. Findings include:
- 38 cases had a plan of adoption for 3 or more years.

- The local boards agreed with 99% of identified placement plans and of those reviewed, 99% were placed in their home jurisdictions remaining close to their community connections.

The local boards identified the following barriers preventing the adoption process or preventing progress in the children/youth's case:
- Pre-Adoptive Resources not identified for the child
- Incomplete submission of the interstate compact packets and,
- Home study not approved.

CRBC conducted 599 APPLA reviews. Findings include:
- 191 cases had a plan of APPLA for 3 or more years.
- The Local boards agreed with the permanency plan of APPLA in 579 out of the 599 cases statewide. 434 of the cases reviewed with a permanency plan of APPLA were youth between the ages of 18-20.
- Barriers identified that could preclude the youth in care from being adopted, reunified with their families or moving into an independent living situation included failure of youth to consent to adoption and lack of family resources.
- 72% of youth had received the skills necessary to begin to live on their own. Across all jurisdictions, the reviewers agreed that 76% (476) of the time that the youth were being appropriately prepared.
- Only 20% of youth transitioning out-of-care had housing specified.
- A permanent connection is an identified person that a youth can rely on for assistance with support, advice and guidance as they deal with the day to day life that adulthood can bring about on a regular basis. The local boards agreed in 72% of cases that a permanent connection had been identified for the youth by the local department. The boards also agreed that the identified permanent connection was appropriate in 65% of those cases."

Please see CRBC's Annual Report (Appendix E) for details of their review and the Social Services Administration's response (Appendix F).

Collaboration with Developmental Disabilities Administration
Coordination of CFSP Services with Other Federal Programs

DHS/SSA and the 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.

DHS/SSA continues to work collaboratively with DDA to provide services to youth in foster care. The transition of services is especially important when youth are aging out of the foster care system. Safety, permanency, and well-being are the focus of the services provided to youth. SSA and DDA ensure that services are tailored to the specific needs of each youth. These services include: education, health, mental health, employment, housing, and social networking, and ensure that the overall well-being of the youth is addressed.

2017 Plan

DHS is currently working on an Integrated Practice and Implementation Team which will be Co-Chaired by Child Welfare and Adult Services. The Integrated Practice group will include a Congregate Care/Placement Group which will focus on servicing the youth who are DDA eligible. SSA is currently formulating a work group which will consist of DDA, DHMH, Behavioral Health Administration (BHA), Maryland State Department of Education (MSDE), the 24 LDSS, Chapin Hall, and the University of Maryland Institute of Innovation and Implementation. SSA will facilitate partnerships and hold regular meetings with the partners to ensure all youth with Developmental and Intellectual Disabilities have a smooth transition into adulthood. SSA and DDA are currently in the process of creating a memorandum of understanding to outline practices around transitioning older youth from foster care to DDA services in effort to ensure a continuation in the quality of care and services as well as ensure safety, permanency and well-being. SSA will partner with the two current medically fragile congregate care group homes with whom SSA contracts. SSA also has contracts with five medically fragile treatment foster care providers in partnership with DDA.

Measure 4: 12% or less of children exiting to reunification will reenter OOH care.

Objective: Reduce reentry into care from reunification.

Note: The Measure was changed from 13% to 12% to align with other reports.

CFSR Permanency Outcome 2: The continuity of family relationships is preserved for children.

Figure 11

12% or less of children exiting to reunification will reenter OOH care within 12 months
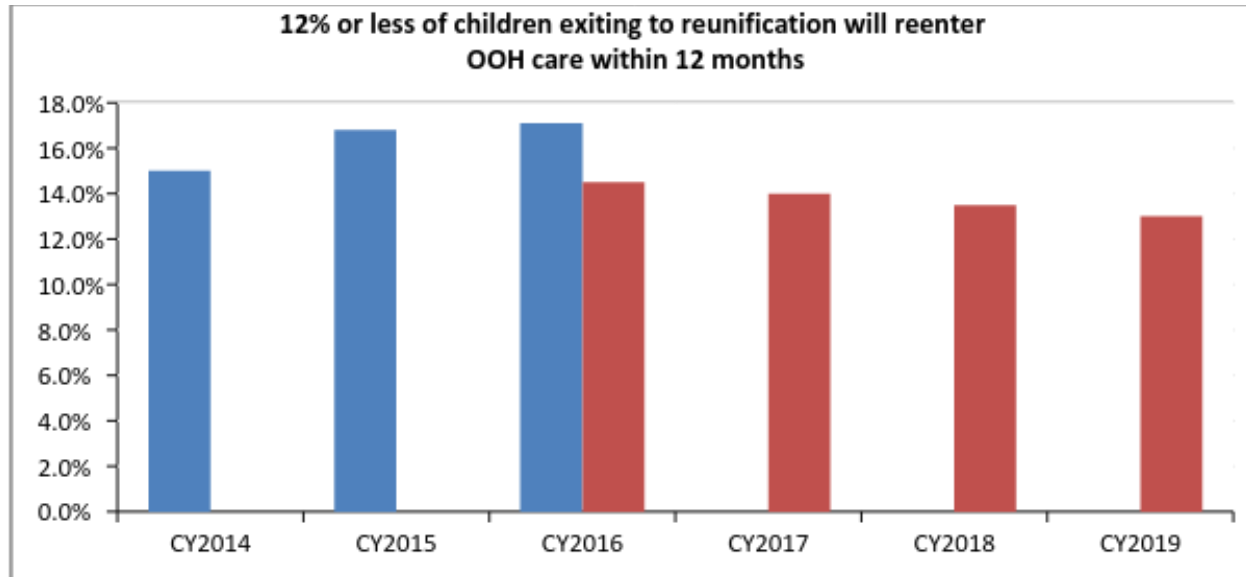
Data Assessment

As length of stay in Out-of-Home Placement (OHP) decreases, and the number of children achieving permanency increases, the reentry rate of children exiting OHP has increased. With the award of the Title IV-E Waiver, DHS/SSA is focusing on decreasing the number of reentries and providing sustainable service to families to lessen the likelihood of reentries. Maryland is in its second year in the development of creating a responsive, evidence- and trauma-informed system that promotes well-being services. The goal is to support children and families to prevent Out-of-Home care and reentries into OOH care. Maryland currently uses concurrent permanency planning in taking concrete steps to implement both primary and secondary permanency plans to achieve permanence for a child as safely and expeditiously as possible.

Improvements are needed in establishing appropriate concurrent plans, examining and determining the reasons of reentries, and developing the most effective training and technical assistance to reduce the rate of reentries. Maryland believes that the reentry rate continues to increase because of the lack of services provided to families once the child returns home, especially among those children reunifying who present with one or more reentry risk factors: having siblings in foster care, length of stay in foster care less than

three months, child behavior problems at removal, experiencing a residential placement during removal, having prior foster care experience, having a mother only household at time of placement into foster care, and court ordered return home against agency recommendation (see April 2015 report: https://static1.squarespace.com/static/525fe472e4b09f9731f69c36/t/55439380e4b0f37cdc4fb441/1430492 032543/Final_Reentry+of+Foster+Youth_DHR.pdf

Maryland has concentrated on implementing evidence based practices as a part of the Title IV-E waiver in order to reduce the amount of re-entries. Specific information on these practices can be found in the IV-E Waiver Section of the report.

Interventions
- Root Cause Review: DHS plans to monitor data monthly and consult with local jurisdictions in order to identify the specific causes of the reentries and the steps needed to reduce reentries, with a concentration on:
  o Parent/child and sibling visitation prior to reunification (to ensure that visitation was completed prior to reunification)
  o Safe-C OHP; assess the home prior to reunification
  o Child and Adolescent Needs and Strengths (CANS) OHP; continuous assessment of the strengths and needs of the family including the child
  o Written case plans that address all aspects of the child and family
  o Utilization of trial home visits for 180 days prior to closing the case
  o Ongoing use of Family Involvement meetings (FIMs) as a tool for identifying services needed and community supports post reunification
- Title IV-E Waiver Performance and Outcomes
  o In addition to the data, SSA will review IV-E Waiver performances and outcomes and seek input from LDSS and stakeholders.

Benchmarks
May 2016 – April 2017
  o SSA will continue to attend the LDSS' Affiliates meetings to provide data, review reentry trends and solicit feedback on what is working and what needs improvement.
  o OOH plans to develop a work group and convene roundtable discussions across multiple jurisdictions, while providing technical assistance to local jurisdictions that demonstrate a need for improvement. The work group will explore the reasons for reentry and the services that are required to prevent reentry.
- *Update:*
  - In March 2017, SSA conducted regional meetings and presented the re-entry data to the LDSS. The LDSS were given opportunity to provide feedback from the data. LDSS expressed that substance use disorder continues to be an increasing issue that effects re entry rates. The LDSS's communicated that they would like to utilize the Title IV-E Waiver funds to invest in services for this issue.

- o SSA has developed an Implementation Structure that aligns with the goals of achieving safety, permanency and well-being for youth. As part of the implementation structure, a work group has been established to examine the re-entry rate and the services needed for prevention.
- OOH plans to develop enhanced training for child welfare professionals to include community partners, legal representatives and the court. This training will guide how community agencies can join together to provide an array of support for families and create safe, healthy environments for children to thrive.
- *Update:*
  - o SSA is currently in the process of developing this training.
- **Parent and Child Visitation**
  - o Documentation of information on parent and child visitation into MD CHESSIE continues to be a concern. SSA will continue to work with LDSS to improve documentation (see Table 8). Although documentation is a concern it has not affected the overall goal of achieving permanency in a timely manner.
  - o Determine the type of additional technical assistance that is needed to sustain improved practice and document visitation consistently to bolster this performance measure.
  - o *Update:* SSA met with LDSS Directors to discuss how visitation was recorded in MD CHESSIE. There were concerns that arose regarding the accuracy of the data around parent/child visitations as well as child/sibling visitations. The LDSS expressed that the data does not accurately reflect the work that is being completed by the caseworkers. SSA plans to develop a policy workgroup to examine the visitation policies and documentation constraints to address of the data accuracy. SSA plans to monitor how the LDSS is recording monthly visitations in the MD CHESSIE.
- Family Involvement Meetings (FIMs) data will be reviewed to ensure FIMs are being held prior to trial home visits and before case closure and ensure all parties involved are invited to participate.

May 2017 – April 2018
- Provide training and consultation to LDSS and stakeholders to target decreasing reentries
- Ongoing assessment of evidence-based trauma-informed practices
- Receive Recommendations from Workgroup regarding visitation

May 2018 – April 2019
- As Maryland DHS begins to implement the modernization of the State's new information system, data outcomes will be assessed and next steps determined.
- Visitation policy to be revised as necessary, data input clarifications and training as necessary

Supports Needed
SSA plans to:
- Focus on providing technical assistance on reentries to all LDSS.

- Monitor monthly data related to reentries and provide guidance to local departments with the highest reentry rates.
- Train local departments on reunification services with emphasis on trial home visits.

Service Array

As shown in the data, Maryland needs to focus on reducing the reentry rate. Maryland will partner with community partners to ensure all services needed by families (parents, relatives and children) are available. Maryland will move forward with its evidence-based trauma-informed practice. For updates on its evidence-based trauma-informed practice, please see the IV-E Waiver Demonstration section.

Strengths

- With the award of the Title IV-E Waiver, Maryland is focusing on decreasing the number of reentries and providing sustainable services to families to lessen the likeliness of reentries.
- Maryland is able to successfully reunify children with their parent within 12 months and shows that the intensive services are working while the LDSS is involved.

Concerns

- Maryland has determined that one reason the reentry rate continues to increase is because of the lack of services provided to families once the child returns home, as well as the lack of community involvement with families.
- FIMS may be underutilized prior to closing a case for reunification. A FIM should precipitate any placement change; the meeting is to mitigate any concerns and/or barriers that are present prior to changing the placement. FIMs prior to reunification ensure that the services needed by the family are identified and put in place in order to avoid any disruption or re-entry into out of home placement.

Collaboration / Feedback Loops

DHS will review data with LDSS staff and community stakeholders/partners and explore the services needed to prevent reentry. DHS will reach out to community partners to assist in providing services to families after the foster care case is closed to ensure the continuation of services. A focus of the services will center on substance abuse for parent(s) and behavioral needs of children who have been exposed to trauma.

Through regular meetings with LDSS assistant directors, SSA steering committee, and FCCIP, data are reviewed for each LDSS. LDSS with high re-entry rates will be identified and targeted technical assistance will be provided to that LDSS. The Assistant Directors recommended revisions to the current policy to clarify length of time of a trial home visit. Through this review of data and feedback, DHS is reevaluating current policy on trial home visits, review length of time in care and services provided. In March 2017, SSA conducted regional meetings and presented the re-entry data to the LDSS. The LDSS were given opportunity to provide feedback from the data. LDSS expressed that substance use disorder continues to be an increasing issue that

effects re entry rates. The LDSS's communicated that they would like to utilize the Title IV-E Waiver funds to invest in services for this issue.

2017–2018 Plans
The SSA Advisory Board will advise and serve as a formal stakeholders feedback-loop on:

- Child welfare services and programs, including IV-B initiatives and other federally-funded programs
- The development of an integrated, comprehensive child welfare practice model
- IV-E Waiver/Families Blossom, including implementation and monitoring of evidence-based practices, a trauma-informed system of care, and parental substance abuse services, and sustainability
- Family and youth peer support networks Outcome data Continuous Quality Improvement (CQI) feedback loops

Family Involvement Meetings
CFSR Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Family Involvement Meetings (FIMs) continue to be a statewide practice that engages families in making key child welfare decision points, known as "triggers." A FIM occurs at each of the trigger points depicted below:

FIMs are a family-centered and strength based approach to making decisions, setting goals, and achieving desired outcomes for children and families. The goal of FIMs is to develop service plan recommendations for the safest and least restrictive placement for a child. FIMS also consider appropriate permanency and well-being options that prioritize child safety; risk concerns are always assessed An essential part of FIMs are engaging families to support reasonable efforts for making a decision for a child's best interest. When engagement occurs, it increases the number of individuals willing to help with the child and expands placement and permanency options for children when in-home care is not possible. Including families in decision-making makes it more likely that the family will be invested and participate in their service plan recommendations.

In SFY2016, approximately 4,542 Family Involvement Meetings were conducted statewide, as captured by DHS's statewide data management system, MD CHESSIE. As per agreement between DHS, SSA, and the University of Maryland Baltimore School of Social Work (UMSSW), researchers at the Ruth H. Young Center for Families and Children have been evaluating the implementation of FIMs across Maryland. Reported information below was provided by faculty and staff.

The number of FIMs reported last year was from baseline reporting. For better comparison and alignment with Maryland's state fiscal year, Table 15 shows the comparison of the number of trigger events and FIMs from SFY2015 to those from SFY2016.

Table 15

	SFY2015	SFY2016	Difference between SFY2015 and SFY2016 August Data
I. REMOVALS			
1. Total Removals (includes voluntary placement agreement)	2,067	2,360	↑293
A. Removals with a Removal FIM	816 (39%)	911 (39%)	↑ 95
B. Removals with Non-Removal FIMs Meeting (includes Voluntary Placement Agreements FIMs)	124 (6.0%)	173 (7.0%)	↑ 49
C. Removals with any FIM *(Sum of Rows A+B)	940 (45%)	1,084 (46%)	↑144
D. Removals without any FIM	1,127 (54%)	1,276 (54%)	↑149
II. PLACEMENT CHANGE			
2. Total Placement Changes	4,558	4,347	↓211
A. Placement Changes with a Change FIM	883 (19%)	813 (19%)	↓ 70
B. Placement Changes with Non-Change FIM Meeting	659 (14%)	688 (16%)	↑29
C. Placement Changes with any FIM*(Sum of Rows A+B)	1,542 (34%)	1,501 (35%)	↓ 41
D. Placement Changes without any FIM	3,016 (66%)	2,846 (65%)	↓170
III. PERMANENCY CHANGE			

	SFY2015	SFY2016	Difference between SFY2015 and SFY2016 August Data
3. Total Permanency Changes	1,651	1,054	↓597
A. Permanency Changes with a Permanency FIM	287 (17%)	243 (23%)	↓ 44
B. Permanency Change with Non-Permanency Change FIMs Meeting	323 (20%)	126 (12%)	↓ 197
C. Permanency Changes with any FIM *(Sum of Rows A+B)	610 (37%)	369 (35%)	↓241
D. Permanency Changes without any FIM	1,041 (63%)	685 (65%)	↓356
IV. YOUTH TRANSITION			
4. Total Youth Transitions	2,638	2,298	↓340
A. Youth Transitions with Transition FIM	1,412 (54%)	1,204 (52%)	↓208
B. Youth Transitions with non-YTP FIM Meeting	452 (17%)	384 (17%)	↓ 68
C. Youth Transitions with any FIM *(Sum of Rows A+B)	1,864 (71%)	1,588 (69%)	↓276
D. Youth Transitions without any FIM	774 (29%)	710 (31%)	↓ 64
Data Source: MD CHESSIE, retrieved August 2016			

FIMs Table 15 SFY2016 showed decreases in events for all triggers, except for removals compared to last fiscal year.

● There were 2,360 removals during this fiscal year. Thirty-nine percent (39%) of removals had a Removal FIM and 7% had another type of FIM Removal. Removals increased by 293 Removals from SFY2015 to SFY2016, a difference of 14%.

- There were 4,347 Placements Changes during FY16. Nineteen percent (19%) of placement changes had a Change FIM, and 16% had another type of FIM take place six weeks before or two weeks after the change.
- Permanency Changes showed the largest decrease (36%) from SFY2015 to SFY2016 (this could be due to the use of the FIMs identified as Transitional Youth FIMs).
- There were 1,054 Permanency Changes in this fiscal year. Twenty-three (23%) percent had a Permanency FIM and 12% had another type of Permanency Change FIM.
- There were 2,298 Transitional Youth FIMs for youth who have been in care for at least one year and are at least 14 years old. Fifty-two percent (52%) had a Transition FIM and 17% had another type of FIM within the last year.
- Youth Transition FIMs are among the highest percentage of FIMs occurring for all triggers.
- The high percentage of Youth Transitions may be due to that requirement that caseworkers review and revise transitional plans every 180 days for youth 14 years and older. To be in compliance with Federal requirements set forth in the Preventing Sex Trafficking and Strengthening Families Act, the Maryland Youth Transitional Plans are developed jointly by the caseworker and youth once the youth turns 14.
- Concerns: If the caseworker requests a FIM to discuss a proposed Semi-Independent Living Arrangement (SILA), which is a change of placement, then the caseworker can identify the FIM as one of two triggers, either a change of placement or a youth transitional plan FIM.
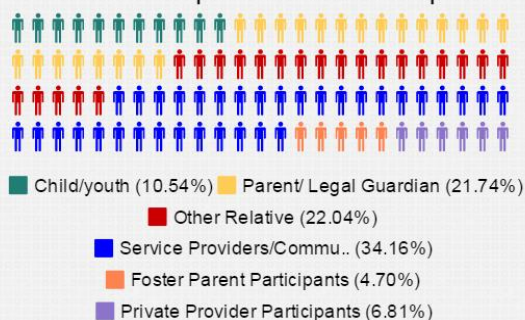
Local Departments of Social Services Self-Reports
LDSS provide a monthly report of FIM data to DHS/SSA. Data consist of the number of FIMs completed by Type of Program Assignment, number of FIMs completed by Type of Trigger, outcomes from FIMs, and number of FIMs participants.

LDSS FIM data for all jurisdictions during the time period of July 2015 to June 2016 show a total of 3,252 FIMs involving 4,522 children.

- The largest percent (45%) of the FIMs were for Out-of-Home Placements. The main trigger for OOH Placement FIMs was at a Removal or Considered Removal (47%).
- According to LDSS data, 1,760 (54%) Out-of-Home placements were diverted by a FIM during this time period, and 728 (22%) cases were referred for In-Home services as a result.
- There were 3,356 Parent or Legal Guardian Participants, 1,627 Youth Participants in the FIMs, 3,402 Relative Participants, 1,051 Private Provider Participants, and 5,273 Service Provider/Community Participants.
- The lowest number of participants was Foster Parents with 726 participants.
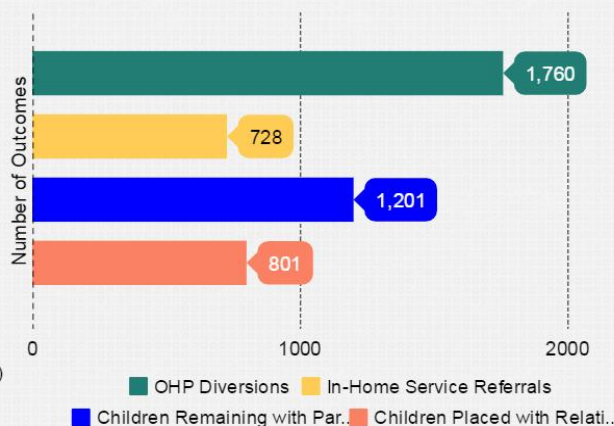
LDSS FIM Data

LDSS Self-Reported FIM Participants

- Child/youth (10.54%)
- Parent/ Legal Guardian (21.74%)
- Other Relative (22.04%)
- Service Providers/Commu.. (34.16%)
- Foster Parent Participants (4.70%)
- Private Provider Participants (6.81%)

3,252 FIMs Completed Statewide for FY16

4,522 Children Involved in FY16 FIMs

45% of FIMs were for Out of Home Cases.

FIM Type

- Removal/Considered Removal (39.57%)
- Placement Change (21.92%)   Permanency Change (11.62%)
- Youth Transitional Plan (23.06%)
- Voluntary Placement Agreement (3.84%)

FIM Outcomes

Number of Outcomes

- 1,760
- 728
- 1,201
- 801

(x-axis: 0, 1000, 2000)

- OHP Diversions
- In-Home Service Referrals
- Children Remaining with Par..
- Children Placed with Relati..

LDSS Self Reported Data includes data from all jurisdictions in Maryland from July 1st, 2015 through June 30th, 2016.

2017–2018 Plans

- Explore why trigger FIMs are not occurring or are not being captured within MD CHESSIE.
- Examine data on cancelled FIMs. According to self reports from the LDSS and FIM facilitators, when families or youth do not show up for a scheduled FIM, then the FIM may be cancelled due to the absence of consent to discuss information. In those cases, the FIM may not be rescheduled.
- Explore ways to offer specialized focus trainings and engagement with LDSS. FIM trainings are offered at Child Welfare Academy for caseworkers and supervisors, but there are a low number of participants.
- Work with LDSS on using data to improve engagement with youth and families.

Overall Data

Strengths

- Family Centered practice enabled children and families to achieve success through the use of Family Involvement Meetings. Family Centered Practice approaches have strengthened families by bringing additional resources to families, and helping children stay with their families of origin or relatives. These

efforts are designed to reduce risk factors which lead to abuse and neglect, increase safety for children, avoid Out-of-Home Placement or reduce time in Out-of-Home care, and to consider family rather than group based placements.

FIMs keeps families engaged and are part of the decision making about service recommendations.

Concerns

- One of Maryland's goals is for children to remain close to their homes so they can preserve their family, social, educational, and cultural connections during the period of Out-of-Home Placement. This goal is not always possible due to the scarcity of resources and youth needs in their homes. The provision of In-Home services and other community supports are crucial in keeping children in their homes and families.
- The lack of services is generally centered in the areas of substance abuse treatment programs, and trauma-informed services that support children and families to improve well-being.

FIM Feedback Survey

Researchers at the UMSSW Ruth H. Young Center for Families and Children are also evaluating the FIM process through FIM Feedback Surveys. The FIM Feedback Survey was developed to ensure that the FIM model is being implemented in a safe, respectful manner, and to measure the impact of FIMs on families who are referred. The survey is designed to determine whether FIM participants are satisfied with a FIM process compared to more traditional approaches to case planning and decision-making. FIM surveys also assess child welfare outcomes of safety, permanency, and well-being, as well as FIM process outcomes such as number of participants and basic demographics.

For the implementation process, the FIM feedback survey is introduced and discussed at the last meeting (Debriefing Meeting) of the CQI's Onsite review process. During the Debriefing Meeting, a member of Quality Assurance (QA) or University staff member will communicate the survey's overall purpose and implementation process as well as answer any questions related to the process. The University staff will be available by phone or email to provide further explanation or training of the FIM Feedback Survey process.

There are three types of surveys which are to be completed based on participant type. Each participant should be given the appropriate survey and unique ID to place at the top of their surveys. In addition to the surveys, standard envelopes should be given to each survey participants. In order to remain anonymous, the participants should place their completed surveys in the standard envelope and seal it before returning it to the facilitator. When the participants are completing their surveys, the facilitator should also complete their survey.

SFY 2016 FIMs Feedback Survey Highlights
- A total of 570 FIM surveys were completed at 98 FIMs.
- FIM Surveys were implemented in two jurisdictions: Wicomico County and Worcester County.

- Out of 764 participants, there was a 75% response rate for the FIM Survey
- Participants were asked what they thought about FIMs and the majority strongly agreed with the process.
- Participants demonstrated that they understood the purpose of the FIM, felt prepared and a part of the team, and that the plan developed was built on child safety and family strengths.
- Of 570 surveys, 184 (32.3%) were answered as a Family or Support Person, and 351 (61.6%) were answered as a Professional, non-family member.

Implementation Supports
SSA continues to contract with the Child Welfare Academy (CWA) at the University of Maryland School of Social Work to deliver training for Maryland's child welfare workforce. SSA and the CWA work closely together to align the training courses with trends and the FIM policy directive. Trainings are offered for FIM facilitators at the Child Welfare Academy which include:
- FIM Facilitation two-day training for new FIM Facilitators
- Advanced Training FIM Facilitators
- FIMS for Managing Challenging Behaviors and Reframing Strengths and Concerns (geared toward caseworkers and supervisors)

2017–2018 Plans
Family Involvement Meeting Practice Support Group meetings continue to be held quarterly. This group consists of LDSS FIM facilitators and their supervisors, SSA, and training staff from CWA. The group commonly discusses best practices, and trainings are offered to sustain practice. For SFY2017, the group is focused on how to explore increased "buy-in" from caseworkers and supervisors to have meetings based on one of the five trigger FIMs.

Collaboration / Feedback Loops
The Maryland Family Centered Practice (FCP) Oversight Committee
The Family-Centered Practice Oversight Committee was established in 2009 with the purpose of monitoring the FCP implementations and offered recommendations for program enhancements to sustain statewide welfare practices. The Committee met bi-monthly to review FIM data, and updates were provided to members on policy directives and other SSA initiatives. To better streamline decision-making and increase community collaboration, the committee merged with the IV-E Waiver Advisory Council in December 2016 and renamed the joint expansion to the SSA Advisory Board. The merger reflects the broader SSA and Families Blossom's goal of creating comprehensive child welfare practices. Since the merger, SSA has partnered with Chapin Hall at the University of Chicago to develop an Integrated Practice Model.
Prior to the merger, the FCP sub-committee provided "Collaborative Learning Circles", which were a series of interactive workshops that focused on child welfare best practices that supported strengths based assessments and case planning with children and families. Trainings were designed to emphasize the

importance and shared responsibility between local departments and private providers. In May and June 2016, the training series titled, "Maryland Youth and You: A Closer Look at Transitional Aged Youth Services." were provided at four community provider sites across Maryland. The results of the trainings were positive.

<div align="center"><u>Goal 3: Strengthen the well-being for infants, children and youth in foster care</u></div>

Measure 1: 85% of children entering foster care and enrolled in school within five days
Objective: Children are enrolled in school within five days
NOTE: *Measure 1 was changed from 77% to 85% due to improvement in the data used to measure performance starting with SFY 2015, and the benchmarks were adjusted to reflect the progression expected to achieve the new goal. Benchmarks: 2016 from 71 to 77%; 2017, from 73 to 79%, 2018 from 75 to 82% and 2019 from 77 to 85%.*

CFSR Well-being indicator 2: Children receive appropriate services to meet their educational needs

Table 16

Performance Measure	SFY 2014	SFY 2015*	SFY 2016	SFY 2017	SFY 2018	SFY 2019
85% of children entering foster care and enrolled in school within five days	65%	75%	79%			
Benchmarks		69%	77%	*79%*	*82%*	*85%*
Source: MD CHESSIE – ages five – 17; removal after July 1 for each year; derived by University of Maryland Baltimore, School of Social Work (Note: Table includes updated Education Enrollment and Health Assessment statistics)						
* Starting in 2015, data augmented by education data concerning foster children supplied by the Maryland State Department of Education (MSDE)						

Data Assessment
It is critical for school-aged children entering foster care to be enrolled in school within five days of removal. Factors influencing this statistic include (1) taking into account when a child entering foster care does not change schools, and (2) assuring that documentation about school enrollment is completed by the Local Departments of Social Services. This statistic was augmented by the use of MSDE (Maryland State Department of Education) data for foster children, starting with SFY2015. SFY2016 performance has increased to 79%, and it is anticipated that Maryland will continue to make improvements in this educational outcome.

Intervention

- **Milestone Reports**
  - Maryland continues to use a Milestone Report for children in Out-of-Home Placement to provide details to case workers and supervisors across the State to assure that key data updates are made in the system, including school enrollment among school-aged children entering foster care. Maryland continues to expect to see improvement during the upcoming year through the use of this report.
  - Maryland will continue to augment the case worker entered education with official education data supplied by MSDE. This new data source is good for updating this annual report, but is supplied to DHS on a lagged basis, which is not as timely and useful for caseworkers.

Benchmarks

May 2016 – April 2017

- Through the continued use of the new Milestone Report for Out-of-Home Placement, Maryland expects school enrollment within five days to increase substantially.
- *Update:*
  - The goal for this measure was changed from 77% to 85% based on results and Maryland hopes to reach this goal sooner than 2019.

May 2017 - April 2018

- As Maryland fully implements the Out-of-Home Placement Milestone Report, it is anticipated that this indicator will experience documentation improvements, and by augmenting documentation with official MSD) education data, Maryland will achieve its goal of 85%.

May 2018 – April 2019

- Maryland intends to continue to use the Milestone Report to monitor the ongoing documentation of school enrollment within five days of entering foster care, and to augment documented data with MSDE education data.

Strengths

It is Maryland and Federal policy that school-aged children be enrolled in school when they enter foster care. The Milestone Report, implemented for Out-of-Home Placement during 2015, appears to be broadly accepted and LDSS are embracing the new report as it contains many milestones for front line staff to monitor from month to month for the children and families they serve.

Concerns

Lack of attention and lack of actionable information have been a concern in Maryland for this indicator.

Plans for Improvement

Maryland will continue to use the new Milestone Report to encourage timely school enrollment. The Milestone Report will be issued to LDSS monthly in order to review school enrollment information for school-aged children entering foster care. These data are reviewed by caseworkers and supervisors to assure that education data are updated at least annually and whenever there is a change in education placement for the foster child.

Implementation Supports

Ultimately, 24/7 accessibility to Maryland's Statewide Automated Child Welfare Information System Assessment Reviews (SACWIS) will improve performance measurement. Currently front line staff members must return to their offices to make updates into the system. Once the new, modernized child welfare information system is implemented, the capability to make updates about school enrollment will not be delayed, thereby increasing data documentation and enabling the State to monitor the true percentage of school-aged children getting enrolled in school within five days of removal.

Collaboration /Feedback Loops

There has been considerable collaboration between DHS and MSDE over the last few years leading to the establishment of a quarterly data exchange, without parental consent, in which education data is provided to DHS for the current academic year after MSDE receives a quarterly updated list of children in foster care. As DHS continues in its collaboration with MSDE, it may be possible in the future, for foster children, to create more timely education data updates that will be a benefit to the caseworker in two ways: obviate the need for their data input on school enrollment, and improve the accuracy and completeness of the modernized child welfare information system. Over the past year, SSA has begun to share education data in order to provide an overview about the academic progress of foster children in order to educate local child welfare and education representatives. A series of meetings was held in Montgomery Co. focused on the data in order to improve collaboration between the schools and LDSS about the education challenges of the foster children.   The feedback from the Montgomery Co. local schools is a greater awareness about the challenges and has helped them prepare for the federal reporting requirement under ESSA (Every Student Succeeds Act). Based on this initial experience in Montgomery Co., SSA is planning to expand the series of education data overview with the rest of the state upon the arrival of the new Education Specialist.

As stated in Goal 2, DHS is planning to meet quarterly with the Citizens Review Board for Children (CRBC) to enhance the partnership with CRBC to ensure that the goals of safety, permanency and well-being for children are met. From the Executive Summary of the 2016 Annual Report for the Citizens Review Board for Children:

"During fiscal 2016, the Citizens Review Board for Children reviewed 1358 cases of youth in Out-of-Home placements which represented 19% of the total number of 7,166 children served in the state of Maryland.

Reviews are conducted per a work plan developed in coordination with the DHS/SSA with targeted review criteria based on Out-of-Home Placement permanency plans."

Education findings for statewide reviews include:

● The local boards agreed that 83% of the children/youth were prepared to meet their education goals.

Measure 2: 75% of the children in Out-of-Home Care receive a comprehensive exam
   Objective: Children in Out-of-Home care receive a comprehensive health assessment
Measure 3: 90% of the children in Out-of-Home Care receive an Annual Health Exam
   Objective: Foster children have their health needs reviewed annually
Measure 4: 60% of the children in Out-of-Home Care receive an annual Dental Exam
   Objective: Children in Out-of-Home care receive a dental exam

CFSR Well Being Indicator 3: Children receive adequate service to meet their physical and mental health needs.

Table 17

Performance Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Comprehensive Health Assessment for foster children within 60 Days	67%	73%	77%			
BENCHMARK: *Comprehensive Health Assessment for foster children within 60 Days*		63%	66%	69%	72%	75%
Annual Health Assessment for foster children in care throughout the year	68%	71%	71%			
BENCHMARK: *Annual Health Assessment for foster children in care throughout the year*		82%	84%	86%	88%	90%
Annual Dental Assessment for foster children in care throughout the year	49%	52%	53%			

Performance Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
BENCHMARK: *Annual Dental Assessment for foster children in care throughout the year*		*52%*	*54%*	*56%*	*58%*	*60%*

Data Assessment

When physical case records are reviewed in Maryland, it has been found that children are receiving the health care services they need as outlined in Appendix G, Maryland Health Care Oversight And Coordination Plan but the data has been missing from the system. The data in the Table 17 may not be truly reflective of the services that children in Maryland are receiving. The Local Citizen's Review Board in Maryland (Appendix E) reviews cases every year. Each year it is found that about 90% of children in Out-of-Home care are receiving their comprehensive physicals and mental health assessments. Because of these inconsistent data findings, DHS plans to conduct clean up reports for the data entered.   There have been barriers to collecting accurate data; the fields in the MD CHESSIE health folder are not mandated fields in the system. Therefore, caseworkers often overlook thoroughly completing the information in the system. When the data is pulled out, it is not accurate or complete. DHS lists benchmarks below to remedy the data collection process. DHS started the CQI process and will review records in the Local Departments of Social Services. The health care measures of initial health screening, comprehensive physical, and annual physical will be included in this process. Please see Appendix D. Systemic Factors, Item 25: Quality Assurance System section of this report.

Dental needs remain more challenging; LDSS have expressed that dental services can be difficult to access on a timely basis due to the lack of providers in some areas. In many areas of the state the dental providers do not accept Medicaid. Many LDSS have to travel to other jurisdictions that are long distances in order to receive dental care for the foster children. DHS is communicating this need to Medicaid and collaborating to enhance access to providers around the state.

CRBC

As stated in Goal 2, DHS is planning to meet quarterly with the Citizens Review Board for Children (CRBC) to enhance the partnership with CRBC to ensure that the goals of safety, permanency and well-being for children are met. From the Executive Summary of the 2016 Annual Report for the Citizens Review Board for Children:

> "During fiscal 2016, the Citizens Review Board for Children reviewed 1358 cases
> of youth in Out-of-Home placements which represented 19% of the total number
> of 7,166 children served in the state of Maryland. Reviews are conducted per a work
> plan developed in coordination with the DHS/SSA with targeted review criteria based

on Out-of-Home Placement permanency plans."

Health findings for statewide review include:
- The local boards found that the children/youth had a comprehensive health and mental health assessment in 90% of the cases reviewed.
- The local boards found that in only 48% of the total cases reviewed the health needs of the children/youth had been met.
- Approximately 37% children/youth had been prescribed psychotropic medications

DHS is collaborating with the CRBC to understand how they are collecting the data for health care follow up. The provided benchmarks indicate that DHS will work to remedy the data issues as outlined below. DHS will review the data to ensure that the data is accurate and not a sign of a barrier to health care for foster children.

Strengths
The data for the comprehensive exams shows a small movement forward from 73% in 2015 to 77% in 2016.Although this is a small movement forward, the data is going in the right direction over 2015. The Annual Dental Assessment moved slightly from 52% in 2016 to 53% in 2015, the Annual Health Assessment remained flat at 71% for 2015 and 2016.

DHS implemented health care policy SSA-CW #14-17 in April 2014. This policy identifies mandates for the LDSS to ensure that children receive their initial, comprehensive, annual, and dental exams. The LDSS have reported that they are following these mandates and children are receiving appropriate medical care. The tip sheets and clean up reports were both completed this year with the LDSS. DHS will evaluate in the next year whether or not the **tip sheets** have had an impact on the data.

Concerns
Data entry overall still remains a major concern and in particular for the annual and dental exams. DHS will monitor the progress through the Milestone Report. There has been an inconsistent system of documentation around health care in MD CHESSIE. Although children may be receiving proper health care, caseworkers in local jurisdictions are not documenting the practice properly in MD CHESSIE. This causes the data to be incorrect and appear that children are not receiving timely care. Also, some local departments have reported that there is a lack of dental resources in rural areas that will accept Medicaid payment. DHS has continued to offer technical assistance to the LDSS in order to improve data collection. Although the data curve remains steady for annual exams and is turning in the right direction for the dental and comprehensive exams, DHS will continue to monitor.

The health care specialist position has been vacant since August 2016. DHS plans to hire a new health care specialist. The new health care specialist will be able to bring needed attention to the data inconsistency.

Plans for Improvement

Currently, DHS is working with the LDSS to provide technical assistance around documentation in MD CHESSIE by providing tip sheets and clean up report instructions. DHS is also exploring a new documentation system that would allow interfacing with other agency systems in order to ensure continuity of care. Also, collaboration with Medicaid and dental providers across the state will increase the LDSS access to dental providers for children. Collaborating with Medicaid on a regular basis will ensure that providers across the State are aware of the services that foster children need. DHS is currently collaborating with DHMH on a regular basis.

The Health Care Advisory Group has been disbanded and reorganized into two different workgroups. A workgroup for Physical health and a workgroup for mental health are being created. These groups will focus solely on improving the outcomes for children, youth, and families across the spectrum of child welfare.

Interventions
- **Data Clean Up**
  - DHS is exploring and reviewing data clean up reports to ensure accuracy of the reported data.
    - DHS will continue to improve in documentation of the health records by training staff and offering technical assistance around proper documentation in MD CHESSIE. Although this is not a specific intervention for health care, the department recognizes that the data needs to be more accurate in order to identify the service gaps. The department issued MD CHESSIE tip sheets to the LDSS to assist with reminders and proper data entry.

- **Review Barriers to Services**
  - DHS will continue to collaborate with the Department of Health and Mental Hygiene (DHMH) to ensure that LDSS have access to service providers around the State. The LDSS have reported that in certain rural areas of the State, there is a lack of dental and medical providers for foster care children.

- **Modernization**
  - DHS is currently exploring a new modernized web-based information system and is exploring software to implement into the new data system that would create an electronic health passport for children in Out-of-Home Placement. This system would interface with Medicaid and ensure accurate reporting. DHS attended the 2016 State Health care Information Technology (IT) Connect Summit on March 23-24, 2016 to explore ways other states are implementing electronic web-based health care systems. This is still under consideration.

Benchmarks
May 2016 – April 2017
- **Data Clean up**
  - o DHS is currently conducting data clean up reports for children who have entered Out-of-Home Placement within the last 18 months. This report includes every entry for every child in the health folder in MD CHESSIE. The report highlights the entries that are correct and an instruction sheet has been attached to direct the staff how to enter the information properly. DHS sent this report to Local Departments of Social Services (LDSS) in order to facilitate this clean up report and expects to have data results in June 2016 to review.
  - o *Update:*
    - ● DHS worked with the LDSS to start to clean up the data entered into MD CHESSIE. As the data reflects, the process is working at a slow pace. However, SSA plans to continue to conduct clean up reports for the data entry.
  - o The department will evaluate the data that is received in June 2016. SSA plans to continue to solicit feedback from the LDSS as to the documentation barriers. SSA plans to conduct regional supervisory meetings in the fall. If the data indicates documentation is an issue or service barriers, SSA will address these issues with the local supervisors at this time.
  - o *Update:*
    - ● SSA held regional conferences around the state and addressed the documentation of health care services.
- **Services**
  - o SSA will review the barriers to services and continue to collaborate with DHMH. DHS met with Medicaid in February 2016 to explore collaboration and data exchange.
  - o *Update:*
    - ● SSA has continued to meet with Medicaid to explore how data can be exchanged and cross referenced. SSA will meet with Medicaid again in the Spring of 2017.
    - ● SSA has continued to collaborate with DHMH and the LDSS in order to identify barriers and connect children to appropriate services. SSA has identified that many dentists around the state do not accept Maryland Medicaid as a payment type. SSA has expressed this concern to DHMH. Local Departments of Social Services have reported that they use agency flex funds to pay for these services
    - ● DHS also plans to review the existing healthcare policies as it relates to keeping children with their medical provider. DHS will explore what policies could be put into place to minimize and standardize appropriate times in which a child would have to switch providers. DHS recognizes that every effort should be made to deter interruptions of health homes. DHS will explore these options with Medicaid.
- **Modernization**

- o SSA will continue to be involved with the development of a new statewide SACWIS system and in exploring different software and methods to incorporate electronic health records in the new system.
- o *Update:*
  - o In order to support the efforts of care coordination and modernization, DHS has collaborated with pediatricians who have applied for a grant through the American Academy of Pediatrics to conduct a needs assessment of medical providers in the State. This assessment will obtain information and input from pediatricians and family doctors in order to determine what the new system will need to incorporate to be utilized by the medical community on a regular basis. DHS wrote a letter of support and planned to participate in facilitating the focus groups if the grant is approved. Unfortunately, Maryland was not selected to receive this grant. SSA will continue to collaborate with pediatricians and family doctors to solicit feedback regarding a new electronic medical records system. SSA created a Health care work group that will include medical practitioners and other stakeholders.

May 2017 – April 2018
- **Data Clean up**
  - o Training:
    - Based on feedback from the previous year, DHS will review trainings for the LDSS regarding the health care documentation in MD CHESSIE. The local departments will be offered onsite technical assistance on how to appropriately document the MD CHESSIE health folder.
    - DHS is creating an online training for LDSS using the training tool Captivate. This training will incorporate the feedback that has been given by LDSS. Captivate is an interactive training tool that allows for actual simulation of proper documentation. This tool will enable the user to experience how to document health care screens throughout MD CHESSIE and enhance their learning experience.
- **Services**
  - o The Department will continue to collaborate with Medicaid and review the dental services available across the State and solicit input from the LDSS to identify service barriers.
- **Modernization**
  - o The department will continue to evaluate the modernization process to ensure health care data is incorporated into a new system. The department will explore software that is available to enhance health care documentation services for children including but not limited to, an electronic health passport.

May 2018 – April 2019
- **Data Clean Up**
  - o Data reports will be reviewed on a regular basis to ensure that the data is being documented appropriately into the system. Technical Assistance will be continued to be offered LDSS to ensure proper documentation.
- **Services**
  - o LDSS feedback will continue to be solicited to identify any barriers in services.
- **Modernization**
  - o The department will continue to evaluate the modernization process to ensure health care data is incorporated into a new system and explore a pilot for a web-based system that incorporates an electronic health passport.

Service Array/Collaborations

DHS will consistently evaluate the health care data and policy implementation by collecting feedback on a regular basis. DHS will continue to recognize barriers by reviewing data clean up reports and utilize the Health Care Workgroup to identify strategies to overcome presented services barriers to ensure that Maryland youth receive the highest level of health care.

DHS has contracted with the University of Maryland at Baltimore, School of Pharmacy, to monitor the use of psychotropic medication by youth in foster care over time, from 2010 – 2015. Recognizing that the time period covered by the report is older information, the report is used as a baseline going forward. The recent data is attached (Appendix H). SSA has renewed this contract with University of Maryland School of Pharmacy as of April 2017. SSA recognizes that there is a gap in data processing as the data is captured and analyzed from Medicaid and other sources before reporting.

SSA continues to collaborate with the University of Maryland, DHMH, and other stakeholders to explore ways to monitor the use of psychotropic medication among foster children and youth. As part of the Implementation structure, a workgroup is being created for Behavioral Health Services. This workgroup will focus on expanding the service array for trauma informed services available to foster youth across the state. This workgroup will also explore the possible expansion of the Peer to Peer program to foster youth statewide. SSA will also recruit for a Manager position to lead this group.

The service array health care workgroups will be absorbed into the larger implementation structure. There will be two different workgroups: the physical health and mental health. The workgroups will be comprised of staff from advocacy organizations, service providers, Local Departments of Social Services, DHS Central, and Chapin Hall. Faculty from the University of Maryland at Baltimore will also be participating on the workgroups. One of the issues that the mental health workgroup will focus on is the use of psychotropic medication.

There is a need for more dental resources in rural areas of the State. In many rural counties, there is a lack of health resources. The department is currently soliciting input from the LDSS, DHMH, and other stakeholders on how to ensure effective service delivery. DHS has been collaborating with local pediatricians, child psychiatrists, mental health professionals, and other stakeholders. In addition, DHS is collaborating with DHMH, and University of Maryland Medical System to explore how to implement child and adolescent services in areas that do not have an extensive service array. DHS will continue to meet with Medicaid to discuss new ways of collaboration and new ways to share data. DHS and DHMH are exploring ways to exchange specific health care data on foster children. The barrier to data sharing remains that medical providers around the state have up to 12 months to bill Medicaid. Therefore, the data that DHS and Medicaid exchange would not be completely up to date. DHS will continue to collaborate with Medicaid to discuss strategies to exchange accurate data.

Collaborations / Feedback from the Health Care Oversight Advisory Committee
DHS continues to collaborate with other state agencies and community stakeholders to strengthen the health care plan for children in Out-of-Home care. DHS will present the data findings and seek feedback from all stakeholders in order to identify solutions to the areas that need improvement. As part of collaborating and developing avenues for feedback, the workgroups being created around health care and mental health include representatives from several state and local agencies as DHS recognizes the importance of collaboration with other agencies and community resources to ensure success of the continuity of health care for foster children.

The current team members include but are not limited to:

Brandi Stocksdale – DHS SSA	Dr. Raymond Love, School of Pharmacy
Dr. Al Zachik, DHMH / BHA	Dr. Gloria Reeves, Child Psychiatrist
Therese Wolfe, LDSS, Charles County	Melissa Rock, Advocates for Children and Youth
Judith Schagrin, LDSS Baltimore, County	Rena Mohammad, DHS SSA
Steve Berry, DHS SSA	Kathy Crosby, DHS Office of the Attorney General
Elaine Hall – Medicaid	Dr. Wendy Lane, University of Maryland Pediatrics
Michael Demidenko, LDSS, Howard County	Adam Rosenberg, Baltimore Child Abuse Center, Advocate
Dr. Heidi Wehring, University of Maryland School of Pharmacy	Dr. Susan dos Reis, Associate Professor, University of Maryland School of Pharmacy

The Health Care Workgroup and the Mental Health workgroup plan to meet in the spring of 2017. All team members represent an entity directly related to the children being served by DHS and are vital to the success of the team goals. The teams will work together to connect all of the involved agencies to create a continuity of care for children in the foster care system. The goals of the workgroups are as follows:

1. Policy and Practice—Examine and refine existing policies and procedures that DHS currently has in place.
2. Oversight, Coordination, and Monitoring of Health Care Services—Develop strategies for tracking and sharing health care information.
3. Quality Assurance, Outcome, and Evaluation—Review and recommend evaluation tools that will appropriately measure the effectiveness of the oversight and monitoring.
4. Funding—Explore funding that may be available for health care services for foster youth.

In upcoming meetings, the workgroups will be presented with the current data and training available to Local Departments of Social Services. The groups will provide recommendations of how to input the proper documentation and increase access to providers.

Collaborations indirectly supporting the well being of children, youth and families.

University of Maryland School of Social Work
DHS/SSA and the University of Maryland School of Social Work (UMSSW) have longstanding collaborations related to social services policy and programs. These collaborations include the evaluation of Family Centered Practice and of Family Involvement Meetings, the redevelopment and implementation of the Quality Assurance process, facilitating data reporting, and providing data analytics. UMB/SSW personnel participate in ongoing meetings with DHS/SSA to discuss these collaborations and provide assistance to DHS/SSA related to data reporting, measurement, and analytics. Data collaborations encompass the development and maintenance of child welfare outcome measures, case management reports, and reports to understand statewide and jurisdictional results related to various practice areas deemed to be important to the operation of the Maryland child welfare system.

Maryland's Children's Cabinet
The Children's Cabinet revitalized its continued commitment to Maryland's children and families by completing the Children's Cabinet 2015 Strategic Direction and Implementation Plan. The Cabinet emphasizes prevention, early intervention, and community-based services for all children and families. Members include 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 the Maryland State Department of Education. The Executive Director of the Governor's Office for Children chairs the Children's Cabinet.

The Children's Cabinet 2015 Strategic Direction and Implementation Plan's four goals require the agencies' collective efforts to address:

- Goal One: Reduce the Impact of Parental Incarceration on Children, Families, and Communities
- Goal Two: Improve Outcomes for Disconnected Youth
- Goal Three: Reduce Childhood Hunger
- Goal Four: Reduce Youth Homelessness

Each agency developed measurements and action plans that will begin to move the State in the right direction toward achieving the goals. To view the full Direction and Implementation Plan, please view: http://goc.maryland.gov/wp-content/uploads/sites/8/2013/11/CC_Strategic_Plan_FINAL.pdf

The agencies meet on a regular basis to review progress on plans and measures. For updates on DHS's ongoing work, please refer to information on employment opportunities for youth under the CHAFEE section.

Provider Advisory Council

DHS understands the significant role of its providers in serving children and families in the child welfare system. As such, DHS formed a Provider Advisory Council (PAC). The role of the PAC is to advise and make recommendations to the DHS Secretary regarding pertinent and critical situations and matters related to child welfare.

The PAC includes representatives from both Residential Child Care (RCC) Agencies and Child Placement Agencies (CPA), and is co-chaired by SSA and the Office of Licensing and Monitoring (OLM). The PAC meets bimonthly with the Executive Directors of SSA and OLM. The PAC will continue to provide consultation to DHS in matters pertaining to services to children and policy relating to payment services, health, safety and well-being.

Accomplishments

1. Collaboration with DHS, the Department of Health and Mental Hygiene (DHMH) (Medicaid), the Governor's Office for Children (GOC), and the private providers on Rate Setting Reform to modify the current rate setting system and to develop an outcome based rate setting system has been ongoing. Items discussed:
   - Medicaid billable services
   - Setting up a process for unbundling services to youth
   - Putting an algorithm into place to foster a new billing mechanism
   - Levels of care and the services provided to youth in each placement category

2. SSA has joined with the PAC to develop a Provider Strategy Committee. The Committee consists of DHS's OLM and SSA, DHMH, and the private RCC and CPA providers. SSA is planning an all-day conference with the partners and stakeholders identified above to discuss the following:

- Profiles of currently placed youth (diagnosis, service needs, placement concerns)
- Medicaid
- Assessment tools for appropriate level of placement
- Service array
- Rate setting reform

2017–2018 Plans:

1. Collaboration with DHS regarding the Families Blossom initiative to help promote strong, safe, and secure families, children, and communities (ongoing).
2. Collaboration with DHS regarding retooling current placement options to accommodate difficult- to-place foster children with challenging behaviors (ongoing).

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.

DHS 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 Adult and Family/Children's services. The Council plans to continue to work to identify partnerships with supporting organizations for collaboration, information and resource sharing to reduce boundaries for caregivers.

Strengthening the Well-Being of Children

During the past reporting period, the Council's membership included appointments that represent children and families from infancy through transitioning youth. This includes Kinship Care, children with emotional and behavioral health diagnosis, children living on the Autism Spectrum and Fetal Alcohol Syndrome. All of these groups are part of DHS's stakeholders and constituency. The Council continues to strengthen the well-being of children by working toward a more coordinated systemic system of supports for family caregivers, which ultimately means that children have parents and other family caregivers who are able to provide a nurturing, safe home.

Additionally, DHS provides staffing to the Council. The staff support is part of SSA's Leadership Team and maintains ongoing communication with SSA's Executive Directors and DHS' Government Affairs Director to

ensure that the Council is meeting it statutory authority, as well as being a systemic partner to SSA's constituents.

2016–2017 Accomplishments:

- Ongoing expansion of a partner list that is inclusive of both formal and informal organizations, businesses, and service-orientated constituencies seeking to address the needs of family caregivers across the lifespan.
- Strengthened partnerships with educational institutions in research pertaining to family caregivers across the lifespan including disseminating findings of research to the Council and the broader community.
- Continued collection, analysis, and dissemination of up-to-date data on the characteristics and unmet needs of Maryland's family caregivers.
- Established a Council Speakers Bureau to inform family caregivers of available supports and services.
- Awarded the Federal Lifespan Respite Care Grant to expand respite capacity through a coordinated effort between State agencies and over 30 committed organizational partners.
- Collaborated with a Task Force on Family Caregiving and Long-Term Supports, strengthening coordinated efforts to support family caregivers.
  o Recommendations from the Task Force on Family Caregiving included introducing legislation during the 2017 Maryland General Assembly session that was unanimously supported by both Chambers and signed by the Governor in April 2017. This legislative effort has resulted in a new name for the Council (Commission on Caregiving) and expanded the membership to include a member of the House of Delegates and the Senate which will strengthen the overall visibility of the Commission.
- Promoted awareness of current caregiver support services through collective outreach efforts that focused on caregivers across the lifespan. Council Members and Staff presented at 16 events including legislative briefings, workshops and other outreach activities that totaled over 2,400 individuals.

2017–2018 Plans:

- Develop a strategic plan specifically for enhancing the knowledge of Adoptive Parents, Foster Parents, Kinship Care Providers, and biological families around Family/Informal Caregiver Supports. This plan may be accomplished via the Training Committee of the Lifespan Respite Care Grant Activities (current members of this Committee include service providers of children with developmental and behavioral health expertise). Partners of the Council have expressed interest in training foster parents on awareness and knowledge on Fetal Alcohol Syndrome, and Council members have also advocated for training that addresses resiliency across the lifespan.

Social Services Administration Steering Committee

The Social Services Administration Steering Committee is comprised of the Social Services Administration's Executive and Program staff, Services Directors, and Assistant Directors of Local Departments of Social. The committee meets every other month, enabling DHS Central staff to exchange feedback on the impact of policies and practices, emerging issues and legislation, and the opportunity to collaborate and resolve issues and barriers to the safety, permanency, and well-being of children and adults.

SSA uses the Steering Committee as a forum to review policies, legislation, and programmatic issues. The Committee is instrumental in providing SSA with input for programs and policies to improve the outcomes of child welfare. Topics during May 2016 – April 2017 on which the Steering Committee provided feedback and reevaluation included but were not limited to: Maryland's Children Electronic Social Services Information Exchange (MD CHESSIE) clarifications to ensure that data are reported correctly, upcoming legislation and the ways in which LDSS may support, Information Technology updates, clarifying the feedback loop between the DHS Central and LDSS, particularly for input needed rapidly, new outcome measures, SSA's new Governance Structure, feedback regarding policies, and data or procedures that may need clarification, revision, or deletion.

The SSA Steering Committee plans to continue in 2017–2018 to review data and legislation, policy, and practices that impact the LDSS.

Local Departments of Social Services

The State meets monthly with the statewide Directors and Assistant Directors of the Local Departments of Social Services. These meetings address new policies and practices that impact the practice of child welfare and offer LDSS the opportunity to provide updates or ask for assistance and feedback for any new initiatives. No formal evaluations are gathered at these meetings; however, the Directors and Assistant Directors do not hesitate to provide input to proposed policy and practices or to current policy and practice that may not be able to be implemented in the manner intended. The feedback received from the LDSS staff is used to review revise policies and practices as appropriate.

Each fall, Regional Supervisory Meetings are at five locations statewide to review policy, legislation, and updates. The meeting is held at different regions of the State to allow access by all supervisors statewide. Data are reviewed, and small groups discuss methods to improve the outcomes which in turn improve the data. This past year, the structure of the meeting was changed to allow breakout groups by In-Home, Out-of-Home, and Adult Services Supervisors for more in-depth discussions and updates that are specific to the program area. Evaluations are distributed and compiled with suggestions for improvement. SSA considers these meetings important to maintain relationships with LDSS supervisors; receive direct supervisory feedback; and clarify policies and practices. In 2016, 84% of the participants reported via evaluation reports that the meetings are useful to their work.

DHS Central staff also offer technical assistance to jurisdictions as issues emerge. This type of technical assistance is generally a telephone call or email seeking assistance with or clarification for In-Home, Out-of-Home, MD CHESSIE, Training, Quality Assurance, Interstate Compact work, or general questions. Central staff assist and may not record every call because offering assistance is considered a part of the regular workday.

Title IV-E Determination Unit Collaborations

Title IV-E State Plan Updates/Amendments
Title IV-E staff collaborated with Department of Juvenile Justice (DJJ), Office of the Attorney General (OAG), and Foster Care Court Improvement Project (FCCIP) to submit the first draft of the updated State Plan to the Federal Government. The team reviewed current SSA practices, policies, and procedures to ensure they were in compliance with updated Federal regulations. Some major areas covered were (a) Trafficking, (b) Specialized recruitment for adoptive families, and (c) Reasonable and Prudent Parenting. As a result of the review, there were several updates to some of SSA existing policies and procedures, as well as the development of additional policies meeting best practices for child welfare standards, which aligns with SSA's goals of improving safety, achieving permanency outcomes, and strengthening the well-being for all children. To date, the collaboration continues, and joint efforts are being made toward required changes in the SSA/DJJ and court practices and findings, as required by changes in Federal laws, regulations, and programs. A final plan was submitted to and approved by the Children's Bureau, and, the workgroup has discontinued the quarterly meetings. Title IV-E continues to work with other departments within SSA including Out-of-Home, Adoptions, and Home Resources.

Single State Audit
For Fiscal Year 2017, the audit firm S&B Company, and staff from the Office of Legislative Services (OLS), audited the Title IV-E Foster Care, Adoption, and Guardianship Programs. The audit ensures that SSA is in compliance with the State and Federal guidelines of Title IV-E eligibility, maintenance, and assistance payments. All requested IV-E Foster Care, Adoption, and Guardianship case records (electronic and paper) were provided to staff of S&B Company and OLS.

MD CHESSIE Update
Currently, MD CHESSIE has an output eligibility document for foster care initial determinations and redeterminations. The output forms will be updated as part of DHS's IT modernization process. Title IV-E staff have collaborated with the MD CHESSIE team and the Office of Technology and Human Services (OTHS) in planning the requirements for the new Comprehensive Child Welfare Information System (CCWIS) compliant data system. This project (MD THINK: **M**aryland's **T**otal **H**uman **S**ervices **I**nformation **N**etwor**k**) is an all-inclusive data system that will allow for more accurate eligibility data by providing the Title IV-E Specialist with access to more real-time data from multiple sources (Department of Health and Mental Hygiene, Family

Investment Administration, Child Support Enforcement Administration, Maryland State Department of Education, and the Department of Labor and Licensing). This access will help SSA achieve its goal by providing accurate financial eligibility data for all children in foster care.

Title IV-E staff have also worked with MD CHESSIE on the creation of better ad hoc reports for Foster Care, Adoption, and Guardianship. These reports will be accessible to the Title IV-E staff in Business Objects and will assist in correcting data issues in MD CHESSIE that affect payment, placement, or eligibility. Better access means the staff will be able to complete eligibility, and supervisors will be able to review pending case information for accuracy in a more timely manner.

Title IV-E Policy and Procedure Manual
Title IV-E staff collaborated with the Department of Juvenile Justice in rewriting the Title IV-E manual to be compliant with current Federal/State laws and regulations. The final draft of the revised Title IV-E Manual has been reviewed and accepted by the Administration for Children and Families and Children's Bureau, and is now going through the sign-off approval process within SSA. This manual will help ensure that SSA can provide adequate information to Title IV-E and SSA staff so that they can perform their duties effectively and efficiently as they relate to Title IV-E practices.

Title IV-E Liaison Workplan
Title IV-E staff collaborated with Maryland's Local Departments of Social Services to develop a workplan for each jurisdiction. The workplan is the communication flow between the LDSS and the DHS/SSA Title IV-E staff. This workplan ensures that all team members fully understand each other's roles and responsibilities, Title IV-E practices, and timelines; this will improve the staff productivity level and SSA's overall goal of improving services to all children in foster care. All workplans were reviewed and acknowledged (via signature) by each jurisdiction. The workplans are now being utilized by all 24 Maryland jurisdictions. They will be reviewed with the LDSS liaisons on an annual basis and modified as needed.

All of the activities identified in the preceding section are ongoing to ensure improved outcomes for children and families in care. Therefore, Title IV-E unit will continue to collaborate with partners throughout 2017–2018.

Systemic Factors
For Data on the Systemic Factors, please refer to Appendix D.

PROMOTING SAFE AND STABLE FAMILIES

Coordination of CFSP Services with Other Federal Programs

Overview
As the designated Title IV-B agency, DHS administers this Plan based on the philosophy that children should be protected from abuse and neglect 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 grant (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. Funds are allocated to Local Departments of Social Services (LDSS) on a State Fiscal Year basis. In addition, $50,000 of the adoption promotion funds will be used for post-adoption services. Ten percent of the funds are set aside for discretionary activities and ten percent for administrative costs. The administrative and discretionary portion of the PSSF grant is utilized for new initiatives and projects in the child welfare arena, including funding for contracts. The SSA Executive Director has the discretion as to how these funds should be used. Since IV-B Subpart 2 requires the states to utilize a significant portion of expenditures on services, Maryland uses only 10 percent of the PSSF grant on each discretionary and administrative cost.

Maryland continues to monitor closely the spending by the LDSS to ensure that the PSSF grant is spent in the following service categories: family support; family preservation; time-limited reunification; and adoption promotion, split evenly (20%) between the program areas. SSA receives monthly expenditure reports from the DHS Budget office in the Policy Directives for the above-mentioned services to monitor spending. In addition, SSA has language in the policy directives that informs LDSS that if ½ of their allocation is not spent by January 1st of a particular year, any remaining amount will be subject to reallocation to other local departments that are spending their funds.

Time-Limited Reunification
The twenty-four LDSS offer time-limited family reunification services. For SFY2018, the allocation to the LDSS will continue to be based on the number of children in the foster care system 15 months or less. A strength of time-limited reunification services is that each local can match the needs of the population served in its jurisdiction to the purchased services; however, all the services are aimed at reunifying the family.

Approximately 1,000 families and 1,425 children were served in SFY 2016. It is estimated that the same number of families and children will be served in SFY2018. 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:
  o Crisis nurseries
  o Transportation
  o Visitation centers

Adoption Promotion and Support Services
The 24 LDSS offer adoption promotion and support services to remove barriers to a finalized adoption, expedite the adoption process, and encourage more adoptions from the foster care population, which promote the best interests of the children. The Department issues a policy directive each fiscal year that provides details and examples of how the adoption promotion money can be spent. For the SFY 2017 funds, the allocation for each LDSS is based on the number of children with a goal of adoption. The LDSS are required to submit a plan each year that describes how they will spend their allocation. For SFY 2016, approximately 1,100 families and 1,175 children were served. It is estimated that the same number of families and children will be served in SFY2018.

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
- Materials, equipment and supplies for training
- Foster/Adoptive home studies
- 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

In SFY2017, family preservation and family support funds through PSSF were allocated to all 24 LDSS in Maryland. Most of the LDSS operate a specific program with these funds. The local departments that were not allocated funds for a specific program received "flex funds" that are used to pay for a variety of supportive services for families receiving In-Home services. The amount of the "flex funds" allocation depends on the caseload for In-Home services. In SFY2017, the following jurisdictions received "flex funds": Baltimore City, Anne Arundel, Caroline, Dorchester, Cecil, Garrett, Kent, Prince George's, and Wicomico Counties.

A strength of the PSSF family preservation and support service programs is that the local jurisdictions help to develop an adequate service array throughout the State by filling service gaps. All of the family preservation and support programs are different and are based on the needs in the respective jurisdiction. In addition, many of these programs are located in rural areas, including Allegany and Washington counties in Western Maryland; St. Mary's, Calvert, and Charles counties in Southern Maryland; and several jurisdictions on the Eastern Shore.

Another strength of the PSSF family support and preservation services is that they are either provided in-home or they are located in accessible locations in various communities in the State. Some programs provide vouchers to clients for public transportation or cabs so they are able to receive services. The PSSF family support and preservation services are available to all families in need of services, including birth families, kinship families, and adoptive families.

In addition, some of the PSSF family preservation and support programs in the local jurisdictions are evidenced-based practices, including Healthy Families, Strengthening Families, Functional Family Therapy, and various parenting curriculums that are utilized as part of parenting workshops.

Table 18 below, gives the number of families who were served in SFY2016. In the first two quarters of SFY2017, the family preservation and support services program served approximately 499 families, 91 individual participants, 31 pregnant and parenting teens, and 37 children who received respite services. It should be noted that parents and children are not included in the family count, and pregnant and parenting teens are not included in the parent count. In addition, data is missing from 4 jurisdictions for the first two quarters. Approximately the same number of families will be served in SFY2018.

The LDSS are required to complete a Maryland Family Risk Assessment (MFRA) on every family at the beginning and end of the service. In addition, the local departments are required to track families at 6 and 12 months post-closing for indicated cases of child abuse and neglect and Out-of-Home (OOH) Placements. The LDSS are required to report the overall MFRA scores and the outcome data for any indicated cases of abuse and/or neglect and Out-of-Home Placements.

The table below lists a description of the family preservation and family support programs that will likely continue in FFY2018.

Table 18

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
Allegany County	Parenting workshops are provided that utilize the Incredible Years' parenting curriculum. The workshops are offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training.	Family Preservation	45 parents served. No indicated abuse and no OOH Placements between six and 12 months post-closing; 77 families tracked.
Anne Arundel County	Flex Funds are used for Interpreter services for non-English speaking families; Supportive services not covered by medical assistance or other programs(i.e. anger management, play therapy, parenting classes); Daycare/summer camps; supportive services for kinship families; and rent and utility assistance.	Family Preservation "Flex Funds"	130 families served. No indicated cases of abuse and no OOH Placements between six and 12 months post-closing; seven families tracked at six months and zero at 12 months.
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 "Flex Funds"	Data not submitted yet.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
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	102 families served. ———————————— No indicated cases of abuse at six months; two indicated case of abuse at 12 months; no OOH Placements at six months and one at 12 months; 37 and 58 families were tracked at six and 12 months post-closing, respectively.
Calvert County	Contracts out with a provider for an in-home parenting program that provides services to at-risk families. The program includes weekly home visits initially and decreases in intensity as the families become more stable. Families also have the option of attending a six week parenting group based on the "Active Parenting' curriculum.	Family Preservation	15 families served. Two indicated cases of abuse at six months post-closing and Zero at 12 months. No OOH Placements six and 12 months post-closing; 24 and eight and families tracked at six and 12 months post-closing, respectively.
Caroline County	Flex Funds are used to contract with a provider for In-Home Aide Services. This service provides teaching and modeling of parenting skills, life skills, employment and job search techniques, and how to advocate for one-self.	Family Preservation "Flex Funds"	17 families served. ———————————— Two indicated cases of abuse at six months post-closing and one at 12 months post-closing; six OOH Placements at six months post-closing and one at 12 months post-closing.; 29 and 30 families tracked at six and 12 months post-closing,

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
			respectively.
Carroll County	Weekly formal parenting education classes that utilize the Nurturing curriculum. Home visits are also offered to parents.	Family Support	59 families served.
			No indicated cases of abuse at six and 12 months post-closing; five OOH Placements at six months-post closing and three at 12 months post-closing. 41 and 48 and families were tracked at six and 12 months post-closing, respectively.
	Parent-Child Interactive Therapy is provided, which is a short-term clinic based intervention. Progression through the treatment program is based on skill mastery, so the treatment length varies amount families served.	Family Support	51 families served.
			No indicated cases of abuse at six or 12 months post-closing; no OOH Placement at six and 12 months post-closing.
			33 and 27 and families tracked at 6 and 12 months post-closing, respectively.
Cecil County	Flex funds are allocated this year to Cecil County.	Family Preservation "Flex Funds"	Data Not Submitted Yet

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age five. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	Family Support	20 teen families served. No indicated cases of abuse or OOH Placements at six and 12 months post-closing. 16 and 13 families were tracked at six and 12 months post-closing, respectively.
Dorchester County	Flex Funds are used to assist with housing to stabilize families and with utility bills.	Family Preservation "Flex Funds"	35 families served. No indicated cases of abuse or OOH placements at six or 12 months post-closing. Two and three families tracked at six and 12 months post-closing, respectively.
Frederick County	Services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and fathers, child development, health education, life skills training, case management and home visitation.	Family Support	56 Participants served. No indicated cases of abuse between six and 12 months post-closing and no OOH Placements. 50 and 47 and families tracked at six and 12 months post-closing, respectively.
Garrett County	Flex funds are allocated	Family Preservation "Flex Funds"	Ten families served. No indicated cases abuse at six or 12 months post-closing. No OOH Placement at six and 12

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
			months post-closing. Two and seven families tracked at six months and 12 months post-closing, respectively.
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. Zero indicated cases of abuse between six and 12 months; one OOH Placement six months-post closing and one at 12 months post-closing. 38 and 41 families tracked at six and 12 months post-closing, respectively.
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	30 teen mothers and 27 infants. No indicated cases of abuse and no OOH Placements six and 12 months post-closing. 18 and 17 families tracked at six and 12 months post-closing, respectively.
Kent County	Funds will be used for Healthy Families program that provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly	Family Preservation	18 families served. One indicated case of abuse between six and 12 months post-closing; and no OOH Placements six months post-closing. 19 families tracked between six and 12 months

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
	parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.		post-closing.
Montgomery County	A service is provided that targets adolescents who were referred to child welfare services because they are "out of control" and parents will not or can no longer take responsibility for the child's difficult behavior. An intervention model is utilized that enable parents to effectively respond to their children. Cognitive and behavior therapy are used to develop and reinforce the parents' capacity to raise and guide their children.	Family Preservation	26 families served. Zero indicated cases of abuse at six and 12 months post-closing; no OOH Placements at six months post-closing. Three OOH Placements at 12 months post-closing (in same family). Four and one families tracked at six and 12 months post-closing, respectively.
Prince George's County	The Strengthening Families Program (SFP) is a 14-session, parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in SFP, both separately and together. Funds are used to support families receiving in-home services.	Family Preservation & Flex Funds	Data not submitted yet. Data not submitted yet. Data not submitted yet.
Queen Anne's	The Healthy Families program provides services to prevent child	Family Support	26 families served. No indicated cases of abuse

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
County	abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, extensive referrals to other sources, and developmental, vision, and hearing screenings.		and no OOH Placements.

24 families tracked between six and 12 months post-closing. |
| Somerset County | 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. | Family Support | 63 families served. Three indicated cases of abuse at six months post-closing and one at 12 months post-closing. Zero OOH Placements at six and 12 months post-closing; 104 and 120 and families were tracked at six and 12 months post-closing, respectively. |
| 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 | 92 participants served

Outcome Data not submitted yet. |
| Talbot County | 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. | Family Support | 31 families and 34 children served.

No indicated cases of abuse/neglect at six months and two indicated cases at 12 months post-closing. One OOH Placement six months post-closing and zero at 12 |

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
	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.	Family Support	months post-closing. Six and two families tracked between six and 12 months post-closing. 24 parents and 14 children served. No indicated cases of abuse at six months or 12 months post-closing. No OOH Placements six and 12 months post-closing. Nine and 16 and families tracked at six and 12 months post-closing, respectively.
Washington County	Funding will be directed to the Family Center. Specifically, child care services, case management, and parent-aide services will be provided to parents.	Family Support	101 families served. Zero indicated case of indicated abuse or OOH placements at six and 12 months post-closing. 51 and 40 and families tracked at six and 12 months post-closing, respectively.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
Wicomico County	Funding is for respite services and summer camps.	Family Preservation	16 families and 32 children served.
			No indicated cases of abuse six and 12 months post-closing. No OOH Placements at six months post-closing and 2 at 12 months (same family) and 15 and 12 families tracked at six and 12 months post-closing, respectively.
	Flex Funds to provide support to families who are receiving in-home services.	Family Support	28 families served
			No indicated cases of abuse at six and 12 months post-closing. No OOH placements at six months post-closing and two OOH placements at 12 months post-closing (same family and same family as respite)
Worcester County	Contracts with a private provider for a parent support worker that provides services to change parental behaviors through teaching problem solving skills, modeling effective parenting and referring parents to	Family Preservation	39 families served.
			One indicated case of abuse at six months post-closing and none at 12 months post-closing.

	Description of Services Provided	Family Preservation or Family Support	Data from SFY2016
	additional community resources.		27 and 29 families tracked between six and 12 months post-closing.

Service Array

Child Protective Services

Child Protective Services 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.

Maryland Family Risk Assessment

The Children's Research Center (CRC) conducted an analysis of Maryland's risk assessment tool. The analysis showed a significant increase in the reliability and validity of the CRC's risk assessment model over the current one being used in Maryland. Maryland began working with the CRC in February 2015 on three new risk assessment tools based on an actuarial model. The first two tools are an initial risk assessment and a risk reassessment tool to be used with families receiving In-Home Services. The risk reassessment tool would assess the potential change in risk for a family over time. Out-of-Home Placement Services is looking at piloting the third tool that will help staff assess the decision of returning a child to the home of removal, maintaining Out-of-Home care, or recommending an alternate permanency goal after considering a combination of a safety assessment, visitation quality and quantity and risk of future maltreatment. In August 2015, the CRC, the Child Welfare Academy and representatives from the local departments met to

pilot a training program for all child welfare staff that will use these tools. Maryland plans to implement these tools once the current child welfare database is modernized to accommodate the tools.

Alternative Response

Social Services Administration continued to evaluate and assess Alternative Response (AR) advancement throughout the State. In August 2016, a survey was completed by AR staff to assess how the sustainability of AR in the state is doing; the results of the findings are listed below:

- 44% were in need of technical assistance in reference to model fidelity
- 12% of LDSS report support from their community partners
- 70% of staff indicated that their agency needed to increase community outreach and education
- 55% of staff indicated that there was a need for additional training other than the options offered at University of Maryland School of Social Work (UMSSW)
- 49% of staff were unaware that service plans should be completed during the initial 60-day assessment period if a family is in need of services

Technical Assistance/Follow Up

As a result of the above findings, follow-up sustainability meetings were held between August 2016 and April 2017 in Washington, Garrett, Allegany, Cecil, Dorchester and Montgomery counties to discuss the survey in addition to barriers and improvements made since SSA staff met with the jurisdictions in 2015. During these meetings SSA also provided technical assistance around court and police intervention process. For example, staff was informed that when AR cases require court intervention, the LDSS must review the case to assess if the case continues to meet the Mandatory Disqualifying Criteria for AR case assignment. Often times when a family requires court intervention this indicates that the risk factors have increased which may require the case to be reassigned as an investigative response (IR). SSA will continue to conduct site visits throughout the state to address the findings and provide technical assistance. The next sustainability meeting is scheduled in May 2017 for Carroll and Harford counties.

To ensure the continuance of AR sustainability, a plan to resume quarterly Regional Learning Collaboratives was initiated. The first AR Learning Collaborative was held on December 14, 2016. The collaborative focused on trauma-informed practice, building community partnerships and model fidelity. Dr. Streider from UMSSW did a presentation on "Applying Narrative Practice Principles in Family Trauma Work an Integration Perspective". The AR survey indicated that 44% of staff is in need of technical assistance in reference to model fidelity; therefore a model fidelity checklist for staff and supervisors was reviewed and disseminated during the collaborative. On March 30, 2017 a second Learning Collaborative was held in Talbot County. Wicomico County conducted a presentation on how they are sustaining AR in their jurisdiction. Wicomico County is one of the model counties as it relates to model fidelity and maintaining community partnerships. This information is proven by statistical data, case reviews and the recent survey.

During the Learning Collaborative meetings supervisors and managers were encouraged to model the tenets of AR practice in their interactions with staff. LDSS were also encouraged to hold monthly or quarterly AR meetings with staff to discuss how the work of AR was proceeding, present cases, identify AR champions and share expertise. They were also encouraged to partner with neighboring counties as it relates to sharing community resources and ideas. The management staff from each LDSS was also invited to present at the upcoming AR Learning Collaboratives as this provides an opportunity for LDSS to see how each other are sustaining AR.

Community Support/Outreach

Community engagement has continued to be a challenge for many of the jurisdictions. SSA plans to provide training and technical assistance in this area for LDSS's by securing presenters that can provide strategies and tools to engage or re-engage community partners. As part of the training to engage community partners, SSA will invite Washington County to give a presentation at one of the collaboratives as they have been a model county as it pertains to engaging and maintaining community partnerships.

To provide feedback from the families receiving services, LDSS's were asked to invite families who have been serviced on the AR track to talk about their experience and what changes they would recommend to make AR more successful. SSA has also collaborated with the Coalition for Women's Services Committee through the Maryland Department of Mental Health and Hygiene (DHMH) Behavioral Health Services to advocate for services for women and their families. This committee is currently at the end of the planning stage.

Policy/Technical Assistance

To address questions and clarifications about the revised AR policy completed in April, 2015 the policy was reviewed and discussed in detail at each of the five SSA Regional Supervisory meetings held throughout the State from September 2016 through October 2016. The concern about the need to complete service plans was also addressed at the Regional Supervisory Meetings. Staff was under the impression that service plans should only be done by the Consolidated/Family Preservation case worker as that case worker would be working with the family beyond the initial 60 days of the family assessment. During these meetings management staff was encouraged to hold "case transfer" meetings between the intake worker and the consolidated worker so that completed service plans that were done with the family are reviewed prior to the consolidated worker meeting with the family. The intake and consolidated worker were also encouraged to do the initial visit together after a case has been transferred. This method would allow the family to address any questions or concerns with the service plan that was completed during the intake period.

Training/ Advanced/Locally

As of January 2017, 111 staff attended training between June 2016 and April 2017. The next training cycle is scheduled to begin in June 2017. Advanced AR trainings such as Signs of Safety training continues to be

offered through the UMSSW which, when applied to AR practice, can increase the family's participation and assist the worker in fully engaging families in the AR process.

SSA has had discussions with University of Maryland Training Department about providing trainings in the Eastern and Western regions of the State. Often times due to the distance between those LDSS and UMSSW taking advantage of trainings has been proven to be challenging. Staff also indicated they were in need of more advanced/clinical trainings, hence, SSA Training Coordinator will also be working with UMSSW trainers to address this need.

Feedback Loops/Continuous Quality Improvement
As part of Alternative Response Continuous Quality Improvement, the sustainability self-assessment tool will be resent by May 31, 2017 to all LDSS to complete again. The tool is designed to be used annually to ensure model fidelity and the continuation and effectiveness of the dual-track system. This tool allows SSA to review policies, practices, protocols, and partnerships and make revisions and clarifications based on the feedback. Maryland continues to be committed to enhancing Family-Centered Practice through a trauma-informed lens across the state. This approach focuses on the family's strengths and needs by identifying solutions to the multiple problems that may be impacting families' abilities to safely care for their children and promote their well-being. AR continues to acknowledge that families are the experts in their own circumstances, and recognizes that in most cases families want to alleviate threats to their child's safety. Through a family centered approach, transparency, and the removal of stigma of an investigation, AR creates an environment that is more conducive to collaboration and partnership with families.

Human Trafficking Initiative
Please see the Child Abuse Prevention And Treatment Act (CAPTA) State Plan Requirements and Update for updates on human trafficking.

In-Home Services
In-Home Family Services are family preservation and assessment programs available within the Local Departments of Social Services.

Services to Families with Children – Intake
In-Home Family Services staff conducts assessments of families where there are allegations of a risk of harm to a child or for when a client requests services. There are five risk of harm categories which include substance exposed newborns and substantial risk of sexual abuse by a registered sexual offender. The LDSS protocols for evaluating the safety and risk of children apply in these assessments. Assessments are also completed regarding the strengths and needs to the family. At the conclusion of the assessment, staff will determine the need for on-going services either in the LDSS or in the community or both.

In July 2015, SSA implemented the use of a Child and Adolescent Needs–Family version (CANS-F) assessment statewide for all In-Home Family Services cases to include risk of harm assessments. The CANS-F provides an outline for the family and worker to discuss and document the strengths and needs of the family. The results of this assessment help to map out the necessity of any services and in what areas those services should focus. While the CANS-F is completed only once during the 30-day risk of harm assessment, the tool is completed at regular intervals during a family preservation program to help determine the efficacy of the work that is being done. The Department, in conjunction with staff from UMSSW, has begun to collect data from the assessments in order to make decisions about service needs in each local jurisdiction. The data is also being used to help inform the work of the Title IV-E Waiver project.

Maryland is also moving toward becoming a more trauma-informed system. The Department believes a greater awareness of trauma and its impact on families will help to enhance the resiliency and recovery of children and families resulting in improved outcomes. A section of the CANS-F focuses on the trauma experiences over the lifetime of the youth in the family. There is also a section regarding post-traumatic reactions any caregivers in the family have had or are having.

All staff members with an In-Home Services caseload were required to be trained in the use of CANS-F and to become certified. Initial and supplemental training on the use of the tool has also been offered to In-Home Services staff at each local jurisdiction since July 2015 by the School of Social Work. In addition, the Child Welfare Academy has implemented a series of trainings focused on workers becoming more trauma-informed when working with families.

Consolidated In-Home Services
The Consolidated 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 maltreatment. The purpose of Consolidated Services is to promote safety, preserve family unity, maintain self-sufficiency and assist families to utilize community resources. In-Home Services are in-home and community-based. Depending 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.

Consolidated In-Home Services uses the Maryland Family Risk Assessment, SAFE-C and the CANS-F to direct the service intervention. Individually each contributes to decision-making regarding the child's safety, the likelihood of future maltreatment and individual functioning of family members. The combination of the three assessments promotes creation of Safety and Service plans that promote safety, permanence and well-being. Of all three the CANS-F identifies specific strengths and concerns and allows social work and casework staff to collaborate with family members to design an intervention tailored to the family's individualized needs and priorities.

Annual updates of a Maryland legislative report, FY2016 state of Maryland Out-of-Home Placement and Family Preservation Resource Plan (http://goc.maryland.gov/wp-content/uploads/sites/8/2015/10/2016-

OOHP-Report-1.11.17-1.pdf) contains several details about the children and families served (in a section named Family Preservation Services. Pertinent outcomes data regarding both Consolidated and Interagency Family Preservation Services focus on Child Protective Services (CPS) reports and Out-of-Home (OOH) Placements. As shown in Table 137, page 103 a relatively small percent of children whose families received Consolidated In-Home Services experienced an indicated finding during services (2.3% for SFY2015), and with a slightly smaller percent within one year of case closure (2.2% for SFY2014). As for OOH Placement statistics, the children whose families are receiving Consolidated In-Home Services experienced foster care placement during services (4.2% for SFY2015), and a lower percent experienced placement within one year of case closure (1.8% for SFY2014).

It should be noted that family preservation services are provided to families who have higher risks of maltreatment, and the higher percentage of children experiencing Out-of-Home Placement during Consolidated In-Home Services may be an appropriate response to addressing the needs of these high risk families. In other words, the case worker spends considerable time with the family, and the decision to place children into foster care from Consolidated In-Home Services may be the culmination of a family/worker decision, in that placement is the best step to take at this point, both serving the best interest of the child while allowing more time for the family to make necessary adjustments. It is also likely that with the implementation of Alternative Response (AR) families being referred to Consolidated Services may be those who were at higher risk as many Alternative Response families are more likely to be transferred to community-based services.

While the Department would like these statistics to be closer to zero, it is important to understand that a large majority of families are receiving Consolidated Services and experiencing success in avoiding further experience with both indicated maltreatment and Out-of-Home Placement as reflected in the above data. The Department will continue to monitor the results for these families, both safety and well-being, in order to continue to building its capacity to serve at-risk families and avoid entry and reentry into foster care. The SFY2015 implementation of the CANS-F should assist workers in determining the strengths and needs of the families they are working with and provide data to support what is working. Appropriate entry of CANS-F data will assist staff in both noting the family's strengths but also the needs of the family. As the CANS-F data accumulates, further evaluation of services and the impact on families can be conducted.

Maryland has for several years trained and encouraged the practice of family centered practice. The AR evaluation completed by IAR Associates in September 2015 noted that "Staff generally struck the evaluators as well-informed and as embracing family centered practice." Family centered practice is inclusive of the whole family, rather than focusing on the identified child, working on family goals to ensure safety and well-being. Another tool that enhances the work of staff in focusing on the family as a whole is Signs of Safety (SOS), especially the use of mapping which is done with families to identify issues, strengths and needs to be addressed. Signs of Safety training is offered to staff on a quarterly basis which includes both a basic training as well as a booster training. An additional SOS for supervisors is also offered. New staff receives Signs of

Safety training as part of their mandatory pre service training. Staff is encouraged to apply this intervention in their practice. From May 1, 2016 to April 30, 2017, 172 workers were trained, 29 staff took the booster course and 31 supervisors took the supervisory training (data source: Child Welfare Academy).

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. The local department continues to be the vendor in 18 jurisdictions, with the remaining six jurisdictions contracting with private vendors.

One key question is whether Interagency Family Preservation Services (IFPS) produce better outcomes than do Consolidated Services. Information available from the Maryland legislative report on Out-of-Home Placement and family preservation suggests that there are not substantial differences. In particular, the focal outcome measures used for Consolidated and IFPS reveal rather similar results. As shown in Table 20, a relatively small percent of children whose families received IFPS experienced an indicated finding during services (1.7% for SFY2015), and with a very slight percent increase within one year of case closure (1.6% for SFY2014). As for OOH placement, the children whose families are receiving IFPS experienced foster care placement during services (3.8% for SFY2015), and a lower percent experienced placement within one year of case closure (2.4% for SFY2014). Both the pattern magnitude in the results for families receiving either Consolidated or IFPS services is similar.

Additional review of these and other results concerning both Consolidated In-Home Services and IFPS will be undertaken, to assess if the families and children being served in Interagency Family Preservation are, as believed, any different than those served in Consolidated Services. The Department has given considerable thought to folding this program into Consolidated Services, if the funding stream (TANF funds) does not negate its use in Consolidated Services. The current TANF State Plan is for the Federal fiscal years 2015-2018 and thus no changes can be addressed until the new State Plan is submitted. In addressing the Maryland Family Risk Assessment Intake Ratings in a report prepared by The Institute for Innovation and Implementation at the University of Maryland, IFPS does show a higher percentage of moderate and high risk than does Consolidated In-Home Services.

For SFY14-SFY16, IFPS has averaged 46% at moderate risk and Consolidated has averaged 24.6%. For the same time period, IFPS has averaged 11.6% for high risk and Consolidated 5%. Data from the CANS-F has also shown that IFPS ¾ of cases are identified as having at least one need as opposed to ½ of the Consolidated Services' cases. To some extent this data may support the need for the IFPS program. Improvements were found when assessing actionable and potential needs particularly among IFPS cases. While all service types

revealed a decrease in needs on average IFPS cases reported a significantly greater reduction among family functioning, caregiver advocacy, caregiver needs, and child functioning domains. At the same time it should be noted that Consolidated Services did not report as many needs and there may thus have been less room for change. The Department's modernization effort which the Department is looking to create a more effective child welfare electronic case record is still in development but the Department continues to identify data elements within the new system that will assist in determining what is best for families and children in regards to safety, permanency and well-being in the coming year. Additional data may better assist the Department in determining the effectiveness of each of the in-home programs. A combination of all of the in-home programs (IFPS, Services to Families with Children (SFC) and Consolidated In-Home Services) does show that 59% of workers report a decrease in family functioning needs, signifying family improvement.

Table 19

Indicated CPS Findings and OOH Care Placement Rates							
Consolidated In-Home Services							
State Fiscal Year	Indicated CPS Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
SFY2014	2.1%	249	2.2%	237	3.6%	440	1.8%	198
SFY2015	2.3%	354	NA until FY 17		4.2%	643	NA until FY 17	
Data Source: MD CHESSIE							

Table 20

Interagency Family Preservation Services							
State Fiscal Year	Indicated CPS Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
SFY 2014	1.4%	23	1.6%	24	3.5%	58	2.4%	37
SFY 2015	1.7%	21	NA until FY17		3.8%	47	NA until FY17	
Data Source: MD CHESSIE							

Additional review of these and other results concerning both Consolidated In-Home Services and IFPS will be undertaken, to assess if the families and children being served in Interagency Family Preservation are, as believed, any different than those served in Consolidated Services. The Department has given considerable thought to folding this program into Consolidated Services, if the funding stream (TANF funds) does not negate its use in Consolidated Services. The current TANF State Plan is for the Federal fiscal years 2015-2018 and thus no changes can be addressed until the new State Plan is submitted. In addressing the Maryland Family Risk Assessment Intake Ratings in a report prepared by The Institute for Innovation and Implementation at the University of Maryland, IFPS does show a higher percentage of moderate and high risk than does Consolidated In-Home Services. For FY 14-FY16, IFPS has averaged 46% at moderate risk and Consolidated has averaged 24.6%. For the same time period, IFPS has averaged 11.6% for high risk and Consolidated 5%. Data from the CANS-F has also shown that IFPS ¾ of cases are identified as having at least one need as opposed to half of the Consolidated Services cases.

To some extent this data may support the need for the IFPS program. Improvements were found when assessing actionable and potential needs particularly among IFPS cases. While all service types revealed a decrease in needs on average IFPS cases reported a significantly greater reduction among family functioning, caregiver advocacy, caregiver needs, and child functioning domains. At the same time it should be noted that Consolidated Services did not report as many needs and there may thus have been less room for change. The Department's modernization effort which the Department is looking to create a more effective child welfare electronic case record is still in development but the Department continues to identify data elements within the new system that will assist in determining what is best for families and children in regards to safety, permanency and well-being in the coming year. Additional data may better assist the Department in determining the effectiveness of each of the in-home programs. A combination of all of the in-home programs (IFPS, Services to Families with Children [SFC] and Consolidated In-Home Services) does show that 59% of workers report a decrease in family functioning needs, signifying family improvement.

Substance Exposed Newborns
Please see the Child Abuse Prevention And Treatment Act (CAPTA) State Plan Requirements and Update for updates **o**n Substance Exposed Newborns.

Foster Care Services
Foster care provides 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. The services are to address 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.

DHS recognizes that permanency and well being are of utmost importance. In order to decrease the time in foster care, permanency planning options that are considered in order of priority:
- Reunification with parent(s) or legal guardian(s)
- Placement with a relative for adoption or custody or guardianship
- Adoption by a non-relative
- Guardianship by a non-relative
- APPLA (Another Planned Permanency Living Arrangement)

SSA recognizes that placement planning decreases the length of stay in foster care and increases permanency for children and youth.

Reunification
A plan of reunification shall be pursued with a reasonable expectation that the plan will be achieved within 12 months from the date of entry into Out-of-Home Placement excluding trial home visits and runaway episodes. Parents must be informed at the time of removal, including voluntary placement about time lines for reunification. The caseworker shall engage the parent(s) in reunification services immediately upon the child entering Out-of-Home Placement. After a child has been in Out-of-Home Placement for 15 months out of the prior 22 months, the Local Department of Social Services (LDSS) must file a Petition to Terminate Parental Rights and pursue adoption. If a child is returned home under a trial home visit or Order of Protective Supervision (OPS) and the reunification cannot be maintained, the 15-month period continues once the child is placed in another approved placement; in other words, the 15 month period does not restart.

SSA recognizes that services that lead to reunification should always be the first priority for children and families to achieve permanency.

The Child and Adolescent Needs and Strengths (CANS)
Maryland utilizes CANS to assess youth functioning (ages 5-21) in major life domains, strengths, emotional and behavioral needs, and risk behaviors, trauma experiences, in addition to caregiver strengths and needs. The Child and Adolescent Needs and Strengths (CANS) instrument is utilized for the following purposes:

To support decision making, including level of care and service planning
The CANS is used by child and family teams to develop more individualized and ultimately more effective treatment plans and service plans. The Institute at the University of Maryland, School of Social Work provides technical assistance and training to local Departments to assist staff better integrate the CANS into practice, including connecting the assessment to the youth's case plan. 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' on the strength items indicates 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 of strength-building activities.

Facilitate Quality Improvement Initiatives
As a quality improvement tool, the CANS has been included in various Continuous Quality Improvement (CQI) activities, such as measuring the degree to which the assessment connects to the case plan, as well as through the use of algorithms to assess level of care placement decisions, support treatment referrals, and assist with other decision making processes.

To allow for the monitoring of outcomes of services
As an outcome monitoring tool, the CANS is used to measure change over time and to identify prevalence of needs in relation to permanency outcomes. Each county receives a Quarterly CANS Data Report, which provides an analysis of CANS assessments for youth served by their agency during the previous Quarter. In addition, CANS data is also used to measure well-being outcomes. The Well-Being metric is an index (presented as a percentage) for all the children or caregivers who have achieved or maintained well-being in the area.

- ***Achieving*** well-being is defined as resolving an identified need or gaining a strength in this area.
- ***Maintaining*** well-being is defined as not having a need and/or having a strength in this area throughout our work with the youth or caregiver.
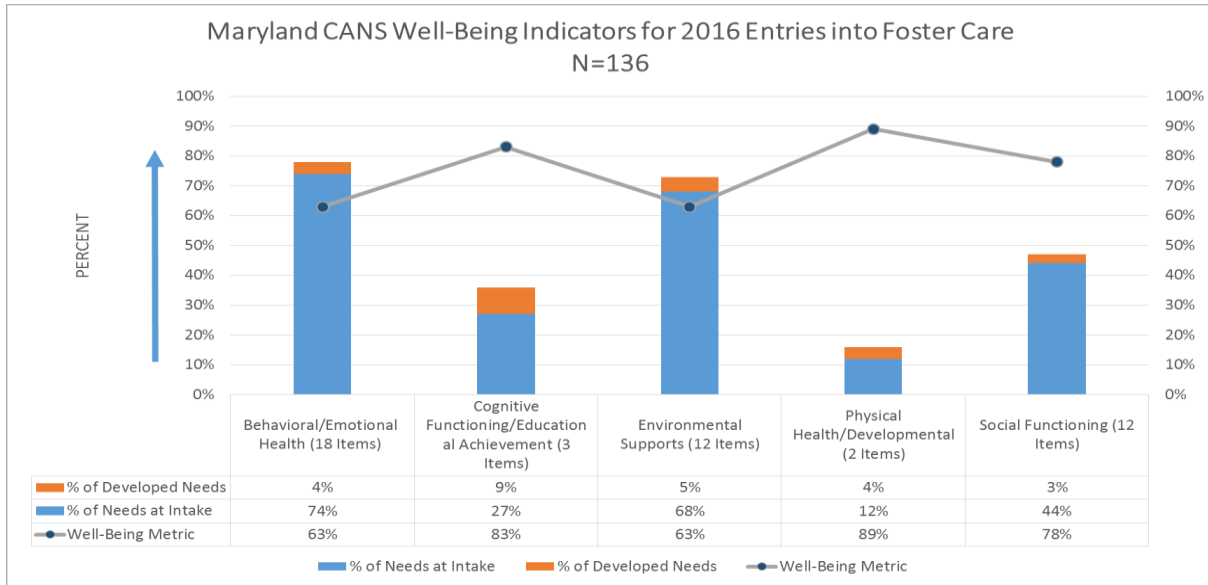
There are five Well-Being indicators which are comprised of related items in the CANS:
- Behavioral/ Emotional Health (18 Item Index)
- Cognitive Functioning/ Educational Achievement (3 Item Index)
- Environmental Supports (12 Item Index)
- Physical Health/ Developmental (2 Item Index)
- Social Functioning (12 Item Index)

The Well-Being metric represents the percentage of youth/caregiver who resolved a need that they had at intake or that they developed during the course of care or a youth who did not have a need at intake and did not develop a need in that area during the course of care.
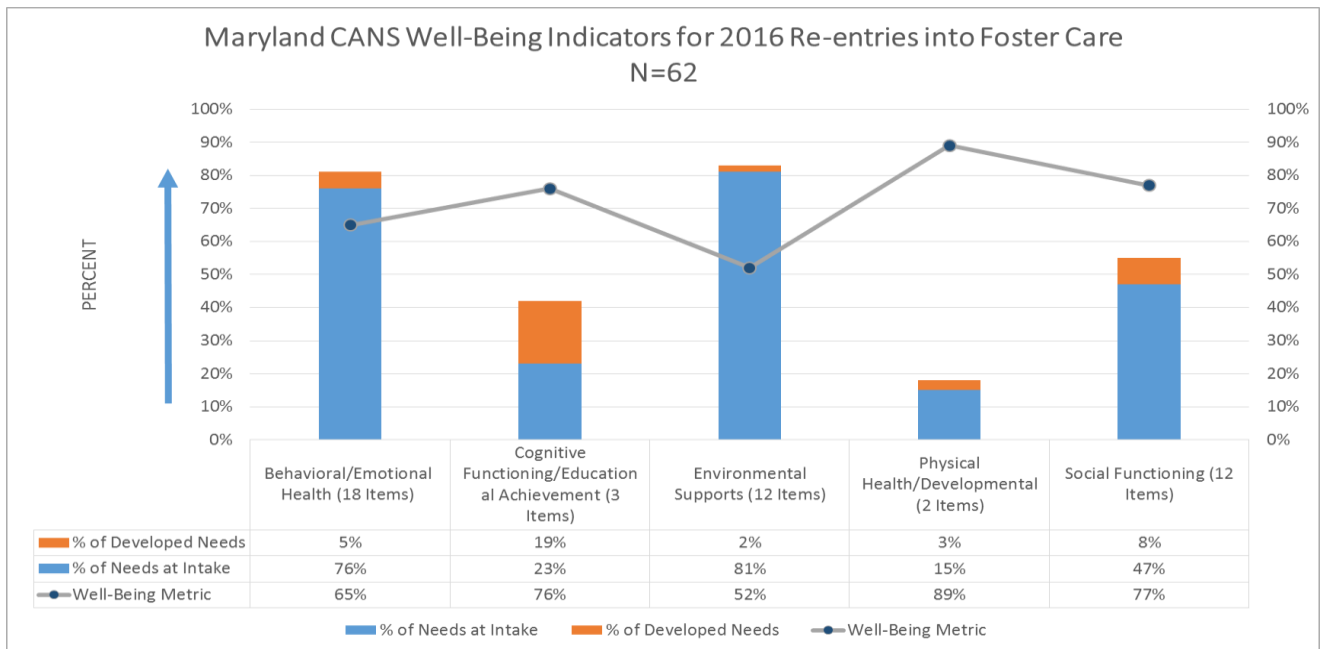
The following figure depicts the Well Being indices for youth entering care in 2016. Youth were included if they had at least two CANS assessments (initial + reassessment/discharge), one of which was in calendar year 2016 (*data source: MD CHESSIE*).

Figure 12

Maryland CANS Well-Being Indicators for 2016 Entries into Foster Care
N=136

|	Behavioral/Emotional Health (18 Items)	Cognitive Functioning/Educational Achievement (3 Items)	Environmental Supports (12 Items)	Physical Health/Developmental (2 Items)	Social Functioning (12 Items)
% of Developed Needs	4%	9%	5%	4%	3%
% of Needs at Intake	74%	27%	68%	12%	44%
Well-Being Metric	63%	83%	63%	89%	78%

The following figure depicts the Well-Being indices for youth re-entering care during calendar year 2016. (*data source: MD CHESSIE*). Youth were included if they had at least two CANS assessments (initial + reassessment/discharge), one of which was in calendar year 2016.

Figure 5

Maryland CANS Well-Being Indicators for 2016 Re-entries into Foster Care
N=62

	Behavioral/Emotional Health (18 Items)	Cognitive Functioning/Educational Achievement (3 Items)	Environmental Supports (12 Items)	Physical Health/Developmental (2 Items)	Social Functioning (12 Items)
% of Developed Needs	5%	19%	2%	3%	8%
% of Needs at Intake	76%	23%	81%	15%	47%
Well-Being Metric	65%	76%	52%	89%	77%

The following figure depicts a comparison of the Well Being Metric for youth who entered care and those who reentered care during calendar year 2016. (*data source: MD CHESSIE*)

Figure 6

2016 Entries and Reentries Well-Being Metric Comparison
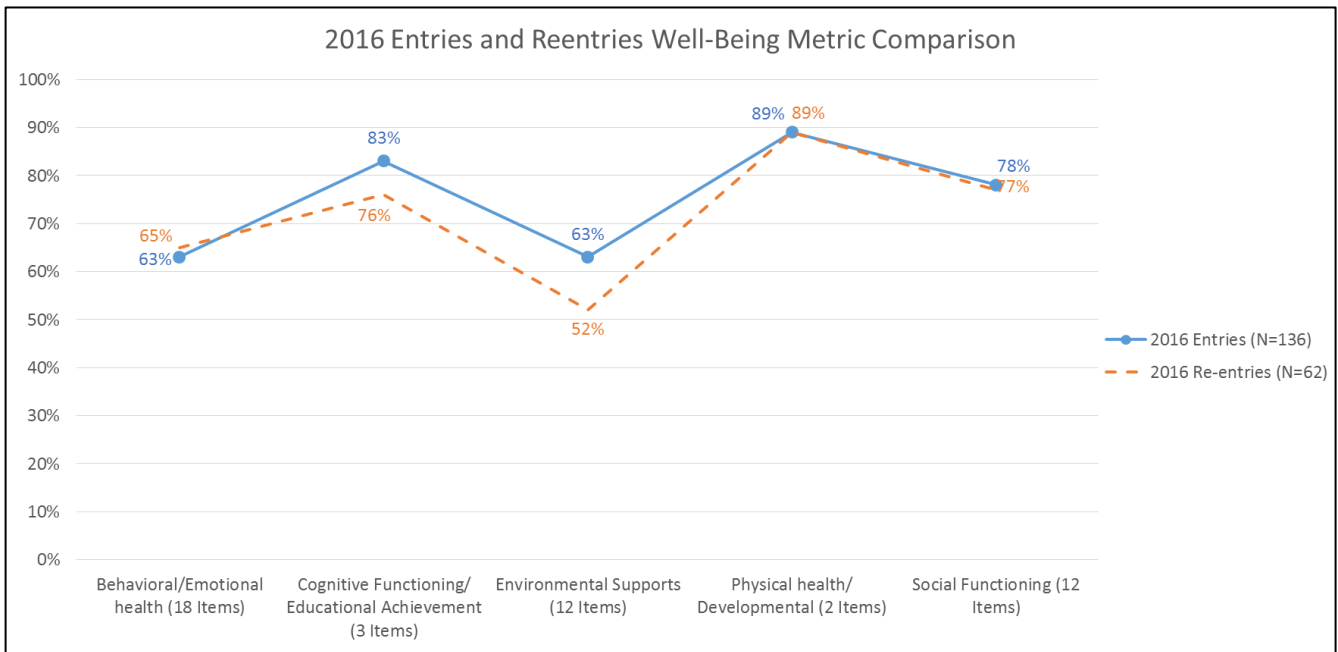
Training & Certification

All Out-of-Home Placement workers have been trained in the CANS Assessment. New employees receive the CANS training, as part of the Child Welfare Training Academy's Pre-Service Competency Training Series. Between July 1 and April 30, 191 staff obtained their CANS Certification or Re-Certification. In order to track compliance with maintaining annual re-certification, Local Departments of Social Services will receive a Quarterly Report indicating the certification status for each of the line staff and supervisors.

Compliance

Between July 1, 2016 and March 31, 2017, 3,418 youth received a CANS assessment. The CANS Assessment is required to be completed within the first 60 days of entry into care and every six months from date of entry. The time frame for completion aligns with the reconsideration process for youth in Out-of-Home Placement. The following figure illustrates the State's CANS compliance rates from the past two years.

Figure 15

Maryland CANS Compliance
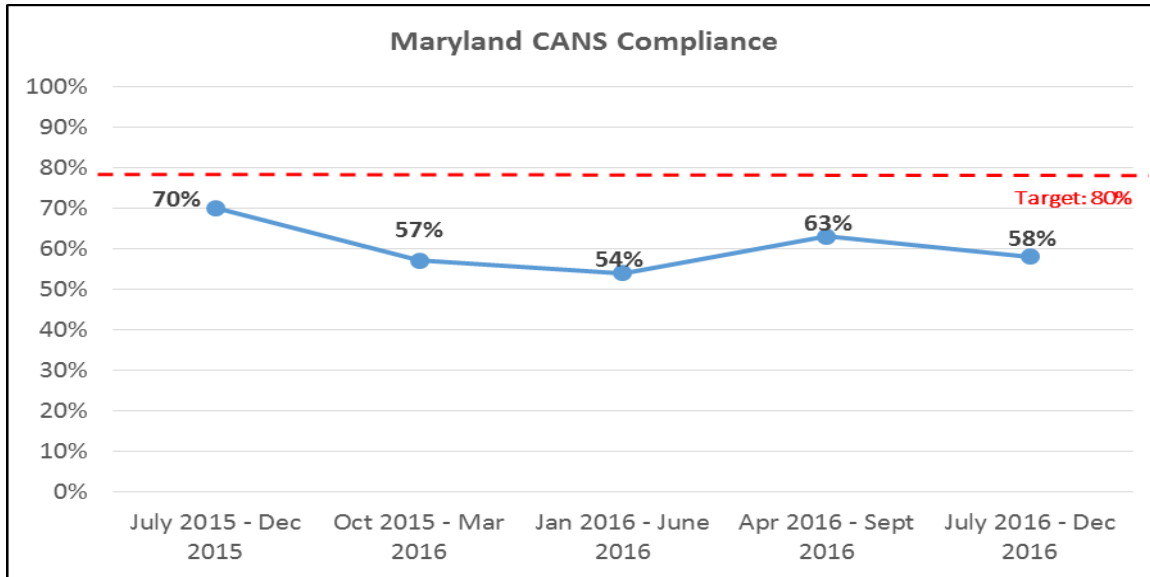
Medically Fragile

DHS is committed to providing best practices through policies and statewide training to ensure competent child welfare practice and resources to the medically fragile population.

A medically fragile child according to the COMAR 07.02.12.02 (22) definition is a child who: depends at least part of each day on mechanical ventilation; requires prolonged intravenous administration of nutritional substances or drugs; depends on other device-based respiratory or nutritional support, including tracheotomy tube care, suctioning oxygen support, or tube feeding on a daily basis; or depends on other medical devices that compensate for vital body functions and requires daily or near daily nursing care, including a child who requires: renal dialysis as a consequence of chronic kidney failure; or other mechanical devices such as catheters or colostomy bags as well as substantial nursing care in connection with the disabilities.

2016/2017 Updates

There are five medically fragile treatment foster care providers that are contracted with DHS that have a total of 146 beds for this population. DHS contracts with three medically fragile Residential Child Care (RCC) home providers for a total of 47 beds for this population. A total of 122 Child Placement Agency (CPA) youth and 44 RCC youth are placed in contracted placements as of April 25, 2017. These specialized placements ensure that youth are receiving an appropriate level of care in the least restrictive environment in order to meet their medical needs, ensure their safety, and work towards permanency.

Moving Forward 2017-2018

1. As reported last year, a workgroup was established with a multi-disciplinary team that will include State agencies, providers, and health care professionals to review the medically fragile children in group homes for potential step down to less restrictive settings, such as treatment foster home placements, relative placements, return home, and adoption.
   ● *Update 2017-2018*
     o DHS is currently working on an Integrated Practice and Implementation Team which will be Co-Chaired by Child Welfare and Adult Services. The Integrated Practice group will include a Congregate Care/Placement Group which will focus on servicing the youth who are DDA eligible. SSA is currently formulating a work group which will consist of the Developmental Disabled Administration, DHMH, BHA, MSDE, the twenty-four Local Departments of Social Services, Chapin Hall, and the University of Maryland Institute for Implementation and Innovation. SSA plans to facilitate partnerships and hold regular meetings with partners to ensure all youth with developmental and intellectual disabilities have a smooth transition into adulthood. SSA plans to partner with two current medically fragile congregate care group homes with whom the department contracts. SSA also contracts with five medically fragile treatment foster care providers.
2. As reported last year, a workgroup has been established to review the regulations and procedures for best practices for children in foster care with medically fragile conditions as well as national standards, including the financial self-sufficiency requirement for treatment foster care parents.
   ● *Update 2017-2018*
     o The established workgroup consisted of a multi-disciplinary team including State agencies, providers, and health care professionals to review the medically fragile children in group homes for potential step down to less restrictive settings, such as treatment foster home placements, relative placements, return home, and adoption. Workgroup participants:
       ▪ DHS/Office of Licensing and Monitoring (OLM)
       ▪ DHS/SSA
       ▪ Baltimore City Department of Social Services – Nursing Staff
       ▪ Mentor, MD – Treatment Foster Care (TFC)
       ▪ Kennedy Krieger Institute (KKI) - TFC
   ● *Meeting Highlights /Goals*
     o Partnership with Mount Washington Pediatric Hospital – MWPH
     o Discussion regarding Levels of Intensity for Medically Fragile Youth
     o Reviewed State of Michigan Level of Care Assessment Tool for Medically Fragile Youth in Foster Care to possibly implement in Maryland
     o Recruitment for TFC and adoption of medically fragile youth in group homes
     o Reviewed Policy Directive SSA-CW #16-06 Public Treatment Foster Care (TFC) Program

- o Discussion regarding burdens of care – barriers to placing medically fragile youth that are older and larger
- o Child Specific Recruitment
- o Collaborative Recruitment
- o Reunification barriers
- o Specific Case Reviews – Group Home (Medically Fragile)
- o Treatment Foster Care – Levels of Intensity
- o Discussion regarding Heart Gallery for medically fragile youth – Child Specific Recruitment
- o Specific Case Reviews – Group Home (Medically Fragile)
- o Continued discussion of SSA-CW #16-06
- o Discussion regarding Levels of Care for all Foster Youth - Michigan/Maryland - 4-level system with a score
- o Determining the validity of the tool - Assessment for Determination of Care for Medically Fragile Children in Foster Care
- o KKI will apply tool (Assessment for Determination of Care for Medically Fragile Children in Foster Care) to a few cases within their program to test validity – for feasibility of tweaking this tool to make it applicable to meet Maryland's needs
3. As reported last year for the rates reform process, the Inter-agency Rates Committee (IRC) comprised of State agencies is reviewing the current rate system to determine efficiencies and opportunities for more providers to serve the medically fragile population.
   - *Update 2017-2018*
     - o DHS is currently working on an Integrated Practice and Implementation Team which will be Co-Chaired by Child Welfare and Adult Services. The Integrated Practice group will include a Congregate Care/ Placement Group which will focus on servicing our youth. SSA established a work group which consists of DDA, DHMH, BHA, MSDE, the 24 Local Departments of Social Services, Chapin Hall, and the University of Maryland Institute of Innovation and Implementation, Office of Licensing and Monitoring and DHS contracted providers. This group will discuss and review rate reform, service array, and how the current providers may possibly become Medicaid billable providers in the future.

Guardianship Assistance Program

The Guardianship Assistance Program (GAP) serves as another permanency option for relatives caring for children in Out-of-Home Placement. 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 (LDSS) by removing financial barriers. A relative 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 LDSS on the use of GAP to assist in exiting children from foster care. SSA revised the Guardianship Assistance Program policy to incorporate the successor guardian based on "Preventing Sex Trafficking and Strengthening Families Act".

A successor guardian will allow the transfer of the monthly GAP payment to a successor guardian when the relative guardian becomes incapacitated or dies. Prior to this Act, a child would have to reenter Out-of-Home Placement for another guardian to receive the GAP payment. The successor guardian revision will assist with the reduction of reentries in Out-of-Home Placement. SSA will monitor the number of GAP cases that transfer payments to a successor guardian. SSA revised the Guardianship Assistance Program Agreement and created a Successor Guardian Agreement. SSA partnered with 3 LDSS on revising the Guardianship Assistance Program policy to ensure it would be easily incorporated into current practice. MD CHESSIE generates a monthly GAP report which is available on business objects for LDSS administrators and SSA administrators to monitor GAP cases. As of March 2017, 3,006 children are receiving guardianship assistance payments, compared to 3,089 children, March 2016.

Plans for 2017–2018
The trainings for the GAP successor guardian planned for 2016 was not able to be implemented. For the upcoming year, SSA will review and monitor the transfer of successor guardians on a quarterly basis to ensure that the protocols and procedures in the regulation are followed. SSA will provide technical assistance to the local departments based on the report data. In addition, assistance will be provided with inquires from the local departments and discussions in DHS regional local department meetings.

Kinship Navigator
Kinship Navigator Services continue to be a part of a statewide practice that is aligned with Family-Centered Practice values in supporting kinship caregivers who are caring for their minor relative(s), who are unable to remain safe in the care of their parents. Kinship Navigator Services targets kinship caregivers who were not involved in the child welfare system as an outreach prevention strategy that promotes safety, permanency and well-being. Practice involves identifying and navigating appropriate resources in an effort to support In-Home services to help children achieve permanency and to divert Out-of-Home Placements.

Services
Assistance is available at Local Departments of Social Services to help relative caregivers navigate educational, health care, entitlement services, legal or other community resources based on the needs of the children and the relative caregivers.

Who Are Navigators?

Local departments have designated Kinship Navigators, either child welfare staff members or a community vendor, to provide services to relative caregivers. Kinship Navigators are knowledgeable about their community resources and services available in their respective jurisdiction.

Referral

Kinship caregivers should be referred to Kinship Navigators to provide information about community-based services for the children placed with relatives, who are not involved in the child welfare system. Services are Non-CPS (Child Protective Services), and it should be <u>no risk or safety concerns</u> when referrals are made. If so, referrals should be made to Child Protective Services.

Technical Assistance

The annual Kinship Navigator (KN) training took place on July 18, 2016 at University of Maryland, Baltimore, School of Social Work. Seventeen (17) participants, Kinship Navigators and supervisors were in attendance. The training focused on best practices and policy expectations, and demonstration was reenacted how KN should be documented in the MD CHESSIE system.

The survey provided at the end the training revealed that most participants agreed that the training objectives were clear and that it supported their learning style. The strengths of the training included the open discussions about the diversity of the work and the demonstration of how Kinship Navigators should document their casework into MD CHESSIE. Additional feedback suggested that revisions should be made to the Kinship Navigator policy directive to align with the training and more time was needed to local departments to share their practice tools.

In addition to the training, Kinship Navigators continue to participate in bi-monthly peer support meetings to discuss best and challenging practices, and exchange information. SSA participates in these meetings to address questions and concerns and provide to support to local departments Peer to Peer support seems to have provided an opportunity for everyone to share their diversity of work, make valuable contributions and to feel supported when feeling challenged with the work.

Planned for 2017–2018
- SSA has partnered with the University of Maryland Baltimore (UMB) School of Social Work, researchers at the Ruth H. Young Center for Families and Children with UMB to gather data for Kinship Navigator services through MD CHESSIE. The goal is to give examples of how Kinship Navigator services plays a part of what is monitored by the CFSRs and ensuring that the State is in compliance with both national and State child welfare standards. For example, how the State is engaging extended families and kin, what services are offered, and are children able to remain in kinship homes with Kinship Navigator supportive services. Baseline data will include:
  o Non-CPS cases

- o Kinship Navigator Services and types of services provided
- o Kinship Care placements

Family Finding

Family Finding is an initiative designed to promote permanence and cultivate meaningful, lifelong connections between youth and their families of origin. The goal is to prevent children and youth from languishing in foster care due to failure of the child welfare system to engage potential relative resources in a timely manner. It is an extension of case management services to assess relatives as potential placement resources and establish "relational permanence" if the relatives are not able to be a placement resource. Family Finding intervention is applicable for children along any part of the child welfare service continuum as deemed appropriate to facilitate permanency and establish lifelong connections.

Services

Family Finding is a practice resource to supplement the caseworkers' efforts to search for and engage relatives to help bridge lifelong connections between children and their families. The Family Finder will assist and explore pathways to create lifelong and permanent connections through case mining, intensive searches and identifying potential resources. Local administrators shall designate at least one staff with previous child welfare casework experience to be trained as the lead Family Finder.

Who are Family Finders

Family Finders are responsible for conducting intensive searches and exploring any possible kinship resources. The Family Finding activities include engaging, interviewing, and assessing family members, and conducting internet searches.

Technical Assistance

SSA will continue to offer mini-training sessions at the Quarterly Family Finder Support group meetings on topics of interest and relevance to the group. These trainings will allow for the continued development and enhancement of Family Finding skills.

In SFY2016, a sub-committee was established from the Family Finders Support Group to revise the Family Finding training so that there are two training versions; one for Family Finders and their supervisors, and one for child welfare caseworkers and supervisors. As a result of the sub-committee, an advanced training was developed that specialized in challenges and barriers to Family Finding practices. The revised training took place on October 13, 2016 at University of Maryland, Baltimore, School of Social Work, Child Welfare Academy. Twenty-three (23) participants were in attendance comprised of Family Finders and their supervisors. The training focused on best practices and policy expectations, and demonstration was reenacted to show how Family Finders may engage multiple family members and potential resources. The majority of the participants strongly agreed that the training was relevant to their role and responsibilities, and they especially responded positively to the case examples and role play. Additional

topics suggested for future Family Finding trainings included, mock training on how to facilitate a "blended perspective meeting". Blended perspective meetings are specialized Family Finding forums to discuss options for supporting the child or youth after relative resources have been identified.

The training version for the caseworkers and supervisors will remain as a foundational training that provides a more general overview of permanency, case mining and family finding, and how caseworkers and Family Finders can work together to help youth achieve permanency and connections to supportive adults. Foundational Training is expected to be offered Summer 2017. SSA will provide technical assistance to the local departments as needed.

Adoption
The goal for Adoption Services is to develop permanent families for children who cannot live with or safely be reunited with their birth parents. Maryland's Adoption Services will continue to assist Local Departments of Social Services (LDSS) and other partnering adoption agencies in finding adoptive families for children, especially older youth, 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.

The adoption program also includes mediated "open" adoption when it is in the child's best interest; 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); Adoption Incentive Funding; the Adoption Assistance Program; Title XX Child Care Reimbursement; and the Non-recurring Adoption Expenses Reimbursement. 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.

Additional planning for the next five years includes the following:

1. Adoption Best Practices/Child Matching Conferences will focus on intensification of matching of resource families with youth needing resource families for adoption through matching conferences. Collaboration will involve SSA, LDSS and resource families.
2. Ongoing Adoption Assistance Policy Training on an annual or semi-annual basis. Collaboration will involve DHS/SSA, LDSS staff having expertise with adoption assistance, and the DHS Assistant Attorney General assigned to the Out-of-Home Placement Program.
3. Adoption Search, Contact, and Reunion Trainings. Annual initial and refresher training for confidential intermediary certification will involve collaboration between DHS/SSA and the private agency confidential intermediaries on training. Public and private agency staffs will continue to serve as trainers.

Implementation Supports

SSA held the following trainings in 2016-2017:

- Initial Confidential Intermediary Training: April 2016, October 2016 and May 2017. SSA plans to hold an initial training, at least 1 to 2 times per year.
- Refresher Confidential Intermediary (CI) Training: December 2016, March 2017 and June 2017. CI's are required to have refresher training every 2 years. The next trainings will be scheduled for 2017 and 2018.
- DHS has received letters and phone calls of successful adoption reunifications with birth parents regarding the confidential intermediary process put in place.

2017 Plans

Title 07.02.12 Adoption Regulations were published in the MD Division of State Documents. SSA plans to provide training to the local departments regarding adoption assistance as needed at DHS Regional Supervisory Meetings and upcoming Placement and Permanency Regional Meetings with the local departments. These meetings will be held twice a year in the Spring and Fall to begin in the fall of 2017. The Adoption Assistance manual for LDSS caseworkers has been developed, as well as an Adoption Assistance manual for adoptive parents. Once the manuals have been approved, trainings will be offered to the local departments and technical assistance will be provided.

Heart Gallery

DHS works collaboratively with Adoptions Together staff to identify the children in Maryland that are legally free for adoption and in need an adoptive resource. This identification is completed by personally contacting the Local Departments of Social Services (LDSS) about their specific children that can be referred and placed into the Heart Gallery. The LDSS have been provided the information necessary to make referrals to the Heart Gallery, and support in getting the photo sessions completed for the children. The Heart Gallery can be used as a recruitment tool for caseworkers that have legally free children on their caseload and are searching for adoptive homes.

The Heart Gallery was displayed in the DHS lobby from June 30, 2016 through July 29, 2016. The Heart Gallery featured the portraits of children that are legally free for adoption and in need of an adoptive family. The Heart Gallery is a mobile presentation, and is displayed in local business office lobbies and government buildings that offer high-visibility and high traffic. It is moved to different locations approximately every two weeks and is displayed at least 50 weeks per year.

DHS plans to hold another Heart Gallery on Friday, June 16, 2017, and the gallery will be displayed until Friday, June 23, 2017. To date, there are 26 children currently in State custody that have their photos displayed in the Heart Gallery (*Data Source: Adoptions Together*). Not only will these children be part of the

Heart Gallery displayed at DHS in July, they will continue to be part of the display as it is moved across Maryland, Virginia and Washington, DC.

2017 Plans
DHS plans to work more closely providing technical assistance to the local departments in partnership with Adoptions Together to ensure that more legally free children with a plan of adoption are photo listed. SSA will request quarterly reports from Adoptions Together along with MD CHESSIE data on legally free children with a plan of adoption to assist with technical assistance.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

As identified as part of Maryland's 2015-2019 CFSP and as reported in Maryland's 2016 APSR, Substance Exposed Newborns and Children with Behavioral Health challenges were identified as two populations with a great risk of maltreatment. Over the past fiscal year Maryland has worked to develop interventions and strategies to address these two populations.

Substance Exposed Newborns
SSA has continued to see a rise in the number of reported Substance Exposed Newborns. Since SFY15 the average number of referrals per month has growth from approximately 158 per month to approximately 195 per month in the first three quarters of SFY17. The chart below illustrates the increase in numbers since SFY15:

Jurisdiction	SFY 2015	SFY 2016
Maryland	**1,895**	**2,001**
One year change:	**22%**	**6%**

Because Parental Substance Abuse, particularly for children ages zero to eight, has been identified as a key factor in placing children at risk for entering care (new entries and re-entries) the following activities were implemented, through Maryland's Title IV-E Waiver, in order to support this population:
- Collaborated with Judiciary partners to develop an Substance Use Disorder (SUD) course and identified speakers for the Judicial College Program, a training institute for judges and magistrates, to be held March 2018;
- Developed a 3-prong approach to address parental SUD in Maryland:

- o creation of workforce development opportunities to better understand addiction and recovery, impact on maternal health and children and families, increase effective engagement in services, care for drug-exposed infants and children, and address the role of spouses, significant others, and fathers;
  - o increase access to existing service systems via learning collaboratives and multi-disciplinary teams; and
  - o enhance the current service array by creating a continuum of services, beginning with the prioritization of services for parents of children ages 0-8;
- Researched evidence-based assessment, parent training, peer support, and treatment models through a systematic review of the literature and identified 8 SUD models across a continuum of services for consideration;
- Presented the SUD models at a series of local regional meetings to garner LDSS feedback and interest;
- Implemented a process to assess fit of identified EBPs including contacting the developers and purveyors, reviewing materials and feasibility of implementation with an eye toward sustainability and LDSS interest, conducting a series of webinars with model developers for the LDSS, and developing an online survey for the LDSS to gauge interest and readiness to implement two models: Sobriety Treatment and Recovery Teams (START) and Adult-Focused Family Behavior Therapy
- Initiated preliminary discussions with state and local behavioral health agencies to introduce the models under consideration and begin developing a plan for implementation;
- Initiated preliminary discussions with several training entities to support workforce development opportunities; and
- Researched key components, outcomes, and availability of family recovery courts across the state with an eye toward supporting expansion in select jurisdictions.

Between July and December 2017, DHS/SSA will:
- Continue to work with state and local partners and the LDSSs to begin implementing select models in support of its goal to expand the availability of evidence-based treatment and supports to parents with SUDs.
- Offer workforce development opportunities in the form of a series of trainings related to addiction, recovery and other related topics relevant to the child welfare workforce.
- Continue to develop a plan for jurisdictional level learning collaboratives to enhance communication and cooperation between multiple agencies involved in child welfare with a goal of increasing access to existing treatments and supports.

Child Behavioral Health

In order to address child behavioral health, particularly for 14 to 17 year olds at risk for entering Out-of-Home care (new entries and re-entries), Maryland has utilized the Title IV-E Wavier opportunity to

implement two specific evidence based practices (EBP) designed to address child behavioral health issues. Listed below is the implementation status of each EBP and the numbers of families served.

Model Type: Child Mental Health/Behavioral Health Models		
EBP and Jurisdiction	**Phase of Implementation**	**Implementation Activities During Reporting Period**
Anne Arundel County Family Functional Therapy (FFT)	Initial Implementation	· Implementation began in September 2016. · During FY17, 35 families have been referred for FFT, of whom 23 (66%) have stared treatment. 15 families have discharge from FFT, and 5 have completed the program. · The number of families served thus far is close to the initial projection of 25-30 families served during the first year.
Anne Arundel County Parent-Child Interaction Therapy (PCIT)	Initial Implementation	· Implementation began in August 2016. · During FY17, 18 families have been referred to PCIT, of which six (33%) have started treatment. Four families have discharged from PCIT, and none have completed treatment.

In addition to these specific EBPs being implemented in one jurisdiction, other LDSS have utilized reinvestment opportunities to provide an array of services and supports designed to promote stability. Specific activities implemented to address behavioral health concerns included:
- Services based on needs identified through specialized evaluations and assessments
- Specialized Services (i.e. camps, therapy, medical services)
- Specialized evaluations (mental health, substance use, psychological, etc.)
- Respite Services

In effort to support LDSSs in maximizing reinvestment opportunities provide by the Title IV-E Waiver, four one-day regional meetings were convened in March 2017. LDSS Directors and Assistant Directors and other

in-home and out-of-home staff and community partners participated. The objectives of the meeting were to engage LDSS in:

- Advancing local strategies to keep children and youth safe at home by articulating:
- Trends in entry and/or re-entry measures
- The "Story" behind the entry and/or re-entry trends
- Strategies to reverse the trend
- Providing input into DHS/SSA approach to supporting LDSS enhancements to their substance use disorder service array
- Reviewing and adjusting their plans for FY 2017 family support funding, if needed, and begin to articulate proposed uses for FY 2018 funding
- Identifying opportunities for collaboration, areas where support or technical support is needed and issue to be raised in Families Blossom implementation teams

During the meeting there were extensive conversations regarding the use of the Reinvestment opportunity and recommendations for the implementation of EBPs. LDSS appreciated the opportunity to engage with peers on lessons learned, successes, and strategies. Following the Regional Meetings, TA is being offered to LDSS regarding the development of proposals for FY18 Reinvestment Opportunities, due in May 2017.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

As discussed in the section populations at greatest need, clearly the children under the age of five are a subset of the children ages zero to eight who represent the greatest risk of maltreatment as well as entry into foster care. The good news is that Maryland has made some progress for this group over the years, as evidenced by data gathered about the length of stay in foster care among children under five.

The table below displays the length of stay in care for children under five years old for 2015 and 2016. A positive shift has occurred over this year. Overall, substantially fewer children are in care 12 or more months in 2016 (42.6%) than in 2015 (47.5%). It should be noted that during this time the State's Place Matters initiative was still underway, focused on reducing the number of children in foster care, and jurisdictions were taking strong steps through family-centered practices (engaging families, increasing family involvement meetings, and supporting increased reunification with families, adoptions and guardianship placements), in order to find safe permanent homes for children sooner than later. Finding permanency for children is also supported by the 2015 and 2016 number of exits, which is higher than entries (see Out-of-Home Entries and Exits under Goal 2), although the number of entries into foster care had not decreased appreciably. The data for State Fiscal year 2017 will be available in next year's report.

Table 22

Social Services Administration: Children Under Age Five in Out-of-Home, Length of Stay (LOS)				
State Fiscal Year 2016				
LOS in Care (In Months) of Children Under Five in Out-of-Home				
State Fiscal Year	**6 or less**	**7-11 mos**	**12 or more**	**Total**
2015	428	216	583	1,227
Percentage of population	*34.9%*	*17.6%*	*47.5%*	*100.0%*
2016	471	279	557	1,307
Percentage of population	*36.0%*	*21.4%*	*42.6%*	*100.0%*
Percent Point Change: 2015 to 2016	*1.1%%*	*3.8%*	*-4,9%*	
Source: MD CHESSIE, SFY2015 and 2016 (July through June)				

To keep making progress in the coming years, as Maryland will be shifting its child welfare service system to being trauma-informed, expectations have been established as part of the State's IV-E Waiver efforts: making the best use of comprehensive assessment to understand the needs of children and families, especially families with young children who are coming to the agency's attention, and to identify and expand to scale those service strategies, including evidence-based practices, that will help Maryland to reach a higher level of efficacy in serving children under five and their families.

It should be noted that in relation to the key issues of parental substance abuse and child behavior, strategies continue to be considered as part of the IV-E Waiver, and planning with other agencies to provide these services.

Although SSA does not have data by specific interventions at the local jurisdictions, the statewide data continues to suggest that the interventions are successful in that the length of stay continues to decrease. The information below highlights jurisdictions with services offered to the birth to 5 populations. In the next year, DHS/SSA will assess the data to determine the success of the programs.

· **Baltimore County Department of Social Services (DSS)**

o Baltimore County has a foster care unit, Infants and Toddlers, dedicated to meeting the needs of children ages zero to four and their older siblings.

· **Cecil County Department of Social Services**

o Cecil Co. embeds in the required practice safe and age appropriate visitation with relatives, grandparents, siblings and bio parents; play therapy is available for those children who have experienced sexual abuse or other significant trauma, support group specific to foster parent /adoptive parents allowing them to intermingle, meet each other's children/sibling visits, support each other while learning new skills. This support group encourages informal respite and often leads to improved matches with families or a family stretching their definition of family and taking in an additional sibling.

· **Washington County Department of Social Services (WCDSS)**

o The Washington County Department of Social Services (DSS) uses Visit Coaching at the Sunshine Center to facilitate early, frequent, and meaningful visitation between parents and their children. Visits that are child-focused attempt to reduce the stress and feelings of loss children may experience when separated from friends and family.

o Additionally, the WCDSS works collaboratively with the Washington County public school system (WCPS). Through this partnership, two staff members are grant funded by the WCPS but located at the Department. They function as Birth to Five Service Coordinators assuring that youth placed into care receive developmental assessments. The Service Coordinators are also responsible for connecting the youth to needed services to address developmental needs.

· **Montgomery County**

   o Young children are referred to The Lourie Center for Children's Social & Emotional Wellness. This center is a private, non-profit agency with a mission to improve the social and emotional health of young children and their families through prevention, early intervention, education, research and training.

   o The Therapeutic Nursery Programs (TNP) include two specialized preschools that address the needs of young children with emotional and behavioral problems that may interfere with success in a regular preschool or day care setting. Without intervention these difficulties and behaviors may place the child at risk for school failure. The program fosters appropriate social, intellectual, emotional, and physical growth in each child.

Ready At Five

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 five. Ready At Five works toward this goal by:
   a. Coalescing, influencing, and galvanizing key stakeholders, policy makers, and communities to support early care and education
   b. Providing professional development to build a vibrant, highly skilled workforce of "First Teachers"— parents, early educators, and pre-k and kindergarten teachers
   c. Promoting high quality early learning environments and best practices to ensure positive results for young children

In August of 2016, Ready at Five and the Institute partnered to create the Family Engagement Website Ready to Connect is an initiative created to combine face-to-face and technology resources. Its goal is to build the foundation that leads to a strong connection between families and children, families and programs, families with peers, and the larger community to create a culture of partnership. Ready Rosie is currently being piloted in Carroll, Somerset and Washington Counties. Additional information can be viewed at https://theinstitute.umaryland.edu/family-engagement/

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, Home Instruction for Parents of Preschool Youngsters (HIPPY), 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 services 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 an overview on Home Visiting, please refer to "Home Visiting in Maryland: Opportunities & Challenges for

Sustainability" prepared by The Institute for Innovation and Implementation (The Institute) at: http://theinstitute.umaryland.edu/topics/ebpp/homevisiting.cfm.

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. Maryland receives MIECHV support through federal formula funding and competitive grants. Between 2010 and 2016, Maryland has been awarded $12.46 million in formula grants and $19.95 million in competitive funding, allowing for the expansion of home visiting programs statewide. Additional state Home Visiting workforce development initiatives have included training a cohort of home visitors serving families throughout Prince George's County in the Fussy Baby Model, through Maryland Project LAUNCH funding.

Early Childhood Mental Health Consultation (ECMHC)
The Early Childhood Mental Health Consultation (ECMHC) is designed to improve the ability of early care and education (ECE) program staff and families to address challenging behaviors and mental health concerns in children birth to five years. Services include:
- Observing and assessing 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.

MSDE currently funds ECMHC programs that serve all 24 jurisdictions in Maryland. The ECMHC Outcomes Monitoring System was developed by The Institute on behalf of the Maryland State Department of Education (MSDE) to evaluate the utilization, fidelity and outcomes of Maryland's ECMHC programs. The ECMHC OMS project provides ongoing monitoring of ECMHC programs for the state of Maryland in an effort to strengthen the implementation and 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://theinstitute.umaryland.edu/topics/ebpp/ecmhc.cfm

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 MSDE. The purpose of SEFEL is to promote the social emotional competence of young children. 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. In addition, MSDE commissioned The Institute to develop a SEFEL website that houses resources for parents, teachers, and coaches, as well as virtual SEFEL trainings. For more information on SEFEL, please visit: https://theinstitute.umaryland.edu/SEFEL/. Additionally, through MSDE's State Systemic Improvement Plan, funding has been dedicated to support training and coaching of the Pyramid model thought the state's four identified SSIP counties early intervention programs.

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SECTION V: PROGRAM SUPPORT

MD CHESSIE

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Overview

The Maryland Children's Electronic Social Services Information Exchange, MD CHESSIE, is the Statewide Automated Child Welfare Information System (SACWIS) for Maryland. The goal of MD CHESSIE is 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), Caseworker Visitation, the National Youth in Transition Database (NYTD), and the National Child Abuse and Neglect Data System (NCANDS). MD CHESSIE provides program outcomes of child welfare service delivery and has experienced numerous substantial improvements since the completion of its launch in 2007. Consequently, MD CHESSIE improves productivity through enhanced data accessibility, reduced paperwork for caseworkers, elimination of redundant data entry, reduced data entry errors, and enhanced monitoring of service delivery and effectiveness.

The MD CHESSIE team communicates with the users and providers regarding the impact of enhancements on payments, as well as the impact of changes in the system due to shifts in policy. All changes to MD CHESSIE are shared with LDSS in two basic ways. First, the MD CHESSIE Coordinators, comprised of representatives from the LDSS, including workers, supervisors, administrators, assistant directors, directors, administrative support, finance, resource home, IV-E, and licensing, are MD CHESSIE working group that is notified for discussion when changes are proposed. THE MD CHESSIE Coordinators are also asked to participate in testing, and the communication plan is shared with the Coordinators prior to the deployment of new MD

CHESSIE builds. Second, actual users are sent a PowerPoint prior to the deployment of the build explaining the changes and how these changes will affect their use of MD CHESSIE. The users are asked to complete surveys to share feedback regarding the changes. Thirty (30) and 90 days after a build, the MD CHESSIE Coordinators are then polled about the impact of changes.

The accomplishment of the goals is met through four units of the MD CHESSIE Team: Systems Development, Provider Call Center, User Support Call Center, and Onsite Support (Training):

- System Development is responsible for the ongoing improvement of MD CHESSIE system. The MD CHESSIE System Development unit, along with the MD CHESSIE Onsite Support User Support Call Center units, collaborates with Social Services Administration (SSA) Central Office, Local Departments of Social Services (LDSS) staff, Office of Licensing and Monitoring, Office of Budget, Office of State's Attorney General, Office of Inspector General, and Maryland State Department of Education (whose staff conduct background clearances for day care applicants), ensuring that system data input is accurate and reliable. The team frequently polls users regarding their feedback on changes planned and implemented in the system. In addition, the team assists with staff training for use of the Central Information System (CIS), accessing business objects, exception requests for MD CHESSIE security profiles and approving payments outside of MD CHESSIE. Finally, the team is responsible for coordinating the changes that are needed in MD CHESSIE with the MD CHESSIE Coordinators, SSA Programs, the Office of Technology for Human Services (OTHS), and the Affiliates (LDSS Assistant Directors workgroup that meets monthly). These teams along with all the leadership members are also engaged in an Information Technology Modernization effort including the whole department, as well as other state programs, to modernize and integrate the various databases throughout the State. Maryland is reviewing current systems for commonality and plans to phase in a new web-based system over the coming years.
- MD CHESSIE Provider Call Center is responsible for providing technical assistance on all issues relating to payments in MD CHESSIE including provider payments, placement validation, and customer service concerns. The MD CHESSIE Provider Call Center also responds to requests for assistance from providers. Providers contact the MD CHESSIE User Support Call Center for discrepancies in payments. The staff works diligently to resolve the identified issues with the local departments.
- MD CHESSIE User Support Call Center responds to requests for assistance using MD CHESSIE. MD CHESSIE users in the LDSS, central office and external stakeholders either call or email the MD CHESSIE User Support Call Center to request help with issues such as navigating the system, suggestions to enhancing the system, problems after a build, and/or other case management issues. The MD CHESSIE User Support team also generates communications to share with the users regarding enhancements and areas where policy affects MD CHESSIE and on how the changes are made in MD CHESSIE.

- MD CHESSIE Onsite Support (Training) provides up-to-date face-to-face and web-based support and training for all MD CHESSIE users. Trainings are conducted at new employee orientation, and at LDSS computer labs based on the complexity of the new enhancement to MD CHESSIE. Onsite support is provided based on local requests, survey feedback, and clarification of existing system operations that impede user performance. The Onsite Support Team also creates training manuals and user guides.

The interactive collaboration of the MD CHESSIE team provides a continuous cycle of interaction among the system users, providers, and State and local managers who benefit from aggregate reporting from the system. This process provides continuous feedback on the effectiveness of provider and system user needs (see Figure 16).

Figure 16
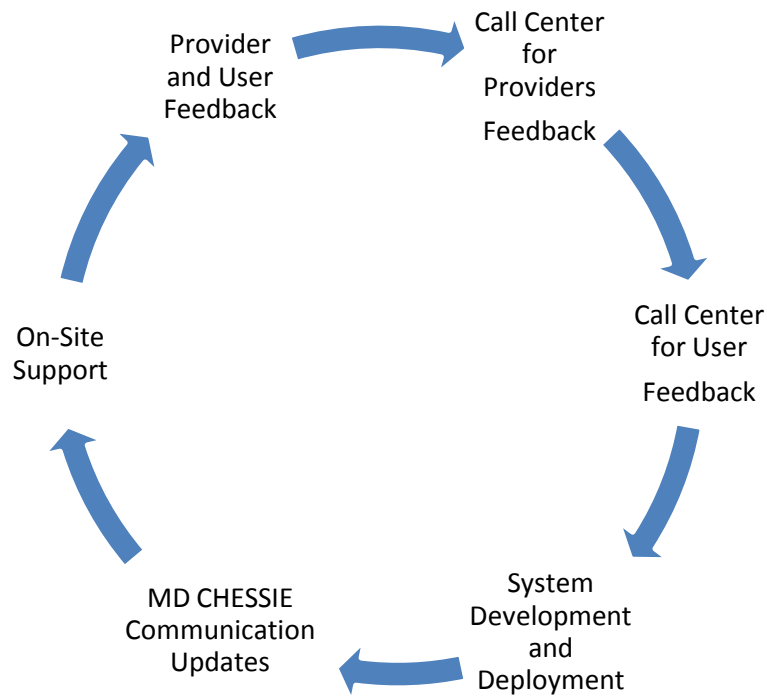
Overview of Recent Activities of the MD CHESSIE Team

Payments Outside of MD CHESSIE

The MD CHESSIE Team reviewed 65 cases of payments approved outside of the system for which erroneous MD CHESSIE data entry generated payment suspensions. Of the reviewed cases, thirty-four

(34) were approved for payment. The majority of the cases were subsidy payments that were updated with information after the last day of the month: MD CHESSIE will not allow retroactive payments. Other cases involved issues where data fixes were needed to correct the system. Additional system training and support used WebEx, onsite support, and Tip Sheets, to reduce future errors. Fiscal Enhancements completed in December 2015 have resulted in a significant reduction in requests for payments outside of MD CHESSIE. Annual comparison of requests for payments for the period April 1, 2016 - March 31, 2017 have documented a 16% reduction in payments outside of MD CHESSIE for the same period in 2016.

MD CHESSIE Security Profile Exceptions

The unit is also responsible for approving exceptions to the established profiles for MD CHESSIE, to allow users needing to perform additional tasks to complete needed job functions. During the reporting period of April 1, 2016 through March 31, 2017 approximately nine hundred sixty-one (961), requests were received, an increase of 33%.

Log On for Business Objects

The unit is responsible for approving requests for access to Business Objects, the reporting system associated with MD CHESSIE. During the reporting period of April 1, 2016, through March 31, 2017, approximately fifty-nine (59) requests were received and approved. The request approvals represent a 37% decrease over the previous year.

System Development: Coordination among LDSS/SSA users, the technology unit, Quality Assurance, and other Department of Human Services Programs

To optimize the limited time allotted for maintenance and operations enhancements, the MD CHESSIE team works with the various programs and offices to identify needs and priorities. The needs of all stakeholders are clearly identified in a shared Google spreadsheet for everyone to see the planned activities and identified changes. All proposed changes are shared with the MD CHESSIE Coordinators and their input is documented. All changes to MD CHESSIE requires a clear understanding of what laws, policies, regulations or audit findings are affected.

MD CHESSIE Call Center for Local Use
The MD CHESSIE Call Center, originally established to address provider questions and complaints about payments, 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 of Social Services (LDSS) with MD CHESSIE issues quickly, and to decrease work orders for data fixes or system modifications. Most LDSS have notified the Call Center by either telephone or email. Two staff members were added to the unit during the end of this reporting period.

During the reporting period of April 1, 2016 through March 31, 2017, the MD CHESSIE Call Center for local departments received:

- Four thousand seven hundred ninety-nine (4,799) direct calls and/or emails for assistance from local department users. This is a 25% increase for direct assistance.
  o A vast majority of requests for assistance were issues that LDSS would have submitted work orders for a data fix and waited weeks to receive a response or resolution. The MD CHESSIE Call Center staff responds daily and walks local department staff step by step to a resolution. Local department staff has increasingly contacted the MD CHESSIE Call Center at the very moment they notice an issue or are stuck navigating a process or the system in general. The availability of the MD CHESSIE Call Center and quick response has helped finance staff, case workers, case supervisors and managers at the local departments complete their tasks in a timely manner.
  o One hundred fifty-seven (157) work order requests were submitted during this reporting period by SSA to the Office of Technology for Human Services (OTHS) on behalf of LDSS staff for data fixes in MD CHESSIE. This is 3% of the issues received by MD CHESSIE staff.
  o Eighty-two (82) of the data fix requests sent by the MD CHESSIE Call Center to OTHS have been corrected by the contractor during this reporting period.
  o The MD CHESSIE Call Center for Local Users created eleven (11) MD CHESSIE Tip Sheets to provide technical assistance to MD CHESSIE users. (For more details see Appendix M, MD CHESSIE Call Center for Local Use Document Publication List 2016)

Another benefit of having the LDSS users contact the Call Center has been the opportunity for the MD CHESSIE Team to identify patterns of repeated questions on how to navigate certain functions in MD CHESSIE. An MD CHESSIE website was designed on Google Sites to give MD CHESSIE users a way to stay connected with updated information. The website includes the names and contact information of LDSS coordinators and Social Services Administration (SSA) MD CHESSIE staff. The website also has tip sheets, user guides, manuals, and policies grouped together based on program area. The website had a preliminary launch to MD CHESSIE Coordinators and Supervisors for their feedback. The feedback received was positive and the suggestions cited were made to the website such as blank security forms supervisors need for worker access to MD CHESSIE. The Office of Communications transferred the contents from the MD CHESSIE Google site to the DHS Knowledge Base website which is accessible by all DHS staff.

The MD CHESSIE Call Center for Local Users has been in operation for four years and has helped each local department navigate the system, troubleshoot issues and simplify their daily case activities with tip sheets, conference calls, and on a few occasions, on site visits. The MD CHESSIE Call Center staff helped supervisors with Business Objects reports to assist with monitoring case activity and mitigating foreseeable payment and/or case issues.

MD CHESSIE Call Center for Providers

The MD CHESSIE Call Center provides assistance when caseworkers are attempting to place a child electronically with a provider and a zero (0) vacancy is showing in MD CHESSIE for a particular provider's program. Research is conducted to ensure that each child that is electronically listed with the provider in question is physically there and is associated with the correct program. The Call Center staff then coordinates with the provider and the caseworker or local department representative to ensure that the electronic placement matches the physical placement. Often this will remove the zero (0) vacancy problem and the child is able to be electronically placed in the correct program and correct provider in MD CHESSIE.

The MD CHESSIE Call Center for Providers assists: providers with payment or placement discrepancies; caseworkers who are attempting to electronically place a child with a provider and the system displays a zero (0) vacancy; and private providers with questions or issues with their monthly statements. Research is conducted in MD CHESSIE, in coordination with local department staff, and providers to get payment, placement, and zero vacancy issue resolved within 30 days or less (before the next payment cycle). Hot Tickets are generated and sent to local department MD CHESSIE Coordinators to correct placement discrepancies. Once the issue is resolved in the system, MD CHESSIE Call Center staff follows through with providers until correct payments are mailed and received. On occasion, MD CHESSIE Call Center staff utilizes Business Objects to recover monthly statements and send to providers that have raised an issue with delivery.

Exception Reports are generated indicating active cases in MD CHESSIE and have identified errors in client placement information. There are nine different MD CHESSIE Exception Reports that staff members review monthly. Once staff researches the cases, they coordinate with local department staff to resolve the issues or assist with closing the cases. The analyses of Exception Reports capture the following changes between April 1, 2016 and March 31, 2017:

Table 23

Exception Report	2017	2016
1. Details Of Clients With An Active Out-of-Home Program Assignment But No Active Placement Or Living Arrangement as of end of month	1	N/A
2. Details Of Clients With An Active Out-of-Home Removal Episode But No Active Program Assignment of OOH as of end of month	1	N/A
3. Details Of Clients With A Living Arrangement Start Date but without Living Arrangement Name as of end of month	0	N/A
4. Details of all Children with an open Program Assignment of OOH but no removal in MD CHESSIE as of end of month	0	N/A

Exception Report	2017	2016
5. Details of all Children with more than one open removal episode in MD CHESSIE as of end of month	2	N/A
6. Details Of All The Children with an Active Program Assignment of OOH and an Active Placement/Living Arrangement But who are 21yrs or Older as of end of month	14	18
7. Details of Children in OOH with Living Arrangement of Unknown to MD CHESSIE	153	125
8. Children having placement open and also a living arrangement of Trial Visit Home (TVH), runaway, hospitalization, TVH, Mother's Home, Father and Stepmother, Father's Home, Mother and Father's Home, Mother and Stepfather, Relative Home for over 30 days	48	23
9. Children having no active placement and a Living Arrangement of other or TVH with either mother, father, paramour or relative home, or runaway greater than six months	112	78

System modifications were made to allow caseworkers to resolve the issues captured on Exception Reports 1 through 5.

During the time period April 1, 2016 through March 31, 2017, the MD CHESSIE Call Center Hotline:

- Opened 482 Hot Tickets.
- Closed 460 Hot Tickets.
- Had 11 Hot Tickets more than 90 days old.
- Received 6,247 calls.

> Decreased the length of time Hot Tickets remain open, due in part to staff following through with local department case workers and supervisors to expedite the resolution of identified placement matters and the financial system modification allowing the overnight processing of payment adjustments within MD CHESSIE.

MD CHESSIE Onsite Support

The MD CHESSIE Onsite Support team is responsible for maintaining the MD CHESSIE User Guides and Training Manuals. The following Training Manual Modules were revised during the period of April 1, 2016 through March 31, 2017:

- Adoption User Guide
- How to Resolve Tickler User Guide
- Finance Management User Guide
- User Guide for the new MD CHESSIE SAP Business Objects

- MD CHESSIE Services, LDSS Agency Services , and Fiscal Categories June 2016
- Module Guardianship Assistance Program
- Program Assignment Module

The MD CHESSIE Onsite Support team of DHS is responsible for providing MD CHESSIE and Business Objects system orientation to all LDSS staff. The training is inclusive of task specific, face-to-face, WebEx-based sessions, Captivate E-learning curriculum, 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, and Business Objects users. These trainings correspond to new enhancements to MD CHESSIE, and clarification of existing system operations that impede user performance.

The MD CHESSIE Onsite Support team, provides training to a child welfare workers, supervisors, and Assistant Directors representing the 24 jurisdictions within the state, via face-to-face, WebEx, and E-learning modules. 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. This feedback also enabled the team to enhance current and to develop future training. Tip sheets, manuals, and pre-recorded training modules were created for additional training assistance. The Onsite Support team also participated in the development of the application for a more accurate and user-friendly data base.

The Onsite Support team also partners with the Child Welfare Training Academy (CWA) at the University of Maryland, School of Social Work, to provide MD CHESSIE orientation for Masters of Social Work (MSW) and Bachelors of Social Work (BSW) degree candidates, to enhance the skills of Maryland's public child welfare workforce.

The training occurs over six weeks on five separate days and includes co-training with the CWA for a better understanding of, and stronger outcome, of the usage of MD CHESSIE, as well as the creation of more interactive labs, and a Jeopardy game review. As this training is not consecutive over four days, the Onsite Support Team created take away assignments the students were responsible for completing, through the usage of the University's Blackboard application. There were 180 new MD CHESSIE users that received Pre-Service training during the time frame of April 1, 2016 through March 31, 2017. In collaboration with the Child Welfare Academy, enhancements were made to follow up learning events for Intro to Out-of-Home and the creation of an Intro to Consolidated Services. Additionally added Captivate modules were created for Living Arrangements, Education, Collaterals, and Out-of-Home Case Plans.

The Onsite Support team also used exception and governance reports; policy upgrades, legislative mandates, 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 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 and a feedback loop with SSA policy analysts to gauge the most meaningful learning experience for users of MD CHESSIE.

The Onsite Support team utilized training evaluation surveys from both Survey Monkey and the HUB[1], DHS's training site as a means of determining the effectiveness of sessions offered. These surveys were given for Pre-Service training and any Onsite support offered. The initial training surveys indicated a success rate of 95-100% for both course content and instructor. A follow-up survey was sent 30 days after a completed session and that response rate was up to 5%. The responses were very positive and did not indicate a need for future training. Individual surveys were created for the Pre-Service cohorts in order to gauge daily changes or modifications needed to this event.

The plan for the upcoming year is to:
- Enhance further the Pre-Service learning event
- Create a Captivate e-learning and face-to-face Supervisory learning event
- Enhance the Finance learning event, to include a uniform process to demonstrate properly batch processing, which cannot occur in the current MD Training region
- Create and publish an Educational Stability Captivate through the HUB
- Create and publish a Health Captivate through the HUB
- Create and publish an Out-of-Home Case Planning and Permanency Planning Captivate through the HUB
- Create and publish a Visitation Captivate through the HUB

The Onsite Support team has also participated in planning with the Modernization team[2] for the implementation of a new system and with the Human Capital Unit[3] for DHS training of the HUB and work on revisions to both the Public DHS Website and the DHS Knowledge Base page.

The Onsite Support team has seen an increase in the number of Onsite Support training requests. As a result, SSA made modifications to the training modules that are offered, through an extensive Course Catalogue that enables the participants to create a training based on needed areas of the application. Through continued interaction with the Assistant Directors at the monthly Affiliates (Assistant Directors of Services)

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[1] The HUB is DHS's central training registration portal.

[2] The Modernization team is a group assigned by the Secretary of DHS whose responsibility is to design, develop and implement a statewide web platform that will allow all agencies under DHS to access, process, share, and retain agency information on a single system.

[3] The Human Capital Unit is a team assigned by Human Resource Development and Training (HRDT) to provide long term planning, training and career development, to provide a career path of professional development for all DHS employees.

meeting, the maintenance of technical assistance and a feedback loop have resulted in improvement to Onsite Support delivery and advisements of builds in MD CHESSIE. The Onsite Support team now takes an active part in collaborations with Policy Analysts and requests from local jurisdictions to structure training of MD CHESSIE that is more relevant to job function (Appendix N, Training Manual Modules Updated during the Period of April 2016 - March 2017, Appendix O, Onsite Trainings for SFY2017).

Changes to Improve the System

The system enhancements made during the previous year primarily improved user data entry by reducing errors and improving the reporting accuracy. Sixty-three (63) enhancements were made to the functional areas modules including Case Management (16), Reports (26), Federal Reports (4), Workload Management (2), Financial Management (2), Intake and Investigations (10), Security (1), Child Protective Services (2). All of the system modification to MD CHESSIE provided a benefit to the system users; providers and clients served. (See Appendix P, System Modification made to MD CHESSIE).

Major fiscal system enhancements were made to the system to address issues in the current Over/Under payment functionality to ensure accurate and timely payment to providers and to eliminate payments outside of MD CHESSIE. The fiscal modifications were completed in February 2015 and the benefits to the system users include:
- The elimination of the need to issue payments outside of MD CHESSIE for late processing of Adoption and Guardianship Assistance Program (GAP) subsidies.
- The elimination of the need to issue payments outside of MD CHESSIE for late processing of Foster Care Payment due to late validations by the caseworkers.
- The consolidation and automation of rate assignments for treatment foster care, eliminating the need for the service worker to individually assign services based on the age and level of treatment foster care.
- Supervisory approval required for the exit of placements (approval for entry was already a requirement); this step will assist in the decrease of errors relating to placements.
- Enterprise Reporting – The Business Objects reports from MD CHESSIE were converted to SAP® Business Objects. This conversion allows the users the ability to create ad hoc reports based on the underlying business activity in real time.

Research and Evaluation

In line with Families Blossom, data evaluation has focused on safety, well-being, and permanency to evaluate the work of child welfare. This work also includes continued evaluation of the April 2015 report on reentry after reunification which was the focus topic of learning collaborative that occurred statewide March 2017.

In addition, there is continued evaluation regarding the impact of family substance abuse on both In-Home and Out-of-Home child welfare cases. This is an issue drawing attention statewide in several forums and DHS/SSA is working to better understand the needs of the families and children served.

As part of the work to better understand needs, DHS/SSA is in the early stages of restructuring in the ways in which evaluation and dissemination of information and data is occurring. Evaluation and dissemination of information and data was identified as an area that is not as effective as it could be. Within this restructuring, there are groups specifically focused on understanding substance use and available services to address these needs and to develop a practice model to enhance the programming provided to families. In addition, a data/analysis group is evaluating the various data reports and the appropriate distribution of reports to give supervisors and caseworkers a clear and concise method to interpret data. The resulting information and recommendations from these groups is reviewed by a Steering Committee to monitor progress, course corrections and impact on families.

Management Information Systems – DHS/SSA is working with the agency's Information Technology department to modernize the child welfare information system, focusing on meeting the Comprehensive Child Welfare Information System (CCWIS) principles of interagency bi-directional data sharing in real-time, and providing mobile computing functionality, so that the frontline staff can obtain the data they need to help them to do their work and to have twenty-four hour, seven day a week capability to document their work; these issues are both basic challenges of the current SACWIS system here in Maryland.

SECTION VI: CONSULTATION & COLLABORATION BETWEEN STATES AND TRIBES/AGENCY RESPONSIVENESS TO THE COMMUNITY

Maryland will continue to meet with the Commission on Indian Affairs bi-annually to discuss issues, updates, upcoming trainings and changes in policy related to Native American children in Out-of- Home Placement. The most recent meeting between SSA staff and Mr. Keith Colston, Administrator Director, Maryland Commission on Indian Affairs, was held at the Department of Human Resources on March 6, 2017.

During the meeting, the continuation of cultural sensitivity training for Local Departments of Social Services' (LDSS) staff was discussed. Two (2) trainings have been scheduled for July and August of 2017; Montgomery and Harford counties, respectively. Depending on the availability of the trainer, more training sessions may be scheduled for later in 2017. The evaluations show that the trainings have enhanced LDSS' staffs' knowledge of Native American culture.

Also there was a discussion on recruiting resource homes for children of Native American heritage. At a future tribal meeting, , a SSA staff plan to make a presentation to the group on becoming a resource home.

In previous years, SSA has collaborated with the Maryland Commission on Indian Affairs to discuss policies regarding Native American children in Out-of-Home Placement.

The only two 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. According to MD CHESSIE Out-of-Home served at the end of March 2017, less than 0.1% of children in out-of-Home care identify as Native American. SSA has contacted the workers at the Local Departments of Social Services to inquire about the Tribal identification of Native American children in their caseload in Out-of-Home Placement. None of the six Native American children are from federally recognized tribes. On a quarterly basis, SSA will monitor compliance with ICWA by contacting the workers at the Local Departments who have Native American children in their caseload. As part of future monitoring, SSA will explore the capabilities of the new system to capture the information of children and parents easily, review the information captured by the CQI Team and other methods.

Maryland's process regarding identification of American Indian Heritage/Notification of Indian parents and tribes follows.

Identification of American Indian Heritage/ Notification Indian Parents and Tribes

Children and parents must be asked if they are of American Indian heritage. Relatives shall also be asked about Indian ancestry if one or both parents are unavailable to provide the needed information. There are other circumstances when American Indian heritage may be identified:
1. Any party to the case, Indian tribe, Indian organization or public or private agency informs the LDSS that the child is of American Indian heritage.
2. Any public or state-licensed agency involved in child protective services or family support had discovered information, which suggests that the child is an Indian child.
3. The child who is the subject of the proceeding gives the court reason to believe he or she is an Indian child.
4. The residence or domicile of the child, his or her biological parents, or the Indian custodian is known by the LDSS to be or shown to be a predominantly Indian community, or presents reasonable indicia of a connection to the Indian community.
5. An officer of the court involved in the proceedings has knowledge that the child may be an Indian child.

Several actions must be completed by the child welfare worker if it is determined that a child has Indian heritage:

1. Parent and child will be provided with information on the Indian Child Welfare Act, a tribal ICWA contact person, American Indian advocates available in the community, services and resources available.
2. Notification of Services to an Indian Child must be sent to the identified Indian tribe.
3. The LDSS must inform the court of any indication that the child may be of American Indian heritage.
4. If a specific tribe is identified, the child's tribe must be contacted within 24 hours. Written notice must be sent to the tribe by certified mail with return receipt within 7 days.
5. When no specific tribe can be ascertained but ICWA eligibility is possible, the Bureau of Indian Affairs as agent for the federal Department of the Interior should be notified by certified mail with return receipt.
   - Placement Preferences of Indian children in foster care, pre-adoptive, and adoptive homes.
   - Maryland requires the strict enforcement of the placement preferences as defined by ICWA. Any Indian child accepted for foster care placement must be placed in the least restrictive setting which most approximates a family in which their special needs, if any may be met.

Preferences shall be given, in the absence of a good cause to the contrary, to a foster placement with:
1. a member of the Indian child's extended family
2. a foster home licensed, approved, or specified by the Indian child's tribe
3. an Indian foster home licensed or approved by an authorized non-Indian licensing authority
4. an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs

With regards to adoption of an Indian child, a preference shall be given, in the absence of good cause to the contrary, to a placement with:
1. a member of the child's family
2. other members of the Indian child's tribe
3. other Indian families

A child's safety is paramount; therefore, nothing in the ICWA regulations shall be construed to prevent the emergency removal of an Indian child in order to prevent imminent danger or harm to the child. Diligent efforts are made to place a child in a home of first preference. The LDSS shall ensure that the emergency removal or placement terminates immediately when it is no longer necessary to prevent imminent damage or harm to the child.

The LDSS are directed to use the prevailing standard of the Tribe to guide the services and decisions on a case. Maryland requires the active efforts to be concrete efforts, which show an active attempt to resolve the conditions. Active efforts include but are not limited to:
   - Inviting a Tribal representative to participate in case planning and actively seeking their advice.

- Giving a Tribe full access to social service records
- Consulting an expert with substantial knowledge of prevailing social and cultural standards and child-rearing practices within the tribal community.
- Developing a case plan with the parent/custodian that uses tribal and American Indian resources.
- Referring to American Indian agencies for services.
- Contacting extended family members as a resource for the child.
- Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe

Once the Tribe determines that a child is enrolled or is eligible for enrollment, it has the following rights:
1. Be informed of all progress and proceedings regarding the child
2. Determine placement (tribal home)
3. Allow the placement of the child by the LDSS
4. Intervene in Child In Need of Assistance (CINA), Termination of Parental Rights (TPR), and adoption proceedings.

In return, Maryland asks that the Tribe notify the LDSS of:
1. The intent to take custody and commitment of a child under ICWA.
2. The intent to allow placement of the child in an American Indian heritage foster home within the state.
3. The intent to allow the state to place the child with non-American Indians.
4. The intent to consent to state proceeding to terminate parental rights and place for adoption.

If a child is presumed to have Indian heritage and the tribe cannot be determined, notice shall be given to the Secretary of the Interior by certified mail with a return receipt. The Secretary will have 15 days after the receipt to provide notice to the parent of the Indian custodian and the tribe. No court proceedings may be held until at least 10 days after receipt of notice by the parent or Indian custodian and tribe or Secretary. Upon receipt the parent, Indian custodian or the tribe may be granted up to 20 days to prepare for the proceedings. The Indian custodian or tribe will be consulted on the appropriate plan or resources for the identified child.

SECTION VII: ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Maryland received a total of $24,776 in adoption/ legal guardianship incentive funding for federal fiscal year 2016. These funds must be obligated no later than December 31, 2019. Maryland utilized and will continue to utilize the funds if received in the following ways:
- Pre-adoptive finalization services to children in Out-of-Home Placement. Pre-finalization direct client services may include provision of support that will facilitate inter-county adoptive placement and adoptive placements that are considered difficult.

- Pre-finalization child specific recruitment activities and for children in Out-of-Home Placement. Pre-finalization child specific recruitment services may include identifying potential adoptive families for children with a permanency plan of adoption through a variety of means including special photo listings, and other recruitment events such as matching events.
- Direct client services to those children that have an approved permanency plan of custody/guardianship to a relative or non-relative. Client services may include provision of support that will facilitate the placement of the child in the relative or non-relative's home, which will lead to the relative or non-relative being granted custody/guardianship of the child, and receiving the Guardianship Assistance payments.
- Direct client post-adoption services to children adopted from Out-of-Home Placement and their families. Post adoption services may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs.
- Direct client services to children who have exited Out-of-Home Placement and their families through custody/guardianship to a relative or non-relative, and are receiving Guardianship Assistance payments. Services may include medical treatment, mental health services, respite care services, education services, camp, and other direct client services for which families need financial help to cover costs.

100% of the FFY2015 Funds expended in FFY2017 were for direct client post-adoption services.

Changes/Issues or Challenges

In the past DHS has not experienced any challenges with expending the funds, however it appears that more technical assistance should be given to the local departments regarding how the funds can be spent. DHS plans to provide more technical assistance in this area by speaking to the LDSS affiliates about how the monies can be utilized. In order to ensure the LDSS understands the purpose and goal of Adoption and Legal Guardianship incentive funds, DHS issued a policy to provide guidance on how to expend the allocated funds within the allotted time frame and the required documentation to track the expenses. For more information on the policy, please visit:

http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2016-25%20Adoption%20and%20Guardianship%20Incentive%20Program.pdf

SECTION VIII: CHILD WELFARE WAIVER IV-E DEMONSTRATION ACTIVITIES

Assessment of Performance

Families Blossom, Maryland's Title IV-E Waiver Demonstration Project, and SSA's major child welfare system reform effort is explicitly focused on reducing the need for foster care and promoting timely and lasting

permanency. Through Families Blossom, SSA is developing a comprehensive Practice Model, increasing the utilization of evidence-based practices, enhancing parental substance use services and supports, strengthening partnerships and collaboration, and enhancing continuous quality improvement processes.

During the July 1, 2016 – December 31, 2016 a number of accomplishments were made in the implementation of Families Blossom. These accomplishments include:

1. **Implementation Structure**
   SSA has substantially increased its efforts to strengthen the overall implementation of its strategic direction guiding child welfare practice across Maryland. Utilization of an organized structure allows Maryland to make an organizational paradigm shift from siloed conversations about discrete initiatives and projects towards an overall emphasis on the outcomes of safety, permanency, and well being. Through the implementation structure SSA is able to collaborate and obtain feedback from internal and external stakeholders related to specific strategies or interventions designed to improve the outcomes of children and families involved with the child welfare system. In addition, SSA is able to regularly track and monitor performance improvements connected to overall safety, permanency and well being as well as our specific waiver activities around a statewide design and implementation of a comprehensive, trauma responsive practice model that emphasizes sound implementation and the meaningful use of CANS/CANS-F and other assessment data in case planning and decision-making and promotes a service array expansion aligned with the needs of the child welfare population with an emphasis on increasing the number of evidence-based practices available across the State.

2. **Evidence Based/Informed Practices (EBPs)**
   One of the core strategies of Maryland's Title IV-E Waiver Demonstration Project is implementing eight identified EBPs in eight targeted jurisdictions. The goal is to test out various EBPs and identify which have greatest impact on Maryland's desired outcomes of safety, permanency and well being as well as reduce entries and reentries. Listed below is each EBP along with its model description and outcomes.

Model	Evidence-Based/ Promising Practice	Model Description
DSS Service Models	SafeCare	In-home, parenting curriculum • For parents with children ages 0-5 • Goal: prevent neglect and abuse by improving parenting skills

Model	Evidence-Based/ Promising Practice	Model Description
	Solution-Based Casework	• A case management approach to assessment, case planning, and ongoing casework. Developed by combining problem-focused relapse prevention approaches from addiction, violence, and helplessness, with solution-focused models of casework and therapy. SBC is designed to help the caseworker focus on the safety and well-being of the family.
Parenting Models	Incredible Years	• Group-based parenting program that focuses on strengthening parent competencies by promoting young children's social, emotional, and academic competence and prevent the development of conduct problems. • Target Population: High-risk children ages 2 to 12 years and their parents.
	Nurturing Parenting	• A group-based and family-centered program designed for parents and their school age children (ages 5-12) focusing on parenting methods contributing to attachment problems, disciplinary problems, neglect of children's basic needs, and lack of supervision. Services for children include addressing feelings of low self-worth, bully-like or victim-like behaviors, overprotective or withdrawn behavior, and separation anxiety.
Mental Health Models	Family Functional Therapy	• Family-based intervention program that can be used as an alternative to out-of-home placement. Treatment focuses on family communication, parenting, problem-solving, and conflict management skills. • Target populations: High risk youth ages 11-18 and their families.

Model	Evidence-Based/ Promising Practice	Model Description
	Parent-Child Interaction Therapy	• Dyadic behavioral intervention for children and parents/caregivers. Treatment focuses on decreasing child behavior problems, improving child social skills and cooperation, and securing the attachment between parent and child. • Target Populations: Children ages 2 to 7 years, with behavior and parent-child relationship problems.
	Partnering for Success/Cognitive Behavior Therapy+	• A collaborative practice framework for Child Welfare and Children's Mental Health agencies to improve cross systems partnerships in order to meet the behavioral health needs of child welfare involved youth and caregivers. • Utilizes CBT+, an integration of common elements for Evidence-Based treatments which address depression, anxiety, trauma, and behavior problems in children and youth.
	Community of Hope	• A place where all children are safe and have the support they need from the adults in their lives to grow up healthy and succeed. It is a place that recognizes that families and communities, not systems, are best equipped to raise children, and that all families need the support of a caring community to thrive. Ultimately, the obligation to protect children extends beyond responding to child abuse and neglect that has already occurred. It also involves supporting innovative programs that help prevent maltreatment from occurring in the first place.

During the reporting period SSA worked with the Institute to initiate the first of several technical assistance meetings. These initial meetings were designed to:

- Introduce the staff from The Institute to Local Departments,
- Provide an overview of the menu of technical assistance available to Local Departments of Social Services,
- Review local IV-E Waiver activities (How is implementation going? What structures have been implemented? What are the successes? What are the challenges?),
- Identify anecdotal stories of success (How have specific families, youth, or caregivers been supported to be successful through an initiative tied to the IV-E Waiver?), and
- Identify strategies and next steps.

In addition to the technical assistance meetings, the 8 LDSSs continued to move forward with the implementation of the 8 identified EBPs. During the reporting period, six of the eight LDSS implementing EBPs provided services to approximately 56 children and 26 families. See Appendix Q for chart of implementation activities by jurisdiction.

3. **Trauma Responsive System of Care**

The CANS-F, which began on July 1, 2015 for In-Home Services units as a complement to the use of the CANS in Out-of-Home units, has been implemented as Maryland's first step in the development of its trauma responsive system. The goal is to assist staff in engaging in a collaborative process with families to identify strengths and needs as well as ensure that case plans are designed to address needs and help families maintain safety, permanency and well being. , With its focus on trauma experiences and symptoms, The CANS-F assesses the needs and strengths of the youth and his or her adult caregivers. 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. Between July 1, 2016 and December 31, 2016, 4,183 families completed at least one CANS-F Assessment. The CANS-F is administered to all family members. Taking into consideration that multiple caregivers and children are assessed, there were a total of 5,667 caregivers and 8,843 youth that received at least one CANS-F assessment during the first half of SFY2017.

In order to strengthen CANS-F implementation the following activities were implemented:
- Training and Certification - As of July 2016, all In-Home (IH) service workers, as well as Child Protective Service (CPS) workers (who handle Risk of Harm cases) across Maryland received the full day certification training in the CANS-F. In addition, all new employees receive the training through the University Of Maryland School Of Social Work's Child Welfare Training Academy's (CWA) Pre-Service Training. As of December 31, 2016, 734 staff, including Agency Directors, Assistant Directors, Program Managers Supervisors, and frontline staff have been trained in the CANS-F. An additional 47 new employees (from 18 separate jurisdictions) received the CANS-F Certification Training through the CWA.
- Training Series and another 34 staff (from three separate jurisdictions) also received the CANS-F Certification Training provided by Chapin Hall and The Institute. Of the total 734 trained staff, 335 (46%) staff obtained their CANS-F certification and/or re-certification in 2016. As stated

above the total number of staff trained to date includes Agency Directors, Assistant Directors, and certain Program Managers and Supervisors (many of whom are not completing the assessments and therefore not required to maintain certification) as well as staff who may have left the agency, transferred to a different unit, or transferred from one agency to another. To keep more accurate track of staff certification, requests have been made for a list of all active In-Home and Out-of-Home caseworkers from each local department. This list will be used to verify when staff are due to re-certify in the CANS-F or MD-CANS and updated on a quarterly basis.

- Assessing compliance - CANS-F Compliance is monitored to ensure youth and/or families receive CANS-F assessments according to Maryland DHS policy. Overall, statewide compliance was 80% for the current quarter (October 2016 – December 2016) and increased from each of the previous three quarters. When comparing SFY2016Q4 to SFY2017Q2, the statewide average rate of compliance increased 16%.

Figure 17

Maryland CANS-F Compliance by Quarter
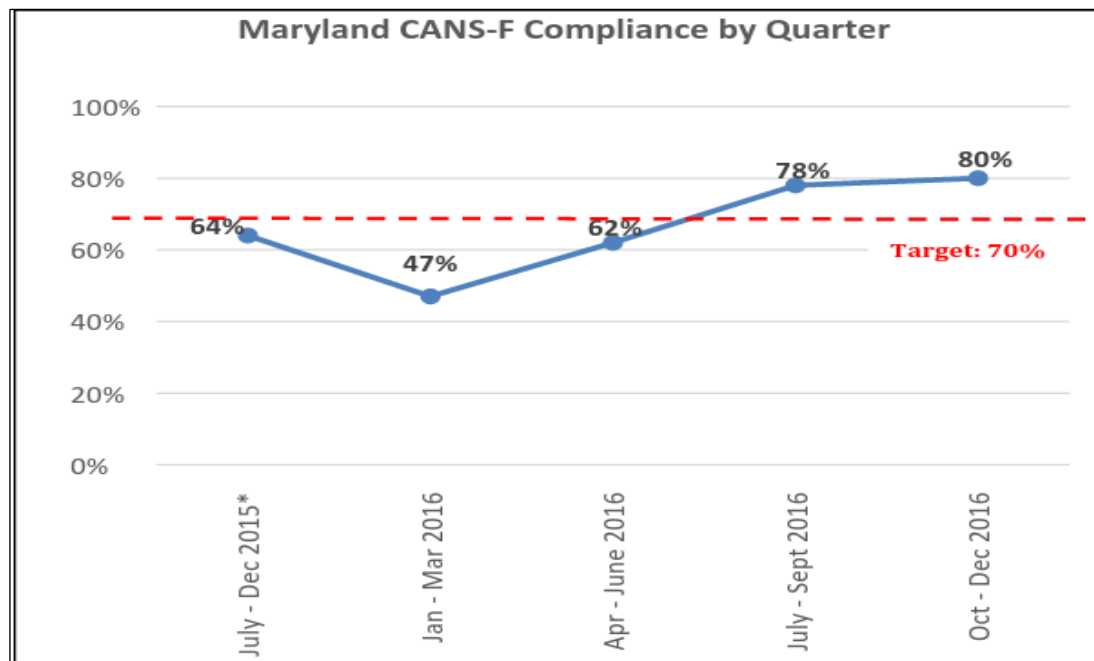
Compliance was first calculated for the full six months. Since then, it has been calculated quarterly.

When assessing local jurisdiction compliance 83.33% (20 of the 24 jurisdictions) of the jurisdictions in Maryland are *"Meeting Expectations"* of the compliance threshold of 70% or higher, while 16.66% (4 of 24 jurisdictions) of the jurisdictions in Maryland are *"Getting Closer to meeting Expectations"*.

- Providing technical assistance - In response to previous reporting periods low compliance rates and feedback from front line staff about the challenge of integrating the assessment into practice, The CANS Implementation Team reached out to the administrators and program managers from every local department to schedule in-person meetings to review their county's data spreadsheet and discuss barriers to implementation. Between July 1 and December 31, 2016, 23 of the 24 local jurisdictions received in-person or virtual technical assistance support focused on discussing challenges to CANS implementation. These meetings also provided guidance on how local agency administrators and supervisors can utilize their CANS Data Spreadsheets to support decision making, supervision, and quality improvement initiatives at the county level. The structure of the meetings varied depending upon the audience. It was recommended that each meeting be at least an hour; several counties requested additional time. Meetings were initially targeted towards county administrators and supervisory staff, but were open to front line staff if the county felt that would be helpful. A total of 117 staff participated in these meetings (Directors, Assistant Directors, Program Managers, Supervisors, Quality Assurance and Compliance staff, and frontline staff from In-Home and Out-of-Home Services).
- Part of SSA's Waiver evaluation is to assess changes in Functioning and Well-being as well as the connection between the CANS-F and services identified in case plans. Sample size continues to be small therefore conclusions cannot be generalized across practice. As the evaluation continues and sample sizes grow, data and results will be expected to be reported in next year's report. To see preliminary data see CFSR Appendix I Maryland IV-E Waiver Demonstration Project Semi Annual Report (July - December 2016).

4. **Reinvestment Strategies**

   Family Support Funds were again provided to LDSS to promote safety, permanency, and well-being among DHS/LDSS clients, and specifically to prevent Out-of-Home Placements (entry or reentry). In order to be eligible, children, youth, and families were required to have an open DSS child welfare case (CPS[4], In-Home, or Out-of-Home) and been assessed as "conditionally safe" per the Safe-C and/or score at moderate or high risk on the Maryland's Family Risk Assessment (MFRA). Funds were allowed to be used to support goods or services if named in the child/family's service plan. In March 2016 the eligibility criteria was expanded to include children and families at risk for involvement in child welfare.

   Between July and December 2016, 266 children and 106 families were provided an array of services and supports designed to promote stability and prevent Out-of-Home Placement. Listed below are the types of services provided to children and families utilizing reinvestment dollars:

   - Services based on needs identified through specialized evaluations and assessments

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[4] Includes both Investigative Response and Alternative Response.

- Specialized Services (i.e. camps, therapy, medical services)
- Household Supports (furniture, food, supplies)
- Baby Items (car seats, specialized formula)
- Housing and rental assistance
- Enrichment Activities (i.e. camp, sports, driver's education, after school programs, family activities etc.)
- Specialized evaluations (mental health, substance use, psychological, etc.)
- Transportation services and supports
- Child Care services
- Respite Services
- Family Support/Parent Education Group Activities

To provide technical assistance to LDSS in order to support the full utilization of Family Support Funds four Regional Meetings were held across Maryland in March 2016. Participants included Directors, Assistant Directors, Managers, Supervisors, and local stakeholders. This opportunity specifically allowed LDSS to:

- Share and refine plans for using family support funding, and evidence-based practice funding, if applicable
- Learn about strategies being implemented in other jurisdictions in Maryland and nationally to address common challenges.
- Identify opportunities for collaboration and areas where support or technical support is needed to accomplish goals.
- Identify issues to be elevated through the new SSA implementation structure.
- Receive individualized technical assistance to address LDSS goals.

Since the initiation of Families Blossom, Maryland has been exploring ways to enhance the existing service array to support children and families impacted by substance use. To further this effort, the Regional Meetings also included a discussion around strategies to address parental substance use disorders. Maryland's proposal addresses three areas:

- Workforce development opportunities to increase the understanding of addiction and recovery, the impact of substance use on maternal health, children and families, effective engagement strategies, etc.
- Increase access to existing service systems through the use of multidisciplinary learning collaboratives
- Enhance the current service array to include a full continuum of services and supports that differ in type and intensity.

An initial review of evidence- based and promising practices has resulted in identifying 2 Assessment Models, 2 Parenting Training Models, 2 Peer Support/Home Visiting Models, and 2 Treatment Models (See Appendix Q for full list of programs Local Department EBP Implementation Activities). As a follow up to these meetings, LDSS will develop proposals for SFY2018 funding as well as modifying existing implementation plans as needed.

SECTION IX: QUALITY ASSURANCE

In SFY17 Maryland's CQI reviews consisted of an LDSS self-assessment, MD CHESSIE case review, onsite interviews, and a final report from DHR/SSA, which includes the LDSS's Continuous Improvement Plan (CIP). The LDSS schedule was developed in the fall of 2015, with the goal of reviewing every LDSS once every 2 years. The LDSSs reviewed in SFY 2017, were selected through a voluntary process allowing each LDSS to volunteer for a preferred month of review.

The University of Maryland School of Social Work/Ruth Young Center staff is partners in this work, assisting in both the self-assessment process and as team members in the onsite review. The self-assessment is completed via Qualtrics, with data entered by the University of Maryland School of Social Work/Ruth Young Center staff. The pre-entered data includes jurisdictional population data as well as data on child welfare indicators

Case reviews are conducted by DHR/SSA staff, using the Children's Bureau's Child and Family Services Review (CFSR) Round 3 Onsite Review Instrument (OSRI). Cases are randomly selected for review among three program areas:
- Child Protective Services (both Investigative Response and Alternative Response)
- In-Home/Family Preservation Services
- Out-of-Home Placement

Currently the OSRI is used to rate cases based on a review of Maryland's SACWIS (MD CHESSIE) review. An onsite review, which typically takes three to four days, includes interviews for selected cases reviewed as well as stakeholder focus groups. SSW RYC staff assists in note-taking during onsite interviews.   DHR/SSA CQI staff prepare a final report and meet with the LDSS (before the report is finalized) to identify activities and progress measures for the CIP.

Maryland is preparing to revise its current process to meet the needs of the 2018 Child and Family Services Review (CFSR). Maryland is scheduled for the Children's Bureau CFSR review in 2018 and hopes to gain approval for a State-led CFSR process. This plan requires revision of current policies and procedures, including the sampling process and methodology, the full use of the OSRI (including training and use of case-

related interviews), and development of specific policies (case elimination, reviewer confidentiality, reviewer conflict of interest, etc.). The sampling methodology has been and will continue to be discussed with the Children's Bureau/CFSR Measuring and Sampling Committee (MASC); a revised CQI Manual will be developed and submitted to the Children's Bureau for review; and DHS/SSA will confer with Children's Bureau staff to coordinate observation of the new case review process. These activities are planned to complete in summer 2017.

As part of Maryland's ongoing case review process the following seven (7) LDSS reviewed between June 2016 – January 2017: Caroline, Talbot, St. Mary's, Harford, Somerset, Calvert, and Cecil. The remaining 15 LDSSs were scheduled for review later in SFY2017 and SFY2018. During the reviews conducted a total of 79 cases were reviewed among the following case types across the seven LDSS:

Table 24

LDSS and Review Date	Total Cases	CPS AR	CPS IR	In-Home	Out-of-Home
Caroline – June 2016	9	2	1	4	2
Talbot – July 2016	11	1	4	4	2
St. Mary's – August 2016	12	4	4	2	2
Harford – October 2016	10	2	2	4	2
Somerset – November 2016	10	2	2	3	3
Calvert – December 2016	10	2	2	3	3
Cecil – January 2017	17	4	4	4	5
Total	**79**	**17**	**19**	**24**	**19**

As Maryland continues its ongoing case review process plans are being developed to review 65 cases during every six month review period and reviewing each LDSS once every three years. This is an increase from the current number of case reviews being completed.

Results

Case review results were based on OSRI items used in SACWIS case review. Case-related interviews using OSRI items/questions were not conducted as part of these reviews. The case-related interviews used different questions, and results from these interviews were not incorporated into results shown here. Below are the results for six (6) of the LDSSs reviews completed between June - December 2016. The results for Cecil County were still being finalized at the time of this report.

Table 25

Estimated Raw Results from Case Reviews by Jurisdiction								
Result	*LDSS*	*Safety Outcomes*		*Permanency Outcomes*		*Well-Being Outcomes*		
		1	*2*	*1*	*2*	*1*	*2*	*3*
Substantially Achieved	Caroline	9	9	2	2	7	5	7
	Talbot	6	8	2	2	7	3	7
	St. Mary's	6	9	4	2	9	3	5
	Harford	5	9	2	2	6	1	5
	Somerset	4	7	2	3	7	4	6
	Calvert	3	9	2	3	7	5	7
Partially Achieved	Caroline	0	0	1	1	2		1
	Talbot	0	0	0	0	2	0	0

Estimated Raw Results from Case Reviews by Jurisdiction								
Result	**LDSS**	**Safety Outcomes**		**Permanency Outcomes**		**Well-Being Outcomes**		
		1	*2*	*1*	*2*	*1*	*2*	*3*
	St. Mary's	0	0	0	0	0	0	1
	Harford	0	0	0	0	3	0	0
	Somerset	0	3	1	0	3	0	2
	Calvert	0	1	0	0	2	0	0
Not Achieved	Caroline	0	0	0	0	0	1	0
	Talbot	0	0	0	0	0	0	1
	St. Mary's	1	3	1	0	3	0	1
	Harford	2	1	0	0	0	1	0
	Somerset	1	0	0	0	0	0	1
	Calvert	1	0	1	0	1	5	2
Not Applicable	Caroline	0	0	6	6	0	3	1
	Talbot	5	3	9	9	2	8	3
	St. Mary's	5	0	7	10	0	9	5

Estimated Raw Results from Case Reviews by Jurisdiction								
Result	LDSS	Safety Outcomes		Permanency Outcomes		Well-Being Outcomes		
		1	2	1	2	1	2	3
	Harford	3	0	8	8	1	8	5
	Somerset	5	0	7	7	0	6	1
	Calvert	6	0	7	7	0	0	1
Total		62	62	62	62	62	62	62

Overall, estimated results show a majority of cases from these six (6) LDSS substantially or partially meet CFSR standards:

- *Safety Outcome 1* Children are, first and foremost, protected from abuse and neglect
  87% of cases met substantially achieved
- *Safety Outcome 2* Children are safely maintained in their homes whenever possible and appropriate.
  93% of cases met substantially or partially achieved
- *Permanency Outcome 1* Children have permanency and stability in their living situations
  89% of cases met substantially or partially achieved
- *Permanency Outcome 2* The continuity of family relationships and connections is preserved for children
  100% of cases met substantially or partially achieved
- *Well-Being Outcome 1* Families have enhanced capacity to provide for their children's needs
  93% of cases met substantially or partially achieved
- *Well-Being Outcome 2* Children receive appropriate services to meet their educational needs
  75% of cases met substantially achieved
- *Well-Being Outcome 3* Children receive adequate services to meet their physical and mental health needs
  89% of cases met substantially or partially achieved

The chart below highlights the number of cases rated as Substantially Achieved, partially Achieved, Not Achieved or Not Applicable.

Table 26

Estimated raw results, including not applicable cases, by Outcome					
Outcome	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Not Applicable**	**Total**
Safety Outcome 1-Children are, first and foremost, protected from abuse and neglect.	33	0	5	24	62
Safety Outcome 2 –Children are safely maintained in their homes whenever possible and appropriate.	51	4	4	3	62
Permanency Outcome 1-Children have permanency and stability in their living situations.	14	2	2	44	62
Permanency Outcome 2- The continuity of family relationships and connections is preserved for children.	14	1	0	47	62
Well-Being Outcome 1-Families have enhanced capacity to provide for their children's needs.	43	12	4	3	62

Estimated raw results, including not applicable cases, by Outcome					
Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Well-Being Outcome 2- Children receive appropriate services to meet their educational needs.	21	0	7	34	62
Well-Being Outcome 3- Children receive adequate services to meet their physical and mental health needs.	37	4	5	16	62

Continuous Improvement Plans

Of the seven (7) LDSSs reviewed in SFY17, the following three (3) LDSSs have completed Continuous Improvement Plans (CIPs) and begun the monitoring process: Caroline, Talbot, and St. Mary's. Action steps, benchmarks, and technical assistance plans were developed for each CIP; action steps and benchmarks are listed below by LDSS. The remaining four (4) LDSS (Harford, Somerset, Calvert, and Cecil) CIPs are currently in development.

Table 28

Jurisdiction	Action Step	Benchmark
Caroline	Enhance family engagement during the Family Involvement Meetings	Feedback gathered from FIM survey.
	Increase opportunities for staff development	Transfer of Learning, and supervisor feedback.

Jurisdiction	Action Step	Benchmark
Talbot	Increase opportunities for staff development	Transfer of Learning, and supervisor feedback.
	Educate Community Partners on the specific services that are provided by TCDSS.	Stakeholder Knowledge Survey.
	Train current FIM facilitators at TCDSS	Current FIM facilitators will attend the Family Involvement Advanced Facilitator training.
	Expand Services of Family Finder	Monitoring of the services offered to youth by Supervisor.
	Enhancing Partnership with Court Appointed Advocacy Program (CASA)	Monitoring of the relationship between the agency and CASA.
St. Mary's	Increase opportunities for staff development	Transfer of Learning, and supervisor feedback.
	Identify cultural differences in the community	Enhance staff knowledge.
	Identify Evidence Based Practice Model	Utilize an EBP model to enhance work with families to address specific goals.

Next Steps for CQI

As stated above, the CQI unit will continue to develop and assist Harford, Somerset, Calvert, and Cecil DSSs' Continuous Improvement Plans. Monitoring these plans and the five (5) previous CIPs (Wicomico, Worcester, Caroline, Talbot, and St. Mary's) will continue through the next year.

To date DHS/SSA has struggled with implementing effective feedback loops that would allow for the ability to use information gathered from case reviews to inform system wide services and practices. In order to

improve existing structures, DHS/SSA is working on revising its CQI processes. Through these revisions DHS/SSA will be able to more effectively analyze the data from case reviews and other sources in order to identify and implement statewide practices or system improvements.

SECTION X: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

CAPTA Spending Plan

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.

DHS received $458,491 in fiscal year 2017 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 FY15. 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 $199,356.00. The vendor for the service will remain the same for this year. (SEC. 106 #11)

In SFY2016 the Family Connections Program (FCP) provided services to a total of 75 families including 185 children; 56 cases were closed. Services included various activities conducted directly with a family or on their behalf to achieve mutually defined goals. Services included assessment, planning, and referrals to services and/or resources; individual, conjoint, family and group counseling; case management; provision of concrete resources; and advocacy.

Services are provided in the home or other relevant locations in the community over a six month period for at least an hour a week. FCP has made a significant impact in helping families achieve positive outcomes while contributing to research and the implementation of effective models serving families struggling to meet the needs of their children. Central to the design of the model is a "whole family" approach thus providing services, either directly from model interventions, or partnering with appropriate community

resources for children and/or parents. Assessment activities also include all family members to provide a comprehensive understanding of individual and family functioning.

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 continues to use twelve family/caregiver measures and eight child measures. Measures are completed twice, at program entry (i.e. baseline) and again at case closure (i.e. closing). In this year FCP achieved outcomes similar to previous years: statistically significant change over time in risk factors (decreasing parenting stress, everyday stress, and caregiver depressive symptoms), protective factors (increasing parenting attitudes, parenting competency, and social support), observation of enhanced physical and psychological care, and parental report of improved child behavior. Per Family Connections data, further outcomes in overall caregiver, child, and family well-being and safety significantly improved over time. Evidence suggests that Trauma Adapted Family Connections (TA-FC) shows great promise in filling a service gap, and in helping families who are chronically traumatized and struggling to meet the basic needs of their children. FCP continues to coordinate with community partners to facilitate ongoing services.

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 parents' 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 was shared by the Family Tree reflecting activity and families served between July 1, 2015 and June 30, 2016. The Parent Stress Line exceeded their expected number of contacts responding to 7161 calls. The Parent Support Groups had 605 participants, the Parent Education Classes served 687 participants and there were 85 participants in the Home Visiting program in Baltimore City and Baltimore and Prince George's counties.

In 2017 the Department released a Request for Proposals to solicit proposals to provide services similar to the one released in 2011. The current contract expires the last day of September 2017 and the Department is on target to award a new contract starting on October 1, 2017 should any proposal be received that meets the requirement for the award.

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 citizen review panels. Beginning in 2009 the Secretary of the

Department of Human Services committed $75,000 annually to support SCCAN. DHS 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, and 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. Please find the 2016 Annual SCCAN Report in Appendix AE (SEC. 106 #14) and the response to the report in Appendix AI.

SCCAN meets all of its CAPTA responsibilities in addition to systematically exploring prevention activities and programs and bringing representatives to Maryland to present at SCCAN meetings. SCCAN again this year invited several individuals representing Evidence-Based and Promising Practices to Maryland for their input on effective prevention programs to be considered for implementation here. For one of the SCCAN meetings representatives from the commission studying child abuse and neglect fatalities was asked to speak about their work and the recommendations for preventing child deaths. In the months following the meeting the SCCAN Executive Director hosted a meeting between representatives from DHMH (administratively houses the State Child Fatality Review Team) and this Department regarding improving Maryland's review process. The speaker at the meeting was asked to join Maryland's application to become one of 8 states to receive a Three Branches Institute award to plan for a reduction in child fatalities, especially those resulting from drug use. (SEC. 106 # 11)

Local Departments of Social Services will 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 will receive $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 and assistance with secondary trauma interventions for staff. For example, annually the Washington County Department of Social Services receives $5,000 to support their regional child maltreatment conference held in April.

In past year's reports it was explained that the Department used CAPTA funds to support a contract with the Children's Research Center. Center staff assisted with developing a new Maryland risk assessment tool based on the actuarial model developed by them. Two new tools, a risk assessment and a risk re-assessment, were developed and prepared for embedding in MD CHESSIE with plans for release for LDSS use in January 2016. These two tools, coupled with the revised safety assessment and the CANS-F (discussed in the Department's IV-B report) were to comprise the comprehensive assessment of CPS and In-Home Services. However, the decision was made to continue with the current risk assessment tool until the state's new web-based child welfare information system goes online. No funds were spent on this contract for the past year. DHS/SSA remains in contact with CRC in case their assistance is needed once the new automated database goes in development. (SEC. 106 #4)

Finally, a small amount of the grant is reserved 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).

Program Descriptions

- As stated above, Maryland awarded a five-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. The plan is to issue a request for proposals to continue to provide these services. 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 conducts 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 are 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 hallmark 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 XIII of this report.

● Maryland has a 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 discussed thoroughly in the Child Protective Services Section. A bill proposing changing Maryland's definition to comply with CAPTA requirements was introduced during the 2017 legislative session but received an unfavorable vote and did not pass. Plans are already underway to meet with those who opposed the bill to attempt to gain their support when introduced during the 2018 Session.

● Human Trafficking - Responses to sex trafficking in child welfare have been evolving and changing in accordance with both Federal changes and ongoing assessment and reassessment of what constitutes best practice. The Governor of Maryland adopted the sex trafficking legislation as part of his Justice for Victims Initiation which aided in elevating the importance of the legislation and assisted in its passage. Legislative representatives who conducted the Safe Harbor Task Force also endorsed the legislation. The bill passed and was signed in to law by the Governor on April 18, 2017 (For Governor's Assurance, see Appendix R). The new language adds "sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act" for all youth under 18. Trafficking would no longer be listed

under sexual abuse as an inclusion, and the definition of sex trafficking will be added as category of its own. With the passage of this legislation, Maryland's law is now in compliance with CAPTA.

- In order to ensure that Child in Need of Assistance (CINA) orders can be provided for those trafficked victims in need, Maryland has worked with staff from the Administrative Office of the Courts to ensure that the CINA statute was in compliance with the changes made in Family Law. The Administrative Office of the Courts submitted legislation to make the necessary changes to the CINA statute. This legislation also passed the General Assembly and has been adopted into law.

- With the passage of P.L .113-183, the Department has reviewed existing policies for compliance and clarity in relation to any changes required due to the passage of this legislation and changes in CAPTA. While the human trafficking policy (SSA-CW#14-15), the CPS screening policy (SSA-CW# 15-30), and the runaway and missing and/or abducted children policy (SSA-CW# 14-5) address requirements related to P.L. 113-183, recent changes in policy have been drafted to be in full compliance. New policy has been drafted to inform all child welfare staff of the requirements in CAPTA that screening for human trafficking be done for all youth receiving services as well to address the very recent changes in Maryland statute that redefines sex trafficking to be in compliance with the Federal definition. Policy changes have been redrafted with each necessary change in statute. A screening tool that had already been developed is to be added to MD CHESSIE which is to be completed by the worker for both an initial screen as well as screening after a runaway incident. Workers have been directed to scan the tool into MD CHESSIE until such time as the tool is able to be incorporated into the system. A request has also been made to add an identifier in MD CHESSIE that can be used for non pimp controlled cases. Drafts of all revised and new policies on trafficking are currently in circulation for comment. In addition, review of the data collection is underway to identify any youth who are trafficking victims reported by Title IV-E agencies. Requests have been submitted for changes in the collection of data within MD CHESSIE. Currently the data base does not capture non-pimp controlled CPS referrals as maltreatment and a request has been submitted in order to capture this correctly for federal reporting requirements. Given that Maryland is planning to develop a new system, this addition has been delayed. SSA continues to seek a means of collecting the data until such time the new system is in place. Currently SSA will have to produce this data with a count from the referrals received.

- In order to address the identification of sex trafficking victims, Maryland has provided training in recognizing the signs of trafficking. To more fully address this, mandatory training for all child welfare staff will begin no later than the fall of 2017. This training has been refined over months of both focus groups and pilots to ensure that staff will be receiving the training needed. Screening of all runaways has been implemented that addresses possible signs of trafficking. In addition, the CANS has been utilized to identify youth at risk of trafficking. An algorism is run which can identify high risk factors associated with trafficking. With the additional training, the runaway risk tool and the regular

run of CANS data; identification of trafficking within child welfare should be aided. Community-based trainings of judges, law enforcement, medical professionals and members of community groups should also help to highlight identification of trafficking.

- Each trafficking referral identified as well as those that have been screened out are reviewed currently by the trafficking policy analyst and the Child Sex Trafficking Support Initiative grant provider to assess appropriateness of the referrals, respond to placement issues, supports that may be required and to collect data. Input on cases has been provided when deemed necessary due to management, placement or issues noted regarding problems between law enforcement and child welfare. DHS and the Department of Juvenile Services (DJS) work cooperatively to ensure that cases identified in DJS are receiving an appropriate child welfare response. Both screened in as well as screened out referrals are reviewed to ensure that the referral has been managed appropriately and that the screener has not missed anything. Should any referral indicate that any of the respondents have not addressed an appropriate issue, follow-up is provided. If a screened out report is believed to be inappropriate, follow-up is made to point out the appropriate action needed. DHS/SSA have had fewer cases that have required intervention or further exploration as staff has become better trained and more familiar with trafficking cases. While some intervention continues to be required, far fewer incidents have occurred. In the future with the addition in Maryland of the recent School of Social Work grant, multi-disciplinary teams will be formed to address each trafficking referral within 48 hours of its acceptance to address more fully the needs of the victim and the required response.

Human Trafficking

Drafts of all revised and new policies on trafficking are currently in circulation for comment. In addition, review of the data collection is underway to identify any youth reported by Title IV-E agencies who are human trafficking victims. Requests have been submitted for changes in the collection of data within MD CHESSIE. The Child Sex Trafficking Victims Support Initiative (CSTV) grant awarded to University of Maryland, School of Social Work and the Department of Human Services in December of 2014 has moved forward with grant partners; Healthy Teen Network, and TurnAround to develop a new training for all child welfare staff. Focus groups were held in multiple regions of the state to allow for input from workers as to what they needed to feel more competent when serving trafficking victims. A training curriculum was then developed and training pilots have been held for both an introductory (101) and more intensive service related training (102). Once the pilots have been completed (expectation is March or April of 2017) the full mandatory training will be scheduled for all jurisdictions in the state.

Currently training will begin in the Fall of 2017 for child welfare staff in 24 local jurisdictions. Feedback from the pilots has been positive. Child Welfare Academy staff, Healthy Teen Network staff and the grant coordinator and Department of Human Services' policy analyst met on several occasions to make changes to the curriculum to align with workers feedback.

Legal Aid Bureau, also a grant partner, developed a training curriculum for legal aid attorneys whom they used to train both lawyers and judges in Maryland. There have been other initiatives in Maryland that have also engaged lawyers and judges in training, such as the state Court Improvement Project at which the School of Social Work presented and Advocates for Children and Youth who provided training to attorneys.

CSTV has also been actively working with Innovations Institute to develop an appropriate algorithm to capture in CANS and CANS-F youth in the child welfare system that may be at risk of trafficking. The algorithm has been adjusted and applied to CANS data on two occasions to review the accuracy of the algorithm. Needed adjustments have continued to be made to facilitate increased accuracy.

The grant coalition meetings have taken place on a quarterly basis and have focused on grant activities as well as improving services to victims. While limited expansion of services has been possible, discussions have included; how best providers, caseworkers and law enforcement can work together, what is needed to prevent runaways after recovery, management of victims once placed and what is required or can be done to expand the current service array.

University of Maryland School of Social Work applied for and received another grant to build upon existing relationships and to further efforts to improve outcomes for victims of trafficking in Maryland. Pilot jurisdictions were identified (Prince George's County, Montgomery County, Baltimore County and Baltimore City). Pilot counties will develop a multidisciplinary approach to trafficking, providing a collaborative response to intervening with trafficking victims. The grant also plans to develop a unified strategy to provide training throughout the state to those who come in contact with victims (law enforcement, service providers, health care officials, child welfare and juvenile justice workers, prosecutors and judges).

Continued participation on the Maryland Human Trafficking Task Force, Steering Committee and the Victim Services Sub Committee has continued on a quarterly and monthly basis respectively. The Steering Committee of the Task Force is attended by SSA's Executive Director and also by the trafficking policy analyst. During the Steering Committee meetings each subcommittee chair reports out on activities the committee has undertaken, issues requiring attention and updates. The Victims Services Subcommittee has a large representation which includes the Department of Juvenile Services (DJS), Local Departments of Social Services, law enforcement; Governor's Office of Crime Control & Prevention (GOCCP), provider agencies, homeless shelter staff, faith -based agencies, sexual assault agency, legal centers, and survivors. The Victims Support group addresses challenges, issues that arise between various agencies, needs, gaps in service, problems encountered, changes need as well as having outside speakers who can inform practice. This group has dealt with both macro and micro issues relating to trafficking and works to solve problems and how to best ensure that victims are provided with needed services and to address changes needed. The subcommittee has continued to grow in membership which increases opportunities for collaboration. This group has also held combined sub group meeting with the Law Enforcement Sub Committee and the Foreign National Sub Committee to discuss how to better ensure the best service for victims as there is overlap in all

of these groups. DHS is also represented on the Baltimore City Human Trafficking Coalition which currently meets bi-monthly.

The CSTV grantees meet quarterly to review grant activities, discuss barriers to service provision, problems that current providers may be experiencing, develop plans to move forward and at times may discuss individual problems presented in a specific case.

A Safe Harbor Workgroup was legislated in 2015 and was extended to 2016. The group consisted of 23 members which included SSA leadership. Meetings were held around the state and input was provided by multiple interested parties (law enforcement, attorneys, providers, state agencies, etc.) A final report was submitted both in 2015 and 2016. While some of the recommendations resulted in the introduction and passage of some legislation, Safe Harbor legislation, itself, was not passed.

DHS/SSA will continue to work closely with the MD Human Trafficking Task Force to address the service needs of victims and to work to have interventions in trafficking cases have a positive outcome for victims and to advocate for additional funding and resources to serve families and trafficking victims. The hope that Safe Harbor legislation would be passed in the 2017 legislative session that would include funding for services, unfortunately was unfulfilled. Requests by representatives of the Victims Services Subcommittee are calling on the committee to address the service needs gaps and to seek legislative support.

Increased services for trafficking victims as they are currently very limited and federal mandates have to this point been unfunded. This includes maintaining data on victims and services (existing and gaps) to use when creating policy, looking for funding sources and working with the legislature.

The Department is also working on issuing a Statement of Need (SON) to expand the number of beds available to trafficking victims. It is projected that the SON would be issued in 2018.

While the Maryland Human Trafficking Task Force has been the main collaborative partner, given the wide representation of agencies represented on the task force, the Department has participated in multiple opportunities to meet with others to review how procedures and policies that are in place have been effective or require revision. Monthly grant meetings as well as quarterly grant coalition meetings have continued. Meeting with law enforcement, Task Force meetings, participation in statewide and local trainings have continued. Collaboration with private agencies as well as current providers to improve services, in spite of the lack of funding critical to move forward.

Conversations have continued that revolve around how to best prevent repeat abuse from occurring, how to address repeat runaways after recovery and assist families with the capacity to protect their children involved in trafficking. Often trafficking victims are reluctant to accept services, are high risk for runaway and return to trafficking and continued abuse before they are able to accept recovery. Given the challenges presented by this population, continual assessment, review and revision in collaboration with service providers, law enforcement and task force members has continued to be necessary. Review of service

provision, training for child welfare workers and the trauma needs of victims are ongoing to determine best practice for this population and how best to maximize the ability to work toward, holding onto victims when recovered. This all has continued to be a significant challenge given the limited resources, the lack of funding to assist current providers, develop new resources or expand existing effective resources. Members of the Victims Services Sub Committee are taking on addressing this issue. They hope to develop a plan that will address service needs and to seek funding in the next legislative session.

Training on human trafficking has continued to be included in the screening training provided to all jurisdictions. Baltimore City after hour screeners were provided training specifically in human trafficking as they are designated to receive trafficking referrals that occur after hours. Screening training is conducted on a quarterly basis. Program analyst is also available to train upon request.

Part of the Child Sex Trafficking Victims Support Initiative grant has been a review of the current child welfare training needs. Curriculum pilots were begun in January of 2016 and continued into June. Adjustments have been made as the pilots have progressed. The training of all child welfare staff is to be rolled out in August and continue until all staff has been trained. Given the fact that few trainers are available, the completion of the training is not expected until May 2019.

Given the vulnerability of trafficking victims and the risk of trafficking for youth in foster care; Maryland has continued to work closely with both the Maryland Human Trafficking Task Force as well as local Task Forces in Montgomery, Prince George's and Talbot Counties. In collaboration with the University of Maryland, Child Sex Trafficking Victims Support Initiative pilot trainings for the Human Trafficking 101 and 201 curriculums have been taking place so that the mandatory child welfare training on both curriculums are available next year.

The University of Maryland Safe Center for trafficking victims began serving victims in Prince George's and Montgomery Counties, providing what is hoped to be a best practice model for this population. Armament Freedom Initiative is also seeking to open a group home in Maryland for trafficking victims and DHS has participated in several meetings to assist this effort. Both DHS and University of Maryland grant staff have held trainings for judges, law enforcement, education providers and providers. Armament Freedom Initiative has not been successful in opening a group home but is continuing to seek solutions to the barriers they have faced i.e. licensing and contract options.

Considerable challenges in regards to available services have persisted. Current providers continue to require training and additional funding to hire and develop services required to best serve this population. While trafficking victims are served in more than the two targeted agencies, no providers have initiated an interest in developing services for this population. Personnel limitations make it difficult to meet with other providers, train current providers or expand services. Identification of those youth at risk are also impacted by the lack of services as private providers with experience in working with this population cannot meet with

each of the youth who may be at risk to screen more closely or advise the worker in management of the youth.

The grant initiative has also permitted the collection of data on all trafficking referrals received by Local Departments of Social Services. The number of referrals is tracked and additional factors such as need for emergency placement, age, race, and whether receiving child welfare services at time of referral are reviewed. From May 1, 2016 to April 30, 2017, 104 human trafficking referrals representing 100 youth were received by the Department (data source: School of Social Work).

As of July 1, 2017, Maryland's State Liaison Officer is Rebecca Jones Gaston, SSA Executive Director, 311 W. Saratoga St., Room 581, Baltimore., MD 21201, (410) 767-7216 or rebecca.jonesgaston@maryland.gov. Ms. Jones Gaston is identified as the State Liaison Officer on the Department's website at: http://dhr.maryland.gov/child-protective-services/

Substance Exposed Newborns

Substance-Exposed Newborn Policies/Procedures
The substance-exposed newborn (SEN) statute, Maryland Family Law Article, Section 5-704.2 (h)(2) requires that the Local Departments of Social Services (LDSS) develop a plan for safe care of the newborn and is responsible for monitoring the safety of the child and parent participation in services. Health care providers are required by Maryland law to report substance exposed newborns to the LDSS. In July 2014 DHS implemented a statewide policy regarding substance-exposed newborns (SSA #14-11, please see: http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2014-11%20Substance%20Exposed%20Newborns.pdf).

Referrals are accepted by the LDSS as a "risk of harm" referral rather than a maltreatment report. The LDSS assigns the case to an In-Home service caseworker. The caseworker is mandated to see the newborn within 48 hours and initiate contact with the family. The caseworker engages the mother and family to make a safe plan for the infant upon discharge from the hospital. The LDSS is responsible for monitoring the plan of safe care.

Assessment
The caseworker completes a safety assessment on the newborn and all other children in the household (see Appendix I Maryland SAFE-C). The SAFE-C may prompt the worker to initiate a safety plan (see Appendix J) if any children are determined to be "unsafe" if left in the care of the parent. The safety plan is an agreement between the LDSS and the parent to ensure the safety of the child. Should conditions be so severe and a safety plan is refused or conditions cannot be satisfied by a safety plan, DHS will petition the Juvenile Court to help ensure the safety of the newborn.

The caseworker will also conduct a home assessment in order to ensure the home is safe for the newborn and any other children in the household. The caseworker also conducts a full assessment of the family for the next 30 days. At the 30-day mark, the caseworker completes the Maryland Family Risk Assessment and the CANS-F. These assessments guide the worker to make the determination if the family is in need of services beyond 30 days. If it is determined the family is in need of further services, the LDSS will transfer the case to Consolidated In-Home Services where the family can receive services until all of the risk factors have been addressed.

Substance-Exposed Newborn Progress and Technical Assistance
The Department continues to convene meetings with health departments, hospitals and LDSS' staff to discuss issues related to successful planning for substance exposed newborns and their families. All LDSS have been offered onsite training for the Substance Exposed Newborn policy, practice, and data entry. The feedback received from the local departments regarding onsite training was that the training was effective in enhancing their practice. Maryland Senate Bill 512 provides State funding for assessments and a limited amount of treatment, specifically for inpatient treatment not covered by Medical Assistance. There have been meetings with staff at the Behavioral Health and Substance and Alcohol Abuse Administrations (under the Maryland Department of Health and Mental Hygiene) in 2016 to better understand the funding available to serve these mothers and fathers and their children.

When the law was enacted that required health care providers to report the birth of a substance exposed newborn, including fetal alcohol spectrum disorder to LDSS, it also required the DHS to submit two reports to the Governor and the General Assembly.

DHS will hire a new SENS specialist to continue this work. Currently, the position is vacant. The former SEN Program Manager met with the LDSS and local health departments on an ongoing basis to ensure that the agencies are collaborating and monitoring SEN cases on a regular basis. DHS is currently exploring revisions to the policy in order to specifically identify what is included in a plan of safe care.

At this time health care practitioners are not required to report cases where the newborn is experiencing withdrawal symptoms, when the withdrawal is a result of the mother appropriately using prescribed medication. However, DHS recognizes that these cases should be reported to the LDSS. DHS will make efforts to amend Maryland Family Law Article, Section 5-704.2 (b)(1)(ii). DHS will attempt to ensure that notifications to Child Protective Services (CPS) should be made in any instance in which a newborn is exhibiting withdrawal symptoms, whether the drugs were legally or illegally obtained. DHS recognizes that the exceptions in the Maryland Family Law Article need to be amended in order to be in compliance with the notification requirements of the Child Abuse Prevention Treatment Act (CAPTA).

The Department will explore technical assistance from other states as to how they effectively moved the needed new language required by CAPTA through their state legislatures.

Table 21

Referrals of Substance Exposed Newborns by State Fiscal Year				
	SFY 2014	**SFY 2015**	**SFY 2016**	**SFY 2017 Q1-Q3**
Maryland	1,557	1,895	2,001	1,758
Percentage change for 1 year		*22%*	*6%*	
Data source: MD CHESSIE				

The data shows that referrals increased each year with the highest change of 22% from SFY 2015-SFY2016. The data around referrals to services is limited due to the MD CHESSIE system. MD CHESSIE does not allow a way to accurately track the referrals to services at this time. When mothers who are already in treatment, are reported to the local department, after assessment, the local department may refer the mother back to her treatment provider for further services. These referrals are not reflected in the MD CHESSIE data. DHS plans to explore ways to obtain this data in the upcoming year.

DHS has continued to collaborate with the Department of Health and Mental Hygiene (DHMH), stakeholders, and community partners around the planning and assessment of SEN cases. The current policies and procedures do not differentiate between legal and illegal substances. Whenever the local department receives a report on a substance exposed newborn, regardless if the substance was illegal or legal, the process of assessment and safe plan of care remains the same. See policy SSA 14-11 at: http://dhr.maryland.gov/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2014-11%20Substance%20Exposed%20Newborns.pdf.

Currently, Maryland is partaking in the Three Branch Institute Federal Grant (3BI). Maryland chose to specifically identify SENs as a high risk population and examine the practices and assessments of these cases. As a part of 3BI and DHS/SSA's new Implementation Structure, DHS/SSA has created a Substance Use Disorder work group comprised of stakeholders, community partners, substance abuse treatment providers, state agencies, and legislators. The workgroup is examining evidence based practices to implement for families struggling with substance abuse issues.

During this past legislative session, DHS introduced Senate Bill 027 to amend current Maryland law and require health care practitioners to report all drug exposed newborns to the local department, regardless if the substance was obtained legally or illegally. Unfortunately, the bill was met with much opposition by

women's health advocates. The bill was not passed in the MD Senate. DHS plans to reintroduce the bill in January 2018. The Program Improvement Plan is in Appendix K.

In the meantime, DHS is collaborating with advocates, sister agencies, treatment providers, community partners, and all stakeholders in order to obtain better support for the bill for the upcoming legislative session. DHS plans to hold learning collaboratives across the state and invite Local Departments of Social Services, community partners, local health departments, and stakeholders. The purpose of the learning collaboratives is to focus on a system of care for substance exposed newborns and create a learning environment for front line staff. This process will enhance the state's plan of safe care for substance exposed newborns.

In February 2017, Maryland participated in a Policy Academy that was developed to work with state teams to introduce them to best practices using policy tools developed by the National Center on Substance Abuse and Child Welfare (NCSACW). The purpose of the Policy Academy was to strengthen the knowledge and skills of state substance abuse, child welfare, and public health agencies along with other key state partners to address planning, implementation, and evaluation of policies that support the complex needs of families affected by substance use disorders through collaborative practices. Participants of the Policy Academy worked in teams consisting of State, County or Tribal entities interested in improving their collaborative practices to serve families involved in the child welfare system as a result of parental substance use disorders, and especially opioid use disorders among pregnant women.

The state of Maryland, with the Behavioral Health Administration (BHA) in the Department of Health and Mental Hygiene (DHMH) as the lead agency, was selected as one of ten teams nationally to create a state-specific policy agenda and action plan that strengthens collaboration across systems to address the complex needs of pregnant and postpartum women with opioid use disorders and their infants. The state of Maryland was assigned a Change Leader from the NCSACW and will receive technical assistance and support for the next six months that will consist of: Monthly calls with the Change Leader; Peer Networking and Access to Mentor Sites; Development of Cross Systems Guides/Surveys; Topical Discussion through Webinars or Conference Calls; Access to NCSACW Technical Assistance Resources and Consultants; Possible Site Visit; and, the Development of a Data Profile Template. The state of Maryland developed the following goals to address:

1. Develop formal agreements between state agencies that outline shared principles to guide collaborative efforts to improve systems and services for pregnant and post-partum women affected by opioid use disorders, their children and families.
2. Develop a comprehensive continuum of care that meets the needs of pregnant and post-partum women affected by opioid use disorders, their children and families.
3. Develop a statewide strategy for a plan of safe care that addresses the needs of the infant and the affected family or caregiver.

4. Develop a strategy for cross systems workforce development among agencies and organizations serving pregnant and post-partum women affected by opioid use disorders, their children and families to reduce stigma, support best practices, enhance knowledge and improve cross system communication.
5. Inventory current data and agency capacity to collect data to determine systemic enhancements for effective needs assessment, planning, monitoring, and tracking performance measures.

The members of the Maryland state team are: Suzette Tucker, DHMH, Project Liaison; Marian Bland, DHMH; Dr. Lee Woods, DHMH; Shanna Wideman, DHMH; David Kalikhman, DHMH; Steve Berry, Department of Human Services (DHS); Brandi Stocksdale, DHS; Stephanie Cooke, DHS; Dr. Lorraine Milio, Johns Hopkins School of Medicine; and, Bonnie DiPietro, Maryland Patient Safety Center. It is recognized that other key state team and community members will be invited to participate in this initiative. In addition, the formation of workgroups to address the specific goals may be necessary. All of the workgroups that are identified above are a part of the new Implementation Structure.

Citizen Review

Each of Maryland's three citizen review panels, Citizen's Review Board for Children (Annual Report, Appendix E) and SSA's response (Appendix F). State Council on Child Abuse and Neglect and State Child Fatality Review Team continued their work during the past year. The State Council on Child Abuse and Neglect Annual Report is in Appendix AE and the response is Appendix AI. The Fatality Report is expected to be completed in the Fall of 2017.

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 or LCSW-C level (established by the Maryland Board of Social Work Examiners) and have a minimum of 3 years experience providing child welfare services.

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 December 2016 the ratio was 1:8.4. 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. As of December 2016 the average supervisor to worker ratio was 1:5.

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.

Additionally, Maryland's safety and risk assessments both direct attention to children 0-5 years of age. The revised Safe-C asks workers to consider when a child is under the age of six as a factor influencing vulnerability. 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 LDSS 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 LDSS initiates an investigation and the central office notified as required by policy. Other members of the local teams include law enforcement, health department representatives and other community agencies. Information regarding the law enforcement investigation is presented at the team meetings and LDSS and law enforcement coordinate their efforts when the fatality under review possibly resulted from child abuse or neglect. In most instances however, the LDSS has investigated prior to the team meetings since many reports of suspected child abuse/neglect resulting in the death of a child start with notification to the LDSS from law enforcement. Information from the coordinated investigations is documented in MD CHESSIE and contributes to data for reporting on child fatalities where child abuse/neglect was determined to be a factor in the death.

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 compiled by county of residence of the deceased, not county of death). The Office of the Chief Medical Examiner sends out the list of fatalities to local review panels and a form for each child death to be used to guide the local review. Local teams then complete the local Child Fatality Review reporting form and submit it to the State Fatality Review Team for tabulation and analysis for their annual report. Maryland does have the State Child Fatality Review Team's annual report, and while it contains information that has a broader focus than just child abuse/neglect related child fatalities, it will be used to augment Maryland's NCANDS report. (The annual report is submitted as part of the Annual Progress

and Services Review submission). The OCME cases are the cases local CFR teams are to review. The cases that go to the OCME are the cases that are "unusual or unexpected" child deaths. (A 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 five 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. The Maryland State Child Fatality Review Team 2016 Annual Legislative Report is expected to be completed in the summer of 2017, and the Department will respond at that time.

During the past year the State Council on Child Abuse and Neglect (SCCAN) invited a representative from the National Commission on Child Abuse and Neglect Fatalities for a presentation. The Commissioner resides in Maryland and this past year joined Maryland's fatality prevention effort as a member of the 3 Branches Institute.

Disclosure of Information
During the 2010 Legislative Session, the Maryland General Assembly, with strong support from the Department of Human Services, 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. Child Fatality/Near Fatality and memorandum dated 4/17/2012 providing instruction to LDSS staff for completing the report can be found in Appendix S . 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.

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SECTION XI: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

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Maryland refers to the Chafee Foster Care Independence Program as Ready By 21/Transitional Youth services. The goal for Maryland's Ready By 21/Transitional Youth Services is to assist youth with making a successful transition from Out-of-Home Placement to successful adulthood. Nearly half of the youth in foster care in Maryland are between the ages of 14-20, with almost 30% of youth in care ages 18-20. Maryland believes that youth who receive Ready By 21 services are more prepared for adulthood and have a better chance to be self-sufficient adults. The Department of Human Services (DHS) provides Ready By 21 services to all youth in any Out-of-Home Placement (foster care, kinship care, and pre-adoptive placement), 14 through 20 years of age, regardless of permanency plan or placement type. The overarching goal is preparation for self-sufficiency.

Ready By 21

The youth who receive Ready By 21 services are provided basic living skills primarily in partnership with their resource provider and caseworker. The youth also have the opportunity to participate in appropriate individual and group life skills building classes and activities. Together the youth, resource provider and caseworker assess the youth's proficiency in life skills. The assessment outcomes are used to determine the ability of the youth to meet their daily living activities. Individual goals and services are arranged and offered according to the needs of the youth.

Through the delivery Ready By 21 services, youth are encouraged to take an active role in planning the activities and services needed for self-sufficiency. Ready By 21 services are designed to prepare youth for self-sufficiency. The core strategies of Ready By 21 are:

- Stable Housing
- Education
- Health Care
- Mentors
- Financial Stability

Accomplishments

DHS continues to ensure that the older youth population is receiving appropriate services. Approximately 3,316 consumer credit reports were processed from May 2016 - April 2017. This represents an increase of approximately 131.5% from the May 2015 - April 2016 period whereby 1,303 consumer credit reports were processed. This increase is primarily due to processing consumer credit reports twice during the May 2016 - April 2017 period. The second credit report filing took advantage of a one-time credit report with credit scoring extended by the three credit reporting agencies: TransUnion, Equifax and Experian, which was previously only available to DHS for a fee.

	Reporting Period	
	May 2015 – April 2016	**May 2016 – April 2017**
Youth ages 14 – 17 in OHP	1,303 credit reports processed	1,459* credit reports processed
Youth ages 18 – 20 in OHP	Information not captured	398 credit reports processed
Subtotal	1,303 youth served	1,857 youth served
Total	**1,303**	**3,017 credit reports processed**

* On December 29, 2016, credit reports processed to take advantage of a one-time credit scoring to establish a baseline credit score for youth ages 14 – 17 in OHP; average credit score is approximately 500 which are poor, but typical of this demographic as they have not established a credit history.

- 91% of youth (1,690 youth) did not have a credit history.
- Approximately 11% (198 youth) of the consumer credit reports processed contained inaccuracies and or discrepancies; 54% (107 youth) of the inaccuracies and or discrepancies were successfully expunged and or resolved. DHS continues to work to resolve all credit reporting issues for youth.
- 5% (101 youth) of the consumer credit reports processed contained negative and or derogatory information; 46.5% (47 youth) of the negative and or derogatory information was successfully expunged. SSA continues to work with the LDSS to resolve all credit reporting issues for youth.
- Consumer credit reports were processed for 100% of youth ages 14-17 in Out-of-Home Placement.
- SSA continues to assist LDSS with the processing of consumer credit reports for youth ages 18-21 on an as-needed basis.

DHS continues to ensure that transitioning youth are connected to valuable relationships such as mentors and/or adults upon their exit from foster care. The National Youth in Transition Database Survey (NYTD 2016) provides some insight into youth perspectives on having significant positive connections to adults in their lives. The following table, NYTD Survey – Connection to Adults provides both encouragement and concerns.

NYTD Survey -- Connection to Adults		
Youth Perspectives - Cohort 1 (starting FFY 2011) versus Cohort 2 (starting FFY 2014)		
Percent of Youth Reported Having a Current Positive Connection to an Adult		
Baseline (when foster youth were 17 years old)		
	All Youth	
FFY2011	92%	
FFY2014	92%	
Follow-up (when foster/former foster youth were 19 years old)		
	Still in Foster Care	**Left Foster Care**
FFY2011	83%	92%
FFY2014	62%	28%

When youth in both cohorts were turning 17 years old during Federal Fiscal Year 2011 and 2014, 92% of them reported that they had a positive connection to an adult. Connections are considered a great asset in the transition to young adulthood. Maryland was further encouraged when Cohort 1 had its first follow up, during which the feedback was that the youth still reported a high level of being connected positively to an adult, especially for those youth who have left care (83% among youth still in foster care, 92% among former foster youth).

The concern now arises based on the latest review of NYTD follow up surveys among the youth in Cohort 2 at the follow up survey (when they were turning 19 years old). Among those still in foster care, the proportion reporting a positive connection to an adult had dropped to 62%, and among those who had left care, it had dropped very substantially, to 28%. This raises concern, however, it should be noted that Maryland opted to conduct NYTD Surveys for cohort 2 by using a sampling method, so not all the baseline youth were included in the follow up survey. Given that the follow up sample was selected at random and should be representative of the whole cohort, it remains possible that the sample may have not been the best representation on this question about having a positive connection to an adult.

In comparison, Maryland conducted its own survey over the years, known as the Ready By 21 Survey that is given to every youth aging out of foster care upon turning 21 years of age. This survey has a similar question as the NYTD question about having a positive connection to an adult. Among youth aging out of foster care (by reaching age 21 while in foster care) between July 2015 through June 2016, 93% report having a stable adult in their life or report being a part of a support group. Although most of these youth exit foster care without a permanent home, it is encouraging that a very high proportion reports that they have a mentor or adult connection in their lives. In addition, these results call into question the results from the follow-up NYTD survey for Cohort 2. There will be additional scrutiny and focus on this issue by the State through the work of the new Older Youth Specialist with Local Departments of Social Services.

Throughout this year, DHS has worked closely with DHMH and Local Departments of Social Services to ensure that transitioning youth secure their health care services upon exiting foster care. The results from the NYTD survey for both Cohort 1 (FFY 2011) and Cohort 2 (FFY 2014) both provide encouraging trends. At both the baseline (17 year old) and at the first follow-up (19 year old) surveys, the 2014 cohort demonstrates a much greater awareness about having health care compared to the 2011 cohort. An encouraging note is that this may mean that these youth may be more likely to have connected to the health care for which they are eligible, either on their own, or through Medicaid, as shown in the following table.

NYTD Survey -- Access to Health Care				
Youth Perspectives - Cohort 1 (starting FFY 2011) versus Cohort 2 (starting FFY 2014)				
Percent of Youth Reported Having Access to Health Care (Medicaid or Other Type)				
Baseline (when foster youth were 17 years old)				
	All Youth			
	Medicaid	Other Type		
FFY2011	63%	35%		
FFY2014	86%	17%		
Follow-up (when foster/former foster youth were 19 years old)				
	Still in Foster Care		Left Foster Care	
	Medicaid	Other Type	Medicaid	Other Type
FFY2011	77%	17%	63%	29%
FFY2014	89%	32%	88%	20%

Similarly, DHS's Maryland Ready By 21 Survey (report period July 2015 through June 2016) indicate that among the 329 participants in the survey, 95% have a primary care physician, 66% have received or are currently receiving mental health treatment, and 19% have received or are currently receiving substance abuse treatment. It appears therefore that most of these youth are connected to a health provider and receiving health services as they step away from foster care, and this is a good sign of progress in Maryland's efforts to connect transitioning youth to health services.

Services
Maryland continues to identify and 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. Services include but are not limited to: case planning including transitional planning, independent living service agreements, and life skills assessments and training; to address needs for self-sufficiency. Maryland provides the following services:

- Maryland Youth Transitional Plan - Each child starting at age 14 starts a Maryland Youth Transitional Plan which is updated every 180 days, to ensure all youth establish a personalized comprehensive written plan outlining his or her preparations for transitioning from Out-of-Home Placement to adulthood. During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth has acquired skills and has overcome barriers to completing school, obtaining and maintaining gainful employment, finding adequate and affordable housing, finding a connection and accessing health and mental health care. Youth are also provided a Life Skills Assessment and individual or group training to enhance independent living skills.

- 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 (page 131) to meet their educational goals.
- Mentoring/Permanent Connections – One of the core strategies for Ready By 21 is for youth exiting care to have a Mentor or permanent connections. LDSS have established relationships with community members to mentor older youth in foster care and continue to be a support after the youth exits care. This relationship allows the youth to have a person to provide support and guidance. LDSS staff provides family finding services for all youth.
- 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 (LDSS). Over the last year 362 youth participated in a SILA placement.
- Youth that are in Out-of-Home Placement must be given the opportunity to engage in age or developmentally appropriate activities. Through the implementation of Youth Matter caseworkers are required to engage youth in the case planning process. Youth are mandated to attend all Family Involvement Meetings (FIMs) and drive the services outlined in their transitional plans and service agreements. Resource providers are required to allow youth to participate in activities that are age appropriate for them.
- SSA accesses consumer credit reports for youth age 14-21 years old in Out-of-Home Placement annually. The credit reports are pulled 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. DHS has continued to provide technical assistance to Baltimore City, Harford County and Prince George's County as it relates to youth understanding the importance of credit and interpreting consumer credit reports. The technical assistance delivered to Baltimore City is a part of a life skills training and that is co-facilitated by Baltimore City's Keys to Success Program.
- SSA evaluates the Ready By 21 services through reviewing the data collected by youth that complete the Ready By 21 Survey prior to aging out of foster care. Through this data SSA will be able to change practice and policy to provide better services to youth. SSA also developed an evaluation process for life skills trainings. This evaluation process began in July 2015. The data from the survey is being used in developing and revising current life skills trainings and exploring developing a statewide curriculum in some areas of life skills trainings.
- Services to former foster youth - Independent Living Aftercare services are available on a voluntary basis to youth 18 to 21 years old who were in out-of-home placement on their 18th birthday and exited care after their 18th birthday. Independent Living Aftercare services are designed to support former foster care youth ages 18 to 21 years old in their effort to achieve self-sufficiency. These

services are divided into two types: Independent Living After Care Services or Enhanced After Care Voluntary Placement Services. 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.

● Youth that exit Out-of-Home Placement via adoption or relative guardianship after their 16th birthday are eligible to receive Independent Living After Care Services. Independent Living Aftercare services are designed to support former foster care youth ages 18 to 21 years old in their effort to achieve self-sufficiency. Beginning at age 13 youth in Out-of-Home Placement receive an Annual Notice of Benefits Brochure which outlines the services they are entitled to receive if they exit care which includes Independent Living After Care Services.

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 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

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.

DHS provided trainings to resource providers including foster parents and group home/Independent Living providers at quarterly provider meetings throughout the State on Ready By 21/transitional youth services. These training topics included transitioning youth from foster care to independent living (See Appendix W, Creating a Better Tomorrow by Partnering with Youth Today, In-Service Training and Creating Teachable Moments, In-Service Training), special considerations for older youth placements, and youth participation in Family Involvement Meetings (FIM's) and transitional planning.

2018 Training Plans
- DHS has partnered with the University of Maryland School of Social Work and the Human Rights Campaign to roll out a statewide LGBTQ training.
- Holistic Transitions: Making the Leap from Foster Care to Independence(Please see Appendix W, "NEW" class listing)

2017-2018 Plans

- The Maryland State Youth Advisory Board in conjunction with the LDSS Independent Living Coordinators and DHS/SSA will begin revision of the Maryland Youth Transitional Plan beginning in the Fall of 2017.
- Provide training and technical assistance to LDSS on understanding credit reporting and strategies to fix youth credit reports. The training will take place in the fall of 2017.
- SSA worked with the DHS Communications Department to develop an APP component to the MDconnectmylife.org website. Production has been delayed until all jurisdictions have the opportunity to provide input regarding the design and implementation of the APP.
- Issued a Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) policy directive in 2016. (http://dhr.maryland.gov/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2017-08%20Working%20with%20Lesbian,%20Gay,%20Bisexual,%20Transgender,%20and%20Questioning%20(LGBTQ)%20Youth%20and%20Families.pdf). LDSS staff and resource providers (public and private) will be trained on the policy. This policy will ensure the safety and well-being of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in Out-of-Home Placement. All child welfare staff shall provide affirming care to LGBTQ youth and families involved with DHS. The policy highlights the following areas: placement sensitivity, clothing and grooming, affirming services, and confidentiality. Also planned is a partnership with the Human Rights Campaign to conduct mandatory Statewide training for all child welfare staff on best practices and policy for both the placement services and other activities that LGBTQ youth will undertake while receiving child welfare services.
- SSA-CW# 17-08 Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) was issued August 1, 2017. DHS contracted with the Human Rights Campaign to develop and facilitate training specific to

providing services to youth that identify as LGBTQ. The first training was offered in Prince George's County in September 2016. A second training was facilitated in Harford County in March 2017.

- DHS selected the Traitify Assessment as the statewide education/career assessment tool. Baltimore City DSS procured the assessment tool and provided statewide training. The Traitify Assessment is being implemented in multiple jurisdictions as a tool to assist youth in being matched appropriately for Summer Youth Internships.
- DHS facilitated four regional Family Centered Practice Collaborative Learning Circles from May to July of 2016 for Child Placement Agencies at which providers were educated about Transitional Youth Services as well as Educational Services available to youth in care. The State Youth Advisory Board will develop a schedule of speaking engagements in which they will educate foster youth and community stakeholders about the Transitional Youth Services including the Maryland Tuition Waiver and the Educational and Training Voucher.
- DHS continues to explore a match savings program for our transitioning youth. DHS has dedicated funds to procure the match savings program. DHS solicited the MD CASH Campaign to develop the matched savings program.

State Youth Advisory Board

The State Youth Advisory Board will continue to review child welfare policies and provide guidance and input regarding child welfare practices for children in care. In February of 2017, the State Youth Advisory Board participated in a Focus Group conducted by the Institute for Innovation and Implementation at which they provided input regarding DHS Title IV-E services for Transitional Aged Youth. The outcomes from the Focus Group were shared with the SSA Executive Leadership Team and the SSA Outcomes Improvement Steering Committee. SSA will extend invitations to members of the State Youth Advisory Board to participate on the SSA Integrated Practice and Service Array Implementation Teams.

On March 22, 2017 and March 29, 2017, DHS facilitated the first Foster Youth in Annapolis Days. This event provided youth in foster care statewide as well as members of the SYAB with the opportunity to attend a General Assembly Meeting, to meet one-on-one with a Maryland State Delegate as well as to attend a bill hearing.

Plans for 2018

DHS will receive technical assistance from the Capacity Building Center for States to support the State Youth Advisory Board in reorganizing the board, increasing board membership and coordinating leadership development activities. These activities are expected to assist with preparing the youth's transition to adulthood.

Human Trafficking and Youth

DHS in conjunction with the University of Maryland School of Social Work grant (Child Sex Trafficking Victims Initiative (CSTV) partners and Innovations Institute have been testing algorithms using the CANS and CANS-F to identify youth in Child Welfare who may be at risk of sex trafficking. The algorithm results have been fine tuned and when last tested rendered accurate results. It is planned to begin to run the algorithm on a quarterly basis to identify those youth who require further screening. In a recent policy revision, child welfare staff received a screening tool which will be used to have a conversation with youth identified to further assess the risk level.

Plans for 2018

- Given that Maryland still does not have adequate resources to address both victims and those identified as at risk, the Victim Services Subcommittee (of the Maryland Human Trafficking Task Force MHTTF) has convened a smaller group consisting of SSA, DJS, and direct service providers to address the service array needs. This group hopes to be able to list out the needs of each of the trafficking group (sex trafficking, labor trafficking, LGBTQ and transgender youth, gang related trafficking, etc.) and to attempt to put a cost to the needs. The Maryland Safe Harbor Workgroup, extended two more years by the legislature has also expressed a desire to research a single point of entry and to also identify the service needs of victims. The Victim Service group hopes to work in conjunction with the Safe Harbor Workgroup to identify needs.
- The overriding goal is once identified to work with the Legislative Subcommittee to seek legislative assistance in 2018 with securing funding for services.
- With the addition of new staff, SSA plans to include the Independent Living Coordinator in human trafficking grant and other meetings to begin to address the needs of older youth. Also under consideration is a meeting with all of the local independent living coordinators to discuss risk of trafficking and how to both identify and intervene.

Safe Harbor Workgroup

The Safe Harbor Workgroup was appointed by the legislature. It was not recommended that any trafficked youth be involved as generally recovered youth are not prepared to identify themselves as trafficking victims or survivors and discussions of trafficking can be re-traumatizing. They have not had the time required to move through their trafficking experience to engage in open discussions regarding trafficking. There was, however a concerted effort to have an adult survivor participate in the workgroup. One survivor has been participating since the beginning of the Safe Harbor Workgroup. Her input has been extremely valuable and useful to the work of the group.

Plans for 2018

Under consideration for 2018 is to survey youth who have been recovered and to ask what has and has not been helpful to them, what they would like to see offered to them, what service needs have and have not been addressed, etc. The development of a survey, how to best execute it and the willingness of victims to participate all need to be assessed before any action can be taken.

Thrive @ 25

Led by The Institute for Innovation & Implementation at the University of Maryland School of Social Work, in partnership with the Department of Human Services (Maryland's child welfare & social services agency), the Talbot County Department of Social Services on behalf of the five Local Departments of Social Services on the rural Mid-Shore (Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties), and the National Center on Housing and Child Welfare, Thrive@25 is installing, implementing, refining, and evaluating an intervention model that is grounded in Implementation Science, Positive Youth Development, and a commitment to trauma-informed care to improve four core outcomes: stable housing, permanent connections, education/employment, and social-emotional well-being.

The Thrive@25 team is implementing a multifaceted intervention responsive to the individual needs and strengths of youth transitioning from foster care—one that is culturally responsive to the needs of minority and LGBT youth and relevant to rural and non-rural communities across Maryland and the nation. The primary intervention for Thrive@25 is individualized, youth-driven transitional planning using the Achieve My Plan (AMP) practice model. Foster care workers and supervisors in the Mid-Shore will be certified in AMP, and Family Involvement Meeting (FIM) facilitators will be certified in a modified version of AMP.

During the Phase I evaluation, youth, child welfare workers, and others identified a lack of transportation and other resources for youth in foster care on the Mid-Shore, including educational support and hands-on training for youth transitioning to adulthood. Workers identified a significant need to ensure follow up from transitional planning meetings; both workers and youth identified transitional planning meetings as a source of frustration based on lack of engagement and follow up. Youth also reported a disconnection between their transitional plan and the planning process/meetings. As of April 1, 2017, 63% of all youth in out-of-home placement in the five Mid-Shore LDSS are ages 14-21. Although there are only 81 youth in out-of-home placement in these five LDSS, this high proportion of youth who are 14 and older necessitates a comprehensive approach.

Table 29

	TOTAL # OUT-OF-HOME PLACEMENT	14-21 IN OUT-OF-HOME PLACEMENT	% 14-21 IN OUT-OF-HOME PLACEMENT
CAROLINE	29	14	48%
DORCHESTER	22	20	91%
KENT	5	5	100%
TALBOT	21	9	43%
QUEEN ANNE	4	3	75%
TOTAL	81	51	63%

As of April 1, 2017 (data provided by LDSS Directors to Thrive@25 staff)

This has been part of an important shift in the intervention in Phase 2—moving from serving only those youth identified as high risk to supporting all youth ages 14-21 in out-of-home placement.

AMP, an evidence-informed intervention developed by Portland State University in partnership with youth and young adults, was selected as an overlay to the transitional planning process because it provides workers with the necessary skills to engage meaningfully with youth around their own transition plans. The Thrive@25 team believes that an individualized, youth-guided transition planning process will result in plans that are more successful, more sustainable after care, and improve outcomes for youth.

Thrive@25 also includes a focus on resource development, including implementation of year-round youth employment programs and support for the Thrive House. A part-time housing navigator provides support to LDSS to identify appropriate housing solutions for youth in care and anticipating an exit from care. Other areas of focus include providing individualized flexible funds to meet the needs of older youth in foster care, engaging with youth with foster care histories to identify interventions to prevent homelessness, and exploring strategies to address transportation challenges. Thrive@25 is piloting a risk screen to identify those youth most at-risk of homelessness and is utilizing the CANS-TAY module in conjunction with the CANS currently in use for youth in foster care. A comprehensive formative evaluation is underway that includes administrative data, youth and worker surveys and interviews, and focus groups.

Plans for 2018

In SFY2018, the State will continue to work with local partners on Maryland's Mid-Shore to identify resources needed to meet the individualized needs of older youth in foster care. Additionally, local departments of social services will continue to strengthen their collaboration with the Developmental Disabilities Administration to ensure that older youth with developmental disabilities have the necessary services and supports for when they exit from foster care.

National Youth in Transition Database (NYTD)

Data Collection

Maryland continues to participate in the NYTD initiative and has been successful in achieving its data entry targets over the last year. In particular, the State was able to exceed the federal NYTD Survey participation rates nineteen year old foster and former foster youth during FFY 2016.

SSA recently hired an Older Youth Specialist to concentrate on this age group in out of home care. This hire comes after a long vacancy at SSA. The new staff member will be monitoring the appropriateness of older youth permanency plans and providing technical assistance to the local departments in order to reduce long term foster care placements, encourage permanency and/or permanent connections between older youth and significant adults in the youth's life, and work with all partners to ensure that each foster youth successfully navigates the transition to young adulthood.

Review

NYTD data is collected and used to drive services provided to youth in Out-of-Home Placement. The feedback received from the NYTD survey is reviewed by DHS and is presented and reviewed by a number of partners. The purpose presenting and reviewing the data with partners is to discuss changes in practice that will better address the areas of need identified in the survey. During this period, NYTD was discussed with the FCCIP and Resource Providers (group providers and resource parents). Through this review of the data and discussion, changes were made to education including adjustments in the tuition waiver law and the need for development of foster youth employment opportunities.

Results and information from NYTD surveys are also shared and discussed with youth, the staff at the Local Departments of Social Services, and with agency front line case workers and supervisors. A summary of NYTD cohort 1 results is attached (Appendix T), and more recently the NYTD cohort 2 results for the baseline and first follow-up (19 year old) survey (also attached—Appendix U) has been developed for review. A brief review comparing the baseline and first follow up experience (containing survey statistics separately for foster youth and former foster youth at the time of the follow up NYTD Survey, for the FFY 2011 and FFY 2014 reveals a bright spot as well as several trouble spots:

- Financial mixed picture: the 2014 cohort reports a higher proportion either working or in training compared to the 2011 cohort, a bright spot, although the 2014 cohort of former foster youth is reporting a higher proportion receiving public food assistance compared to the 2011 cohort
- Education picture consistent: both cohorts report a similar high proportion either in school or having received a GED (high school diploma by examination), which is also a bright spot. The 2014 cohort had a lower proportion in school compared to the 2011 cohort, whereas the 2014 cohort had a higher proportion receiving a GED compared to the 2011 cohort.

- High Risk/Living Stability worsening: At baseline and among most of the sub-groups at follow up, the 2014 cohort has higher proportions of youth reporting high risk behaviors and living instability (substance abuse referrals, being incarcerated, having children, and experiencing homelessness) than the 2011 cohort.
- Connection to Adults worsening substantially: At baseline surveys, when the youth were 17 years old, high proportions of both the 2011 and 2014 cohorts reported having a significant/important connection to an adult in their lives. At follow up, however, there are stark differences between the 2014 and 2011 cohorts, wherein the 2014 cohort reports a dramatically lower proportion having an adult connection compared to the 2011 cohort.
- Health picture is aligning with the reality that all these youth are eligible for health care: at both baseline and at the first follow-up, the 2014 cohort demonstrates a much greater awareness about having health care compared to the 2011 cohort. The bright spot here is that this may mean that these youth may be more likely to seek the health care that they in fact do have, either on their own, or through Medicaid.

Maryland will continue to engage its stakeholders to review the statistics gleaned from this NYTD survey, in order to understand the magnitude of the issues facing young adults who are transitioning from foster care, and continue to improve the State's approach to supporting these youth so that they can be successful. The new Older Youth Specialist will be working with the federal Capacity Building Center to examine the status of transitioning youth in Maryland in order to improve the State's response in support of the transition they are making to young adulthood.

In its efforts to inform youth about NYTD, Maryland has dedicated a page on the mdconnectmylife.org website which provides youth information through three simple questions: What is NYTD? Why is it important? Why should I complete NYTD? The importance and results of NYTD will continue to be discussed at various times throughout the year with the State Youth Advisory Board (SYAB) members, with emphasis on the critical importance of receiving input from youth. Youth feedback provides essential understanding of the needs of youth leaving foster care, and points to child welfare service areas that can improve so that youth can have better outcomes.

At the SYAB meetings, youth are able to provide feedback on areas where services can improve. As areas of concern are identified, LDSS are provided feedback that they can use to improve the life skills classes and other training sessions. The data collected from the NYTD surveys are used to enhance the Ready By 21 services provided to all youth in foster care ages 14 and above. This initiative is a critically important initiative that Maryland is undertaking to assure that foster care youth who age out of foster care have the best preparation possible for the next steps in their young adult lives.

During the SYAB meeting, youth also play an important role in providing feedback to DHS on policy and practice. The feedback provided by the youth is high priority as DHS moves to change practice and policy to better serve the children and families of Maryland.

Plans for 2017-2018

Information, data and policies will be presented to the youth through the State Youth Advisory Board as well as local department youth boards to solicit feedback for:

- NYTD survey data will be presented to the youth and their feedback will be incorporated in the revisions to the Ready By 21 Manual as well as the other policies.
- Trainings that will be presented to caseworkers will be presented to the youth to determine any adjustments.
- Child and Family Services Review processes and feedback

Office of the Department of Human Services Secretary's Foster Youth Ombudsman

Another form of outreach that DHS implemented in 2016 is the new position of the Foster Youth Ombudsman. The Foster Youth Ombudsman will visit all Child Care Agencies, Local Department of Social Services and Life Skills Classes as a way to introduce the new position and how the position's services may be utilized by foster youth, LDSS staff and Child Care Provider Staff. This introduction will include the education around the eligibility around enhanced after care and independent after care services. The DHS helpline (1-800-332-6347) includes a direct referral for foster youth to the Foster Youth Ombudsman for assistance.

During the summer of 2016, the Foster Youth Ombudsman and SSA offered a 12-week Youth Ambassador Internship opportunity for a young person in Maryland's foster care system who was also a member of the SYAB. The Youth Ambassador intern was primarily responsible for the following:

- Contributing to the recruitment and marketing projects for the SYAB;
- Representing the SYAB during public events and speaking engagements throughout Maryland;
- Offering advice on a career assessment tool for young people in foster care;
- Coordinating and participating in visits to foster care placement agencies to raise awareness regarding (1) the rights of young people in foster care, (2) the ombudsman role, (3) transition services and resources available to young people in foster care, and (4) child welfare laws, policies, and regulations that affect young people in foster care; and
- Recommending policies, regulations, and legislation designed to improve services or to correct systemic problems concerning services to children and young people in foster care.

Plans for 2018

The addition of the Foster Youth Ombudsman has been integral in advocating for and supporting youth in Out-of-Home care. The Foster Youth Ombudsman participates with the State Youth Advisory Board as well as the implementation of Foster Youth Initiatives. An important role of the Foster Youth Ombudsman is to ensure Maryland's young people in foster care are aware of their rights.

- Toward this end, in partnership with the State Youth Advisory Board (SYAB), the Foster Youth Ombudsman is creating a Maryland Foster Care Rights video. To respect the value of the youth perspective, young people currently in foster care in Maryland will be featured in this video. In addition to highlighting key rights selected by the SYAB, the video will include a discussion by young people in foster care regarding rights in general and why they are important. The video will conclude with a brief interview with the Foster Youth Ombudsman regarding the ombudsman role and how to contact the ombudsman. The video will be filmed at various locations throughout Maryland, highlighting Maryland's geographical diversity. The projected completion date for the video is Fall of 2017. Once completed, the Foster Youth Ombudsman will use the video as an outreach tool regarding foster care rights and the ombudsman role.
- In addition, the Foster Youth Ombudsman will continue with outreach and addressing inquiries.

Employment
Summer Youth Program, Maryland's 24 jurisdictions
Maryland's 24 jurisdictions implement a summer youth employment program beginning at age 14 for foster youth.

Summer Youth Program, Department of Human Services
DHS also has piloted a summer youth program (six to eight weeks in the summer) with the Maryland State Legislature for a summer internship program for foster youth in most of the jurisdictions. Seventeen youth participated in 2014-2015 with one youth joining the State with a fulltime job. All youth who participated were able to gain valuable experience in their internship field of interest. This program will be implemented in 2018 through collaborative efforts with sister agencies.

Assessment and Recruitment Plan
The Social Services Administration, in coordination with DHS's Strategic Planning Office, is developing a recruitment and retention plan by implementing a process that includes a career assessment and aptitude test in SFY2017. The career assessment will identify opportunities and careers of interest that match the youth's interest and the aptitude test will identify whether or not the youth is academically able to handle the training to complete the curriculum or job training to successfully enter a career or job. If the youth is not academically ready, the LDSS can then put a plan in place to prepare the young person academically. DHS

selected Traitify Career Assessment as the statewide tool assist youth in exploring career interests. Baltimore City DSS hosted a statewide training to introduce the tool to caseworkers.

State Highway Administration Partnerships
DHS currently has partnerships with the State Highway Administration and Baltimore County Community College to develop a vocational program in diesel mechanic and construction for out-of-school youth (ages 18–24) connected with Maryland's foster care system and other underserved populations. The goal of the program is to provide young adults with on-the-job experience that will enhance their work ethic, work-based knowledge, and scholastic aptitude toward a certification in the diesel mechanical technician, computer-aided design, welding, and/or construction pre-apprenticeship career-based industries.

Lowe's
DHS continues to partner with Lowe's to offer both seasonal and full time employment opportunities to foster youth. The initiative has expanded to Southern Maryland to build upon the existing partnership in Prince George's County and will now include Calvert, St. Mary's, and Charles Counties.

Job Corp
DHS is partnering with the Job Corp program to develop and implement a process of recruitment, support and retention that ensures the foster youth have the best chance for success.

Workforce Development
DHS's young TANF and foster care populations, in addition to the Department of Labor and Licensing and Regulation youth workforce development programs, utilize the Hiring Agreement Program, a legislative mandate, to increase foster youth job placements and promote independence. The Hiring Agreement Program provides specific populations with first priority to State contracted jobs.

Social Security Administration
DHS is partnering with the Social Security Administration and the Baltimore County Department of Social Services for the Upskill Initiative. This opportunity will provide up to 12 foster youth with a six-week paid internship at the Social Security Administration. Baltimore Co. DSS is leading the opportunity and 12 youth will begin the internship in July 2017.

Maryland Department of Labor, Licensing, & Regulations: WIOA Youth Services and Partnerships Workgroup

Coordination of CFSP Services with Other Federal Programs
DHS worked collaboratively with the Maryland Department of Labor, Licensing, and Regulations (DLLR); subject-matter experts from other Maryland State Agencies, and local stakeholders to create a state-wide combined implementation plan for the Workforce Innovation and Opportunity Act (WIOA) which focuses on

enhancing systems capacities for provided direct services, resources, and human capital that are targeted towards the most vulnerable young adult populations; including youth in foster care, cross-over youth, and underserved/disconnected youth with unique challenges to employment. DHS/SSA is committed to creating a successful partnership that will benefit child welfare youth. The department experienced staffing transitions and is currently recruiting for the position that works closely with DLLR. DHS/SSA expects to be fully staffed and working to accomplish outcomes by the summer of 2017. The plan below remains unchanged from the last reporting period.

Plans for 2017-2018

The plan's primary focus is to design a workforce system that fosters the creation of a career pathway for all Marylanders. This career pathway system is comprised of rigorous and high-quality education, training, and other services that:

- Align with the skill needs of industries in the economy of the State or regional economy;
- Prepare an individual to be successful in any of a full range of secondary or postsecondary education options, including apprenticeships;
- Include counseling to support an individual in achieving the individual's education and career goals;
- Include, as appropriate, education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster;
- Organize education, training, and other services to meet the particular needs of an individual in a manner that accelerates the educational and career advancement of the individual to the extent practicable;
- Enable an individual to attain a secondary school diploma or its recognized equivalent, and at least one recognized post-secondary credential; and,
- Help an individual enter or advance within a specific occupation or occupational cluster.

A career pathway system ensures that Maryland's jobseekers are offered education and skills training along with the necessary credentials to meet industry demands. Recognizing the varying backgrounds of Maryland's jobseekers, a career pathway system provides participants with multiple entry points to accommodate varying education levels, and multiple exit points as the jobseeker obtains the necessary skill or credential.

To accomplish this, the statewide plan identifies specific standards that enable workforce programs to focus efforts on serving the person and not the performance measure. For the first time, Maryland's workforce system is required to combine purposefully the services to meet the special needs of vulnerable young adults. This means that DHS will be able to leverage a myriad of opportunities that the WIOA Partners will offer to strengthen the employment and training trajectories of youth in foster care in Maryland, specifically for out-of-school older youth (17–21 years old) in foster care. These youth will be among those targeted

populations listed under WIOA's "Priority of Service." DHS, in partnership with the 24 Local Departments of Social Services and the WIOA Partners, will implement a partnership using a phased-in approach that: identifies a vendor offering a comprehensive career assessment tool for state-wide administration to youth in foster care; makes direct service referrals to WIOA partners for youth with specific career interests and skills compatibility; monitors the progress of referred youth; provides cross training, technical assistance, and monitoring of the effectiveness of partnerships between WIOA Partner and LDSS; and creates measurement criteria to evaluate performance of WIOA partners.

The WIOA Youth Services and Partnership Workgroup was developed to identify "best practices" and effective strategies for enhance workforce development and career opportunities to support in-school and out-of-school youth. The workgroup focuses on designing an WIOA outlined framework and practice guide that supports an integrated service delivery system that address barriers/challenges facing this targeted population. These efforts will maintain the high-quality of career services, education and training, and supportive services that will enable youth to secure and sustain career-based employment. The core committee is composed of representatives from various public systems of care agencies such as the Maryland Department of Disabilities (DOD), Maryland Department of Juvenile Services (DJS), Maryland State Department of Education (MSDE), Maryland Department of Health & Mental Hygiene (DHMH), Division of Rehabilitative Services (DORS), and One Stop Career Center. The subcommittee will focus on three different areas: building system's capacity, enhancing services for youth with disabilities, and best practices for older youth/out-of-school youth. The subcommittee will comprise various community-based programs and stakeholders. The workgroup is expected to exist throughout the full first year of WIOA's implementation; however, it is the hope that moving forward this level of collaboration will continue.

Internal Workforce Development Workgroup
DHS has initiated an internal workforce development workgroup to promote and support the Maryland Workforce System Benchmarks of Success. The workgroup is a collaborative effort of the Family Investment Administration (FIA), Child Support Enforcement, Social Services Administration and the Office of Refugee Services. The workgroup will map out all of the workforce development programs facilitated by DHS. The workgroup will develop a department wide workforce development data dashboard.

Per the Action Transmittal from DHS/Family Investment Administration, "Through this collaborative effort, SSA has partnered with FIA to extend the Vehicles for Change Program to foster youth. On January 1, 2017, FIA entered into a one year grant agreement with Vehicles for Change (VFC). VFC will administer a statewide Transportation Assistance Program (TAP) to provide vehicles and related services to eligible former and current Temporary Cash Assistance (TCA) recipients, foster care youth between the ages of 18-21, and TCA-connected, non-custodial parents in order to obtain and maintain employment. The basic premise of TAP is to provide Maryland State inspected vehicles at a reasonable price to eligible customers who are employed or have a verified job offer and do not have reliable means of getting to and from work. TAP will provide low-

cost, used Maryland State inspected vehicles on a first-come, first-served basis. LDSS offices may in certain cases offset the customer cost for the vehicle through Welfare Avoidance Grants (WAGs)."

Overall Employment Plans for 2017-2018

- SSA has recently hired a new Independent Living Coordinator. This new hire will evaluate and reassess employment strategies for foster youth.
- The Independent Living Coordinator will develop rapport and relationships with community partners to explore more employment opportunities.

Family Unification Program

The Family Unification Program (FUP) provides resources necessary to prevent family separation and to prevent homelessness among aging-out youth. The FUP provides Housing Choice Vouchers (HCVs) to:
- Families for whom the lack of adequate housing is a primary factor in either:
    ○ The separation, or the threat of imminent separation of a child or children from their families to an out-of-home placement.
    ○ The delay in the discharge of the child or children to the family from an out-of-home placement.

There is no time limitation on FUP family vouchers. Youth are eligible for FUP if they are at least 18 years old and not more than 21 years old and left foster care at age 16 or older and lack adequate housing. FUP vouchers used by youth are limited, by statute, to 18 months of housing assistance. Families and youths may use the vouchers provided through FUP to lease decent, safe, and sanitary housing in the private housing market.

In addition to rental assistance, supportive services must be provided to FUP youths by the Local Department of Social Services (LDSS) for the entire 18 months in which the youth participates in the program. Examples of the skills targeted by these services include money management skills, job preparation, educational counseling, and proper nutrition and meal preparation. The program does not require LDSS to provide supportive services for families; however, LDSS make them available to families as well. Currently, 335 FUP vouchers are utilized throughout the State according to the following schedule:

Jurisdiction	# of FUP Vouchers Issued
Calvert County HA	25
Baltimore City HA	100
Prince George's County	60

Jurisdiction	# of FUP Vouchers Issued
Maryland DHCD (Allegany, Garrett, Frederick, Caroline, Dorchester, Kent, Somerset, Talbot, Wicomico and Worcester)	100
St. Mary's County HA	50
TOTAL	**335**

The Maryland Department of Housing and Community Development (DHCD) has had success with the FUP program in the past. However, it was recently decided to streamline the referral process (for the Maryland DHCD FUP vouchers) through the Department of Human Services (DHS) to ensure all of the Local Department of Social Services (LDSS) are receiving notification simultaneously when there is program availability. The new procedures also allows for the better tracking of FUP voucher usage and availability.

Plans for 2017-2018
DHS continues to collaborate with DHCD to identify other strategies to support transitional age youth. The New Futures Bridge Subsidy Program will provide eligible foster youth with up to 12 months of rental assistance. The participant portion of the rent is 30% of their income or $50.00, whichever is greater. A Housing Navigator will be assigned to each foster youth participant to assistant them with their housing needs throughout the 12-month program term. LDSS will also provide case management services to provide further supports to assist the youth to retain permanent housing. Furthermore, the New Futures Bridge Subsidy Program began accepting referrals July 2017.

Restoration Gardens II DHS established a Memorandum of Understanding (MOU) with French Development Company AIRS, Empire Homes of Maryland, Inc. to develop 42 studio units of Low Income Housing Tax Credit ("LIHTC") housing for Transition Aged Youth known as Restoration Gardens 2. The new transitional living program for homeless and foster youth remains on schedule and is expected to open December 2018. The studio apartments will rent for $800, but the residents will never pay more than 30% of their income. There will be 8 studio units set aside for transitional age foster youth.

SECTION XII: UPDATES TO TARGETED PLANS WITHIN THE 2015-2019 CFSP/ 2016 APSR

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

The revised Foster and Adoptive Parent Diligent Recruitment Plan may be found in Appendix V.

The updates and progress for the Foster and Adoptive Parent Diligent Recruitment Plan follow:

Accomplishments
The following accomplishments directly ties to the following Recruitment and Retention goals from the plan:

Goal #3, strategy #3, it is important for resource parents to be honored for what they do and be able to network with other resource parents across the state of Maryland.

- 26 Local Departments of Social Services resource parents were honored at the Towson Sheraton Hotel and presented with Governor Citations, Chick-fil-A gift cards, and Oriole baseball tickets as tokens of appreciation for their service.

Goal #3, strategy #3 , it is important for resource parents to have greater placement stability when they are equipped with the appropriate knowledge and skills needed to parent youth who have different challenging behaviors.

The conferences were held to equip resource parents with skills and appropriate knowledge. For the evaluation results, please see Item #35 of Appendix D.

- Fall 2016 Resource Parent Conference
- A total of 136 resource parents attended the conference held at the Conference Center of the Maritime Institute. This conference is mostly attended by resource parents from western Maryland. It is important to note that the Child Welfare Academy utilized a new Learning Management System which made the registration process for resource parents more user friendly. Conference topics included:
  - *Discipline: Finding Strengths in the Oddest Places*
  - *Medication and Child Mental Health Needs*
  - *Making the Most of Visitations*
  - *Creating Teachable Moments*
  - *Talking the Talk: Discussing Sexuality with your Children,*
  - *A Program for Parents,* Planned Parenthood of Maryland

- ○ *Attachment and Trauma: Helping Kids Heal Through*
- ○ *Reparative Relationships*
- ○ *Drugs: Identification and Effects*
- ○ *How Electronics Affect Children's Thinking, Feeling, and Behavior*
- ○ *Navigating the Challenges of the Educational System*
- ○ *Social Media Safety and Bullying*

These activities directly ties to goal #2, strategy 4 of the R&R plan: Resource parents were able to obtain CEU's at the conferences. During the planning session, resource parents were present and expressed their needs for availability of conferences and specific topics.
- Spring 2017 Resource Parent Conference
- The conference was held in March of 2017 at the Chesapeake College in Wye Mills, Maryland. A total of 121 resource parents were in attendance. Conference topics included:
  - ○ *Attachment: & Trauma: Helping Kids Heal Through Reparative Relationships*
  - ○ *If Behaviors Aren't Making Sense, Maybe It's Sensory*
  - ○ *Digital Media: The Impact on Children's Physical, Intellectual, Social, and Emotional Development*
  - ○ *Optimizing Psychiatric Medication Use in Children & Adolescents*
  - ○ *Children & Mental Health: A New Approach to Understanding the Needs of Children*
  - ○ *Realities of Renunciation*
  - ○ *Infant, Youth & Adult CPR*
  - ○ *Helping Substance Exposed Newborns to Cope*
  - ○ Suicide Awareness: "Keep Them Talking" Preparing Youth for a Successful Young Adulthood
  - ○ Infant, Youth & Adult CPR

Resource Home Data Updates
As the data in the Appendix AG reflects, the number of public foster homes placements increased and the number of private homes decreased. This was due to the local department recruitment efforts for public resource homes as well as the number of youth exiting care due to permanency.

Children of Color Updates
Montgomery County concentrated their recruitment efforts at faith based communities, Latino publications and newspaper ads, advertised ethnic recruiting incentive program, and had monthly announcements in printed, on-line, and social media outlets, thereby increasing their Hispanic resource parents by 7.
Prince George's County concentrated their recruitment efforts within their Latino community libraries and community centers, thereby increasing their resource parent Latino foster parents by 2 families.

LGBTQ Updates

As stated in the report, DHS has partnered with the University of Maryland School of Social Work and the Human Rights Campaign to roll out a statewide LGBTQ training which will also include both public and private resource parents. This training will be assessed for effectiveness after completion.

Legally Free Updates

See Data Appendix for information on number of legally free children on Adopt-us-Kids Data Exchange. As the data shows, more technical assistance is needed with the local departments to ensure that they are following the federal mandates regarding photo listing children on the exchange.

Transitional Aged Youth Updates

DHS has formed a Congregate Care and Transition Aged Youth Services workgroup which consists of partners from DHS/SSA, LDSS, advocacy groups, public and private providers, the Maryland Resource parent Association, The Maryland Department of Health (Behavioral Health Administration and DDA), The Department of Juvenile Services, DHS Office of Licensing and Monitoring, SSA Contracts Unit. The groups meet on a regular basis and are in the beginning stages of working on building in-state provider capacity, ensuring trauma informed and evidence based practices are instituted, clinical monitoring of youth, and appropriate assessment and treatment planning, as well as family and youth engagement.

Sibling Visitation Updates

The data shows there are challenges in this area. DHS/SSA will assess the data to determine if there is a data entry issue or systemic challenges.

Maryland Foster Home Board Rates Updates

As of State Fiscal Year 2017, Maryland Public Foster parents received a 2% Board Rate Increase. For Rates, see Appendix AG.

Reasonable and Prudent Parenting Update

As of March 2017, more than half of the local department resource parents completed the Reasonable and Prudent Parenting training.

Allegany County -100%	Charles County - 93%	Prince George's County - 100%
Anne Arundel County- 100%	Dorchester County - 100%	Queen Anne's County - 100%
Baltimore County - 100%	Frederick County - 100%	Somerset County - 100%

Baltimore City - 60%	Garrett County - 87%	St. Mary's County - 81%
Calvert County - 100%	Harford County - 98%	Talbot County- 100%
Caroline County - 98%	Howard County - 92%	Washington County - 63%
Carroll County - 100%	Kent County - 100%	Wicomico County - 69%
Cecil County - 77%	*Montgomery County - 74%	Worcester County - 95%

Certain counties do not have 100% participation for the following reasons:
- Training delayed due to home being sanctioned, will complete once home is in compliance.
- Resource parent's home was closed during the time period.
- Due to the county's size, they requested additional time to ensure all resource parents are trained.

Policies for Recruitment
- Maryland prohibits the discrimination towards the diversity of children. Resource parents are expected and encouraged to foster/adopt regardless of a child's sexual preference or racial background.
- Maryland contracts for private residential child care providers and prohibits the discrimination of employees (resource parents) or in accepting children.
- Maryland also prohibits against the discrimination of LGBTQ youth for public/private placements.

Updates:

Child Welfare Data was pulled from MD CHESSIE for the purpose of identifying the local department resource recruitment and retention needs across the state of Maryland:
- Number of children in care by racial ethnicity
- Number of resource homes (public and private)
- Number of older youth in care by age groupings
- Number of sibling placements
- Number of legally free children

After evaluation of the data, feedback from the Assistant Directors and the NRC technical assistance, the following goals were determined:

- Increase the number of resource parents in Maryland to meet the needs of the state. The needs of the state are determined by the data pulled in the following areas noted above.
- Increase certification rate of eligible resource applicants by 20%.
- Increase youth stability in public/private resource homes.
- Increase recruitment efforts for minority children in care.
- Strengthen the need for state technical assistance around targeted recruitment.

These goals have been added to the Recruitment and Retention Plan with assigned strategies as a part of Appendix AH, Goals.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Accomplishments/Progress

The Health Care Oversight and Coordination Plan was developed in order to encompass all of the required federal mandates. The plan lays out a pathway to continuously improve and ensure the quality of care of all children in Out-of-Home placement in Maryland.

Since the implementation of the Peer to Peer Program (The Peer to Peer Program conducts pre-authorization review for antipsychotic medication treatment for youth that receive Medicaid; more information may be found in The Health Care Oversight and Coordination Plan, Appendix G) and the Oversight of Psychotropic Medication Policy (Appendix H) there has been a decrease in the use of anti-psychotic medication for children in Out-of-Home Placement. (Please see Attachment 6 for data).

As part of a continuation to improve practices, DHS created two workgroups around health oversight. These workgroups will examine ways to expand the Peer to Peer program and also examine ways to identify barriers in the Local Department of Social Services' practice. These two work groups are a result of the implementation structure of SSA.

DHS worked diligently this year to rebuild partnerships with sister agencies and community partners such as DHMH and University of Maryland. DHS has also continued to solicit feedback from the Local Departments of Social Services as well as health care practitioners around the state in order to improve access to services statewide. Please see Goal 3, Strengthen the well-being for infants, children and youth in foster care for more detail around these efforts. With continued collaboration with other state agencies, DHS expects to continue to see a decrease in the use of psychotropic medication for foster youth. DHS is recruiting a new health care specialist to oversee this work. Currently, the position is vacant.

Psychotropic Medications

SSA continues to monitor the use of psychotropic medications prescribed to youth in foster care. SSA continues to have an Inter-Agency Agreement with the University of Maryland School of Pharmacy to oversee the use of psychotropics (See Appendix AF). 2016 data on mental health and pharmacy use – should be coming in early Fall 2016; it takes approximately 6 months for the fully adjudicated claims.

SSA also receives reports from the CRBC. In 2015 and 2016 the findings were consistent that approximately 37% of foster youth were prescribed a psychotropic medication. All Medicaid receiving youth in Maryland who are prescribed an anti-psychotic are monitored by state level child psychiatry. This program is known as the Peer to Peer Program, please see Appendix G.

SSA plans to continue to collaborate with the University of Maryland School of Pharmacy, Department of Health and Mental Hygiene, and community based services to ensure that foster children are receiving appropriate mental health services. SSA has created a work group, including the stakeholders and advocates around mental health services to explore expanding the Peer to Peer program.

DISASTER PLAN

DHS remains the State lead under the Maryland Emergency Preparedness Program (MEPP) for Emergency Support Function #6 – Mass Care and Emergency Assistance (ESF #6). MEMA plans to restructure and streamline their State Response Operations Plan and State Disaster Recovery Operations Plan by combining the lead agencies' roles and responsibilities into a single Consequence Management Operations Plan (CMOP). Currently, the Maryland Emergency Management Agency (MEMA) maintains two separate plans, and Emergency and Recovery Support Function (ESF & RSF) responsibilities are redundantly assigned for many lead agencies. Under the new structure, DHS will remain the lead for the 'State Coordinating Function: Social Services' for both emergency response and recovery operations in the State. The completion goal for the CMOP is June 2017. DHS was already actively involved in the leadership for Disaster Social Services Recovery through its participation during Federal Emergency Management Agency (FEMA) Individual Assistance Declarations, Supplemental Social Services Block Grants, and its participation in Voluntary Organizations Active in Disaster (VOAD) groups. The change in designation title as State lead for Disaster Social Services will not significantly change DHS's roles in disaster response or recovery operations.

DHS Central and the LDSS offices maintain COOP plans. The Office of Emergency Operations (OEO) remains the operational lead for the Department's emergency response efforts, including continuity planning (COOP), individual and mass repatriation, and twenty-four hour emergency response as required by the State Emergency Operations Plan. Within DHS, OEO reports through the DHS Division of Administrative Operations (DAO).

Emergency Preparedness and Shelter Operations trainings are still mandatory for all DHS employees and contractors. There is a high percentage of compliance, and most DHS workers have completed the trainings. OEO has increased training opportunities, and now have trainings in all of the following emergency response areas: Emergency Preparedness, Shelter Operations, Shelter Manager Training, Disaster Behavioral Mental Health, Community Emergency Relief Tracking System Training, Building an Emergency Financial First Aid Kit, Individuals & Households Program and Other Needs Assistance Training, Disaster Casework, Residential Damage Assessment, Continuity of Operations, Emergency Operations Center/Resource Request Response and Service Center Training. Some training is available to all DHS employees on the DHS Intranet. OEO continues to maintain The Community Emergency Relief Tracking System (CERTS) database, and regularly updates its capabilities.

DHS has retained capabilities in disaster people tracking for evacuations and mass casualty events, but changes to the previously employed software system, HC Standard, have led DHS to seek alternate options. HC Standard is a web-based application used for patient tracking during emergency events. Traditionally, HC Standard is used by Emergency Medical Services and hospitals to track patients following a mass causality event. OEO worked closely with the MD Institute for Emergency Medical Services Systems (MIEMSS) and the system vendor to expand the existing HC Standard application for family reunification purposes. The HC Standard system is still available to DHS for the time being, and DHS representatives are diligently working to gain access to a different system, the Chesapeake Regional Information Systems for our Patients (CRISP). The CRISP platform is similar to HC Standard for patient tracking. The databases are used in conjunction with a call center, and assist with tracking and reuniting people during disasters and emergencies. When the call center is open, the American Red Cross, National Center for Missing and Exploited Children, and the Maryland Department of Education are typically invited to send representatives, or to support virtually. The current reunification plan and associated training is being updated to reflect the new software system and processes.

Disasters or Emergency Response Activations Since the Last Reporting Period

There were multiple activations of the State Emergency Response Plan which were relevant to this report: The flood event in Ellicott City, the building explosion in Silver Spring, Fleet Week and Air Show in Baltimore, the I-95 multi-vehicle collision resulting from winter weather, and the 58th Presidential Inauguration.

July 2016 Flood Event

A torrential rainstorm impacted a portion of the State on July 30, 2016, causing severe flooding in Ellicott City, as well as other low-lying areas throughout Howard County, Baltimore County, and Baltimore City. Flood waters reached as high as restaurant awnings along Ellicott City's Main Street, sweeping cars down the road

into the Patapsco River and damaging numerous historic buildings, some severely. Two fatalities were reported due to the flood event.

Following the flood, DHS supported Howard County by providing support at the Disaster Assistance Center (DAC), which opened shortly after the event for impacted residents and business owners. The DAC served as a "one stop shop" of a variety of government and non-profit resources for those seeking assistance with the damages and losses incurred during the flood. DHS Office of Emergency Operations staff sat alongside the Howard County Department of Social Services at the DAC; while no disaster-specific financial assistance was available to impacted families, DHS and DSS personnel were able to connect eligible residents with Social Services assistance to meet flood-related needs. DHS also provided guidance and support in the formation of a long-term recovery committee, called the One Ellicott City Recovery Project. The committee is comprised of local government representatives, community-based organizations, as well as local business owners and residents. DHS continues to attend the One Ellicott City Recovery Project meetings and have provided disaster casework expertise to the committee. The local jurisdiction led all human services response efforts. The State response plan calls upon state resources to support local jurisdictions. The plan was enacted appropriately, and no after action items were noted for social services related to this event.

August 2016 Silver Spring Building Explosion

A natural gas explosion and fire occurred at a Montgomery County apartment community in the early hours of August 10, 2016, impacting two buildings in the complex. Over 30 residents were transported to local hospitals and seven perished due to the explosion and ensuing fire.

DHS assisted in initial coordination between Montgomery County officials and State agencies to secure housing for impacted residents through the Maryland Housing Assistance Program (MDHAP). The Local Department of Social Services was heavily involved in the response, through activation of Montgomery County's local Emergency Plan. DHS provided referral support at the request of Montgomery County. No other requests were made by the local jurisdiction. This was another example of State support being provided at the request of the local jurisdiction, per the current plan. No plan updates were necessary based on the response for this event.

October 2016 MD Fleet Week & Air Show Baltimore

The Maryland Fleet Week and Air Show Baltimore event spanned nearly 10 days in October 2016, with the main events taking place October 14–16, with the Baltimore Marathon occurring on Saturday, October 15. The main Fleet Week and Air Show events comprised of a performance by the Navy's Blue Angels, and the commissioning of a new US Destroyer, the USS Zumwalt.

DHS was activated to the State Emergency Operations Center (SEOC) to monitor the event, should an emergency trigger the need for Mass Care services. The DHS Emergency Command Center hotline was also activated for Family Reunification coordination in case an emergency occurred during the event, separating families and friends. The hotline phone number was not distributed to the public, but personnel were standing by in case the need arose. There were no requests made during this event. The reunification hotline coordination worked according to the current response and coordination plan. Coordination and communication flowed appropriately between the State Emergency Operations Center, the reunification hotline, the local jurisdiction and the State social services partner agencies. The roles and responsibilities currently delineated in the state plan were followed appropriately. There were no issues noted in the after action reporting.

December 2016 Winter Weather Activation

In the early morning hours of December 17, 2016, extreme winter weather impacted the state in the form of ice, snow, and freezing rain. Numerous collisions involving multiple vehicles occurred throughout the state on major highways, most notably, a 55-car pileup occurring on I-95 in Baltimore City. Fifteen patients were transported to Baltimore City hospitals, and two fatalities were reported as a result of this massive collision. DHS activated the Family Reunification hotline, housed in OEO's Emergency Command Center, at the request of the Baltimore City Office of Emergency Management (OEM) in response to the I-95 pileup. Four representatives reported to DHS Central to staff the hotline, and coordinated closely with the MD Institute for Emergency Medical Services Systems (MIEMSS) to obtain emergency room contact information at the receiving hospitals. The hotline phone number was advertised to the public at 12:30 PM through Baltimore City OEM. DHS's Mass Care/Human Services (ESF #6) partners were informed of the family reunification hotline activation. Many calls were received from the public. The current reunification plan and the associated just-in-time training were successful to run the operation. Several of the responders were new to mass care – reunification response, and they were able to successfully assist callers using the existing plans, processes and training. The purpose of the reunification hotline is to relieve stress from the 911 system and the first responders. The hotline was able to successfully provide accurate and timely information to the public.

January 2017 Presidential Inauguration

DHS was activated to the State Emergency Operations Center (SEOC) to monitor the 58th presidential inauguration on January 20, 2017. Throughout the planning process, which began September 2016, DHS participated in the Evacuation and Family Reunification workgroups led by the Washington, DC government. DHS assisted DC efforts by bringing together the numerous agencies and organizations providing Family Reunification support in Maryland's jurisdictional borders, ensuring consistent coordination of reunification services, had an emergency or mass evacuation from Washington, DC occurred. DHS Emergency Command

Center staff support was identified, but the Family Reunification hotline number was not dispersed to the public. If a mass evacuation of Washington, DC occurred, hotline activation would have consisted of collecting evacuee information from Maryland Mass Care and Evacuation centers, and providing the information to the Family Reunification lead agency in Washington, DC. It was noted in the after action report that an increase in reunification communication during an event would be beneficial. The reunification plan will be updated to address this concern.

Update for 2018

The State of Maryland Reunification Plan, originally signed in March 2013, is currently being updated as part of a series of meetings with Human Service partners focused on updating the service center plans, the Family Assistance Center Plan (annex to the State Mass Fatality Plan) and the State of Maryland Reunification Plan. After action reports, recent exercises, available training and recently developed subject matter expertise are all being considered in the plan updates. The meetings allow all stakeholders to provide critical input that contributes to the success of the plans.

Each activation of the State Emergency Response Plan led to successful and coordinated emergency responses from DHR. While most of the activations largely involved local efforts, OEO was prepared to provide resources to support local and state activities during each event. Following emergency activations, OEO strives to participate in after-action reviews hosted by MEMA. Successes, lessons learned, and corrective actions are discussed during after-action meetings, and any necessary revisions are made to respective emergency plans. DHS is currently completing maintenance updates to emergency response plans.

Maintenance Updates

The State Mass Care/Shelter Strategy was last signed and updated during 2014. The plan contains emergency response guidelines for multiple types of activations (including feeding, sheltering and evacuation plans.) It is reviewed and edited every few years. Most of the plan content remains accurate. The plan is under review, and will be updated to reflect the new titles the Maryland Emergency Management Agency has assigned to the response groups (Emergency Support Function #6 is changing to State Coordinating Function Social Services), and the new title of the Maryland Department of Human Services (formerly the Maryland Department of Human Resources.) Because there will not be significant changes to the roles and responsibilities delineated within the plan, these updates are being considered maintenance updates.

TRAINING PLAN

Please see the Appendix D, Systemic Factors, Items 26 and 27. For a list of training classes, please see Appendix W.

SECTION XIII: Statistical and Supporting Information

CHILD PROTECTIVE SERVICES WORKFORCE

Maryland's child welfare workforce which includes Child Protective Services workers is comprised of approximately 2,000 staff. There are nearly 1,200 child welfare caseworkers in the 24 local jurisdictions and over 200 supervisors. In 1998 Maryland's General Assembly passed legislation which required the Department of Human Services (DHS) 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 DHS 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.

Education/Qualifications
Child Protective Services (CPS) caseworkers as well as 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. As of January 1, 2017, Salaries for CPS caseworkers range from $34,390 to $65,827 based on years of experience and level of education. There are various caseworker positions which are listed in the Salary Ranges Table with the minimum education and years of experience requirements.

CPS Supervisors, as well as all Child Welfare Supervisors must have a Master's of Social Work degree and possess an advanced license to practice social work in the state of Maryland. Supervisors must have a minimum of three years of experience in child welfare or a related field. Supervisor salaries range from $44,017 to $75,012 depending on years of experience.

Recruitment and hiring of child welfare staff is completed at the local level. Job announcements are posted on the DHS Website as well as the Maryland Department of Budget and Management's Website. Job postings are also sent to the American Public Health Association (APHA) and National Association of Social Workers (NASW) for posting. All CPS staff members are required to have a minimum of a BA or BS from an accredited institution in order to qualify to be a CPS worker. Hiring preferences are for those applicants with a Master's of Social Work degree.

Once an employee is hired, the Department currently does not track if an employee earns a Master's degree after employment unless the employee applies for a position that requires a Master's degree or the years of experience. SSA issued a survey to the CPS workforce regarding demographics and education level. The survey results are reported in Appendix AA, Final Statewide CPS Demographics.

Table 30

CHILD PROTECTIVE SERVICES STAFF QUALIFICATIONS AND SALARY				
CLASSIFICATION	**EDUCATION**	**EXPERIENCE**	**SALARY RANGE AS OF 1/1/17**	
CPS CASEWORKERS				
CASEWORK SPECIALIST FAMILY SERVICES	Master's Degree in Social Work	None	$38,880.00	$61,691.00
FAMILY SERVICE CASEWORKER TRAINEE	BA in appropriate behavioral science	None	$34,390.00	$54,186.00
FAMILY SERVICES CASEWORKER I	BA in appropriate behavioral science	1 Year	$36,557.00	$57,808.00
FAMILY SERVICES CASEWORKER II	BA in appropriate behavioral science	2 Years	$38,880.00	$61,691.00
FAMILY SERVICES CASEWORKER III	BA in social work	3 Years	$41,358.00	$65,827.00
CPS SUPERVISORS				
FAMILY SERVICES CASEWORKER SUPERVISOR	Master's Degree in Social Work; plus license as Graduate, Certified or Certified Clinical Social Worker	3 Years	$44,017.00	$70,265.00
SOCIAL WORKER I FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	None	$41,358.00	$65,827.00
SOCIAL WORKER II FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	1 Year	$44,017.00	$70,265.00

CHILD PROTECTIVE SERVICES STAFF QUALIFICATIONS AND SALARY			
CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF 1/1/17
SOCIAL WORK SUPERVISOR FAMILY SERVICES	Master's Degree in Social Work plus license as Certified or Certified Clinical Social Worker	3 Years	$46,857.00 $75,012.00

As of May 2017, the current vacancy rate in child welfare is approximately 7.8%. Maryland has had challenges recruiting Child Welfare supervisors that possess a LCSW/LCSW-C and 18 months experience in the state of Maryland. There have not been challenges filling caseworker positions with qualified staff.

Training

New Child Welfare staff, including CPS employees is required to attend the pre-service training offered at the Child Welfare Academy and pass the competency exam administered to the pre-service training participants. The Pre-Service modules include:

● Module I Foundations of Practice
● Module II Engaging Families in the Process of Change to Promote Safety, Permanency and Well-Being
● Module III Conducting Family Centered Assessments
● Module IV Planning with the Family
● Module V Working Effectively with the Court
● Module VI Implementing Strategies for Achieving Safety, Permanency and Well-being

CPS staff as well as child welfare staff upon completion and passage of the Pre-Service Training must also complete these additional courses, with Introduction to CPS and Alternative Response specific courses for CPS staff.

● SOS: Assessing and Planning for Risk and Safety
● Introduction to CPS/In-Home Family Services/Out-of-Home Placement
● Alternative Response
● Trauma Informed Casework
● Family Centered Planning: Recipes for Success
● Impact of Maltreatment on Child Development
● Secondary Traumatic Stress
● Enhancing Your Credibility in Court
● A Journey to Remember: The Caseworker's Role on the Road to Recovery
● Intimate Partner Violence: Assessment, Dynamics and Intervention

No Annual training is currently required after the Pre-Service and Additional courses listed above are completed. CPS workers are eligible to participate in on-going training offered by the Child Welfare Academy. At this time, the attendees are not tracked by program area; e.g., CPS, In-Home, Out-of-Home. Other entities offer training in which staff may participate: Children's Alliance offers yearly training for CPS staff in specific categories related to child abuse and neglect. This training is generally free to staff. Additional training is available to staff through community based workshops. University of Maryland, School of Social Work offers some free workshops to the child welfare staff. In addition, staff may elect to take a workshop for which they would have to pay through the University of Maryland. National Association of Social Workers, Maryland Chapter offer workshops, as does Kennedy Krieger Institute, Department of Mental Health and Hygiene and others in Maryland which any worker can elect to enroll.

For more information on training, please see Appendix D, Systemic Factors, Items 26 and 27.

Licensing
Employees with a social work license are required to maintain a minimum of 40 Continuing Education Units (CEUs) in approved courses every two years in order to maintain their license in Maryland. This requirement is monitored by the Maryland Board of Social Work Examiners and locally by the Local Departments of Social Services' Human Resources unit or direct supervisors.

Maryland Caseload Standards
The standard CPS worker/CPS response ratio is 1:12. As of December 2016, the average CPS caseload was 1:8.4. During that same month, the supervisor/worker ratio averaged 1 supervisor to 5.0 workers. CPS supervisors do not carry a caseload. The staffing ratio standards for Maryland are set as follows:

- Investigations—1:12 (Count of Open CPS Responses—Investigative or Alternative Response)
- In-Home Services—1:12 (Count of Families Served)
- In-Home IFPS— 1:6 (Count of Families Served)
- Out-of-Home Services—1:15 (Count of Foster Children)
- ICPC—1:30 (Count of Home Studies)
- Referrals—1:122 (Count of Screening Referrals)
- Public Family Foster Homes - New Applications—1:14 (Count of New Applications)
- Public Family Foster Homes - Open Homes—1:36 (Count of Active Foster Homes)

JUVENILE JUSTICE TRANSFERS

The state of Maryland reviewed 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 services 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.

EDUCATION & TRAINING VOUCHER PROGRAM/TUITION WAIVER

The federal government makes available, through an amendment of the Chafee Foster Care Independence program, additional funds for post-secondary educational opportunities. This program is known as the Education Training Voucher (ETV) Program. Maryland's ETV program is administered by Foster Care to Success (FC2S) and provides eligible youth with up to $5,000.00 per federal fiscal year for college and vocational training for full time students. Part time students may be eligible for up to $2,500 annually.

Foster care youth are eligible for ETV if they are:

- A current foster/kinship care youth, voluntarily placed or committed to the state of Maryland;
- A youth adopted from foster care after the age of 16;
- A youth, who after the age of 16, entered into a guardianship placement from foster care; or
- A former foster care youth who left care at the age of 18 but is not yet 21.

Additionally, foster care youth must be:

- Age 18, 19, or 20 when completing an initial application for ETV;
- A high school graduate or a General Education Development (GED) recipient; and
- Accepted/enrolled at a college, university or accredited vocational school.

Participation in the ETV program is renewable until the youth's 23rd birthday provided the youth began receiving ETV prior to their 21st birthday. Youth must demonstrate that they are actively enrolled in a postsecondary program and maintain good standing with a minimum 2.0 GPA.

Progress /Accomplishments

DHS/SSA employs effective strategies to strengthen and expand access to the ETV program. Representatives from the state continue to attend Ready by 21 sponsored youth events sponsored by Baltimore City, Charles, St. Mary's, Prince George's and Calvert counties providing literature and technical support to youth and families on the benefits of the ETV program and how to access funds. DHS/SSA facilitated three (3) trainings for community partners and staff to heighten access to the ETV program. DHS/SSA also continues to utilize

the State Independent Living Coordinators meetings to engage the local Independent Living Coordinators to further advance the program. Moreover, DHS/SSA works cooperatively with FC2S to ensure that student applications for the program are processed and approved in a timely manner.

Maryland continues to ensure that funds for the Education and Training Voucher Program are available to eligible children in Out-of-Home Placement. In academic year 2015-2016, 248 eligible Maryland youth were funded. Three hundred and fourteen individuals did not meet program eligibility criteria or were ruled ineligible by the State, and did not receive funding. These applicants included those who were not in foster care, did not attend school or were not making progress, first-time applicants over the age of 21, and previous recipients who are older than 23 years of age.

The total amount of funds awarded and disbursed as of June 2016 was $490,817.50. Ninety eight (98) recipients received ETV funding for the first time and 150 recipients were returning students who were funded in previous years. (Appendix AB)   Additionally, FC2S provided $17,750 in private scholarship funding to Maryland students. FC2S is premised on engagement and providing support services to youth in receipt of ETV funding. The following are the student support services offered during the 2015-2016 school year:

Care Packages: Students were sent care packages in the fall, in February, and in early May. Each box was themed and sent to students who actively participated in the ETV Program. The care packages contained school supplies, toiletries, gift cards and healthy treats.

Academic Success Program (ASP): ASP provides age-appropriate information to students who are in different academic and social stages of young adulthood. First-year students need basic information and encouragement, while upperclassmen need to focus on academic progression. All students are enrolled in ASP once they are funded. Students who are pregnant and parenting receive more intensive ASP support with phone calls that focus on helping them realistically plan on how giving birth and/or parenting affects their post-secondary plans.

Financial Literacy, Budgeting and School Choice: Prior to being funded, each MD ETV student must have a meeting with their Maryland ETV coordinator to discuss financial aid and classes. In conversations with students, FC2S recognized that many youth are financially "illiterate" requiring communication throughout the year. Maryland ETV coordinators use scheduling software to reserve 15 to 20 minute blocks of time throughout the year to teach money awareness and budgeting skills. Furthermore, FC2S helps students develop budgets based on each semester's combined funding, and explains how MD ETV students can pay for school without incurring excessive debt.

Mentoring/Coaching: MD ETV students who have good communication skills and reliable means of communicating (telephone, internet, etc.) are offered a mentor who makes a one-year commitment to the

student. These well-trained and supported volunteers communicate with the student throughout the school year, at least two times a week, via phone calls and text messaging, email, and Facebook. This is a strategic coaching model, designed to meet the individual student's academic and social/emotional development needs. Mentors encourage and offer guidance on issues such as: communicating with instructors, graduation requirements, career planning and employment skills and etiquette.

Senior Year Coaching: All MD ETV students who met the expanded criteria were recruited for this coaching program, which was developed to match students who will be looking for a job after graduation with a professional coach who is either a certified life/career coach or a Human Resources (HR) professional. The goal of this program is to encourage students to plan ahead, avail themselves of opportunities, and identify gaps or weaknesses in their resume before they graduate.

Coaches encourage students to focus on tangibles and tasks such as:

- Making an appointment with advisors on campus to do a degree audit,
- Identifying internships, fellowships and student abroad opportunities early,
- Understanding how volunteer work or part-time employment should be presented on a resume,
- Developing a plan to collect and keep important documentation such as letters of reference, and
- Identifying opportunities to work on projects with a professor or in the community on a report or publication.

Planned for 2017-2018
The State will continue to collaborate and strategize with FC2S to identify barriers and examine promising practices for increasing college access and completion among foster youth. In particular, the State will work with FC2S in hopes of developing a committee/workgroup comprised of MD ETV students that can brainstorm how to improve college access and completion, going beyond academic supports to include social and emotional skills. In return, this committee/workgroup will be charged with the responsibility of identifying additional supportive services to have positive effects on participating students.

The State will continue to work with FC2S to further expand data collection with respect to post-graduation career-related outcomes. In addition to providing outcomes for foster youth, this information will be helpful in terms of informing the discussion about the value of higher education and its impact on the child welfare system.

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MARYLAND STATE TUITION WAIVER

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Maryland provides the Tuition Waiver for Foster Care Recipients to support current and former foster care youth achieve educational and economic success by attending a Maryland public institution of higher education. The waiver can be accessed by eligible current and former foster youth enrolled in an academic or

vocational program for an associate, bachelor's degree or vocational certificate at a Maryland public college or university. The waiver is applied to the cost of tuition and registration, as well as all required enrollment fees. Scholarships and grants that the youth receives may not be used to pay for these costs. In order to be eligible for the Maryland Tuition Waiver for Foster Care Recipients program, a youth must have:

1. Been placed in Out-of-Home Placement by the Maryland Department of Human Services; and
2. Resided in an Out-of-Home Placement in Maryland on the individual's 18th birthday; or
3. Resided in an Out-of-Home Placement in Maryland on the individual's 13th birthday and was placed into guardianship or adopted out of an Out-of-Home Placement after the individuals 13th birthday; or
4. Been the younger sibling of a child who meets the qualifications stated either in 1 or 2 and was placed into guardianship or adopted concurrently out of Out-of-Home Placement by the same guardianship or adoptive family; or
5. Resided in an Out-of-Home Placement in Maryland for at least one (1) year on or after the individuals 13th birthday and returned to live with the individual's parents after the Out-of-Home Placement ended.

During the 2014-2015 academic year, 217 individual students received the Maryland State Tuition Waiver, an increase of 104.71% from the previous academic year. Black/African Americans represented approximately 64.5% of the tuition waiver recipients, approximately 140 individual students. Below are tables highlighting demographic data with respect to the tuition waiver recipients. The 2015-2016 report will be available in September 2017.

2014-2015 Academic Year Gender of Recipients		
	Count	Percent
Female	140	64.5%
Male	77	35.5%
Total	*217*	*100%*
Race/Ethnicity of Recipients		
American Indian or Alaska Native and Black or African American	5	2.3%
Asian	4	1.8%
Black or African American	140	64.5%
Two or more races	7	3.2%
Native Hawaiian or Other Pacific Islander	1	0.5%
Unknown	5	2.3%
White	55	25.3%
Total	*217*	*100.0 %*

Maryland remains committed to developing partnerships across the State to achieve best outcomes for current and former foster youth. Sharing knowledge and experience with Local Departments of Social Services and Maryland state public colleges and universities ensures that all eligible incoming students are provided the *Certification of Eligibility for Maryland Tuition Waiver for Foster Care Recipients Verification* upon request. An additional key collaborative relationship between Maryland and the Maryland Higher Education Commission (MHEC) includes data collection and analysis with respect to the utilization of the tuition waiver.

Collaborative work between DHS and the LDSS has resulted in the development of strategies and interventions to increase youth participation in the Maryland Tuition Waiver for Foster Care Recipients and the Education and Training Voucher (ETV) programs. The LDSS strategies and interventions include: college tours to enhance youth interest in post-secondary education, technical assistance with college and scholarship applications, development of the Education Stability for Foster Care Children and Youth online training, life skills classes and informational workshops that explore post-secondary educational and employment opportunities.

Additionally, to further collaboration, Maryland employs Independent Living Coordinators (ILC) in each of the 24 LDSS to assist in addressing the educational needs of youth. Maryland maintains monthly meetings with ILC's, reviewing key action items from previous meetings and time is allotted on every agenda to discuss education and/or conduct training on any changes in policy.

Highlights

The ILC's continue to ensure that foster youth receive early exposure to and preparation for college as reflected by ongoing agency sponsored college tours and educational seminars. These tours and seminars are held in partnership with Cecil College, Bowie State University, Baltimore City Community College, Morgan State, Towson University, University of Maryland Eastern Shore, Community College of Baltimore County and Prince George's Community College to: ensure connectivity, provide information, discuss progression of the college application process, meet with current students and personnel, and provide helpful tips on transitioning successfully to college. The Prince George's County Department of Social Services (PGCDSS) held a three day event (2/2/2017, 2/9/2017, 2/11/2017) at Bowie State University, called "Bowie at A Glance." The event allowed Prince George's youth to attend a class, meet with students, and attend a campus event. Fifteen (15) of the youth that attended the "Bowie at A Glance" event are now considering attending Bowie State University and now have connections to staff and student mentors at the school.

Another area of promise is highlighted by Cecil County Department of Social Services increased efforts to actively engage youth in pursuit of their postsecondary educational goals. During the 2015-2016 academic year, the Cecil County Department of Social Services partnered with Cecil College and Eckered Kids to enhance interest in postsecondary education. These partnerships have provided foster youth with an early

focus on college readiness (i.e., the skills, and mindset needed to successfully participate in college-level courses) as well as approaching and beginning the college application process. In these ways, Cecil County Department of Social Services staff can help foster youth identify postsecondary goals earlier on and encourage foster youth to take concrete steps towards those goals.

Maryland Higher Education Commission (MHEC)

DHS/SSA in collaboration with the 24 LDSS developed the 2016-2017 Maryland Tuition Waiver for Foster Care Recipients lists of eligible youth. The comprehensive lists were developed in June 2016 and December 2016 and transmitted to the Maryland Higher Education Commission (MHEC) for further vetting. MHEC then distributed the lists to the financial aid offices at all Maryland public colleges and universities in an effort to increase access and participation in the tuition waiver program. Additionally, DHS/SSA consulted with MHEC to ensure the expanded eligibility criteria set forth in House Bill 1288 and House Bill 400 were reflected in updated policy and website content.

DHS/SSA will continue collaborating with MHEC to ensure the expanded eligibility requirements for the tuition waiver are understood by LDSS staff, foster youth, resource parents, private placement providers, colleges and universities across Maryland; thereby, potentially increasing the total number of foster youth enrolled in higher education across Maryland.

Out-of-Home Education Committee (OHEC)

The status of the collaborative Out-of-Home Education Committee (OHEC) remains in flux at this time. DHS/SSA is moving forward by reassessing the purpose and agenda of a reconstituted membership as many of the functions previously addressed by OHEC, such as legislative issues, have been assumed by other committees and workgroups. DHS/SSA expects to solicit participation in committee membership in the coming year. The committee will likely continue to be comprised of representatives from DHS, Department of Juvenile Services (DJS) and the Maryland Department of Education (MSDE) to address legislative matters. Once OHEC is reconstituted, the committee will likely devote its focus on completing revisions to the Maryland Education Handbook and to develop training materials to highlight changes in state educational policy as amended by the Every Student Succeeds Act (ESSA) which will go into effect by December 10, 2017. OHEC had previously committed to meeting quarterly to complete these tasks.

Special Education Advisory Committee (SESAC)

DHS has reestablished its participation in the Special Education Advisory Committee (SESAC). DHS/SSA actively represents and participates on the committee. SESAC is established in accordance with the provisions of the Individuals with Disabilities Education Act (IDEA). The mission of SESAC is to advise and assist the Maryland State Department of Education, Division of Special Education/ Early Intervention Services Administration in administering, promoting, planning, coordinating and improving the delivery of special

education and related services and to assure that all children with disabilities 3-21 years of age, and their families have access to appropriate education and related services.

Education Behavioral Health Community of Practice (CoP)

DHS resumed participation in the Education Behavioral Health Community of Practice (CoP). The Community of Practice is a collaborative initiative that utilizes a family-school-community shared agenda to further promote awareness of behavioral health issues in Maryland's schools. Additionally, the CoP serves as the State Advisory Committee for the Advancing Wellness and Resilience Education (AWARE) grant program that expands the capacity of state education agencies (SEA) and local education agencies (LEA) to:

- Increase awareness of mental health issues among school-age youth
- Train school personnel and other adults who interact with school-age youth so they can detect and respond to mental health issues
- Connect children, youth, and families who may experience behavioral health issues with appropriate services

DHS/SSA presented Planning for Transitional Aged Youth in Foster Care at the 16th Annual School Health Interdisciplinary Program (SHIP) conference on August 3-5, 2016. The presentation entitled Education Needs of Youth in Foster Care focused on educational related services available to youth in foster care, while providing useful information and strategies to enhance engagement of students who are in foster care. Attendees were also afforded the opportunity to explore policy and best practices, with a focus on educational stability through a youth-centered, strength-based lens.

Implementation Supports

In 2016, the DHS/SSA Education Specialist facilitated four (4) trainings on education services for foster youth and Education Stability at Pressley Ridge on May 19, 2016, Board of Child Care on May 25, 2016, Children's Guild School on June 16, 2016 and Foundations for Home and Community on June 23, 2016. The trainings were sponsored by DHS/SSA with stakeholders, state and community providers in attendance. These trainings highlighted the importance of education as a means of improving outcomes for youth in care.

On April 6, 2017, DHS/SSA sponsored, the MID-Shore Training: "Understanding the Special Education Process." This well-received training was a collaborative effort involving Disability Rights Maryland (DRM) (formerly Maryland Disability Law Center) focusing on the special challenges faced in delivering services to students with disabilities. There were approximately 11 attendees from the Mid-Shore region. The training highlighted special education and related services available to children with disabilities from birth through the end of the school year in which they turn age 21. Participants were afforded the opportunity to review an Individualized Education Program and a 504 plan, to better understand the differences and similarities both plans offer with respect to protecting students with disabilities. Furthermore, the training provided an opportunity for LDSS staff to address various issues related to assisting foster youth that qualify for special education and related services.

INTER-COUNTRY ADOPTIONS

Maryland does not provide any specific programs targeted to children adopted from other countries. At this time, any family can access the In-Home Services continuum for supportive services as these services are provided without regard to the family structure. If these children enter care, they receive the same services as those provided to children born in this country, aimed at reunifying the family as soon as possible.

Beginning July 1, 2015, Maryland implemented a tracking system that identifies children who were adopted from other countries and entered into state custody as a result of the disruption of a placement for adoption or the dissolution of adoption. This tracking system also included information on the agencies who handled the placement or the adoption, plans for the child, and the reasons for the disruption or dissolution of the adoption. Each LDSS is responsible for tracking and reporting the number of children who were adopted from other countries and who have entered into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution.

These reports are submitted on quarterly basis for FFY 2016:

- October 1, 2015 - December 31, 2015: 1 case reported: Agency: *America World Reason for Disruption: Parent initiated Voluntary Placement for assistance, child transitioned to a Child In Need of Assistance (CINA). Plan: Reunification.*
- January 1, 2016 - March 31, 2016 ·   0 cases reported
- April 1, 2016-June 30, 2016: 1 case reported Agency: *Bethany Christian Services Reason for Disruption: Child's behavior and intense needs. Plan: Reunification.*
- July 1, 2016-September 30, 2016:   0 cases reported

MONTHLY CASEWORKER VISIT DATA

LDSS 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.

Policy Directive #12-7, Caseworker Visitation with Child, provides a detailed outline of the standards for the communication and information gathered during the monthly face-to-face visit. See more:

http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2016-03%20Caseworker%20Visitation%20with%20Child.pdf

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's performance in documenting caseworker visitation continues to surpass the FFY2015 targets. Maryland uses a monthly data report to help the LDSS 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. The FFY2017 data will be submitted December 15, 2017. The performance for partial year FFY 2017 from October 2016 - March 2017 for Caseworker visits is 96.7 % vs. the goal of 95%; the performance for partial year FFY 2017 from October 2016 - March 2017 for Caseworker Visits in the Home is 77% vs. the goal of 50%.

Table 31

Caseworker Visits Goals and Maryland Performance		
FFY	**2015**	**2016**
Goal	**50%**	**50%**
Result	**75.4%**	**76.5%**
Data Source: MD CHESSIE		

Policy
In July 2016, the Department distributed a policy directive delineating the new federal requirements for caseworker visitation funds. Each LDSS was required to submit a caseworker visitation plan for the period July 1, 2016 – June 30, 2017 to ensure the guidelines are met and are also required to submit quarterly reports that state how the funds were spent. The plans are approved by Central staff.

Utilizing Funds
The LDSS are utilizing the caseworker visitation funds in various ways 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. Various trainings are offered by several local departments across the State utilizing the Caseworker Visitation funds. These trainings are separate from the

training offered by the Child Welfare Academy. Examples of trainings include enhancing skill building for assessing risk and safety; cultural diversity training; resiliency and best practices for working with Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) youth; and compassion fatigue and vicarious trauma. In addition, local departments have purchased high quality digital recording equipment that is used to record caseworker visits for later review between caseworker and supervisor. This technology allows the supervisor to provide actual performance feedback to caseworker. Other technology has also been purchased to make it easier to assist the youth and families with resources and services while on visits and to communicate with foster youth, birth parents and foster and adoptive parents. This technology includes but is not limited to the purchase of tablets and smart phones and paying for the data and fees.

Finally, several employee recognition events or retreats are being held in various local departments to reward outstanding achievement and dedication of caseworkers. Also, local departments have provided support to social work staff with retention activities that include self care components.

SECTION XIV: CARE COORDINATION ORGANIZATIONS

In 2012, the Department of Health and Mental Hygiene, to capitalize on the success of the federally funded Demonstration Waiver, began to develop a plan to offer services to a similar population of children and youth through a 1915(i) Medicaid State Plan amendment that would offer targeted case management and community-based services. The service mix in the 1915(i) State Plan Amendment is similar to the initial Demonstration Waiver, but has been refined and enriched, based on lessons learned from the process of implementing the original project.

The financial eligibility criteria for the 1915(i) State Plan Amendment restricts eligibility to 150% of the Federal Poverty Level while the previous Demonstration Waiver permitted the State to serve virtually any young person in Maryland based solely on the youth's clinical need and a number of slots approved by the State. For those who are under 150% of the Federal Poverty Level, the program is an entitlement and there is no cap on the number of youth that can be served. In addition to the full range of Medicaid somatic and behavioral health benefits available to all Medicaid-eligible individuals, children and youth authorized for the 1915(i) State Plan Amendment have access to a number of additional specialized services if they meet applicable financial and medical necessity criteria.

The development of the 1915(i) State Plan Amendment led the Department to apply for a second state plan amendment that would create a new Mental Health Targeted Case Management service specifically designed to address the needs of children and youth. Previously, youth were provided case management services through a program and network of providers that also served adults. This new program would operate separately from the existing Targeted Case Management program. Participants previously receiving Targeted Case Management services continued to do so under the new program. In addition to creating a program

designed specifically for children and youth, an additional level of care for those with the most intensive needs was created in Targeted Case Management that provided clients with additional supports. Approval from the Centers for Medicare and Medicaid Services for both state plan amendments was obtained, effective October 1, 2014.

This revamped Targeted Case Management program serves youth in the community through jurisdiction or regional based providers that deliver care coordination across three levels of intensity using the principles of Wraparound service delivery. Targeted Case Management is Medicaid reimbursed intensive services that work with individuals requiring mental health services to identify goals for the plan of care, provide linkage to services, monitor service provision, and help the client advocate on their own behalf. Between January 1, 2015 and June 30, 2016, 1,206 youth have been served in Targeted Case Management.

On August 1, 2016, the Department of Health and Mental Hygiene launched a new program called Targeted Case Management Plus (TCM Plus). This new program provides peer-to-peer/family support and customized goods and services (similar in nature to the discretionary funds that were available to youth served by the Care Management Entity) for up to 250 youth. Additionally, these same services, as well as care coordination, are available to 50 youth who do not have Medicaid (e.g., youth with private insurance).

TCM Plus is offered through the existing Targeted Case Management provider structure. Eligibility for TCM Plus is consistent with the eligibility criteria for the SAFETY Initiative population that was previously served by the Care Management Entity and is available on an on-going basis, Statewide, to 300 youth. This is in line with historic utilization of the Care Management Entity.

GRANTS AND INITIATIVES WITH DHS INVOLVEMENT

Table 32

Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
1915(i) Home and Community State Plan Amendment	Medicaid Title XIX	Approved 10/1/2014	FFY16: $5 million	Allows youth who meet specific financial criteria and are ages zero to 22 with serious behavioral health problems access to the full range of Medicaid services and intensive care coordination using Wraparound
Child Sex Trafficking	ACF	2014-2019	$1,250,000	ACF Grant to build internal capacity for addressing the issue

Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
Victims Initiative			annually	of sex trafficking within the child welfare population. This initiative will spearhead efforts to develop a cohesive training plan for DHS staff, develop a screening tool to better identify trafficked and exploited youth, and build infrastructure capacity between state and local child welfare agencies and victim services providers to ensure that children and adolescents who have been trafficked or are at-risk for being trafficked have access to an array of comprehensive, high-quality services.
LIFT	SAMHSA	10/1/12 – 9/29/16	FFY16: $997,547	System of Care expansion grant that allows Baltimore County youth with serious emotional disturbance to access wraparound services
LINKs (The Multi-agency data collaborative at the University of Maryland)	University of Maryland, School of Social Work and the Annie E. Casey Foundation	7/1/2014 - 6/30/2016	approximately $60,000 annually	Linking Information to eNhance Knowledge (LINKS) is a multi-agency data collaborative that aims to facilitate comprehensive, data-driven, evidence-based decision making in Maryland through the use of a linked data system. LINKs is designed to meet the demand from stakeholders at all levels (local, state, and federal) for quality, up-to-date, longitudinal data and information related to overall program

Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
				efficiency and effectiveness in serving the children, youth, and families of Maryland.
Project LAUNCH	SAMHSA	10/1/12 – 9/30/17	FFY15: Approx. $800,000	Demonstration grant to improve health and well-being among children ages zero to eight in Baltimore City
TCM Plus	DHMH/BHA	Aug 1, 2016 - Present	$4,400,00 annually	Serves youth with behavioral health needs in a care coordination organization and provides family peer support and customized goods and services.
Thrive@25	ACF	9/30/15 – 9/29/18	Total: $668,000 (approx.) annually	Implementation grant to prevent and end homelessness among youth involved with the child welfare system and with child welfare histories on Maryland's Mid-Shore.
Youth REACH MD	MD Dept of Housing & Community Development	9/30/14-9/30/17	$200,000 (est.) annually	Demonstration project to identify and enumerate unaccompanied & homeless youth and young adults in six areas of the state

Maryland Family Network
CBCAP, Title II of IV-B Report to Department of Human Services

May 2016—April 2017
Background
Maryland Family Network (MFN), an independent nonprofit organization is Maryland's lead agency for the Community-Based Child Abuse and Prevention (CBCAP) program. The organization's mission is to ensure that young children and their families have the resources to succeed. 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. This network was created by the state of Maryland and private partners to serve as a front-end prevention system in response to the State's skyrocketing reports of child abuse and neglect and resulting from foster care placements, its high teenage pregnancy rate, and growing recognition of the relationships between adolescent parenting and long-term welfare dependency, limited success in education and job attainment; and negative outcomes for children of teenagers.

MFN acts as liaison, partner and advocate with state agencies, most notably the Maryland Department of Human Services through participation on such decision-making state-sponsored bodies as the Maryland Family and Children's Services Advisory Board, the Maryland IV-E Waiver Advisory Council, the Maryland Caregivers Support Coordinating Council, DHS's Lifespan Respite Care Project, and the Partnership to End Childhood Hunger in Maryland. Other statewide advocacy groups include the State Council on Child Abuse and Neglect (SCCAN), the State Advisory Council for Early Childhood Education and Care; the Head Start State Collaboration Project; and the State Interagency Coordinating Council for Individuals with Disabilities Education Act (IDEA) Part C.

Accomplishments
May 2016– April 2017

Goal 1: Improve the Safety For All Infants, Children, and Youth

Family Support Centers (26 centers statewide): Family Support Centers (FSCs) are community-based programs that provide free services to parents with young children birth through age three to help them raise healthy children and build productive futures. Located in 26 Maryland neighborhoods marked by high numbers of pregnant and parenting adolescents, families with low incomes, low birth weight babies, high Centers provide comprehensive, preventive services to pregnant women and young families with children under age four, together. These among other factors are known to put children at risk for child maltreatment. Prevention services delivered to over 5,250 individuals/2,500 families common to all 26 programs included: parent education and respite, infant/toddler programs, self-sufficiency programs, home visiting, service coordination, health education, parent involvement, and resource development.
Seven specific outcomes have been identified for the Centers: 1) children are immunized on time, 2) children meet age-appropriate developmental milestones, or are linked with appropriate services, 3) parents develop good parenting skills, 4) parents advocate for services and assistance that will benefit their families and

negotiate the service system to obtain needed services, 5) adults increase educational attainment levels, 6) adults move toward self-sufficiency, and 7) adults plan and space subsequent pregnancies.

In SFY 2016, 89% of all children participating were fully immunized; 92% of all children received at least one developmental screening using the *Ages and Stages Questionnaire,* compared to 31% (national figure, 2011/13 for children age 10 months to five years). All children were at or above the expected level of performance on each of the measures. Eighty-three percent (83%) of all families attending regularly developed Family Partnership Agreements; 62% of families made progress on their personal goals that were established through the formal Family Partnership Agreement process. In SFY 2016, over 800 participants took part in adult education services at FSCs including ABE, GED, ESOL, Alternative High School, and the External Diploma Program. Over 620 parents completed Employability Services including Career Counseling, Computer Literacy, Job Readiness and Development, and Job Training/Work Experience/Skill Development.

Included in Maryland's Family Support Center network are Early Head Start programs serving 747 pregnant women, infants and toddlers, and their families through a combination of center- and home-based services located in six Maryland jurisdictions. EHS Child Care Partnership projects are providing expanded child care services for infants and toddlers in these same communities, one of which is a facility in West Baltimore City serving homeless families and their children.

Maryland Child Care Resource Network (MCCRN) (12 centers statewide): MFN established and coordinates the operation of Child Care Resource Centers (CCRCs) that provide training and technical assistance each year to over 25,000 child care professionals. MCCRN is the largest provider of training for the child care community in Maryland, offering training directly to child care providers and also to those who are trainers. Training services enhance the quality of care when the child care providers participate in high-quality professional development and training opportunities. Each Child Care Resource Center provides training and professional development opportunities to child care providers, through workshops, series training, conferences, and professional development institutes.

LOCATE: Child Care: This free telephone service offers parents an opportunity to speak with a referral specialist about specific child care needs. Through a statewide database service housed at MFN, 3,500 parents consulted Locate this year seeking child care for about 5,000 children. LOCATE: Child Care counsels parents on locating and selecting licensed, quality child care best suited to their needs, preferences and ability to pay. Parents can ask questions about how to identify quality child care in their communities or near their work. In total, during SFY 2016 over 11,000 parents visited *marylandfamilynetwork.org* to conduct 47,500 searches for child care and after-school activities. LOCATE's Special Needs Enhanced Services assisted approximately 600 parents looking for high quality, inclusive education and care for children with a range of special health care needs.

Public Policy & Advocacy: MFN is the leading public policy advocate in Maryland working to create a system of high quality supports that benefit all young children in Maryland and their families and neighborhoods. MFN is a strong voice for children in the General Assembly and in dealings with State, local, and federal agencies.

MFN's commitment to expanding public pre-K, particularly within a model that promotes partnerships with high-quality child care programs, continued in the form of HB 668 / SB 584, "Preschool Development Grants – Expansion Grants – Required State Funding." This legislation requires the Governor to include in his FY 2018 and FY 2019 budgets the matching funds required to meet provisions of Maryland's federal Preschool Development Grant, awarded in December 2014. The first two years of this $60 million, four-year grant have already been secured, in large part due the annual allocation of $4.3 million in State funds required by Maryland's "Prekindergarten Expansion Act of 2014," which MFN proudly championed. Years 3 and 4 of the federal grant, however, require the State to allocate an additional $3.7 million and $7.4 million, respectively, to pull down the remaining $30 million ($15 million per year) in federal funds. MFN hoped that the Governor would already have signaled his intention to meet the grant provisions, but that has not been the case, and because the bill entails a spending "mandate," it may be subject to veto. MFN's advocacy for this legislation will continue into the bill-signing period. And given the release of final pre-K recommendations (expected later this year) that will be part of the State's education adequacy re-evaluation, much work on pre-K funding can be expected in upcoming years.

A second piece of pre-K legislation—HB 1095/SB 369, "Education – Prekindergarten Programs – Notification of Eligibility by Local Departments of Social Services"—requires local health departments and departments of social services to inform their low-income clients with children approaching age four that they may be eligible for free public pre-K. The departments must provide direct contact information for local school authorities and report back to the General Assembly on the results of their outreach. Although this bill struck a low profile, that is perhaps deceptive. As Maryland moves to make pre-K accessible to a wider socio-economic range of families, this bill will help ensure that the State maximizes participation by the low-income families who are already eligible—and whose children stand the most to gain from high quality early education.

Illegal child care poses serious threats to the health, safety, and development of young children. Between 2010 and 2014, at least 13 Maryland children died in illegal child care programs, and over that same period, the number of illegal care complaints increased from 265 to 330. With staunch support from longtime ally Sen. Nancy King (Montgomery County, District 39), MFN spearheaded successful legislation—HB329 / SB 312, "Children – Family Child Care Homes and Child Care Centers – Advertising and Penalties"—that attempts to address this problem. In part, the legislation requires MSDE to conduct a public education campaign to help parents and providers understand the licensing provisions of current law, the significant benefits of licensed care, and the resources available to encourage providers to become licensed. Because much illegal care is

promoted via web sites like Craigslist, the bill also requires providers to list their license numbers in advertisements, akin to home improvement contractors citing their MHIC numbers. The bill further clarifies the issuance of warning letters to suspected illegal providers and the role of the Fire Marshal in enforcement.

The legislation had to overcome confusion and resistance on the part of some members of a committee that infrequently considers child care matters and has experienced significant turnover among its members. During the Interim, MFN will explore opportunities to inform policymakers about the many issues surrounding both licensed and unregulated child care. Sadly, the need for this year's legislation was starkly underscored by two more deaths of Maryland children in illegal care, even as the bill was under consideration.

MFN strongly supported HB 740/SB 485, "Task Force to Study Family and Medical Leave Insurance," which initially sought to establish a funding mechanism to provide benefits to employees taking unpaid leave to care for newborn or newly adopted children and other family members. The bill would have established a fund similar to unemployment insurance, to which eligible employees (not employers) would contribute. The employees could then draw specified amounts to partially offset wages lost while they attend to family and medical needs. The bill raised complex questions, and legislators are eager to learn more from the few states that have enacted similar laws. As result, the bill was amended to establish a task force that will study the issue and report recommendations for legislation before the 2018 Session.

Goal 2: Achieve Permanency for All Infants, Children, and Youth

Maryland Family Network and its community-based partners offer program services aimed at prevention and early intervention. Family support programs continue to make a positive difference in the lives of vulnerable families. The families served through our statewide network of Family Support programs are predominantly low-income, single heads of households, raising infants and toddlers, often alone. Many of the parents who come through the doors were adolescents when they first became pregnant, many of them are displaced and in transition, and most lack a high school education or job history. Reaching this group is essential to prevent child abuse and neglect, break the cycle of poverty, and move two generations towards social and economic self-sufficiency.

In an effort to prevent foster care placements and achieve permanency for families, 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 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.

Through LOCATE: Child Care, MFN published a Respite Care Resource Guide to help parents identify potential applicants for respite care. The Guide provides a list of agencies and organizations that offer respite care services to families in Maryland. The resources included in the Guide are intended as referrals only and are not given as recommendations. All of the information about the services is submitted from the agencies themselves. MFN/LOCATE does not license, endorse, or recommend any of the agencies or the caregivers and urges parents to take the necessary precautions when selecting a caregiver for their child or adult. The Guide provides concrete information for parents to use with recruiting, interviewing, and selecting respite care providers; including guidance with conducting background checks.

Goal 3: Strengthen the Well-Being for All Infants, Children, and Youth

Strengthening Families: Designated by the Center for the Study of Social Policy as Maryland's Strengthening Families lead agency, Maryland Family Network continued providing education to Maryland public and private agencies about the Strengthening Families approach; creating opportunities for them to receive training and technical assistance with the implementation of Strengthening Families locally. Strengthening Families *Protective Factors* are incorporated throughout MFN's work with providers and programs, including the Family Support Center network. Protective factors are conditions or attributes of individuals, families, and communities that reduce or eliminate risk and promote healthy development and well-being of children and families. These factors help ensure that children and youth function well at home, in school, at work, and in the community. Protective factors also can serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Research has found that successful interventions must both reduce risk factors and promote protective factors to ensure child and family well-being. MFN has trained hundreds of Maryland child care providers, human services workers, and others on the *Strengthening Families/Protective Factors* approach to service delivery. In SFY 2016, MFN provided 62 Strengthening Families Parent Cafes to parents and providers in five Maryland jurisdictions.

BRIDGE: Building Resiliency from Infancy through Development, Growth & Empowerment: MFN launched Strengthening Families activities in southern Maryland through funding from the Southern Maryland BRIDGE project. On May 25, 2015, MFN staff attended the Children's Mental Health Matters Awareness event in Lexington Park, MD. On June 9, 2016, MFN provided an Introduction to Strengthening Families Maryland Parent Cafes to providers in the community. On June 23-24, 2016, MFN provided a two-day Strengthening Families Maryland Parent Café Facilitator Training Institute in La Plata for organizations serving children ages prenatally through age five and their parents in Calvert, Charles, and St. Mary's counties.

Parent Leadership: Maryland Family Network provided eight days of training in leadership, advocacy, and communication skill building to 64 parent leaders. The majority of participants were female heads of households; however teen parents, married couples, married women, and three fathers were also among the groups of parent leaders. All of the parents were eager to participate in what has become a favored activity

within the Network. The trainings were held in well-appointed facilities that were welcoming and accommodating to their needs. Parents were provided with a full breakfast and lunch on both days with restaurant style accommodations. To remove possible barriers to attendance, interpreters, child care stipends and transportation were provided to the parents. The participants actively engaged in the variety of activities and learning experiences crafted to enhance their skills as leaders and as their children's best advocate. Of those who attended, several were selected by the MFN Deputy Director for presentations at events attended by stakeholders, community partners, funders, and the MFN Board.

The Parent Leadership Institute was offered three times during the fiscal year and is comprised of two levels; introductory and advanced. The introductory level trainings were offered during the latter part of the winter and again during the early spring. The first cohort was held on March 16-17, 2016 in a central location of the State (near the Baltimore Washington International Airport) serving parents from the Baltimore Metropolitan Area and central Maryland. The second introductory level training held on March 30-31, 2016 was held on Maryland's Eastern Shore, and the Western Maryland sessions were held on April 12-13, 2016. One of the factors that was most intriguing to parents what that they were more alike than different, and many of them wanted to maintain contact with their new friends. Day One of the *Introductory* curriculum includes defining leadership, exploring the meaning of advocacy, engaging in decision making activities, and enhancing listening and communication skills. Day Two includes critical thinking, preparing, writing, and delivering speeches, and deciding on projects that they would implement in their Centers with use of the newly attained leadership skills. Throughout the two days, prizes were awarded as incentives to participate and for parents to volunteer to take on an active role in the training. During the training, participants developed confidence in themselves, forged new relationships with their sister Centers, and developed concrete plans to take on leadership roles in their communities and Centers.

Parents excitedly worked on ways to show their efforts and newfound skills. Even though, incentives were available and appreciated, they were hardly needed as they delved into working toward a common goal. By the end of the day, parents were able to present their speeches; some parents developed "commercials" as a way of conveying their topic. Even with all the preparation, the overwhelming enthusiasm by the participants caused an overflow of thankfulness and words of support to the staff. But, in the end the closing presentation was a rousing success.

Evaluations for all phases of training were all positive. Parents learned skills and knowledge that they will carry forth and use in their everyday lives. They enjoyed the training and meeting participants who shared similar lifestyles and future goals. Many expressed a desire to attend again and stated that they would share their experience with others.

A noteworthy observation is that after the first day, incentives to prompt participation and assume a leadership role in conducting the various activities were no longer needed. With the safe non-threatening

environment provided by the facilitators, participants felt confident to explore parts of themselves not explored before.

Upon arrival, participants received a workbook and satchel. Latino participants also received a Spanish workbook to be used in concert with the English version. During the initial segments of the training, participants sat with their Center colleagues. However, throughout the training, they were engaged in activities which required them to interact with participants from other Centers. In the end, parents were placed in mixed groups and developed plans and activities with new found friends. Individual parents learned that they had more in common with one another than they originally thought. They also supported and encouraged one another as they embarked on new skill development.

Advanced Parent Leadership was held for two days on May 12-13, 2016 during the Spring Training and Staff Development Conference. In order to attend the advanced training, parents must have completed all of the introductory sessions. Twenty-six parents attended both days; they all were excited and happy to be reunited with old friends and to gain new ones sharing in their journey. Advanced Parent Leadership is designed to continue the participants' growth in leadership, gauge how they have been implementing their skills and introduce new ways of taking the lead in their lives and their families' lives.

On Day One, the training began with an interactive review of the previous topics explored during Part 1 of the training. With various activities, participants were able to refresh their memories of the previous sessions. The review culminated in a brief presentation being developed by each group on the different topic areas. During the afternoon, new topics were introduced which included managing stress, healthy relationships, and looking and feeling like a leader. Participants were engaged and fully participated in throwing "I can't" out the window and seeing themselves in a more positive light. As the day closed, participants began thinking of how they wanted to present before the wider staff audience in a closing presentation.

As stated above, at the end of the first cohort, as a way to put those skills in motion, participants were asked to develop a project to be carried out in their various neighborhoods, centers or families. The projects could be done by a group or individually. Joining the policy council, making plans for a center trip, developing a handbook or resource manual or advocating for a playground were some of the ideas presented by participants as possible future projects.

On Day Two, after briefly reviewing tips on public speaking, participants worked on how to summarize and present their ideas and completed projects to the network staff during the closing exercise. A statewide parents' legislative education and advocacy event was held on February 16, 2017 in Annapolis, Maryland. The event is referred to as "Annapolis Day"; hundreds of parent and their children visited their legislators to

promote the value of their family support programs and to thank State representatives for ongoing financial support.

State Council on Child Abuse and Neglect (SCCAN): Coordinated by DHS, SCCAN and its partners have adopted a mutually supportive set of actions as part of developing and promoting comprehensive primary prevention strategies for Maryland that improve the context of societal norms, systems, environments and relationships within which Maryland's children develop. Maryland's existing systems offer multiple channels to reach entire populations with messages that promote child well-being, strengthen families and communities and prevent child maltreatment and other ACEs. Coordinated statewide efforts are essential to expanding the capacity of those systems to collectively impact the social, emotional, cognitive, physical and economic health of Maryland's citizens.

Plans for May 2017–April 2018
Continuation and sustainability of "best practices" within existing *network* program services to ensure that every child in Maryland can have strong families, quality early learning environments, and a champion for their interests is MFN's focus for the next year. Sustaining the budget always constitutes a top priority for MFN and when possible, exploring new opportunities for expanded community-based and home-based services for families with young children. MFN will continue this work in an effort to create a widespread understanding of what all kinds of programs and providers can do—and in some cases already do – to promote healthy child development and reduce the incidence of child abuse and neglect.

SECTION XV: FINANCIAL

Maryland intends to expend 20% on each of the following services: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services.

In FY 2005, state and local spending on IV-B part 2 activities totaled $64.5 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 AC and AD for the CFS Parts I, II and III Excel and PDF Forms.

SECTION XVI: APPENDICES

Appendix A–Social Services Administration Organization

Appendix B–SSA Strategic Vision

Appendix C–SSA Implementation Structure

Appendix D–Systemic Factors

Appendix E–Citizens Review Board for Children Annual Report

Appendix F – SCCAN Response

Appendix G–Maryland Health Care Oversight And Coordination Plan

Appendix H–Quarterly Report - Psychotropic Monitoring of Youth in MD Foster Care

Appendix I–Maryland SAFE-C

Appendix J–Safety Plan

Appendix K – Program Improvement Plan

Appendix L–Readiness Assessment Process and Evaluation, October 27, 2015

Appendix M–MD CHESSIE Call Center for Local Use Document Publication List 2016

Appendix N–Training Manual Modules Updated during the Period of April 2016–March 2017

Appendix O–Onsite Trainings for SFY2017

Appendix P–System Modification made to MD CHESSIE

Appendix Q–Local Department EBP Implementation Activities

Appendix R–Governor's Assurance

Appendix S –Child Fatality/Near Fatality Memorandum Dated 4/17/2012

Appendix T–NYTD Cohort I

Appendix U–NYTD Cohort II

Appendix V–Revised Foster and Adoptive Parent Diligent Recruitment Plan

Appendix W-Training Matrix

Appendix AA–Final Statewide CPS Demographics

Appendix AB–Education & Training Voucher

Appendix AC–CFS I, II, III–Excel

Appendix AD–CFS I, II, III–Signed

Appendix AE-SCCAN 2016 Annual Report

Appendix AG- Data Tables for Recruitment and Retention Plan

Appendix AH- Goals

Appendix AI – Response to SCCAN Report