Maryland Department of Human Services
Child and Family Services Plan (CFSP)
2020-2024

FAMILIES BLOSSOM ★ PLACE MATTERS

Maryland's Transformation of Child Welfare & Adult Services

Core values of *collaboration*, *advocacy*, *respect* and *empowerment*, and our family-centered, community-focused, strengths-based, trauma-responsive practice

GOALS FOR MARYLAND'S CHILDREN, YOUTH, VULNERABLE ADULTS, FAMILIES AND OUR COMMUNITIES

Safe and free from maltreatment	Partnered with a safe, engaged, and well-prepared professional workforce that effectively collaborates with individuals and families to achieve positive and lasting results	Healthy and resilient with stable and lasting family connections
Living in safe, supportive and stable families where they can grow and thrive		Able to access a full array of high quality services and supports designed to meet family and individuals' needs

OUR BUILDING BLOCKS AND STRATEGIES

Integrated Practice Model	Comprehensive Assessment	Expanded & Aligned Array of High Quality Services	Safe, Engaged &Well-Prepared Professional Workforce	Modernized Technology	Continuous Quality Improvement

OUR FOUNDATION: THE INTEGRATED PRACTICE MODEL PRINCIPLES

Based on SSA's Values and Vision, these practice principles govern our work, relationships, and decisions with children, youth, families, adults, and each other.

Family-Centered	Trauma-Responsive	Individualized & Strength-Based	Culturally & Linguistically-Responsive	Outcomes-Driven	Community-Focused	Safe, Engaged & Well-Prepared Professional Workforce

OUR CORE PRACTICES

Engage	Team	Assess	Plan	Intervene	Monitor & Adapt	Transition

December 2018

DHS
MARYLAND DEPARTMENT OF
HUMAN SERVICES

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

MARYLAND

Contents

ACRONYMS

ACF – Administration for Children and Families
ADHD – Attention- Deficit/Hyperactivity Disorder
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
AWOL – Away Without Leave
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
CFSP – Child and Family Services Plan
CIHS – Consolidated In-Home Services
CINA – Children in Need Of Assistance
CIP – Continuous Improvement Plan
CIS – Client Information System
CJAMS –Maryland Child, Juvenile and Adult Management 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
CSTVI - The Child Sex Trafficking Victims Initiative
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
DJJ – Department of Juvenile Justice

DJS – Department of Juvenile Services

DOB – Date of Birth

EBP – Evidence-Based Practice

ECE – Early care and education

ECMHC – Early Childhood Mental Health Consultation

EFT – Electronic Funds Transfers

EHR - Electronic Health Record

EP – Emergency Preparation

ESOL – English for Speakers of Other Languages

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

ESF – Emergency Support Function

EDHS/SSA – Every Student Succeeds Act

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

FFPSA - Families First Prevention Services Act

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 and 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

LEA – Lead Education Agency

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

MDH/DDA – Maryland Department of Health / Developmental Disabilities Administration

MD THINK - Maryland's Total Human Services Information Network

MFN – Maryland Family Network, Incorporated

MHA – Mental Health Access

MHEC – Maryland Higher Education Commission

MI – Motivational Interviewing

MOU – Memorandum of Understanding

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

OAG – Office of the Attorney General

OEO – Office of Emergency Operations

OOH – Out-of-Home

OHP – Out-of-Home Placement

OISC – Outcomes and Improvement Steering Committee

OLM – Office of Licensing and Monitoring

OLS – Office of Legislative Services

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
DHS/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, Criminal Justice
Information System
TANF – Temporary Assistance to Needy Families
TAY – Transition Age Youth
TFCBT – Trauma-Focused Cognitive Behavioral Therapy
TOL – Transfer of Learning
TPR – Termination of Parental Rights
UMB – University of Maryland, Baltimore
UMBSSW – University of Maryland, Baltimore School of Social Work
VPA – Voluntary Placement Agreement
VPN – Virtual Private Network
WIC – Women, Infants and Children
WWF – Wireless Web Form

I. General Information

A. State agency administering the programs

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 twenty-four 24 Local Departments of Social Services and those purchased through community service providers. The Department of Human Services, Social Services Administration (DHS/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).

The offices or units within SSA, Placement and Permanency, Child and Family Well-being, Child Protective Services and Family Preservation, Eligibility and compliance, Systems Improvement, ICPC and Operations, provide the infrastructure to support the overall child welfare mission and are responsible for developing policies based on federal and state regulations, overseeing the child welfare pre-service and in-service training system, monitoring local foster and adoptive home recruitment and approval processes, providing consultation and technical assistance to local departments, managing budgets, using data to monitor compliance and outcomes, and conducting a continuous quality improvement process.

Direct services to children and families are provided through Maryland's twenty-four Local Departments of Social Services (LDSS). Each LDSS Director reports to the DHS Deputy Secretary for Programs and is responsible for ensuring that child welfare services are delivered to children and families in accordance with vision and policies set forth by SSA. SSA and LDSS partner regularly to identity system strengths and areas of growth as well as on developing improvement plans and implementing new initiatives to support the transformation of Maryland's child welfare system.

Organizational Structure
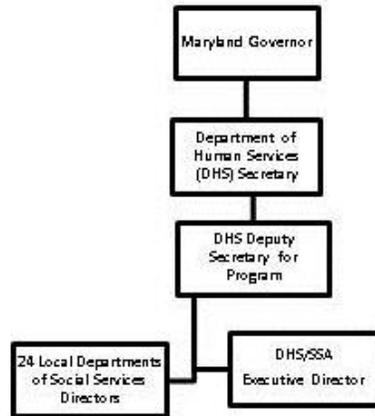

B. Vision Statement

The Maryland Department of Human Services/Social Services Administration (DHS/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. Place Matters 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 shorter lengths of stay in Out-of-Home Placements and the increased number of children and youth exiting from foster care to permanent placement.

Building upon Maryland's previous successful improvement efforts, Maryland implemented the Title IV-E Waiver Demonstration Project in 2014, known as *Families Blossom ❀ Place Matters.* Maryland used the flexibility afforded by the Waiver to focus on preventing new and reentries into foster care through meaningful use of assessments of families and installing and testing a range of evidence-based and promising practices selected by local jurisdictions to meet the needs of their population. Along with implementing specific interventions, Maryland has articulated a strategic direction designed to improve the lives of Maryland families and uses an implementation structure to ensure that progress continues towards achieving the strategic direction. As depicted in Figure 1, Maryland's strategic direction articulates the desired outcomes of the collective transformation of child welfare services; that children, families are

- Safe and free from maltreatment;
- Living in safe, supportive and stable families where they can grow and thrive;
- Healthy and resilient with lasting family connections;
- Able to access a full array of high-quality services and supports that are designed to meet their needs; and
- Partnered with safe, engaged and well-prepared professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

Figure 1

Maryland's Transformation of Child Welfare and Adult Services
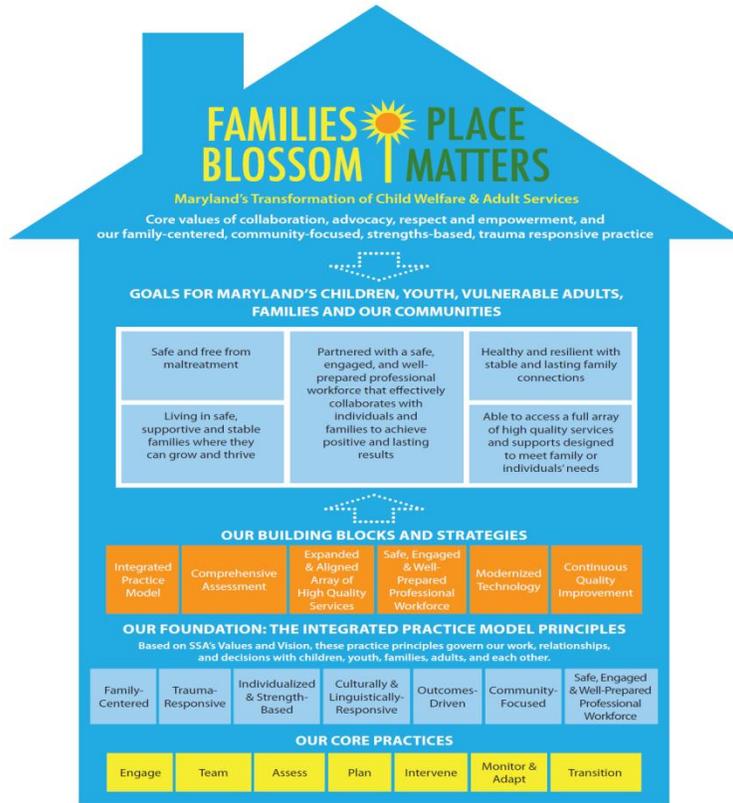
These outcomes are grounded in the core values of Collaboration, Advocacy, Respect, and Empowerment as well as the guiding principles and core practices of Maryland's Integrated Practice Model align with the seven principles found in federal regulations (45 CFR 1355.25). Starting on October 1, 2019, this strategic direction will be furthered with the implementation of the new lever provided under the Families First Prevention Services Act (FFPSA) of 2018. FFPSA allows DHS/SSA to integrate a comprehensive prevention approach into its strategic vision for transforming child welfare services across the state.

C. Collaborations

Engaging Stakeholders to 1) review data, 2) assess strengths and weaknesses 3) selection of goals and strategies

A foundational piece of DHS/SSA's strategic vision is the acknowledgement that to achieve better outcomes for children and families as well as support prevention, collaboration and coordination with a variety of stakeholders is necessary. DHS/SSA has created and continues to utilize a variety of approaches to bring stakeholders to the table to partner in reviewing current performance data, assessing agency strengths and areas for improvement, and developing strategic plans to increase safety, permanency, and well-being.

As part of Maryland's Title IV-E Waiver Demonstration Project, DHS/SSA established an implementation structure to support real-time, multi-direction communication (e.g., practice to practice, policy to practice, and practice to policy) to help DHS/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 towards identified outcomes; and
5) Managing and sustaining the desired change.

The implementation structure is led by the Outcomes Improvement Steering Committee (OISC), and comprised of Implementation Teams, Workgroups and Cross Cutting Networks. Through the use of a CQI cycle (See Figure 2) these teams meet regularly to review data, identify problem areas, understand root causes, develop theories of change, and test out strategies to improve performance.

Figure 2- SSA's CQI Process

Membership on these teams include representatives from the stakeholder and provider community, families and youth, advisory and advocacy groups, community providers, university partners, the court system, and the Families Blossom evaluation team (See Appendix L for Membership Lists for OISC and Implementation Teams). In 2018, DHS/SSA partnered with a family run organization to support the authentic engagement of families with lived experience in the implementation structure allowing these families to effectively join and participate in the OISC and the four Implementation Teams. Families are trained, compensated for their time, and mentored allowing for strategic sharing of their stories in order to identify areas of growth and strategies for improvement. A similar process is underway to bring youth to the table by partnering with the Capacity Center for States to strengthen Maryland's Youth Advisory Board.
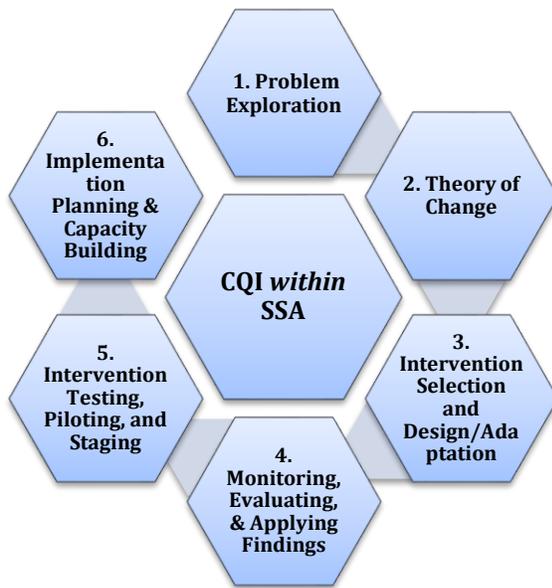
DHS/SSA's implementation structure also includes collaborating and connecting to a number of advisory groups to gather additional feedback and support:

- DHS/SSA's Advisory Board Council, comprised of members representing DHS/SSA staff, LDSSs, community-based providers, Maryland Department of Health, Department of Juvenile Services, Maryland State Department of Education, Department of Budget and Management, family support organizations, technical assistance providers and the tribal community, advises and serves as a formal stakeholder feedback-loop on:
  o Child welfare services and programs, including IV-B initiatives and other federally-funded programs
  o The development of an integrated, comprehensive child welfare practice model
  o The transition from the IV-E Waiver (Families Blossom) and planning and implementation of FFPSA of 2018

In addition, the Advisory Board is engaged at least annually in the review of child welfare data, progress towards goals and objectives, and the identification of recommended priorities. DHS/SSA includes this feedback in making determinations about any adjustments to strategies that are needed.

- DHS/SSA also affords opportunities for other stakeholders to provide input for performance, strategies and feedback loops through other mechanisms and boards that are more programmatic. These stakeholder groups include but are not limited to:
    - Provider Advisory Council and Residential Treatment Center Council
    - Statewide Council on Child Neglect and Abuse (SCCAN) and Citizen Review Boards (CRB)
    - Foster Care Court Improvement Project (FCCIP)
    - Maryland Resource Parent Association (MRPA)
    - The Maryland Commission of Caregiving
    - Interagency Council on Homelessness Youth Workgroup
    - State Youth Advisory Board (SYAB)

In April 2019, DHS/SSA reached out to myriad of organizations and statewide stakeholders via Implementation Teams and advisory board, to participate in a pilot to develop Maryland's PIP in response to Maryland's CFSR. Through the PIP Pilot internal and external stakeholders reviewed and assessed data from the DHS/SSA Headline Indicators and data from the 2018 CFSR Final Report to determine root causes of issues, develop priorities, goals, strategies and activities for the CFSR PIP, and the CFSP. The stakeholders represented the State's legal and judicial community, including the Foster Care Court Improvement Project (FCCIP), child's counsel, Local Departments of Social Services frontline workers, supervisors and Directors, the Community-Based Child Abuse Prevention (CBCAP) lead agency, Children's Justice Act grantee, service providers, Non-profits serving families and youth, resource parents, foster youth, Department of Juvenile Services, University of Maryland Child Welfare Academy, UMD School of Social Work, The Institute for Innovation & Implementation, Capacity Building Center for Courts, Capacity Building Center for States, Behavioral Health Administration, Chapin Hall, Casey Cares, Office of the Attorney General-DHS, Governor's Office of Crime Control and Prevention, Maryland Developmental Disabilities Administration (DDA), and DHS/SSA staff. DHS/SSA has continued to engage these stakeholders and others in finalizing the PIP and will continue these collaborations as the strategies included in the PIP are planned and implemented.

II. Assessment of Performance (Child and Family Outcomes and Systemic Factors)

Statewide Data Indicators

Statewide data indicators provide a snapshot of performance on key child and family outcomes across Maryland's child welfare continuum, as shown in Table 1. Particularly notable is Maryland's performance on the placement stability metric, showing substantially lower rates of placement moves in Maryland relative to national performance. Of particular concern are the rates at which children return to child welfare in Maryland, as evidenced by a relatively high rate of recurrence of maltreatment and a high rate of return to foster care in 12 Months. While metrics reflecting time to permanency show a less substantial deviation from national performance, they are consistently lower—indicating that children in Maryland generally remain in care for longer periods of time than is typical nationally.

While these metrics are useful for understanding the experiences and trajectories of children and families served through child welfare, performance must be understood in the context of their root causes or drivers, thus identifying practices and processes that bring about the outcomes and empowering the State to make improvements. Indicators of system functioning and case practice are presented below.

Table 1: Performance on Statewide Data Indicators

Statewide Data Indicator	National Performance Target	Direction of Desired Performance	Baseline for State Data, Calendar Year 2018	MD Target for 2024
Recurrence of maltreatment	9.5%	Lower	10%	9.5%
Maltreatment in foster care (victimizations per 100,000 days in care)	9.67	Lower	11.4	9.67
Permanency in 12 months for children entering foster care	42.7%	Higher	37.5%	42.7%
Permanency in 12 months for children in foster care 12- 23 months	45.9%	Higher	44.3%	45.9%
Permanency in 12 months for children in foster care 24 months or more	31.8%	Higher	28.3%	31.8%
Reentry to foster care in 12 months	8.1%	Lower	11.8%	8.1%
Placement stability (moves per 1,000 days in care)	4.12	Lower	4.38	4.12
Data Source: State Data Source is MD CHESSIE				

Safety Measures*
- MD CY Recurrence of Maltreatment for CY2018 was 10% vs. the target of 9.5% or less
- Rate of Victimization while in Foster Care for CY2018 was 11.4 vs. the target of 9.67 or less
- Timeliness of CPS response during the last four months of CY2018 was 43% within the first day and 74% within the first five days. Target is at least 90% or greater for abuse and neglect contacts.

*Data Source: MD CHESSIE

Assessment of Performance

Maryland's recurrence of maltreatment is at 10% for CY2018 (data source MD CHESSIE), slightly higher than the national target of 9.5%. DHS/SSA continues to concentrate efforts on utilizing the Child and Adolescent Needs and Strength-Family (CANS-F) assessment tool to appropriately assess families and develop effective service. Currently child protective services staff do not use the CANS-F, however they will begin doing so as a jurisdiction "goes live" in CJAMS. At the same time, an actuarial family risk assessment tool will be implemented, which should result in more accurate assessment of the likelihood of future maltreatment.

For CY2018, the rate of child maltreatment in foster care is 11.4 (data source MD CHESSIE) vs. the national target of 9.67. Although this rate of 11.6 does not meet the Federal Standard, the trend is going downward, in the right direction. It should be noted that when children are in foster care and report alleged maltreatment that happened prior to the entry into foster care, the data appears to still be a current maltreatment incident. With the transition to CJAMS it will be possible to differentiate these cases from those that actually occur in foster care.

Timeliness of CPS responses was an audit issue for SSA and so data collection on timeliness only covers the last four months of CY2018 when the audit reviews began. The current data collection method does not differentiate between neglect and abuse cases which means that currently it is not possible to know how the initial contacts of

43% (within 1 day) and 74% (within first five days) are distributed between abuse and neglect cases. This will be revised during CY 2019 and will also allow for a better information regarding progress towards the target.

Safety Outcomes/CFSR Case Review/Update on progress

Table 2

Safety Outcomes	Overall Determination	State Performance
Time Period: April – September 2018		
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect	Not in Substantial Conformity	90% Substantially Achieved
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	Not in Substantial Conformity	69% Substantially Achieved
Data Source: CFSR Case Review		

Assessment of Performance
As shown in Table 2, the CFSR review pointed to limitations in the agency's ability to safely maintain children in their own homes rather than enter foster care. While the State generally responded to maltreatment reports within the required timeframes, face-to-face contact with children was occasionally not made timely. Moreover, services to keep children safe and prevent removal or reentry were not consistently offered as shown by a 42% result in Item 2, Services to protect children in home and prevent removal or re-entry into foster care), Data Source: CFSR Case Review. This data highlights safety concerns for some children remaining in the home as well as some children entering foster care when stabilization in the home may have been a safe and viable option. Accurate ongoing safety assessments were not consistently carried out as demonstrated by 69% Item 3, Risk and safety assessment and management.

Strengths
The State has reduced the maltreatment in foster care and continues on a downward trend. Also, there is a plan to improve assessments across all CPS responses through CANS-F and the new risk assessment tool. Additionally, more monitoring for timeliness of initial face-to-face contacts is occurring and technical assistance provided to jurisdictions.

Concerns
Recurrence of maltreatment remains stagnant around 10%. Also, staff appear not to be adequately assessing for safety and risk; supervisory oversight does not appear to be effective. Improvements to connect families to community resources are needed, which could prevent entries/reentries. Also, family meetings are inconsistently utilized. Limited ability to review timeliness of initial face-to-face contacts by the supervisors at the locals.

Current or planned activities
For planned activities targeted at improving performance for Safety Outcomes 1 and 2, please see activities listed under CFSP Goals 1 and 5, PIP: Goal 1, Activity:1.1.2, Goal 2, Strategy 2, Activity: 2.2.1, Goal 4, Strategy 4, all activities. Safety activities will be included in the Families First Prevention and Services Act Plan that is planned for finalization in Fall 2019.

Permanency Measures*
- Permanency in 12 months for children entering foster care for CY2018 was 37.5% vs. the target of 40.5%

- Permanency in 12 months for children in foster care between 12 and 23 months for CY2018 was 44.3% vs. the target of 43.6%
- Permanency in 12 months for children in care 24 or more months for CY2018 was 28.3% vs. the target of 30.3% or more.
- Placement Stability for CY2018 was 4.61 vs. the target of 4.44
- Reentry to foster care in 12 months for CY2018 was 11.8% vs. the target of 8.1%

Data Source: MD CHESSIE

The data on Permanency shows continued improvement in permanency for children within 12 months and in care 12-23 months but has declined for children in care for 24 months or more. For children within 12 months of entering foster care, DHS/SSA continues to improve and move closer to the goal of 40.5%. In CY2018, the percentage was 37.5% (data source: MD CHESSIE). DHS/SSA continues to examine the trends in this area, including the most prominent outcome for youth who achieve permanency within this 12-month timeframe which continues to be reunification. The data on Permanency for children in care for 12-23 months also continues to improve and exceeded the 43.6% goal in CY2018. The percentage of children moved to permanency was 44.3% for CY2018. For youth in care more than 24 months, the outcome for CY2018 of 28.3% is under the target of 30.3%. This group continues to be largely made up of the older youth in care.

The Rate of Placement Change in CY2018 was 4.61 vs. the target of 4.44. DHS/SSA continues to examine the reasons for the increase to ascertain if the cause is data input, resources available or not available at the time of placement or the child is moved from the placement because intense services are not needed and the child is "stepped down" to more appropriate services. 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. 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. The data from the Federal 2018 CFSR Case Review supports this concern that there is a lack of services provided to families once returned home. For example, the Well-being Outcome, SubItem 12B "Needs Assessment and Services to Parents" was rated as a Strength in 23% of the 35 applicable foster care cases. Also, Item 15 "Caseworker Visits with Parents" was rated as a Strength in 15% of the 34 applicable foster care cases. The review of these items determines: 1) whether the agency made concerted efforts to assess the needs of parents to identify the services necessary to achieve case goals, and 2) whether the frequency and quality of visits between the caseworker and the parent(s) of the children are sufficient to ensure safety, permanency and well-being of the children and to promote achievement of goals. Maryland has identified goals for improvement in these areas in order to promote the achievement of lasting reunification and decrease reentry. Maryland has concentrated on implementing evidence-based practices as a part of the Title IV-E Waiver in order to reduce the amount of reentries.

Permanency Outcomes/CFSR Case Review/Update on progress
Table 3:

Permanency Outcomes	Overall Determination	State Performance
Time Period: April – September 2018		
Permanency Outcome 1: Children have permanency and stability in their living situations	Not in Substantial Conformity	35% Substantially Achieved
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children	Not in Substantial Conformity	45% Substantially Achieved

Assessment of Performance
As can be seen in Table 3, the CFSR review illuminated concerns related to the agency's core permanency practices around establishing permanency goals and achieving permanency timely. While permanency goals are generally established timely initially, they are often not updated timely, and are often not appropriate to the circumstances of the child and family. The data from Item 5 "Permanency Goal for the Child" supports this concern in that this item determines whether appropriate permanency goals were established for the child a timely manner and indicates that this occurred in only 48% of the 40 applicable foster care cases. Moreover, concurrent planning is not consistently used effectively. Concerted efforts to achieve timely permanency often are also not consistently demonstrated. Several factors were found to contribute to lack of timely permanency, including an aversion to terminating parental rights for children with no identified adoptive resource and a tendency to allow parents a prolonged period to reunify.

Particularly notable is Maryland's performance on the placement stability metric, showing substantially lower rates of placement moves in Maryland relative to national performance. Of particular concern are the rates at which children return to child welfare in Maryland, as evidenced by a relatively high rate of recurrence of maltreatment and a high rate of return to foster care in 12 Months. While metrics reflecting time to permanency show a less substantial deviation from national performance, they are consistently lower, indicating that children in Maryland generally remain in care for longer periods of time than is typical nationally. The data to support these findings can be found above in Table 1: Performance on Statewide Data Indicators.

Review results for Permanency Outcome 2 showed that the relationship between children in foster care and their families and communities of origin are often not adequately supported, as shown in Table 3. Visits between children and their parents often do not occur frequently enough. The data from Item 8 of the Federal 2018 CFSR "Visiting with Parents and Siblings in Foster Care" supports this concern in that this item determines whether concerted efforts were made to ensure visitation between a child in foster care and his or her parents and siblings is of sufficient frequency and quality to promote continuity in their relationships and indicates that this occurred in only 54% of the 28 applicable foster care cases, most of which were happening more with siblings than with mothers and fathers. This is sometimes due to parents' transportation limitations as well as ongoing mental health and substance abuse challenges. When visits occur they are often are not quality opportunities for bonding. Moreover, parents are infrequently afforded opportunities to remain involved in their children's lives outside of visits. The agency does generally enable children to remain in their school of origin; concerted efforts to promote ongoing connection to friends, extended family, and community are not consistently demonstrated. While the agency is able to place children with their siblings fairly consistently, workers often fail to identify and evaluate relatives as potential relative resources when children come in to foster care, and to re-evaluate them throughout the case, failing to do so for paternal relatives more often than for maternal relatives. This practice contributed to a relatively low proportion of children placed with relatives overall.

Strengths
- Maryland has engaged more stakeholders, including families and children with "lived experience" and members of the Foster Care Court Improvement Project, participating in the CQI process around the permanency measures and outcomes and through the SSA Implementation Teams.
- Maryland's Older Youth Team established new Benchmarks that address Permanent and Supportive Connections to be addressed through Transitional Planning with youth ages 14-20 (see Chafee section).

- Maryland has been working with the private child placement providers to understand upcoming systems changes with the FFPSA implementation and highlighting their important role with placement stability and permanency outcomes.
- Family Find efforts and Supportive Reunification Programs in specific jurisdictions are proving to be helpful in improving permanency outcomes as evidenced by PSSF outcomes report.

Concerns
- Substance abuse in families whose children are in foster care and the lack of appropriate services is cause for delay in permanency outcomes for Maryland's children.
- Results of a recent survey with the local departments about adoption practices revealed the need for additional pre-and post-permanency services in most jurisdictions.
- Reentry rates are high for children who reunify too soon (i.e. within 0-3 months).
- Maryland needs to improve in the outcomes related to maintaining connections with family, including not only the quantity but quality of visitation and other types of family connection, in order to support permanency goals.
- Beliefs and biases need to be addressed related to the adoptability of older youth and youth with special needs and challenges.as per disproportionality data related to youth in care 24+ months without permanency.

Current or Planned Activities
For planned activities targeted at improving performance for Permanency Outcomes 1 please see activities listed under CFSP Goal 3, additional activities are below.

Activities for Permanency 1 &2	Target Completion Date
Permanency Outcomes 1 Quality Services Reform Initiative	2022
Define quality residential treatment services, performance measures and the approach to rates setting for these services (including Medical Assistance rates for some services)	2019
Begin a process to transition youth out of congregate care and into family settings.	2021
Design and implement CQI protocols, including performance data from providers	2021-2024
State Agencies continue to collect and analyze CQI data and reconcile it with cost data, *making providers financially whole* for two years after implementation of new rates.	2022
Implement Placement Referral process statewide to target placement stability	2021
Develop referral mechanism and pathway documents for decision-making about a child's placement.	2019
Provide technical assistance to LDSS and private provider agencies related to decision making about child placement.	2020
Analyze CQI related to the appropriate placement efforts and placement stability and refine practice based on results.	2020-2024
Permanency Outcomes 2, please see activities listed under PIP Goal 1, Strategies 1, 5 & 6.	2019-2021
Review PIP Goal 1, Strategy 1 outcomes for implementation statewide	2022-2024
Review PIP Goal 1, Strategy 5 outcomes for implementation statewide	2022-2024
Review PIP Goal 1, Strategy 6 outcomes for implementation statewide	2022-2024

Well-being Measures*
- Children entering foster care and enrolled in school within five days for CY2018 was 76.7% vs. the target of 85%
- Comprehensive Health Assessment for foster children within 60 Days for CY2018 was 92.5% vs. the target of 90%
- Annual Health Assessment for foster children in care throughout the year for CY2018 was 88.4% vs. the target of 90%
- Annual Dental Assessment for foster children in care throughout the year for CY2018 was 69.3% the target of 90%

Data Source: MD CHESSIE

Assessment of Performance

The education performance measure showed improvement in CY2018 as 76.7% of children entering foster care were enrolled in school within 5 days. The data trend continues to show a trajectory towards the goal of 85%. While implementation supports have been put in place and monitored, the agency continued to seek feedback on data trends through its monitoring and oversight of the LDSS. Some identified barriers to speedy school enrollment consist of issues with establishing transportation in coordination with the Local Education Agency (LEA) for children entering care; communication with local schools regarding their inconsistency in requesting documents of foster parents and case workers, and transportation for children who have to travel out of their county of residence. Assessments

The agency has made significant strides in achieving the target for the Comprehensive Health Assessments completion within 60 days. For calendar year 2018, the agency exceeded the target benchmark of 90% and increased the percentage of health assessment exams completed within 60 days to 92.5%. A major factor contributing to the success of this measure is the manner in which comprehensive exams are scheduled and conducted. Monitoring and technical assistance provided to the local departments revealed typically comprehensive exams are scheduled at the initial exams with advanced notice. This provides the LDSS efficient time to ensure the child attends the comprehensive exam appointment early in care. In Baltimore City Department of Social Services, the largest jurisdiction contributing to half of the children in state care; the comprehensive exams are completed through the Making All the Children Healthy (MATCH) program. The MATCH program provides medical case management, health care coordination, education, and advocacy services. These services help ensure the children served in BCDSS receive those exams.

Despite Maryland's health performance measures steadily improving, there are a number of factors that have contributed to the agency falling short of meeting the annual and dental performance targets. Monitoring efforts and technical assistance (TA) provided to the LDSS revealed a challenge with older youth consenting to health care visits which resulted in missed health exams. Youth who have been identified as runaway present a challenge as the LDSS are able to ensure health services are received which impacted the agency falling slightly below 90% target for annual exams. The same challenges with this population exist in regards to dental exams. Furthermore, monitoring and TA efforts revealed a lack of uniformity and standardized practice with the documentation of dental health exams in MD CHESSIE for children ages 1-3 resulted in missed dental exams. Lastly, through collaboration with stakeholders in the Health Workgroup, it has been identified there is a lack of dental providers across the State who are unwilling to participate in Maryland Healthy Smiles (Medicaid dental coverage) resulting in limited dental resources.

Well-being Outcomes/CFSR Case Review/Update on progress
Table 4

Well-being Outcomes	Overall Determination	State Performance
Time Period: April – September 2018		
Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs	Not in Substantial Conformity	31% Substantially Achieved
Well-being Outcome 2: Children receive appropriate services to meet their educational needs	Not in Substantial Conformity	79% Substantially Achieved
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	Not in Substantial Conformity	58% Substantially Achieved
Data Source: CFSR Case Review		

As shown in Table 4, the CFSR review identified that while workers generally assess and provide appropriate services to foster parents and children, they are substantially less likely to accurately assess and provide services to parents, primarily due to lack of effective engagement with parents. While some cases show effective partnerships between workers, families, and service providers, in many cases workers fail to make concerted efforts to locate, routinely follow-up with, and meaningfully engage parents, leading to inaccurate assessments and an inability to identify the right services to meet their needs. Relatedly, parents are often not directly engaged to contribute to case planning and establishment of case goals. While workers generally conduct high-quality visits with children consistently, visits with parents do not occur frequently enough and sometimes lack quality as workers fail to establish strong engagement and dialogue with parents. Workers sometimes did not visit parents despite knowing their whereabouts, and engagement of fathers was particularly poor.

As displayed in Table 4, the review found that the educational and physical health needs of children were not consistently addressed. Particularly close collaboration with the school system on individualized education plans and other educational supports was found. The agency addressed the mental and behavioral health needs of children less consistently, with a primary barrier being a shortage of trauma and other mental health providers in some parts of the state.

Strengths
In recent years, the agency has done a better job at engaging external stakeholders and the Local Department of Social Services (LDSS) staff as part of a continuous feedback loop and planning around Well-being Outcomes. This is largely due to the creation of SSA's Child & Family Well-being Unit in 2017. This unit was developed with the intention of improving Well-being outcomes. This unit has led to increased guidance and technical assistance provided to LDSS targeted on education and health outcomes. The agency has begun collaborating with stakeholders and exploring available assessment tools to develop a Well-being metric that can speak to the achievement of Well-being. For Well-being Outcome 3; CFSR results indicate that the agency is making significant progress in ensuring children's needs are assessed and appropriate services are provided to meet those needs. Additionally, CFSR results also indicate the agency made great progress in adequately assessing the need of foster parents and providing the services needed to ensure they have the capacity to provide for children in their care. Overall the agency has been more intentional about making sure Well-being and quality of care are a part of the planning, this is evident by the integration of Well-being practices in the Integrated Practice Mode.

Concerns

In regards to Well-being Outcome 1; CFSR results indicate the agency has not been successful in ensuring that once a child comes into care, the needs of the biological parents are adequately assessed and that those parents are provided with the services they need to reunite with their child and ensure they have the capacity to provide for the children's needs. This is an area that the agency will prioritize and strengthen to improve Well-being Outcomes.

The agency also recognizes the need to develop Well-being measures that are a better indicator of quality of services and overall Well-being. Currently, the insufficiency of data available and the constraints of the data entry system hinder the agency's ability to better track Well-being outcomes. With the input of stakeholders, the agency needs to identify the data elements to collect and assess to demonstrate Well-being outcomes.

In regards to Well-being Outcome 2, the agency acknowledges the education measure needs further developing and strengthening. The agency views timely enrollment in school as a first step to achieving Well-being Outcome 2. The faster a child is enrolled in school after coming into care, the agency is able to reduce gaps in education services as a result of placement, and ensure the child has proper assessments conducted, testing and early access to the education services he or she needs. With the integration of the new data system, the agency hopes to be in a better position to capture data and use this data to develop more appropriate Well-being measures.

In addition to the planned activities targeted at improving performance for Well-being Outcomes 1, 2 & 3 below, please see CFSP Goal 2, 3, and 5 activities for Well-being 1; CFSP Goal 3 activities for Well-being Outcomes 2 and 3.

Activities for Educational Needs (Well-being 2)	Target Completion Date
Assess barriers around navigating education services for children in care by developing and disseminating an education survey and follow up to LDSS staff, resource parents and private providers	December 2019
Based on survey results, develop targeted interventions to assist the LDSS staff with ensuring they are able to coordinate education services to make sure identified needs are met.	September 2020
Improve data sharing between MSDE and DHS/SSA to ensure SSA and LDSS have access to up to date education data for children in care	June 2024
Conduct a state wide review and analysis of education data related to academic performance for children in out-of-home care (Demographics, School Attendance, Student Performance)	June 2024

Activities for Measure: Children enrolled within 5 days	Target Completion Date
Conduct monthly monitoring of school enrollment data related to children in Out-of-Home placements to ensure compliance with education requirements followed by technical assistance to LDSS to address barriers and areas of concern.	June 2024
Assess barriers to timely school enrollment by developing and disseminating an education survey and follow up to LDSS staff, resource parents and private providers	December 2019
Coordinate with MSDE to develop processes that will enhance collaboration between the LDSS and the Local Education Agencies (LEA) around timely school enrollment.	June 2024

Activities for Children receive adequate services to meet their physical and mental health needs. (Well-being 3)	Target Completion Date
Conduct monthly monitoring of timely health assessments data and provide targeted technical assistance to the Local Department of Social Services to address barriers and areas of concerns and ensure compliance with exam requirements.	June 2024
Identify strategies addressing scarcity of dental providers accepting Medicaid and/or limited providers in rural areas impeding dental performance measures and oral health outcomes.	December 2021
Through collaboration with MDH, MCO and health care providers, establish health care measures and shared outcomes for children involved in child welfare	June 2021
Facilitate coordination between the LDSS and MCOs to address health care services barriers related to Transitioning Youth. The agency will work with LDSS and Health Care providers to identify strategies to improve health outcomes for this population.	June 2022
Improve cross-system collaboration with Maryland's Managed Care Organizations (MCO), primary care providers, caregivers, and behavioral health providers to improve coordination of health care services for children in child welfare	June 2024
Establish health data sharing agreements and linkages between DHS and Electronic Medical Record systems. This will allow Electronic Medical Records (EMR) to link with the new Child Juvenile Adult Management System (CJAMS) so information can be transmitted electronically and provide state and local child welfare workforce with the opportunity to have readily available data that will inform practice and improve monitoring.	June 2024
Explore feasibility of data sharing from The Chesapeake Regional Information System for Our Patients (CRISP) and claims data from Medicaid to Maryland Total Human Services Information Network (MDTHINK)	June 2024
Continue to create workforce development opportunities addressed to meet the health care needs of children in out of home placement: Offer on-going specialized, competency-based child welfare training and guidance aimed to support the workforce knowledge and practice of navigating Maryland's Health Care System.	June 2024

A. **Systemic Factors**

1. **Information System**

Data to demonstrate current functioning and assessment of progress
The State can identify the four elements in the system. The fields in the system can be readily accessed through the staff's home page in MD CHESSIE. The ability of the state to view and monitor the four elements in MD CHESSIE is limited by the system's security. Access to the four elements within the system is available according to the security assignment. Access to the foster care status, Demographics characteristics, child's physical location, and, goals for permanency are restricted to the administrators, supervisors, caseworkers, and support staff assigned to the case at the local level. State Central child welfare administrative staff is assigned statewide case view and edit rights according to their program responsibility. he Timelines for data entry are as follows:
- All placements and/or living arrangements must be documented within (1) business day of the physical change of placement for any child involved in the active service case. his applies to Out-of-Home Placements and In-Home cases.

- Monthly face-to-face visits with the child shall be documented as soon as possible in the case record but not later than (5) five business days after the visit occurs.
- Require face-to-face contact with family receiving Child Protective Services and In-Home services shall be documented no later than 5 business days after the visit.
- All other case activities must be documented within thirty (30) business days or prior to reconsideration of case, whichever occurs first.

Entering 4 elements in the system
MD CHESSIE is a transition CCWIS system where monitoring needs are currently addressed through the use of milestone reports. Currently, LDSS Manager, supervisor and staff view milestone, exception, and, performance reports daily for missing elements so that corrections can be updated in the system. Monitoring tools and staff for future data quality assurance is in development in CJAMS.

Status – In foster care or no longer in foster care

Number of Clients Entering and Exiting Foster Care			
	CY2017	CY2018	Percent Change (Increase or Decrease)
Entered Foster Care	2628	2666	1.45%
Exited Foster Care	1163	2156	85.4%

Data Source: MD CHESSIE

Demographic characteristics
The demographics characteristics of all children in foster care are confirmed by the Title IV-E eligibility staff to verify and confirm that the date of birth, sex, race, ethnicity, disability, medically diagnosed condition requiring special care; and, if the child has ever been adopted is verified and confirmed and accurate in MD CHESSIE.

Location – child's physical location
The physical location of every child is monitored through the use of exception reports which identify when a caseworker fails to complete documenting the change in placement in the system when the living arrangement is omitted. Caseworkers also are required to document the child's placement through a monthly face-to-face visit. DHS/SSA also provides the Maryland Emergency Management Administration (MEMA) with monthly reports of all foster care children in an out-of-home care placed in-state-and out-of-state. These reports are used to confirm the children's location and safety in the event of a disaster.

Number of Children with Unknown Physical Location Where Caseworkers did not Know or Failed to Document the Current Living Arrangement		
CY2017	CY2018	Percent Change (Increase or Decrease)
216	197	-8.9%

Data Source: MD CHESSIE

Goals for permanency – reunification, adoption, guardianship, other planned permanent living arrangement, not yet established
The goals for permanency (reunification, adoption, guardianship, another planned permanent living arrangement (APPLA), not yet established) are monitored by State Central and LDSS management staff to ensure that workers update client permanency plans according to their specific timetable. Management uses the milestone reports to monitor the progress and timeliness of caseworker and family progress in achieving permanency.

Assessment
Maryland has the four elements in the current MD CHESSIE. However, there are challenges in that there has not been an identified process to confirm that the system is functioning. In the Maryland CFSR 2018

Final Report, DHS/SSA Item 19 received a rating of Area as Needing Improvement. It was noted that Maryland does not have an identified process to confirm the accuracy of data or timeliness of data entry on an ongoing basis.

The current system, MD CHESSIE will be replaced by a new Child, Juvenile and Adult Management System (CJAMS) that is currently under development. CJAMS shall provide Maryland child welfare workers with the ability to deliver improvements in services to support the safety, permanency, and well-being of children and families in child welfare. It will allow for real time access to data and reports and improved data quality in compliance with child welfare information system requirements (CCWIS).

Strengths
The use of the milestone report is a strength since it provides administrators and managers with the tools to monitor key service indicators on a daily basis without additional system enhancements. The milestone date will serve as a development tool for future development of real-time analytics.

Concerns
MD CHESSIE is a transition systems and funding for system changes are limited to system maintenance and operations. The state is expected to continue to enhance a transition system without fiscal support. The statewide implementation of real-time analytics can only occur in phases since the state is developing CJAMS using Agile methodology. The greatest concerns are the availability of funding and staffing to support the continuous review of the timeliness and data quality. However, these concerns will be addressed in the development and implementation of the systems transition plan.

All current and planned activities for improve real-time monitoring activities of performance improvement is planned for development in CJAMS since the state is not required to duplicate improvement in a system in transition. All monitoring and real-time quality assurance activities are mandatory system requirements for CJAMS.

Current or planned Activity to improve performance	Target completion date
Phased-in real time monitoring and notification of client demographics to insure accurate client identification	2022/monitored monthly
Develop real-time metrics for case status elements	2022/monitor monthly
Testing Real-time metrics for case status elements	2022/monitor monthly
Provide caseworkers, providers, and sister agencies scaled secured mobile access to the system to improve the timeliness of business transactions supporting appropriate service delivery	2022/monitored monthly
Provide caseworkers the ability to identify the status of all clients in real-time.	2022/monitored monthly
Ensure that the system is fully compliant with federal and state regulations.	2022/monitored monthly
The system shall provide aggregate information to support the permanency, safety, and well-being of children in out of home care.	2020/monitored monthly

2. **Case Review System**

Data to demonstrate current functioning and assessment of progress

To determine baseline functioning in this area, which assesses whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis, was reviewed. For the majority of written case plans reviewed (N=56), this item was rated as an Area Needing Improvement (69%). For periodic reviews, Maryland's data does not differentiate between subsequent periodic reviews and permanency hearings as both are utilized for AFCARS. For this reason, Maryland cannot provide statewide data regarding the number of cases requiring a periodic review and whether the initial review was conducted within 6 months of entering foster care and every 6 months thereafter. Maryland plans to transition to a new system during SFY2020, with plans to allow a distinct description for initial 6-month reviews and permanency hearings. Baseline data for Item 21 will be established during the rollout of the new system. The target for Item 21 will be to achieve the established federal requirements by 2024.

Foster Care: Timeliness of Periodic Reviews	
CY2018 Baseline	Unable to determine with current practice
Target goal by 2024	80%

Permanency hearing requirements include the same requirements as periodic reviews and also includes specific additional finding. Maryland schedules permanency hearings every 10 or 11 months to consider any scheduling conflicts or continuances. The reporting period for 10/1/2017-9/30/218 (Data source Foster Court Improvement Program) shows that the Timeliness of Initial Permanency Hearing to Permanency Planning Review Hearing is 81.20%, with median months at 6.67 and average months at 6.77. DHS/SSA currently has limited ability to track the timeliness of filing TPR petitions. The LDSS attorneys file TPR petitions; which does not always involve the input of a case worker, thus leading to the caseworker's lack of knowledge about the actual TPR petition date. There is inconsistency between locals with regards to how the dates for the filings are entered in to MD CHESSIE which is evident in the monthly report on Children in Out-Of-Home Care more than 15 of the last 22 months.

During CY2018:
- There were 4,031 children who were in care at least 15 months of 22, 57% of the total number in Foster Care.
  - 615 live in a relative home
  - 389 had been TPR'd
  - 291 were living with a parent or on a trial home visit
- 2,736 (68%) of those in care at least 15 months of 22 should have had TPR filed, had compelling reasons documented, or identification of services not being provided to the families however this information is not currently available in the current system.
- Baseline - 32% of children in foster care for at least 15 months of the past 22 months met standards regarding TPR.
- Target - by CY2024, at least 65% of children in foster care for at least 15 months of the past 22 months will meet TPR standards.

Data source: MD CHESSIE

DHS/SSA is still in the process of developing a systematic way of ensuring that caregivers are notified of court hearings. DHS/SSA has met with the LDSS leadership as well as the Maryland Resource Parent Association and the Maryland Foster Parent Ombudsmen to ensure that caregiver's are aware of their right to be notified and be heard at all court hearings regarding youth in their care. A survey was disseminated at the Spring 2019 Resource Parent Conference in March 2019 that included the question, "Do you receive written notification of upcoming court hearings?" Out of 111 attendees, 78 resource parents (87%) answered that they received written notification of upcoming hearings. Conversely, the Maryland CFSR

2018 Final Report stakeholder interviews stated that the template for the notice for hearings is not always used consistently. It was reported that at times, the caseworker calls the resource parent regarding the hearing rather than written notification or the resource parent will call the caseworker to inquire about hearings. Over the next five years, DHS/SSA will continue quarterly resource home monitoring and include court hearing notification in the reviews (see planned activities below). 10% of the total Resource Home Provider cases will be pulled as a random sample for review. Of the sample size, DHS/SSA will work towards a target of 75% of the following cases monitored: caseworker sent the notification of court hearings and resource home providers stated they received the notification.

In addition to this information, Maryland CFSR 2018 Final Report results indicated the overall Systemic Factor as an Area Needing Improvement. Four of the five Item numbers, 20, 21, 23 and 24 were Areas Needing Improvements. Areas cited as needing improvements from stakeholders were more consistency across jurisdictions for parental involvement in case planning, timely hearings, inconsistent data tracking and regular, timely notifications of upcoming hearings.

Assessment

The data and Maryland CFSR 2018 Final Report results suggest that DHS/SSA needs to ensure through technical assistance that local jurisdictions strengthen parental involvement, are cognizant of data entry to ensure data collection and that DHS/SSA develops a reliable process for timely hearing notifications.

In the data issues presented, DHS/SSA expects to see improvements through the transition to a new data system in the Fall of 2019 that provides more user friendly features for data entry. Targeted technical assistance and monitoring will be provided to address nuances of data entry, systems understanding and engagement of parents in case plans.

Strengths

DHS/SSA is aware that changes need to occur with regards to data available regarding overall systemic factors. Work has begun to improve the data accuracy and quality regarding the different types of court hearings and reviews, along with information regarding timeliness of those hearings (including TPR filings), and hearing notifications to foster parents.

Concerns

The current state information system has limitations that affect the ability to accurately evaluate the information available regarding the systemic factors. There is inconsistency across the jurisdictions with understanding of how to appropriately document court hearings and reviews as well as the necessity of timely notifications regarding hearings both to foster families as well as caseworkers regarding TPR filings.

Current or planned Activity to improve performance	Target completion date
Improve data input through development of the court domain within CJAMs that allows for the appropriate differentiation between court hearings.	2020/Quarterly reviews
Provide training and Technical Assistance (TA) with the Local Department of Social Services (LDSS) on the differences between court hearing types to ensure accurate documentation and understanding.	2020/Quarterly reviews
Continue to work with Foster Care Court Improvement Project (FCCIP) on court data and connecting DHS/SSA with the information more easily.	2020-2024 (semi-

Current or planned Activity to improve performance	Target completion date
	annually)
Ensuring supervisors have access to Business Objects to access monitoring reports and understand how to use these reports	2020
Add additional data fields in CJAMS to monitor TPR filing, compelling reasons not to file, reassessment of reasons	2020/semi-annual reviews
Develop a unified process in CJAMS for hearing notifications	2020
Develop a monitoring system for hearing notifications • Review resource home records in MD CHESSIE • Contact LDSS, ask if the caregiver was notified about the hearings, request documentation from LDSS via contact notes. • Contact resource parent, ask if the notification was received from LDSS	2020/quarterly
Develop a unified process in CJAMS for hearing notifications	2020
Develop a monitoring system for hearing notifications	2020
Partner with Capacity Center for States around foster parent engagement	2021
Targeted Regional Meetings with LDSS staff and Affiliate meetings to identify and resolve barriers to notifications	Semi Annually

3. **Quality Assurance System**

Strengths

Maryland's Continuous Quality Improvement (CQI) is embedded in the foundation of the DHS/SSA strategic vision and over the last two years Maryland has seen growth in the Quality Assurance/Continuous Quality Improvement (QA/CQI) system. Maryland's internal and external stakeholders are more knowledgeable about CQI on both state and local levels. Through meetings such as the Regional Supervisory and Implementation Team, individuals are informed about CFSR and Headline Performance data. Maryland has implemented a State CQI Cycle that allows for regular intervals of problem identification, review of data, prioritization, root cause analysis, and the development of strategies that would improve outcomes. Additionally, Maryland is working with local departments to develop QA/CQI systems that not only examine compliance as well as the quality of the work with children and families. Maryland will continue to refine the QA/CQI system as staff become more experienced. The existing QA/CQI system is aligned with the federal standards and the CQI framework described in IM-12-07. The system includes:

Foundational structure
• A CQI plan that guides the work of the agency to integrate CQI processes in support of improved outcomes.

- A CQI unit that is fully-staffed and supports ongoing case reviews, provides technical assistance to local departments on CQI processes and DHS/SSA program staff on approaches to CQI and QA.
- A statewide training for Peer Reviewers and QA staff.
- A staffing plan that identifies a reviewer pool to ensure sustainability.

Quality Data Collection and Case Reviews
- Robust collection of administrative data and functional assessment data that permits calculation of MD's performance on the headline indicators and storylines to inform the understanding of safety, permanency and well-being outcomes.
- Use of the federal OSRI instrument in conducting case reviews and consistent quality assurance of instruments to support an accurate understanding of local performance across the entire State.
- A sampling methodology that ensures that all eligible cases are included in the sampling pool and that jurisdictions are equally grouped every six-month review period to allow of comparison across each six-month cycle.

Analysis and Dissemination
- Analysis of MD's statewide performance on headline indicators and storylines on a quarterly basis; distributed to DHS/SSA and other key stakeholders on a regular basis.
- Analysis and calculation of local performance on headline indicators and storylines; distributed prior to the onsite review and ongoing during their local continuous improvement plan period.
- Analysis of CFSR case review data on a six-month basis; distributed to DHS/SSA and other key stakeholders.
- Ongoing analysis of evaluation data on key interventions, including EBPs supported under the waiver, family involvement meetings; disseminated to Implementation Teams responsible for intervention oversight.

Feedback and Stakeholder Engagement
- A feedback loop that includes engaging internal and external stakeholders in regular "CQI Cycles" via the DHS/SSA Implementation Structure. The State CQI Cycle begins with gathering performance data from various sources including but not limited to Headline Indicators, CFSR,
- input from Implementation Team. Next, Implementation Teams and CQI & Data Analytic team members review the data and summarize key findings. These findings are then presented to the Outcomes Improvement Steering Committee (OISC) where consensus is gathered on areas of prioritization. Then, Implementation Teams and Data Liaisons begin root cause analysis and develop potential solutions. The proposed solutions are presented to the OISC for approval of next steps and advancement. Lastly, the solutions are implemented, progress is tracked, and OISC is kept informed of progress as well as provides input related to support of ongoing work.
- An ongoing CQI process that includes engaging local leaders and their stakeholders in an orientation to the review and practical data meeting to explore performance, the onsite case review, and local continuous improvement plan development supported by DHS/SSA monitoring and technical assistance.
- Ongoing discussions of current and trend data and performance at key gatherings of leaders, providers and community providers.

Concerns
There are no major concerns with the CQI process.

Assessment
The goal of CQI at the State level is to guide planning, implementation, and ongoing management of performance improvement strategies statewide. CQI is carried out within DHS/SSA's Implementation

Structure, an organizational structure nested within DHS/SSA in partnership with system partners, to advance key priorities in order to achieve the agency's strategic direction. Since the fall of 2018, DHS/SSA facilitated discussions regarding CFSR case review data and statewide and local performance on the headline indicators to understand trends and identify key findings and concerns for deeper analysis and action. Additionally, DHS/SSA engages each local jurisdiction as they participate in MD CFSRs, with focused discussion on the local departmental performance on the headline indicators and the story that provides context for that performance. DHS/SSA and the local department identify areas of outstanding performance and those in need of improvement during this engagement and couple them with the local department's MD CFSR findings to guide the local department's improvement efforts. From the State and local level CQI efforts, Maryland has developed a deeper and more nuanced appreciation of the problems that underlie performance challenges, which informs the strategies proposed here.

Outcome, Item and Description (indicates anticipated PIP target)	All cases to date	4/1/18 to 9/30/18	10/1/18 to 3/31/19	4/1/19 to 9/30/19	10/1/19 to 3/31/20	4/1/20 to 9/30/20	10/1/20 to 3/31/21
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect							
Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment (***anticipated target 96.9%***) *Assesses whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes.*	**81.8%** (66)	**89.7%** (29)	**75.7%** (37)				
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate							

Outcome, Item and Description (*indicates anticipated PIP target*)	All cases to date	4/1/18 to 9/30/18	10/1/18 to 3/31/19	4/1/19 to 9/30/19	10/1/19 to 3/31/20	4/1/20 to 9/30/20	10/1/20 to 3/31/21
Item 2. Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care (*anticipated target 59.9%*) *Assesses whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.*	**64%** (25)	**41.7%** (12)	**84.6.7%** (13)				
Item 3. Risk and safety assessment and management (*anticipated target 76.6%*) *Assesses whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.*	**65.4%** (130)	**69.2%** (65)	**61.5%** (65)				
Permanency Outcome 1: Children have permanency and stability in their living situations							
Item 4. Stability of foster care placement (*anticipated target 83.8%*) *Assesses whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goal(s).*	**75%** (80)	**75%** (40)	**75%** (40)				

Outcome, Item and Description (*indicates anticipated PIP target*)	All cases to date	4/1/18 to 9/30/18	10/1/18 to 3/31/19	4/1/19 to 9/30/19	10/1/19 to 3/31/20	4/1/20 to 9/30/20	10/1/20 to 3/31/21
Item 5. Permanency goal for child (*anticipated target 57.6%*) *Assesses whether appropriate permanency goals were established for the child in a timely manner.*	**42.5%** (80)	**47.5%** (40)	**37.5%** (40)				
Item 6. Achieving Reunification, Guardianship, Adoption, or Other Planned Permanency Living Arrangement (*anticipated target 60.1%*) *Assesses whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.*	**48.8%** (80)	**50%** (40)	**47.5%** (40)				
Permanency Outcome 2: The continuity of family relationships and connections is preserved for all children.							
Item 7. Placement with siblings *Assesses whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.*	**87.8%** (41)	**88.9%** (18)	**87%** (23)				

CFSR PIP Feedback

Maryland participated in the Children's Bureau's Pilot Project to develop a program improvement plan to continue to build on its vision for CQI and take advantage of the opportunity for CB to assist Maryland in facilitating meaningful engagement with partners to identify problems and develop strategies to improve. In April 2019, a large and diverse quorum of Maryland's external stakeholders, families, and staff convened

for a full week to review and discuss these findings as well as additional data and information provided by the Children's Bureau, the Foster Care Court Improvement Project and DHS/SSA. Participants synthesized the evidence in group discussions enriched by each individual's contributions, drawing on their expertise, knowledge, and professional and lived experiences in Maryland's child welfare system. Discussions centered on understanding and making meaning of these findings, identifying root causes driving performance and practice issues, and identifying strategies to address root causes that are likely to create broad practice and performance improvement in key identified areas. The outcomes of this convening and subsequent discussion were utilized by Maryland in the development of the 2020-2024 CFSP goals and objectives.

Current or planned Activity to improve performance	Target Completion Date
Implementation of focus groups bi-annually	2019
CFSR performance date shared internally	2019
CFSR performance date shared externally	2020
Implement IPM CQI activities	2020
Local QA/CQI process implementation	2020

CFSP Goal or objective where Systemic Factor may be addressed
The Quality Assurance Systemic Factor will also be addressed under CFSP Goal 3: Strengthen Maryland's CQI processes to understand safety, permanency, and well-being outcomes.

4. **Staff Training**

Data to demonstrate current functioning and assessment of progress

DHS/SSA continues to provide pre-service and in-service training to child welfare staff across the state through a longstanding partnership with the Child Welfare Academy (CWA) at the University of Maryland, Baltimore School of Social Work. The CWA administers training evaluations for all pre-service and in-service (ongoing) trainings with quantitative satisfaction ratings. During SFY2018, the CWA introduced qualitative pre-service training feedback surveys so that staff could evaluate trainings based on applicability to their current job and transfer of learning into daily practice. This data reflected that 92% (N=188) strongly agreed that what they learned in training was applicable to their job, 91% (N=188) strongly agreed that what they learned would make them a more effective worker or supervisor, and 93% (N=188) rated overall pre-service training as excellent or good.

Data provided from the SFY2018 CWA Annual Report shows that 92% (N=3372 participants who submitted evaluations) believed that in-service (ongoing) provided them with useful tools/strategies, and would make them a more effective worker or supervisor. In addition, 95% (N=949 of participants who submitted evaluations) "agreed" or "strongly agreed" when asked if they are committed to applying what they learned, feel confident in their ability to apply what they learned, and believe they will see a positive impact if they apply the learning consistently.

Despite this data, Maryland's CFSR 2018 Final Report evaluated DHS/SSA's training system as Areas Needing Improvement with stakeholders indicating that pre-service and in-service (ongoing) trainings did not adequately prepare the workforce. Additionally, qualitative data from discussion groups during DHS/SSA's 2018 statewide Regional Meetings show that supervisors and managers indicated a mixture of high satisfaction, moderate satisfaction and non-satisfaction ratings with the pre-service and in-service (ongoing) trainings provided to supervisors and child welfare workers. In addition, the data showed that 75% of the Public Foster Resource Parents completed 10 or more hours of In-Service training.

Assessment

Discrepancies in data findings make it incumbent upon DHS/SSA to systematically review and analyze data from the various data pools in order to make a more thorough and conclusive evaluation of its training system, and in turn, make needed improvements. One reason for these discrepancies may be that participants complete evaluations immediately after trainings and cannot project or accurately evaluate applicability of trainings because practice opportunities have not yet occurred. DHS/SSA will employ several measures to bridge data discrepancies and most importantly, improve training systems through provision of quality, relevant and applicable trainings to child welfare staff.

The data showing 75% Public Foster Resource Parents completing In-Service training may be a data entry issue or additional support needed to ensure that the correct process is followed to input data for training requirements. Additional feedback from LDSS and Technical Assistance given to LDSS will be needed to determine the reasons behind the discrepancies.

Strengths
- Evaluations immediately following pre-service training for staff shows positive results regarding
- quality of training and applicability of training to current job duties.
- Qualitative feedback was added to training evaluations as a qualitative data source.

Concerns
- There are discrepancies between training evaluations and stakeholder interviews regarding trainings.
- There are currently no consistent mechanisms to monitor long-term transfer of learning from pre-service and in-service trainings.

CSFP goals and objectives addressed.

CFSP Goal 2: Strengthen workforce knowledge and skills to support the full implementation of Maryland's Integrated Practice Model (IPM) (PIP Goal).

Current or planned Activity to improve performance	Target Completion Date
Partner with local departments to implement "group think" networks to openly discuss satisfaction of pre-service and in-service trainings and recommendations for change	September 2019 Quarterly Reviews
Partner with the Child Welfare Academy (CWA) to develop and enhance on-line pre-service and in-service training opportunities to increase access, registration, attendance and satisfactory completion of trainings	September 2019 Quarterly Reviews
Review current pre-service, foundations, and in-service training curricula to evaluate relevance to needs of child welfare workforce and offer suggestions for updates and modifications of content and activities	September 2019 Quarterly Reviews
Consult with independent evaluator to conduct data analysis of pre-service, foundations, and in-service trainings to better assess impact and applicability of trainings	Annually
Consult with CWA to discuss in-service trainings that receive unsatisfactory ratings, discuss needed modifications and need for continuation of training	Monthly
Partner with CWA and local departments to develop opportunities for	December 2019

Current or planned Activity to improve performance	Target Completion Date
peer-to-peer trainings among staff to better align actual and practical work experiences with training content	Annual Reviews
Request " no show" training data form CWA to strategize with local departments to ensure attendance and completion of trainings	September2019 Quarterly/Annual Reviews
Review training reports and data analyses monthly with CWA to: - evaluate participant satisfaction - identify well received and non-well received trainings - identify needed modifications to training content - evaluate instruction methodologies - identify need to retain or replace trainers	Monthly
Share data from training reports with DHS/SSA Workforce Development Network to further identify and support training needs of staff	Monthly
Partner with CWA and local departments to develop and implement 3-4 month post training evaluation and follow-up process for select sub-set of in-service trainings to gauge ongoing applicability of training	December2019 Quarterly/Annual Reviews
Establish ongoing training standards and requirements for all child welfare staff to maintain well-prepared workforce - determine required number of training hours - determine required training modules for workers and supervisors - require trainings for both licensed and unlicensed staff	December 2019 Annual Reviews
Consult with DHS/SSA Workforce Development Network (WFD) to further analyze program and evaluation data to identify and support training needs of staff.	Monthly
Develop a monthly resource home milestone report to track all resource home compliance which will include training (pre- and in-service) training data.	2020
Provide technical assistance to the LDSS to ensure that documentation of trainings is accurately recorded.	September 2019 Annual Reviews
Revise the monitoring process to include quarterly monitoring of major regulatory standards. Currently the Licensing Coordinators are required to meet all the licensing requirements over the 2-year licensing period (OLM).	2020/quarterly
Implement a management level review of Corrective Action Plan (CAP) responses to improve the quality of the responses and increase effectiveness (OLM).	2019/Monthly
Develop and Implement a structured follow-up to CAP responses and repeat findings (OLM).	2020/Quarterly

5. Service Array

Data to demonstrate current functioning and assessment of progress

DHS/SSA continues to develop a full service array to support the assessing of strengths and needs of children and families as well as provide an array of services to enable children to stay safely in their homes and achieve permanency. Data related to the statewide functioning of this item is included in both DHS/SSA's 2015-2019 Final Report and Maryland CFSR 2018 Final Report. Both data sources show that this is an Area Needing Improvement related to the array of services and individualizing services.

Assessment

In the 2015-2019 Final Report, when looking at the service array, data showed that there are a number of services funded by both DHS/SSA and local departments. At the local level the services funded are often determined by local need which may lead to variance to availability across the State. In addition, when looking at the individualization of services, while there is general compliance statewide related to the completion of formal functional assessments there is room for improvement, particularly with the foster care population. In addition, the meaningful use of these assessments continues to be a struggle, as evidenced by the low number of needs being identified and the lack of connection of strengths and needs to service plans.

In the Maryland CFSR 2018 Final Report interviews with stakeholders showed that although many services are available statewide, including independent living services, services are not consistently available and accessible in all parts of the State. Reported gaps in services included housing, transportation, substance abuse treatment, quality mental health services, including a lack of child psychiatrists, trauma-informed therapy, and parenting classes targeted toward certain populations (e.g., adolescents and sexually abused children). In rural areas of the State, access to dental care was also identified as an issue. The availability of flex funds was reported useful in filling service gaps on a local basis, but there were concerns reported around accessibility. When looking at the individualization of services, stakeholders shared that while there are specific examples of service individualization, it is not consistently occurring across the State. Stakeholders also reported that individualized services are sometimes at the worker's discretion. Finally, the agency is not always able to design culturally responsive services due to language barriers, especially when serving and individualizing services for the immigrant population.

These issues also arose during Maryland's PIP convening when discussing the difficulties families experience when working with multiple systems and trying access services. Families report becoming frustrated and disempowered by the difficulty they experience navigating systems and in attempting to meet their own needs as well as those of their family.

Strengths
- Maryland is in the process of engaging more stakeholders in the discussion about service array gaps and is using the CQI process to fully inform these discussions and the strategies that arise from them.

Concerns
- Data suggest that caseworker's assessments need to provide a more accurate and thorough summary of a children and families strengths and needs in order for the service delivery system needs to be appropriately identified to meet the individualized and unique needs.
- Both items within this systemic factor were rated very low (service array, individualizing services).

Addressed in Goals
As a result of these assessments, Maryland included in its PIP and CFSP a goal to strengthen and capitalize on community and system partnerships to best serve families (See Maryland PIP Goal 4 and CFSP Goal 5). Maryland believes that a shared vision is needed as a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families. A shared vision presents opportunities to share knowledge and data between the State and its partners. Sharing knowledge and data also allow for consistent communication loops and a greater understanding of desired system outcomes. Creating opportunities for more informed and nuanced strategic planning and decision-making at state and local levels in support of refining the efforts to team, partner, and improve the service delivery system resulting in more of the right services, in the right place, at the right time.

Ensuring that service gaps are identified and supported is also being addressed by Goal 5 of the CFSP – Strengthen system partnerships to improve safety, permanency, and well-being of youth and families as well as build a prevention service array to support children and families in their homes and community. DHS/SSA will work with the sister agencies and local partners to ensure that funding will be sufficient to meet the priority service areas. Goal 1, Objective 1 - Revise process for collaborative assessments and developing service plans to facilitate partnership with families, including consistently identifying & engaging the family/youth's chosen supports -addresses the goal of individualizing services by engaging in collaborative assessment and planning.

Current or planned Activity to improve performance	Target completion date
Revise process for collaborative assessments and developing service plans to facilitate partnership with families including consistently identifying & engaging the family/youth's chosen supports.	2019-2020
Develop and capitalize on community partnerships to strengthen the full array of services, including prevention services	2019-2021
Conduct Town Halls and develop *Local Calls to Action* to engage community partners in meeting the needs of children and families	2019-2021
Utilize lessons learned from Title IV-E Waiver Demonstration Project to expand the utilization of evidence-based practices across the child welfare continuum	2019-2021
Strengthen allocation process to local departments that maximizes available funding and addresses service gaps	2020 and Annually
Include IPM language in contracts/agreements with placement and other providers to enforce consistent implementation of the IPM within contracted providers, monitor compliance, and provide technical assistance and support as needed	2020-2024
Conduct ongoing CQI to assess outcomes, identify strengths and areas needing improvement, and implement improvement plans as needed	2021-2024

6. Agency Responsiveness to the Community

Data to demonstrate current functioning and assessment of progress
DHS/SSA implemented a number of strategies to support the ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP, in particular the Outcomes Improvement Steering Committee (OISC) Advisory Board and the DHS/SSA Advisory Board (please see Collaborations). Maryland CFSR 2018 Final Report indicated that this Systemic Factor was a Strength. Stakeholder feedback included that there is "coordination of federal services at both the state and local levels." Local partnerships were viewed positively.

Assessment
There is room for improvement in the consultation with stakeholders in regards to the CFSP and APSR per the stakeholder interviews. Concerns stated that there has not always been inclusion of local feedback. Connections to the APSR and CFSP from discussions of data and programs have not always been made. This feedback suggests that clarifications and connections to the CFSP and APSR need to be made during discussions and requests for feedback to ensure that the goals, objectives and updates are clearly stated understood and connections are made.

Current or planned Activity to improve performance	Target completion date
Review membership of stakeholder groups to ensure inclusive representation of local representatives, Tribal representatives, service providers, public and private child and family serving agencies, service provider, courts	2019 and ongoing
Continue to refine and enhance headline indicator and the CFSR results dashboards to support utilization of data by State and local staff as well as stakeholders	2019
Develop a schedule to regularly review and clarify goals, objectives and updates of the CFSP with stakeholders and as part of DHS/SSA's Implementation Structure	2019 and Semi Annually
Increase stakeholder accessibility of headline indicator and the CFSR results dashboards	2020
Enhance State CQI cycle to support regular reviews of progress, identify areas of growth, and test out small measures of change	2020-2021
Monitor implementation of CQI cycle making adjustments as needed	2021-2024

7. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Data to demonstrate current functioning and assessment of progress

The licensing, recruitment and retention of public resource homes is managed by LDSS with guidance and technical assistance provided by DHS/SSA. Although DHS/SSA faced challenges with the Child Welfare data system, internal auditing procedures were developed to ensure that the LDSS public provider cases are in compliance. Baseline data is available for 2 quarters in 2018: Quarter 1 (Jul – Sep 2018), 22 Resource Home cases were reviewed for initial/recertification compliance and 22 cases were found to be non-compliant in the following areas: overdue in-service trainings, overdue re-certifications, and non-compliance with appropriate documentation. During Quarter 2 (Oct – Dec 2018), 34 Resource Home cases were reviewed for initial/recertification compliance and 30 cases were found to be non-compliant in the following areas: overdue in-service trainings, overdue re-certifications, and non-compliance with appropriate documentation. OLM, within DHS, monitors Maryland licensed Child Placement Agencies (CPA) license regarding the recruitment and retention of treatment resource homes. Baseline data and targets for Residential Child Care Programs and Child Placement Agencies is included in Table 5

Table 5

Standards Applied Equally	Number reviewed	Number compliant	Percentage compliant	Target compliant in 2024	
Public Resource homes Jul – Dec 2018 (baseline)	56	4	7%	75%	
# of RCC Providers	# of RCC Provider Visits	# of Provider Visits that Met Requirements	# of Provider Visits that Resulted in a CAP	Target for 2024	
44	177	55 (31%)	122 (69%)	85%	
# of CPA Home	# Met	# Needed	Target for	# of CPA	# Met

Records Reviewed	Requirements	CAP	2024	Home Records Reviewed	Requirements
366	280 (77%)	86 (23%)	85%	366	280 (77%)

In the Maryland CFSR Final Report, 2018, Requirements for Criminal Background Checks (Item 34) was listed with an overall rating of Strength based on the Stakeholder interviews and the assessment. Per the report, the state follows a critical incident protocol and there are multiple ways that the concerns can be reported. From January – December 2018, DHS/SSA received 21 public resource home maltreatment allegations submitted by the LDSS; of which 3 were indicated, 8 were ruled out, and 10 were unsubstantiated. In SFY2018, 97% (550) of RCC's were compliant and 3% (16) were found to be non-compliant. For CPA Homes, 100% (426) were compliant and 0% was non-compliant.

Racial Composition of youth in care and providers is shown in the Table below:

The racial composition of youth in care and providers December 31, 2018				
Race	**Youth in Care**	**%**	**Provider Racial Ethnicity**	**%**
Black	2,724	59%	729	30%
White	1,238	27%	550	23%
Hispanic	319	7%	58	2%
Asian	33	1%	1	0%
American Indian/ Native Hawaiian Pacific	1	0%	3	0%
All others (Refused, Unable to Determine)*	295	6%	1,091	45%
Missing/Unknown**	NA	NA	NA	NA
Total	**4,610**	**100%**	**2,432**	**100%**

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

The data continues to show the State has an adequate number of public resource homes for youth who are White and American Indian/Native Hawaiian Pacific. Although low, there continues to be a disparity with the placement of youth in Hispanic and Asian provider homes. Maryland continues to struggle with the racial/ethnic disparity among African American youth in care and the recruitment/retention of African American resource parents. Maryland also has a 45% data disparity among providers who have refused to identify their race or the system is unable to determine due to inadequate casework documentation.

In addition to this information, the Maryland CFSR 2018 Final Report results indicated that Item numbers, Standards Applied Equally and State Use of Cross-Jurisdictional Resources for Permanent Placements were Areas Needing Improvements. Areas cited as needing improvements were processes that show consistency

and fidelity across all jurisdictions, monitoring more frequently than quarterly, completing documentation within standard requirements and improving work with AdoptUSKids. DHS/SSA also found inconsistencies in data entry that would ensure that a clear picture is given for compliance. Public Resource Homes were found to be in non-compliance in 30 out of 34 homes for in-service training, overdue recertifications, and appropriate documentation. In addition, DHS/SSA cites coordination with the Tetrus/NEICE support to provide calculations of home study completions to ensure that the home studies are meeting the required timeframes. In the Maryland CFSR Final Report, 2018, State Use of Cross-Jurisdictional Resources for Permanent Placements (Item 36) was listed as an Area Need Improvement. Stakeholder interviews indicated that a "low percentage of incoming home study reports were completed within 60 days." Please note that the NEICE report does not calculate home study completions within the 60 day (Parent, Relative, Reg. #1 or Reg. #7) for outgoing or incoming ICPC referrals for any US State, at this time. With implementation of CJAMS, there will be better integration between NEICE and CJAMS allowing for determination of timeliness of incoming ICPC completion. Baseline data shows that 35% of incoming ICPC home studies are completed in 60 days. The target for 2024 is 60% of incoming ICPC home studies are completed in 60 days.

Strengths
Per the 2018 Final CFSR Report, Maryland meets the "federal requirements for criminal background checks for licensing or approving foster care and adoptive placements". Background checks are completed within the established timeframes. DHS/SSA also targets recruitment for resources homes based on the needs of each jurisdiction. Local recruitment ensure that families are available to reflect the ethnicity of the youth in care.

Concerns
Accurate data entry is a factor contributing to the inconsistencies in data. Future needs to improve are technical assistance given to ensure practice and data compliance is followed, technical assistance received from partners to streamline processes, develop efficiencies and resolve any barriers. The greatest concern is that documents are not being uploaded into the data system within required timeframes. Other concerns are that ICPC home studies are not completed within 60 days and the AdoptUSKids website is not effectively used for recruiting adoptable resource parents. A new child welfare data system should create efficiencies and more user friendly data input to assure that an accurate picture of outcomes is achieved.

The activities below are planned to address the areas of concern within the Foster and Adoptive Parent Licensing, Recruitment, and Retention Systemic Factor. The Foster and Adoptive Parent Diligent Recruitment Plan Goal Appendix also outlines activities planned for the next five years that address this systemic factor.

CSFP goals and objectives any of the systemic factors may be addressed
These systemic factors support Goal 5, Strengthen system partnerships to improve safety, permanency and well-being of youth and families as well as build a prevention service array to support children and families in their homes and community. Part of improving safety is to ensure that criminal background checks are completed and that state standards are met and applied consistently.

Current or planned Activity to improve performance	Target completion date
Develop the Resource Home Milestone Report to LDSS Monthly as a monitoring tool to ensure compliance with completion of home study for resource homes (Items 33, 34, 35, 36)	2020

Track/Monitor resource home study completion for 120 day compliance initial certification and 60 day ICPC completion. (Items 33, 34, 35, 36)	Quarterly
Provide technical assistance to jurisdictions that indicate barriers to completion according to the milestone report. (Items33, 34., 35, 36)	Quarterly
Continue to conduct random samples of public provider cases as a monitoring tool to ensure compliance with completion of home study for resource homes (Items 33, 34, 35, 36)	Quarterly
Create and issue memorandum regarding ICPC compliance to LDSS. (Items 36)	Annually
Provide technical assistance to the LDSS to ensure compliance and clarify any questions (Items 33, 34, 35, 36)	Quarterly
Follow-up with LDSS acknowledgement of ICPC cases to ensure compliance and provide technical assistance to eliminate barriers. (Items 36)	Monthly
Explore with jurisdictions and MRPA, issuance of LDSS training calendars to ensure statewide training calendar distribution for resource parent accessibility with compliance with home studies. (Items 33, 34, 35, 36)	2019
Re-institute the Quarterly Resource Home regional meetings to ensure communication from State level to LDSS is consistent (Items 33 ,34, 35, 36)	2019/Quarterly
Explore options to get Live Scan electronic criminal history fingerprinting and CJIS clearances at each MD LDSS or in an adjacent LDSS location to obtain to assist with 60-day home study requirement. (Item 34, 36)	2020
CJAMS will replace MD CHESSIE, and DHS/SSA plans to integrate NEICE with CJAMS (Item 36)	2020
Review annual resource home survey data to determine the added supports resource parents need (Item 35)	Annually
Review NEICE to determine best methods to complete home studies in 60 days (Item 36)	Quarterly
Partner with Child Welfare Academy to strengthen resource parent pre-service and in-service trainings to include the effects of secondary trauma as it relates to child removal from resource homes (Item 35)	Semi-annually
Partner with the Capacity Center for States to work on foster parent engagement initiatives centered on the recruitment and retention of resource home parents (Item 35)	2019
Work with the Center for Adoption Support and Education to train/strengthen the skills/knowledge of existing child welfare adoption staff (Item 36)	2020
Meet with the Maryland's Commission on Indian Affairs to speak about child-specific recruitment for this population (Item 35)	2020

Utilize the Maryland Resource Parent Association, Foster Parent Ombudsmen and State Youth Advisory Board to assist LDSS with targeted recruitment efforts to increase resource homes for African American, Asian and Hispanic youth in care (Item 35)	Semi-annually
Include cultural competency as a component in the adoption competency training as well as in the recruitment efforts for additional resource homes (Item 35)	2020
Work with AdoptUSKids to implement work plan to improve adoption practice and outcomes (Item 36)	2019
Monitor and track LDSS utilization of AdoptUSKids website for photo listing of youth legally free and eligible for adoption as a means to obtain increase adoption finalization. (Items 36)	Quarterly
Explore with jurisdictions and AdoptUSKids, issuance of LDSS adoptive parents open to attending matching events to obtain cross jurisdictional adoptive resources. (Items 36)	2020/annually

III. Plan for Enacting the State's Vision

A. Goals, Objectives, and Benchmarks

The goals chosen for Maryland CFSP were based on results of the Maryland CFSR 2018 Final Report and the input from stakeholders at the Pilot PIP Convening held in April 2019. This information culminated in the Maryland PIP report to be submitted in the Summer of 2019. The data from the Maryland CFSR 2018 Final Report and the cross cutting themes identified in the PIP Report indicated that targeted strategies, authentic family and youth partnerships, workforce development and skill building and authentic partnership with entities should be employed to improve outcomes. In addition, Maryland reviewed stakeholder interviews, focus groups with families and youth and workgroup discussions to determine root causes. With stakeholders, Maryland determined the problems, root causes and theories of change for the Goals and strategies to employ in the CFSP.

Goal 1: Increase families of origin and youth voice in their child welfare experiences to improve safety, permanency, and Well-being outcomes (PIP Goal)
Rationale for Goal Selection:
● The Maryland CFSR Final Report results indicated that Well-being Outcome1 was not in substantial conformity, with an outcome of 31%.
● The Maryland CFSR Final Report and the feedback received during Maryland's PIP Convening showed:
▪ Children, youth, parents and caregivers are not consistently treated as authentic partners in working towards goals of safety, permanency and well-being.
▪ Youth and families experience their local child welfare agency and courts as disempowering.
▪ Professionals do not engage and team with families and youth in ways that allows for their voice and expertise in their own experience to drive an understanding of their needs and the services that meet those needs.
▪ Lack of engagement and partnering with families leads to inaccurate assessments, insufficient identification and referral to services that are tailored to the family or youth's needs, and inadequate efforts to identify and preserve children and youth's relationships with their parents, relatives and their communities.

Goal 1: Increase families of origin and youth voice in their child welfare experiences to improve safety, permanency, and Well-being outcomes (PIP Goal)

- ▪ Resource parents are not fully involved as part of the caring team; either as partners with the agency and courts or partners with families
- ▪ Missed opportunities to support families of origin in service of better relationships and outcomes for children.
- ▪ Resource parents are not valued as part of the team, not consistently sought out for their knowledge about how youth and families are faring and their capacity to become permanent resources is not appropriately factored into the team's decision-making.

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained in their homes whenever possible and appropriate will increase to 79% or higher by the conclusion of conclusion of the CFSP period	69%					
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's' needs will increase to 41% or higher by the conclusion of the conclusion of the CFSP period	31%					
CANS compliance rate will increase to 80% or higher by the conclusion of the CFSP period	61%					
For CANS-F completed with families served in Consolidated Services, Services to Families-Intake, Interagency Family Preservation, and Risk of Harm, the compliance rate will increase to 80% or higher by the conclusion of the CFSP period	77%					

Goal 1 Objective 1.1: Revise process for collaborative assessments and developing service plans to facilitate partnership with families, including consistently identifying & engaging the family/youth's chosen supports.

Rationale for Objective Selection:
- ● Maryland CFSR Final Report results indicated that the State was not in substantial conformity for the following items:
  - ▪ Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate, 69%
  - ▪ Well-being 1 Families have enhanced capacity to provide for children's needs, 31%
  - ▪ Well-being 2 Children receive appropriate services to meet their educational needs,79%
  - ▪ Well-being 3 Children receive adequate services to meet their physical and mental health needs, 58%
- ● CANS and CANS-F (Functional collaborative assessments to identify strengths and needs of children and families) compliance data shows:
  - ▪ CANS-F: Statewide compliance rate was 77% at the end of December 2018
  - ▪ CANS: Statewide compliance rate was 61% at the end of December 2018
  - ▪ Data shows challenges with meaningful use of these assessments:

Goal 1 Objective 1.1: Revise process for collaborative assessments and developing service plans to facilitate partnership with families, including consistently identifying & engaging the family/youth's chosen supports.

- • CANS-F: strengths and needs tend to be under assessed (57% of families assessed had no needs identified and 56% had no strengths identified)
  - • CANS: Strengths tend to be over assessed (64% of youth assessed had 10-15 useful strengths identified)
- • Technical assistance sessions with LDSS to understand compliance and meaningful use data revealed:
  - ▪ Confusion related to correctly scoring items
  - ▪ Difficulty in incorporating the CANS/CANS-F assessment into the development of action-oriented goals in the current Service/Case plan design in CHESSIE

Key Activities	Benchmarks for Completion
Implement collaborative assessment and planning approach as part of the IPM to support child welfare to authentically partner with families and youth to co-create assessments and plans	2019
Strengthen the technical assistance provided to LDSS staff to support the effective implementation and meaningful use of collaborative assessments	2019
Revise pre-service and ongoing learning opportunities to strengthen collaborative assessment skills in alignment with IPM	2020
Improve utilization of collaborative assessment data at State and local level to design and provide individualized, tailored technical assistance plans for locals	2020
Strengthen supervisor's skills to provide coaching to case workers to support skills and competencies in authentic partnership, collaborative assessments, and developing family/youth driven plans	2020
Continue monitoring meaningful use of collaborative assessments	2021-2024

Goal 2: Strengthen workforce[1] knowledge and skills to support the full implementation of Maryland's Integrated Practice Model (IPM). (PIP Goal)

Rationale for Goal Selection:
- • Maryland CFSR Final Report results indicated that the State was not in substantial conformity for the following items:
  - ▪ Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate, 69%
  - ▪ Well-being Outcome 1 Families have enhanced capacity to provide for children's needs, 31%
  - ▪ Systemic Factors Initial Staff Training (26), Ongoing Staff Training (27), and Foster and Adoptive Parent Training (28)
- • The following headline data are further examples of where lack of strong engagement skills affects outcomes:
  - ▪ Recurrence of maltreatment is at 10%
  - ▪ Reentry into foster care is at 11.8%
- • Per MD CHESSIE data, DHS/SSA found that January 2018 - December 2018, the total number of providers was 1,555. Of the 637 established providers, 476, 75% completed 10 or more hours of in-service training within the required timeframe
- • Results of key informant interviews conducted with families of origin to obtain feedback on Maryland's integrated practice model state revealed the following themes as being important in partnering with families:
  - ▪ Engagement and open communication
  - ▪ Comfort level with worker
  - ▪ Be able to see progress
  - ▪ Creating space for parents to share thoughts, feelings, and opinions
  - ▪ Access to information and understand my rights

---

[1] Workforce includes child welfare agency staff, resource parents, court professionals and contracted providers

Goal 2: Strengthen workforce1 knowledge and skills to support the full implementation of Maryland's Integrated Practice Model (IPM). (PIP Goal)
▪ Education on discipline and abuse
▪ Clarity
▪ Prevention

5-Year Monitoring Targets:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained safely in their homes whenever possible in appropriate will increase to 79% or higher by the conclusion of the conclusion of the CFSP period.	69%					
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's' needs will increase to 41% or higher by the conclusion of the conclusion of the CFSP period	31%					
Reentry rate from all types of permanency will decrease to 8% or lower by the conclusion of the CFSP period	11.8%					
Recurrence of maltreatment rate will decrease to 9% or lower by the conclusion of the CFSP period	10%					
The percentage of Foster Parents completing required ongoing training will increase to 95% or higher by the end of the CFSP period	75%					

Goal 2 Objective 2.1: Introduce and build an understanding of the IPM and practice profiles statewide. (PIP Strategy)
Rationale for Objective Selection: ● Maryland CFSR Final Report results indicated that the State was not in substantial conformity for the following items: 　▪ Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate, 69% 　▪ Well-being Outcome 1 Families have enhanced capacity to provide for children's needs, 31% ● The following headline data are further examples of where lack of strong engagement skills affects outcomes: 　▪ Recurrence of maltreatment is at 10% 　▪ Reentry into foster care is at 11.8% ● During Maryland's PIP convening, stakeholder feedback included: 　▪ Many child welfare staff and supervisors in Maryland lack the strong engagement skills that are necessary to partner authentically with children and families as outlined in the IPM. 　▪ Strong engagement is a critical underpinning of all child welfare practice, as it is essential for obtaining accurate information about family circumstances and goals to inform assessments and

Goal 2 Objective 2.1: Introduce and build an understanding of the IPM and practice profiles statewide. (PIP Strategy)
case plans.

Key Activities	Benchmarks for Completion
Introduce the IPM to staff and stakeholders. (PIP Activity)	2019
Disseminate practice profiles to LDSS and stakeholders	2019
Develop and launch e-learning modules for prioritized practice profiles	2019
Offer initial training on Maryland's IPM for existing staff, supervisors, management, and central office staff for current employees delivered statewide with the goal of catalyzing a shift in philosophy and practice statewide. (PIP Activity)	2019-2020
Incorporate additional learning modalities (web-based/e-learning) that are aligned with the IPM to increase existing staff and supervisor access to the material and support ongoing skill-development. (PIP Activity)	2019-2020
Develop and implement a coaching model for supervisors that involves observation, feedback, and peer learning and that occurs regularly following initial IPM training. (PIP Activity)	2019 - 2020
Assess coaching model to inform an adaptation to develop the capacity of supervisors to integrate coaching into ongoing supervision with staff. (PIP Activity)	2021-2024
Develop and disseminate additional practice profiles and e-learning modules as needed to enhance practice and in response to feedback and performance assessment.	2020-2024
Provide guidance for supervisors to build transfer of learning opportunities into ongoing structured supervision	2020-2024
Provide transfer of learning activities periodically after training for current workers and supervisors on the IPM to practice skills learned through training. (PIP Activity)	2020-2024

Goal 2 Objective 2.2: Implement revised pre-service and ongoing trainings for child welfare workers to align and focus on the principles, practices, and values of IPM and include coaching and transfer of learning approaches to improve staff skill and competencies. (PIP Strategy)

Rationale for Objective Selection:
- Implementing IPM necessitates training changes. In addition, Maryland CFSR Final Report indicated that current training system was not in substantial conformity for the following items:
  - Systemic Factors Initial Staff Training (26), Ongoing Staff Training (27), and Foster and Adoptive Parent Training (28)
    - Feedback concerning pre-service training focused on quality and concerns that workers are not adequately prepared for the work they are expected to do. Variation in training statewide exists because of regional needs and concerns. Additionally, on the job training to integrate classroom learning was identified as a necessary component that is consistently provided.
    - Feedback regarding ongoing training included lack of standard training hours and content expectations annually, delays in class openings, insufficient training for experienced workers/supervisors, inconsistency of requirements across jurisdictions
- Despite the initial and ongoing staff training systems were not in substantial conformity, evaluations of trainings completed at the end of each training have shown
  - For pre-service training: 92% (N=188) strongly agreed that what they learned in training was applicable to their job, 91% (N=188) strongly agreed that what they learned would make them a more effective worker or supervisor, and 93% (N=188) rated overall pre-service training as excellent or good.
  - For ongoing training: 93% (N=3354) "agreed" or "strongly agreed" that training was applicable to their current job, 92% (N=3372) believed training provided useful tools/strategies that would make

Goal 2 Objective 2.2: Implement revised pre-service and ongoing trainings for child welfare workers to align and focus on the principles, practices, and values of IPM and include coaching and transfer of learning approaches to improve staff skill and competencies. (PIP Strategy)

- them a more effective worker or supervisor, and 95% (N=949) "agreed" or "strongly agreed" they are committed to applying what they learned, feel confident in their ability to apply what they learned, and believe they will see a positive impact if they apply the learning consistently.
  Data source: SFY2018 CWA data
- The discrepancy between the evaluations completed at the time of training and stakeholder interviews included in Maryland CFSR Final Report suggest the need to examine the current staff training system in order to strengthen long-term transfer of learning and skill for staff and on-going coaching strategies to better enhance knowledge and skill development of staff.

Key Activities	Benchmarks for Completion
Revise pre-service and ongoing training curricula to align with and support implementation of the IPM (PIP Activity)	2019
Develop innovative transfer of learning activities into all pre-service and ongoing learning opportunities to support learning and adoption of IPM. (PIP Activity)	2019
Develop a cadre of trainers available statewide who are able to deliver pre-service and ongoing trainings aligned with the IPM. (PIP Activity)	2019-2020
Develop coaching approach for pre-service training to support new staff in integrating IPM and learning skills needed to effectively incorporate skills needed of effectively partner with families into day to day practice (PIP Activity)	2020
Implement surveys immediately after pre-service and ongoing training and at 3 month follow up as well as focus groups to assess the effectiveness of learning opportunities in preparing staff to prepare staff to do their job	2020 -semi-annually
Develop and implement professional development module for supervisors on how to coach workers through supervision.	2020
Integrate coaching approach for pre-service training to support new staff in integrating IPM and learning skills needed to effectively incorporate skills needed of effectively partner with families into day to day practice	2020-2024
Integrate innovative transfer of learning activities into all pre-service and ongoing learning opportunities to support learning and adoption of IPM	2020-2024

Goal 2 Objective 2.3: Integrate IPM language into provider contracts

Rationale for Objective Selection:
- Headline data shows:
  - Maryland's placement stability has fluctuated and as of CY2018, was at 4.38 moves per 1000 days in care, exceeding the target of 4.12
  - Maltreatment in care for CY2018 is 11.4 as opposed to the target of 8.5.
- Maryland CFSR Final Report results indicated that the State was not in substantial conformity on Permanency Outcome 1 Item 6 achieving reunification, guardianship, adoption, or other planned permanent living arrangement, 50%
- During Maryland's PIP convening, stakeholder feedback included:
  - The needs of families are broad and the challenges they face are often complex; beyond the limited resources of any Local Departments of Social Services or the Social Services Administration.
  - Maryland family and child serving agencies and organizations often work in silos, within their own mandates and perceived parameters of confidentiality.
  - These silos mean that agencies have limited understanding of what other agencies can offer a family and families too often receive basic referrals versus facilitated referrals (e.g. warm-handoffs) and coordinated services.

Goal 2 Objective 2.3: Integrate IPM language into provider contracts
▪ Families report going through multiple systems in search of the support they need, becoming increasingly frustrated and disempowered by the difficulty they experience navigating systems, in addition to meeting their own needs as well as those of their family. ▪ There is a lack of shared accountability among family and child serving agencies and organizations on behalf of child-welfare involved families, in part driven by the lack of a holistic vision that Maryland values safe, healthy and self-sufficient families. ▪ A shared vision is a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families

Key Activities	Benchmarks for Completion
Develop standard contract language for providers that speaks to expectation of implementation of practice model with providers	2019
Obtain agreements with providers to share vision and implementation strategies.	2019
Explore methods to incorporate language in contracts, Requests for Proposals and policy directives.	2020
Develop common glossary of terms to include in solicitations.	2020
Review and develop standard compliance reporting methods that align with the IPM.	2021
Partner with Provider Advisory Council to clarify terminology and strategies for the IPM.	2020-2024
Monitor compliance with contract language and develop performance measures.	2021-2024
Customize technical assistance for providers based on need	2021-2024

Goal 3: Strengthen Maryland's CQI processes to understand safety, permanency, and well-being outcomes.

Rationale for Goal Selection:
● The Maryland CFSR final report results indicated the Quality Assurance Systems was not in substantial conformity.
● The Office of Legislative Audits report results found Maryland to not be in compliance with 14 child welfare outcomes including a systematic approach to quality assurance.
● The IPM has recently been developed and launched, an evaluation plan has not yet been developed and integration with CQI has not been planned. An evaluation plan allows the State to:
    ▪ Posit research questions in order to understand quality, fidelity, and outcomes
    ▪ Empirically gauge progress on IPM implementation and outcomes
    ▪ Monitor, understand, and refine the IPM implementation
    ▪ Maximize child and family outcomes through the impact of the IPM on case practice

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained safely in their homes whenever possible in appropriate will increase to 79% or higher by the conclusion of the CFSP period.	69%					
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to achieving	50%					

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
reunification, guardianship, adoption, or other planned permanent living arrangement will increase to 60% or higher by the conclusion of the of the CFSP period						
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's' needs will increase to 41% or higher by the conclusion of the of the CFSP period.	31%					
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children receiving appropriate services to meet their education needs will increase to 89% or higher by the conclusion of the of the CFSP period.	79%					
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children receiving adequate services to meet their physical and mental health will increase to 68% or higher by the conclusion of the of the CFSP period.	58%					

Goal 3 Objective 3.1: Monitor fidelity, quality, and impact of IPM implementation through CQI that consistently engages key stakeholders to share in decision-making and that leads to strategy adjustments when warranted (PIP Strategy)
Rationale for Objective Selection:

- The IPM has recently been developed and launched, an evaluation plan has not yet been developed and integration with CQI has not been planned. An evaluation plan allows the State to:
  - Posit research questions in order to understand quality, fidelity, and outcomes
  - Empirically gauge progress on IPM implementation and outcomes
  - Monitor, understand, and refine the IPM implementation
  - Maximize of child and family outcomes through the impact of the IPM on case practice

Key Activity	Benchmarks for Completion
Identify methods for collecting data on fidelity, quality, and outcomes by: (PIP Activity) ● Cross-walking and aligning core practices with qualitative and quantitative data currently collected, such as OSRI, stakeholder focus groups, FIMs surveys, and MD CHESSIE fields ● Introducing, if needed, new mechanisms to collect data required to understand implementation of the IPM ● Exploring alignment between provider data and agency data to understand IPM implementation	2019
Develop and finalize an evaluation plan for the IPM outlining research questions, data sources and data collection methods, analysis, integration with CQI processes, and reporting by: (PIP Activity)	2019-2020

Key Activity	Benchmarks for Completion
● Researching questions to include assessments fidelity, quality, and outcomes ● Including roles, responsibilities, and a detailed timeline that aligns the reporting schedule with DHS/SSA's CQI cycle ● Intentionally aligning with CQI processes in order to obtain broad input on findings and produce rapid feedback about implementation, while also yielding summative findings following year 1 and at the conclusion of the PIP period	
Complete Phase I implementation evaluation by: (PIP Activity) ● Focusing on training and coaching effectiveness, awareness, and understanding of the IPM, as well as an assessment of fidelity to core practices ● Reviewing findings within DHS/SSA's implementation structure through existing CQI processes and inform adjustments to ongoing training and workforce supports	2020
Complete Phase II implementation and outcomes evaluation by: (PIP Activity) ● Focusing on an assessment of fidelity to core practices, quality, and outcomes for children and families ● Reviewing findings within DHS/SSA's implementation structure through existing CQI processes and informing adjustments to ongoing training and workforce supports	2021
Based on lessons learned, refine evaluation plan & practice	2021-2024
CQI to improve implementation and outcomes of the IPM.	2021-2024

Goal 3 Objective 3.2: Strengthen data and CQI tools to increase consistent implementation and utilization of the State's CQI cycle
Rationale for Objective Selection: ● The Maryland CFSR final report results indicated the Quality Assurance Systems was not in substantial conformity. ● The Office of Legislative Audits report results found Maryland to not be in compliance with 14 child welfare outcomes including a systematic approach to quality assurance.

Key Activity	Benchmarks for Completion
Continue to refine and enhance headline indicator and the CFSR results dashboards to support utilization of data by state and local staff	2019
Provide ongoing presentation to local departments to enhance the quality of the data and the capacity of staff use it effectively	2019 and annually
Increase statewide accessibility of headline indicator and the CFSR results dashboards	2020
Develop and implement local quality assurance process to monitor compliance with state and federal regulations	2020 and biannually
Enhance state CQI cycle to support regular reviews of progress, identify areas of growth, and test out small measures of change	2020-2021
Monitor implementation of CQI cycle and local quality assurance process, making adjustments as needed	2021-2024

Goal 4: Improve workforce wellness to reduce the impact of secondary traumatic stress and decrease turnover rates.
Rationale for Goal Selection: ● For new case workers hired between SF2015 and SF2018 (data represents all jurisdictions except Montgomery County)   ▪ Overall turnover rate was 31% (191/623)

Goal 4: Improve workforce wellness to reduce the impact of secondary traumatic stress and decrease turnover rates.

- ▪ 55% who vacated their position did so within the first year of employment (103/191)

- Part of SSA's strategic vision and a guiding principle of the IPM is a safe, engaged, well prepared professional workforce. Included in this is workforce wellness and a reduction of secondary traumatic stress for child welfare workers, a theme that also emerged from the Maryland PIP convening that should be addressed to support improving outcomes for children and families. In 2018 SSA supported the implementation of a Secondary Traumatic Stress (STS) Breakthrough Collaborative Series Pilot in seven jurisdictions (Allegany, Baltimore, Calvert, Carroll, Frederick, Prince George's and Talbot Counties) that was informed by the work of the National Child Traumatic Stress Network (NCTSN) and aimed to help LDSS strengthen their policies and practices to respond to staff trauma. LDSS completed pre and post assessments to assess the impact of the pilot. All seven jurisdictions indicated higher levels of STS Informed policies and practices, lower levels of STS, and similar levels of staff burnout.

County	STSI-OA Baseline	STSI-OA at LS 3	STSS at Baseline	STSS at LS 3	BO at Baseline	BO at LS 3
Allegany	77.62	116.34	37.21	33.11	21.84	21.10
Baltimore	71.64	85.66	37.73	35.71	23.21	22.08
Calvert	94.89	110.39	34.65	34.06	22.84	22.02
Carroll	71.21	91.54	37.52	37.15	23.87	22.15
Frederick	71.46	90.08	35.41	33.5	22.54	22.06
Prince Georges	51.70	66.57	39.46	38.22	23.74	23.28
Talbot	96.06	125.71	35.90	32.88	21.45	20.84

Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA) scores- 0-200 range. Higher scores indicate higher levels of STS Informed policies and practices
STSS scores – higher scores indicate higher levels of STS
Burnout (BO)- ProQOL Burnout scores: 22 or less= low burnout; 23-41= average; 42 or above= high

- Recommendations following the pilot included:
  - ▪ Continued administration and analysis of the Secondary Traumatic Stress Informed- Organizational Assessment (STSI-OA) on a bi-annual basis to track progress (measures organizational and workforce levels).
  - ▪ Informal collaborative meeting, in person with current cohort at least twice a year.
  - ▪ Merge and align STS language, priorities, and training into IPM.
  - ▪ Make funding available that can be used creatively to address STS in local departments.
  - ▪ Make the STS-BSC available to other jurisdictions.

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
All 24 jurisdictions will have completed the STS-BCS by the end of the CFSP period	7					
There will be a decrease in caseworker turnover within their first 5 years of employment to 26% or lower by the end of the CFSP period rate	31%					

Goal 4 Objective 4.1: Explore expanding the existing Secondary Traumatic Stress Breakthrough Collaborative Series in additional jurisdictions, through which individualized local plans for reducing STS will be developed and put in place.

Goal 4 Objective 4.1: Explore expanding the existing Secondary Traumatic Stress Breakthrough Collaborative Series in additional jurisdictions, through which individualized local plans for reducing STS will be developed and put in place.

Rationale for Objective Selection:
- For New employees hired between SFY15 and SFY18
  - Overall turnover rate was 31% (191/623)
  - 55% who vacated their position did so within the first year of employment (103/191)
  - 74% of new hires leave agency without experiencing a promotion (141/191)
  - Supervisor turnover rates was less than 10%
- Part of SSA's strategic vision and a guiding principle of the IPM is a safe, engaged, well prepared professional workforce. Included in this is workforce wellness and a reduction of secondary traumatic stress for child welfare workers, a theme that also emerged from the Maryland PIP convening that should be addressed to support improving outcomes for children and families. In 2018 SSA supported the implementation of a Secondary Traumatic Stress (STS) Breakthrough Collaborative Series Pilot in seven jurisdictions (Allegany, Baltimore, Calvert, Carroll, Frederick, Prince George's and Talbot Counties) that was informed by the work of the National Child Traumatic Stress Network (NCTSN) and aimed to help LDSS strengthen their policies and practices to respond to staff trauma. LDSS completed pre and post assessments to assess the impact of the pilot. All seven jurisdictions indicated higher levels of STS Informed policies and practices, lower levels of STS, and similar levels of staff burnout.

County	STSI-OA Baseline	STSI-OA at LS 3	STSS at Baseline	STSS at LS 3	BO at Baseline	BO at LS 3
Allegany	77.62	116.34	37.21	33.11	21.84	21.10
Baltimore	71.64	85.66	37.73	35.71	23.21	22.08
Calvert	94.89	110.39	34.65	34.06	22.84	22.02
Carroll	71.21	91.54	37.52	37.15	23.87	22.15
Frederick	71.46	90.08	35.41	33.5	22.54	22.06
Prince Georges	51.70	66.57	39.46	38.22	23.74	23.28
Talbot	96.06	125.71	35.90	32.88	21.45	20.84

Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA) scores- 0-200 range. Higher scores indicate higher levels of STS Informed policies and practices
STSS scores – higher scores indicate higher levels of STS
Burnout (BO)- ProQOL Burnout scores: 22 or less= low burnout; 23-41= average; 42 or above= high

- Recommendations following the pilot included:
  - Continued administration and analysis of the Secondary Traumatic Stress Informed- Organizational Assessment (STSI-OA) on a bi-annual basis to track progress (measures organizational and workforce levels).
  - Informal collaborative meeting, in person with current cohort at least twice a year.
  - Merge and align STS language, priorities, and training into IPM.
  - Make funding available that can be used creatively to address STS in local departments.
  - Make the STS-BSC available to other jurisdictions.

Key Activities	Benchmarks for Completion
Understand the lessons learned from the pilot of 7 jurisdictions and explore a proposal for expansion to additional jurisdictions	2019
Integrate safety culture concepts into Integrated Practice Model rollout	2019
Incorporate Safety Culture principles into pre-service and ongoing training	2020
Provide TA and coaching to state and local leadership on the implementation of Safety Culture approach	2020-2024
Implement 2nd cohort for STS-BCS for 3-4 jurisdictions	2020
Implement 3rd cohort of STS-BCS for 3-4 jurisdictions	2021
Implement 4th cohort of STS-BCS for 3-4 jurisdictions	2022

Key Activities	Benchmarks for Completion
Implement 5th cohort of STS-BCS for remaining jurisdictions	2023
Provide technical assistance and support to locals as they participate in and complete STS-BCS, monitor and track data related to turnover, STS, Burnout, and Safety Culture	2020-2024

Goal 5: Strengthen system partnerships to improve safety, permanency, and well-being of youth and families as well as build a prevention service array to support children and families in their homes and community.

Rationale for Goal Selection:
- Maryland CFSR Final Report results indicated that the State was not in substantial conformity in Systemic Factor Agency Responsiveness to the Community, Items 31 (State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR) and 32 (Coordination of CFSP with other Federal Programs)
- Maryland's PIP convening revealed that:
  - The needs of families are broad and the challenges they face are often complex; beyond the limited resources of any Local Departments of Social Services or the Social Services Administration.
  - Maryland family and child serving agencies and organizations often work in silos, within their own mandates and perceived parameters of confidentiality resulting in a limited understanding of what other agencies can offer a family.
  - Families too often receive basic referrals versus facilitated and warm-handoffs and coordinated services.
  - Families report going through multiple systems in search of the support they need, becoming increasingly more frustrated and disempowered by the difficulty they experience navigating systems in addition to meeting their own needs as well as those of their family.
  - There is a lack of shared accountability among family and child serving agencies and organizations on behalf of child-welfare involved families, in part driven by the lack of a holistic vision that Maryland values safe, healthy and self-sufficient families.
  - A shared vision is needed as a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families.
- FFPSA implementation will require the development of and/or expansion of prevention evidence based practices to address child and family needs in their homes and communities.

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to children being safely maintained safely in their homes whenever possible in appropriate will increase to 79% or higher by the conclusion of the of the CFSP period	69%					
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to families having enhanced capacity to provide for their children's' needs will increase to 41% or higher by the conclusion of the of the CFSP period	31%					
Entry rates will decrease to 1.5 or lower by the conclusion of the CFSP	1.8					

5-Year Measures of Progress:	Baseline CY2018	2021 APSR CY2019	2022 APSR CY2020	2023 APSR CY2021	2024 APSR CY2022	2024 APSR CY2023
period						
Reentry rate will decrease to 8% or lower by the conclusion of the CFSP period	11.8%					

Goal 5 Objective 5.1: Develop and capitalize on community partnerships to strengthen the full array of services, including prevention services.

Rationale for Objective Selection:
- Maryland CFSR Final Report results indicated that the State was not in substantial conformity in:
  - Systemic Factor Service Array and Resource Development, Items 29 (Array of Services) and 30 (Individualizing Services)
  - Systemic Factor Agency Responsiveness to the Community, Items 31 (State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR) and 32 (Coordination of CFSP with other Federal Programs)
- Maryland's PIP convening revealed that
  - The needs of families are broad and the challenges they face are often complex; beyond the limited resources of any Local Departments of Social Services or the Social Services Administration.
  - Maryland family and child serving agencies and organizations often work in silos, within their own mandates and perceived parameters of confidentiality resulting in a limited understanding of what other agencies can offer a family.
  - Families too often receive basic referrals versus facilitated and warm-handoffs and coordinated services.
  - Families report going through multiple systems in search of the support they need, becoming increasingly more frustrated and disempowered by the difficulty they experience navigating systems in addition to meeting their own needs as well as those of their family.
  - There is a lack of shared accountability among family and child serving agencies and organizations on behalf of child-welfare involved families, in part driven by the lack of a holistic vision that Maryland values safe, healthy and self-sufficient families.
  - A shared vision is needed as a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families
- FFPSA implementation will require the development of and/or expansion of prevention evidence based practices to address child and family needs in their homes and communities.

Key Activities	Benchmarks for Completion
Identify elements and lessons learned from existing local entity teaming projects and models to inform the development of a statewide strategy that structures and operationalizes local teaming on family/child specific cases, e.g., (PIP Activity) ● Local care teams ● Multidisciplinary teams ● *Partnering for Success* in Baltimore County ● Sobriety Treatment and Recovery Teams (START)	2019
Develop approach and policy for local teaming on work with families/youth that may include: (PIP Activity) ● Local agencies who are suggested to be partners in the range of service types across the child welfare continuum (e.g. prevention, in-home services, out of home) ● Approaches to aligning family/child assessment, plans, and monitoring efforts to create shared responsibility and reduce	2020

Key Activities	Benchmarks for Completion
conflicts and redundancy in family/youth expectations and services ("one family, one plan") ● Mapping a family's services to communicate with professionals about the challenges of multiple demands on families ● Template for memoranda of understanding to create infrastructure for local teams	
Engage in exploration related to readiness to implement local teams; select LDSS to receive in depth technical assistance to implement local teams. (PIP Activity)	2020
Develop measures of progress and performance focused on more effective and comprehensive assessment and facilitation of services to meet family needs (PIP Activity)	2020
Conduct ongoing CQI using performance measures; share results and adjust local teaming approaches or policy as needed. (PIP Activity)	2021-2024

B. Staff Training, Technical Assistance and Evaluation

Staff Training

During the PIP Pilot convening, a need to prepare and support the child welfare staff for an intensely challenging job emerged as a top priority. Investing in strategic workforce development to ensure the well-being of workers aligns with one of the foundations of DHS/SSA's strategic vision of building and maintaining a safe, engaged and well-prepared child welfare workforce. A key caseworker skill that also emerged through the PIP development was strong engagement skills to partner authentically with children, families, resource families, and other stakeholders. Strong engagement is a critical underpinning of all child welfare practice, as it is essential to obtain accurate information about family circumstances and goals to inform assessments and case plans. DHS/SSA's training plan includes actionable training and robust workforce supports. These supports are critical to ensure that workers consistently learn and apply the skills, knowledge and competencies to effectively partner with children and families to ensure safety, permanency and well-being. The activities outlined in the training plan offer expansive initial and ongoing training opportunities that address:

- Effective case practice skills, including improved ability to engage, accurately assess, and partner in all aspects of case planning with families
- Quality of safety assessments and resulting safety plans and services
- Appropriateness of permanency goals and the quality of collaborative efforts with the family to achieve goals
- Quality of comprehensive assessments and resulting case goals and service plans

Technical Assistance Activities and Capacity Building Needs

DHS/SSA will continue to utilize an array of technical assistance activities to support the achievement of the goals and objectives of the CFSP. The technical assistance activities will include:

- Capacity building to further DHS/SSA's child welfare system transformation with a focus on advancing the opportunities reflected within the provisions of the Family First Prevention Services Act.
- Promotion and support of a collaborative process to implement and sustain the Integrated Practice Model (See Implementation Supports section for further details).
- Capacity building of DHS/SSA and LDSS to accurately and meaningfully use assessment data to guide practice and decision-making at the case- and system-level.
- Implementation of an aligned outcomes-oriented Implementation Structure that includes a mix of DHS/SSA and LDSS staff and stakeholders to execute the strategic direction.

- Co-creation and implementation of a sustainable Continuous Quality Improvement Structure that is integrated within DHS/SSA's overall Implementation Structure.
- Capacity building for DHS/SSA and LDSS leadership and staff to consume, digest, apply, generate evidence, and make meaning of research and data analyses.
- Facilitation of a framework for policy development that provides context and guidance to promote high quality implementation of policy.
- Development of strategies to support authentic partnerships with families of origin, youth, and resource families.

Over the next five years, as DHS/SSA continues to develop its vision of a Maryland where Families Blossom by strengthening families so that children are safe, healthy, resilient and are able to grow and thrive, the utilization of capacity building services from all partnering organizations or consultants will be utilized. Capacity building technical assistance will include:
- Ongoing support in implementing the Family First Services Prevention Act
- Strategic planning to support change to include problem identification, root cause analysis, developing theories of change, as well as selecting, implementing, and monitoring interventions
- Ongoing development of strategies to support authentic partnerships with families, youth, resources parents, and system partners

Evaluation and Research Activities

In order to promote data competency and understanding throughout the State, data presentations have and are being provided at local jurisdictions for all staff from upper management to front line staff. These presentations incorporate an overview of the uses of data entered into the electronic record at federal and State levels. Local data from audit related issues as well as the Headline Indicator Dashboard are then provided to each local, allowing for discussion regarding success or challenges pertaining to these items. The importance of timely and accurate data entry is stressed. In addition, TA is provided to supervisors regarding reports that are available to them to assist with practice and program evaluation and monitoring. These presentations also prepare each local for the Practical Data Meeting that is part of the CFSR process where each local has the opportunity to discuss their own stories regarding the Headline Indicator Dashboard showing local trends. This discussion allows for the identification of 3-5 indicators that are of concern and potentially would be included in the CIP for that local following their on-site review. Understanding of data and relevance to practice/programming is also relevant for locals who have identified needed changes and are seeking a way to monitor the impact of changes, either positive or negative. Follow-up presentations are offered to LDSS as part of their ongoing evaluation of practice.

In conjunction with CQI, presentations at Regional Supervisor meetings occur where data trends and CFSR outcomes are linked to assist all locals in understanding the connections to improve the goals and objectives of safety, permanency, and well-being.

C. Implementation Supports

Data Systems

Maryland is transitioning to a new child welfare information system (CCWIS), the Maryland Child, Juvenile and Adult Management System (MD CJAMS) as part of the multi-program implementation of a shared health and human services platform. This platform will allow for shared data exchange for those clients served in common by the different programs which will lead to improvements in the case management and overall practice with families and children. Training for all staff on how to use the new system based on their position, will include updates in how finances are tracked to better link to the other parts of the organization. This data system will ensure that all staff has more ready access to status, demographic characteristics, permanency goals and locations of all children in care.

Training and Coaching (Practice Model)

Implementation supports related to the successful implementation of DHS/SSA vision and goals will include specific training and coaching to support the implementation of DHS/SSA's integrated practice model (IPM). DHS/SSA's IPM embodies the vision of the department related to the partnership with children and families and will be one of the vehicles through which DHS/SSA will enhance staff capacities. DHS/SSA will work with a variety of technical assistance partners, including Chapin Hall at the University of Chicago and the University of Maryland Baltimore School of Social Work to design a targeted training and coaching approach in implementing the IPM, which will build staff competency in skills to integrate the values and principles of the IPM into daily core activities of engagement/authentic partnership, assessing, teaming, planning, monitoring and adapting, and transitioning. By combining training with coaching focused on skill development that operationalizes and translates DHS/SSA values into action, DHS/SSA intends to create conditions in which quality implementation occurs. Coaching will focus on building capacity to equip supervisors with tools to support staff to focus a shift from how families are reacting to staff to how staff are implementing the process.
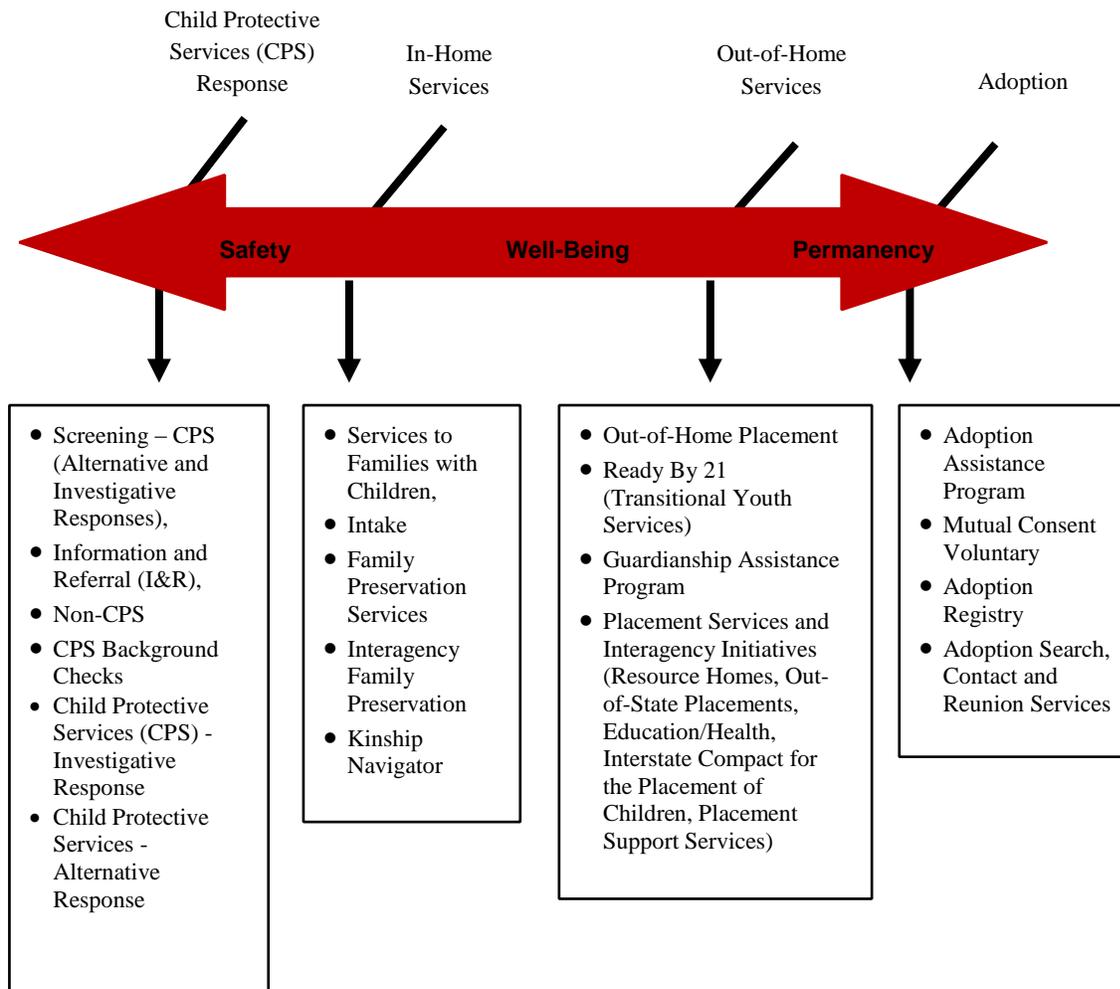
IV. Services

A. Child and Family Services Continuum

Child Welfare Continuum of Care

Maryland offers an array of child and family services aimed to prevent child abuse and neglect and promote Safety, Permanency, and Well-Being. The illustration of the Child and Family Service Continuum as it relates to safety, permanency and well-being is provided in Figure 1.

Figure 3

Child Protective Services (CPS) Response   In-Home Services   Out-of-Home Services   Adoption

Safety   Well-Being   Permanency

Safety	Well-Being	Permanency	Adoption
• Screening – CPS (Alternative and Investigative Responses), • Information and Referral (I&R), • Non-CPS • CPS Background Checks • Child Protective Services (CPS) - Investigative Response • Child Protective Services - Alternative Response	• Services to Families with Children, • Intake • Family Preservation Services • Interagency Family Preservation • Kinship Navigator	• 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

B. Service Description

Child Protective Services

Child Protective Services (CPS) screens and responds to allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to children and evaluates conditions that support or refute alleged abuse or neglect and need for emergency intervention. It also provides services designed to stabilize a family in crisis and to preserve the family by reducing threats to safety and risk factors. This program provides an array of prevention, intervention and treatment services including:

- Operating a local jurisdiction based telephone hotline for receiving child abuse/neglect (CAN) reports;
- Conducting CAN investigative and alternative response, family assessment and preventive services screenings;
- Providing substance exposed newborn crisis assessment and services;
- Providing CPS background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
- Assessing preventive and increased protective capacity of families; and

- Providing family-centered services.

Maryland offers a dual pathway system for all CPS cases: Investigative Response (IR) and Alternative Response (AR) Investigative Response is the traditional investigation, which focuses more on forensic assessment in which as much information as possible is gathered regarding the allegation to determine both validity and/or urgency of the referral and in which a "finding" is made.

Alternative Response
Alternative Response is an approach for managing certain low risk reports of child abuse and neglect. Instead of a traditional "one size fits all" investigative approach that requires workers to treat all cases exactly the same, Alternative Response allows workers to tailor their approach to best serve families. The result is a more family centered approach that helps keep children safely at home.

Under Alternative Response, DHS/SSA continues to screen reports of possible child abuse or neglect. The difference is that accepted cases are assigned to one of two tracks: Investigative Response or Alternative Response. High risk reports including cases involving serious physical injury or sexual abuse are referred to the Investigative Response track which may result in a formal investigative finding. Certain low risk reports may be pursued through Alternative Response.

Family Preservation Services
Family Preservation Services represent a continuum of programs available within the Local Departments of Social Services. These programs are geared towards addressing child abuse and neglect, assessing high risk families, protecting children within their homes, and assisting caregivers in providing proper care and attention to their children. Maryland provides a services response to families to include: Services to Families with Children-Intake (SFC-I), Family Preservation Services, and Inter-Agency Family Preservation Services (IFPS). SFC-I provides assessment for situations that do not meet the criteria for a CPS response. Many of these cases stem from a referral where maltreatment has not occurred, but there is a risk of harm to a child. A few examples of a risk of harm referral are: substance exposed newborns, substantial risk of sexual abuse by a registered sexual offender, and substantial risk due to domestic violence. Family Preservation cases are referred from CPS, either IR or AR, or SFC-I where additional work is needed to bolster a family's protective capacities to improve safety and reduce risk. IFPS is similar except that referrals can come from other child serving agencies and the child must be at high risk for Out-of-Home Placement.

Family Preservation programs are specifically identified for families in crisis whose children are at risk of Out-of-Home Placement. Family Preservation Services actively seeks to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment. Other issues such as domestic violence, homelessness, substance abuse, and mental and physical health issues are also prevailing conditions and concerns addressed through Family Preservation service interventions.

Kinship Navigator
Kinship Navigator Services are a part of a statewide practice that is aligned with the core of DHS/SSA's Integrated Practice Model in supporting kinship caregivers who are caring for their minor relative(s), who are unable to remain safely in the care of their parents. Kinship Navigator Services target kinship caregivers who are 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 family stability and divert placements in foster care.

Placement and Permanency

The agency provides Out-of-Home Placement to children and youth who have been removed from their parents' custody by the court. These services begin with an assessment of the child's needs in order to determine the least restrictive and most appropriate placement for the child (regular foster care, kinship care, treatment foster care, therapeutic group home care, diagnostic center care, residential treatment center care). Once the most appropriate placement is made, the Out-of-Home staff supports the placement with case management, transportation, coordination of medical and educational services, respite care, linkages to community supports, benefit eligibility assistance, and ongoing permanency planning. All children in Out-of-Home Placement have primary and concurrent permanency plans. In most cases, reunification is the primary permanency plan and the Out-of-Home staff work with the family in order to help achieve this plan whenever possible.

Adoption Assistance Program

Assistance is provided to families to offset costs incurred in the adoption and in maintaining the stability for the adopted child. Adoption assistance (also known as adoption subsidy) is granted in different forms. Monthly monetary assistance payments are provided to adoptive families through a negotiated rate, not to exceed the current foster care rate designed to assist in maintaining stability for the adopted child. There are also single, on-time-only subsidies that target specific needs (either medical or for a specific service.) Adoptees that receive subsidy assistance are also eligible for medical assistance through Maryland Medical Assistance Program. Adoption assistance is designed to:

- Defer expenses directly related to finalization of an adoption:
- Stabilize an adoption placement prior to finalization, maintaining an adoption after finalization or to recruit families to be a resource for a challenging child; and
- Help prevent the return to foster care of children adopted through child placement agencies.

Mutual Consent Voluntary Adoption Registry

The Mutual Consent Voluntary Adoption Registry (MCVAR) is a part of Post Adoption Services. MCVAR is a passive listing of adult adoptees, birth parents and birth siblings. Started in 1986, it was developed to enable people to connect with birth relatives with whom they have been separated through adoption. When an application is received, the information is entered into MCVAR to see if it matches with an existing registrant. Using vital information: date of birth, location of birth, gender, name of birth parents or the name(s) of adoptive parents, registrant information is compared to see if there is a connection to other registrants. If there is a match the connection is verified. Once validated, the two registrants are then connected.

Adoption Search, Contact and Reunion Services

Adoption Search Contact and Reunion Services (ASCRS) are a part of Post Adoption Services. The services were started in 2000 and are designed to enable people to actively seek birth relatives with whom they have been separated through adoption. The service is available to adult adoptees (ADs), birth parents (BPs) and birth siblings (BSs) that are involved with adoptions that were finalized or initiated in Maryland. Through the services one can attain non-identifying information about the relative, or actively seek to have contact with birth relatives. Contact is only made if both parties are willing to engage. The search services are conducted by Confidential Intermediaries (CIs). CIs are trained and certified by DHS/SSA. Maryland is a mutual consent state so birth relatives have the right to agree to have contact or to decline. The CI works with the applicant to prepare her/him for possible outcomes of the process.

Ready by 21

Ready By 21 Services are available to youth ages 14 to 21 in Out-of-Home Placement and are designed to prepare youth to transition from foster care into self-sufficiency. Youth participate in transitional planning with a focus on the development of basic life skills; building connections to community resources and enhancing personal and professional networks of support. Each of Maryland's twenty-four Local Departments of Social

Services has an Independent Living Coordinator (ILC). Independent Living Coordinators assist youth and their caseworkers with all independent living services in the following domains:

- Housing
- Health Care
- Education
- Employment
- Financial Literacy
- Social and Emotional Well Being

Guardianship Assistance Program

The Guardianship Assistance Program (GAP) provides legal stability for children who are unable to return home to their biological parents and where adoption has been ruled out as option. GAP allows relative caregivers to take full legal responsibility for children without terminating parental rights. Because receiving legal custody and guardianship of a child may be a financial hardship for many relatives, GAP will allow relative guardians to assume a complete and parental role while receiving subsidy payments.

Interstate Compact for Placement of Children

Interstate Compact on the Placement of Children (ICPC) ensures that foster children placed out-of-state from Maryland and children placed in Maryland from other states receive the same protections guaranteed to the children placed in care within Maryland. The law offers states uniform guidelines and procedures to ensure these placements promote the best interests of each child while simultaneously maintaining the obligations, safeguards and protections of the "receiving" and "sending" states for the child until permanency for that child is achieved in the receiving state's resource home, or until the child returns to the original sending state.

Interstate Compact on Adoption and Medical Assistance (ICAMA)

Interstate Compact on Adoption and Medical Assistance (ICAMA) removes barriers to the adoption of children with special needs and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states. In addition, the IV-E eligible. Guardianship Assistance Program Medical Assistance (GAPMA) provides a framework for interstate coordination specifically related to permanency established with custody and guardianship awarded to out-of-State IV-E eligible Foster Parents.

C. Service Coordination

The Coordination of services for families involved in child welfare occurs through various methods at both the State and local level. DHS/SSA has established several interagency initiatives in order to integrate supports and services needed by families served jointly. The agency has agreements with agencies such as the Family Investment Agency (FIA), Maryland Department of Health (MDH) Behavioral Health Administration (BHA), Developmental Disabilities Administration (DDA), Maryland Department of Education (MSDE), Department of Housing and Community Development (DHCD), and Department of Labor and Licensing and Regulations (DLLR), and the Governor's Office of Crime Control and Prevention (GOCCP).

The agency coordinates with FIA to ensure that the LDSS Kinship Navigators are able to engage with and provide assistance to caregivers in identifying needs and linking families to statewide resources related to education, health care, and benefits/entitlements including Temporary Cash Assistance (child only grant), SNAP benefits, and Maryland's health insurance. LDSS Kinship Navigators provide families with information about application processes, assist with advocacy, and facilitate coordination of services for which they are eligible. DHS/SSA supports kinship navigators by partnering with FIA and the MD State Department of Education to create a direct pathway to access essential services to address the families' needs and alleviate

barriers. The agency coordinates services with DDA and developed a Coordination of Services Procedural Guidance handbook that establishes joint procedures to expand the continuum of resources available to vulnerable children and adults with developmental disabilities and to provide appropriate services in a timely and efficient manner.

The agency also coordinates services with DLLR through the Fostering Youth Employment Program. This program allows foster youth ages 16 and over to utilize workforce funding at DLLR to cover costs associated with job readiness training, occupational skills development, GED preparation, literacy advancement, financial stability services, including financial coaching, credit counseling, assistance meeting training related transportation and childcare needs leading to opportunities to obtain certain credential through DLLR registered apprenticeship programs that lead to employment.

DHS/SSA coordinates with MDH, BHA the local Core Service Agencies, and the Local Addiction Authorities to assist in the provision of crisis services through the Mental Health Stabilization grants as well as partnering to provide Family Mentors in the Sobriety and Treatment Recovery Teams (START) substance abuse treatment model for child welfare involved families.

Also a part of MDH is the Maternal and Child Health Division. DHS/SSA has a Memorandum of Agreement (MOA) with this department to exchange information regarding the home visiting services provided around the State. This data exchange allows MDH and DHS/SSA to evaluate the effectiveness of home visiting services by comparing if families who received the services had a subsequent interaction with child welfare.

DHS/SSA coordinates services with DHCD to increase services for older foster youth. DHCD and DHS/SSA partner around the Family Unification Program Vouchers (FUP). Also, DHS/SSA, DHCD, and GOCCP have worked together to create the New Futures Bridges program to ensure that youth transitioning out of foster care have adequate housing.

DHS/SSA works closely with Maryland Family Network (MFN), the recipient of Maryland's CBCAP monies which are used to fund local Family Support Centers around the State. As Maryland is developing the prevention plan required by the Family First Prevention Services Act, DHS/SSA is looking at ways to expand the use of the Center to support DHS/SSA's prevention efforts. DHS/SSA also collaborates regularly with the Foster Care Court Improvement Project (FCCIP) around improving outcomes for youth who come before the circuit court. The Governor's Office of Crime Control and Prevention (GOCCP), Maryland's Children's Justice Act (CJAC) agency, and DHS/SSA have most recently been collaborating around legislative issues involving sex trafficking. All three entities sit on the DHS/SSA Advisory Board where there are frequent data presentations and discussions around improving outcomes for youth and families. DHS/SSA have representatives attend GOCCP and the FCCIP and both partners have participated in CFSR reviews, participated in stakeholder interviews and assisted in the development of the CFSP goals and measures during the latest PIP convening.

Over the course of the next five years, the agency plans to review its existing agreements and through the implementation structure and teams, identify opportunities to enhance coordination and fill gap areas in which service coordination is lacking.

At the local level, the agency will strengthen and expand the utilization of Family Involvement Meetings (FIMs) and other shared decision making meetings as an opportunity to engage families and their support networks, assess and coordinate needed services and develop service plans. FIMs serve as a group decision-making process that allow the youth and family lead the planning process in collaboration with professionals to increase positive outcomes for both children and families.

The agency will utilize its current implementation structure to aide in the coordination of services within the continuum. The implementation structure consists of four implementation teams associated with the four core pillars of DHS/SSA's work with children and families (1) Placement and Permanency (2) Protective Services and Family Preservation (3) Integrated Practice and (4) Service Array. The implementation teams oversee performance and progress on DHS/SSA's strategic direction related to its area of focus. These teams coordinate to ensure services are appropriate and aligned to improve outcomes and meet the agency's goals and vision.

The Service Array Team in particular is charged with overseeing the development and implementation of child welfare service initiatives; Identifying the range of potential services appropriate for filling service gaps with a focus on increasing the availability of evidence-based, trauma-responsive interventions; Identifying substance abuse services; Educating the child welfare workforce and community stakeholders about the enhanced service array; Identifying needed work groups to address key content areas related to the array of services; Enhancing policy and practice guidance and training curricula to align these resources and promote sustained implementation of the practice model; Providing recommendations to DHS/SSA Outcomes Improvement Steering Committee on the development of an enhanced service array; and Collaborating with the CQI, data analytics, workforce and communications networks to ensure that Integrated Practice Implementation Team objectives are met. The service array team members that participate and coordinate these efforts are representatives of the LDSS, public and private child and family services providers as well as DHS/SSA program staff.

In 2019, DHS/SSA and the Service Array Team aimed to identify existing services, and when possible, the quality of services, within the service continuum through the development and dissemination of the Community Provider Survey. The survey was developed to better understand current community partnerships and services and where there may be needs across the State. Specifically, the goals of the survey were to:
1. Better understand the Local Departments of Social Services' (LDSSs) community partnerships to meet the needs of children, youth, and families involved with the child welfare system;
2. Identify gaps in services to meet these needs in the community at the local level;
3. Understand how community services/providers are identified; and
4. Learn more about outreach efforts to community partners, specifically for Alternative Response.

Over the next five years, the agency through the Service Array Team plans to utilize the findings of this survey to assist the State and LDSS in improving partnership and coordination of services. In addition, the agency will assist and support local jurisdictions in taking inventory what services and processes are available locally to families so they can build on what already exists.

The Children's Justice Act Committee (CJAC) is Maryland's Children's Justice Act Task Force. Maryland's CJAC is a standing committee of the State Council on Child Abuse and Neglect (SCCAN). The Children's Justice Act Committee provides grants to states to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. The Children's Justice Act Committee is coordinated by the Governor's Office of Crime Control and Prevention. DHS/SSA participates on the committee and collaborates with the committee around the vision and goals of DHS/SSA. Most recently, in the Fall of 2018, DHS/SSA presented to CJAC to receive feedback on the upcoming CFSP. Stakeholders were informed of the upcoming CFSP and engaged in a discussion around formulating the goals for Maryland. All of the feedback is incorporated in the goals developed for Maryland's CFSP.

The chair of CJAC along with the coordinator at GOCCP is represented throughout DHS/SSA's implementation structure and is a part of DHS/SSA's advisory board. DHS/SSA will continue to solicit feedback from CJAC and other stakeholders to evaluate measures and goals throughout the five-year plan.

D. Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart

1. Services for Children Adopted from Other Countries

Maryland does not provide any specific programs targeted to children adopted from other countries. If these children enter care post adoption, they receive the same services as those provided to children born in this country, aimed at reunifying the family as soon as possible. At the time of removal, families are eligible to receive post adoption supports which include entering into a Voluntary Placement Agreement (VPA) with the Local Departments of Social Services. These VPA services also include assistance with the placement of youth who have special treatment needs that require specialized placements such as reactive attachment disorder or other emotional and/or physical challenges. Parents may also receive post adoption counseling support services under the VPA.

Activities over the next five year to support children adopted from other countries
To prevent disruption and offer post adoption supports, DHS/SSA will ensure that adoptive families who may come to the attention of the LDSS receive the following services utilizing federal IV-B and IV-E funding as well as PSSF funds:
- Pre-and-post adoption support services
  - community resources
  - financial supports
  - adoption education
  - voluntary placement assistance if applicable
  - family preservation services
- DHS/SSA will inform and provide technical assistance to the local departments regarding supports for international adoptions.

2. Services for Children under the Age of Five

Maryland plans to continue to work in supporting and monitoring the various activities of the Local Departments of Social Services (LDSS) which are reported in their annual plans and quarterly reports and include such activities as:
- Safe Babies Court Team Approach- SBCT (Frederick County) – The SBCT approach is a collaborative, problem solving, systems change innovation focused on supporting the health, mental health and developmental needs of adjudicated babies and toddlers and expediting safe, nurturing permanency outcomes. The court, child welfare agency and related child serving organizations work together to create the following structure: Family Team (meets regularly to identify barriers to reunification) and a community stakeholder team sometimes called the "Active Court Team" (for broader systems reform efforts). This approach is a promising practice and is achieving the aforementioned outcomes in Maryland.
- Peer Recovery Coaches (Harford County) - This model has proven to be effective in helping substance using parents connect with recovery resources and in supporting maintenance of recovery and assessing readiness for recovery. The research on this model can be found in the Journal of Family Strengths, Volume 14, Issue 1 in the article entitled "Effects of Peer Recovery Coaches on Substance Abuse Treatment Engagement Among Child Welfare-Involved Parents." Parent recovery coaches are a part of a Recovery Oriented System of Care that address all aspects of substance use problems, from prevention to post-treatment, and may include a wide-range of services such as education, faith-based

supports, and medical treatment (SAMHSA, 2010). Peer recovery coaches provide, through a one-on-one relationship, support, encouragement, and motivation to substance-using individuals (SAMHSA, 2009b). The use of peer recovery coaches to promote treatment engagement and retention is especially relevant for parents involved in the child welfare system, who have markedly low treatment completion rates (Gregoire & Schultz, 2001). SSA will be collecting information about this program effectiveness from the LDSS in the form of quarterly PSSF funding reports.

- Judy Centers (Various counties) - Judy Centers provide services for children age birth through kindergarten and their families through the school setting. They work together with community partners to ensure that children are socially, emotionally, and physically ready for school. Services, programs and activities are free. Services include such things as: Family Support Services, Parent Workshops, Child Care Provider Workshops, Playgroups for children ages 0-5, Parent Cafés, Family Nights, Behavior Management Services, Case Management Services, Adult Education (GED, Continuing Education etc.), Dental Screenings, Vision & Hearing Screenings, Parent & Child Activities.

DHS/SSA will also continue to offer workforce training to assist the workforce in understanding the needs of the population. The training is entitled: Working with Families with Substance Exposed Newborns (SENs). This multidisciplinary training has brought together staff from three sectors – MIECHV home visiting, DHS/SSA child welfare, and the MSDE: Infants and Toddlers program and Early Head Start home based option - who serves families with substance exposed newborns. The training focuses on issues faced by caregivers and families of substance exposed newborns (e.g., addiction, recovery, trauma, stigma, need for self-regulation, court involvement, and custody), how to engage and communicate with these clients, how to make effective referrals, and how to connect with other local professionals to integrate services provided to families. The training is sponsored by the Maryland Department of Health and Department of Human Services and was developed by University of Maryland, Baltimore County.

Activities to address the developmental needs of all vulnerable children under five
Maryland will continue to support the following programs that address the developmental needs of all vulnerable children under five (full program descriptions can be found in the APSR):

- **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, Maryland State Department of Education, 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. Additional information can be viewed at https://marylandfamiliesengage.org. This site is still live and family providers continue to log-in for trainings and support related to the content. Additionally, facilitated by staff within the Maryland State Department of Education, and supported by Ready at Five and the Institute, a statewide coalition for family engagement in schools meets monthly.

- **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 was 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 and during LAUNCH's last year of funding, efforts have expanded to train providers in the Fussy Baby Model across the state, embedding the model in a range of infant and parenting serving agencies.

- **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.

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:

o Observing and assessing the child and the classroom environment
o Referring children and families to Maryland's Infants and Toddlers program, Child Find, and other appropriate mental health services
o Training and coaching of early care and education providers to meet children's social and emotional needs
o Assisting children in modifying behaviors
o 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 continues to dedicate funds for 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. Additionally, the Institute and MSDE participated in a SAMHSA funded effort to advance through monthly TA calls with an assigned consultant through the Center of Excellence on Infant and Early Childhood Mental Health Consultation in an effort to support Maryland's statewide consultation workforce to realign with national standards of licensed clinicians to provide the service to children and families.

- **Social Emotional Foundations of Early Learning (SEFEL) Pyramid Model**
  In Maryland, SEFEL Pyramid Model 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 through a partnership by the Institute to lead training, coaching and technical assistance in the model. 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 created and is implementing a SEFEL fidelity and outcomes monitoring system for the state of Maryland and engaging a Cadre of Master Trainers and Coaches (30 SEFEL experts across the state) to use the system to track trainings and coaching support that they engage in with home-based and center-based childcare programs in addition to classroom staff in public and private school systems for children in Pre-K through 2nd Grade. The system is designed to provide the necessary data to help improve training and program implementation efforts. The SEFEL Project builds upon the Early Childhood Mental Health Consultation Outcomes Monitoring System, which has been actively collecting data on program and child outcomes related to consultation across the state for several years. 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://theinstitutecf.umaryland.edu/sefel/. Additionally, through MSDE's State Systemic Improvement Plan, multi-year funding has been dedicated to support training and in-depth coaching of the Pyramid model through the State's 24 early intervention programs.

- **Pritzker Children's Initiative (PCI) Prenatal-to-Age-Three**
  DHS/SSA has signed on as a collaborative partner and is the winner of the Pritzker Children's Initiative (PCI) Prenatal-to-Age-Three State Grant Competition. Cross-sector coalitions in 11 states, including Maryland, have each been awarded a $100,000 planning grant to develop and strengthen high-quality prenatal-to-age-three services. The other states include: Arkansas, the District of Columbia, Louisiana, Michigan, Nebraska, Nevada, Pennsylvania, Texas, Washington and Wisconsin. Strategies identified as a part of this initiative include expanding high-quality early childhood services through innovative and collaborative efforts. A Maryland Leadership Council has been formed, to include high level, cross-sector leadership as well as families with young children. This group has been charged with reviewing recommendations of workgroups and approving a research-based, executable plan for a system of supports for pregnant women and for children from birth to 36 months in Maryland. They have already met once with a plan to meet again at the beginning of 2020.

Social Services Administration: Children Under Age Five in Out-of-Home, Length of Stay (LOS)				
Calendar Year 2018				
LOS in Care (In Months) of Children Under Five in Out-of-Home				
Calendar Year	6 or less	7-11 months	12 or more	Total
2018	1,082	535	591	2,208
Percentage of population	*49%*	*24%*	*27%*	*100%*
The goal is for 80% of the children 0-5 will have length of stay 11 months or less by 2024.				
Source: MD CHESSIE, CY (January through December)				

Measures to ensure services are working effectively:

The services offered to children under 5 in the State of Maryland are aimed to increase parent engagement, reunification and other positive permanency and well-being outcomes for children in placement as well as to encourage their safety, stability and well-being at this critical developmental stage. Many of the services are Evidenced Based Practices (EPB's) or have requirements related to fidelity and outcomes set forth by the EBP developer/purveyor or by the program itself. As DHS/SSA continues to develop the service array for this population, DHS/SSA is examining what EBP and practice measures there are and utilizing this information to ensure positive outcomes for children and families in the jurisdictions where they are practiced. The goal is for 80% of the children 0-5 will have length of stay 11 months or less by 2024. In addition, DHS/SSA will break out the data by permanency goal to better assess systemic issues that influence the length of stay. DHS/SSA will monitor the length of stay goals (as noted above) as well as Federal Child and Family Care Review outcomes related to Permanency Outcome 1: Children have permanency and stability in their living situations and Permanency Outcome 2: The continuity of family relationships and connections is preserved for children and Well-being Outcome 1: Families have enhanced

capacity to provide for their children's needs, Well-being Outcome 2: Children receive appropriate services to meet their educational needs, Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs (please see Outcomes section for results.

3. Efforts to Track and Prevent Child Maltreatment Deaths

Compile and complete accurate information on child maltreatment deaths

There are several ways in which child fatalities come to the attention of DHS/SSA. Social Services Administration Policy Directive #10-5 requires that the central office be notified whenever a child in an active or recently closed child welfare case is involved in a fatality, critical incident or sustains a serious physical injury. Additionally, all child fatalities where child abuse or neglect is suspected to be a contributing factor in the death are investigated by Local Departments of Social Services (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 Maryland Department of Health and at the state level it functions as one of Maryland's three citizen review panels (designation as a citizen review panel is in Maryland law). Many cases that come before the local team include those 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 is 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 are shared and presented at the local CFR team meetings and LDSS and law enforcement coordinate their efforts when the fatality under review may have resulted from child abuse or neglect (hard data is not received from law enforcement). In most instances however, the LDSS has had involvement with the family through an investigation prior to the CFR 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; where appropriate, law enforcement and hospitals reach out directly to the LDSS to inform them about the death of a child. Information from the coordinated investigation 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 notification 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, including a form for each child death to be used to guide the local review. Local teams then complete the local CFR reporting form and submit it to the State Fatality Review Team for tabulation and analysis for their annual report. DHS/SSA receives 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. (For example, a death from leukemia in the hospital would not go to the OCME.)

Monthly the Maryland Department of Health also sends the local CFR coordinator and the 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 the local review process through providing extra

information. The official notification for CFR teams to do a case review comes from the OCME and 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.

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.

Steps to develop and implement a statewide plan
The following information outlines the plan the state is taking to develop and implement a comprehensive statewide plan to prevent child maltreatment fatalities. DHS/SSA has outlined the plan for a centralized Child Maltreatment Fatality Review (CFMR) process, including tracking and preventing child maltreatment deaths, to enhance and build upon the current child fatality review process. A detailed work plan will be developed to outline the strategy and steps for implementing the CFMR process beginning in summer 2020.

Maryland plans to implement a continuous quality improvement, trauma-informed, comprehensive, and centralized DHS/SSA-led review process for child fatalities that are due to maltreatment. The role and purpose of a centralized CMFR, the principles that will drive the reviews, the elements necessary to implement a statewide CMFR process, and outstanding considerations are detailed in this plan. The content is based on feedback and insight from DHS/SSA and LDSS staff, stakeholders and partners, including those represented in the Preventing Child Fatalities workgroup, all within the framework of a culture of safety.

A centralized CMFR process in Maryland will consist of a review of a representative sample of child fatalities. It will include efforts to understand the entire spectrum of factors that lead to a child's death due to maltreatment with the goal of preventing future deaths. The reviews will reinforce organizational values and shift the focus away from discussions of blame-worthy acts towards creating and supporting a culture of safety. This effort will be framed in a close review and understanding of available data as it relates to child maltreatment fatalities and prevention.

The comprehensive CMFR will be two-fold in scope
- The review will lead to a broader understanding of the circumstances and risk factors that led to the child's death; promote consistency in practice, workforce development, and stakeholder and community engagement.
- It will engage staff and supervisors in the process to explore critical decisions and interactions with the child or family and provide an opportunity to share, process, and learn in a safe, non-punitive environment.

Elements of Comprehensive CMFR Process

- The CMFR will be DHS/SSA-led and situated within CQI.
- Select cases that meet the triage criteria will be included in a quarterly review.
- A multi-disciplinary team will participate in the reviews.
- An annual report will be produced to include trends, themes, and recommendations for prevention efforts and changes to policy and/or practice.
- An automated system will be used to track and document all child fatalities, critical incidents, and serious physical injuries including alerts or notifications of cases as well as other characteristics (geographic location, age, gender, race/ethnicity, child welfare involvement, etc.) of all cases.
- Available and relevant data (e.g., trend data, regional trends, ages for unexplained deaths and parental substance use, etc.) will be included in the review process to assure that there is a review and understanding of data as it relates to child maltreatment prevention.
- A standardized tool will guide the reviews.
- The CMFR will collaborate, coordinate, and share information with other child fatality reviews (e.g. Department of Health State and local Child Fatality Review teams, Citizen Review Board for Children, State Council on Child Abuse and Neglect, etc.).
- Related DHS/SSA Policy Directives and forms will be updated.

Quarterly Review: Case and Triage Criteria

- Quarterly reviews will include cases that are a minimum of 120 days from the report date and meet the following criteria:
  - Maltreatment was a contributing factor to the child's death
  - An active or recently closed child welfare case (within the past 12 months)
- Further case triage for inclusion of select cases in quarterly reviews will include the following criteria for the unexplained death of a child under age three:
  - Sudden Infant Death Syndrome (SIDS)
  - Sudden Unexpected Infant Deaths (SUID)
  - Substance Exposed Newborns (SENs)
  - Death of a child where parental substance use was a contributing factor
  - Sudden Unexplained Death in Childhood (SUIDC)

Multidisciplinary Team

Core members of the team may be drawn from experts, including:

- LDSSs and DHS/SSA staff, including those with responsibilities for the investigation and/or prevention of child deaths;
- Continuous Quality Improvement;
- DHS/SSA Medical Director;
- Pediatrician or Health Provider;
- Maryland Department of Health;
- Workforce Development;
- Additional representatives from agencies, providers, or professions involved in protecting children's health and safety will be considered on a case appropriate basis.

Principles of the CMFR

- Reviews will engage LDSS and state agency leadership, frontline staff, and other key child welfare stakeholders such as public health officials, law enforcement, and the courts. Ownership for the process and the findings will be shared across agencies.

- The CMFR process will be a move toward a safety culture oriented around a proactive response to child fatalities and a response system dedicated to learning and system change. It will support a focus on identifying underlying systemic issues to improve prevention efforts and response by child welfare.
- The output of the review will consist of recommendations to improve outcomes for all children and families within, and outside of, the child welfare system in an effort to prevent future child fatalities.
- Intentional partnering with agencies around prevention efforts will occur through identifying proximal areas of needed improvement.
- Training and support for staff, including needed tools and resources, will be central to supporting the advancement of a safety culture.

Additional Considerations to be included in the Comprehensive CMFR
- Additional considerations for DHS/SSA as it begins preparation for implementation of a centralized CMFR process include exploring: Expansion of the reviews beyond when maltreatment was a contributing factor to a child fatality.
- Implementing a standard tool to support and guide the comprehensive CMFR will need to be utilized.
- Inclusion of families and feedback from families in the review process.
- Inclusion of debriefings with staff and supervisors as part of the CMFR process.
- Using the Safe Systems Improvement Tool as a resource to be modified or enhanced for DHS/SSA's CMFR.

E. Promoting Safe and Stable Families (PSSF)

1. Service Decision-Making process for Family Support Services

As the designated Title IV-B agency, DHS/SSA administers The Child and Family Services 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 (PSSF) Grant to operate family preservation services, family support services, time-limited 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 (10%) of the funds are set aside for discretionary activities and ten percent (10%) for administrative costs.

The administrative and discretionary portion of the Promoting Safe and Stable Families (PSSF) Grant is utilized for new initiatives and projects in the child welfare arena, including funding for contracts. The DHS/SSA Executive Director has the discretion as to how these funds should be used. Since IV-B Subpart 2 requires the State to utilize a significant portion of expenditures on services, Maryland uses only ten percent (10%) of the PSSF grant on each discretionary and administrative cost.

Maryland continues to monitor closely the spending by the LDSS to ensure that the Promoting Safe and Stable Families (PSSF) Grant is spent in the following service categories: family support, family preservation, time-limited reunification and adoption promotion, split evenly twenty percent (20%)

between the program areas. DHS/SSA receives quarterly expenditure reports from the DHS/SSA Budget Office in the Policy Directives for the above-mentioned services to monitor spending. In addition, DHS/SSA has language in the policy directives that informs LDSS that if half (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.

All 24 LDSS offer family reunification services aimed at reunifying the family and ensuring the stability of reunification. A strength of the family reunification services is that each local can match the needs of the population served in its jurisdiction to the purchased service. Any family who has a child in Out-of-Home Placement is eligible to receive this service. 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, and temporary child care and therapeutic services for families, including, crisis nurseries, transportation, and visitation centers.

All 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 children. Both foster and adoptive families are eligible for this service. 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 and media, promotional materials, pre-service and in-service training for foster/adoptive families; foster/adoptive home studies, materials, equipment, and supplies for training, consultation and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption in making a commitment.

Family preservation and family support fund are allocated to all 24 LDSS. Most of the LDSS operate a specific program with these funds. Some of the LDSS that were not allocated funds for a specific program receive "flex funds" that are used to pay for a variety of supportive services for families in In-Home services. 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. The family support and preservation services are available to all families in need of services, including birth families, kinship families, and foster and adoptive families. These services include Healthy Families, Strengthening Families, Parent-Child Interactive Therapy, services in family support centers, and various parenting curriculums that are utilized as part of parenting workshops.

These programs 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 family support and family preservation programs were initially selected based on a Request for Proposal process. Many of these programs will continue in SFY2020. The LDSSs have submitted proposals for SFY2020 that have included the level of funding requested, statement of need, and the proposed use of funds for family preservation and family support. Thus, there may be some new programs as a result of this process.

Community-Based Prevention Services

Several of the PSSF family support programs will focus on community-based prevention services designed to help increase a parent's confidence in their ability to parent and raise their children. For example, funding is being used in Frederick, Carroll and Washington counties to support parenting education and

case management services at their respective family support centers. In home parenting service are also offered in several jurisdictions, including Calvert, Caroline, and St. Mary's counties.

As stated above, these programs were initially selected based on a Request for Proposal Process, and will continue in SFY2020.

2.   Populations at Greatest Risk of Maltreatment

The State of Maryland has identified Substance Exposed Newborns (SEN) as a population at the greatest risk of maltreatment due to several factors. The Department of Human Services continues to see an increase in the number of SEN referred to the Local Department of Social Services each year. From SFY2015 to SFY2018 there was a 34% increase in referrals. In CY 2018, of the reports of maltreatment that came to the agency, 32 % involved children in ages of 0-5. For CY2018, of the total number of children between the ages of 0-5 that are were placed in foster care, 49% of those children were place in care for at least six months and 27% of those children were placed in care for at least 12 months or more.

Due to the risk involved with prenatal substance exposure, SENs may suffer from long term adverse effects that may impact the health and well-being of the newborn, the family and the home environment in which the newborn resides. Although the State considers all children under state care as vulnerable to maltreatment, these children are considered at greatest risk because of their age and/or separation from a guardian, the risk associated with SENs, the rate of maltreatment reports for young children and the likelihood of them being placed in care and the increased in SEN population each year.

In Maryland, a SEN is defined as a child less than 30-days old displaying positive toxicology screen for a controlled drug as evidenced by an appropriate test after birth, displaying the effects of controlled drug use or symptoms of withdrawal resulting from prenatal controlled drug exposure as determined by medical personnel, and displaying the effects of Fetal Alcohol Syndrome (FASD).

The Department is made aware of SENs by referrals made to the Local Departments from the delivering hospital in accordance to the Code of Maryland Statutes, Family Law §5–704.2. Under the statue, a health care practitioner involved in the delivery or care of a SEN will make an oral report to the LDSS as soon as possible and make a written report to the LDSS not later than 48 hours after the contact, examination, attention, treatment, or testing that prompted the report.

Upon notification of a SEN from a health care practitioner, the LDSS will conduct a SEN Risk of Harm (ROH) Assessment. ROH cases are not investigations of maltreatment. However, similar to a CPS response, initial contact is made with the infant within 48 hours and a comprehensive assessment is completed within sixty (60) days to determine whether the family requires additional agency or community services. During the assessment period and/or at completion, a SEN case can be assigned to either CPS or Family Preservation Services. All SEN cases require the development of a Plan of Safe Care (POSC) addressing the health and substance use treatment needs of the newborn and affected parent or caregiver along with family members. The POSC is developed with input from the parents or other caregivers, as well as, any collaborating professional partners and agencies involved in caring for the newborn and family. The Department recognizes that early intervention coupled with a collaborative approach with health care providers effectively meets the needs for SEN, their parents, and family members impacted by substance use.

Over the course of the next five years, the Department will continue to build and enhance collaboration at the State and local level. DHS/SSA's Implementation Plan includes a Substance Use Disorder Workgroup (SUD). The Substance Use Disorder (SUD) Workgroup is comprised of stakeholders, community partners, and substance abuse treatment providers along with State and local agencies. The University of Maryland Institute for Innovation and Implementation provides Technical Assistance to the workgroup. DHS/SSA will continue to utilize the SUD Workgroup as a structure and opportunity to collaborate with stakeholders to identify service barriers and address the needs of SEN. With their experience and expertise, workgroup members provide input and recommendation to support implementation of evidence-based practice models related to SUD, SEN related policies, best practice interventions, SUD service array and workforce development opportunities.

Furthermore, over the next five years the agency plans to utilize the SUD Workgroup, Regional SEN Training Meetings and the implementation of Local Multi-Disciplinary Team (Multi-D) for SENs as a vehicle to convene partners, agencies and communities in understanding where and what services and supports are needed to support SENs, their families and prevent maltreatment. These convenings will target Child Welfare Workers and Supervisors who assess and/ or manage SEN Cases, SEN Workgroup members. Hospital Social Workers/Nurses involved in contacting Child Welfare about SENs, Medication Assisted Treatment Providers, Substance Use Disorder Treatment Providers, and Local Departments of Health. The convenings focus on building a collaborative response to substance exposed newborns that will effectively address the needs SEN and their families prior to and after the families' involvement in Child Welfare. These strategies focus on increasing linkages for parental substance use and families impacted by substance use, promoting best practice, clear procedures, and points of access to services. The Regional SEN meetings and the Multi-D Teams will allow for increased local collaboration to address the local needs in a particular jurisdiction/community.

Measurable targets/goals:
The agency will measure the number of SENs that are placed into foster care and the number of Plans of Safe Care completed for SEN each year as a way to measure the interventions and services provided to SEN and their families over the next five years.

For CY2018, there were 6.3% of SEN who were referred to the LDSS and were placed into foster care within 90 days. The agency would like to reduce this number by 3 percent over the next five years. Over the next five years, the agency also plans to measure and monitor the percentage of SEN who are placed into foster care within 12 months. Due to data limitations, this data is unavailable at the time of this report.

Currently, the agency determines the POSC activities implemented by assessing the number of SENs with a service log and/or service plan completed. Service logs and service plans reflect interventions and/or services provided for the child. For CY2018, 91 % of SENs had an in-home service log and/or service plan completed. The agency is looking to increase this percentage by 2% each year to ensure that every SEN has a Plan of Safe Care developed and implemented.

Additional planned activities to service this population includes:
(1) Continue to develop strategies to build statewide cross-system collaborations with behavioral health and medical providers. This includes providing guidance to LDSS on establishing local level SEN Multi-Disciplinary Teams; (2) Serve as a supportive partner with Maryland's State and local agencies on developing effective approaches to addressing the needs of mother's prenatally including supporting implementations of Prenatal Plans of Care and (3) Continue to build a workforce that is supported and equipped to meet the needs of SEN and their families. This includes developing workforce development

opportunities to enhance staff knowledge about SENs and coordinating services, reduce stigma, and facilitate cross-system communication among agencies and community providers serving SEN and families impacted by substance use.

DHS/SSA in collaboration with Maryland Department of Health, Behavioral Health Administration, will continue to receive, In-Depth Technical Assistance (IDTA) from the National Center on Substance Abuse and Child Welfare (NCSACW). IDTA includes supporting and providing guidance to Maryland's state agencies (behavioral health; Maternal & Child health), Substance Use Treatment providers, and child welfare to enhance the capacity to meet the needs SEN, pregnant and postpartum women dealing with substance use. Participating in IDTA assists Maryland in strengthening collaboration across systems to address the complex needs of this population. This includes addressing treatment needs, early intervention, and development and implementation of Plans of Safe Care and coordination of needed family services that will improve outcomes and aide in the family's stability.

Maryland will continue to utilize the implementation of The Sobriety Treatment and Recovery Teams (START) model as a way to support families affected by SUD in thirteen jurisdictions. START is a child welfare led intervention and service that is prioritized for families with SEN. The model pairs child welfare worker with family mentor to form dyad with family and is implemented in partnership with SUD and Mental Health treatment providers. The Family receives the services of a Family Mentor who is a person in long term recovery and provides recovery supports services to the parent affected by SUD. START helps parents achieve recovery and keeps children in home with family when safe and possible. START is a family centered service and approach and transforms system of care within and between child welfare, SUD treatment providers, courts and other family serving systems and agencies.

Additional notable services in Maryland that target and address the needs of SENs and their families are Family Preservation Services, home visiting services and Infants and Toddlers. There are also a number of evidence-based practices and interventions that are being implemented in different parts of the state to address parental substance use which include Safe Babies Court Team, Seeking Safety and Screening, Brief Intervention, and Referral to Treatment (SBIRT).

F. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Standards for content and frequency of caseworker visits
In DHS/SSA/CW Policy #16-03, Maryland DHS/SSA outlines the standards for the content and frequency of caseworker visits. This policy sets forth that visits shall be face-to-face, directed and purposeful, and at least monthly (increased according to the child's needs, circumstances and best interest). The content of the visits is described in detail in this policy and covers that the visit should allow for communication, observation and assessment of the following focus areas: The purpose and outcomes of the visits are also outlined to include: obtaining essential information for case management, giving child and family active participation in permanency planning, ongoing assessment of child and his/her relationships with caregivers/family, providing life skills and ensuring child's needs for safety, permanency and well-being are met and they are in the appropriate placement. Anytime a caseworker, during their visitation, observes a situation, or a situation is brought to their attention, which may place a child's safety in danger, a SAFE-C OHP (Out-of-Home Placement) must be completed immediately to assess whether or not that child is safe in their placement (as directed in DHS/SSA/CW Policy #12-27).

Plans to use the Monthly Caseworker Visit Grant over the next Five Years
The Social Services Administration will continue to allocate funds on a yearly basis to the LDSS for the caseworker visitation grants, and will issue a Policy Directive describing how these funds can be used. The

LDSS will submit proposals that DHS/SSA will review and approve for the use of these funds. An example of requests for funds from the LDSS includes funds for additional specialized training for their staff, consultation and clinical supervision, and trauma-informed training. DHS/SSA will encourage the locals to utilize their caseworker visitation funding for various trainings to enhance the skills of caseworkers to improve decision-making on the safety, permanency, and well-being of children and/or to enhance their knowledge on various issues. In addition, the LDSS could also utilize their funding on activities to recruit and retain workers and supervisors, such as assisting LGSW workers in receiving their full licensure or hosting staff appreciation luncheons.

G. Additional Services Information

1. Child Welfare Waiver Demonstration Activities

Through the implementation of Families Blossom✿Place Matters, Maryland's Title IV-E Waiver, a number of lessons were learned that informed the objectives tied to the following two goals in DHS/SSA's 2020-2024 CFSP:

- Children, youth, families, and adults are healthy, resilient, and have stable and lasting connections
    - Well-being of children in Family Preservation through the implementation of CANS-F, a trauma responsive collaborative assessment
- Children, youth, families and adults have access to a full array of high quality services and supports that are designed to meet their needs
    - Implementation of an array of evidence-based practices to reduce entry and reentry of children at risk of involvement with child welfare.
    - Evaluation of the connection of CANS-F results to service plans

While compliance rates for the CANS-F remained at around 80% throughout the implementation of Families Blossom✿Place Matters there continued to be challenges related to the identification of needs as well as connecting assessment results to service plans. This, combined with Maryland CFSR 2018 Final Report results, led to specific objectives in DHS/SSA's 2020-2024 CFSP to support continued compliance, improved authentic partnership with children and families in completing assessments, and the meaningful use of the results.

Families Blossom✿Place Matters also allowed DHS/SSA to test an array of evidence-based/promising practices (EBPs) to reduce entry and reentry of children at risk of involvement with child welfare. EBPs implemented fell into the one of the following categories:

- Parent Education: evidence-based/informed services and/or supports related to parent skill building/training programs
- Behavioral Health: mental/behavioral health evidence-based/informed services and/or supports focused on keeping children in their homes and enhancing the caregiver's sense of competency in managing challenging behaviors
- Substance Use: evidence-based/informed interventions, service, and/or supports related to addressing substance use disorders
- Child Welfare Practice Models: evidence-based/informed child welfare practice models that are family–centered, trauma-responsive, strengths-based, and youth-guided

Lessons Learned
Between January and April 2019, DHS/SSA, in collaboration with technical assistance partners, worked with local jurisdictions to assess the sustainability of each EBP implemented through the Waiver. The sustainability

assessment was designed as a collaborative process to identify implementation lessons and the impact of the interventions on outcomes for children and families, as well as to make recommendations around the degree to which the EBP was fully implemented and necessary support for sustainability and/or whether there was need for expansion of these interventions where already implemented. The collaborative assessment included the following areas:

- *Reach:* the degree to which the service is reaching the number of individuals or families anticipated by the LDSS;
- *Impact:* the degree to which the service has shown to produce short-term outcomes on desired results;
- *Implementation Sustainability:* the degree to which elements that support successful and sustainable implementation of practices and programs, or implementation drivers (competency, organization, and leadership[2]), are in place;

The assessment additionally noted cost, measured by the most recent year of funding allocated to the DSS.

Each of the three areas assessed received a rating of Low, Medium, or High based on the criteria listed in the following table.

Program Assessment Area	Rating Criteria *Note: Ratings are based on State Fiscal Year 2019 data, Year-to-Date*
Reach	- Low: Service is reaching fewer than 50% of the individuals or families the DSS anticipated serving. - Medium: Service is reaching 50-80% of the individuals/families anticipated *or* completion rates are below 50%. - High: Service is reaching more than 80% of the individuals/families anticipated and completion rates are greater than 50%.
Outcomes	- Low: There is no outcome data or data indicate no impact or largely negative impact. - Medium: Outcome data indicate impact is mixed or marginally positive. - High: Outcome data indicate impact is positive.
Implementation Sustainability	- Low: A majority of implementation drivers are rated Low. - Medium: A majority of drivers are rated Medium or High. - High: A majority of drivers are rated High.

The chart below summarizes the results of the collaborative sustainability assessment and indicates whether EBPs implemented in Maryland under the Waiver are currently listed on The Clearinghouse.

Program Name *LDSS*	Reach	Outcomes	Implementation Stability	On The Clearinghouse
Circle of Security (COS) *Anne Arundel County*	Low	Low –DNA[3]	Medium	No
Community of Hope (COH) – Family Initiatives *Washington County*	High	High	High	No
Community of Hope (COH) – School Initiatives *Washington County*	High	Medium	High	No

---

[2] See https://nirn.fpg.unc.edu/learn-implementation/implementation-drivers for more information.
[3] DNA: Data not available.

Program Name *LDSS*	Reach	Outcomes	Implementation Stability	On The Clearinghouse
Community of Hope (COH) – Neighborhood Initiatives *Washington County*	**High**	**Medium**	**High**	**No**
Community Outreach Addiction Team *Wicomico County*	**Low – DNA**	**Low – DNA**	**Medium**	**No**
Functional Family Therapy (FFT) *Anne Arundel County*	**High**	**High**	**High**	**Yes**
Functional Family Therapy (FFT) *Carroll County*	**Medium**	**Medium**	**Medium**	
Functional Family Therapy (FFT) *Harford County*	**Medium**	**Medium**	**High**	
Functional Family Therapy (FFT) *Howard County*	**Medium**	**Medium**	**Medium**	
Healthy Families America (HFA) *Harford County*	**Medium**	**Low – DNA**	**Low**	**Yes**
Healthy Families America (HFA) *Talbot County*	**Medium**	**Low – DNA**	**Medium**	
Homebuilders *Allegany County*	**High**	**High**	**Medium**	**Under Review**
Homebuilders *Garrett County*	**High**	**High**	**High**	
Incredible Years (IY) *Allegany County*	**High**	**High**	**Low**	**Under Review**
Incredible Years Dinosaur (IY-DINO) *Allegany County*	TBD- Program Started 2/2019	TBD- Program Started 2/2019	**Medium**	**No**
Multisystemic Therapy (MST) *Frederick County*	**Medium**	**High**	**High**	**Yes**
Multisystemic Therapy (MST) *Prince George's County*	**High**	**High**	**High**	
Multisystemic Therapy (MST) *Washington County*	**High**	**High**	**High**	
Nurturing Parenting Program (NPP) *Harford County*	**High**	**High**	**High**	**Under Review**
Nurturing Parenting Program (NPP) *Kent County*	**Medium**	**Medium**	**High**	
Nurturing Parenting Program (NPP) *Talbot County*	**High**	**High**	**High**	
Parent-Child Interaction Therapy (PCIT) *Anne Arundel County*	**Medium**	**Medium**	**High**	**Yes**

Program Name *LDSS*	Reach	Outcomes	Implementation Stability	On The Clearinghouse
Partnering for Success/Cognitive Behavioral Therapy + (PfS/CBT+) *Baltimore County*	**High**	**High**	**High**	**No**
Primary Project *Talbot County*	**Low – DNA**	**High**	**Medium**	**No**
Safe Babies Court *Frederick County*	**Medium**	**Medium**	**Medium**	**No**
Seeking Safety *Allegany County*	**High**	**Low – DNA**	**Medium**	**Under Review**
Solution Based Casework (SBC) *Baltimore City*	**High**	**Low**	**Medium**	**Under Review**
Strengthening Families *Prince George's County*	**Low – DNA**	**Low – DNA**	**Medium**	**No**
Strengthening Families *St. Mary's County*	**Low – DNA**	**Low – DNA**	**Medium**	**No**
Transitional Trauma Therapy *Montgomery County*	**High**	**Medium**	**Medium**	**No**
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) *Cecil County*	**Medium**	**Low – DNA**	**Medium**	**Yes**
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) *Washington County*	**Medium**	**High**	**High**	
Trauma Systems Therapy (TST) *Washington County*	**Medium**	**Medium**	**High**	**No**

Using this information, the following Waiver EBPs are continuing to be implemented after September 30, 2019 within the jurisdictions that received funding during the Waiver:

- Circle of Security
- Multisystemic Therapy
- Functional Family Therapy
- Parent-Child Interaction Therapy
- Healthy Families America
- Nurturing Parenting Program
- Strengthening Families
- Safe Babies Court
- Partnering for Success

Among these EBPs, Functional Family Therapy is being expanded to Baltimore County in addition to those jurisdictions served in SFY2019.

DHS/SSA is also exploring EBPs to fund under FFPSA. To identify potential EBPs a scan is being completed to identify EBPs currently implemented in Maryland through the wavier and other funding sources. The scan identifies programs that are likely to meet The Clearinghouse criteria and aligns with DHS's proposed definition of a candidate for foster care and imminent risk. Preliminary results of this scan have revealed the following:

- EBPs being implemented in Maryland through other funding sources that are currently on The Clearinghouse:

- o Methadone Maintenance Therapy
- o Nurse Family Partnership
- o Parents as Teachers

- EBPs that are currently being reviewed by The Clearinghouse, some of which were implemented through Maryland's Title IV-E Waiver (*) or are currently implemented in Maryland through another funding sources (**)
  - o *Mental Health*:
    - Attachment and Biobehavioral Catch-Up [also listed under in-home parent skill-based]**
    - Brief Strategic Family Therapy [also listed under substance abuse and in-home parent-skill based]
    - Child Parent Psychotherapy
    - Incredible Years*
    - Interpersonal Psychotherapy
    - Multidimensional Family Therapy [also listed under substance abuse and in-home parent-skill based]
    - Solution Based Casework*
    - Triple P – Positive Parenting Program

  - o *Substance Abuse*:
    - Brief Strategic Family Therapy**
    - Family Behavior Therapy
    - Multidimensional Family Therapy
    - Seeking Safety*
    - The Seven Challenges**

  - o *In-home Parent Skill-based*:
    - Attachment and Biobehavioral Catch-Up**
    - Brief Strategic Family Therapy**
    - Homebuilders*
    - Multidimensional Family Therapy
    - Nurturing Parenting*
    - SafeCare

2. **Adoption and Legal Guardianship Incentive Payments**

- **Services the State expects to provide to children and families using the Adoption and Legal Guardianship incentive funds.**
  - o 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.
  - o Pre-finalization child specific recruitment activities 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.
  - o 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.
  - o 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.

   o 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.

- **Plan for timely expenditure of the funds within the 36-month expenditure period.**
  Maryland recognizes that the timely expenditure of these funds is required. A barrier to this goal has been the Local Departments of Social Services (LDSS) lack of awareness of the services these funds can be used for and how to access the funds. Therefore, Maryland plans to put the following activities in place to ensure the timely expenditure of funds:

Strategies to expend funds	Target Dates (2019-2024)
Strategy1: Plan for expending adoption incentive funds in thirty-six months.	
Develop LDSS adoption incentive goals for each jurisdiction.	October 2019/Annually
Send updates on status of adoption finalization incentive goals	January 2020/Quarterly
Develop tip sheet to include the services listed above and the process by which the funds can be accessed from the central office. Conduct annual review for updates.	October 2019
Continue capacity building with AdoptUSKids to increase recruitment of adoptive resources for youth ages 0-21	September 2019
Strategy 2: Tracking of Adoption incentive funding.	
Develop a tracking report of the trends related to the LDSS utilization of the adoption incentive funding by pulling data and reporting the amount and use of funding expenditures.	July 2019 Quarterly
Provide technical assistance to LDSS on adoption incentive funding process/expenditure, to include check-ins.	Quarterly
Strategy 3: LDSS education on the utilization and expenditure of adoption incentive funding.	
Informing LDSS leadership at MASS-D and Affiliate meetings of the services that funding can be used for and the process for accessing the funds	Bi-annually
Hosting DHS/SSA regional meetings to serve as learning collaboratives where education and inter-jurisdictional learning occurs.	Bi-annually
Hosting DHS/SSA Adoption/Guardianship Assistance Funding Webinars	July 2019
Re-examining policies and practices related to adoption and guardianship assistance and providing updates and technical assistance to the LDSS about any applicable updates.	July 2019/Quarterly

3. **Adoption Savings**

- **Adoptions Savings Methodology**
  o Maryland utilizes the Children's Bureau's method with actual amounts to calculate adoptions savings. There have been no changes to methodologies or procedures since the last submission.
- **Adoptions Savings Expenditures/Services and timetable**

- Over the next five years, DHS/SSA plans to utilize adoptions savings monies as follows:
  - 20% post adoption, 10% at risk and 70% IV-E/B funding.

Strategies to expend funds	Target Dates (2019-2024)
Strategy 1: Purchase training to assist in adoption competency development of child welfare staff.	
Purchase Child Welfare League of America in-person and on-line hybrid training and began to utilize training program to both public/private resource home trainers	March 2019
Purchase Center for Adoption Support and Education (NTI) training curriculum and began training of child welfare caseworkers	December 2019
Strategy 2: Purchase pre-post adoption/guardianship services to assist with adoption/guardianship education, finalization, supports, and prevention of removal/disruption.	
Request pre/post adoption/guardianship proposals from adoption competent community resources to see what services are available	June 2019
Develop proposal for competitive bidding for pre-post adoption/guardianship services	September 2019
Begin state procurement process for pre-post adoption/guardianship support services.	October 2019
Purchase pre-post adoption/guardianship support services via partnerships with community adoption agencies to perform the following services	March 2020
Explore foster care family preservation prevention services to prevent removal of youth.	October 2019
Strategy 3: Provide education on understanding and utilization of adoption savings funds to LDSS casework staff.	
Host DHS/SSA Adoption/Guardianship Assistance Funding Education and Webinar	July 2019
Create and Distribute Adoption/Guardianship assistance tip sheets.	October 2019/annually
Host DHS/SSA twice a year regional meetings to serve as learning collaboratives where education and inter-jurisdictional learning occurs	Bi-annual
Strategy 4: Monitoring of adoption savings expenditures.	
Develop monitoring report to ensure funds are being expended prior to the due date.	October 2019/Quarterly
Provide technical assistance to LDSS to eliminate barriers to expenditure.	January 2020/Quarterly

- **Challenges in accessing and spending the funds.**
  - DHS/SSA has been challenged with the procurement of adoption savings funds as well as identifying community resources that offer statewide pre-post adoption/guardianship support services.
  - DHS/SSA has been challenged with LDSS lack of understanding and underutilization of funding due to a lack of education on the utilization of available funds.
- **Connecting to CFSP Goals**
  - The strategies include: education to assist in adoption competency development of child welfare staff and purchase of pre-post adoption/guardianship services to assist with adoption/guardianship education, finalization, supports, and prevention of removal/disruption. Both of these strategies connect to CFSP Goal 2: Workers will have knowledge and skills to

support the full implementation of Maryland's Integrated Practice Model, which leads to better outcomes for reentry, recurrence of maltreatment.

V.   Consultation and Coordination Between States and Tribes

There are no federally recognized tribes in Maryland. The only three (3) Maryland recognized tribes, the Piscataway Indian Nation, the Piscataway Conoy, and the Accohannock Indian Tribe, are an integral part of the Commission on Indian Affairs.

Process Used to Gather Input from Tribes
DHS/SSA will continue to collaborate with Mr. Keith Colston, Director, Ethnic Commissions, Governor's Office of Community Initiatives on a bi-annual basis to discuss issues, updates, upcoming trainings, and changes in policy related to Native American children in Out-of-Home Placement. As a result of the meeting on April 17, 2019, DHS/SSA and LDSS staff will be making a presentation on the steps and procedures to become a resource family to the Tribal leadership meeting on June 3, 2019.

Ongoing Coordination and Collaboration with Tribes
DHS/SSA staff will provide follow-up after this meeting to address any questions or concerns from Native American families who are interested in being a resource family. In addition, Mr. Colston has been invited to the DHS/SSA Advisory Board in order to provide input on DHS/SSA's 5-year plan and any child welfare issues that may pertain to Tribes.

Cultural sensitivity trainings for LDSS staff will also continue. There are 2 trainings scheduled for the summer of 2019, and it is anticipated that more will be scheduled for the fall of 2019 and beyond. The evaluations show that the trainings have enhanced LDSS' staff's knowledge of Native American culture.

According to MD CHESSIE, less than 0.1% of children in Out-of-Home Placement identify as Native American. DHS/SSA will continue to contact the workers at the LDSS to inquire about the Tribal identification of Native American children on their caseload. In addition, as part of future monitoring, DHS/SSA will continue to 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.

Plan for the Next Five (5) Years

DHS/SSA will continue to collaborate with Mr. Keith Colston, Director, Ethnic Commissions, Governor's Office of Community Initiatives on a bi-annual basis for the next five (5) years to discuss any issues or changes in policy related to Native American children in Out-of-Home Placement.

Care of Tribal Children/Compliance with ICWA

Policy Directive SSA-CW #16-5 provides clarification on providing services to families who belong to tribes that are both federally recognized and not federally recognized. If there is any indication that the child has Native American heritage, a diligent search shall be initiated for the child's tribal affiliation.   If a specific tribe has been named, the child's tribe shall be contacted within 24 hours.

VI. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee)

Agency Administering Chafee

The Department of Human Services/Social Services Administration (DHS/SSA) administers, and oversees the John H. Chafee program within the 24 Local Departments of Social Services (LDSS) in the state of Maryland. DHS/SSA through its staff at the central office provides oversight by providing technical assistance and monitoring of LDSS compliance with policies and practice. DHS/SSA also provides guidance to LDSS as needed.

Description of Program Design and Delivery

Maryland refers to the John H. Chafee Foster Care Program for Successful Transition to Adulthood 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.

The Ready by 21 Program is designed to provide services to all youth in any Out-of-Home Placement (foster care, kinship care, and pre-adoptive placement), fourteen (14) through twenty (20) years of age, regardless of permanency plan or placement type. The overarching goal is preparation for self-sufficiency.

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 of Ready By 21 services, youth are encouraged to take an active role in planning the activities and services needed for self-sufficiency. This active role in planning falls under a CFSR/PIP strategy to "embrace youth voice and youth driven plans and transitions." Ready By 21 services are designed to prepare youth for self-sufficiency. Revisions of the core strategies, Ready by 21 benchmarks, and youth transition plan are underway and a roll out plan is being developed to strength the effectiveness of those tools used in transitional planning.

The current core strategies of Ready By 21 are described as:
- Housing
- Education
- Employment
- Health/Mental Health
- Family and Friend Support
- Financial Literacy and Resources

The improved core strategies of Ready by 21 are described as follows:
- Safe and Stable Housing
- Education and Employment
- Well-Being and Civil Engagement
- Permanent and Supportive Connections
- Financial Empowerment
- DHS/SSA in conjunction with the Institute will plan to support and embrace youth voice to ensure plans are youth driven by doing the following with a benchmark target completion of 2019-2020:
  - Conduct a focus group and key informant interviews with youth and alum on the revised Ready by 21 benchmarks and youth transition plan.
  - Administer statewide survey on benchmarks and youth transition plan to child welfare workforce, resource parents and other stakeholders
  - Analyze survey results and focus group/interview findings
  - Roll out the revised benchmarks and Youth Transition Plan statewide

- o Provide statewide training to youth, workers and stakeholders on revised benchmarks and Youth Transition Plan
- o Incorporate CQI process to implement, evaluate, obtain feedback and improve process based on feedback received on the revised benchmarks and Youth Transition Plan
- DHS/SSA will strengthen and expand opportunities for youth to experience a transfer of learning, aligned with the core strategies of the RB21 benchmarks. For instance, several activities planned include the following with a benchmark target completion of 2019-2024:
  - o Foster Youth Savings Program (FYSP) and Financial Empowerment Education
  - o Educational Incentive Programs (ETV, Tuition Waiver, Education Incentives as part of the FYSP)
  - o Foster Youth Employment Act - Job Training and Apprenticeship Opportunities
  - o Summer Youth Internship Program (SYIP)
- DHS/SSA is conducting CQI work around the outcome related to permanency for children and youth who have been in care for 23+ months, including reviewing the data for youth 14+. The following activities will take place in order to improve outcomes in this area with a benchmark target completion of 2019-2024:
  - o Root Cause Analysis, Strategy development, Outcomes/Data Review, Strategy revision, if necessary
  - o Working with AdoptUSKids to improve youth engagement in permanency efforts and child-specific recruitment

5 Year Goals	Strategy (Objectives) Timeline Benchmark Completion		
	2019	2020 - 2021	2022-2024
Embrace youth voice in Transitional Plans (PIP Goal #1, CFSP Goal 1)	Revise benchmarks, Transitional plan, Focus groups, key interviews, Survey,	Analyze Feedback, Training of workforce & Stakeholders, Rollout & Reinforce youth voice	Implement CQI, receive feedback, improve process
5 Year Goals	Strategy (Objectives) Timeline Benchmark Completion		
	2019	2020 - 2021	2022-2024
Strengthen and expand opportunities for youth to experience a transfer of learning (PIP Goal #4, CFSP, Goal 1)	FYSP – Workforce Training on new curriculum for Financial Empowerment (Train the Trainer) FYSP - Educational Incentive Programs SYIP - implement, evaluate Plan and organize employment and job training and apprenticeship opportunities	Incorporate new Financial Empowerment Education in youth financial learning curriculum. SYIP -expand youth opportunities to intern at sister agencies Implement employment and job training and apprenticeship program	Implement CQI, receive feedback, improve process
Research and elevate permanency outcomes	Conduct root cause	Develop & implement work plan with	Implement CQI, receive feedback, improve

5 Year Goals	Strategy (Objectives) Timeline Benchmark Completion		
	2019	2020 - 2021	2022-2024
for children and youth in care for 23+ months including the older youth 14+	analysis, Review Data Develop strategy	AdoptUSKids Educate &Train workforce, Stakeholders, youth	process

Involvement of youth in the development of the CFSR/PIP
Foster youth were actively involved in the CFSR/PIP week-long stakeholder planning meeting held in April 2019. From that meeting, strategies and activities were developed that are part of the five-year John H. Chafee Plan. In addition, youth are involved in other stakeholder groups that provide feedback to DHS/SSA.

State Youth Advisory Board (SYAB)
Youth and young adults within the child welfare system in Maryland are involved in the development of the John H. Chafee plan through their involvement in the State Youth Advisory Board (SYAB) and the Local Youth Advisory Board (YAB). The SYAB and YAB meet at various times to provide feedback and recommendations on how to improve casework-youth relationship and ensure youth receive needed resources and services. They also provide youth the opportunity to advocate for themselves by disseminating information to administrators, lawmakers and to youth in foster care. Members of the SYAB will participate in the Foster youth Shadow day where they meet and shadow elective state delegates.

Emerging Adults
The Emerging Adults workgroup, whose members include MSDE, IL Providers, CASA, and MARFY meets monthly to assess current plans and brainstorm on how to improve the State's Chafee plan. The Emerging Adults workgroup is currently revising the Ready By 21 benchmarks and the YTP. The workgroup actively seeks youth involvement in the development of future planning through youth focus groups (current foster youth and alumni) that will provide input on RB21 and Youth Transition Plan (YTP).

Positive Youth Development Principles
The principles of Positive Youth Development are incorporated in the John H. Chaffee program by incorporating an individualized youth transitional plan. The youth are provided guidance as they share their dreams and goals and take ownership of their individual youth transition plan. This youth engagement process is tailored to develop positive self-derived goals and an action plan to achieve those goals with the support of the caseworker and youth identified support system in the transitional planning process. This process allows for youth to build confidence as they develop positive connections and bonds within the community.

DHS/SSA is interested in expanding on the work that is happening in several LDSS jurisdictions around partnership with civic organizations. For example some jurisdictions are involved with Street Law, an organization that trains trainers to "teach ordinary people about law using student-centered, interactive teaching methods" (see https://www.streetlaw.org/who-we-are/history). Some LDSS are using these methods to teach foster youth. These opportunities can empower youth with the knowledge, skills, and confidence around law and government and advocacy. Ultimately the hope is that leaders will emerge among the youth after exposure to these opportunities.

Over the next five years, youth will have experiential opportunities through DHS/SSA sponsored summer youth internships, advocacy involvement through Maryland Legislative Foster Youth Shadow Day, Team Building and Leadership summits conducted through the SYAB and YABs.

NYTD data
Maryland will continue to engage its stakeholders to review the statistics gleaned from the 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 youths so that they can be successful. The State Independent Living Coordinator will continue to work with the federal Capacity Building Center and other technical assistance partners to examine the status of transitioning youth in Maryland in order to improve the State's response in support of the youth's transition to young adulthood.

Sharing NYTD results
NYTD data is collected and used to drive services provided to youth in Out-of-Home Placement. Results from NYTD data is shared with families, children, youth, courts, partners, IL coordinators, service providers and the public through the SYAB, community partner workgroups, committees that include families, resource providers and stakeholders. DHS shares NYTD data at teen symposiums and conferences and publicizes information through annual publications. The feedback received from the NYTD survey is reviewed by DHS/SSA and is presented and reviewed by a number of partners at their regularly scheduled meetings of which DHS/SSA is a participant. The purpose of 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. NYTD will be discussed with the Foster Care Court Improvement Project (FCCIP), the youth workgroup of the Interagency Council on Homelessness and Resource Providers (group providers and resource parents).

Results and information from NYTD surveys will also be shared and discussed with youth and LDSS' front line case workers and supervisors. Outcomes of the NYTD will be used to develop programs and policies that will address areas where gaps in services are identified.

Data Collection
DHS/SSA will continue to participate in the NYTD initiative. The key strategy to strengthen the data collection is to educate and ensure staff knows the importance of having contact information (telephone numbers, email addresses, etc.) for youth leaving care and eligible for the NYTD survey. Also, DHS/SSA will collect secondary contact numbers from youth. These contact numbers will include addresses and emails for people whom the youth believes they will be in contact with following their exit from care. Over the next five years, DHS/SSA plans to include social media outlets to connect with alumni.

Serving Youth Across the State
The Department of Human Services/Social Services Administration consistently provides statewide John H. Chafee services through DHS/SSA policies and procedures for the 24 LDSS in the state of Maryland. SSA and LDSS staff utilizes the NYTD data to plan activities and services for youth in care to help strengthen self-sufficiency competencies. Services provided for youth under CHAFEE are consistent across all regions of the State.

Data from NYTD
NYTD and the Ready by 21 Survey are vital tools that drive services across the state of Maryland. Outcomes of these surveys are used to determine where there are gaps in services and needs for improvement.

For the first half of FY2019, the first follow-up of NYTD surveys among the youth in cohort 3 (youth turning 19 years-old) sixty (60) youth out of seventy (70) participated in the survey. Youth participation in this cohort was from fifteen (15) out of twenty-four (24) LDSS in Maryland. Similarly, DHS/SSA's Maryland Ready By 21 Survey

(reporting period July 2018 through November 2018) indicate that the one hundred twenty-eight (128) out of one hundred and thirty-seven (137) youth who aged out of the system in the state of Maryland participated in the survey. Youth participation in this survey sample was from sixteen (16) out of twenty-four (24) of LDSS in Maryland. Therefore, the data demonstrates a good representation of jurisdictions and is felt to be adequately representative to be used as tools to drive services consistently across Maryland.

Serving Youth of Various Ages and Stages
Maryland's RB21 services have targeted the needs of youth ages 14 up to 21 for many years. The benchmarks incorporate the unique needs at different ages/stages of development. Maryland's activities/services and the ways they support the successful transition to adulthood:

- Maryland Youth Transition Plan - These services support the successful transition to adulthood by developing and executing a plan to resolve the barriers identified during the development of the youth transition plan.
- Educational Services - The youth receive information, resources, tutoring services, flex funds and/or post-secondary funds (See State Tuition Waiver and the Educational Tuition Waiver section of this report) to meet their educational goals.
- Mentoring/Permanent Connections - This service supports the successful transition to adulthood by connecting youth with community resources and how they can navigate the resources on their own when they transition out of care. Furthermore. the services link up youth with permanent and supportive roles models in the community.
- Life Skills Training & Assessments – (Please see Life Skills Assessment by Casey section)
- Foster Youth Savings Program (FYSP) (ages 14-20) - The FYSP is a statewide program that establishes individual savings accounts for youth who are in foster care and also provides these youths with financial skill building opportunities. The overarching purpose of this program is to help youth save money in order to assist with their future needs and with the achievement of a successful transition to adulthood from foster care.

By offering services to youth beyond the age of 18, Maryland has been able to provide a continuity and continuum of approaches that support stability while in care as well as successful transition. Maryland has tracked youth's participation in services such as:

- Work and/or school required for young people who remain in care beyond their 18th birthday. DHS/SSA began auditing youth's MD CHESSIE records in late SFY2018, Available data to review and determine improvements to services is expected at the end of SFY2019 to review and determine where improvements are needed.
- Housing Services e.g. Exit Survey, New Future Bridges, Family Unification Program). SFY2018 Exit Survey showed that (92%) of youth had a place to live after turning twenty-one. End of CY2018 showed that 87 youth were participants of the New Future Bridges Subsidy Program and 335 youth were participants of the Family Unification Program.

As DHS/SSA gathers this data, program and service delivery improvements target:

- increased participation
- added supports identified as reasons for non-compliance
- identified LDSS staff technical assistance needs
- improvements to the MYLife website to connect foster care alumni through the use of social media

Chafee Expansion of Services to age 23
Maryland plans to extend Chafee services to age 23. DHS/SSA is assessing data collected from the RB 21 exit surveys, NYTD, and qualitative data from foster youth alumni to determine the most needed services for this age

group. Services that are preliminarily under consideration include: employment supports (agency hiring agreements, apprenticeship opportunities to include foster care alumni), "limited" case management services (assessment and referral), expansion of housing supports to age 23 (Family Unification Programs, New Future Bridges, college housing support).

Assessments to Determine Individualized Needs of Youth
Casey Life Skills Assessment
The purpose of the Casey Life Skills Assessment tool is to assess a youth's life skills readiness. 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.

The LDSS uses the results of these assessments to help inform the topics used in conducting group life skills training. Maryland designed the following topics that the LDSS' include in their agenda for the life skills group training:

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

Development of New Assessments and Tools
DHS/SSA continues to explore the best strategies to provide incentives for youth achieving Ready by 21 benchmarks. In DHS/SSA's work with subject matter experts on this objective an issue that is being resolved is that the outcomes for achieving these benchmarks may be different for each youth due to their functionality, cognitive, and physical capabilities. DHS/SSA is working on an effort to determine an equitable and clear way to assess RB 21 benchmark achievements. As an example, DHS/SSA is aligning the financial Ready by 21 Benchmarks with Maryland State Department of Education's Financial Literacy Education Standards, which requires grade-level appropriate instruction to be provided in six content areas. This same effort will be made across the other 5 benchmarks.

Collaboration with Other Private and Public Agencies
DHS/SSA works in partnership with a myriad of agencies to help youth in foster care achieve independence, especially in areas identified as needing support (housing and employment).

DHS/SSA, in partnership with the Department of Labor, Licensing, and Regulation (DLLR), utilizes hiring agreements to increase foster youth job placements and promote independence. The Hiring Agreement Program provides specific populations with first priority to State contracted jobs. Over the next year, DHS/SSA and DLLR will explore partnerships with the corporate, private, and governmental businesses to offer employment, internship, apprenticeship and mentorship opportunities to the foster youth population. LDSS have a plan to target youth ages 17 and older to address housing and employment strategies that promote self-sufficiency, independence, and better support for youths as they transition out of foster care. Included in the plans are new housing and employment strategies the LDSS intend to start implementing over the upcoming year. These programs will provide youth the opportunity to acquire required skill sets to compete in obtaining high paying job. Furthermore, the apprenticeship program may lead to the youth getting permanent employment upon receiving the required skill sets.

DHS/SSA will continue partnerships with Department of Housing and Community Development (DHCD) for the Family Unification Program (FUP) and New Future Bridges Program to secure independent housing for youth aging

out of foster care. This will provide youth with opportunity to obtain subsidized housing and reduce the risk of becoming homeless as they transition into successful adulthood.

DHS/SSA will continue to partner with the Maryland Higher Education Commission as well as the non-profit organization, Foster Care to Success, to provide assistance with educational services. The youth receive information, resources, tutoring services, flex funds and/or post-secondary funds to meet their educational goals (See Tuition Waiver section of this report).

DHS/SSA partners with provider groups such as the Provider Advisory Council, Maryland Association of Resources for Families and Youth and Maryland Resource Parent Associations to educate them on the RB 21 services, and how they can support and supplement the learning objectives for youth.

DHS/SSA is working in conjunction with MD CASH Campaign to develop an additional financial literacy curriculum in addition to the financial education offered in the life skills training offered to youth in Out-of-Home Placement. Furthermore, MD CASH Campaign will provide additional training to the Independent Living Coordinators on how to broaden their financial knowledge and gain skills that will assist them on providing individualized financial training to youth in Out-of-Home Care.

Determining Eligibility for Benefits and Services
Extended foster care eligibility is determined through the stipulated criteria in COMAR and in the Ready by 21 Manual. Youth between ages 18-21 need to meet the criteria of being enrolled and regularly attending school or vocational training or working at least 80 hours monthly to be eligible for benefits and services. Youth who do not meet the above listed requirements are eligible if they have a documented disability. Youth will be provided independent living services with a focus on the benchmarks identified in the Ready by 21 manual and areas of needs identified via the Life Assessment by Casey, CANS and the youth transition plan.
Youth can access services by making a request to their caseworker and discussing their request at the Family Involvement Meeting (FIM) as well as being identified by their caseworker of needing help in transitioning to self-sufficiency. The youth, caseworker, supervisor and other FIM participants discuss the youth's eligibility and make the determination if these services will benefit the youth prior to the youth's 18th birthday. The youth's eligibility is determined on the youth's readiness and goals identified in their youth transitional plan.

Cooperation in National Evaluations
DHS/SSA will cooperate in any national evaluations to improve achieving the purposes of John H. Chafee.

Promising Practices for Potential Program Evaluation
Maryland has been implementing two programs related to financial empowerment as a result of State legislature support for the Foster Youth Savings Program and the statute related to Protecting the Resources of Child in State Custody (aka SSI Bill SB291). The overarching purpose of this program is to help youth save money in order to assist with their future needs (e.g.. basic and emergency) and with the achievement of a successful transition to adulthood from foster care. As youth accrue assets in accounts that they will access upon exiting care, DHS/SSA is interested in evaluating how these assets assist in providing long-term stability and independence.

John H. Chafee Training
The Emerging Adults workgroup is working on formulating the training resources that will be offered to staff to ensure uniformity and best practices with the role out of the revised Youth transition plan and the Ready by 21 benchmarks.

Training on youth development

DHS/SSA will target independent living providers, foster parents to facilitate learning collaboratives to support the Ready By 21 transitional youth services to include topics surrounding teen parenting, LGTBQ, substance use, gang violence, trafficking, and physical and emotional well-being. Training resources include partnerships with the Child Welfare Academy, MD Cash Campaign, DHS/SSA workforce development staff.

DHS/SSA will continue to offer relevant trainings as indicated below:
- Creating A Better Tomorrow By Partnering with Youth today
- Creating Teachable Moments
- Holistic Transitions: Making the Leap from Foster care to Independence
- Planning with Transitioning youth-Independence vs. Interdependence. Is there one without other?
- Talking the Talk: Protecting Foster Youth from the dangers of Sexting and Social Media
- Teen Pregnancy Prevention and Sexual Reproductive Health
- Building Support Systems for Transitional Youth
- Helping Your Teen Succeed, Navigating the Challenges of the Educational System

DHS/SSA is working in conjunction with MD CASH Campaign to develop a financial literacy curriculum in addition to the financial education in the life skills training offered to youth in Out-of-Home Placement. Furthermore, MD CASH Campaign will provide training to the Independent Living Coordinators, resource parents and provider agency staff on how to broaden their financial knowledge and gain skills that will assist them on providing individualized financial training to youth in Out-of-Home Care. The curriculum will address how to talk to youth about their finances, practical tools, and community resources and strategies for evaluating a youth's financial values and habits, money management and budgeting, banking, and financial products. Training Topics include: Psychology of financial Decision making, Daily Money Management, Budgeting tools and savings, Basics of Credit/debt, Tips on financial conversations with clients and involving the whole family in managing finances.

Training on Adoption Assistance Programs
Over the next 5 years DHS/SSA plans to implement a statewide roll-out of Adoption Competency Training offered by Center for Adoption Support and Education. This training will provide adoption education to LDSS Adoption Workers and Child Welfare staff to ensure that Maryland's child welfare system is competent in the areas of trauma, grief, and loss. The training is scheduled to roll-out in early fall. Adoptions Savings funds will be utilized to fund the training.

DHS/SSA will continue its partnership with Adoptions Together who provides an annual subscription to the LDSS. This membership includes monthly adoption competency webinars, LDSS, networking, annual conference, and various other adoption related events. DHS/SSA plans to also partner with AdoptUSKids to receive technical assistance around increasing permanency to youth in care. This assistance will include recruitment efforts and older youth initiatives.

Maryland Education and Training Voucher (ETV) Program
Maryland will continue to ensure that funds for the Education and Training Voucher (ETV) Program are available to current and former foster care recipients. The eligibility criteria for ETV are youth between the ages of 14 to 26, who were in foster care at age 10, or youth who were adopted or achieved guardianship on or after their 16th birthday. If a youth is participating in the ETV program prior to their 21st birthday, and making satisfactory progress (2.0 GPA) in school, they remain eligible to receive ETV until they obtain the age of 26; they can be funded for a maximum of five years.

Maryland's ETV program is administered by Foster Care to Success (FC2S), a non-profit organization geared towards assisting foster care recipients with self-sufficiency. Foster Care to Success, with whom DHS/SSA contracts, oversees the application process and disseminates the ETV funds to eligible youth. They offer an array of

comprehensive services for program participants. Services include academic coaching and support, mentoring, financial literacy and budgeting, emergency assistance and in-kind care packages throughout the year. FC2S coordinators also assist with student retention to the program.

- **Methods Used to Ensure That the Total Amount of Educational Assistance Does Not Exceed the Total Cost of Attendance**

    Before an ETV award is issued to the youth by FC2S, the Financial Aid Office at the institution that the youth is attending must complete a "Financial Aid Release Form". This form is to be completed each time the youth applies for ETV funding. One of the questions that the Financial Aid Office must answer on the form is *"Cost of Attendance per term"*. Once FC2S receives the completed "Financial Aid Release Form", a determination is made regarding the amount of the ETV award. This process assists the agency in determining the allocation amount and ensures that the total amount of educational assistance does not exceed the cost of attendance. The form also assists FC2S to review other sources of income and scholarships the applicant may be receiving in order to avoid duplication of benefits.

- **Methodology to Provide Unduplicated Awards Each School Year**

    The Department, in collaboration with FC2S, will follow the following methodology to ensure that there is no duplication in the awards of ETV.
    o The Department is responsible for determining if the youth is eligible for ETV once an application through FC2S is completed. The application process requires the youth to indicate if they are a new applicant to the program or a returning student who has been funded in a previous year.
    o FC2S provides a list of applicants to the Department for review of their eligibility. This list includes the name of the youth, the county /city the youth resides in; the school year, date of application, and the youth's email address.
    o Once the Department determines eligibility, the list of eligible youth is forwarded back to FC2S and FC2S works with the youth and the institution regarding the amount of ETV award that will be provided based on their cost of attendance. This information has to be disclosed on the "Financial Aid Release Form".
    o FC2S is responsible for data collection and providing the department with an annual report. The report provided to the Department includes unduplicated number of ETVs awarded each school year.

- **Coordination of MD ETV with Other Education Programs**

    The MD ETV program is coordinated with the MD Tuition Waiver for Foster Care Recipients program. Both programs are integrated in the State's older youth policies and initiatives and the Youth Transition plans for foster care youth between the ages of 14-20. The programs are promoted simultaneously to youth, foster parents and other stakeholders. Students receive the maximum benefit of the programs when they are enrolled in a 2-year or 4-year Maryland public institution. Maryland will continue to integrate the ETV and the MD Tuition Waiver statewide in its transitional youth life skills programs.

    In an effort to address employment barriers faced by foster care individuals and assist those that do not wish to attend a traditional post-secondary education program, DHS and the Department of Labor and Licensing (DLLR) have collaborated to develop and implement the Fostering Employment Act of 2018. The act expanded Maryland's workforce development programs to foster care youth and unaccompanied homeless youth who may have an interest in apprenticeships and on-the-job (OTJ) training programs. The Department has plans to also explore how MD ETV can be coordinated with this program for current and former foster care recipients who choose to participate OTJ training through the Fostering Employment Act program in coordination with DLLR. The agency will also

seek out appropriate education and training programs in the community which provide adequate certification for ETV participants in order for them to be equipped to enter the workforce.

- **Goals, Strategies, Outcomes & Measures**
  Currently, for the 2018-2019 academic years, Maryland had 70 unduplicated new ETV recipients out of 174 total recipients.
  - o Goal One: To Increase the Number of new unduplicated student recipients.
    - o Measure 1: Increase the number of ETV recipients by 3% annually.
    - o Outcome1: By academic year 2022-2023, Maryland will have a total 78 unduplicated new recipients funded.
      - ▪ Strategy:
        - ❖ Present available ETV data to stakeholders and constituents and develop measurable outcomes;
        - ❖ In collaboration with stakeholders and constituents, develop strategic statewide outreach efforts targeted towards colleges, Local Departments of Social Services, foster care alumni groups, and foster parents;
        - ❖ Update/Renew MD ETV contract with current vendor;
        - ❖ Research coordination of services of ETV in other States.

  Currently, Maryland shows for academic year 2018-2019, 104 funded students returning from a previous year; this is 59% of the total served. Maryland plans to increase the returning to 69% over the next five years by 2% annually.
  - o Goal Two: To Increase Student Retention Rate
    - o Measure 1: Increase returning student rate by 2% annually.
    - o Outcome 1: By academic year 2022-2023, 69% of total ETV recipients will return from a previous year.
      - ▪ Strategy:
        - ❖ Collaborate with stakeholders and constituents, to develop measurable outcomes of this goal;
        - ❖ Assess barriers to student retention rate;
        - ❖ Collaborate with the state/local youth advisory boards on student retention rates issues.

MD ETV data will be provided to constituents and stakeholders to review and assess ways to establish measurable outcomes on the goals for ETV participants. One of the agency's feedback loops includes the MD State/Local Youth Advisory board which is comprised of current foster care recipients. Another collaborative venue which the State plans to utilize is the Emerging Adult Workgroup. The Emerging Adult Workgroup is a task oriented group focused on addressing the State's outcomes and goals for older youth in foster care. As part of the DHS/SSA's overall implementation structure, the group is comprised of stakeholders such as resource home providers, Court Appointed Special Advocates (CASA), case workers, youth advocates and current/former foster care recipients. Currently the measures are being developed.

The Maryland Tuition Waiver
Maryland will continue to offer the Tuition Waiver to former and current foster care youth, who are interested in attending a Maryland public institution of higher education. The waiver is applied to the cost of tuition and mandatory fees that are required as a condition of enrollment. Eligible recipients may have access to the MD Tuition Waiver for a period of 10 years, if they were enrolled prior to their 25th birthday and continue to make progress towards completion of their program. Scholarships and grants that the youth receives may not be used to pay for these costs. In order to qualify for Tuition Waiver, foster care individuals must have:

- Been placed in out-of-home placement by the Maryland Department of Human Services; and

- Resided in an out-of-home placement on the individual's 18th birthday or at the time of graduation from high school or upon successful completion of the General Education Development (GED) examination; OR
- Resided in an out-of-home placement for at least one year on or after the individual's 13th birthday and entered into guardianship, been adopted, or reunited with at least one of the individual's parents;
- Been the younger sibling of an individual who met the qualifications outlined in section (a) and (b) above, and was concurrently placed into the same guardianship by the same parent, or was adopted by the same adoptive family with the older sibling.

The MD Tuition Waiver is coordinated with the Maryland Higher Education Commission (MHEC). DHS/SSA provides a list of all eligible recipients of the Tuition Waiver to MHEC who then disseminates the list to all Maryland public institutions of higher learning. MHEC annually provides DHS/SSA with utilization data of the MD Tuition Waiver program. The Department will continue collaborating with stakeholders and constituents to ensure that the requirements for the tuition waiver are understood by the local department staff, foster youth, resource parents, private placement providers, and colleges across the State. Maryland will continue to report on the utilization of the Maryland Tuition Waiver and continue its promotion in its service array. Much like ETV, DHS/SSA will present the Tuition Waiver data to its implementation workgroups and independent living coordinators statewide to assess barriers of the program and create a plan for addressing identified barriers.

VII. Targeted Plans

A. Foster and Adoptive Parent Diligent Recruitment Plan

Please see Appendix A

B. Health Care Oversight and Coordination Plan

Please see Appendix B

C. Disaster Plan

Please see Appendix C

D. Training Plan

Training Plan 2020-2024

As DHS/SSA strives to transform child welfare services in Maryland, the next 5 years will be used to strengthen and enhance its statewide initial and ongoing training system to support the development of a safe, engaged, highly qualified, professional workforce. The training plan for 2020 – 2024 is in alignment with the DHS/SSA strategic vision, goals and objectives as outlined in the CFSP and is one of the foundations needed to ensure staff has the skills and capabilities to effectively perform their duties across all child and family service programs. Listed below are the key components of DHS/SSA's training plan:

Pre-Service Course Overview

Maryland will continue to partner with the University of Maryland, Child Welfare Academy (CWA) to train new or reassigned child welfare employees. DHS/SSA's pre-service training lasts six weeks and is comprised of six separate training modules with content that includes: foundational child welfare concepts, guiding principles, and mandated laws and policies. Over the next five years existing content will be enhanced to ensure alignment with DHS/SSA's strategic vision, goals and objectives included in the CFSP, and the IPM. The

training will be offered in a classroom setting and have an on-line component. Transfer of learning opportunities will be integrated throughout the pre-service curriculum to promote employee application of skills outside of the classroom. At the conclusion of the pre-service training, a competency exam will be required and supervisors will be provided a summary of the employees' strengths and areas for further professional development. Employees will have the support of CWA, LDSS, and DHS/SSA staff during and following the pre-service training.

Ongoing Training

Ongoing training for employees will be offered in collaboration with CWA, The Institute for Innovation and Implementation, DHS/SSA, and DHS's Learning Office. Training will be offered in the classroom and via E-learning to enhance employee access. CWA training will have a transfer of learning component to ensure employees are able to apply skills learned during training in day-to-day activities. Prior to attendance at the training, the employee and supervisor will be sent a transfer of learning tip sheet and objectives to aid in facilitation of the transfer of learning activities. The core topics to be covered through ongoing training include: Integrated Practice Model (IPM), Employee Wellness, Child Juvenile Adult Management System (CJAMS), John H. Chafee, Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ), and Human Sex Trafficking. Specific courses will be developed in collaboration with key stakeholders including CWA, LDSS, technical assistance partners, and the Workforce Development Network. To ensure that all staff maintain the needed skills and competencies to be effective in partnering with youth and families to achieve positive outcomes, DHS/SSA is exploring annual mandatory training hours for all child welfare staff, those licensed and unlicensed.

Supervisor Matters

This training series is open to any employee who has been promoted to supervisor status within the past 5 years. Supervision Matters involves monthly seminars to provide instruction on management theory and best practice, child welfare knowledge, supervisory skill development, and mutual learning and group support among participants. The training modules include: The Supervisor as a Leader, Promoting Growth and Development of Workers, Building Unit Performance and Clinical Supervisors and Coaching Skills. Ideally, supervisors completing the course are matched with a specially trained coach to support transfer of learning to day-to-day work practice.

Integrated Practice Model (IPM)

DHS/SSA has partnered with State and local staff and stakeholders to develop an Integrated Practice Model (IPM) designed to guide practice in accordance with specific core practice, principles, and values. The following seven core practices of the IPM will be the main focus of the training: engage, team, assess, plan, intervene, monitor and adapt, and transition. These specific practices are meant to foster strong rapport and authentic partnership with families. It provides workers and supervisors with a framework for day-to-day practice that will lead to consistent uptake of the IPM and improved casework practices. Maryland will begin with an introduction of the IPM with employees in an effort to build momentum for key practice improvements. The initial phase of training will include e-learning opportunities of selected Practice Profiles that provide staff with guidance on the implementation of the IPM principles in daily practice. The second phase will include training on key behavioral practices and a coaching component for supervisors. Existing staff will be trained in a classroom setting statewide using a regional geographical approach. Additionally, there will be an integration of the IPM training into pre-service and alignment of IPM competencies into ongoing training curricula. A cadre of trainers will participate in a "train the trainer" process to ensure consistency and fidelity to model, and strategic and comprehensive roll-out series throughout the State.

Employee Wellness

One of the core themes identified during DHS/SSA's PIP development was a need to enhance opportunities to support workforce wellness. DHS/SSA will develop and implement tailored local approaches for reducing secondary traumatic stress for employees statewide. DHS/SSA will explore a variety of strategies including peer learning networks that would include employees, resource parents, providers, and court professionals to connect. DHS/SSA has participated in and provided technical assistance to the Trauma Responsive Care and Secondary Traumatic Stress Breakthrough Series Collaborative STS-BSC offered by the Institute for Innovation and Implementation of the Maryland School of Social Work that addresses origins and impacts of trauma in the workplace and supportive interventions to reduce secondary traumatic stress and will be involved in the larger training efforts that will be rolled-out throughout the State. Key topics will include indicators of secondary traumatic stress, compassion fatigue, and self-care and worker resilience. The issue of building and maintaining a safety culture in the workplace was a recurring theme at the Fall 2018 Supervisory Regional Meetings and will be included as a key component of worker wellness training. This worker wellness training will include family, worker and environmental safety.

Child Juvenile Adult Management System (CJAMS)
DHS/SSA has partnered with MDTHINK to develop a new child welfare information system designed as a tool to support child welfare workers in partnering with families to improve safety, permanency, and well-being outcomes. Initial training will be provided to existing staff using a regional approach. In addition, CJAMS will be integrated into pre-service to train all new employees. Training will have classroom and on-line component.

John H. Chafee
Supporting Maryland's emerging adult population for a successful transition to adulthood and making a permanent connection with a caring adult is one of DHS/SSA's priorities. Over the next five years DHS/SSA will offer training to child welfare staff as well as resource and adoptive parents, and placement staff in the goals identified in DHS/SSA's Chafee plan. DHS/SSA will work with stakeholders including the Youth Advisory Board and the Emerging Adults workgroup to identify core content around understanding and addressing issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult. One key component of training will include integrating lessons learned from the Thrive@25 implementation which focused on revamping the youth transition plan process to be youth driven (i.e. establishing team members, naming team, developing agendas for meeting, facilitating own meeting, etc.). In addition, two specific areas related to DHS/SSA's emerging adult population will be included in the five-year training plan:

- **LGBTQ Competency**
  In SFY2017 DHS/SSA mandated LGTBQ competency training for all child welfare staff. Over the next five years DHS/SSA will continue to train existing and new staff in the competencies of working with the LGBTQ population. Training will be in the classroom and offered regionally across the state, and will cover a variety of training areas including appropriate terms and concepts, self-reflection and internal biases, understanding the coming–out process, understanding challenges faced by the LGBTQ populations, and affirming and best practice interventions to LGBTQ youth and families. Furthermore, DHS/SSA has developed a cadre of qualified trainers and facilitators to provide LGBTQ Competency Training and technical assistance throughout the state.

- **Human Sex Trafficking**
  A two-part training on sex trafficking was mandated in SFY2017, for all child welfare staff. This training is particularly relevant as research shows an increase in trafficking among youth in care. Over the next five years DHS/SSA will incorporate this into both the pre-service and in-service core training curriculum.

Resource Parents

Resource parents are critical to the success of children placed in out-of-home care. Their impact on the safety, stability, well-being and permanency for children in their care is invaluable. Consistent effort is made to offer quality and impactful trainings to support Resource parents in their important role. The Resource Parent Training Program (RPT) covers a host of topics of related to best practice and effective parenting and provides in-class instruction to resource parents. Training calendars are mailed to parents twice per year and an on-line training calendar is also available via the CWA Website. Priority training topics for SFY2018 included but were not limited to: Trauma Responsive Care, Children's Legal Rights, Effective Youth Engagement, Grief and Loss, Human Sex Trafficking of Vulnerable Children, Understanding Diagnoses, Finding and Building Upon Children's' Strengths, Effective Discipline and Behavior Management, and LGBTQ Competency. These trainings help to retain qualified, satisfied and competent resource parents.

Please see Appendix D for the Training Plan Matrix.

VIII.   Financial Limitations

Payment Limitations: Title IV-B, Subpart I: The amount Maryland expended for child care, foster care maintenance and adoption assistance payments for FY 2005 title IV-B, subpart I is $0.
Payment Limitation: Title IV-B, Subpart I: The amount of non-federal funds that were expended by the state for foster care maintenance payments used as part of the Title IV-B, subpart I state match for FY 2005 is $0.
Payment Limitation: Title IV-B, Subpart I: The estimated expenditures for administrative costs on the CFS-101, Parts 1 and II and actual expenditures for the most recently completed year on the CFS-101, Part III is $0.
Payment Limitation: Title IV-B, Subpart II
Maryland approximates 20 percent of the grant with state funds.
Payment Limitations: Title IV-B, Subpart II:

The FY 2017 state and local share expenditures amounts for the purpose of Title IV-B, subpart II is $65.2 million. The 1992 base year is $31.7 million.

See Appendices J and K for the CFS Parts I, II and III Excel and PDF Forms.

IX.   Appendices

Appendix A   Foster and Adoptive Parent Diligent Recruitment Plan
Appendix B   Health Care Oversight and Coordination Plan
Appendix C   Disaster Plan
Appendix D   Training Plan
Appendix E   CAPTA Assurance
Appendix F   John H. Chafee Assurance
Appendix G   ETV Assurance
Appendix H   Title IV-B subpart 1
Appendix I   Title IV-B subpart 2
Appendix J   CFS Parts I, II and III, Excel
Appendix K   CFS Parts I, II and III, PDF
Appendix L   Implementation Team Memberships