Maryland Department of Human Resources

Child and Family Services Plan (CFSP)
2015-2019

PlacesMatter
Nothing Matters More to a Child Than A Home

Martin O'Malley, Governor
Anthony Brown, Lt. Governor
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MARYLAND

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Section I. INTRODUCTION

Overview

The Maryland Department of Human Resources (DHR) is designated by the Governor as the agency to administer the Social Services Block Grant (Title XX), Title IV-B and Title IV-E Programs. DHR administers the IV-B, subpart two, Promoting Safe and Stable Families plan and oversees services provided by the 24 Local Departments and those purchased through community service providers. SSA under the Executive Director, has primary responsibility for the social service components of the Title IV-E plan and programs that include: A) Chafee Foster Care Independence Program, B) the Title IV-B plan and programs for children and their families funded through the Social Services Block Grant, and C) the Child Abuse Prevention and Treatment Act (CAPTA). To view the Social Services Administration's organizational structure, see Appendix A.

> **Vision**: The Maryland Department of Human Resources, Social Services Administration envisions a Maryland where all children are safe from abuse and neglect, where children have permanent homes and where families are able to meet their own needs.
>
> **Mission**: To lead, support and enable local departments of social services in employing strategies to prevent child abuse and neglect, protect vulnerable children, preserve and strengthen families, by collaborating with state and community partners.

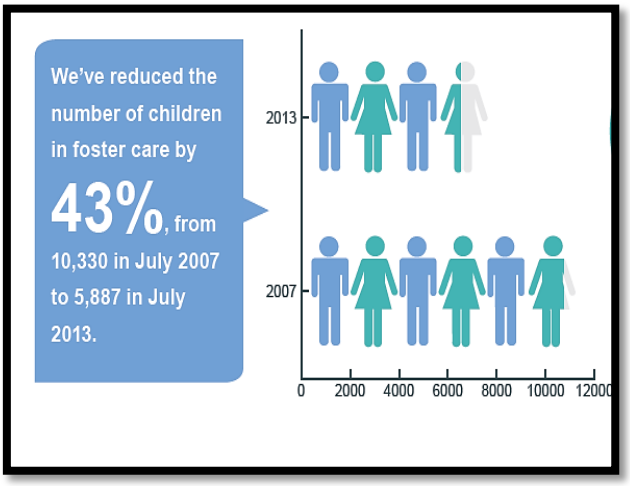
Maryland is building a system that improves family and child well-being through the provision of family-centered, child-focused, community-based services.

DHR, Maryland's human services and child welfare agency, is a member of Maryland's Children's Cabinet which, for more than 30 years, has provided leadership for and commitment to achieving a collaborative system of care for Maryland's children and families. The Children's Cabinet is comprised of the Secretaries of the Department of Health and Mental Hygiene (DHMH), DHR, Department of Juvenile Services (DJS), and Maryland Department of Disabilities (MDOD), the Superintendent of the Maryland State Department of Education and the Executive Director of the Governor's Office for Children. The Children's Cabinet provides a vehicle for interagency planning and collaboration on behalf of children and families with the most complex and challenging needs.

Since 2007, Maryland has been systematically enhancing and improving its child welfare system through broad initiatives (Place Matters, Ready by 21), practice model improvements (Family Centered Practice, Youth Matter, Alternative Response), program improvement policies (Guardianship Assistance Program, Tuition Waivers, Kinship Navigators), and innovative and evidence-based programmatic improvements (Family Finding, Family Involvement Meetings, Family Unification Program Vouchers). Over the next 5 years, Maryland is poised to utilize these wide-ranging initiatives under the IV-E Waiver Demonstration (proposal currently under consideration to begin 10/1/14) to reduce entries and re-entries into out-of-home care and reduce lengths of stay for youth in out-of-home care, ultimately achieving greater safety, permanency, and well-being for Maryland's children and families.

Place Matters promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of Place Matters is designed to improve the continuum of services for children and families, and places emphasis on preventing children from coming into care when possible, while ensuring that children are appropriately placed when they enter care. Place Matters also shortens the length of time youth are placed in out-of-home care. The goals of Place Matters are to:

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

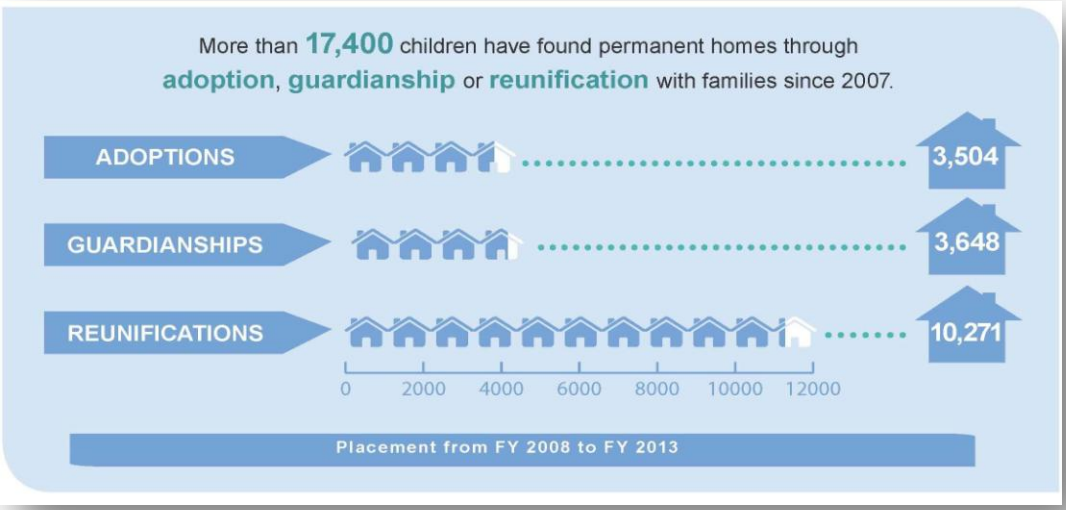


The primary successes of Place Matters are found in the shorter lengths of stay in out-of-home care and the increasing numbers of children and youth exiting from foster care to a permanent placement. Since the start of Place Matters, **the number of children in out-of-home care has decreased by 43%,** and the number of youth in group placements has decreased by more than 50%; the proportion of youth in group home placements declined from 19% to 11%. **There are fewer children in foster care today in Maryland than at any time in the past twenty-five years.**

In 2008, the Children's Cabinet released the first Maryland Child and Family Services Interagency Strategic Plan in partnership with families, communities and providers (see updated 2011 Plan, Appendix B). This plan identified a series of strategies and targeted initiatives to improve access, services, and supports for children and families across systems and agencies. The accompanying implementation plan continues to be updated and serves as a foundation for cross-systems design initiatives, including the implementation of evidence-informed practices and service delivery models, family partnership, and individualized care planning.

DHR attributes much of the success to its Family Centered Practice (FCP) model, which is at the core of Maryland's child welfare model and consistent with the service planning models outlined in the Interagency Strategic Plan. FCP includes the utilization of the Family Involvement Meeting (FIM) to encourage children, family members and community

partners to be actively involved in case planning decisions. Maryland has partnered with families, including kin and fictive kin, to move children out of foster care and into permanency. More than 17,400 children have moved to permanent homes through reunification, adoption, or guardianship since 2007.



Maryland's success in reducing foster care through Place Matters is driven by exits exceeding entries from year to year. Entries have generally been consistent over time, with only occasional increases, as illustrated in Figure 1 below.

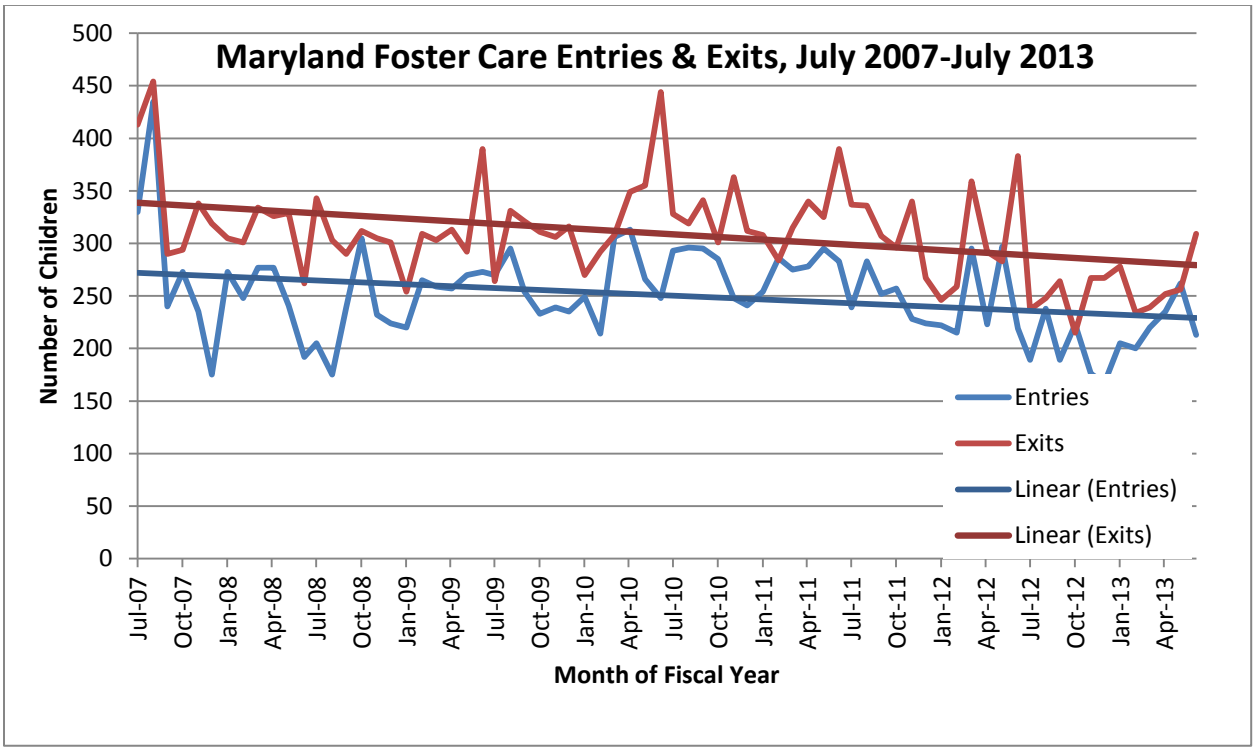


Figure 1: Maryland Foster Care Entries & Exits, July 2007-July 2013

Source: Maryland Department of Human Resources. 2014, January 03 File - Trends data

Although Maryland has experienced a decrease in entries in the past two years, the challenge is to focus on a continued reduction of entries into foster care by determining the factors that lead to placement and the services required to prevent placement. Place Matters, therefore, is shifting its focus to narrowing foster care's front door, and Maryland needs to build flexible capacity to make this happen.

In July 2012, Maryland passed landmark legislation permitting the development and implementation of an alternative response system to address low risk cases of child abuse and neglect. **Alternative Response** permits DHR to intervene to ensure safety and address risk without the stigma of a finding of maltreatment being attached to the parent. The cornerstone of Alternative Response is family engagement; families work with DHR to address the issues that place children at-risk. Maryland provides Consolidated In-Home Services to families where risk of maltreatment is identified, and the availability of targeted community services to meet the needs of families and children is integral to the success of Alternative Response. July 2013 marked the beginning of the year-long implementation of Alternative Response. By July 2014, Alternative Response will be available statewide as an alternative to traditional, investigative responses, when appropriate.

As noted above, the successes of Place Matters have led to reductions in the number of children in out-of-home care; however, as Maryland's total population of children in out-of-home care has decreased, the percent of youth over the age of 14 has increased (See Figure 2)

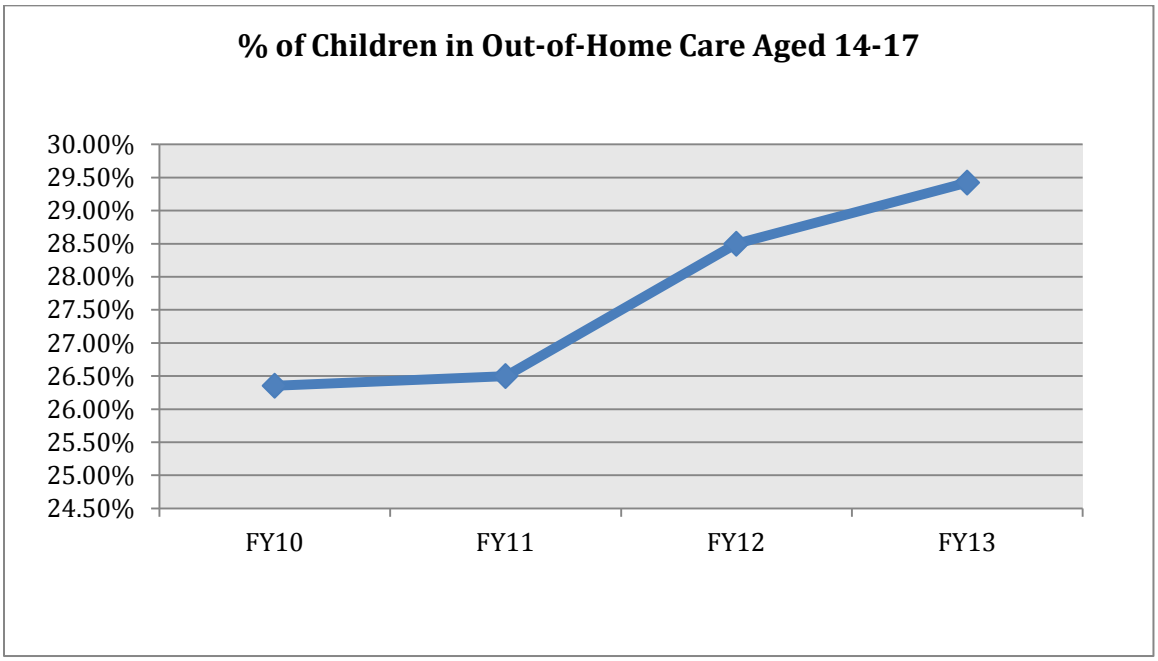


Figure 2: % of Children 14-17 in Out-of-Home Care

Data Source: MD CHESSIE

Nearly half of the youth in care in Maryland are between the ages of 14-20, with almost 30% of youth in care aged 18-20. This group of youth presents unique needs as they prepare to transition from foster care to young adulthood. **Ready by 21** is Maryland's

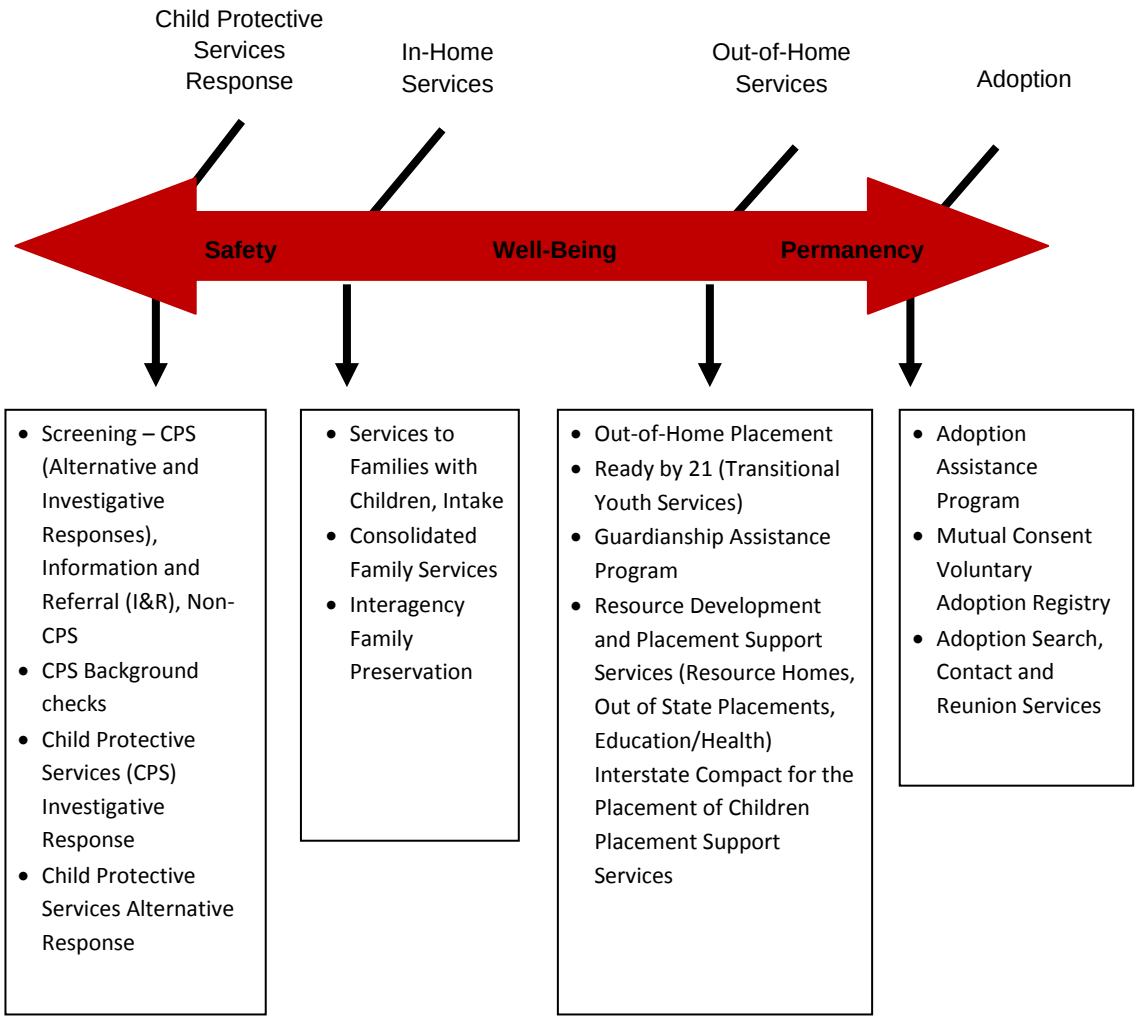
initiative to ensure that youth are prepared for the transition into adulthood. Focusing on the five core areas of housing, education, finances, health, and mentoring, Ready by 21 provides a framework and key strategies that are implemented at the local level by the LDSS and their community partners. Ready by 21 is designed to ensure that youth have the necessary skills and resources to integrate back into their homes and communities when they reunify with the families or to be successful if they emancipate from care at 21.

Maryland has been innovative in its work with transition-aged youth, recognizing that the supports that are provided to youth ages 14-17 has an impact on their permanency and well-being as they move into adulthood. While some states are only just starting to consider expanding foster care up through age 21, Maryland has permitted youth to remain in foster care up to their 21st birthday for over 25 years if they do not reunify with their families or enter guardianship or adoption prior to their 18th birthday. While the child welfare system is no substitute for a family, the resources and supports that DHR provides to these youth as they move into adulthood serve as a critical safety net. Finally, the **Youth Matter** Practice Model is an important piece of Maryland's Ready by 21 initiative, focusing on understanding the process and importance of actively engaging and teaming with youth. LDSS use FIMs, advisory boards, and other local opportunities to engage youth in both the practice and policy levels of the child welfare system.

Continuum of Care

The programs under the Social Services Administration provide a continuum of care of the Goals, Safety, Permanence and Well-Being as displayed in the Graphic, Child Welfare Continuum of Care.

Child Welfare Continuum of Care



Collaboration/ Agency Responsiveness to the Community

Maryland has developed collaborations with state/county agencies, stakeholders, non-profits, community organizations and the courts to review and improve outcomes for children. Through these partnerships DHR has engaged in meaningful discussions that have shaped the development of this plan. As DHR moves forward over the next five years these partnerships will support the implementation and ongoing evaluation of the goals, objectives, and measures established to ensure the safety, permanency, and well-being of children in the child welfare system. (See Appendix C for detailed descriptions of DHR's collaborative partners.)

Strengths

DHR/SSA's partners are active partners in projects, initiatives and discussions to move the Department forward in developing and monitoring better outcomes for children. Many of

the organizations are represented on more than one committee or initiative, thus giving a linkage to the whole child welfare system, rather than viewing the outcomes from a single program or agency.

A strength is the direct contact with DHR's partners. DHR's partners are able to give direct feedback and comment on data and evaluations regarding programs and policies for revision, development and outcomes through meetings and discussions. There are a myriad of regularly scheduled stakeholder groups as outlined in Appendix C.

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

A group process recently used with SSA meetings is to regularly break larger group meetings into interactive small groups within the meeting. The small groups enable all participants to discuss issues, review data, give feedback and report out the top issues, results, etc. The discussions are captured in reports and distributed back to the larger group. The feedback loop of gathering input and information, capturing it and sending the reports back out to stakeholders closes the communication loop. The action items and reporting issues may be used for Action Plans and further discussion. SSA currently receives evaluations for formal meetings. Evaluations are distributed, compiled and reviewed for comments, concerns or suggestions for improvement. DHR will continue to present data, ask for input and information, distribute evaluations, and engage in direct dialogue with stakeholders to evaluate and monitor progress the responsiveness to the community concerns.

Concerns

As data is reviewed, the story behind the data needs to be strengthened to provide clear explanations for what is occurring that drives the data. The contributing factors for data results are nuanced and require that the story behind the data accompanies the data charts. As DHR works with the local stakeholders, local departments with quality assurance, data analysis and the story behind the data will strengthen. DHR has also begun working at Regional Supervisory Meetings to receive direct feedback on issues, policy and improvements to service.

DHR will continue to provide evaluations at meetings to collect data for areas to improve and areas to continue and enhance.

As DHR/SSA continues to move to more data driven decisions, DHR/SSA will work with partners to ensure that the story behind the data is well-conveyed in meaningful, understandable language that would prevent misinterpretation of data or of the message.

Section II. ASSESSMENT OF PERFORMANCE

Data

Maryland has been collecting and gathering data as it pertains to the outcomes for children and families. Over the next five years, DHR plans to integrate Results Based Accountability practices (Trying Hard Is Not Good Enough, by Mark Friedman)to support the ongoing review of data to better inform the policies, practices, and programs developed to support the children, youth and families in Maryland's child serving systems. The Results Accountability framework attempts to answer three basic questions regarding the performance of the child welfare system:

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

The case plan data (Appendix M) in addition to Place Matters data will be part of the review of data. Maryland plans to actively involve internal and external stakeholders in the data review process to strengthen the policies, practices and programs for children, youth and families. The emphasis of Place Matters over the years has led to positive outcomes and Maryland will plan to review data as part of a regular practice with stakeholders.

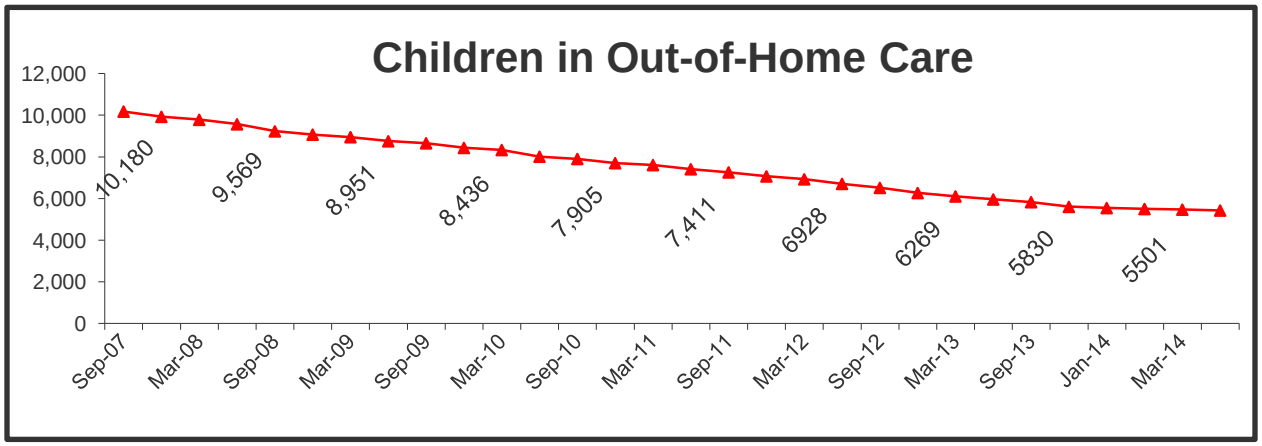
Place Matters

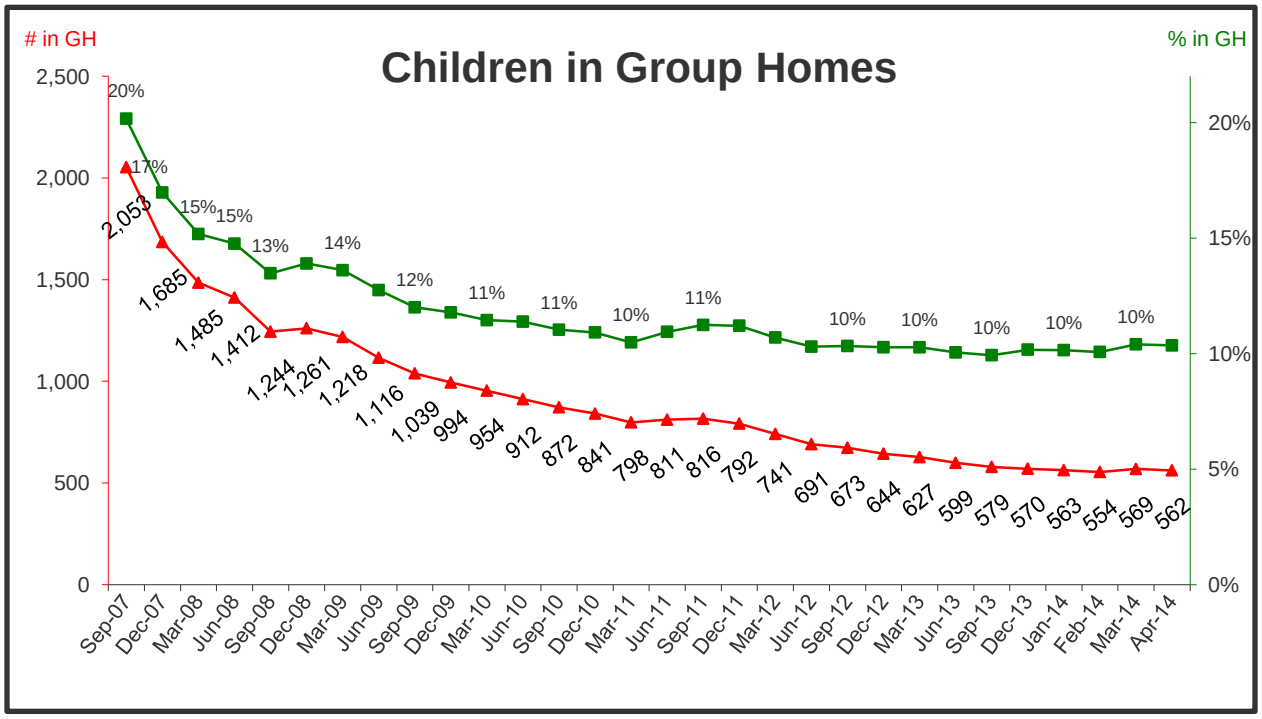
The Maryland DHR made a deliberate and focused shift in its practice, policy and service delivery with the July 2007 statewide rollout of the "Place Matters" initiative, which promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare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

- **Keep children in families first** - Place more children who enter care with relatives or in resource families as appropriate and decrease the numbers of children in congregate care.
- **Maintain children in their communities** - Keep children at home with their families and offer more services in their communities, across all levels of care.
- **Reduce reliance on out-of-home care** - Provide more in-home supports to help maintain children in their families.
- **Minimize the length of stay -** Reduce length of stay in out-of-home care and increase reunification.

- **Manage with data and redirect resources** - Ensure that managers have relevant data to improve decision-making, oversight, and accountability. Shift resources from the back-end to the front-end of services.

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




in GH
% in GH
Children in Group Homes
2,500
2,000
1,500
1,000
500
0
20%
15%
10%
5%
0%
2,053
1,685
1,485
1,412
1,244
1,261
1,218
1,116
1,039
994
954
912
872
841
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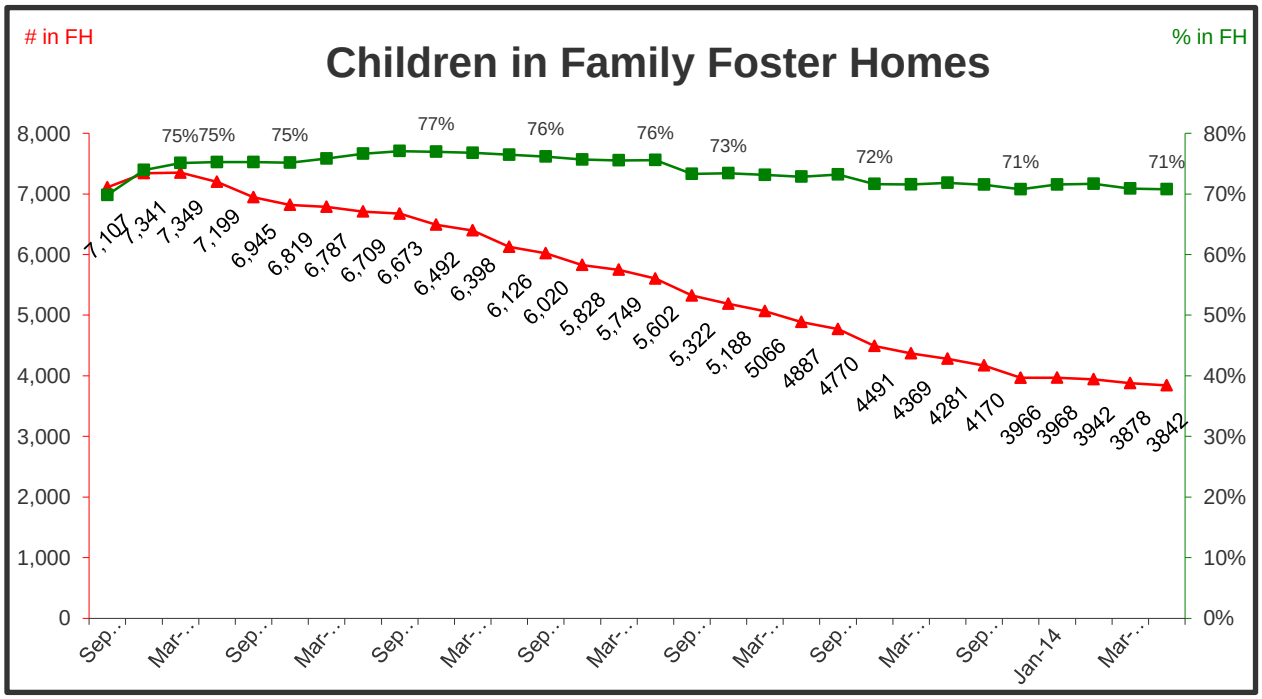
Mar-14
Apr-14


in FH
% in FH
Children in Family Foster Homes
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
80%
70%
60%
50%
40%
30%
20%
10%
0%
7,107
7,341
7,349
7,199
6,945
6,819
6,787
6,709
6,673
6,492
6,398
6,126
6,020
5,828
5,749
5,602
5,322
5,188
5066
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4770
4491
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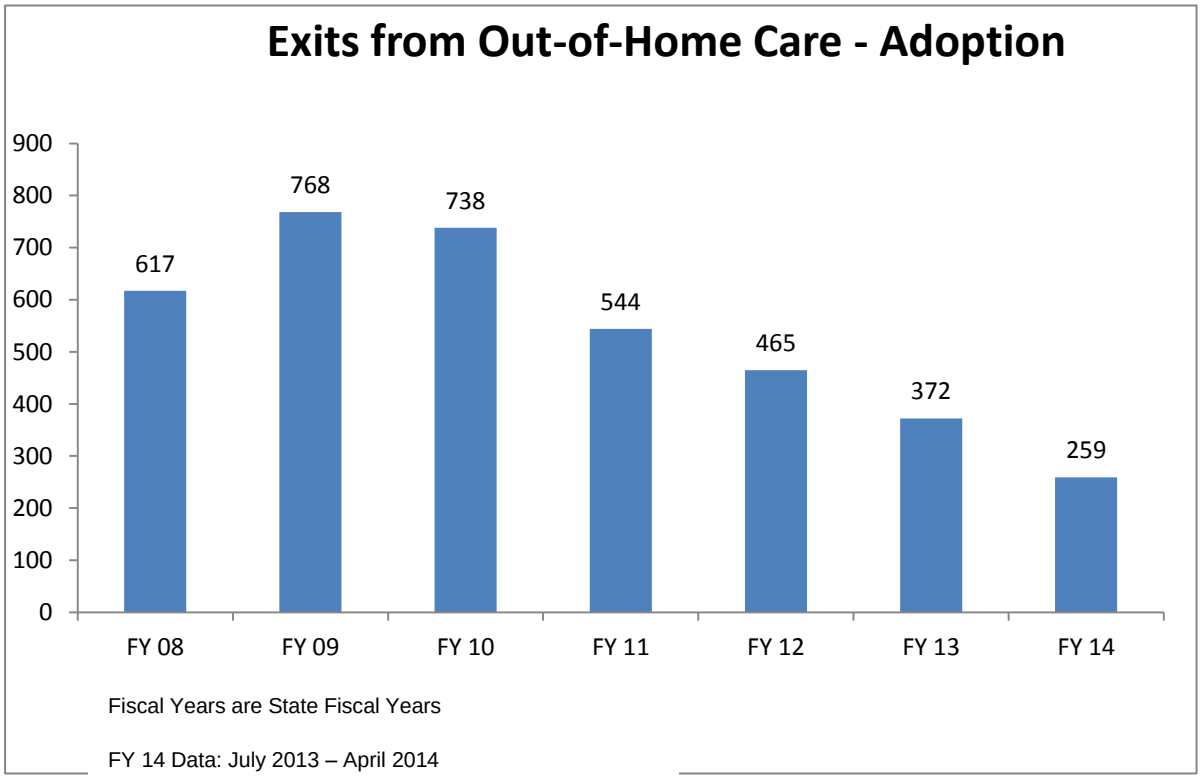
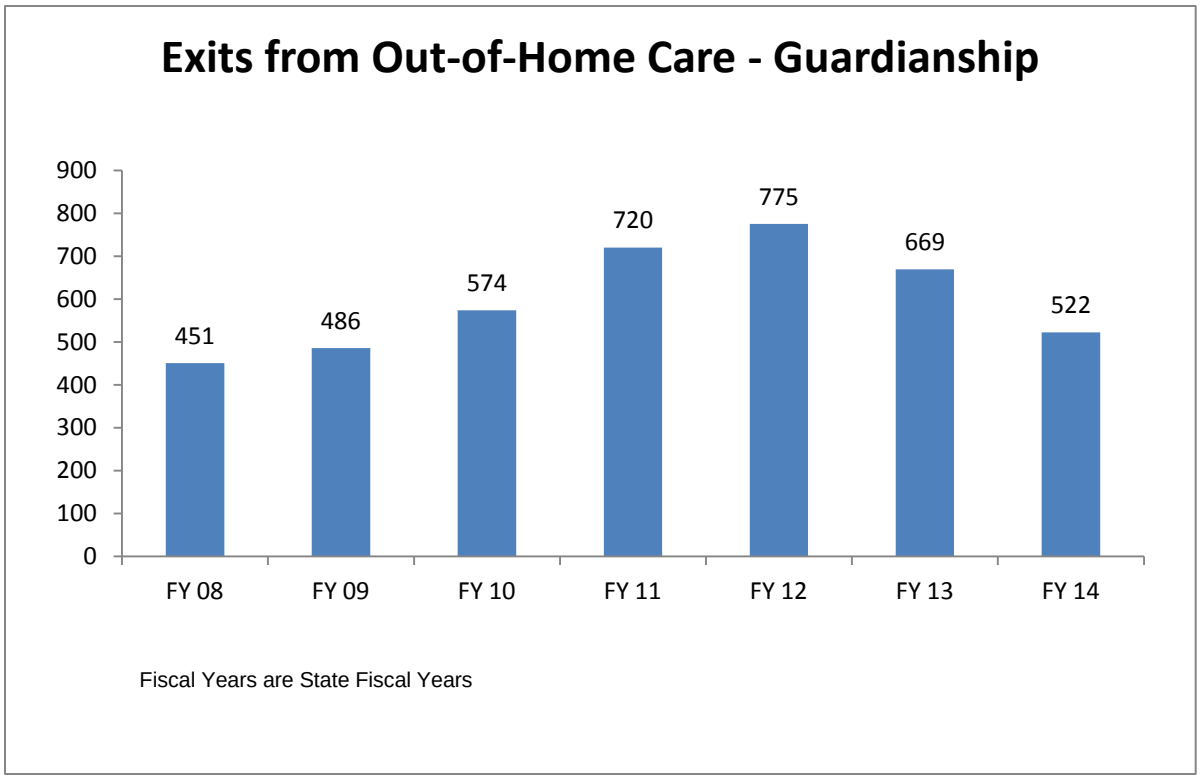
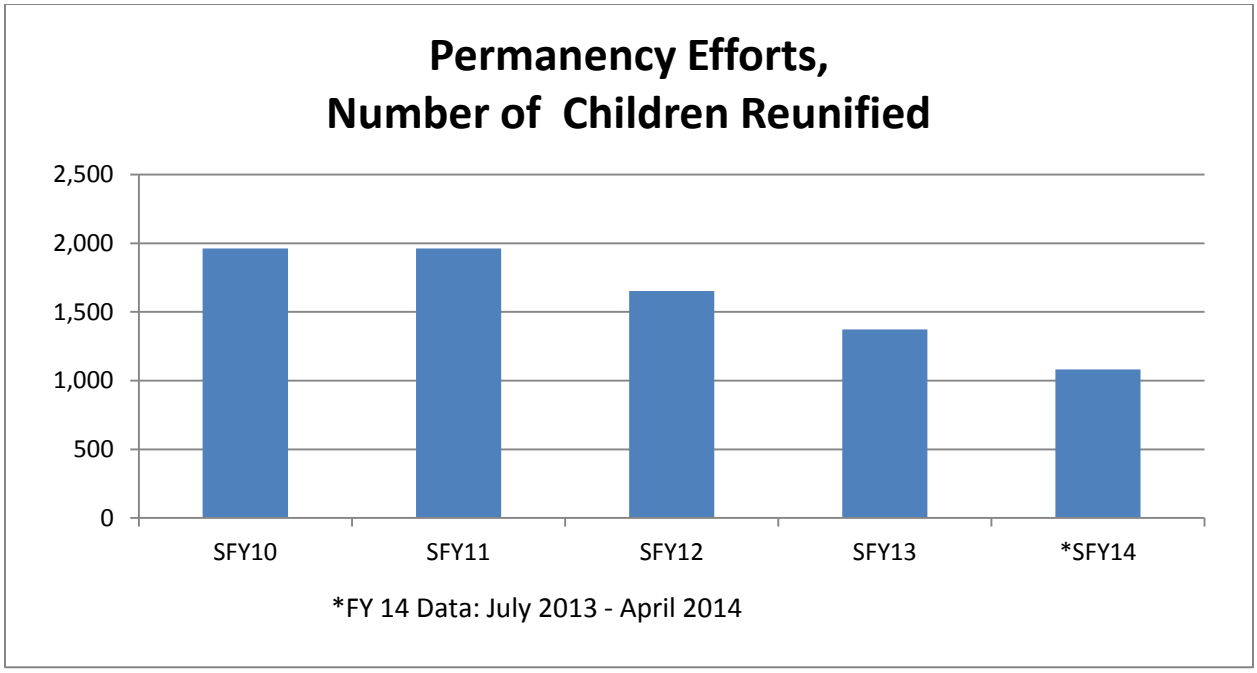
Mar-...


Exits from Out-of-Home Care - Adoption
900
800
700
600
500
400
300
200
100
0
617
768
738
544
465
372
259
FY 08
FY 09
FY 10
FY 11
FY 12
FY 13
FY 14
Fiscal Years are State Fiscal Years
FY 14 Data: July 2013 – April 2014


Exits from Out-of-Home Care - Guardianship
900
800
700
600
500
400
300
200
100
0
451
486
574
720
775
669
522
FY 08
FY 09
FY 10
FY 11
FY 12
FY 13
FY 14
Fiscal Years are State Fiscal Years



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

Child and Family Outcomes

Safety Outcome 1-Children are first and foremost, protected from abuse and neglect

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

CPS Reports

Number of CPS Reports, by Calendar Year	
CY 2011	**50,395**
CY 2012	**52,955**
CY 2013	**51,848**
Source: MD CHESSIE and Baltimore City data; State Stat 03 files	

The number of reports called into the Local Departments of Social Services (LDSS) has remained fairly constant over the past several years. Training of the professional and lay community to recognize and report child abuse and neglect offered by local department and central office staff will continue. Recent involvement of community stakeholders in the effort to implement Alternative Response has generated a better understanding of the role of CPS in ensuring safety for children.

Strengths
Maryland continues to operate local hotlines with allegations of child abuse and neglect called directly into the 24 Local Departments of Social Services. Local departments report that this encourages communication between them and their primary stakeholders, promoting cooperation with hospital, school and law enforcement staff in their jurisdiction. Baltimore City LDSS operates 24 hr. / 7 day screening and CPS response while the other local departments have after hours staff available to take referrals and handle emergencies.

Concerns
Some child advocates want to see the state move to a 1-800 telephone number for all reports of child abuse/neglect. They have approached the Maryland Legislature each year following the Penn State incident with bills proposing increased penalties for failure to report and mandatory training for mandated reporters. These advocates believe that this will ease access to reporting and encourage professionals to report. When first brought up this office contacted local departments regarding their sense as to whether moving to a centralized Intake number would help or hinder their process. While not a scientific survey, many LDSS felt that having direct contact with their community, especially mandated reporters, fostered a positive relationship with those who report. As stated above, Maryland believes that the current system encourages better communication and accountability at the local level.

Partners
Local law enforcement provides after hour coverage in the majority of Maryland's jurisdictions (except Baltimore City). Each LDSS has an agreement with their local law enforcement that spells out how calls regarding allegations of child abuse or neglect will be handled. Every LDSS has staff prepared to respond on site should the need arise.

CPS Responses

Number of New CPS Responses, by Calendar Year	
CY 2011	**27,879**
CY 2012	**27,107**
CY 2013	**25,891**
Source: MD CHESSIE and Baltimore City data; State Stat 03 files	

The number of new CPS responses into allegations of child abuse and neglect dropped 7% between Calendar Year (CY) 2011 and 2013. Implementation of Maryland's new (10/1/13) substance exposed newborn law may explain some of the more recent drop. Substance Exposed Newborn (SEN) allegations are now directed for a non-CPS response and therefore not counted as a CPS Response. Maryland's definition of substance exposed newborn follows the CAPTA provision whereby drug/alcohol use during pregnancy cannot be used as evidence of child abuse or neglect. Maryland does respond to substance exposed births with assessment, a plan of safe care and services to the family. Only those situations where an act of abuse or neglect occurs post-birth are assigned for a CPS response.

Strengths

In July 2013, Maryland began implementing Alternative Response (AR) across the state with full implementation occurring by July 2014. Alternative Response responds to low risk allegations of child abuse and neglect by assessing safety and risk, family needs and building upon the strengths of the families to address identified needs. This approach embraces the Family Centered Practice model as it encourages family involvement and engagement in efforts to protect children. That process will be discussed in other sections of this report.

Several years ago MD adopted Structured Decision Making (SDM) as a tool to categorize allegations of abuse/neglect and to assign a response times based on law and seriousness of the allegation. This process has helped local staff determine maltreatment type and recommended response time. Having SDM in place helped with implementation of Alternative Response in that staff had a tool to use to base the screen-in/screen-out decision prior to considering whether an allegation should go Alternative Response or Investigative Response.

Concerns

As stated above, Maryland began implementation of the two path response to allegations of child abuse or neglect on July 1, 2013. Of concern is a possible perception of the community, professional and lay, that the requirements for initiating an investigation have been lessened. The majority of this concern was from attorneys representing children who believe that AR will divert children from coming before the Juvenile Court and therefore increase their vulnerability to repeat maltreatment. Attorneys representing parents voiced

concern that families would be assigned to the AR track and after divulging sensitive information would be switched to IR before their attorney could advise them against sharing certain information. However, most community stakeholders including schools, treatment providers, and community service providers voiced strong support of the new model and stated that this would increase family participation in services.

Beginning in the summer of 2014 the newly developed and approved Screening Policy will be released and training for the Department's local screening staff will be provided by the Child Welfare Training Academy and central office (SSA) staff. Training will focus on the new policy that prompts staff to view callers as a resource and not solely a reporter. It also makes it clear that in order for an allegation to be assigned for either an AR or IR, it must first meet the criteria to be accepted as a CPS report.

Partners

Casey Family Programs (CFP) supported Maryland's implementation of the two path CPS response system. CFP is funding the statutorily required evaluation of the new effort. A contract was signed with Applied Research Institute (ARI) who will conduct the two-year evaluation. Findings will be shared with the Legislature and used by the Department to guide work regarding improvements to the system. CFP participated on the Alternative Response Council that planned implementation. A representative from CFP chaired the Council meetings.

CFP provided technical support for monthly Learning Collaborative meetings. This technical support included offering a staff member to help identify potential expert resources for presentations at the collaboratives, assisting with meeting logistics and providing food for the 40 plus staff from the staff who attend. CFP also sent five local department staff to Local Departments of Social Services in Ohio and Minnesota to learn from their counterparts. It is anticipated that CFP will continue their work in Maryland through calendar year 2014.

The National Resource Center for In-Home Services provided support in the form of one of their consultants who proved to be extremely valuable as the Department planned for implementation. The Department benefited from the consultant's proximity to Maryland as she was able to attend most of the local planning meetings (referred to as co-chairs meetings) in each of the 5 geographical regions as they prepared to go live. Her input from actual field experience working in other states as they developed their programs helped reduce anxiety regarding this major shift in the CPS program. She brought a wealth of knowledge and a huge array of tools that local staff warmly received.

Timeliness of CPS Response

Child Protective Services (CPS) Cases Open Less than 60 days, Average Percent, by Calendar Year Target: 90% of CPS responses will be completed within 60 days			
Investigative Response		**Alternative Response**	
partial CY 2011*	**83%**		
CY 2012	**89%**		
CY 2013	**89%**	**partial 2013***	**99%**
***April-Dec; tracking of this indicator began in April 2011**		***July-Dec; AR was initiated in July 2013**	
Source: MD CHESSIE; State Stat Place Matters files			

Maryland law requires that both Investigative Response (IR) and Alternative Response (AR) be completed within 60 days of initiation.

Strengths
All Maryland Child Protective Services (CPS) staff is aware of this requirement as it has not changed in 20 plus years. Data over the past several years puts completed investigations at 89%, close to the goal of 90%. Many local departments meet or exceed the goal. A daily client-level report of all open investigations is available to each DSS so administrators can carefully monitor completion of investigations (each DSS has access to only their records). LDSS staff reports that this report has been extremely helpful in improving the timeliness of completion of investigations.

Concerns
While staff is aware of the requirement there are barriers to meeting it 100% of the time. Certain assessments or tests may take longer than 60 days to complete, such as medical documentation, completion of police investigation necessary to inform the finding. Maryland law does not allow an IR or AR case to be put in a pending status, while necessary documentation is obtained. Both AR and IR are a CPS response governed by state law (Family Law 5-701) that requires the response to be concluded within 60 days of accepting the allegation for a CPS response. The law has no provision for a pending status. Responses not concluded within 60 days are considered out of compliance. Local departments can close their CPS response and open the family situation as a services case to continue their work with the family when it is warranted.

Partners
Local law enforcement, medical staff and the Office of the Medical Examiner are partners during investigation. Local department staff relies on forensic evidence collected by law enforcement, expert advice from medical staff in hospitals and clinics and cause of death determinations from the Medical Examiner to help determine if child abuse or neglect was a contributor to the situation under investigation. Other stakeholders such as school

personnel, service providers, and family members assist with information that helps local staff complete their work within the required 60 day timeframe.

Safety Outcome 2- Children are safely maintained in their own homes whenever possible and appropriate

In-Home Family Services are family preservation programs available within the Local Departments of Social Services. These programs are specifically identified for families in crisis whose children are at risk of out-of-home placement. Family preservation actively seeks to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment. Maryland provides three programs under In-Home Services continuum: Services to Families with Children-Intake (SFC-I), Consolidated In-Home Services (CIHS) 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 family's self request for service. CIHS are cases referred from CPS, both IR and 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 agency and the child must be at high risk for Out-of-Home Placement.

Families and Children Receiving In-Home Services

Total Number of Families and Children Served, by State Fiscal Year		
State Fiscal Year	**Families**	**Children**
SFY2010	**7,899**	**17,265**
SFY2011	**7,556**	**16,554**
SFY2012	**8,743**	**18,806**
SFY2013	**8,735**	**18,791**
Source: (MD CHESSIE); State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2013		

It is anticipated that there will be a modest increase in the number of families/children served annually in the In-Home Services programs in the upcoming 5 years. The primary reason for the expected increase is full implementation of the two path CPS response system. Anecdotal reports from the first jurisdictions to implement Alternative Response are that there is a slight increase in the number of families referred for ongoing in-home service. Early reports are that families coming from cases assigned to the AR path are more eager to engage in service and therefore may actually stay engaged for a longer period. The results are very dependent on a successful paradigm shift from the tradition investigation approach to one where families are made to feel more like partners in the process.

Strengths
Every Local Department of Social Services offers ongoing In-Home Services. Consolidated In-Home Services is the largest program and serves families needing additional work beyond AR and IR. Ongoing service workers have incorporated family centered practice into their practice over the past several years. Consolidated In-Home services compliment the work that AR workers are accomplishing with families, creating a very warm hand off assessment and ongoing service.

Concerns
Of concern are having services available in the community to assist with the anticipated increase in the number of families needing and wanting to participate with services providers. Local departments cannot meet the need themselves and will need support from their community.

Partners
Community partners providing service for in-home families were brought into AR implementation at the very beginning. Local departments asked their partners/stakeholders to participate in their AR Kickoff events and each local department asked a community partner to serve as their co-chair for implementation planning. Co-chairs represented the local schools, local management boards and core management boards and core service agencies. Over the next five years central office staff will work with local departments to expand their current definition of service provider to include programs identified as needed by families that may lie beyond those currently used. This may include discussions with traditional providers to expand their offering and/or reaching out to entities not previously identified as a potential resource. For example, creating a website where service needs could be posted and those interested in helping could sign up to help. A local department might list the need for a carpenter to assist with reconstruction of a home damaged by fire and the local trade school could respond with students needing work experience.

Recurrence of Maltreatment

Absence of Recurrence of Maltreatment, by Federal Fiscal Year Target: Absence of Recurrence of Maltreatment will be 94.6% or more	
FFY 2010	**93.6%**
FFY 2011	**93.3%**
FFY 2012	**93.0%**
FFY 2013	**93.2%**
National Standard: 94.6% or more - national median = 93.3%, 25th percentile = 91.50%	
Source: MD CHESSIE; University of Maryland School of Social Work analysis	

Maryland's current measure for recurrence is based on a finding of indicated child abuse or neglect within 6 months of initiating an investigation that had an indicated finding. Maryland's law governing maintenance of investigation records allows the Department to keep investigation records closing with an indicated finding for 25 years. This allows the Department to identify a closed 'indicated' investigation and look forward or backward for any investigation closing with an 'indicated' finding.

The recurrence rate in Maryland is low and since 2010 never deviated more than 1.6% from the National Standard. Maryland's recurrence rate is negatively impacted by its practice of documenting all allegations of abuse and neglect discovered during a CPS response. For example, a report of physical abuse is accepted and during the interview with the child, a disclosure relating to neglect is made. The worker is required to enter the "new" allegation into the system, although the incident occurred prior to the allegation that brought the family to the attention of the department. The federal standard measures recurrence from the date of the first allegation, therefore the neglect allegation is captured as recurrence.

Strengths

Maryland's recurrence rate has remained very stable over the past several years, fluctuating less than one percentage point up or down. This percentage will likely change with implementation of Alternative Response. Cases traditionally assigned as an investigation and closed with an indicated finding might now be assigned to the Alternative Response path and closed without a finding. So a case served in AR and closed, followed by a new investigation closing within 6 months with an indicated finding will not be counted as a recurrence based on the current definition. This potentially changes the denominator (less indicated findings) in the equation and therefore the resulting percentage. SFY2015 will be the first full year with statewide AR implementation. SFY2015 results will help establish a new baseline for recurrence.

Concerns

Of concern is the national discussion regarding changing how recurrence is measured. Should the current definition change to one that looks more at re-reporting rather than indicated findings, Maryland would experience difficulty in tracking that rate. State statute requires that reports screened out from a CPS response (not accepted for AR or IR) or 'ruled out' following assignment to the IR path be expunged from the automated database 120 days from their receipt. Any measurement or query looking beyond 4 months for subsequent activity from a specific date would miss any report screened out or ruled out following investigation. For example, a new report received in the month following closure of an investigation that concludes with a ruled out finding would not be in the database if a search was conducted 4 months after the receipt of the information for the initial investigation. The same issue exists with any effort to track screened out referrals. Any

measure of recurrence that would include capturing information on cases that concluded with anything other than an unsubstantiated or indicated finding would pose a problem.

Partners
In the next 5 years LDSS' will be continuing to work with community providers to expand the capacity and scope of services available in their communities. This expansion requires exploring the needs of families with families to determine what is needed but not available. Families need to be heavily involved in the process as they are experts on their needs and what they have not been able to secure.

Each local department identified partners and stakeholders specific to their communities to help plan for Alternative Response. Those always at the table included representatives from education, health and mental health, law enforcement, attorneys for children and parents, the local non-profit agencies, and faith community representatives. Reliance on partners for supportive services for families does not stop with the launch of Alternative Response. The Department will be spending time with each local department helping them expand partners beyond those normally called on for assistance. This will include the local business community, scouting organizations, recreation and parks and other organizations that could possibly provide a service or good to a family to help enhance their protective capacities.

Permanency Outcome 1- Children have permanency and stability in their living situations

Out-of-Home Placement Services (Foster Care Services) provides short-term substitute care for children removed from their homes, that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm, while providing services to their families directed toward achieving permanency through family reunification or alternative permanent placement when reunification is not possible. Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives as the placement of choice.

Time-limited reunification services use concurrent permanency planning to reunite with the birth family or to pursue a permanent home for the child within 12 months of the placement. Permanency planning options are considered in order of priority:

- Reunification with parent(s)
- Permanent Placement with Relatives (includes guardianship or custody)
- Adoption (relative or non-relative)
- APPLA (Another Planned Permanency Living Arrangement)
- Voluntary placement services because of the child's need for short term placement to receive treatment services for mental illness or developmental disability

Adoption Services develop permanent families for children who cannot live with or be safely reunited with their birth parents or extended birth families. The Maryland Adoption Program is committed to finding "Forever Families" for children in the care and custody of the State. Adoption services include study and evaluation of children and their needs; adoptive family recruitment, training and approval; child placement; adoption assistance; contact and reunion; and post-adoption subsidy support.

Guardianship Assistance Program provides legal stability for a child whose best needs are not served via reunification or adoption. The goal of this program is to encourage caregivers to become legal guardians of children by removing financial barriers to provide a permanent, safe, nurturing environment for a child that supports a familial cultural background. Maryland's definition of eligible kinship caregivers includes those related via blood or adoption to the 5th consanguinity, in addition to those with a significant emotional bond to the child.

Out-of-Home Placements

	OOH Entries	*OOH Exits*	*OOH Total Served*	*OOH as of Dec 31*
CY 2011	**3,154**	**3,845**	**10,857**	**7,067**
CY 2012	**2,653**	**3,500**	**9,720**	**6,269**
CY 2013	**2,526**	**3,163**	**8,795**	**5,605**
Source: MD CHESSIE and Baltimore City data; State Stat 03 files				

Maryland remains committed to developing and maintaining living situations that will afford a child permanency and stability while allowing for continuity of family relationships, and on-going connections with friends and community. Every child should have a permanent home. The home may be the child's natural home, a relative or caregiver's home, or an adoptive home. Permanence is first sought by returning children home, whenever possible, safe, and appropriate and in the best interest of the child. When reunification is not possible, the goal of the local department is to provide services that ensure each child has a permanent home as expeditiously as possible.

Strengths

All twenty-four jurisdictions in Maryland operate foster care programs that work with the birth and foster families to develop and implement the most appropriate permanency plan for each child. Maryland works to ensure that reunification, adoption, or guardianship occurs in a timely manner for children who are placed in out-of-home care. LDSS staff is engaging families in the permanency planning process, using family involvement meetings including birth parents, relatives, foster parents and providers. The use of concurrent permanency planning (working on two plans at the same time) increases the exits to permanence.

Concerns

Some local departments do not consistently identify concurrent permanency plans on caseplans and on court reports. To improve establishing and documenting concurrent permanency plans SSA will continue to work with local departments around this issue; utilizing Regional/OHP meetings with local department administrators/supervisors and Quality Assurance reviews.

Partners
DHR/SSA collaborates with the Foster Care Court Improvement Project (FCCIP) to ensure that courts were aware of the concurrent permanency planning process that local departments follow. Local Departments of Social Services include all interested persons (birth parents, relatives, foster parents, and providers) at the Family Involvement meetings to participate in the case planning process. Each local department also works closely with their court system to ensure children have timely permanence.

Length of Stay

Length of Stay in Care (In Months) of All Children in Out-of-Home Care							
	Children in care 0-6 months		Children in care 7-11 months		Children in care 12+ months		Number of children in care
	#	%	#	%	#	%	
SFY 10	1245	16%	742	9%	5973	75%	7960
SFY 11	1327	18%	708	10%	5327	72%	7362
SFY 12	1201	18%	750	11%	4785	71%	6736
SFY 13	1094	18%	685	11%	4186	70%	5965
Source: MD CHESSIE; University of Maryland School of Social Work analysis							

SFY	Average LOS (Months)	Median (Months)
SFY 2010	51	31
SFY 2011	49	28
SFY 2012	46	25
SFY 2013	43	24
Source: MD CHESSIE; University of Maryland School of Social Work analysis		

Maryland's use of a Family Centered Practice Model, (engaging parents and locating relatives) and Family Involvement Meetings leads to early identification of possible relatives as placement resources, decreasing their time in Out-of-Home Placement. Concurrent permanency planning (for example, working towards reunification while at the same time establishing and implementing an alternative permanency plan), works to eliminate delays in achieving permanence for children. Also Maryland's continued support of Guardianship and Adoption Assistance removes financial barriers for families willing to provide permanence.

Strengths
LDSS staff is engaging families in the permanency planning process, using family involvement meetings to include birth parents, relatives, foster parents and providers. Staff also is assisting birth and foster families in obtaining the services, such as counseling and health care, needed to meet the goals of the permanency plan and using progressive visitation to determine whether the child and the family are ready to be reunified. The placement of children with relatives or in family foster homes interested in adoption or guardianship and relying less on group care has also reduced the length of stay Out-of-Home Placement. Each LDSS offers adoption promotion and support services to improve and encourage more adoptions from the foster care population, which promote the best interests of the children.

Concerns
The average length of stay in Out-of-Home Placement is greater for older children age 14-17 than for the younger children (see Figure 4 on page 57 of data on Average Length of Stay). Local departments are not using Adoptuskids website, a National photo listing service for children waiting adoption, consistently to help identify possible resources for children with a plan of adoption.

Partners
DHR/SSA works with all 24 local departments. DHR/SSA also partners with Adoptuskids to photo list the children with a plan of adoption in need of a placement resource and will partner with Adoptions Together on the Heart Gallery.

Maltreatment in Foster Care

Absence of Maltreatment in Foster Care, by Federal Fiscal Year	
FFY 2010	99.60%
FFY 2011	99.49%
FFY 2012	99.65%
FFY 2013	99.53%
Source: MD CHESSIE; University of Maryland School of Social Work analysis	

The percentage of Absence of Maltreatment in Foster Care has been remained fairly consistent since 2010. Maryland remains committed to keeping children safe while they are placed in out-of-home placement. Foster parents are provided supports, including respite, mentoring and Peer to Peer support and training to aid in their ability to provide a safe placement for the children placed in their homes. Local department staff visits at least monthly with the child assessing whether the child is safe and ensuring that adequate services are provided to support the child's needs and ensure safety while in care.

Strengths
LDSS caseworkers monitor the placement, assess safety consistently and provide training and supports to foster parents. Also a Safety Assessment for Every Child Out-of-Home (Safe-C OHP) tool is completed at designated intervals to assess the safety on all children placed in out-of-home placement up to their 21st birthday. Maryland has instituted performance-based licensing and monitoring for the providers. One of the performance measures for child safety is staff security. In order to meet the staff security measure, all employees must have a child protective services and criminal background check completed before they work with children. An additional measure of child safety is that there is absence of maltreatment of while staff is employed.

Concerns
The percentage of Absence of Maltreatment in Foster Care has remained fairly consistent since 2010. The strategies Maryland has in place are working, and the strategies will be continued.

Partners
Local department staff works with each provider for all children in Out-of-Home Placement, which includes, foster parents, group and residential providers. DHR/SSA partners with Residential Child Care providers and, Child Placement Agencies via contract and monitoring, the University of Maryland's Child Welfare Training Academy to provide training for foster parents and with the Maryland Resource Parent Association. The Provider Advisory Council provides support and guidance to the Department on issues that pertain to Out-of-Home Placement.

Placement Stability

Placement Stability - 2 or fewer placements for children in care less than 12 months, by Calendar Year Target: 86%	
CY 2010	84%
CY 2011	85%
CY 2012	86%
CY 2013	81%
Source: MD CHESSIE; State Stat Place Matters file	

Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives and family homes as a placement choice. Engaging the family early and having them participate in Family Involvement Meetings has impacted the number of placement changes experienced by youth in foster care. However, the child's placement is based on the treatment needs of the child therefore when the needs of child change so can the level of care change resulting in another placement.

Strengths

Family Involvement Meetings are critical in maintaining placement stability for children. Also important is matching the child and the foster parent, with consideration of the child's needs and the foster parents' skills. Local departments work to keep the child in close proximity to their family. Other strengths include close supervision of services, training and support for foster parents (including peer support and respite), ongoing assessments and services for the child, and placement with siblings.

Family Involvement Meetings (FIM) Indicators

Family Involvement Meetings (FIMs) have become an integral part of engaging youth and families in the case planning decision making process since the practice began in 2008. A FIM is a casework practice forum to convene family members during key child welfare decision points. The purpose of the FIM is to establish a team to engage families and their support network to assess the needs and develop service plans. The goal is to develop service plan recommendations for the safest and least restrictive placement for a child while also considering appropriate permanency and well-being options for that child.

FIM practice is being refined to enhance the skills of the facilitators and collaboration with caseworkers and supervisors; encourage statewide practice consistency and quality; expand the involvement of youth, family member, and key stakeholder; and use automated data to evaluate child welfare outcomes in relation to FIM activity. The plan is to make sure that the training and the data reports provide pertinent information for SSA and the local departments to support practice implements and administrative review to share best practices or bolster areas needing improvement across the continuum of services.

Advanced facilitation workshops are conducted in addition to quarterly orientation training for facilitators and supervisors. These quarterly advanced facilitation training series started in December 2013. The topics will be geared towards helping tenured facilitators integrate Signs of Safety concepts into the process of assessing the relevant strengths and weaknesses. Other topics will include workshops to manage the discussion to not only give all participants a voice, but offer practical strategies to enhance the continuous quality improvement of FIMs. The topics being developed include:

- Managing Dual Roles as FIM Facilitators and Child Welfare Caseworkers
- Planning with Families during FIMs
- Fidelity to FIM Training Model
- Youth Transition FIMs

The initial Family Centered Practice (FCP) evaluation focused on organization readiness and the strategies that would optimize sustaining practice model as FIM practice was implemented. Since that time, attention has been focused to not only look at organization climate, but to connect the core values with the impact on subsequent practice outcomes.

The methodology for an automated FIM report has been in development measures. SSA worked with local departments and soliciting input from the FCP Oversight Committee to refine the methodology for the automated FIM report. Beginning in July 2014, the automated FIM report using MD CHESSIE data will be available. Over the next five years, the primary indicators being developed for FIMs will include a comparison to practice activity with the total population of children and youth who would be eligible for a FIM at the key trigger decision points. Those numbers will serve as the baseline for assessing the following outcomes measures for those children and youth:

- Rate of maltreatment recurrence for children diverted from an initial FIM
- Timeliness to achieving permanency after a Permanency Planning FIM
- Placement stability after a Placement Change FIM
- Well-being, placement stability and permanency outcomes after Youth Transitional FIMs

Concerns
Maryland's foster care youth population is getting older. More than half of the youth in foster care are over the age of 14 with a large percentage of them 18 and over. With this age group come many challenges including mental health and behavioral issues which impact placement stability. Maryland will continue to monitor and seek ways to improve stability for all children.

Partners
DHR/SSA partners with the 24 local departments and works with the provider community to develop placement resources that can meet the specific needs of the youth.

Exits to Permanency

	Reunification		***Guardianships***		***Adoptions***	
	#	**%**	**#**	**%**	**#**	**%**
CY 2011	**1,727**	**45%**	**766**	**20%**	**531**	**14%**
CY 2012	**1,623**	**46%**	**737**	**21%**	**429**	**12%**
CY 2013	**1,412**	**45%**	**643**	**20%**	**347**	**11%**
Source: MD CHESSIE and Baltimore City data; State Stat 03 files						

In calendar years 2011 and 2012, 79% of children exiting Maryland out-of-home care exited to permanency (reunification, guardianship, adoption), with the highest proportion exiting to reunification. In calendar year 2013, the percentage of permanent exits fell slightly to 76%, with this drop primarily due to a decline in the percentage of adoptions. In the early years of Maryland's Place Matters initiative, permanent homes were sought for children who had remained in care for several years; many children were adopted during this time. Exits to adoptions were highest in calendar year 2009, and have been declining since (both numerically and as a portion of all exits).

The percentage of exits to reunifications and guardianships, however, has remained stable in the past three years, approximately 45% and 20% respectfully.

Strengths
Over the past three years, 79% of children exiting out-of-home care have exited to permanent homes. More children, 45% exit to reunification than any other exit type, and another 20% exit to guardianship.

Concerns
Unfortunately, Maryland's SFY 2013 reentry rate from reunification within 12 months is approximately 15.2%. Analysis by the Ruth H. Young Center has shown that children with a length of stay less than 6 months are more likely to re-enter care, as are children with behavioral problems, children with multiple placements, children with siblings, and children removed due to neglect.

Partners
The local departments have developed partners within their own jurisdictions to ensure children exit successfully to permanency.

Permanency Outcome 2 – The continuity of family relationships is preserved for children

Parental and Sibling Visitation

Calendar Year	Percent of Cases with Monthly Sibling Visits	Percent of Cases with Monthly Parent Visits*	Total Cases Reviewed
2012	54%	85%	26 sibling cases; 27 parent cases
2013	80%	79%	30 sibling cases; 42 parent cases
Source – DHR/SSA CQI case reviews **For children with all permanency plan goals*			

The primary purpose of visitation is to maintain parent/child and sibling attachment while reducing the child's sense of abandonment and preserving the sense of the family for a child residing in out-of-home placement. During visitation, the parents and the child can reconnect and reestablish their relationship, and the parents get an opportunity to practice and demonstrate new parenting skills which they developed since the child was removed from the home. Parent/child visits are a key strategy to maintain connections and work toward reunification. Frequent visitation between children in Out-of-Home Placement and their parents positively impacts the timeliness of reunification.

For siblings unable to reside together, sibling visitation allows the child to maintain family connections that will last a lifetime. It is especially important for older youth to have connections with siblings and other family members after exiting the foster care system.

Strengths
Local Departments of Social Services (LDSS) continue to ensure visits between parents and children and siblings happen. Casework staff understands how important visitation is to their parents, children and siblings. Policy Directive SSA# 12-33 Parent, Child and Sibling Visitation provides guidance and instruction to caseworkers on implementing visitation requirements and how to correctly document the visitation plan and logs in MD CHESSIE.

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

In 2001 Maryland established Camp Connect, an almost weeklong overnight camp experience to provide siblings an opportunity to build lasting relationships with each other. The goal of the camp experience is to promote sibling bonds that will last beyond their stay in foster care.

Concerns
Documentation of both parent/child and sibling visits in MD CHESSIE continues to be a concern. In the future SSA will continue to work with local departments around this issue utilizing similar strategies used to increase the case worker visitation data, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance reviews.

Partners
DHR/SSA partnered with the Child Welfare Academy to train local department staff on parent/child and sibling visitation. Contributing to the success of the annual sibling camp are the volunteer counselors who come from local departments and community groups such as Court Appointed Special Advocates, Legal Aid and others concerned about the welfare of children.

Well-Being 1 - Families have enhanced capacity to provide for their children's needs

Families need the tools and resources to enhance their protective capacities. Family engagement skills are needed to allow families to actively participate in the assessment and service planning for their members. The department launched its Family Centered Practice effort several years ago and new program efforts such as Alternative Response to certain CPS cases has benefited. Data at this point is incomplete but reports from local staff suggest that families on the AR path engage in services earlier and more frequently than those who receive a traditional investigation. Family involvement that serves as the active expert on their situation should improve safety and service planning thereby reducing the number of children who have a new investigation resulting in an indicated finding or removal from home during service provision.

Service and Safety Plans

Number/percent of children who were the identified victim of an indicated maltreatment finding while receiving In-Home services		
State Fiscal Year	**Number**	**Percent**
SFY2010	**446**	**3.7%**
SFY2011	**453**	**4.0%**
SFY2012	**357**	**2.6%**
Source: (MD CHESSIE); State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2013		

Number/percent of children who were placed into OOH care while receiving In-Home services		
State Fiscal Year	**Number**	**Percent**
SFY2010	**534**	**4.5%**
SFY2011	**608**	**5.3%**
SFY2012	**619**	**4.4%**
Source: (MD CHESSIE); State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2013		

The number and percentage of children with an occurrence of maltreatment while receiving in-home services is relatively small. The unstated goal is to not have any child experience an incident of abuse or neglect during service provision.

Strengths

The percent of children with a new finding of indicated child maltreatment or the need for Out-of-Home Placement is low. On July 1, 2014 the last phase of Maryland's phase-in of Alternative Response will go live. At the time of this writing 40-45% of new CPS allegations are assigned to the new Alternative Response path. A contract was awarded for in-depth evaluation and is being conducted by a respected research organization on implementation and program effectiveness. Reports to the Department and Legislature are required in October 2014 and 2015, which will provide additional insights into the "story behind the data".

Concerns

Of concern is how Maryland's data system captures recurrence information. For example, a new allegation brought to the attention of a caseworker/social worker providing In-Home Family Services may appear to the system as a new report when in fact it may be a report of an incident that took place prior to the current service episode with the family. It may conclude with an indicated finding and the data system could identify it as a recurrence when in fact it is not.

Partners
Maryland partnered with the Children's Research Center for improvements to the risk and safety tools including introduction of Signs of Safety in Maryland, with the National Center for In-Home Services and Casey Family Programs for technical and financial assistance with Alternative Response planning and implementation, and will rely heavily on both traditional (mental health, drug treatment, parenting skills enhancement) and non-traditional (theatre ticket for a parent night out, voucher from Goodwill for clothing and furniture, arrangements with vocational schools to get cars fixed) partners to provide service to families. Technical assistance for local administrations will be provided by the central office staff on expanding their service array.

Well-Being 2 - Children receive appropriate services to meet their educational needs

Improving educational stability and educational outcomes for children and youth in Out-of-Home Placement continues to be a major priority for the Department of Human Resources (DHR). Local departments of social services must ensure that, within 5 school days of being placed in Out-of-Home Placement, a child of school age is attending school.

School Enrollment

Performance Measure	2010	2011	2012	2013
School Enrollment for children entering foster care during school year	70%	69%	72%	67%

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

Children in out-of-home care are required to be enrolled in a new school within 5 days of entry into care, if it is contrary to their best interest to remain in their home school. This is an important component to ensuring educational stability for children in out-of-home care. The data above is not indicative of the work of the local department. This is data derived from LDSS caseworker entering data into MD CHESSIE. As discussed below this is one area in need of improvement. However, Maryland quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school.

Strengths
Local departments continue to ensure that they are following Fostering Connections and McKinney/Vinto laws when enrolling children in school. All efforts are made to ensure the child remains in their school of origin unless it is not in the best interest to do so. Local Departments of Social Services work with the local school systems to provide transportation whenever necessary. DHR/SSA has developed strong collaboration with Maryland State Department of Education (MSDE) and Maryland Higher Education Commission (MHEC) in an effort to develop strategies to ensure children in out-of-home

care have educational stability and achieve positive educational outcomes. MSDE and MHEC have participated with DHR/SSA on the development of training and co-led trainings offered to local department and local school system staff around educational issues.

Concerns
Documentation of education data in MD CHESSIE continues to be a concern, making it difficult to ascertain the scope of any issues relating to educational stability. In the future SSA will continue to work with local departments around this issue utilizing similar strategies used to increase the case worker visitation data, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance reviews. Maryland is also working with MSDE to download educational enrollment and other information directly into MD CHESSIE, thereby ensuring that the most up to date information is in the system and reducing duplicative data entry requirements.

Partners
DHR/SSA works closely with several stakeholders to continue to improve educational stability and outcomes for children in out-of-home care. The Annie E. Casey Foundation and the American Bar Association Center on Children and the Law provided technical support to improve educational stability. The Maryland State Department of Education (MSDE), the Maryland Foster Care Court Improvement Project (FCCIP), and the Department of Juvenile Services (DJS) participate with DHR on workgroups to improve education stability and improve outcomes for children in Out-of-Home Placement. In addition, DHR collaborates with the Maryland Higher Education Commission (MHEC) to increase the awareness of availability of the tuition waiver for youth in out-of-home care.

Well-Being 3 - Children receive adequate services to meet their physical and health needs

DHR understands that children in out-of-home care have comprehensive medical needs that may differ from those of other child populations. Local Departments of Social Services are required to ensure that children in out-of-home care receive an initial health examination within 5 days of placement, a 60 day comprehensive health evaluation, an annual health and dental exam.

Health & Dental Examinations

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

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

Local Departments of Social Services are required to ensure that children in out-of-home care receive an initial health screening within 5 days of entry into care, a 60-day comprehensive exam which includes the assessment of mental health needs, and annual health and dental visits. The examinations are to ensure that the child's physical and mental health needs are being adequately addressed. The statistics above reflect aggregate data based on worker data entry of medical assessments into MD CHESSIE and should not be considered to be truly reflective of Maryland performance. Nearly all of Maryland quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school and receive their initial and annual health and dental assessments.

Strengths

Local departments work very hard to ensure that children are having their initial health screenings, 60-day comprehensives and annual health and dental visits. All components of the child's health care are documented in Maryland's Health Passport. Every child in out-of-home care receives a Health Passport. Maryland physicians must complete the Health Passport forms each time they examine a foster child. The child's health needs and treatment are also required to be documented in MD CHESSIE in the health screens, providing caseworkers and supervisors the ability to monitor and track the health care needs of the child.

Concerns

DHR/SSA continues to work with local departments on the documentation of health information into MD CHESSIE. This contributes to the quality of the data which comes out of MD CHESSIE regarding health/dental care for children in out-of-home care. In the future

SSA will continue to work with local departments around this issue utilizing similar strategies used to increase the case worker visitation data, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance reviews. In addition, the State is currently exploring the possibility of having Medicaid/State Department of Health and Mental Hygiene (DHMH) data directly shared with MD CHESSIE. This would serve the dual purpose of correcting aggregate data and providing workers with more detailed medical information. This would also eliminate dual data entry work by local department staff and DHMH staff. In lieu of that option, DHR will utilize a data clean-up model that has worked well for other indicators. Exception reports will be developed, with work and supervisor identified, of cases where health data has not been entered into MD CHESSIE, and local departments will be expected to update the missing data. Another area of concern is that some regions continue to struggle to have adequate dental resources in their areas. DHR will continue to work with DHMH and other stakeholders to address this issue.

Partners

DHR has developed strong partnerships with DHMH in efforts to enhance the health care services (physical/mental health) for children in out-of-home care. In addition, the University of Maryland Schools of Pharmacy and Medicine, John Hopkins School of Medicine, DHMH/Mental Hygiene Administration, and the Peer Review Program for Mental Health Medications (also known as the Peer to Peer Program) continue to collaborate with DHR to develop policies and training for local department staff regarding the oversight and monitoring of psychotropic medications and the informed consent and assent process.

Systemic Factors

Information System

Statewide Automated Child Welfare Information System (SACWIS)

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

MD CHESSIE captures the status, demographics, location and goals in various screens in the system. MD CHESSIE is the repository of the official child welfare case record for Maryland which is mandated by policy SSA# 09-02 The Official Child Welfare Case and Resource

Home Record Transferring, Sharing, Closing, and Retiring – Investigation, Service Records and Resource Homes Cases, and COMAR 07.02.07.18.18 CIS, MD CHESSIE, and the Central Registry.

Status:

- In order to receive services from a local department of social services, the recipient must be identified in MD CHESSIE as a client that has an identification number, not as a person.
- Clients that are active were either created because they had a previous history with the Department of Human Resources or the user confirmed them as a client. Active clients are displayed on the worker's tree when they have an active program assignment.
- In-Active Clients are not shown on the worker's Navigation Tree when they have no program assignment. (*Note: without a Program Assignment, the client is inactive [will not appear on the Navigation tree] and can only be viewed from the Client Summary screen. If the worker double clicks on a client from the Client Summary screen, the client will appear on the Navigation tree only during current usage or until a Program Assignment is opened*.)
- MD CHESSIE will automatically generate the Program Assignment for Child Protective Services, Out-of-Home, Guardianship Assistance Program (GAP), and Adoption cases after certain prerequisites are completed.
- MD CHESSIE requires that a placement or living arrangement is identified in MD CHESSIE for every child with a Program Assignment of "Out of Home Placement" within 1 business day. When a worker does not manually enter a Placement or a Living Arrangement, the application will automatically generate a Living Arrangement called "Unknown Whereabouts" that must be resolved by the worker before a service case can be closed.
- Information from these screens populate to various reports. There are several reports that specifically capture the status, demographics, location and goals.

Demographics:

In order to receive services from the child welfare program all individuals must be identified as a client in MD CHESSIE with an active program assignment. Workers are required to enter, confirm and update the client demographic information in MD CHESSIE on the Client Information tab (IN0205C).

If demographic changes are not allowed it is because the record is owned by Client Automated Resource Eligibility System (CARES), Client Information System (CIS), Medical Assistance (MA), Food Stamps etc, the user must contact the owner if changes are needed. It is recommended that demographic data be confirmed prior to registering a client in CIS. Since any data that is owned by another program higher than MD CHESSIE will be overridden by the other program and that data will be seen in MD CHESSIE.

The Clients folder General Information tab (IN0352C) Client Information grid contains demographic fields that are updatable by the interfaces once a client is registered on Client Information Systems (CIS) and has been confirmed in MD CHESSIE. The fields may be updated by the interface every thirty (30) minutes. Modifications were added to MD CHESSIE in June 2014 which provides that when CIS updates any client's demographics, a tickler alerts the assigned family and child workers on the List Ticklers screen (CO0150C). Additionally, an audit trail entry displays in the Other folder, Audit Trail screen (WL0550C), whenever either CIS or a worker update the client demographics.

Location:

The purpose of the Living Arrangement folder is to maintain a history of a client's living situations at various stages in Child Protective Services and a Service Case. The documented information is important in the determination of IV-E eligibility, for the Household Assistance unit, and to maintain a current Living Arrangement for clients.

The Living Arrangement screen (IN0153C) captures the information about where a client lives and a period of time in which the client was living there. Living Arrangements created on the Living Information screen do not prompt payment to any provider or vendor. The only way a provider can be paid for the care of a child is by creating a Placement. Living Arrangements should not document when a child has a Living Arrangement while in the care of a Private Treatment Foster Parent, this information must be documented on the CPA home tab, found in the Placement folder. The current Living Arrangement for all children with an active Removal must be documented in MD CHESSIE within 1 business day. The child may not have more than two living arrangements active within in given time period, i.e. Placement and Runaway.

An Unknown Whereabouts entry and start date is also automatically generated in the Living Arrangement screen when there is an active Removal and no Placement or Living Arrangement documented. If Unknown Whereabouts is identified as the Living Arrangement, every effort should be made to update, for all clients, in MD CHESSIE, within one (1) business day. In cases where the Provider record has not been entered, the worker must coordinate to enter the Provider record with appropriate staff at his or her local. All Kinship Providers and relatives must be identified as a local department home.

The client's approved out-of-home placements are maintained on the Placement Summary -Service Case Screen (PL5001C). These placements are either paid placements approved by the supervisor or placements of children placed in a Residential Treatment Center where the placements room and board rates are covered by Medical Assistance. Both of these placements must have begin and end dates and supervisory approval. If the child is living with a private TFC provider, the worker is responsible for completing the Child Placement Agency (CPA) home tab. This tab requires the worker to maintain information

on the private foster parent or independent living apartment the child lived in. The worker must enter begin and end dates. Supervisory approval is not required.

The information on the placement screen is maintained on the Living Arrangement Screen. The Living Arrangement Screen shows the information from the Placement Summary - Service Case Screen and users can identify other living arrangements for the child. If a child is on runaway, hospitalized or in another temporary living situation, the user can identify this living arrangement on the page. This living arrangement does not require supervisory approval.

The verification of the data accuracy of the child's placement or living arrangement is done when the worker is required to have monthly face to face visits with the child in their own home or residence. Face to face visits are mandates of policy SSA# 12-33 Parent/Child and Sibling Visitation and COMAR 07.02.11.15 Service Agreements

Goals:

The client's goals for foster care are documented and approved in the Permanency Plan folder on the Permanency Plan tab screen (CM5250C). The information entered on this screen must be approved by a supervisor and the data from this screen is populated to various reports. The accuracy of the information on these reports have been verified and the data that populates the permanency planning goals is inaccurate given the data does not identify the current approved permanency goal and the date of achievement.

MD CHESSIE captures the status, demographics, location and goals on the following reports:

- RE858R Weekly Out of Home Detail Report – run weekly as a State Stats Report
- RE858R Out of Home End of Month Detail Report – run monthly as a State Stats Report
- RE980R Out of Home Detail Report – run monthly by county for LDSS stakeholder use
- RE995R Worker Visits to Child IH and OH Detail Report

The following mapping table documents the user data entry in MD CHESSIE:

MD CHESSIE Screen	**Column Name on the Report** **RE858R (Weekly Out of Home Detail Report)**	**Column Name on the Screen**
Client Information tab (IN0205C)	CLIENT ID	Selected CLIENT ID on MD CHESSIE Treeview
	CLIENT FIRST NAME	CLIENT FIRST NAME
	CLIENT LAST NAME	CLIENT LAST NAME

MD CHESSIE Screen	Column Name on the Report RE858R (Weekly Out of Home Detail Report)	Column Name on the Screen
	CLIENT DOB	DOB
	CLIENT GENDER	GENDER
	Client Race - Black/African - American (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Alaskan Native (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - American Indian (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - White Caucasian (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Asian (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Native Hawaiian / Pacific Islander (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Unknown (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Declined (Y/N)	Primary Race. If no match, then Secondary Race
	Client Ethnicity	Ethnicity: Hispanic
Placement Summary Screen(PL5001C)	Placement Structure Name	Placement Structure
	Placement Start Date	Entry Date
	Placement End Date	Exit Date
	Private Organization Provider Name	Organization Name
	Private Organization Provider ID	MD CHESSIE Organization ID
	Public / Private Provider Name	Provider Name
	Public / Private Provider ID	MD CHESSIE Provider ID
	Address Format	Address
	Address Street No	Address
	Address Box No	Address
	Address Pre Direction	Address
	Address Street Name	Address
	Address Street Suffix	Address
	Address Post Direction	Address
	Address Unit Type	Address
	Address Unit No	Address

MD CHESSIE Screen	Column Name on the Report RE858R (Weekly Out of Home Detail Report)	Column Name on the Screen
	Address City Name	Address
	Address County	Address
	Address State	Address
	Address Zip5 No	Address
	Address Zip4 No	Address
	Address Foreign Text	Address
	Address Foreign State	Address
	Address Foreign Country	Address
	Address Foreign Postal Code	Address
Permanency Plan tab (CM5250C)	Permanency Plan Goal	Primary Permanency Plan Goal
	Established Date	Established Date
	Projected Achieved Date	Projected Achieved Date
Client Information tab (IN0205C)	CLIENT ID	Selected CLIENT ID on MD CHESSIE Treeview
	CLIENT FIRST NAME	CLIENT FIRST NAME
	CLIENT LAST NAME	CLIENT LAST NAME
	CLIENT DOB	DOB
	CLIENT GENDER	GENDER
	Client Race - Black/African - American (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Alaskan Native (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - American Indian (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - White Caucasian (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Asian (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Native Hawaiian / Pacific Islander (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Unknown (Y/N)	Primary Race. If no match, then Secondary Race
	Client Race - Declined (Y/N)	Primary Race. If no match, then Secondary Race
	Client Ethnicity	Ethnicity: Hispanic
Placement Summary	Placement Structure Name	Placement Structure

MD CHESSIE Screen	Column Name on the Report RE858R (Weekly Out of Home Detail Report)	Column Name on the Screen
Screen(PL5001C)		
	Placement Start Date	Entry Date
	Placement End Date	Exit Date
	Private Organization Provider Name	Organization Name
	Private Organization Provider ID	MD CHESSIE Organization ID
	Public / Private Provider Name	Provider Name
	Public / Private Provider ID	MD CHESSIE Provider ID
Living Arrangement Screen(IN0153C)	Address Format	Address
	Address Street No	Address
	Address Box No	Address
	Address Pre Direction	Address
	Address Street Name	Address
	Address Street Suffix	Address
	Address Post Direction	Address
	Address Unit Type	Address
	Address Unit No	Address
	Address City Name	Address
	Address County	Address
	Address State	Address
	Address Zip5 No	Address
	Address Zip4 No	Address
	Address Foreign Text	Address
	Address Foreign State	Address
	Address Foreign Country	Address
	Address Foreign Postal Code	Address
Permanency Plan tab (CM5250C)	Permanency Plan Goal	Primary Permanency Plan Goal
	Established Date	Established Date
	Projected Achieved Date	Projected Achieved Date

Local stakeholders are able to validate the accuracy of the clients' demographics, location and goals status, by reviewing the periodic status of the clients' Permanency Plan,

Placement Summary, Living arrangement and Worker Visit updates. The accuracy of the reports is based on the data in the system for the reports' run date.

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

- Coordinate Child Welfare Services electronically with the functions of other DHR administrations, such as Family Investment (TANF – Temporary Assistance to Needy Families) and Child Support (IV-D), as well as the Medicaid Administration of the Department of Health and Mental Hygiene (Title XIX, DHMH);
- Establish a statewide foster care and adoption payment issuance and reconciliation system that provides full fiscal accountability, monitoring, controls, update, mass change, and reporting capabilities;
- Establish an automated link between program and fiscal staff to more easily identify Federal participation programs;
- Provide social workers with an interactive system which automates the case record, containing word processing capabilities to assist in scheduling appointments, generating reminders, printing notices, storing and using data, issuing payments, monitoring availability and compliance of foster and adoptive homes, and other administrative functions;
- Enable DHR to extract management information data from the database for decision making as well as mandatory reports and including ad hoc reporting capabilities to enable local staff to retrieve lists, reports, and statistical summaries to assist with case and program management;
- Provide continuous monitoring of data generation by MD CHESSIE to ensure that the accuracy of the system meets the regulatory standards as the Department of Social Services System of Record;
- Enable DHR to respond to the rapidly growing demands for child welfare and adult services data, especially demographic historical data from federal agencies, State legislators, the judiciary, advocacy groups, attorneys, the media, and the public;
- Provide an interface capability with CIS (Client Information System), FMIS (Financial Management Information System) and Automated Fiscal Systems (ASF);
- Provide an interface capability to link with State agencies outside of DHR; and
- Facilitate good practice by including policy and procedure manuals with hypertext links from the database to the manuals. In addition, the system software itself contains certain good-practice reminders and constraints.

The automated child welfare case management system allows Maryland to provide better service to each client of child welfare programs, allows social service staff to spend more time providing case work, and also provides more programs and fiscal accountability than has been available in the past. Changes have been made with MD CHESSIE throughout the years to meet the standard for SACWICS compliance.

On January 6, 2014, Administration for Children and Families (ACF) sent notification to Secretary Dallas regarding the final report from the Statewide Automated Child Welfare Information System (SACWIS) Assessment Review of the Maryland Children's Electronic Social Services Information Exchange (MD CHESSIE). Based upon the updated responses from Maryland ACF determined MD CHESSIE either complied with or has approved action plans for all applicable SACWIS requirements. Overall, ACF found that MD CHESSIE is a comprehensive automated system. While the SACWIS Assessment Review is considered complete, the project will remain open pending the successful completion of the approved action plans described in the state's response to their findings, and the MD CHESSIE Advance Planning Documents (APDs). The state's project staff should now use the APD process to describe the progress being made for each requirement with approved action plans. The status of each requirement's action plan must be discussed in all future Annual APD updates for this project. Each action plan in the APD should clearly identify the SACWIS requirement(s), by SACWIS Assessment Review Report (SARR) requirement number that it will satisfy and the current status of that work. Maryland is currently in the process of implementing the action plans.

Strengths

The success of any changes and implementations to MD CHESSIE are based on the user's experience with the implementation process. There are several strengths of MD CHESSIE; the items that are readily apparent are the ease of logging on and maneuvering around the system with little or no training. The system contains a "Help" section that provides a description of the data, the use and purpose of the data fields found on each page. More robust reports to be used for oversight have been generated. Supervisors and Administrators can readily access the system and review child welfare records in real time, 24 hours a day as long as they have access to the state's server. An additional strength is based on the partnership which involves feedback from users regarding concerns or suggestions for improvement. The information is obtained from yearly surveys, monthly meetings with the MD CHESSIE Coordinators, users that contact the MD CHESSIE Call Center, and training evaluations.

MD CHESSIE captures and provides a weekly report which identifies the status, demographic characteristics, location, and goals for the placement of every child in foster care. This report, in addition to several other types of reports, is produced for local department and Central office use. In addition, users can look up individual client information at any time, as long as they have access to the server.

Concerns

Concerns that were reported by users: changes to MD CHESSIE which could not be completed timely; the system requires repetitive data entry; it is not web-based, and is not process driven. Data entered into MD CHESSIE is the source for a number of reports. At times users are not entering the data timely. The lack of a web-based system causes users

to have to sign into a server to access MD CHESSIE, which delays information being entered. As a means of improving, Maryland plans to continue to solicit feedback from users to ensure that user concerns /changes are addressed and they understand what is being implemented and why. Changes and updates to MD CHESSIE are controlled by the funding from the Office of Technology Human Services. To maintain operations and update the system, funds are disbursed through the maintenance and operations budget. This process limits the amount of changes that can occur within a given year and requires ongoing prioritization of most pressing needs.

Partners

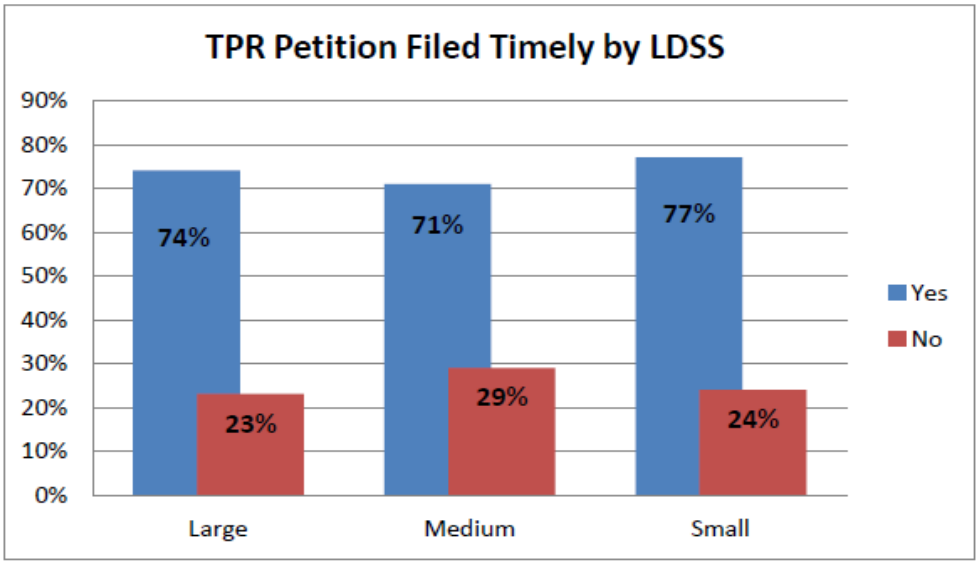
The goal is for users to have a positive experience with system modifications. To accomplish this goal, the Research, System, Development and Training (RESDT) Unit that oversees the implementation and modifications to MD CHESSIE, partners with the Local Department of Social Services (LDSS), Office of Technology Human Services (OTHS); Xerox the developer, the subcontractor TCC, Angari (Quality Assurance/Quality Control); Office of Budget and Finance, Office of Licensing and Monitoring; Office of Attorney General; Office of Inspector General, programs within SSA that provide service to child welfare and public and private providers.

The LDSS' also play a major role in assessing the changes/updates to MD CHESSIE, by allowing staff, the local stakeholders to participate as MD CHESSIE Coordinators and to participate with testing for new changes. There are specialists in several key areas and they perform as testers for major changes. Additionally, the RESDT unit shares with MD CHESSIE users' information regarding changes that are planned or completed for MD CHESSIE System use. Communication is shared with users through weekly Tip Sheets; Training Manuals, Web-Ex recordings; Build Release Notes; MD CHESSIE Trainings; Coordinators Meetings; Affiliates Meetings; face to face trainings; On-Site Training & Support; and the MD CHESSIE Call center that is available to field calls from LDSS' and Providers (both Public and Private).

Case Review System

Data

- Termination of Parental Rights: In cases reviewed, CRBC found that TPR was filed timely by LDSS in 73% of cases which serves as an increase from 66% from the prior fiscal year.



Data reported from the Citizen Review Board for Children (CRB) SFY13 Annual Report

- Services: CRBC agreed appropriate services were being offered overall in 97% of cases. Appropriate services were being offered to birth families in 90% of cases and to the provider in 63% of cases reviewed.
- Service and Case Planning: CRBC found that birth parents signed service agreements in 52% of cases. While service agreements were only signed in 52% of cases CRBC still found that LDSS made efforts to involve the family in case planning in 93% of cases.

Overview

An initial caseplan is developed within 60 days of a child entering Out-of-Home Placement to establish the permanency plans. The service agreement is jointly developed by the caseworker and parent (s) or legal guardian within the 60 days. The caseplan/service agreement is revised and updated 120 days from the initial caseplan and every 180 days thereafter or earlier if there is a change in permanency plans.

An initial permanency planning hearing is held 11 months after disposition or continuation of a voluntary placement agreement and every six months thereafter until permanency is achieved.

The foster parents, pre-adoptive-parents or relative caregivers for any child in the care of a Local Department of Social Services (LDSS) either by commitment or guardianship are provided notice of and an opportunity to be heard in any review hearing pertaining to the child.

Permanency planning under the Adoption and Safe Family Act (ASFA) requires that a petition to Terminate Parental Rights (TPR) be filed when a child has been in foster care 15

or more of the most recent 22 months. If a LDSS chooses not to file a TPR petition, the LDSS must document the "compelling reason" why they are not filling a petition. A TPR petition can be filed earlier if a legal ground for termination of parental rights exits or if the parents are willing to consent to the TPR. Once the court has changed the permanency plan to adoption the LDSS must file a TPR petition within 30 days. If the court changes the plan to adoption against the recommendation of the LDSS, the LDSS has 60 days to file the TPR. Once the court has granted guardianship to the LDSS, the child is considered legally free for adoption. The LDSS no longer has to maintain a concurrent permanency plan.

Currently as part of the Continuous Quality Improvement (CQI) process, staff complete comprehensive MD CHESSIE case reviews on a random sample of out-of-home cases (see Appendix M, Case Review Plans). The case record review includes examining the caseplan/service agreement to ensure it was completed within the time frames, includes concurrent permanency plans and was jointly developed by the LDSS and parent(s) or legal guardian. In addition onsite case-related interviews are conducted with children, youth, family members, foster parents, etc. during which they are asked questions related to the case planning process and their involvement.

Strengths
Maryland uses the Family Centered Practice frame work to involve family in the permanency planning process. As part of the IV-E eligibility and redetermination process cases are reviewed to ensure Permanency planning hearings are held in a timely manner. Cases reviewed as part of QA, Permanency outcomes show that children are receiving services towards permanency. DHR/SSA issued policy on notification of caregivers and a standardized letter to be sent as notification of hearings to caregivers.

Concerns
Documentation of information in MD CHESSIE continues to be a concern. In the future DHR/SSA will continue to work with local departments around this issue utilizing these strategies, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance.

As part of a more formalized Results Based Accountability Review of data, the State plans to develop a plan to review the written case plan information with input from stakeholders.

Quality Assurance System

The Children's Bureau (CB) Information Memorandum (IM) ACYF-CB-IM-12-07 outlined guidelines for best practices in child welfare CQI. An internal review of these guidelines indicates that Maryland's current CQI practice is already aligned with a majority of the new guidelines. The philosophy and structure of Maryland's CQI model mirror that of the model outlined in the IM, and the areas in which Maryland does not currently fully meet the standards of the IM were areas that Maryland had already identified as areas needing improvement for the next iteration of the CQI process.

As of June 2014, Maryland has completed a three-year review cycle of all 24 LDSSs. Each LDSS has completed a self-assessment and participated in an onsite review, led by SSA and including case reviews, case-related interviews, and stakeholder interviews. Each LDSS has either completed or is in the process of developing and implementing a Continuous Improvement Plan (CIP), which will be implemented and monitored over the next three years.

During the summer of 2014, Maryland will examine and revise the CQI process, taking into consideration lessons learned from the recent round of reviews, feedback from LDSSs and stakeholders, the 2012 IM, technical assistance from the Children's Bureau, and new CFSR Round 3 requirements. A new process is planned to begin in the fall of 2014 (CIP implementation and monitoring will, however, continue throughout the summer).

Included below is an assessment of the current CQI process, and initial thoughts on revisions.

Foundational Administrative Structure – The State has clearly defined oversight of the child welfare system and CQI process, with consistent application across the state and published policies and procedures. This oversight will continue in the new revised CQI process, as will *certain other elements of the current* system, including the partnership between the Department and the LDSSs in analyzing data, identifying areas of strength and areas needing improvement, and identifying effective strategies to improve practice and outcomes. Aggregate data, MD CHESSIE case reviews, case-related interviews, and stakeholder interviews will continue to provide critical information.

The current policies and procedures manual will be revised to reflect any and all revisions, and distributed to all LDSSs and involved stakeholders. Training will be provided to all participants.

The most significant challenge for the State will be capacity and resources, especially staff, depending on the extent to which increased number of case reviews or interviews, increased frequency of reviews, or other expanded work will be needed.

Quality Data Collection – The State significantly increased its ability to extract and analyze aggregate data from the SACWIS in recent years; accuracy and reliability also increased as evidenced by increased acceptance of AFCARS and NCANDS submissions, penalty-free NYTD FFY2012 reports, and caseworker visitation reporting based entirely on MD CHESSIE documentation. The State is turning attention to other indicators that need to attain a higher level of consistency, such as health and education data reporting. DHR is working to create electronic interfaces

with the schools and health department in Maryland to import actual events from these other systems in the foster child's record. This long term strategy would both obviate the need for foster care worker data entry and provide automatic updates in the MD CHESSIE record about a foster child's education and health status.

Case Record Review Data and Process – The current case review and interview process is largely aligned with the 2012 IM guidelines, and met CFSR Round 2 Program Improvement Plan (PIP) requirements. For the June 2014 onsite review (Baltimore City), Maryland is utilizing the new CFSR Round 3 case review and interview instruments. Afterwards, SSA will assess the use of these instruments considering both state needs and CFSR requirements. Adjustments and/or additions to the instruments may be made.

Additionally, sample sizes will be examined to determine for the appropriate sizes which can allow for meaningful statistical inference, and to determine appropriate demographic stratifications.

Analysis and Dissemination of Quality Data – Caseload data and Place Matters data are regularly published on the DHR website and the Governor's website, and shared with advisory boards and other stakeholders. Qualitative findings, however, are not as widely shared, but this will be improved during the upcoming revision process. Currently, the qualitative findings are shared with the LDSS, the School of Social Work, and DHR staff; external stakeholders who may benefit from receiving information on qualitative findings include the Child and Family Services Advisory Board, Youth Advisory Board, Foster Care Court Improvement Project and other stakeholders.

Feedback to Stakeholders and Decision-Makers, and Adjustment of Programs and Process – The State currently shares aggregate data with advisory boards and front-line staff in several regular forums. Advisory boards include: SSA Steering Committee, Youth Advisory Board, Provider Advisory Council, Child and Family Services Advisory Board, and others; data is shared with local staff at semi-annual Regional Supervisor Meetings. Aggregate data on caseload numbers, performance, and outcomes is also posted monthly on the Governor's StateStat website, DHR's public website, and DHR's internal intranet. Public data is available at:

- http://www.dhr.state.md.us/blog/?page_id=2856
- http://www.statestat.maryland.gov/reports.html

Decisions at the Department leadership level are data-driven: programs and policies are adjusted as needed based on review of performance and outcome reports and input by the

SSA Leadership Team and advisory bodies, with consideration of federal and state expectations, and child and family outcomes.

The CQI process itself was adjusted several times over the past three years to improve procedures, and the entire process will undergo more comprehensive revisions in the coming year. As part of the revision process, additional methods of engaging stakeholders will be adopted.

CFSR Technical Bulletin # 7and new CFSR Round 3 Requirements

The Children's Bureau released the CFSR Technical Bulletin #7 in March 2014, which outlined requirements for the upcoming CFSR Round 3. Maryland's next CFSR is scheduled for FFY 2018. The CQI process described above will be revised to conform to the new CFSR requirements, with the goal of meeting the standards needed to use Maryland's own case review data in lieu of the traditional, federal onsite CFSR review. Maryland understands that this will entail using the new federal CFSR case review and stakeholder interview instruments, reviewing cases annually from either a statewide universe or a stratified schedule of jurisdictions, and following other CFSR guidelines.

Research/Evaluation

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

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

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

The unit also has an ongoing contract and close working relationship with the University of Maryland School of Social Work (SSW) Ruth H. Young Center for Families and Children to increase Maryland's research and data capacity for child welfare. Collaboration with and technical assistance from the University of Maryland School of Social Work enabled the

Department to improve the quality of data used in measuring statewide Place Matters goals, federal CFSR indicators, AFCARS, NCANDS, and NYTD requirements, and caseworker visitation. Data reports are available (and analyzed) on state and jurisdiction levels. The University of Maryland School of Social Work also works closely with OTHS and Xerox to develop and test queries used in reports finalized by Xerox. A majority of Maryland's child welfare reporting capability is the result of the collaboration between the Research/Evaluation unit, MD CHESSIE/Systems Development unit, the SSW Ruth H. Young Center, OTHS, and Xerox.

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

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

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

1. *Child welfare data* – data on CPS, In-Home, OOH, and Resource Homes; available to the public monthly via the DHR website (http://www.dhr.state.md.us/blog/?page_id=2856 (DHR homepage > Documents > Data and Reports > SSA).
2. *StateStat/Place Matters* - data on DHR/LDSS progress on Place Matters goal; available to the public monthly via the Governor's StateStat website (http://www.statestat.maryland.gov/)
3. *Report of all new entries into OOH care, to Maryland State Department of Education* (MSDE) – for purposes of ensuring foster children receive reduced/free school lunch; available to MSDE via secure file transport site
4. *Joint Chairman's Reports*
    a. *Out-of-Home Placement* – report of all OOH placements during state fiscal year, by placement type, age, race, etc.; includes cost and narrative analysis; data on In-Home/ Family Preservation is also included, focusing on rate of OOH placement and rate of indicated / unsubstantiated CPS findings during and up to one year after In-Home / Family Preservation services; report submitted annually to Maryland General Assembly and available at www.goc.maryland.gov
    b. *Caseload* – report on caseload staffing / caseload ratios; report submitted annually to Maryland General Assembly.

5. *Child Well-Being* – child poverty and maltreatment data and analysis as part of the Governor's Office report on Child Well-Being; available annually at www.goc.maryland.gov
6. *Multiple ad hoc reports* at the request of the Governor, state legislators, the Secretary, LDSSs, and other stakeholders
7. *Provider Performance Reports* – data required for performance-based contracting for Residential Congregate Care providers generated quarterly http://www.dhr.state.md.us/blog/?p=8028 (Documents > Request for Proposal > Residential-Child-Care-RFP-Provider-Performance-Reports)
8. *Other measures for ongoing internal and external analysis* (available in multiple documents)
    a. Federal measures – recurrence of maltreatment, maltreatment in care, placement stability, caseworker visitation, reentry, length of stay, etc.
    b. Rate of maltreatment
    c. Per capita rate of children in OOH care
    d. Analysis of placement types
    e. CQI/CFSR/PIP case reviews and reports
    f. Birth-match (collaborative effort with the Department of Health and Mental Hygiene to identify children born to parents who previously had parental rights terminated, per state law)
    g. Ready by 21 data
9. *Internal reports*
    a. *Analysis of OOH population* (age, race, placements, exits, voluntary placement agreements, etc.)*OOH Served reports – client level detail reports* for all children in care at the beginning and end of the month, all entries, and all exits
    b. *Exception reports* - OOH child welfare data entry issues
    c. *Casework visitation report* – aggregate performance data as well as client-level detail report for all children missing at least one visit in the federal fiscal year

Section III. PLAN FOR IMPROVEMENT

Overview

Goals and Objectives

SSA has established the following goals and objectives for 2015-2019[1]:

Goal 1: Improve the **safety** for all infants, children, and youth
Objective: Reduce recurrence of Maltreatment

Goal 2: Achieve **permanency** for all infants, children, and youth
Objectives: Reduce the length of stay
Reduce re-entry into care from reunification

Goal 3: Strengthen the **well-being** for all infants, children, and youth
Objective: Children receive services to meet their education/health/dental needs

It should be noted that the objectives mentioned above are subject to change in order to ensure alignment with state and federal guidance over the next five years

Rationale

Maryland has established these goals and objectives in order to implement a responsive, evidence- and trauma-informed system:
So That

- Children and youth can remain in their homes and avoid Out-of-Home Placements and
- Children and youth in out-of-home care have shorter lengths of stay and do not re-enter Out-of-Home Placement

So That

- Children and youth have fewer trauma symptoms, improved social and emotional well-being, success in school, healthy development, and overall improved safety and permanency

So That

- Children are safe from future abuse and neglect and
- Children avoid Out-of-Home Placement and
- Families are successful.

[1] The goals and objectives are subject to change in order to ensure alignment with future federal requirement

Safety

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

Goal 1: Improve the safety for all infants, children, and youth

Objective	Measure of Progress	Annual Benchmarks
Reduce recurrence of Maltreatment	Absence of Recurrence will be 94.6% or more	• 2015: 93.5% • 2016: 93.8% • 2017: 94.1% • 2018: 94.4% • 2019: 94.6%
Data Source: MD CHESSIE		

Overview

Maryland's recurrence rate has always been very close to the federal goal. With improvements in assessing family functioning and the emphasis on family centered practice, the Department predicts incremental improvement meeting or exceeding the federal goal in the next 5 years.

Intervention(s)

Reducing recurrence of maltreatment is a primary goal of the Department. This will be accomplished by improving assessment of risk and safety, aligning service and safety planning with the improved assessments and improving family centered practice through continued development of Maryland's Alternative Response track in the CPS program.

Implementation Supports

By the end of 2014 Maryland child welfare staff will have ready for their use a new actuarial risk assessment and a revised safety assessment that adds parent protective capacities to the instrument. In addition, Maryland is incorporating the CANS-F family assessment into the comprehensive assessment used by Child Protective and In-Home Services staff. Enhanced assessments should make planning to increase safety and reduce risk of maltreatment more effective reducing the recurrence during and following a service episode.

Permanency

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

Goal 2: Achieve permanency for all infants, children, and youth

Objective	Measure of Progress	Annual Benchmarks
Reduce the length of stay	The percentage of children in care 12 or more months will be 65% or less	• 2015: 69% • 2016: 68% • 2017: 67% • 2018: 66% • 2019: 65%
Data Source: MD CHESSIE		

Objective	Measure of Progress	Annual Benchmarks
Reduce re-entry into care from reunification	13% or less of children exiting to reunification will reenter OOH care within 12 months	• 2015: 15% • 2016: 14.5% • 2017: 14% • 2018: 13.5% • 2019: 13%
Data Source: MD CHESSIE		

Overview

Maryland's recent successes under Place Matters have resulted in a distribution of children in out-of-home care that is bi-modal, **with the majority of children served in out-of-home care either 0-8 years old or 14-21 years old.**

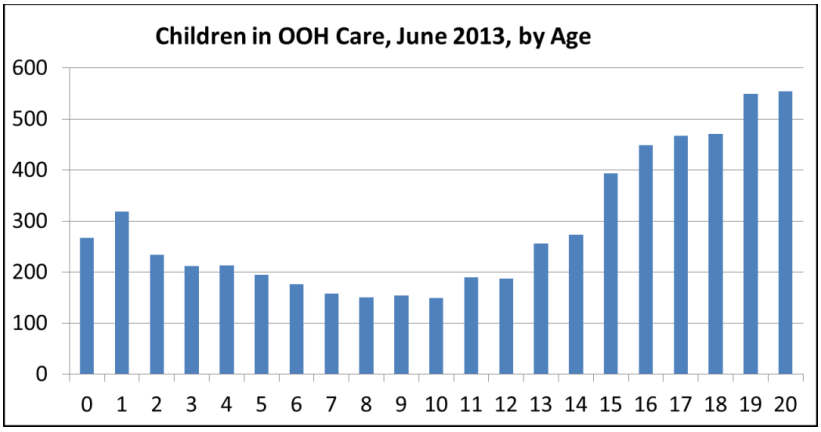


Figure 3: Children in Out-of-Home Care, June 2013, By Age

Data Source: MD CHESSIE

Young children, ranging in age from birth through age eight, represent an increasing proportion of the population served by the child welfare system, both in- and out-of-home. Approximately 32% of the children in out-of-home care in June 2013 were ages 0-8 (1,925). An additional 3,339 children 0-8 were served through in-home services, representing 54% of all children served in in-home services in June 2013.

More than half of the youth in foster care in Maryland are over age 14 and nearly 30% of Maryland's foster care population is 18 and over. In 2012, 21% of all entries into foster care were youth ages 14 to 17. In 2013, 20% of all youth served through in-home services were ages 14-18. The percent of youth in foster care over 14 increased even while Maryland reduced its total foster care population by more than 40% since 2007. At the start of Place Matters, 46% of youth in out-of-home care were 14 years or older; six years later, 52% of the caseload was 14 years or older.

The average length of stay in Out-of-Home Placement has been declining for all age groups, including children ages 14-17. However, the average length of stay in Out-of-Home Placement is much greater for older children than for younger children.

The figure that follows illustrates the average length of stay (in months) for children ages 0-8 and 14-17, as well as for all age groups. The average length of stay for all children now matches the length of stay for youth ages 14-17.

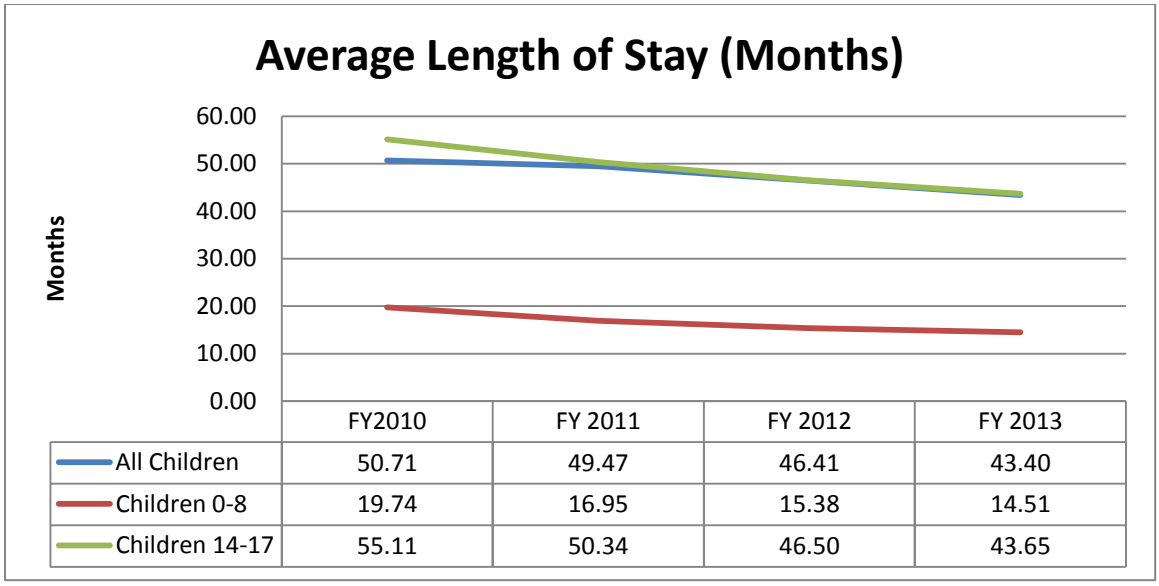


Figure 4: Average Length of Stay (Months)

Data Source: MD CHESSIE

Despite increases in reunification, adoption, and guardianship, **the majority of youth over the age of 14 in foster care are likely to remain in care until they emancipate.** The national average length of stay (ALOS) for youth aging out of foster care is 5 years[2], while the ALOS for youth aging out (18-21) in Maryland in 2012 is 8.5 years. In fact, 699 youth were emancipated from Maryland's foster care system in 2011, the 12th highest total in the U.S.; 22% of youth exiting foster care in Maryland in 2011 were youth who aged-out of the system, the 3rd highest rate in the country.[3]

One of the goals when a child exits from out-of-home care is to ensure that their exit is permanent and successful. However, as the length of stay in out-of-home placement decreases, the number of children re-entering out-of-home care has been increasing. (See below for additional discussion on youth re-entering Out-of-Home Placement.)

[2] Samuels, 2013
[3] Kids Count, 2013

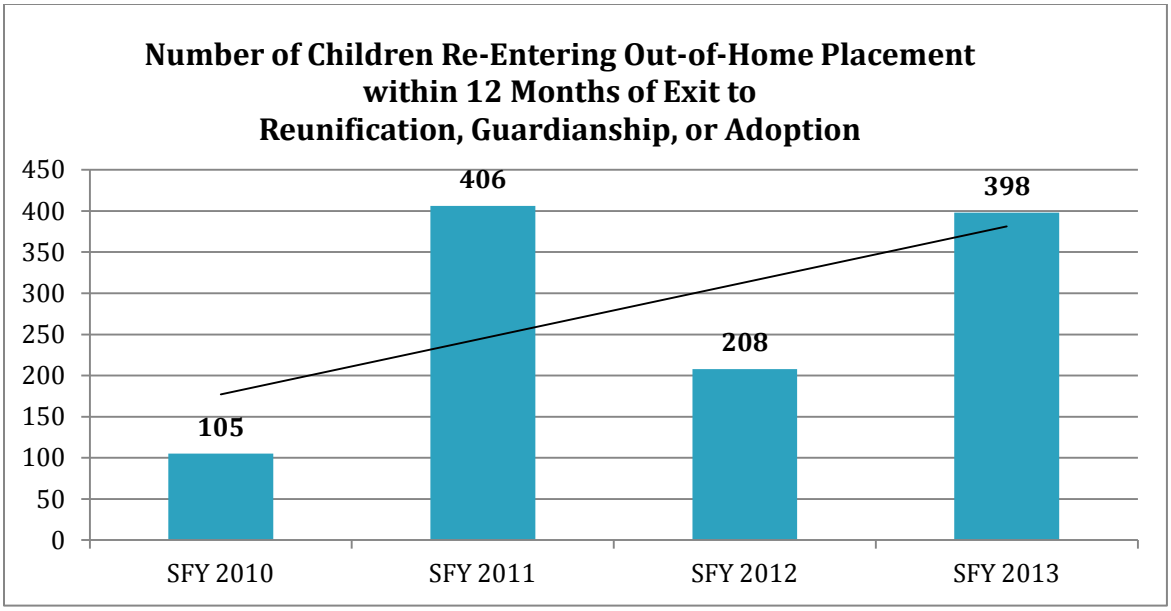


Figure 5: Number of Children Re-Entering Out-of-Home Placement

Data Source: MD CHESSIE

These data suggest that a flexible, individualized, comprehensive service array while in Out-of-Home Placement and after exit from placement would benefit the child and family and assist in preventing re-entry into out-of-home care.

Intervention(s)

Since 2007 with the implementation of its Place Matters Initiative, DHR has taken great strides in transforming Maryland's child welfare system to a family-centered, child-specific system that serves children in the least restrictive environment possible. Over the next five years, DHR will further its efforts by expanding in-home family supports that provide both prevention and post-permanency services. DHR will collaborate with its sister child- and family-serving agencies and community-based provider organizations in the expansion of services. DHR will also focus on utilization of screening and assessment tools, integration of assessment tools and referrals, and ongoing evaluation.

There is a critical need to create a trauma-informed child welfare system. In addition to expanding the use of trauma-informed screening and assessment tools, Maryland is seeking to infuse this paradigm through a number of workforce development and training initiatives.

In addition to creating a trauma-informed child welfare system, over the next five years DHR plans to continue the implementation Family Involvement Meetings, working with the families earlier, concurrent permanency planning, locating adoptive families, increasing sibling and parent visitation, and providing additional supports when needed.

Implementation Supports

DHR's Provider Advisory Council (PAC) created a trauma workgroup to support the development of a trauma-informed system in Maryland. At the request of the trauma workgroup, in January 2014, the Children's Cabinet's Evidence-Based Practice Advisory Committee convened a meeting focused on building a trauma-informed system of care in Maryland. Reports were provided on many of the individual initiatives already in place in Maryland, including four SAMHSA-funded trauma centers, surveys of providers regarding their capacity to provide specific trauma-informed services, and workforce development activities. The meeting ended with a commitment to moving the work forward through a smaller workgroup that will initially outline Maryland's vision for a trauma-informed system. DHR's participation in the larger Advisory Committee, the trauma workgroup, and Family Centered Practice Oversight Committee, will ensure that the interventions implemented will continue to move the work forward.

Well-being

Goal 3: Strengthen the well-being for all infants, children, and youth

Objective	Measure of Progress	Annual Benchmarks
Children are enrolled in school within 5 days of entering foster care	77% of children entering foster care will be enrolled in school within 5 days	• 2015: 69% • 2016: 71% • 2017: 73% • 2018: 75% • 2019: 77%
Data Source: Maryland State Department of Education		

Overview

Maryland continues to be committed to ensuring that children in out-of-home care have educational stability and achieve positive educational outcomes. As reported in the 2014 Annual Progress and Services Report (APSR) the 2013 statistics for school enrollment was 67%. Nearly all of Maryland quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school.

Intervention(s)

During December 2013 representatives from the Department, Maryland State Department of Education, University of Maryland School of Social Work, and FCCIP attended the Georgetown University's Center for Juvenile Justice Reform Information Sharing Certificate Program. The Information Sharing Certificate Program is designed to enable leaders to overcome information sharing challenges, while respecting laws and other provisions that protect the privacy and other rights of youth and their families. The program provided a

venue through which leaders from the Department, MSDE, University of Maryland School of Social Work and FCCIP, could increase their knowledge about information sharing, develop an action plan (capstone project) for reform, and receive technical assistance to break through barriers that may arise when implementing the reforms.

Currently Maryland has two capstone projects, a major and a minor project. Capstone 1, Sharing Education Data for Children served in Child Welfare and Juvenile Services is considered the "major" project. It is primarily dedicated to assuring that foster care and education data will be shared to help foster children reach their highest educational attainment while complying with existing privacy laws. The Capstone 2, Interagency LINKS (Linking Information to eNhance Knowledge) Project, is considered the "minor project". LINKS is dedicated to dealing with the challenge of making better use of data currently scattered across state and local databases, by safely linking agency databases and creating non-identified analysis files. (More detailed information regarding this project can be found in the Resource Development and Placement Support section of the Service Array)

Implementation Supports

In the future SSA will continue to work with local departments around this issue utilizing similar strategies used to increase the case worker visitation data, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance reviews.

Objective	Measure of Progress	Annual Benchmarks
Children receive services to meet their health/dental needs	Annual Exam: 90% Comprehensive: 75% Dental: 60%	• 2015: 82% (Annual Exam) 63% (Comprehensive) 52% (Dental) • 2016: 84% (Annual Exam) 66% (Comprehensive) 54% (Dental) • 2017: 86% (Annual) 69% (Comprehensive) 56% (Dental) • 2018: 88% (Annual) 72% (Comprehensive) 58% (Dental) • 2019: 90% (Annual) 75% (Comprehensive) 60% (Dental)

Overview

DHR is committed to ensuring that children receive the medical care (physical/mental/dental) that is needed to meet their health needs. As reported in the 2014 Annual Progress and Services Report (APSR) the 2013 statistics are as follows:

- Annual Exam: 80%

- Comprehensive Health Assessment: 50%
- Annual Dental Assessment: 48%

These statistics reflect aggregate data based on worker data entry of medical assessments and should not be considered to be truly reflective of Maryland performance. Nearly all of Maryland quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school and receive their initial and annual health and dental assessments.

Intervention(s)

In determining appropriate medical treatment for children in out-of-home placements, standards are outlined and described in Maryland's regulations (COMAR), The Maryland Healthy Kids/Early and Periodic Screening, Diagnosis, and Treatment (EPDST) Program. Standards for the Healthy Kids Program are developed through collaboration with key stakeholders, such as the Maryland Department of Health and Mental Hygiene (DHMH), Family Health Administration, the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School and the Maryland Department of the Environment. The components of EPDST represent the minimum pediatric health standards. The State of Maryland uses board certified physicians to provide medical services to children in foster care. DHMH is responsible for oversight of all physicians and the collection of medical data on each child and is working closely with the Department for implementation.

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

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

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

Implementation Supports

In the future SSA will continue to work with local departments around the issue of documentation of health care utilizing similar strategies used to increase the case worker visitation data, i.e., MD CHESSIE reports, regional meetings, and Quality Assurance reviews. In addition, the State is currently exploring the possibility of having Medicaid/State

Department of Health and Mental Hygiene (DHMH) data directly shared with MD CHESSIE. This would serve the dual purpose of correcting aggregate data and providing workers with more detailed medical information. This would also eliminate dual data entry work by local department staff and DHMH staff. In lieu of that option, DHR will utilize a data clean-up model that has worked well for other indicators. Exception reports will be developed, with work and supervisor identified, of cases where health data has not been entered into MD CHESSIE, and local departments will be expected to update the missing data. Another area of concern is that some regions continue to struggle to have adequate dental resources in their areas. DHR will continue to work with DHMH and other stakeholders to address this issue.

Section IV. MARYLAND'S SERVICE ARRAY

As an extension of SSA's Service Array and in collaboration with Maryland's Children's Cabinet the state will be developing a revised strategic plan aimed at ensuring the short- and long-term well-being of children and their families through the identification and provision of quality services in a timely manner and in keeping with best practice models. The plan seeks to inform a process of reshaping community and residential services so that they are responsive to changes in the population, able to serve children and adolescents in their communities, and flexible enough to provide intensive services when needed.

The strategic plan sets out to:

- Provide an overview of existing services to include the strengths and concerns
- Provide and promote program development, education and training for community based and residential providers, child serving agencies and the community;
- Develop or enhance multi-disciplinary, community-based programs and services that span the continuum of care;
- Support programs in under-served areas of the state; and
- Establish and maintain a system of data collection and analysis for the purpose of planning, implementing, and coordinating the development of critical resources.

This revised strategic plan will be the culmination of an intensive, collaborative effort by the Maryland Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of children, youth and families. The Secretaries of the Department of Human Resources (DHR), Department of Juvenile Services (DJS), and Department of Health and Mental Hygiene (DHMH), and the State Superintendent of the Maryland State Department

of Education (MSDE), along with the Executive Director of the Governor's Office for Children (GOC), will be embarking upon an interagency child and family services strategic planning process as part of the Administration's commitment to improving collaboration across organizations and services for children and families

Maryland has a plethora of services available across as detailed in the service array section of this plan. However, the state has gathered limited collective data on a systemic level on service gaps, individualization of services, accessibility, etc. The Cabinet has decided that this will be a part of the focus of this planning and implementation process. Services for children and families must be a collective responsibility across organizations with considerable interagency work occurring on a daily basis through both formal and informal channels.

In particular, the Children's Cabinet has made a commitment to creating and expanding effective community-based services and educational programs and reducing out-of-home placements. In order to accelerate the already decreasing rate of children and youth entering out-of-home placements, ensure effective interventions and positive outcomes for children and families when they are served by the State (regardless of whether they enter out-of-home placement), and reduce the likelihood of children and youth re-entering out-of-home placement, it is critical to understand who the children and youth are who go into out-of-home placement.

DHR will include a detailed summary of the planning process and the strategic plan in the 2015 annual report.

In addition, DHR has identified the populations at greatest risk of maltreatment as children that fall within populations identified in the categories Substance Exposed Newborns, Birth to 5 and Human Trafficking, 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. These populations are identified in more detail in the sections that follow.

Child Protective Services

Child Protective Services (CPS) is a mandated program for the protection of all children in the State alleged to be abused and neglected. Beginning July 2013, Maryland transitioned to a two-track system – Investigative Response and Alternative Response. Child Protective Services screens and responds to allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. It also provides services designed to stabilize a family in crisis and

to preserve the family by reducing threats to safety and risk factors. This program provides an array of prevention, intervention and treatment services including:

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

Structured Decision Making

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

Safety Assessment Training

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

Alternative Response

Beginning July 2013 through July 2014, Maryland implemented its two-track CPS response system, Investigative Response and Alternative Response. As of March 2014, approximately, 35% of all screened in cases are currently being assigned to AR. In the next five years, SSA would like to see approximately 50% of all screened in cases assigned to AR.

From the moment of initial implementation, the Social Services Administration (SSA) began efforts to sustain this practice shift by providing oversight and technical assistance to support and maintain model fidelity, to build staff capacity and provide an AR quarterly newsletter to be disseminated to all State and local partners.

Moving forward, SSA will host monthly conference calls with each Phase to discuss issues pertaining to AR implementation and practice. Technical support will be provided to each county via an annual site visit where staff will revisit their implementation plan, discuss internal policies and protocols and how they support AR practice and philosophy, discuss new partnerships, share information about where families are being referred and identify gaps in service provision. Each county will receive a written report with recommendations after their annual site visit. Maryland will continue to host regional learning collaboratives where AR workers and supervisors convene to talk about what's going well with their practice, supervision and administration. Local department are encouraged to invited stakeholders to the Learning Collaborative. The quarterly AR Newsletter will continue. The newsletter is a vehicle for counties to share articles about their AR practice and the good outcomes they have with families. It also keeps Maryland stakeholders and practitioners informed about national and local AR data. The AR Quarterly Newsletter is shared via email with local departments and partners and posted on the Department's website.

The Child Welfare Academy (CWA) in partnership with SSA will develop 1-day skill training on solution focused, strength-based and family driven assessment tools and strategies. The CWA is also developing a 1-day AR training for new staff.

SSA will host an annual AR statewide meeting. The purpose of this meeting will be to bring AR practitioners, administrators and stakeholders from around the State together to review annual statewide AR data, discuss what's going well and identify areas of practice and policy that may need to be revisited. This meeting will be an opportunity for staff to share information about the tools and strategies they are utilizing to engage families and to complete thorough family assessments. Staff will have an opportunity to participate via a panel discussion or through individual county presentations. SSA will also be working with local jurisdictions to identify a family that has benefitted from an alternative response to participate in this meeting and share their personal experience. SSA will also utilize this meeting to share national AR data with stakeholders.

As needed, SSA will facilitate intrastate immersion visits between counties. This will allow local jurisdictions an opportunity to share with their peers AR strategies that are working well. Staff will identify areas where they need to strengthen staff's capacity to engage families through an Alternative Response. Staff will then be linked to a mentor county where they will visit and shadow staff and observe practice and strategies that enhance and support AR. SSA will also work with local departments to expand their 'services community' is part of the sustainability plan that is the next step in moving AR/IR forward.

SSA will hold quarterly meetings with the AR Advisory Council to discuss AR practice, sustainability, service delivery and policy revisions that may be necessary.

To ensure fidelity to the AR Practice Model, it is imperative that screening of AR cases be consistent across the State. To ensure model fidelity, SSA will provide training for screening supervisors on an ongoing basis and encourage jurisdictions to identify one primary screening decision maker. Other outcomes that SSA will be monitoring is percentage of the family self-referrals to the agency within a 12 month period after being served with an Alternative Response and if there is a secondary report (either by the public or the family), how much time has elapsed between referrals.

Human Trafficking Initiative

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

In-Home Services

In-Home Family Services are family preservation programs available within the Local Departments of Social Services. These programs are specifically identified for families in crisis whose children are at risk of Out-of-Home Placement. Family preservation actively seeks to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment.

Maryland provides three programs under In-Home Services continuum: Services to Families with Children-Intake (SFC-I), Consolidated In-Home Services (CIHS) 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 family's self request for service. CIHS are cases referred from CPS, both Investigative Response (IR) and Alternative Response (AR), or SFC-I where additional work is needed to bolster a family's protective capacities to improve safety and reduce risk. IAFP is similar except that referrals can come from other child serving agency and the child must be at high risk for Out-of-Home Placement. Additional detail on these programs is found below in this section.

Consolidated In-Home Services

The Consolidated In-Home Family Services program is designed to provide comprehensive, time-limited and intensive family focused services to a family with a child at-risk for maltreatment. The purpose of Consolidated Services is to promote safety, preserve the family unity, maintain self-sufficiency and assist families to utilize community resources. In-Home services are in-home and community-based. Based on the local jurisdiction size and staff availability, the In-Home Services staff may consist of a worker or a worker and family support worker team approach to serving the family.

Interagency Family Preservation Services

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

Substance-Exposed Newborns

SSA is required to monitor the implementation of the new substance-exposed newborn law (Family Law§ 5-704.2) that went into effect October 1, 2013 and to provide two reports to the Governor and legislature on or before October 1, 2014 and October 1, 2015. The reports must include the number of safety and risk assessments completed on families of substance-exposed newborns; the outcomes of the assessments conducted; the number of mothers referred to substance abuse treatment; and the number of cases involving substance-exposed newborns that result in a termination of parental rights. Going forward, particular attention will focus on data collection and management: improving consistency in information reported by the hospitals to the Local Departments of Social

Services; and improving the way data is stored and retrieved in MD CHESSIE. Close monitoring will inform evaluation of current policy and practice as well as potential need for training and cross training; barriers and gaps to behavioral health services for mothers; and improved collaboration with health care practitioners and hospitals. Efforts will also continue to organize a workgroup across disciplines (child welfare, maternal and child health, behavioral health, and the medical community) to develop a more integrated and coordinated response to the problem of perinatal substance use and its impact on the safety, permanency, and well-being of children and families.

Birth Match

In October 2009, the bill referred to as Birth Match became law. This Department is required to provide the Department of Health and Mental Hygiene (DHMH) with an updated list of parents who had their parental rights terminated within the past five years and who have a finding of child abuse or neglect connected to the TPR. DHMH, Vital Statistics, matches the names against a list of parents with newborns and advises the Social Services Administration (SSA) of any matches. SSA in turn notifies local departments of the match. SSA is required to monitor the implementation of the new substance-exposed newborn law (Family Law§ 5-704.2) that went into effect October 1, 2013 and to provide two reports to the Governor and legislature on or before October 1, 2014 and October 1, 2015. The reports must include the number of safety and risk assessments completed on families of substance-exposed newborns; the outcomes of the assessments conducted; the number of mothers referred to substance abuse treatment; and the number of cases involving substance-exposed newborns that result in a termination of parental rights. Going forward, particular attention will focus on data collection and management: improving consistency in information reported by the hospitals to the Local Departments of Social Services; and improving the way data is stored and retrieved in MD CHESSIE. Close monitoring will inform evaluation of current policy and practice as well as potential need for training and cross training; barriers and gaps to behavioral health services for mothers; and improved collaboration with health care practitioners and hospitals. Efforts will also be continued to organize a workgroup across disciplines (child welfare, maternal and child health, behavioral health, and the medical community) to develop a more integrated and coordinated response to the problem of perinatal substance use and its impact on the safety, permanency, and well-being of children and families requesting contact be made with the family to assess for risk and safety issues and the offer of supportive services. Local departments are required to respond to the central office with what was found and any service provided.

Out-Of-Home Services

Foster Care Services

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

Time-limited reunification services using concurrent permanency planning to reunite with the birth family within 12 months of the placement or to pursue a permanent home for the child. Permanency planning options that are considered in order of priority:

- Reunification with parent(s)
- Permanent Placement with Relatives (includes guardianship or custody)
- Adoption (relative or non-relative)
- APPLA (Another Planned Permanency Living Arrangement)

Reunification

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

The Child and Adolescent Needs and Strengths (CANS)

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

- ***To support decision making, including level of care and service planning***
  The CANS is used by child and family teams to develop more individualized and ultimately more effective treatment plans and service plans. Additional decision support applications can be integrated into Family Involvement Meetings (FIM) at intake and change of placement. Algorithms can be localized for sensitivity to varying service delivery systems and cultures. An algorithm for Maryland has been developed (to be implemented in FY2015), using dimensions of functioning to determine differences in level of service needs:

  - Severity of mental health symptoms
  - Level of risk to safety of youth and others, including flight risk
  - Level of adaptive functioning (i.e., daily living activities)

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

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

Adoption

The goal for Adoption Services is to develop permanent families for children who cannot live with or safely be reunited with their birth parents. Maryland's Adoption Services will continue to assist Local Departments of Social Services and other partnering adoption agencies in finding adoptive families for children, especially older youth, in the care and custody of the State. The range of adoption services includes study and evaluation of children and their needs; resource parent recruitment, training and home study, child match and placement, and post-adoption support.

The adoption program also includes mediated "open" adoption when it is in the child's best interests; the Mutual Consent Voluntary Adoption Registry; the Adoption Search, Contact

and Reunion Services (ASCRS); the Post Adoption Services Permanency Program, (which provides limited funds for families when the adoption is at risk of disrupting); the Adoption Assistance Program; Title XX Child Care Reimbursement; and the Non-recurring Adoption Expenses Reimbursement. Maryland's child welfare services continue to emphasize concurrent permanency planning, and dual approval of resource homes to increase the number and timeliness of adoptions of children in out-of-home care.

Additional planning for the next 5 years includes the following.

(1) Adoption Best Practices/Child Matching Conferences will focus on intensification of matching of resource families with youth needing resource families for adoption through matching conferences. Collaboration will involve SSA, local departments and resource families. Planning will begin early in SFY 2015.

(2) Ongoing Adoption Assistance Policy Training on an annual or semi-annual basis. Collaboration will involve DHR/SSA, local department staff having expertise with adoption assistance, and the DHR assistant attorney general assigned to the Out-of-Home Placement Program.

(3) Adoption Search, Contact, and Reunion Trainings. Annual initial and refresher training for confidential intermediary certification will involve collaboration between DHR/SSA and the private agency confidential intermediaries on training. Public and private agency staffs will continue to serve as trainers.

Guardianship Assistance Program

DHR/SSA supports permanency for children and recognizes that sometimes neither parental reunification nor adoption best serve the permanency needs of a child. When a child cannot be reunited with parents and adoption of the child is not possible or not in the best interest of the child, the next priority for permanency is legal custody and guardianship to a kinship guardian. Legal custody and guardianship means that an adult, other than a legal parent of the child, is legally responsible for the child and the local department's commitment order is rescinded. Receiving legal custody and guardianship of a child may be a financial hardship for many kinship caregivers. The Guardianship Assistance Program allows kinship caregivers to assume a guardianship while receiving subsidy payments, thus minimizing State intervention. By subsidizing guardianships, DHR/SSA believes it can accomplish the goals of legal permanency and family responsibility for children in the custody of the State.

Ready By 21

Overview

Nearly half of the youth in care in Maryland are between the ages of 14-20, with almost 30% of youth in care ages 18-20. This cohort of youth presents unique needs as they prepare to transition from foster care to young adulthood. Ready by 21 is Maryland's initiative to ensure that youth are prepared for the transition into adulthood. Focusing on the five core areas of housing, education, finances, health and mentoring, Ready by 21 provides a framework and key strategies that are implemented at the local level by the LDSS and their community partners. Ready by 21 is designed to ensure that youth have the necessary skills and resources to integrate back into their homes and communities when they reunify with their families or to be successful if they emancipate from care at age 21. Youth eligibility requirements are set forth in Maryland's regulations (COMAR 07.02.11 and 07.02.10).

Maryland has been innovative in its work with transition age youth, recognizing that the supports that are provided to youth ages 14-17 impacts their permanency and well-being as they move into adulthood. For over 25 years, Maryland has allowed and encouraged youth to remain in care past age 18 if they do not reunify or enter adoption or guardianship status prior to age 18.

Maryland's primary goal in the delivery of Ready By 21 is to prepare youth for the transition to independence, to encourage higher education or vocational attainment, and to solicit their advocacy on behalf of other youth in the foster care system. This goal is accomplished through the implementation of an array of services for all foster care youth ages 14 up to their 21st birthday.

DHR is working collaboratively to engage stakeholders and partners in both the public and private sectors to ensure that youth are provided with the opportunity to achieve these outcomes. Outlined in Ready By 21 are 5 Key factors:

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

Transitional planning for youth must begin at age 14 regardless of the youth's living arrangement or permanency plan. The plan must include: the agreed upon steps to be taken to meet the goals; the youth's responsibility for aspects of the plan; the responsibility

of the agency and other persons who will assist the youth to accomplish those steps; the date of the plan; the date when the plan was reviewed or updated; and signatures of the youth, Local Department of Social Services (LDSS) representatives, and other participants responsible for the plan and activities.

During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth acquire skills and overcome barriers to complete school, obtain and maintain gainful employment, find adequate and affordable housing, find a connection and access health and mental health care. A resource tool for youth to use during the transition planning process is The National Resource for Youth Development Youth Leadership ToolKit.

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

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Plans for Next 5 years include:

- Provide continuous trainings and technical assistance to local departments of social services and Ready By 21.
- Provide State living skills trainings to youth on Ready By 21 benchmarks.
- Revise the Maryland Transitional Plan.
- Continue to work with the National Resource Center for Permanency and Family
- Connections on receiving Training and Technical Assistance to provide guidance to Maryland to ensure that the unique needs of the Lesbian, Gay, Bi-Sexual, Transgender, Questioning (LGBTQ) youth are being met in the child welfare system.
- Host a State wide older youth summit for youth 18-21 years old
- Develop a savings plan for youth aging out of foster care

Chafee Foster Care Independence Program (CFCIP)

Through the Chafee Foster Care Independence Program (CFCIP) Maryland plans to continue to fund the development and expansion of Ready By 21/ Transitioning Youth Preparation Services. Over the past 5 years Maryland has reinvented and expanded services provided to older youth in Out-of-Home Placement. The Ready By 21 Services evolved since 2010 provided transitional youth services for youth 14-21 years old regardless of permanency plan or living arrangement. The purpose of the Ready By 21 Services is to prepare youth exiting the foster care system for self sufficiency. Approval of

the IV-E plan (inclusion of 18-20 year old youth as IV-E eligible youth) and the passage of Enhanced After Care have allowed Maryland to utilize IV-E funds to support the older youth's maintenance costs, thereby allowing Maryland to utilize CFCIP funds for targeted services aimed at transitioning youth, rather than room and board expenses. Maryland will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Ready by 21 Survey

In an effort to better serve youth (14-21 years old) in Out-of-Home Placement and track outcomes for youth exiting the foster care system, DHR/SSA developed the "Ready by 21 Survey".

The survey will assist in tracking each youth's readiness for independence and improve future services for youth. The survey is completed 30 days prior to the youth's 21st birthday. DHR/SSA sends out a report of youth exciting care at age 21 that need to complete the survey. The Ready by 21 survey is a tool for DHR/SSA to identify areas of improvement for services.

In the next five years Maryland will continue to expand and explore innovative strategies to support our older youth population. In addition to AIRS and Thrive@25 Maryland will explore expanding housing options with our Independent Living programs. Maryland will develop a State Saving Plan, matching savings and connecting saving to accomplishing bench marks, (i.e. high school diploma, GED, state identification/drivers license, etc.) and host statewide older youth summits for 18-21 year olds to provide workshops on topics that will assist them to transition to adulthood.

Life Skills Assessment

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

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

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

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

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

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

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

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

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

DHR/SSA Responsibilities

- On an annual basis, DHR/SSA will provide the Local Department of Social Services (LDSS) with consumer credit reports for youth ages 14 to 17 in Out-of-Home Placement.
- DHR/SSA will access MD CHESSIE on a monthly basis to process consumer credit reports for all new youth age 14 to 17 entering care.

- The Assistant Director of Services in the LDSS will receive an encrypted email with a copy of the youth's consumer credit reports upon availability.
- If the credit issue(s) cannot be resolved by the caseworker and youth within 6 months in consult with the CRAs, then the matter may be referred by the Assistant Director of the LDSS to DHR/SSA for review and assistance.

Youth Age 18 to 20

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

Once consumer credit reports are received the LDSS shall:

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

Youth Engagement Model

As an extension of family centered practice and sustainability planning, Youth Matter is a component of the statewide Ready By 21 initiative to focus on understanding the process and importance for actively engaging and teaming with youth. Maryland recognizes that youth are an expert on their lives; therefore youth must be considered partners in the child welfare decision making process.

Starting in 2011 Maryland began piloting Youth Matter in four jurisdictions; statewide implementation began in July 2012. As of June 2014, Youth Matter will have been implemented in 18 jurisdictions; all 24 jurisdictions will have implemented Youth Matter by June 2015.

The implementation process takes approximately six months and includes:

- Training for local department youth on how to share their expertise with LDSS caseworkers for a panel
- Training for LDSS casework staff on youth engagement

- Monthly training and technical assistance from SSA
- Developing an implementation plan
- Holding a Kick Off Event

Each local department or region's implementation plan must address the following goals.

- Build an Implementation Team & Sustaining Community Partnerships
- Develop a Communication Plan
- Data Review
- Permanency Planning
- Enhanced Policy & Practice Development

The implementation strategies continue to include Family Involvement Meetings (FIMs), local and state youth advisory boards, as well as youth panelists for community events and local youth engagement training classes. As Youth Matter rolls out across the state, Maryland will continue to encourage local departments to provide appropriate outreach and education to community partners and providers on their role in youth engagement as all partners must work together to meet the needs of Maryland youth.

State Youth Advisory Board

The State Youth Advisory Board (SYAB), also known as MY LIFE (Maryland Youth Launching Initiatives for Empowerment), consists of a diverse group of youth current and former foster youth from across the State of Maryland. The purpose of the SYAB is to provide a vehicle in which information about the Transitional Youth Services Program can be gained and recommendations for improvements can be made. The board serves to empower youth to have a positive effect in their communities, encourage youth to develop skills necessary for independent living and leadership development, assist in the planning of the annual teen conferences and review State and Federal legislation that may affect them. The SYAB under the leadership of the State Independent Living Coordinator and support of local independent living coordinators coordinate the Annual Teen Conference. The annual teen conference provides an opportunity for youth, ages 14 -18, to develop new friendships (or rekindle old ones), explore available resources, and become involved in advocacy. The State plans to continue the Youth Advisory Board over the next five years.

Ready by 21 Demonstration Project

The Department of Human Resources (DHR) partnered with a non-profit organization AIRS/Empire Homes (AIRS), to demonstrate the effectiveness of the RB21 model,

delivering services to 35 transitioning foster youth under the jurisdiction of the Baltimore City Department of Social Services and the Baltimore County Department of Social Services, over a 12 month period.

AIRS is a HUD grantee that provides rental assistance and scattered site housing, as well as supportive case management, with the goal of strengthening self-sufficiency. AIRS assists participating youth with finding secure housing, while overseeing an integrated transitional service plan that pulls multiple agency resources together to prepare the youth for a successful transition to adulthood.

Participating youth must have a minimum of six months left in care prior to age 21. Services delivered during the remaining six months are provided by AIRS and take place while the youth are no longer in care in an effort to test the effectiveness of the services designed to prepare those youth for transition. Under the model, AIRS refers youth to housing using the Semi-Independent Living Assistance (SILA) funding to cover costs for the duration of the youth's time in care. As the youth prepares to exit care, AIRS, the assigned DHR independent living coordinator (ILC), and case worker assist the youth to explore housing options, which may include remaining in the unit.

The funding provided by DHR to AIRS as part of the contract is to be used to the cover costs associated with securing and maintaining housing after the youth exits from care, while AIRS will apply its HUD-funded subsidies (i.e. Shelter Plus CARE) to maintain housing for those youth who qualify.

Since October 2013, 50 youth have been screened and 31 accepted into the demonstration project, with 12 having moved in to units operated by AIRS as of April 15th 2014. The units range from efficiencies at AIRS' Restoration Gardens project-based Section 8 apartment community for Transition Aged Youth (2 youth have moved in, 7 are in process at Section 8) to one, two and three bedroom units with private landlords; rents are targeted to demand no more than an individual contribution of $550 from each occupant. Youth receive mandatory services focused on workforce preparation and development, and job placement through GEAR (Growth, Empowerment, Advancement, Recognition- AIRS' workforce development program) immediately following acceptance into the demonstration. This work is essential to the goal of assisting youth in obtaining living wages to maintain the units selected for them beyond the life of the demonstration. A Housing Case Manager is assigned to guide the development of the transition plan and coordinate services amongst an existing support system and to make connections to resources where gaps exist.

The RB21 demonstration is creating exciting new opportunities in Maryland:

1. DHR will be creating a carve-out in its homeless services program for long-term housing support for youth exiting care. This $500,000 allocation will support the launching the Ready by 21 (RB21) Housing Fund, beginning July 2015.

2. Maryland is exploring a partnership with the Mission Asset Fund (MAF) to replicate its "lending circle" model, a strategy that provides zero-fee, zero-interest credit-building social loans to target populations. The strategy allows youth to borrow funds, at no interest, from MAF to cover security deposits/initial rent. The funds are repaid during an agreed upon period. During that time, the youth receive financial literacy services and their repayments are reported to the credit rating agencies, allowing them to establish credit. The initiative partners would lend their expertise to support this effort:
    - AIRS: housing and supportive services
    - Maryland CASH: financial literacy
    - DHR: RB21 Housing Fund

It is hoped that the initial investments will be eventually complemented by HUD subsidies and philanthropic funds. The lending circle strategy will provide the partners with an opportunity to expand the resources provided under the RB21 Housing Fund.

Thrive@25

In partnership with the Maryland Department of Human Resources (DHR), Talbot County Department of Social Services, and the National Center on Housing and Child Welfare (NCHCW), The Institute for Innovation & Implementation at the University of Maryland School of Social Work was awarded a grant from the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF). The two-year planning grant, called Thrive@25, will help to demonstrate and evaluate key components of DHR's Ready by 21 efforts and develop a comprehensive and coordinated approach to preventing and solving the issue of homelessness among youth in the Mid-Shore counties, with particular focus on youth who identify as Lesbian, Gay, Bi-Sexual, Transgender, Questioning (LGBTQ) and issues associated with rural homelessness. Thrive @25 provides an opportunity to leverage the work that has been done in Maryland to prevent and end youth homelessness and ensure that all youth enter adulthood with the necessary skills, resources, and supports to be successful.

Semi Independent Living Arrangement (SILA)

Semi Independent Living Arrangement (SILA) provides youth ages 16-21 an opportunity to learn and practice independent living skills and activities. The youth is placed in an approved setting, such as an apartment and receives monitoring and supportive independent living preparation skills. Youth specific tasks should be included in the independent living service agreement and transitional plan of the youth while they receive services from the Local Department of Social Services.

A youth residing in a SILA may live on their own or with a roommate(s). The roommate(s) does not have to be another foster youth. Youth over the age of 18 can cohabitate with their significant other as long as the other party is able to pay their share of the bills. The

caseworker shall use discretion prior to approving cohabitation. The youth shall be in a stable relationship free of any history of domestic violence.

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

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

Independent Living After Care Services

Maryland offers after care services to former foster youth who were in care on their 18th birthday and left care prior to age 21 or who were adopted or achieved kinship guardianship after age 16. This applies to former foster care youth from other states currently residing in Maryland. Upon request for services, an assessment is conducted and a service case is opened for youth. Aftercare services are designed to be short-term and individualized to meet the youth's needs. Aftercare services can include:

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

For many years Maryland provided extended foster care eligibility up to age 21, however, many youth still left care prior to age 21, even though independent living aftercare services existed to provide support to youth who exited care prior to 21.

As of August 2014, 685 youth exited care between the ages of 18-21, of this 582 exited on their 21st birthday. This data shows that youth are remaining in foster care after 18 years

old and taking advantage of the services provided to help them become self sufficient adults. After the age of 18 approximately 65% of youth are residing in Semi Independent Living Arrangements (SILA) or Independent Living Programs. These programs allow the youth to practice living independently with supportive and case management services from the local department. Services are tailored to the youths needs however support services include mental health, education and employment. Youth that have developmental disabilities are provided the same type of service including life skills trainings however they are altered to meet the youth needs. DHR will continue to work with local departments to raise the percentage of youth living in SILA or Independent Living Programs to 90% of youth that are developmentally and emotionally able to participate in this living arrangement.

Enhanced After Care Voluntary Placement Agreement

On October 1, 2013, "Voluntary Placement for Former Children in Need Of Assistance (CINA)" was enacted. The law permits a former CINA who exited care after the age 18 but before age 20 years and six months to re-enter care via a Voluntary Placement Agreement. The youth must not have exited due to reunification, adoption, guardianship, marriage or military duty to participate. Youth re-entering Out-of-Home Placement through an Enhanced After Care Voluntary Placement Agreement (EA VPA) are entitled to all services provided to youth in Out-of-Home Placement. This legislation allows DHR to access IV-E funding for eligible youth.

As of August 2014, 685 youth exited care between the ages of 18-21, of this 582 exited on their 21st birthday. This data shows that youth are remaining in foster care after 18 years old and taking advantage of the services provided to help them become self sufficient adults. After the age of 18 approximately 65% of youth are residing in Semi Independent Living Arrangements (SILA) or Independent Living Programs. These programs allow the youth to practice living independently with supportive and case management services from the local department. Services are tailored to the youths needs however support services include mental health, education and employment. Youth that have developmental disabilities are provided the same type of service including life skills trainings however they are altered to meet the youth needs. DHR will continue to work with local departments to raise the percentage of youth living in SILA or Independent Living Programs to 90% of youth that are developmentally and emotionally able to participate in this living arrangement.

National Youth in Transition Database (NYTD)

Maryland continues to participate and make progress in improving its process to collect NYTD data.

In the efforts to inform youth about NYTD DHR has dedicated a page on the mdconnectmylife.org website which provides youth information through three simple

questions: What is NYTD? Why is it important? Why should I complete NYTD? The importance and results of NYTD will continue to be discussed at various times throughout the year with the State Youth Advisory members emphasizing the input DHR receives from youth is essential to understanding the needs of youth leaving foster care and areas that can improve so youth have better outcomes. NYTD workshops will be held at the Annual Teen conferences to educate youth on the importance of their role in NYTD.

NYTD data is distributed and discussed twice a year in order to evaluate the services provided to youth in Maryland's foster care system. The data is reviewed by local departments' supervisors and administrator during the Out-of-Home Placement Managers meeting and Regional Supervisors meetings which occur twice a year. During these meetings a discussion is held about how Maryland can improve in the areas that show weakness. The data is also discussed and reviewed at the State Youth Advisory Board (SYAB) meetings. At the SYAB meetings, youth are able to provide feedback on areas where services can improve. Once areas of concern are identified local department staff then enhance the life skills classes and trainings that will positively impact the data. Maryland will continue to explore additional ways to close the gap in addressing the weak areas identified in the data.

In addition to sharing with the local departments DHR shares NYTD results with the Child and Family Services Advisory Board members; representatives include; Foster Care Court Improvement, Advocates for Children and Youth, Maryland State Department of Education, Department of Health and Mental Hygiene, etc.

To keep connected with youth after they exit care LDSS staff are being asked prior to the youth exiting to make sure the youth's contact information (address, cell phone number and email address) are all updated in the case record. Other strategies Maryland is exploring are to have the youth create a profile on the website mdconnectmylife.org, create a NYTD Club, send birthday cards and use social media.

Resource Development and Placement Support Services

The Resource Development and Placement Support Services unit of DHR/SSA is responsible for services related to the recruitment and retention of resource families; identifying and developing strategies to improve the array of services available to support children and families in achieving safety, permanence and well-being, which includes education and health; provide technical assistance to local department for resources for difficult to place children; and monitoring the placement of children in out-of-home care placed out of state.

Resource Homes

Foster and Adoptive Parent Licensing, Recruitment and Retention

Maryland's COMAR clearly outlines the requirements for the approval and licensure of foster family homes and child care institutions. Public foster homes are monitored by the Local Departments of Social Services who study and approve the homes.

Maryland law requires State and federal criminal background investigations and Child Protective Services Clearances, as mandated in COMAR 07.02.25.04, of applicants seeking approval as resource parents and as employees at specified facilities that care for children. Before a resource home may be approved, an applicant and all household members 18 years and older must undergo a State and federal criminal background investigation. Once the resource home is approved, if any new members 18 years or older join the household or if any household member turns 18, they shall apply for a criminal background investigation within 30 days of their 18th birthday or of moving into the household. The department may not approve or continue to approve as a resource home any home in which an adult in the household:

(1) Has a felony conviction for child abuse or neglect, spousal abuse, a crime against a child or children including child pornography, or a crime of violence including rape, sexual assault, human trafficking or homicide, but not including other physical assault or battery;
(2) In the 5 years before the date of application, has a felony conviction involving physical assault, battery, or a drug-related offense.

The local Director shall review charges, investigations, convictions, or findings related to any other crime(s) of any household member, to determine the possible effect on:

(1) The applicant's ability to execute the responsibilities of a resource parent;
(2) The ability of the local department to achieve its goals in providing service to children in care; and
(3) The safety of children in out-of-home care.

Based on this review, the local Director has the authority to approve, deny, suspend, or revoke resource home approval.

Before a resource home is approved, the local department shall request information from the child abuse and neglect registry maintained by any state in which an applicant or another adult in the household has lived within the past five years to determine whether an individual in the household has a prior finding of abuse or neglect. If the review of the records reveals a pending investigation, a decision may not be made as to the use of the home until the investigation is complete.

The department may not approve or continue to approve as a resource home any home in which an individual has an indicated child abuse or neglect finding, unless a waiver is granted in writing by the local Director.

DHR/SSA developed a Resource Home Quality Assurance (QA) process which is managed through MD CHESSIE. The Resource Development and Placement Support Services unit conducts these reviews of approved resource (foster and pre-adoption) homes. These reviews focus on compliance with safety regulations and policies to ensure standards are being applied consistently across the State. The following areas are the focus of the review: timeliness of home studies, resource parents' annual training, health and fire inspections, medical evaluations, federal and state criminal background checks and CPS clearances. Corrective action plans will be developed by local departments to address any issues determined out of compliance during the QA review.

Child care institutions (group homes and child placement agencies) are monitored by DHR/Office of Licensing and Monitoring. They are regularly reviewed by the assigned Licensing Monitor to ensure that the child care institutions are following COMAR. A spreadsheet is submitted by CPA providers by the 10th of every month. The information on the spreadsheet pertains to all household members of each CPA home regarding CPS, federal and state clearances. If an institution is found to be out of compliance, they are required to submit a corrective action plan. If they continue to be out of compliance, they may be denied any further placements and face licensure or contract sanctions.

Strengths

Local Department of Social Services staff monitors the resource homes which are approved by them. They consistently follow the requirement to complete the Child Protective Services (CPS) clearances and federal and state criminal background checks. Of the 57 cases reviewed from May 2013 through November 2013, all of the CPS clearances and criminal background checks had been completed timely for all members of the household 18 years and older. In preparation for the IV-E audit, a 100% review of the resource homes was begun in May 2014. Thus far, there continues to be evidence that LDSS are in compliance with CPS clearances and criminal background checks.

The Office of Licensing and Monitoring is responsible for ensuring that group homes and child placement agencies are in compliance with the safety requirements. They have strict guidelines in place to ensure compliance and sanctions if they are found to be out of compliance.

Concerns

One area which continues to be a problem is that LDSS staff does not scan the documents for the criminal background check into the file cabinet in MD CHESSIE. They maintain the hard copies in the paper file. Also in those instances, where the local department Director has approved an exception for a home where there was a prior CPS finding or criminal background check, the written documentation of the approval must also be placed in the file cabinet. Central office staff will continue to work with LDSS and provide them with technical assistance to ensure that they place all documentation into the file cabinet.

Foster and Adoptive Parent Diligent Recruitment Plan

Maryland will continue in its efforts to recruit resource parents for teens, sibling groups and medically fragile children. Gains have been made in this area, especially through educating and providing supports to current resource parents, the need still exists. Older youth account for 52% of the out-of-home population. There also continues to be a need for recruitment of minority resource parents, in particular Spanish speaking parents. In addition, local departments in certain areas have been asked to address how they will recruit for Native American resource parents. DHR/SSA staff provides technical assistance to local on the development of their recruitment and retention plans.

Local Departments of Social Services are required to submit to DHR/SSA their recruitment and retention plans annually. These plans update the State on their progress in the recruitment of new resource homes and their current needs. Also included is specific information of the ages and ethnicities of children in care and the number of current resource homes for those children. From this information local departments choose strategies targeted at finding families for the children in need of homes in their jurisdiction. These plans are reviewed and approved by staff at DHR and funding is allotted to assist with the strategies outlined. The recruitment and retention plans must indicate what activities the local departments will plan to recruit resource parents for older youth and sibling groups or any other resource need identified by them. The plans also identify strategies to assist in the retention of resource homes.

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

- Conduct “Foster-Ware” parties, to raise community awareness of the need for homes for teens
- Engage youth and resource parents of teens in public education activities - gift cards are given as incentives for participation
- Maintain updated local department website that focuses need for foster/adoptive families for teens
- Utilize young adults who are currently involved in the Independent Living Program to recruit foster families for older children. Also include young adults who have successfully aged out of foster care; $50 stipend per child per event

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

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

Heart Gallery for Adoptive Homes

To help Maryland youth find permanent families DHR/SSA will collaborate with Adoptions Together on the Heart Gallery, a traveling photographic exhibit created to find forever families for children in foster care; the photographers volunteer their time and services. Adoptions Together Heart Gallery currently exhibits approximately 40 foster youth 50 weeks per year throughout Maryland, Virginia and DC. Featuring youth in the Heart Gallery will provide Maryland with another strategy to identify adoptive families for youth in need of a family.

Interstate Compact on the Placement of Children (ICPC)

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.

Education

Education Stability

Improving educational stability and educational outcomes for children and youth in Out-of-Home placement continues to be a major priority for the Department of Human Resources (DHR). The Department will continue to collaborate with Maryland State Department of Education (MSDE), the Maryland Foster Care Court Improvement Project (FCCIP), and the Department of Juvenile Services (DJS) to improve education stability for children in Out-of-Home Placement.

Local Departments of Social Services must ensure that, within 5 school days of being placed in Out-of-Home Placement, a child of school age is attending school, unless this is unattainable for reasons outside the control of the local department. A best interest determination must be made by the local department in consultation with the local education agency as to whether the child in the custody of, committed to, or otherwise placed in Out-of-Home Placement should continue their education at the school last attended prior to the most recent change in placement. Some of the factors to be considered are:

- The child's age;
- The school which the child's siblings attend;
- The child's experiences at the school the child last attended;
- The child's academic needs;
- The child's emotional needs;
- Any other special needs of the child;
- Continuity of instruction;
- Length of expected stay at current placement;
- Likely location of the child's current and permanent placement;
- Time remaining in the school year;

- Distance, time, and complexity of commute and the impact it may have on the child's education and other child-centered, transportation-related factors; and
- The safety of the child

Court Collaboration

The Department continues to collaborate with MSDE, and FCCIP to provide training regarding educational stability. Currently, the Department is collaborating with MSDE and FCCIP to provide an "Improving Educational Outcomes for Children in Foster Care Summit", November, 2014.

One of the goals of the summit is to have jurisdictions work together and develop an action plan for their jurisdiction that will improve educational outcomes for youth in foster care in their area. The summit is designed for judges, masters, court personnel, pupil personnel workers (PPWs); LDSS case workers, attorneys, foster parents, and Court Appointment Special Advocates (CASA).

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

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

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

Georgetown Project

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

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

- *Promote Continuity at School* - Both caseworkers and school staff should work together to keep foster children placed in their school of origin or home school rather than placing them into different schools when residential placement has changed.
- *Facilitate School Support* - Local schools should assure that they know who has education decision rights for the foster child (may be the parent, or the Local Department of Social Services), and who is the parent surrogate for special education decisions if the parents of foster children with IEPs (Individualized Education Programs) have had their parental rights removed. These are critical people in the lives of foster children; both the school and Local Departments of Social Services should know and work closely with these adults to support the foster child in school.
- *Provide Classroom Encouragement* - Teachers, within the limits of confidentiality and applying appropriate discretion, should provide encouragement to foster children in their classrooms, and adjust academic assignments/activities in order to be sensitive to foster children. Teachers sharing information with the case worker and foster parents provide an opportunity for the important adults in the foster child's life to work together to help the child to be engaged in school, which helps to assure academic success.
- *Provide Extracurricular Opportunities* - There may be sports, music, arts, dance, chess, scouts, or other extracurricular interests that foster children should have

support to experience, based on their interests. Children need to do well in school, and they need to have extra experiences, whether team-oriented or personally challenging, that fulfills expression and meaning in their developing lives. Extracurricular activities also provide foster children an opportunity to form an important adult relationship (through a coach, teacher, or trainer) that provides additional support and validation for a foster child.

- *Planning for the Future* - Having accurate information about foster children's progress at school will help both the schools and the caseworker to encourage foster children to be thinking about the future, to be planning for college or for a career and technology track that provides a solid path to the future.

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

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

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

Education and Training Voucher (ETV) Program/Tuition Waiver

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

The Department follows the following methodology to ensure that there is no duplication in the awards of ETV.

- The Department is responsible for determining if the youth is eligible for ETV once they make application through Foster Care to Success (FC2S). The application process requires the youth to indicate if they are a new applicant or a returning student.
- FC2S prepares the list of applicants for the Department. The 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.
- Once, the Department determines eligibility, the list of eligible youth is forwarded back to FC2S and FC2S works with the youth and the public institution regarding the amount of ETV award that will be provided.
- FC2S collects data from the application process and provides the Department information regarding the total number of applicants, the total number of funded students; the number of funded students that were new applicants, and the funded students that were returning students for each school year.

Prior to FC2S issuing an ETV award, as part of the application process for ETV, the Financial Aid Office at the public institution that the youth is attending must complete a "Financial Aid Release Form" (Appendix D). This form is to be completed each time that the youth makes and application 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.

The State will continue to collaborate with the FC2S to ensure that eligible youth are able to access the funds to further their education. In addition to fiscally managing the MD ETV Program, FC2S provides a comprehensive support program that combines academic coaching and support, volunteer mentors, care packages, career guidance and targeted coaching for seniors prior to graduation. FC2S has a program entitled InternAmerica. InternAmerica is a six week summer program that places MD ETV students in prestigious

internships in Washington, D.C. as well as internships closer to home, and support them through the experience. Those students who participate in the internships also attend professionally led seminars that help prepare them for the transition from student to young professional. The seminars cover topics such as: Human Resource issues, working with colleagues and supervisors, managing workplace expectations, financial decision-making, networking, personal empowerment, and communications training. A designated staff person works directly with the FC2S in determining eligibility, providing technical assistance and training to youth, local departments and community partners. The goal of the FC2S is to help MD ETV recipients identify an achievable education and career goal and work towards success whether it is through a traditional four year program, an associate degree, or a technical certificate. All of their services are geared to complement the Chafee Independent Living program and provide a continuum of State services that help youth become educated, trained and ready to enter the 21st Century workforce. The outreach and partnership with FC2S as well as the State's Tuition Waiver program, which is administered through Maryland Higher Education Commission (MHEC), assists the state in ensuring that youth receive any postsecondary education assistance available.

Maryland Tuition Waiver

In addition to the ETV, Maryland will continue to provide a waiver of tuition for certain youth in, or formerly in, out-of-home care attending a Maryland public institution of higher education. The waiver is applied to the cost of tuition and registration as well as all fees that are required as a condition of enrollment. Scholarships and grants that the youth receives may not be used to pay for these costs. In order to qualify for the tuition waiver, the youth must be placed by a Local Department of Social Services in an Out-of-Home Placement within the State:

- At the time of graduation from high school or successful completion of a General Equivalency Development Examination (GED);
- On the youth's 13th birthday and the youth is placed into guardianship or adopted from Out-of-Home Placement after the youth's 13th birthday; or
- If the youth is the younger sibling of a youth, as described above, and is concurrently placed into guardianship or adoption from an Out-of-Home Placement by the same guardianship or adoptive family.

The Department will continue collaborating with the Maryland Higher Education Commission (MHEC) 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. Over the next five years, Maryland will begin to develop goals around the number of children who graduate from high school and utilize the Tuition Waiver and ETV programs.

Health

Health Care Oversight and Coordination Plan

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

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

Maryland's regulations and policy require that all children in out of home care must have the following:

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

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

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

The policy highlights the following:

- **Monitoring of Health Care Services**

- Upon entry into Out-of-Home Placement:
  - Obtain signature of parent or legal guardian on Consent to Health Care or obtain limited guardianship via Court Order
  - Complete Health Passport and give to caregiver
    - Enroll child in Maryland Maryland Medical Medical Assistance Assistance Plan Plan
  - Ensure child has initial health care screening within 5 days
  - Ensure child has comprehensive health assessment within 60 days
    - If initial screening was a full physical, it qualifies as a comprehensive exam.
  - Mental Health screening within 60 days
    - Can be completed as part of comprehensive health assessment.
  - Complete all screens in MD CHESSIE

- **Ongoing Health Care Requirements**
  - Annual Well Child Examination,
  - Dental Care for children over age 1 every 6 months,
  - Annual Vision Examination,
  - Follow-up appointments as needed based upon the child's needs,
  - Mental Health treatment as appropriate,
  - Maintain Health Passport, and
  - Enter all health information in MD CHESSIE

DHR has learned the importance of collaborating with the sister agencies and the medical profession in order to ensure children in out-of-home care receive the medical services they need. Having the agencies at the table as SSA develops policies, training, and strategies to enhance the health care services are essential. It ensures buy-in from the providers of the services and they feel that they have had a voice in the decisions being made. Another lesson learned is the value of having a dedicated staff person who is the Education and Health specialist for the State. This staff person provides technical assistance to local departments and helps to troubleshoot issue relating to health and education. In addition, they attend meetings; serve on committees; and conducts trainings on education and health.

Over the next five years, Maryland will continue to collaborate with DHMH in the following five areas regarding the health needs of children and youth in out-of-home care:

- Policy and practice
  - Review existing policies and recommend additional policy and practices for health care services for foster youth that utilize Medicaid.
  - Develop a protocol for the appropriate use and monitoring of psychotropic medications among foster youth
  - Refine existing procedures and policies for how DHR will monitor and treat emotional trauma associated with child's maltreatment and removal, in addition to other health needs identified through screening.

    - Further develop the concept of a Medical Home Model for youth in foster care (i.e. Managed Care Organization (MCO) involvement, Primary Care Physician's (PCP) roles and responsibilities and etc.
- Oversight, Coordination and Monitoring of Health Care Services
    - Develop strategies for monitoring, tracking and sharing health care information
    - Draft Concept/Proposal for the implementation of an Electronic Health Passport
    - Develop strategies to expand the Making All The Children Healthy (MATCH) program throughout the State (regionalization of MATCH)
        - MATCH provides medical case management and health care coordination for all children in foster care with the Baltimore City Department of Social Services. Care coordination includes: enrollment in Maryland Medical Assistance and annual redeterminations, coordination of mandated examinations, medical case management by nurses for children with complex medical needs, and etc.
- Data Sharing
    - Develop and execute data use agreements that would allow Medicaid services to share data about whether or not foster youth are getting initial, comprehensive and annual exams as well as profile information to see how foster children are doing health wise compared to the general population. This data will be used to help DHR target additional attention/services/etc to those children who appear to be having health issues as well as inform future policy development.
- Quality Assurance, Outcomes, and Evaluation
    - Review and recommend evaluation tools that will appropriately measure the effectiveness of oversight, coordination, and monitoring of health care services for youth in Maryland's foster care.
- Funding and Legislative
    - Address funding and/or legislative actions that may be needed to ensure proper health care services for Maryland's foster youth.

Trauma-Informed Services

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

Maryland Healthy Kids/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

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

The Healthy Kids Annual screening components include:

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

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

The Department of Human Resources will continue to consult and collaborate with DHMH on issues involving consultation by physicians to ensure all children receive appropriate health care. The Education/Health Specialist at DHR also will work closely with DHMH and with Maryland's Managed Care Organizations (MCO) and Local Department of Social Services health coordinators to ensure effective service delivery.

Maryland's Health Passport

All components of the child's health care are documented in Maryland's Health Passport. Every child in foster care receives a Health Passport. The caseworker and/or caregiver accompany the child on subsequent visits during which the physician consults with the caseworker and/or caregiver regarding the child's health and completes the Health Passport. Maryland physicians must complete the Health Passport forms each time they examine a foster child. The Passport includes the following:

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

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

Medicaid Coverage

DHR and the Department of Health and Mental Hygiene (DHMH) continue to be committed to ensuring that Section 2004 of the Affordable Care Act (ACA) is implemented within the state of Maryland. Section 2004 creates a new mandatory Medicaid eligibility category for former foster care children. Maryland has adopted the requirements and ensures that Medicaid covers any child under age 26 who:

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

Medicaid Demonstration

The U.S. Department of Health and Human Services FY2015 Budget in Brief: Strengthening Health and Opportunity for All Americans, proposes to authorize a five-year Medicaid demonstration in partnership with the Administration for Children and Families beginning in FY2015 to address the over prescription of psychotropic medications for children and youth in foster care. States would receive performance-based Medicaid incentive payments to improve care coordination and delivery for children and youth in foster care through increased access to evidence-based psychosocial interventions with the goal of reducing

over-prescription of psychotropic medications and improving outcomes for these young people. This investment is paired with $250 million in the Administration for Children and Families to support state efforts to build provider and system capacity. $500 million in Medicaid State Grants and $250 million in mandatory child welfare costs over 10 years.

Maryland, in consultation with DHMH/Mental Hygiene Administration, Medicaid, and University of Maryland is highly likely to apply for the demonstration grant. The grant would provide an opportunity to expand existing programs that currently provide monitoring and oversight of psychotropic medication and care coordination services. These programs include:

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

Possible expansion efforts include:

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

The Psychopharmacology Monitoring Database

The Psychopharmacology Monitoring Database is an initiative by State leadership at Mental Health Administration (MHA) and Child Welfare. The database links administrative records from MHA (i.e. mental health claims) with child welfare data on youth in Out-of-Home Placement. This initiative has been ongoing for the past three years as a result of successful collaboration among the State child serving agencies and faculty at University of Maryland, Schools of Pharmacy and Medicine. The data linkage has been approved for statewide evaluation. There are recent efforts to work with jurisdictions to create linkages that would facilitate better monitoring at the direct patient care level. The evaluations that have been completed to date include: a) time trends in psychotropic use; b) antipsychotic persistence among very young children; c) use of concomitant antipsychotic treatment and the impact on hospitalization and emergency department use; and d) use of antipsychotic medication among children with attention-deficit/hyperactivity disorder (ADHD) with and

without co-morbidities. Evaluations currently in progress are: a) assessment of antipsychotic dosing in relation to hospitalization; and b) initiation of antipsychotic use and association with placement instability. This work has been presented at the 2013 Systems of Care Training Institute (SOCTI) and reports are periodically shared with the state administration. See the latest quarterly report on the Psychotropic Medication Monitoring of Youth in Foster Care in Maryland in the Appendix L. Maryland plans to expand this program once funds have been identified.

Peer to Peer Program

The Peer Review Program for Mental Health Medications (also known as the Peer to Peer Program) operates through the Maryland Medicaid Pharmacy Program. This program, which was implemented in October 2011, conducts pre-authorization review for antipsychotic treatment for youth. In January 2014, the program expanded to covering youth 17 years old and younger. This program impacts all Medicaid enrolled youth, which included all children in foster care. Providers are required to submit indication for medication treatment/target symptoms, baseline side effect assessment (e.g. fasting blood work is required), information on referral for non-medication psychosocial treatments (e.g. psychotherapy), the antipsychotic medication and dose being requested, and a list of any co-prescribed medication. Initial review is completed by a pharmacist, and a child psychiatrist consultation is provided if the required criteria are not met and the prescriber wishes to appeal the disapproval. Ongoing review of antipsychotic treatment is required every six months to assess if adequate safety monitoring and treatment response has been achieved to support ongoing medication treatment. In the case that a child is deemed to be at a higher risk for side effects or where the drug regimen is unusual or complicated, ongoing review may take place more frequently.

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

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

Medicine/Department of Psychiatry, the Johns Hopkins University School of Public Health, and the Salisbury University School of Social Work.

Making All Children Healthy (MATCH) Program

Making All Children Healthy (MATCH) program is a Baltimore City initiative that was developed and implemented by the Baltimore City Department of Social Services (BCDSS) in collaboration with Health Care Access Maryland. MATCH oversees the health care of children in Baltimore City foster care, which is 50% of youth in foster care statewide. MATCH provides medical case management and health care coordination for children and youth in foster care. In addition to coordinating medical and dental care, the program assures the completion of a mental health assessment of youth upon entry to foster care and completes referrals and follows mental health treatment. The program incorporates a child psychiatrist consultant in their review of cases with complex psychiatric health needs. The MATCH program is currently exploring options to develop direct child psychiatrist consultation to prescribers and to develop a process for psychotropic medication consent that utilizes clinical review by MATCH staff. The program plans to share information regarding the psychiatric case reviews with the Peer to Peer Program to decrease duplication of case reviews. Prescribers should expect to hear more details from the MATCH program within the next year.

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

Birth to Five Initiatives

Maryland's Results for Child Well-being

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

Maryland's Three Overarching Themes

1. Health
2. Education
3. Community Life

Maryland's Eight Results for Child Well-Being

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

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

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

Ready At 5

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

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

- Coalescing, influencing, and galvanizing key stakeholders, policy makers, and communities to support early care and education

- Providing professional development to build a vibrant, highly skilled workforce of "First Teachers"—parents, early educators, and pre-k and kindergarten teachers
- Promoting high quality early learning environments and best practices to ensure positive results for young children

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

Five-Year School Readiness Action Agenda

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

The Action Agenda Goals

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

For more information about the action agenda and children entering school ready to learn please review:
http://www.marylandpublicschools.org/MSDE/newsroom/publications/school_readiness.htm

Home Visiting

Home Visiting is a voluntary early childhood strategy that can enhance parenting, and promote the growth and development of young children. Evidence-based home visiting

programs are focused, individualized and culturally competent services for expectant parents, young children and their families, and caregivers (including friends, neighbors and kinship caregivers) in their homes. They help families strengthen attachment, provide optimal development for their children, promote health and safety, and reduce the potential for child maltreatment.

Five evidence-based home visiting programs are in use in Maryland: Nurse-Family Partnership, Healthy Families America, Parents as Teachers, 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 programs in Maryland such as Baltimore City's Healthy Start program, and the Maryland State Department of Education's Infants and Toddlers program that provide family support and education focused on the family's needs. For an overview on Home Visiting, please refer to "Home Visiting in Maryland: Opportunities & Challenges for Sustainability" prepared by The Institute for Innovation and Implementation (Appendix E).

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

Early Childhood Mental Health Consultation (ECMHC)

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

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

ECMHC has two general approaches:

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

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

Social Emotional Foundations of Early Learning (SEFEL)

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

Child Abuse Prevention and Treatment Act

The federal Child Abuse Prevention and Treatment Act requires children birth through their third birthday who are involved in a substantiated (Indicated in Maryland) case of child abuse or neglect be referred to early intervention services funded under part C of the Individuals with Disabilities Education Act. In Maryland that program is Infant and Toddlers. Each of Maryland's twenty-four jurisdictions have agreements between child protective services and the Infant and Toddlers program that spells out the referral process.

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

Maryland continues to develop the ability to report the number of children ages 0-3 with an 'indicated' finding referred to Infants and Toddlers for assessment. The Department does have a referral form for Infants and Toddlers as a paper document, which serves a dual purpose and asks workers to identify whether children subject of the referral are 0-3 (up to age 3) or 4-5 years of age, in addition to the status of a referral to Infant & Toddlers. Maryland, using data contained in MD CHESSIE, can report on the number of children in 'indicated' cases referred for on-going services. Maryland realizes the need to accurately report on this data item. MD CHESSIE planning for SFY14 includes adding Referrals to Infants and Toddlers as a new "agency provided service' data item created to capture this data and the ability to generate an ad-hoc business objects report on this data will be created.

Promoting Safe and Stable Families (PSSF) Grant

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

Maryland will continue to use the Promoting Safe and Stable Families grant (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. Funds are allocated to local departments on a State Fiscal Year basis, $50,000 of the adoption promotion funds will be used for post-adoption services. Ten percent of the funds are set aside for discretionary activities and ten percent for administrative costs.

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

Time-Limited Reunification

The twenty-four Local Departments of Social Services offer time-limited family reunification services. For FFY 2015, the allocation to the local departments is based on the number of children in the foster care system 15 months or less. One strength of time-limited reunification services is that each local can match the needs of the population served in its jurisdiction to the purchased services; however all the services are aimed at reunifying the family. It is estimated that 1,500 families and 1,700 children will be served in FFY 2015. The types of services provided include:

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

Adoption Promotion and Support Services

The twenty-four Local Departments of Social Services offer adoption promotion and support services to remove barriers to a finalized adoption, expedite the adoption process, and encourage more adoptions from the foster care population, which promote the best interests of the children. The local departments are required to submit a plan each year that describes how they will spend their allocation.

The types of services provided include:

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

Family Preservation and Family Support Services

Initially, a proposal was required from the local departments to be considered for funding for family support and family preservation services. The proposals were reviewed and scored by an evaluation panel. The selected family preservation and/or family support programs will continue in FY 2015. Most of the local departments have been awarded funds for a specific program listed in the chart below. The local departments that are not awarded funding for a particular program receive "flex funds" that can be utilized to pay for a variety of supportive services for families receiving in-home services. The amount of the "flex funds" allocation depends on the caseload for in-home services. The following jurisdictions receive "flex funds": Anne Arundel County, Baltimore City, Caroline County, Dorchester County, and Kent County.

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

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

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

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

Listed below is a description of the family preservation and family support programs that will likely continue in FFY 2015.

Local Department	**Description of Services Provided**	**Family Preservation or Family Support**
Allegany County	Parenting workshops are provided that utilize the Incredible Years' parenting curriculum. The workshops are offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training.	Family Preservation
Anne Arundel County	Flex Funds are used for Interpreter services for non-English speaking families**;** Supportive services not covered by medical assistance or other programs(i.e. anger management, play therapy, parenting classes); Daycare/summer camps; supportive services for kinship families; and rent and utility assistance.	Family Preservation "Flex Funds"
Baltimore City	Flex funds are used to contract with The Choice Program to provide treatment services to youth including case management, counseling, crisis prevention/intervention, and wraparound services. In addition, "flex funds" are used to provide supportive services to families receiving in-home services.	Family Preservation "Flex Funds"
Baltimore County	Functional Family Therapy, and in-home mental health intervention, will be provided to families with children ages 10 or older and who are involved with the child welfare system.	Family Preservation
Calvert County	6-week parenting group sessions are offered along with a 1-2 hour in-home observation and support session to each parent in attendance. The in-home parenting sessions focus on strengthening parenting skills and providing direct observation and intervention as well providing feedback to DSS on the parent's readiness for reunification and /or unsupervised visitation.	Family Preservation
Caroline County	Flex Funds are used to contract with a provider for In-Home Aide Services. This service would provide teaching and modeling of parenting skills, life skills,	Family Preservation

Local Department	**Description of Services Provided**	**Family Preservation or Family Support**
	employment and job search techniques, and how to advocate for one-self.	"Flex Funds"
Carroll County	Case management services are offered to families who participate in the programs at the Family Support Center. Case Management services include ongoing sessions with parents, crisis intervention, general counseling, and referrals. Weekly groups are also offered that focus on basic life skills, relationship issues, parenting skills and anger management and support for pregnant and parenting teens. A support group for fathers is included in this overall initiative. Parent-Child Interactive Therapy is provided, which is a short-term clinic based intervention. Progression through the treatment program is based on skill mastery, so the treatment length varies amount families served.	Family Support Family Support
Cecil County	An Outreach Recovery Worker is housed at the Cecil County Department of Social Services (DSS), and accompanies workers into the field to provide evaluations, act as a liaison between DSS and substance abuse treatment providers, provide substance abuse education, help staff identify behaviors associated with active drug use or relapse, develop relapse plans with clients and DSS worker, attend Family Involvement meetings, and help establish accurate treatment plans by attending intake appointments with the parent.	Family Preservation
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age 5. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	Family Support

Local Department	**Description of Services Provided**	**Family Preservation or Family Support**
Dorchester County	Flex Funds are used to assist with housing to stabilize families and with utility bills.	Family Preservation "Flex Funds"
Frederick County	Services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and fathers, child development, health education, life skills training, case management and home visitation.	Family Support
Garrett County	In-home preservation services are offered to help families remain intact and improve family functioning.	Family Preservation
Harford County	The Safe Start program is an early assessment and intervention program that targets children at-risk for maltreatment and out-of-home placement. If risk factors for abuse/neglect are identified, the program provides further assessment with intervention and follow-up services to families.	Family Support
Howard County	The Family Options program provides services to help pregnant and parenting teens and very young parents. These services include group sessions, parenting classes, intensive case management, referral services, and substance abuse counseling.	Family Support
Kent County	Flex funds are being used to provide services such as housing assistance, day care, respite services, camp and housing assistance to families who are receiving in-home services.	Family Preservation "Flex Funds"
Montgomery County	A service is provided that targets adolescents who were referred to child welfare services because they are "out of control" and parents will not or can no	Family Preservation

Local Department	**Description of Services Provided**	**Family Preservation or Family Support**
	longer take responsibility for the child's difficult behavior. An intervention model is utilized that enable parents to effectively respond to their children. Cognitive and behavior therapy are used to develop and reinforce the parents' ability to be an effective resource for the child.	
Prince George's County	The Strengthening Families Program (SFP) is a 14-session, parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in SFP, both separately and together.	Family Preservation
Queen Anne's County	The Healthy Families program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, extensive referrals to other sources, and developmental, vision, and hearing screenings.	Family Support
Somerset County	The Healthy Families Lower Shore program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings and extensive referrals to other resources.	Family Support
St. Mary's County	A home visiting program strives to provide parenting services to at-risk families and increase a parent's knowledge of child development and early learning. This program targets families with children up to three years old.	Family support
Talbot County	Respite services provide support to families who have a child at risk of an Out-of-Home Placement. The	Family Support

Local Department	**Description of Services Provided**	**Family Preservation or Family Support**
	program offers voluntary, planned, or emergency services for short-term Out-of-Home Placement in a respite provider's home. The parent education program provides separate groups for parents and children that meet concurrently. Topics covered in the curriculum include: building self awareness; teaching alternatives to yelling and hitting; improving family communication; replacing abusive behavior with nurturing; promoting healthy development; and teaching appropriate developmental expectations.	Family Support
Washington County	Funding will be directed to the Family Center. Specifically, child care services, case management, and parent-aide services will be provided to parents.	Family Support
Wicomico County	Funding is for respite services and summer camps.	Family Preservation
Worcester County	The Enhanced Families Now Program identifies and serves families in which mental illness has been identified as one of the primary reasons for children to be assessed as "at risk" of maltreatment. Case management services are provided to assess ongoing risk, safety and well-being of the children and family unit. Support services being provided include parent education, emotional support for family members, and home management skills. Linkages are made to collateral partners, such as the Health Department, substance abuse treatment providers, and parenting classes to obtain necessary treatment.	Family Preservation

Grants and Initiatives with DHR Involvement

Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
1915(i) Home and Community State Plan Amendment	Medicaid Title XIX	Anticipated to start 10/1/2014	FFY15: $5 million	Will allow youth ages 0-22 with serious behavioral health problems access to the full range of Medicaid services and intensive care coordination using Wraparound
C-WEST	U.S. DOE	10/1/12 – 9/30/14	FFY14: $243,402	Builds early childhood systems for children, ages 0-5, who are at-risk of entering into foster care in the Promise Heights neighborhood
LIFT	SAMHSA	10/1/12 – 9/29/16	FFY14: $997,547	System of Care expansion grant that allows Baltimore County youth with serious emotional disturbance to access wraparound services
MD CARES	SAMHSA	10/1/08 – 9/29/14	FFY: $979,017	Center for Mental Health Initiative grant that allows Baltimore City youth with serious emotional disturbance who are in or at-risk for entering the foster care system to receive wraparound services
Project LAUNCH	SAMHSA	10/1/12 – 9/30/17	FFY14: $838,788	Demonstration grant to improve health and well-being among children ages

Grant Name	Funding Source	Grant Period	Estimated funding amount	Brief Description
				0-8 in Baltimore City
Promise Neighborhood	U.S. DOE	10/1/12 - 12/31/14	Current no-cost extension	Provides comprehensive health, safety, and support services in a high poverty neighborhood in Baltimore City
Rural CARES	SAMHSA	10/1/09 – 9/29/15	FFY14: $1,499,664	Center for Mental Health Initiative grant that allows youth in 5 Eastern Shore counties with serious emotional disturbance who are in or at-risk for entering the foster care system to receive Wraparound
SAFETY Initiative	MD Children's Cabinet Interagency Fund	2012 – TBD	N/A	Serves youth with significant behavioral difficulties in a CME using the Wraparound model
Stability Initiative	MD Children's Cabinet Interagency Fund	2012 – TBD	N/A	Serves youth with serious emotional disturbance who are at-risk of out-of-home placement in a CME using the Wraparound model
Thrive@25	ACF	9/30/13 – 9/29/15	Total: $715,845	Planning grant to prevent and end homelessness among youth involved with the child welfare system and with child welfare histories.

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

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

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

As a part of the commitment to EBPs the Children's Cabinet developed The Child and Adolescent Evidence-Based Practice (EBP) Stakeholder Advisory Committee (Advisory Committee). The Advisory Committee has remained an important component of the success and implementation of the EBPs in Maryland. The Advisory Committee is facilitated by The Institute in their role as the child and adolescent EBP implementation center for the State. The Advisory Committee is a group of committed child and adolescent service system leaders who represent State and local agency leaders, providers, funders, and advocates for children's services in Maryland. The goals of the Advisory Committee are to assist State and local partners in the implementation of evidence based and promising practices through the provision of technical assistance geared towards selection, implementation, training/coaching, evaluation and policy development related to these practices.

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

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

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

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

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

Multi-Systemic Therapy (MST) can be used as an alternative to Out-of-Home Placement. This program targets youth 12-17 years of age and their families. This treatment includes daily contact with families, either by telephone or in-person contact and emphasizes preparing caregivers to adhere to the model.

In addition, DHR continues to explore other EBP opportunities to serve our youth and families. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is becoming increasingly available around Maryland, and is funded through Medicaid. TF-CBT is an approach used with children 4-18 years of age who exhibit significant behavioral or emotional problems related to exposure to traumatic events, and their primary caregivers.

Given the trauma issues that many children experienced related to abuse they experienced, the Department worked with the LDSS' to increase their awareness of the benefits and availability of this evidence-based intervention. Montgomery County, Baltimore City and the Eastern Shore currently participate in these programs. If Maryland's IV-E Waiver application is successful, DHR/SSA anticipates significantly increasing the availability of EBP's across the state over the next 5 years.

Regional Care Management Entities and Wraparound Care Coordination

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

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

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

CSA in Baltimore County. LIFT is partnering with the local jurisdiction to prepare for full 1915(i) implementation, with a focus on using the Wraparound model to serve up to 40 youth and families.

Section V. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Maryland will continue to meet with the Commission on Indian Affairs bi-annually to discuss issues, updates, upcoming trainings and changes in policy related to Native American children in Out-of- Home Placement. Recent discussion focused on possible changes to the policy on Native American children in care to clarify services and policies around children from Federally recognized tribes and the children that are not from Federally recognized tribes, continuation of cultural sensitivity training for local department staff, and recruiting resource homes for children of Native American Heritage. Outcomes of the meetings between SSA Staff and the Administrator from the Maryland Commission on Indian Affairs include possible changes to the policy on Native American children in care, continuation of cultural sensitivity training for local department staff, and recruiting resource homes for children of Native American Heritage. Three training are planned for Fall 2014; and subsequent trainings are under consideration. SSA staff will present at the Commission's meeting in June 2014 to provide an overview of the foster home process. Another meeting will be scheduled early in SFY 2015.

The only 2 Maryland recognized tribes, the Piscataway Indian Nation and the Piscataway Conoy, are an integral part of the Commission on Indian Affairs. There are no federally recognized tribes in the State. According to MD CHESSIE, less than 0.2% of children in out-of-home care identify as Native American. Maryland's process regarding identification of America Indian Heritage / Notification of Indian parents and tribes follows.

Identification of American Indian Heritage/ Notification Indian parents and tribes

Children and parents must be asked if they are of American Indian heritage. Relatives shall also be asked about Indian ancestry if one or both parents are unavailable to provide the needed information. There are other circumstances when American Indian heritage may be identified:

1. Any party to the case, Indian tribe, Indian organization or public or private agency informs the local department that the child is of American Indian heritage.
2. Any public or state-licensed agency involved in child protective services or family support had discovered information, which suggests that the child is an Indian child.
3. The child who is the subject of the proceeding gives the court reason to believe he or she is an Indian child.

4. The residence or domicile of the child, his or her biological parents, or the Indian custodian is known by the local department to be or shown to be a predominantly Indian community, or presents reasonable indicia of a connection to the Indian community.
5. An officer of the court involved in the proceedings has knowledge that the child may be an Indian child.

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

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

Preferences shall be given, in the absence of a good cause to the contrary, to a foster placement with:

1. a member of the Indian child's extended family
2. a foster home licensed, approved, or specified by the Indian child's tribe
3. an Indian foster home licensed or approved by an authorized non-Indian licensing authority
4. an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs

With regards to adoption of an Indian child, a preference shall be given, in the absence of good cause to the contrary, to a placement with:

1. a member of the child's family
2. other members of the Indian child's tribe
3. other Indian families

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

The local departments are directed to use the prevailing standard of the Tribe to guide the services and decisions on a case. Maryland requires the active efforts to be concrete efforts, which show an active attempt to resolve the conditions. Active efforts include but are not limited to:

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

Once the Tribe determines that a child is enrolled or is eligible for enrollment, it has the following rights:

1. Be informed of all progress and proceedings regarding the child
2. Determine placement (tribal home)
3. Allow the placement of the child by the local department
4. Intervene in CINA, TPR, and adoption proceedings

In return, Maryland asks that the Tribe notify the local department of:

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

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

proceedings. The Indian custodian or tribe will be consulted on the appropriate plan or resources for the identified child.

Section VI. TARGETED PLANS

Child Welfare Training and Organizational Development

Overview

The Training and Organizational Development Unit oversees all aspects of training activities in the field along with the strategic planning to implement and integrate practice updates and innovation.

The Child Welfare Training component oversees and coordinates the contractual delivery and development of training activities with the Child Welfare Academy (CWA) at the University of Maryland School of Social Work. The CWA provides statewide training for caseworkers, supervisors, administrators and resource parents. This partnership with the Child Welfare Academy delivers pre-service training for new employees and administers a competency examination at the end of pre-service training. The CWA offers continuing education workshops to reinforce the expertise and policy updates for the tenured staff. The oversight of the Title IV-E Education in Public Child Welfare Program is managed by this unit as well. This contract provides specialized child welfare training for Masters of Social Work (MSW) and Bachelors of Social Work (BSW) degree candidates to enhance the skills of Maryland's public child welfare workforce.

The Organizational Development component uses theories of organizational change to facilitate the strategic training plans for the Social Services Administration. The unit assesses training needs based on policy development and outcome trends across the continuum of child welfare program. The training assessments inform the delivery method and technical assistance to local departments to enhance the execution of practice activities. The program technical assistance priorities will include Alternative Response, Kinship Navigator, Family Finding and Youth Engagement.

For the next five years, the Training and Organization Development unit will continue to coordinate the integration of policy initiatives and training activities. SSA holds regular meetings with the CWA to plan and monitor statewide training activities. The primary goal will be to ensure that training is available to support the best practice and transfer of learning application of policy expectations. Prior to delivering new training classes, a format is being developed to improve the feedback loop from SSA program staff to pilot new curricula. The new curriculum feedback format will begin July 1, 2014. Major statewide training classes will continue to be piloted to allow opportunities for staff feedback to ensure that the curriculum appropriately matches the intent the policy

expectations. Several course topics being developed include the considerations for working Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) youth, enhanced issues to sustain Alternative Response, and specialized Kinship Navigator and Family Finding practice.

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

Supervision Matters

Maryland recognizes that quality supervision is a key element for achieving the safety, permanency, and well-being outcomes for children and includes training and coaching as part of the continuing training and organizational development of staff. In order to promote quality supervision, Maryland developed the Child Welfare Supervision Model, "Supervision Matters." The content includes the following topics that aligned with the conceptual framework around which the standards and expectations were developed:

- Effective Leadership
- Building the Foundation for Unit Performance
- Building the Foundation for Staff Performance
- Promoting the Growth and Development of Staff
- Case Consultation and Supervision
- Supportive Supervision
- Managing Effectively in the Organization

An administrative transfer of learning component was offered as well as coaches being assigned to the supervisors. In collaboration with the Child Welfare Academy, SSA will continue to refine the content to incorporate evaluation feedback and comments from the supervisors and administrators during the modules.

The fourth Supervision Matters cohort training will take place in September 2014. . The preliminary results from the most recent cohorts are pending. This phase will focus on a comprehensive evaluation plan at the beginning of the training that will be compared to the

baseline data collected as the evaluation tools were piloted with the first three cohorts. The evaluation plan will enable SSA to measure the effectiveness of the training, organizational sustainability and inferences to child welfare outcomes. This will include pre and post skill assessments that the administrators can use to help facilitate the transfer of learning activities in the local departments with new supervisors. The retention rates for supervisors who enrolled in the modules and the outcomes for cases assigned to respective program units will be analyzed over the next five years.

Supervision Matters	
	Number of Participants
Pilot Cohort (Fall 2012)	New 15 Experienced 22
Fall 2013 Cohort	19
Spring 2014	20

Coaches have been assigned during the training modules. A plan is being developed to establish a post training peer support network for supervisors who have completed the program. The content will include enhanced administration skills and areas of concern identified by the supervisors. The delivery format will range from face-to-face and online forums for two years after completion of the training modules. The goals are to groom these supervisors for leadership succession to include coaching to support the next generation of supervisors.

Efforts are being made to improve the coaching recruitment and matching process. There are currently 13 active coaches around the state. In terms of recruitment, the statewide effort to enlist coaching volunteers will begin in late 2014 and the class will be offered in early 2015. There will be a targeted effort to recruit supervisors and administrators from the pilot cohort to serve as coaches. The plan will be to offer at least one coaching class every calendar year.

In terms of the matching process, coaches will be assigned later in the delivery of the supervision training modules. The feedback from the supervisors has been that having to meet with a coach in the midst of the two day training has been overwhelming. As a result, the coaches will be assigned close to the end of the training modules and continue for a period after the training to offer post training support. The structure of the coaching sessions will be enhanced to align the supervisors' goals with the learning objectives from the training curriculum. The coaching consultation format will be modified to include

periodic face-to-face sessions which the coaches have requested in addition to the conference calls. The content will continue to provide peer support as well as advanced coaching strategies to reinforce the application to other practice areas from supervision to professional growth. These advanced coaching sessions will be developed during the next five years.

A supervision workgroup will be reconvened in late 2014. The workgroup will be tasked with revising the standards and expectations to provide a more concise, user friendly guide. The workgroup will also be charged with developing policy recommendations for applying the standards and expectations into the recruitment and performance appraisal process for supervisors.

Training Plan

There has been a concerted effort to evaluate the effectiveness of training activities to not only provide theoretical background, but to provide practical content information to reinforce the policy expectations and transfer of learning activities related to the learning objectives that directly impact child welfare outcomes. SSA has a contract with the Child Welfare Academy (CWA) at the University of Maryland School of Social Work to deliver training for Maryland's child welfare workforce. The current structure and partnership with the CWA is a major strength of Maryland's training initiatives. The training matrix (Appendix G) outlines the course descriptions that support the goals and objectives for the continuum of child welfare services in Maryland. . The estimated costs for delivering training are based on the delivery method and an average of costs over the last five years.

2015-2019 Estimated Training Costs	
Training Format	**Estimated Average Cost Range**
Live Webinar	$900-$1,500 per webinar
In Person ½ Day Professional Workshop	$1,500-3,000 per ½ day workshop
In Person Full Day Professional Workshop	$2,500-$5,000 per full day workshop

Pre-service and Supervision Matters are delivered at the Child Welfare Academy. All other in-service are rotated to regional locations to decrease travel demands of local department staff. Both pre-service and Supervision Matters are long –term course offerings since the course are delivered over several weeks and months as part of the progression of content. All other in-service and resources parent courses are short-term offerings since the

delivery does not require participants to return for series continuation at another point in time. Participation in the Title IV-E BSW and MSW requires full-time enrollment.

Pre-Service Course Overview

Pre-service is a 6 week training course developed to provide knowledge, understanding, and opportunities to practice skills that are vital to the success of child welfare professionals. Child welfare professionals hired by the Maryland Department of Human Resources (DHR) learn about the history of child abuse, federal and state regulations, engagement skills, culturally competent and family-centered practice, as well as the judicial framework of child welfare. They are expected to develop and expand techniques of interviewing, engaging clients, as well as completing formal and informal assessments. The course is blended and includes classroom as well as online assignments. In addition, participants attend training on the Maryland automated child welfare case management system called CHESSIE which takes place on the final day of each module except for Module 2 and Module 6.

Module 1: Foundations of Practice

Module 1 introduces participants to child welfare history, the legal context for child welfare, values and principles, and an overview of the Maryland DHR structure and its relationship to the Local Departments of Social Services (LDSS). Participants are given an introduction to relevant Code of Maryland Regulations (COMAR) that will be revisited in later modules. Lastly, the participants will examine culturally competent practice that includes opportunities to enhance self exploration as well as how to be culturally sensitive in everyday practice.

Module 2: Indicators and Dynamics of Abuse and Neglect and Three Contributing Factors

In Module 2, participants learn the definitions of child abuse and neglect as well as the dynamics and indicators of maltreatment within a family. This module reviews three contributing factors to maltreatment: mental health issues, domestic violence, and substance use/abuse. Participants explore ways to engage and work with families who are struggling with these factors as well as how to continuously assess for safety.

Module 3: Engaging Children and Families

During this module, participants learn how to engage and conduct interviews with families. Participants are provided various opportunities to practice utilizing different types of questions and strategies based on the situation. Additionally, participants learn about the process of change and how to motivate families to improve service plan outcomes.

Module 4: Family Centered Assessments

This module is teaches a framework to assess for safety and risk. Trainees complete several different types of assessment tools such as the SAFE-C and MRFA using MD CHESSIE application. They will continue to learn about and apply the techniques such as interviewing, observation, and compiling information to have the clearest picture of family safety and functioning. Worker safety is also discussed in this module, reviewing techniques and tips to be safe while working with families who can sometimes be hostile.

Module 5: Planning with the Family

The information presented within this module examines how families deal with loss and grieving and provides an overview of how to plan with families in a engaged partnership. Participants have the opportunity to learn about Family Involvement Meetings as part of the planning process and participate in a mock FIM. Trainees discuss the different aspects of the planning process and develop a plan with a fictional family including identification of underlying needs and conditions, effective goals and objectives as well as services, tasks, and timeframes. Also covered in this module is effective documentation and closing a case/terminating a relationship with a family.

Module 6: Working Effectively with the Court

This module introduces the participants to the role of the court in child welfare cases, the types of juvenile court interventions and hearings, the role of agency counsel, child's attorney, parents' attorney, CASA, and master/judge in the legal process. The provisions of Federal legislation, particularly the Adoption and Safe Families Act of 1997 are addressed in detail, focusing on timelines for permanency. Participants learn the types of permanency plans and the role of the court in achieving permanency. Participants learn the role of the child welfare worker as a witness in court proceedings and have an opportunity to be videotaped while testifying as a "witness" in a mock child welfare case. Following group review of the testimony, they are given structured feedback by the instructor and fellow participants.

Over the last five years, there has been a decrease in child welfare vacancies. As a result, there has been a decrease in the number of new employees enrolling in pre-service training.

Child Welfare Training Academy Pre-Service Training Activity			
	SFY2011	**SFY2012**	**SFY2013**
Number of New Employee Participants	134	103	92
Number of Title IV-E MSW Graduates	43	56	26

The existing pre-service curriculum provides the basic skills and content knowledge to prepare new caseworker and supervisors for their child welfare duties. During SFY2010, a training assessment of the skills the employees demonstrated during pre-service was instituted to offer feedback to local department supervisors. A training needs assessment was conducted during SFY2012. Based on the results of the needs assessment and the development of new policies, the SSA adopted the CWA recommendation to develop a comprehensive pre-service and in-service training track proposal.

A comprehensive examination is administered to assess the effectiveness of pre-service training model. Each written summary is provided to all pre-service participants and their supervisors based on observations and the embedded evaluation skills assessments administered throughout pre-service training. All new employees must complete a comprehensive competency examination with a passing score of at least 70% after completing pre-service training as a condition of continued employment. New employees and their supervisors who fail the competency examination are given a written analysis of their test results and two additional times to pass before their employment is terminated. Monthly retests are offered for employees who fail when the test is administered at the conclusion of the 6-week pre-service cycle.

Child Welfare Training Academy Pre-Service Competency Exam			
	SFY2011	**SFY2012**	**SFY2013**
Number of Participants Administered Competency Exam	143	89	88
Average Passing Score	89%	96%	94%

For pre-service training, a two year foundational training component was added to the pre-service requirements in July 2013. The MD CHESSIE content was integrated within the pre-service modules in January 2014 to better highlight the practical functionality of the SACWIS application. Youth and foster parent panels were added to pre-service to share that partnership perceptive with new employees.

The in-service courses focus on evidence-based or informed curricula that align with Maryland's needs and national best practices. The in-service courses updates on existing practices, approaches to integrate new initiates into the child welfare continuum and strategies to consider when working with special populations. The CWA develops in-services workshops in addition to coordinating relevant IV-E eligible classes with

University of Maryland, Baltimore's (UMB) Continuing Professional Education Program that provides courses to the general professional social work community. The biggest training accomplishment has been the range of content and technical assistance for Alternative Response, especially in terms of the train-the-trainer partnership with stakeholders. Specialized services have been developed with interdisciplinary teams with mental health professionals, pediatricians and domestic violence experts, such as the UMB Center for Infant Studies, UMB Department of Pediatric and the Maryland Network Against Domestic Violence. Other topics have included concurrent permanency planning, fathers and paternal kin, screening and assessment for trauma and strengths based individualized case planning. Topics are also developed based on requests from local departments, such as worker safety and teen parents.

Child Welfare Training Academy In-Service Training Activity			
	SFY2011	**SFY2012**	**SFY2013**
CWA Participants Slots	2,238	2,408	3,191
Continuing Professional Education Participants Slots	909	885	885
Total Number of Workshops Topics	109	140.5	140.5

The CWA has a designated Resource Parent Training Program Manager to collaborate with the local departments, Maryland Resource Parent Association (MRPA), Maryland's Foster Care Ombudsman, and SSA. Hiring the Resource Parent Training Program Manager has strengthened the collaboration and effectiveness of the resource parent training program. This Program Manager works closely with these groups to schedule regional workshops, identify training needs and resolve training gaps. The regional topics have included a focus on engaging youth and understanding trauma.

A resource parent training needs assessment was conducted during SFY2012. The main feedback from this training needs assessment requested workshops on older youth, behavior management/discipline issues, and relationships with biological families. Marketing and targeted regional outreach were priority strategies to increase the training participation of the resource parents. An electronic training brochure and online registration process were created. At the request of the resource parents in the training needs assessment, the times of the workshops were varied to better accommodate the scheduling needs of the resource parents. The courses were adjusted to reflect the overall goals and objectives of Maryland's child welfare continuum and provide enhanced practical

approaches to understand and manage the specialized needs of the children placed in their homes.

Over the next five years, options for offering online training courses are being explored. The challenge to expanding online offerings has been lack of computer access and skills with some of the resource parents. Options for access to public computer and creating computer workshops will be explored.

The general approach to training development initiatives is to ensure they will be relevant to the daily activities and responsibilities of the child welfare professional at all levels and that the learning events and activities are designed with practical application to the field. It is anticipated that the core pre-service, in-service and foster parent courses will remain the same over the next five years. In addition to looking at delivery of courses offered by the CWA, SSA will emphasis transfer of learning and technical assistance strategies to reinforce the based skills and knowledge areas of the coursed outlined in the statewide training matrix. This will include expanding regional forums to not only engage supervisor and administrators, but caseworkers will be included in these learning collaborative opportunities. The format and the content will be based on an SSA analysis of data trends, new initiatives and feedback from internal and external stakeholders. The implementation of these learning collaborative sessions will be statewide, regional, local or program specific depending on the SSA's policy and practice assessments. Based on the topic, SSA staff will collaborate to develop and facilitate these sessions in addition to coordinating with the CWA to revise or develop new courses.

Child Welfare Training Academy Resource Parent Training Activity			
	SFY2011	**SFY2012**	**SFY2013**
Number of Resource Parent Participants	1,222	1,433	1,595
Total Number of Workshop Topics	50	48	42

Regional training workshops were offered for kinship caregivers encountered by the Kinship Navigators. Input from the local department caregiver support groups guided the workshop topics. Specialized content courses will also be developed to sustain the Kinship Navigator and Family Finding practice that was also started during the Fostering Connections demonstration project.

Stakeholders will continue to be involved in overseeing the statewide training activities. The Family Centered Practice (FCP) Oversight Committee offers input from local department staff, providers, judiciary representatives, attorneys, and family members. During the past five years, the FCP Oversight Committee has mainly provided feedback on curriculum development for new initiatives, such as Family Centered Practice, Family Involvement Meetings, Youth Engagement and Alternative Response. Maryland has also actively engaged youth to help inform training decisions. A youth stakeholder group was convened with the development of Youth Matter in 2009. Those youth representatives offered feedback on the youth engagement curriculum. The recommendations to include a youth panel for the youth engagement and pre-service training classes were accepted. The CWA developed an orientation workshop to help youth share their experiences within appropriate personal boundaries. In 2013, SSA consulted with the National Resource Center for Youth Development to expand the panels into an overall life skills opportunity and supplement Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) approaches to working with youth.

A public and private training consortium will be established to further enhance the cross training benefits and collaboration across service resources. This consortium developed as a recommendation from the FCP Oversight Committee. This will ultimately ensure better planning, practice consistency and community services for children and their families jointly served by public and private agencies. A provider training needs assessment survey was completed in October 2013. Based on the results of those surveys, plans are underway to expand relevant content offered by the Child Welfare Academy to keep providers abreast of the policy expectations for public staff and offer an opportunity for dialogue about best practice collaboration strategies to provide services to children and families. The workshops will begin in October 2014 and be offered regionally on a quarterly basis. The goal is to nurture more consistent collaboration between public child welfare staff and provider agencies to enhance the outcomes for the children and families jointly served by those agencies. The information from the FIM Participant Feedback Survey and general training feedback will be compared to overall trends in the safety, permanency and well-being outcomes already being collected.

Several activities are planned during the next five years to strengthen the connection between training and practice. A vendor will be identified to conduct an independent evaluation of the training conducted by the CWA. Having an objective assessment will validate the aspects of the partnership that are working well and offer constructive feedback for areas that could be changed for the better. The vendor will provide a neutral assessment of the effectiveness of the CWA training in supporting successful outcomes for children and the delivery of child welfare services. This will include conducting caseworker and supervisor surveys for the overall training activities in addition to survey elements being embedded in the evaluation for Supervision Matters. A preliminary portion of this evaluation was conducted during FY2014 to conduct a test item analysis of the pre-service

comprehensive examination. The pending results will be used to inform revisions to pre-service content areas and test questions on the comprehensive examination.

There have not been any strategic ways to solicit input from external stakeholders about the overall scope of the statewide training activities. Information about specific training courses for recent new initiatives, such as the initial Family Centered Practice Model, Family Involvement Meetings, Youth Engagement and Alternative Response, have been shared with internal stakeholders. Not having the input from external stakeholders is an area of concern that will be addressed. Over the next five years, the results of the updated training needs assessments and evaluation will be shared with the FCP Oversight Committee and the statewide Youth Advisory Board to solicit their input to address any identified training gaps.

The lack of practice consistency to apply training knowledge and skills is an area of concern. The coaching approach and administrative modules discussed in Supervision Matters in this report were initial strategies adopted. Strengthening the transfer of learning process after completion of pre-service and in-service classroom instruction will be addressed as part of the SSA Policy Integration Committee to support the consistent application of quality practice across the state. This will be the internal SSA policy and practice forum to develop and plan for the learning collaborative and/or transfer of learning sessions. Lastly, the use of technology for distance learning training delivery methods, such as webinars and online activities that are being used in pre-service training will be expanded.

Regional Supervisory Meetings

SSA conducts Regional Supervisory Meetings biannually. The meetings, attended by Child Welfare Supervisors are conducted to provide updates and additional training for data, legislation, program changes, policies, new initiatives and programs, operations including MD CHESSIE, Quality Assurance, contracts and Federal Reports.

Child Welfare Workforce

Over the past five years, the Title IV-E Education Program has been reviewing the workforce needs and training instruction for the students to best equip them with the skills to manage the complex needs of child and families. The University of Maryland School of Social Work (UMB) was awarded the contract to continue overseeing the program as well as offering MSW stipends. UMB subcontracted with University of Maryland, Baltimore County, Morgan State University and Salisbury University to offer stipends to BSW and MSW degree candidates.

DHR and the consortium universities explored ways to support the workforce needs and developing competent public child welfare professionals. Several factors contributed to

recommendations to adjust the structure of the program. The reduction in the child welfare population in Maryland, a decline in the turnover of the current child welfare case management level workforce, and the elimination of state funding in 2010 for current employees to earn MSW degrees created an opportunity to reassess the program. During the 2011-2012 academic year the IV-E program was opened to current employees pursuing their MSW degrees.

The recent changes to the Title IV-E Education Program will be refined over the next five years to continue to meet the child welfare workforce needs. Priority consideration is given to current DHR employees who are interested in pursuing graduate social work education. The remaining slots will be offered to prospective employees who are interested in pursuing a career in public child welfare. The seminar format will be modified to standardize the content and delivery of information between the consortium schools (University of Maryland, Baltimore County, Morgan State University, Salisbury University and University of Maryland, Baltimore). A workgroup comprised of SSA, local department and MSW program representatives will convene to develop the seminar content. The plan is to begin delivering the joint seminar sessions during the 2014-2015 academic year. This will include outreach to the local departments to ensure relevant practice applications and realistic job previews of social work theory.

The evaluation plan will also be updated to collaborate with the DHR Office of Human Resources Training and Staff Development and the University of Maryland Title IV-E Education Program to make the link once students become employees. The goal will be to look at the recruitment process of prospective students and the retention of those students once they become employees. In addition, an organizational assessment of current workforces' job satisfaction will be compared to the overall child welfare outcomes for employment cohorts and local departments of social services.

MD CHESSIE

Major Planned Initiatives

- Planned enhancements to IV-E – The enhancements to the Title IV-E module in MD CHESSIE are in response to federal audit findings and recommendations.

- Modification to Financial Documents – Since the full implementation of MD CHESSIE in February 2009, financial information (payment history, accounts receivable, child accounts, payment stamping, etc.) has grown and continues to grow at an alarming pace. Current design does not have print history functionality from MD CHESSIE. The only way for a user to print financial history is to copy screen displays to a

word document (limited to merely a few transactions per screen). It is, therefore, becoming extremely ineffective and inefficient for users to respond timely to inquiries for financial information. The benefit of this project will be that External sources such as providers, Social Services Administration, courts, program managers, Central Collection Unit (CCU), Federal, State, and Single auditors will receive accurate information in a timely manner.

- Interface MD CHESSIE with SCYFIS, the Client Automated Resource and Eligibility System (CARES), Maryland State Department of Education (MSDE), Department of Juvenile Services (DJS), Developmental Disabilities Administration (DDA) and the Courts – There is a business need to integrate the State Children, Youth, and Families Information System (SCYFIS) Resource Directory and the Interagency Outcome Evaluation System with MD CHESSIE. There is also a business need to integrate MD CHESSIE with the other statewide electronic databases. If another public agency maintains an official source of information that is required to be entered into or consistent with MD CHESSIE, then an interface between MD CHESSIE and the other database should be built to obtain and compare that data, rather than relying on the child welfare worker to collect and enter that information into MD CHESSIE.

These planned enhancements also will satisfy the Advanced Planning Document (APD and the State Administrative Regulatory Review (SARR) of Maryland's Child Welfare Information System (SACWIS) if funds are allocated to the state's budget. The planned enhancements for /Medicaid Interface, SARGE Requirement 24 and 85 and IV-D CSES Interface Requirement 84 were deferred to the DHMH/HIX state project.

- Integrate Structured Analysis Family Evaluation (SAFE) in MD CHESSIE
  - State Automated Child Welfare Information System Review Guide (SARGE) update **-** Several enhancement to MD CHESSIE in FY 2013 and 2014 will comply with the State Automated Child Welfare Information System Review Guide (SARGE)
  - Case Plan Phase III Streamline – The installation of wireless web form (WWF) technology and assignment of tablets to case workers will streamline the assessment process by allowing case worker to complete and approve assessments and evaluations on site and in real time. This enhancement will also cover the following SARGE Requirements:

- SARGE Requirement 3 – The SARGE encourages the State to simplify the process for identifying the relationships between case members.

- SARGE Requirement 15 – While MD CHESSIE's "disability groups" respond to AFCARS and NCANDS standards, as noted in discussions with the State, the entry of special needs information into the General Information/Client Functioning, NCANDS Info, and Adoption Subsidy screens must be streamlined.

- SARGE Requirement 29 – ACF requires that critical information about a case must be captured in the system. ACF-OISM-001, issued in 1995 states that "The automated system must support the monitoring of the progress of plan and update the service/case plan in the electronic folder." Missing assessment findings, and lack of continuity between tasks and the goal may lead to inappropriate or incomplete decisions. Case narratives are an important component of the case record, and should be easily accessible to appropriate staff through the SACWIS.

- SARGE Requirements 16 and 30 – The State must automate the linkage of risk assessment findings to service resources. The State's response should also describe how the system will be enhanced to match service needs and resources throughout the program assignment process.

- SARGE Requirement 32 – The State should enhance the system to track the appropriate due date of the case plan based on the circumstances of the particular case.

- SARGE Requirement 33 – The State must investigate why staff are not using automated resources available in the system and either enhance the system to support their needs or provide additional training.

- Provider Capacity for User Generated Ad Hoc Reports – There is a need for an enhancement to allow specified users to get ad hoc reports from MD CHESSIE. This enhancement would involve the development of a menu driven query facility that would produce reports and allow them to be exported to Excel and other data manipulation programs.

- Minor Enhancements
    - Enlarge MD CHESSIE File Cabinet
    - Fix Screened Out Referral Tickler
    - Incorrect Bed Count Report for MD CHESSIE
    - Receipt and Reversal Offset Correction
    - Tickler Modification Phase 4 and Adding New Ticklers
    - Tickler Modification 5
    - MD CHESSIE Interface Ticklers and Audit Trail
    - Modify CPS Checklist in MD CHESSIE

Disaster Plan

Continuity

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

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

The Office of Emergency Operations (OEO) coordinates the Department's emergency response efforts, including continuity planning (COOP), individual and mass repatriation,

and twenty-four hour emergency response as required by the State Emergency Operations Plan. Under that Plan, DHR is the lead agency at the State level for Emergency Support Function #6 (ESF#6), Mass Care, Sheltering, and Emergency Assistance. OEO offers several trainings for DHR employees throughout the year. Emergency Preparedness and Shelter Operations trainings are mandatory for all DHR employees and contractors. Designated DHR employees assigned to the State Emergency Operations Center and Local Emergency Operations Center also receive training in Shelter Operations, Shelter Management and Disaster Behavioral Health.

The Community Emergency Relief Tracking System (CERTS) is the Maryland Department of Human Resources system which enables the agency to track and manage the services and programs provided to assist individuals and households impacted by disaster or impending disaster. This function is critical in terms of providing the best possible services, preventing duplication of services and providing documentation for Federal reimbursement. CERTS tracks and reports the services and benefits provided to the citizens of Maryland during emergency situations.

Emergency Management

Additional functions and capabilities required during an emergency are organized under the Maryland Emergency Preparedness Program (MEPP) managed by the Maryland Emergency Management Agency (MEMA). The MEPP enlists and emphasizes the partnership of all of Maryland's governmental agencies and many private organizations. The MEPP establishes a tiered planning structure that addresses all phases of an emergency event, and further establishes multi-agency support teams to facilitate more effective and efficient use of resources in each of those phases. The function-oriented approach of the plan enables coordinators to deploy resources and complete tasks more effectively. It outlines an approach and designates responsibilities intended to minimize the consequences of any disaster or emergency situation in which there is a need for state assistance.

Under the MEPP, primary responsibility for addressing an event lies with the local jurisdiction. The State is expected to step in with supplemental resources or additional complete operations when asked to meet shortfalls at the local level. Under the State Response Operations Plan (SROP) DHR is designated as the lead agency at the state level to support Emergency Support Function #6 – Mass Care and Emergency Assistance (ESF #6). Twenty-one of the state's twenty-four local jurisdictions have designated their LDSS as the lead agency within their jurisdiction's response plan for ESF #6 and the remaining three jurisdictions have designated their LDSS as a support agency to that ESF. For more information, please refer to: http://mema.maryland.gov/community/Pages/mepp.aspx The roles of the LDSS' and DHR as ESF#6 leads within their respective jurisdictions are fundamentally similar, and involve responsibility for developing plans, obtaining resources,

and coordinating with other support agencies (both government and Non-Government Organizations (NGO)) to meet the needs for shelter, food and water, and other elements of "mass care" during a public emergency. The exact nature and details of those plans vary from jurisdiction to jurisdiction based on local circumstances and the local resources, while simultaneously empowering DHR to coordinate additional resources from throughout the State when they are needed to supplement local efforts.

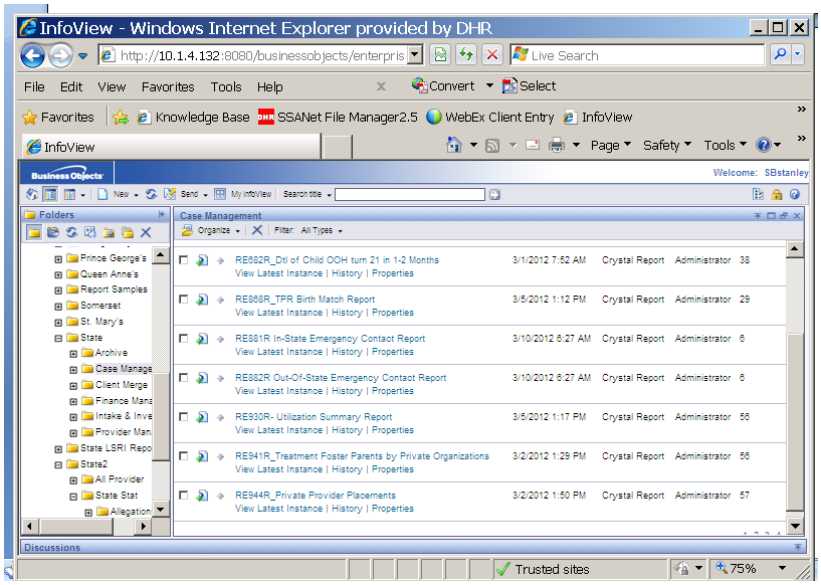
General Actions

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

Additionally, DHR continues to work with vendor support to develop a framework within MD CHESSIE for tracking the emergency plans of children placed in independent living. The goal is to develop a framework that can be easily adapted to other sorts of placements. The project outlined specific design objectives and is seeking budgetary resources. There are also ongoing investigations of different alternatives for post-disaster reunification and tracking of children in and out of State custody. Disaster planning for residential providers of children in foster care is incorporated in the licensing requirements of the Office of Licensing Management (OLM) as outlined in the Maryland Code of Annotated Regulations, COMAR 10.07.14.46 Emergency Preparedness, and COMAR 10.07.02.24 Emergency and Disaster Plan. There is also ongoing planning of different alternatives for post-disaster reunification and tracking of children in out-of-state custody. Partnerships with other entities will likely play a significant role in any long-term solution. Current discussions involve different alternatives with fellow State agencies, nonprofits, and for-profit contractors, and are heavily impacted by budgetary considerations. Over the past five years, the State has had incidents and disasters that may have affected individual jurisdictions. However, the response from DHR did not exceed the plan's scope, therefore no changes to the Disaster plan were necessary.

The reports created, RE881R In-State Emergency Contact Report and RE882R out-of-state Emergency Contact report are generated weekly. These reports are accessible through business objects. Business objects is a web-based application that is accessible to anyone with the proper security and Virtual Private Network (VPN) access. The report contains the

identity and location for children under State care or supervision. The report also provides the names of the worker and their contact information



Section VII. MONTHLY VISITATION

Maryland's local departments of social services are required to at least once monthly conduct a face to face visit with a foster child.. Contacts can be in the form of phone calls, e-mails, letters or visits. A monthly visit is a face-to-face contact that includes dialogue (or communication as appropriate to the age and ability of the child) and exchange information pertinent to the child and family. This distinguishes a visit from a simple contact. Visitation or face-to-face contacts are vitally important to the provision of child welfare services, meeting the needs of the child, promoting well-being, and achieving permanency. Monthly face to face visits must occur in the placement of the child 7 out of 12 months to ensure the safety of the placement and the well being of the child in this placement. Policy Directive #12-7, Caseworker Visitation with Child, (http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2012-7%20Caseworker%20Visitation%20with%20Child.pdf) This directive provides a detailed outline of the standards for the communication and information gathered during the monthly face to face visit.

Maryland has reached a high level of performance for caseworker visitation, and established a solid track record documenting caseworker visitation in MD CHESSIE (Maryland's SACWIS). The quality and content of the monthly caseworker visitation is documented in contact notes and is reviewed during case reconsideration process every 180 days by the social work supervisor. Maryland had begun generating caseworker visitation data entirely from MD CHESSIE starting with the FFY2011 report, and has

successfully shifted to the new federal methodology required for FFY2012. Indeed, Maryland's performance in documenting caseworker visitation has already surpassed the FFY2015 targets in FFY2013. For caseworker visitation data, please visit the Maryland StateStat web site at http://www.statestat.maryland.gov/reports.html, Department of Human Resources Report, Visitation tab.

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

In August 2014, the Department distributed a policy directive delineating the new Federal requirements for caseworker visitation funds. Each local department is required to submit a caseworker visitation plan to ensure the guidelines are met. The plans are approved by Central staff. The local departments will be required to submit a plan on a yearly basis. They are also required to submit quarterly reports that state how the funds were spent. The local departments are utilizing the caseworker visitation funds in various ways to improve the quality of caseworker visits focusing on caseworker decision making on the safety, permanency, and well-being of foster-children and on caseworker recruitment, retention, and training. Various trainings are offered by several local departments across the State utilizing the Caseworker Visitation funds. These trainings are separate from the training offered by the Child Welfare Academy. Examples of trainings include enhancing skill building for assessing risk and safety; cultural diversity training; resiliency and best practices for working with LGBTQ youth; and compassion fatigue and vicarious trauma. In addition, some local departments are purchasing video cameras to allow for the video-taping of visits, so that the worker's supervisor can assess the visits and help the worker enhance his/her skills. Portable scanners are also being purchased by a few local departments to be used by caseworkers when they work with foster children on life books, case plans, and youth transitional plans. Finally, several employee recognition events or retreats are being held in various local departments to reward outstanding achievement and dedication of caseworkers. SSA plans to utilize the funds for retention and training.

Section VIII. ADOPTION INCENTIVE PAYMENT

From FY 1998 through FY 2012 Maryland has received a total of $4,162.00 in adoption incentive payments for the number of adoptions achieved during that time frame. Keeping with the goals of the adoption incentive program payments have been used to : (1) To facilitate stabilization of an adoption placement prior to finalization; (2) To help maintain an adoption after finalization; and (3) To recruit families for older children and children of any age who present challenges that hamper identification of family resources for adoption.

The majority of the awarded funds were allocated to the local departments to provide direct client services and supports to children in Out-of-Home Placement. While a portion of the funds were used for scholarships to allow adoptive families to attend the North American Council on Adoptable Children Conference (NACAC).

Maryland's plan for future adoption incentive awards include funding training to LDSS casework staff on promoting more inter-county adoptive placements, adoptive families NACAC scholarships, and collaborating with Adoptions Together on the Heart Gallery. In order to ensure LDSS understands the purpose and goal of adoption incentive funds, DHR/SSA will issue policy to provide guidance to LDSS on how to expend the allocated funds within the allotted time frame and the required documentation to track the expenses.

Section IX. INTER-COUNTRY ADOPTIONS

Maryland does not provide any specific programs targeted to children adopted from other countries. Over the next 5 years, Maryland will review how expansions on services could occur. Any family can access the In Home Services continuum for supportive services as these services are provided without regard to the family structure. If these children enter care, they receive that same services as those provided to children born in this country, aimed at reunifying the family as soon as possible.

Section X. FINANCIAL REPORTS

In FY 2005, state and local spending on IV-B part 2 activities totaled $64.5 million. These amounts include services that prevent the risk of abuse, assist families at risk of having a child removed from their home, promote the timely return of a child to his/her home, and if returning home is not an option, provide appropriate placement and permanency. The FY 1992 baseline is $31.7 million.

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

The state spent $3,703,588 in Chafee FY 2005 funds. The amount spent for room and board (per COMAR 07.02.11.03, "Board rate" means the reimbursement to the out-of-home placement provider for the child's maintenance expenses) was $25,721 or 0.6% percent of the total. The state spent $876,163 in ETV FY 2005 funds.

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

See Appendix H for Certifications and Assurances.

Section XI. CONCLUSION

Maryland is proud of the work accomplished under the Place Matters initiative that began in 2007. The State plans to build on that success for the next five-years as it enters into the next progression of Place Matters. Maryland's next progression is from a child-focused initiative to initiatives, collaborations and practices that involve the family and continue the evolution of Family Centered Practice.

Section XII. ACRONYMS

ACCWIC - Atlantic Coast Child Welfare Implementation Center
ACF - Administration for Children and Families
ADHD - Attention-deficit/hyperactivity disorder
AECF - Annie E. Casey Foundation
AFCARS - Adoption and Foster Care Analysis Reporting System
AFS – Automated Fiscal Systems
APD – Advance Planning Documents
APPLA – Another Planned Permanency Living Arrangement
APSR – Annual Program Services Review
AR – Alternative Response
ARC - American Red Cross
ASCRS – Adoption Search, Contact and Reunion Services
ASFA – Adoption and Safe Family Act
BSFT - Brief Strategic Family Therapy
CANS - Child and Adolescent Needs and Strength
CA/N - child abuse/neglect
CANS – F Child and Adolescent Needs and Strength - Family
CAPTA – Child Abuse Prevention and Treatment Act
CB – Children's Bureau
CBCAP - Community-Based Child Abuse and Prevention
CCIF - Children's Cabinet Interagency Fund
CCO - Coordination Organization
CFSR – Child and Family Services Review
CFP – Casey Family Programs
CIHS - Consolidated In-Home Services
CINA - Children in Need Of Assistance
CIP - Continuous Improvement Plan
CIS - Client Information System
CME - Care Management Entities
CQI – Continuous Quality Improvement
CRBC - Citizens Review Board for Children
CRC - Children's Research Center
CSA - Core Service Agencies
COOP - Continuity of Operations Plan
CPS - Child Protective Services
CSOMS - Children's Services Outcome Measurement System
CWA – Child Welfare Academy

CY – Calendar Year
DDA - Developmental Disabilities Administration
DEN - Drug-Exposed Newborn
DHMH - Department of Health and Mental Hygiene
DHR - The Maryland Department of Human Resources
DJS – Department of Juvenile Services
DOB - Date of Birth
ECE - Early care and education
ECMHC - Early Childhood Mental Health Consultation
EFT - Electronic Funds Transfers
EP - Emergency Preparation
EPSDT - Early and Periodic Screening, Diagnosis, and Treatment Program
ESF - Emergency Support Function
EA VPA - Enhanced After Care Voluntary Placement Agreement
FASD Fetal Alcohol Spectrum Disorder
FAST - Family Advocacy and Support Tool
FC2S – Foster Care to Success
FEMA - Federal Emergency Management Agency
FBI-CJIS - Federal Bureau of Investigation reports
FFT - Functional Family Therapy
FCCIP – Foster Care Court Improvement Project
FCP – Family Centered Practice
FEMA - Federal Emergency Management Agency
FIM- Family Involvement Meetings FPL - Federal Poverty Level
FMIS - Financial Management Information System
FSC - Family Support Center
GAP - Guardianship Assistance Program
GAPMA - Guardianship Assistance Program Medical Assistance
GEAR – Growth, Empowerment, Advancement, Recognition
GED - General Educational Development
GOC - Governor's Office for Children
IAR – Institute of Applied Research
ICPC Interstate Compact on the Placement of Children
ICAMA - Interstate Compact on Adoption and Medical Assistance
IDEA - State Interagency Coordinating Council for the Individuals with Disabilities Education Act
IEP - Individualized Education Programs
IFPS - Inter-Agency Family Preservation Services
ILC – Independent Living Coordinator
IR – Investigative Response
LDSS – Local Department of Social Services
LGBTQ - Lesbian, Gay, Bi-sexual, Transgender, Questioning
LIFT - Launching Individual Futures Together
MAF – Mission Asset Fund
MEMA - Maryland Emergency Management Agency
MEPP - Maryland Emergency Preparedness Program
MFRA - Maryland Family Risk Assessment

MATCH – Making All The Children Healthy
MCO - Managed Care Organizations
MD-CJIS - Maryland Criminal Justice Information System
MFN - Maryland Family Network, Inc.
MHA - Mental Health Access
MHEC – Maryland Higher Education Commission
MI - Motivational Interviewing
MRPA - Maryland Resource Parent Association
MSDE – Maryland State Department of Education
MST - Multi-Systemic Therapy
MTFC - Multi-Dimensional Treatment Foster Care
NCANDS – National Child Abuse and Neglect Data System
NCHCW – National Center on Housing and Child Welfare
NGO - Non-Government Organizations
NRCPRFC- National Resource Center for Permanency and Family Connections
NRCCWDT - National Resource Center for Child Welfare Data and Technology
NYTD - The National Youth in Transition Database
OEO - Office of Emergency Operations
OOH – Out-of-Home
OHP – Out-of-Home Placement
OLM - Office of Licensing and Monitoring
OFA – Orphan Foundation of America
PAC - Providers Advisory Council
PCP – Primary Care Physician
PIP – Program Improvement Plan
PSSF – Promoting Safe and Stable Families
QA – Quality Assurance
RFP – Request for Proposal
RTT-ELC - Race-to-the-Top Early Learning Challenge
SACWIS - Statewide Automated Child Welfare Information System Assessment Reviews
SAFE - Structured Analysis Family Evaluation
SAMHSA - Substance Abuse and Mental Health Services Administration
SARGE - State Automated Child Welfare Information System Review Guide
SCCAN - State Council on Child Abuse and Neglect
SCYFIS - State Children, Youth and Family Information System
SDM – Structure Decision Making
SED - Serious emotional disturbance
SEFEL - Social Emotional Foundations of Early Learning
SEN – Substance Exposed Newborn
SFC-I - Services to Families with Children-Intake
SILA – Semi Independent Living Arrangements
SMO - Shelter Management/Operations
SOCTI – System of Care Training Institute
SoS – Signs of Safety
SROP - State Response Operations Plan
SSA – Social Services Administration
SSI - Supplemental Security Income

SSTS – Social Services Time Study
SYAB – State Youth Advisory Board
US DOJ, FBI-CJIS – United States Department of Justice, Federal Bureau of Investigation
TANF – Temporary Assistance to Need Families
TAY - Transition Age Youth
TFCBT - Trauma-Focused Cognitive Behavioral Therapy
TPR – Termination of Parental Rights
UMB – University of Maryland, Baltimore
VPA – Voluntary Placement Agreement
VPN – Virtual Private Network
WIC - Women, Children and Infants
WWF - Wireless Web Form

Section XIII. APPENDICES

Appendix A Organizational Structure

Appendix B Child and Family Services Interagency Strategic Plan

Appendix C Collaborations

Appendix D Financial Aid Release Form

Appendix E Visiting in Maryland: Opportunities & Challenges for Sustainability

Appendix F Map of Evidence Based Practices implemented across the State

Appendix G Training Matrix

Appendix H Assurances

Appendix I Social Services Administration COOP Plan

Appendix J Allegany Co. COOP Plan

Appendix K Baltimore Co. COOP Plan

Appendix L Psychotropic Medication Monitoring of Youth in Foster Care in Maryland

Appendix M Case Review data - PIP Periods A-D