

Maryland Department of Human Resources
Title IV-B Child and Family Services Plan
2010-2014



Maryland's Human Services Agency



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Title IV-B Child and Family Services Plan
2010-2014**

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I. FIVE-YEAR CHILD AND FAMILY SERVICES PLAN FOR FYs 2010-2014

A. Organization and Functions

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

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

Since the last Title IV-B Plan was submitted, the Maryland DHR has 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.

The strategies to achieve these goals include:

- Family Centered Practice
- Placement and Community Resource Development

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- Focused Permanency Policy and Practice
- Targeted Child Well-Being Policy and Practice
- Enhanced In-Home Services

As a result of the Round One Child and Family Services Review (CFSR), Maryland began to develop and implement its Family-Centered Practice (FCP) Model, which serves as the cornerstone of “Place Matters” (see Appendix A), *Maryland Department of Human Resources Family Centered Practice Model*. The FCP is premised upon engaging the family in order to help them to improve their ability to adequately plan for the care and safety of their children. The safety, well-being and permanence of children are paramount. The strengths of the entire family are the focus of the engagement. The family is viewed as a system of interrelated people where action and change in one part of the system impacts the other. A commitment is made to encourage and support the family’s involvement in making decisions for their children. A climate of community collaboration is nurtured as a way to expand the supportive network available to children and families. Refining the assessment and evaluation of practice standards and promoting performance expectations to assist caseworkers, supervisors and administrators in facilitating child welfare interactions will improve the outcomes for children and their families.

Successful implementation of “Place Matters” is supported by the *Maryland Child and Family Services Interagency Strategic Plan* (see Appendix B), which is directly aligned with the FCP Model and is testimony to the commitment of Maryland’s entire system of care to the provision of opportunities, services and supports that are family- and youth-driven, individualized, effective, culturally competent and community-based. Published in June 2008, the Interagency Plan is the result of an intensive, collaborative effort by the Maryland Children’s Cabinet¹ 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 Interagency Plan 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). It is the belief of the Children’s Cabinet that each child-family serving agency should prioritize collaborative interagency initiatives through the conscious dedication of resources and supports. 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.

¹ Maryland’s Children’s Cabinet is comprised of the Secretaries of the Departments of Human Resources, Juvenile Services, Disabilities, Health and Mental Hygiene, and Budget and Management, as well as the Superintendent of the Maryland State Department of Education and the Executive Director of the Governor’s Office for Children, who chairs the Children’s Cabinet.

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B. Plan Requirements

Vision Statement/Mission Statement

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.

Goals/Objectives

CHILD SAFETY OUTCOMES

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

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

Objective 1.1: By June 30, 2014, Maryland will meet the National Standard for Absence of Maltreatment Recurrence. Maryland currently is at 94.3% and needs to move by only .3% to the standard of 94.6%

Objective 1.2: By June 30, 2014, Maryland will maintain the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months). Maryland currently exceeds the standard at 99.78%.

To achieve these objectives, SSA will focus its efforts on:

- Implementation of Family Involvement Meetings as part of the FCP Model
- Structured Decision Making in Child Protective Services Screening
- Integrated In-Home Services

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- Structured Analysis Family Evaluations

Family Involvement Meetings (FIM)

As discussed above, as a result of the Round One CFSR, Maryland is rolling out its Family-Centered Practice (FCP) Model. Within the FCP Model, Family Involvement Meetings (FIMs) provide a forum for families to be active partners in discussing child welfare involvement. The purpose of FIMs is to establish a team to engage families and their support network to assess their strengths and needs and develop service plans. FIMs are convened to engage families in making critical decisions for their children. Families are encouraged to bring members of their support network to the meeting, such as relatives or community members. 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.

All local department caseworkers and supervisors are required to attend FCP training, which emphasizes the value of FIMs and provides the engagement and teaming skills necessary to support assessments and service planning with children and families as part of this casework practice. FIMs are convened at key decision making points, called triggers. Key decision triggers include:

- Removal or Considered Removal
- Placement Change
- Recommendation for Permanency Change
- Youth Transitional Plan
- Voluntary Placement Agreement

Since December 2008, FIMs have been convened at the time of removal or considered removal in all 24 local departments of social services

A full overview and purpose of the FIM is located in Appendix K.

The FIM case practice is further supported through the interagency structure of the Regional Care Management Entities (see p.19 under Well-Being Outcomes for further discussion).

Structured Decision Making in Child Protective Services Screening

As referenced in the *Maryland Department of Human Resources Child and Family Services Plan 2009 Annual Progress and Services Report*, implementation of Structured Decision Making (SDM) in each of Maryland's 24 jurisdictions was completed in December 2008. SSA worked in partnership with the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency, to tailor the tool to Maryland's child abuse and neglect laws and regulations and field test its ability to promote consistency in determining which referrals or allegations of child abuse and neglect are appropriate for investigation and which should be screened out and closed or

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referred to another service. Over the next year, SSA will continue to partner with the CRC to monitor outcomes based upon use of the SDM tool and develop mechanisms for continuous quality improvement. Future plans are to incorporate the SDM tool into MD CHESSIE, the statewide management information system for SSA.

Integrated In-Home Services

The In-Home Family Preservation program is designed to provide comprehensive, time-limited and intensive family focused services to a family with a child at-risk for an out-of-home placement. The purpose of Family Preservation services is to promote safety, preserve the family unity, maintain self-sufficiency and assist families to utilize community resources. Family Preservation services are in-home and community-based. Based on the local jurisdiction size and staff availability, the Family Preservation staff may consist of a worker or a worker and family support worker team approach to serving the family. Over time, several models of services have been developed across jurisdictions, such as Families Now I, II, and III, Intensive Family Services and Consolidated Family Services. This adaptable approach was initiated to ensure that each local department of social services designed a program in accordance with the needs of the community being served. The accumulation of these models has become unwieldy and the State will be collapsing all of these into one overall classification of In-Home Family Preservation.

Under this new approach, the level of service will be driven not by a service category designation, but rather by the combination of child safety and risk of maltreatment: Level 1 is conditionally safe regardless of risk; Level 2 is safe with medium/moderate risk; and Level 3 is safe with low risk. When the child welfare worker updates either the Safety or Risk assessments, the Level of service intensity may change, and the worker will be able to observe these shifts in Safety and Risk and plan hours of service for each family served accordingly.

The Interagency Family Preservation Services (IFPS) program transitioned from the Children's Cabinet Interagency Fund where it was administered by the Governor's Office on Children (GOC) and the Local Management Boards to DHR/SSA in July 2007. Each local department of social services submitted a transition plan. A workgroup composed of representatives from SSA and local departments of social services developed proposed statewide recommendations. Each local department submitted standard operating procedures for the program to function within the established statewide guidelines.

There are six jurisdictions that have private vendor contracts for the IFPS program. The other eighteen local departments of social services operate the program within their agencies. During FY09 all jurisdictions were required to maintain case information in the MD CHESSIE database system.

Interagency Family Preservation Services differs from traditional Family Preservation in that referrals are accepted from sources outside the Department. In addition to the Department of Social Services, referrals can come from the Department of Juvenile

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Services, local school systems, programs within the local Health Department (substance abuse, maternal and child health, etc.), mental health organizations (Core Services Agencies or others in the community), other professionals and self-referrals. The IFPS program encourages involvement from all household members, extended family, the referral source and any other identified resources in an effort to best support the participating family.

Structured Analysis Family Evaluation (SAFE)

Structured Analysis Family Evaluation (SAFE) is a home study methodology that was designed to evaluate families for adoption, foster care licensure, concurrent planning and relative placement. SAFE is built upon solid social work practice values that stress the importance of respectfully engaging families in a strength based, mutual evaluation process that strives to select families in, not out.

Local Departments have been trained on the SAFE Model and Maryland sees this tool as a best practice. Work has begun in training private providers in this model. The policy for SAFE home study methodology has been developed. The Department is working with the University of Maryland Child Welfare Academy to provide training for private providers by the end of the calendar year.

Safety and Risk 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. Historically child welfare staff has had difficulty in designing plans that focus on behavioral change as opposed to measuring activity (demonstrating that a mother understands what age appropriate behavior is for her 2 year old as opposed to presenting a certificate that she attended parenting classes). Beginning with Baltimore City staff a new training was developed and delivered with the primary goal of helping caseworkers understand the fundamental differences between safety and risk and planning appropriately for each. Originally intended as training that supervisors could send staff needing help to will now be a mandatory offering. The focus is on understanding the short term planning needed to address safety concerns and addressing the longer term concerns of risk through service planning.

PERMANENCE OUTCOMES

SSA 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

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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.

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

Objectives:

Timeliness of Reunification

- 2.1 By June 30, 2014, Maryland will make continued improvement to National Standard Score of 122.6 on Timeliness and Permanency of Reunification.
- 2.2 By June 30, 2014, continue to improve exits to reunification in less than 12 months to move toward National Median of 69.9%.
- 2.3 By June 30, 2014, continue to improve exits to reunification, median stay (lower score is preferred) to move toward National Median of 6.5 months.
- 2.4 By June 30, 2014, continue to improve entry cohort reunification in less than 12 months to move toward National Median of 39.4%.

Permanency of Reunification

- 2.5 By June 30, 2014, Re-entries to foster care in less than 12 months (lower score is preferred) will maintain 11.4% Median score exceeding the National Median.

To achieve these objectives, SSA has focused its efforts on:

- Family-Centered Practice Model Core Strategies
- Transitioning Youth to Families Placement Protocol
- Foster Connections Act & Other Transitioning Youth Initiatives
- Statewide Child Welfare Summit and Commission
- Adoption and APPLA Reviews

Family-Centered Practice Model Core Strategies

In addition to the use of Family Involvement Meetings, the FCP Model includes core strategies to further the goal of permanency including:

- 1) Community Partnerships,
- 2) Recruitment and Retention Support for Placement Resources,
- 3) Evaluation, and
- 4) Enhanced Policy and Practice Development.

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FCP Model Core Strategy: Community Partnerships – Local departments will continue to establish relationships with community networks to develop partnerships to support families in being able to safely care for their children in the least restrictive environment. The FCP Model and use of FIMs is further supported by the Cross-Agency Regional Care Management Entities and Wraparound care coordination (see discussion on p. 16 under Well-Being Outcomes) to help maintain children in their families and home communities.

FCP Model Core Strategy: Recruitment & Retention Support for Placement Resources – There is a renewed commitment to kinship care families and neighborhood based foster family placement resources to enable children to remain in close proximity to their communities when they cannot be protected in their own homes. When more restrictive placement options need to be considered, local departments will develop a review process to assess the placement recommendations and to formalize strategies to transition the children into family and community based settings.

DHR's "1000 by 10" recruitment and retention plan seeks to increase the number of foster family resources by 1000 by the year 2010. This effort focuses on Maryland's need to develop resources for children within their communities and broaden the diversity of resource home options. Recruitment of diverse foster and adoptive parents provides the greatest likelihood that foster children are matched with a family that can meet their needs rather than placing children in "open slots" that may be ill equipped to meet their needs. The plan is addressing the need for:

- Resource Families: families who provide both foster and adoptive placements for the children placed in their care. Resource families are licensed both as foster and adoptive parents. This practice is one way of expediting permanency for children who are unlikely to be reunified with their families or who have a plan of adoption.
- Foster Families: families who provide temporary homes that are safe and nurturing places in which to live. Foster parents work with the birth families and the local departments of social services to provide the best possible care and facilitate the effectuation of the permanency plans (reunification with parents, placement with relatives, or adoption).
- Adoptive Families: families willing to provide a permanent home to children in the State's care and custody. Adoption is the legal proceeding by which a child becomes a member of a family with all the legal rights and privileges to which a child born to the family is entitled.
- Respite Families: families who do not provide care for a child full-time, but who provide care over weekends or on special occasions to relieve the full-time resource family. This is important because "getting a break" from the demands and stresses of parenting is important to any parent.

An essential component of retention of our resource families is that they must receive supportive services from the local departments of social services, thus encouraging them

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to be better caregivers for the children placed in their homes. Therefore, the plan includes retention strategies such as:

- Daycare: to foster families for children ages 5 and under year-round, and up to age 12 for summer break. Daycare policy available in all 24 DSS Offices based on MSDE child care rates.
- Recruitment Incentive Bonus: to foster parents to encourage foster parents to help recruit, retain, and mentor new foster parents. This incentive provides a \$250 bonus to a referring foster parent once a new foster parent is approved, and a second payment of \$250 once the new foster parent completes one year of service.
- Differential Board Rates: are available to local Departments that have number of children from other jurisdictions (other State or District of Columbia) that represent 1/3 of caseload.
- Foster Parent Ombudsman: This position was created to eliminate barriers and concerns of foster parents in an objective and efficient manner. This position works out of Secretary's Office and acts as a liaison between foster parents and DHR.
- Respite Program: has been improved and re-implemented to clarify procedures. The respite program has been under-utilized historically and it is an important component to retention.

To further enhance recruitment and retention of foster families and help to reduce disruptions in care, in October 2008, Maryland was awarded a federal grant from the Administration on Children, Youth and Families, Children's Bureau under the Adoption Opportunities: Diligent Recruitment of Families for Children in the Foster Care System Program. This project, entitled Maryland KEEP (KEEPing foster and kinship parents trained and supported) is a foster parent training and support intervention for youth ages 5 to 12, designed by Dr. Patricia Chamberlain and the Oregon Social Learning Center (OSLC), modeled after the evidence-based practice of Multidimensional Treatment Foster Care. Initial KEEP implementation in San Diego demonstrated decreased child behavior problems, reduced risk for placement disruption, and mitigation of negative risks to permanency caused by a history of multiple placements.² With the support and consultation of Dr. Chamberlain and the OSLC, DHR/SSA is working with the Maryland Foster Parent Association and other stakeholders to adapt the successful San Diego KEEP model to meet the demographic, cultural and ethnic needs of Maryland's foster care population. Grant funds will support initial implementation in two jurisdictions with the goal of statewide replication.

FCP Core Strategy: Evaluation - A comprehensive assessment will be used to measure the outcomes for children and families. DHR/SSA has collaborated with researchers at

² Outcomes from the initial KEEP implementation in San Diego is reported in Chamberlain, P., Price, J., Reid, J., & Landsverk, J. (in press). Cascading implementation of a foster and kinship parent intervention: Partnerships, logistics, transportability, and sustainability. *Child Welfare*.

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the University of Maryland, School of Social Work to develop a comprehensive evaluation plan to measure the practice and organization changes after the statewide family centered practice training. The evaluation will measure changes in organizational climate, worker attitudes and practice, and outcomes for children and families. The components of the evaluation will focus on the overall practice changes and the process of implementing the practice model across the state; changes in children and families' level of engagement in child welfare services; and (welfare outcomes of safety, permanency, and well-being. The purpose of the process evaluation is to determine the extent to which the practice change is implemented as planned as well as evaluate fidelity to the FCP model, and changes in practice around core values and core strategies. The outcome evaluation will determine if there are changes in youth and families' safety, permanency, and well being following the implementation of family centered practice. A baseline assessment will be conducted as each local department begins the training with follow-up assessment being conducted at subsequent three, six and twelve month intervals.

FCP Core Strategy: Enhanced Policy & Practice Development - A continuous review of outcome measures will guide the revision child welfare policies and procedures. A variety of forums will be used to review policies and practice and disseminate information to child welfare practitioners and community partners on an ongoing basis. Family Centered Practice Oversight Committee - DHR/SSA is committed to institutionalizing the values of family centered practice. The Family Centered Practice Oversight Committee will monitor the implementation of the practice model. This committee will meet monthly and include local department administrators along with community and provider representatives. The purpose of this committee will be to make policy recommendations and technical assistance resources.

- Family Involvement Meeting Practice Support Group - DHR/SSA will continue to convene a quarterly Family Involvement Meeting Practice Support Group. At least one representative from each local department will participate to share information and enhance practice and policy related to the family involvement meetings. There will be continuing education opportunities to enhance facilitation skills. Representatives from the practice support group will serve as facilitation coaches support outreach to local departments and community partners.

Transitioning Youth to Families Placement Protocol

The overarching goals of Maryland's child welfare services are to promote the safety, permanence and well being of children coming to the attention of the local departments of social services as a result of maltreatment, or to meet a special need of a child with a disability. As discussed above, DHR's "Place Matters" initiative has been established to achieve these outcomes, and a major focus is placed on children served requiring out of home care placement. As a result, the Transitioning Youth to Families (TYTF) initiative was developed for local departments of social services as a mechanism to standardize

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procedures for identifying and accessing the most appropriate placement consistent with the best interests and needs of the child.

The TYTF initiative began with Washington and Baltimore Counties who assisted with the development of a review process to proactively consider the permanency and placement options of children in group home or congregate care placements. This process involved a collaborative team of interagency and community stakeholders who reviewed each child in a group placement in order to facilitate transition planning. Moving forward, Maryland has gathered lessons from Phase I and is recommending a revised strategy as it rolls out across the state. Phase II of TYTF will focus on the developing further guidance concerning the use of group providers as well as a review process for those youth for whom congregate placements are necessary.

The TTTY Initiative:

- Prioritizes permanency,
- Specifies preference for children living in families and in their communities,
- Requires that children and families be involved in decisions about their lives,
- Outlines appropriate use of congregate care, and
- Requires an approval/sign-off process for congregate care placements

Review guidelines govern assessments of children who are currently in congregate care with the goals of:

- Identifying and transitioning all appropriate youth,
- Outlining treatment and transition goals for all those who remain in congregate care after the review,
- Ensuring and specifying permanency connections, and
- Mandating ongoing oversight of recommended treatment/transition plan in order to encourage swift and effective implementation so that youth can transition out of congregate care as soon as possible.

The statewide roll-out of TYTF will begin with youth in group homes and then expand to all other congregate care placements.

Fostering Connections Act & Other Transitioning Youth Initiatives

In 2008, the federal government passed the Fostering Connections to Success and Increasing Adoptions Act, the first major legislation since AFSA in 1997, allowing for an expansion of foster care services for older youth. Under the Fostering Connections Act, funds are targeted to youth between 18 -20. Roughly 50% of children in Maryland in need of placement are ages 14-20. Maryland was ahead of the curve in this area as the service array covering youth ages 18-20 pre-dates this Act and includes custody and guardianship plans for youth who exit the system, as well as the provision of guardianship subsidies. Under this Act, Maryland will be able to expand its guardian subsidy program thereby increasing the number of children who will achieve permanency. Maryland had 300 slots available prior to this legislation. Maryland will

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grandfather those cases into the Federal Guardianship, and will now to be able to expand and increase the number of children who are able to exit through this process.

In addition to permanency options, these older youth need life skill development and other cross-agency service supports to ensure successful transition to adulthood. In October 2006, the Children's Cabinet launched The Ready by 21 Action Planning Team as the second goal of the Maryland Three Year Children's Plan.³ The Ready by 21 (RB21) Action Planning Team included more than thirty representatives from state and local government, businesses, advocates, private nonprofit service providers, higher education, young adults and family members to focus on ensuring all 309,000 Maryland youth ages 18-21 years old are ready for the responsibilities of life, including work and a career or further education and training. Their recommendations, published in the *Youth Ready by 21: A Five-Year Action Agenda for Maryland* (See Attachment C), prompted the formation of an RB21 Leadership Team, chaired by the Secretary of DHR.

Policy reform initiatives underway from the RB21 Leadership Team include: (1) extending Medicaid coverage through age 21 for young adults who leave foster care (House Bill 580, 2008); (2) aligning the definition of TAY across state agencies; and (3) disseminating recent legislative changes in insurance options for TAY. Other Transitioning Youth Initiatives internal to DHR include: development of benchmarks that will align with the Ansell-Casey Assessment and provide guidance to case workers in engaging youth; transitioning youth through the use of John F. Chaffee Program; and alignment with the Ready By 21 Program Domains.

Commission on Improving Child Welfare

The Commission on Improving Child Welfare was created by the Maryland Judiciary to improve not only court outcomes for maltreated children, but for Agency outcomes as well. Recognizing that often the services provided for these youth overlap, the goal is to look to institute a forum for increased collaboration and planning to reduce the length of time children stay in care. Members of the state team felt it imperative to broaden the focus beyond the Foster Care Court Improvement Project (FCCIP) and convene a commission that would include additional partners to collaborate on improving child welfare in Maryland.

In 2008, Maryland held its first Child Welfare Summit. The Summit's purpose was to address permanency in all 24 jurisdictions. As a result, the Commission on Improving Child Welfare was created. The commission is co-chaired by the Chief Justice and the Secretary of DHR. Each of the 24 local departments sent to the summit a team that includes the Local Director and Judge/Master from the county as well as Local stakeholders, including attorneys, service providers, and child welfare workers as members of the local team. Each team reports quarterly to the commission on their

³ The three goals of the Plan are: 1) develop a comprehensive prevention strategy, 2) develop a Transition-Aged Youth plan, and 3) build on established foundations.

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efforts to reduce barriers to permanency. A mini summit is being planned for the end of this calendar year or beginning of next year.

The Foster Care Court Improvement Project (FCCIP) provides oversight to the Child Welfare Action Plan developed at the first Leadership Summit.

Adoption and APPLA Reviews

Beginning July 2009, Maryland's Citizen Review Board will review foster care cases with a plan of adoption to identify barriers preventing timely movement of a child towards adoption after a plan of adoption has been established. The reviews will result in recommendations at the case level, local level and state level to improve permanence outcomes for children with a plan of adoption. The reviews will take place at designated times in the life of the case and assess whether:

- The child is receiving the identified appropriate services to become adopted and finalized;
- That the adoption is progressing so that it may be achieved in a timely manner will achieve permanency in a timely manner;
- The identification and removal of systemic barriers that prevent timely achievement of adoption;
- There are other determined indicators regarding the adoption process.

In addition, Maryland's Citizen Review Board will review foster care cases with a plan of APPLA to assess the appropriateness of the plan and identify barriers to the achievement of the plan. Reviews will take place within 3 months of the establishment of APPLA as the primary permanency to ensure that local departments made adequate and appropriate efforts to assess if a plan of APPLA was the only recourse for the child as well as within 3 months after the 17th birthday and within 3 months after the 20th birthday. The primary purpose of the review is to assess services provided to prepare the youth to transition to adulthood. The reviews will assess whether:

- The child's APPLA plan is appropriate according to state and federal policy;
- The child is receiving the identified appropriate services to achieve goals of APPLA;
- A plan is in place to identify a permanent connection for the child;
- Proper and adequate preparation is happening to ensure a child has a successful transition out of care by the age of 21;
- And other determined indicators.

CHILD WELL-BEING OUTCOMES

The SSA is committed to preserving and enhancing the development of children in its care. To improve the well-being of children and families, Maryland consistently focuses on protecting children from abuse and neglect, ensuring permanency and stability,

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enhancing the capacity of families to provide for the needs of their children and providing appropriate educational and health services. As set forth in Part A above, the *Maryland Child and Family Interagency Strategic Plan* is directly aligned with the DHR's FCP Model and is testimony to Maryland's entire system of care's commitment to improving Child Well-Being Outcomes through the provision of individualized services and supports that are family- and youth-driven and community-based.

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

Objectives:

- School enrollment within 5 days of removal
- Comprehensive health assessment within 60 days of removal
- Annual health assessment for foster children within 30 days of anniversary of comprehensive health assessment.
- Annual dental assessment for foster children within 30 days of anniversary of comprehensive health assessment
- Family Involvement Meetings occur in 75% of child welfare cases.

To achieve these objectives, SSA is focusing its efforts on:

- Interagency Support for the Family-Centered Practice Model through Regional Care Management Entities and Wraparound Care Coordination
- Improving Access to Education and Mental Health Services through Interagency Partnerships
- Emphasis on Data-Driven Decision Making and Evidence-Based and Promising Practices
- Service Array Assessments and Resource Development Plans

Interagency Support for the Family-Centered Practice Model through Regional Care Management Entities and Wraparound Care Coordination

Since 2006, the State of Maryland has supported the implementation of Care Coordination using High Fidelity Wraparound through Care Management Entities (CME)⁴. Wraparound is a service delivery model that uses a Child and Family Team, comprised of care coordinators, family members, natural supports, youth, and professionals, to create an integrated, strengths-based, needs-driven plan of care. It strongly emphasizes family voice and choice, as measured by the Wraparound Fidelity Assessment System, as well as the other tenets of Wraparound and Systems of Care (see the National Wraparound Initiative for more information: www.rtc.pdx.edu/nwi).

⁴ See Appendix I for Maryland Child and Adolescent Innovations Institute and Mental Health Institute. (2008). *The Maryland care management model: Care coordination using high-fidelity Wraparound to support the strengths and needs of youth with complex needs and their families*. Baltimore, MD: Author.

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Initially only available in Baltimore City and Montgomery County, these Wraparound Pilot Sites expanded into Southern Maryland and Wicomico County, serving interagency populations of youth who were at-risk for entrance into a Residential Treatment Center in their homes and communities. In April 2009, the Governor's Office for Children issued a Request for Proposals (RFP) for Regional Care Management Entities (CME) on behalf of the Children's Cabinet, including DHR. This RFP, currently still in the procurement process, will create a single CME in each of three regions in Maryland, available to serve *all* of the youth in Maryland. There are a number of discrete populations that will be served through various funding sources under this RFP, bringing together several pots of funding from the Children's Cabinet Agencies and the Children's Cabinet Interagency Fund to create a more seamless service delivery system for children and families.

In particular, youth involved with DHR will be able to access the CME through the MD CARES Systems of Care Grant, the 1915(c) Residential Treatment Center Medicaid Waiver, and the pending RURAL CARES System of Care Grant.

MD CARES - In September 2008, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Maryland a Children's Mental Health Initiative Cooperative Agreement, commonly referred to as a SOC grant award (see SAMHSA RFA No. SM-08-004). Maryland's project, entitled Maryland Crisis and At Risk for Escalation diversion Services for children (MD CARES), will cement a cross-agency partnership that blends family-driven, evidence-based practices within mental health and child welfare to better serve youth and families involved in the State's foster care system. Service dollars awarded under this cooperative agreement will be targeted to the neighborhoods in Baltimore City, where the majority of the youth and families in foster care reside. The service focus of this initiative is the care management and treatment of youth in the Baltimore City foster care system, at the point of initial diagnosis of serious emotional disturbance, in order to prevent out-of-home placement or disruption in current placement when the disability is expected to last in excess of one year. This grant is integrating Maryland's Wraparound and Care Management Models with DHR's Family Center Practice Approach and Family Involvement Meetings. Youth will be referred to the CME from the Family Involvement Meetings, combining the best practices within both mental health and child welfare through the application of the Wraparound service delivery process for youth who have been identified during DHR Family Involvement Meetings to have serious mental health needs and require community support services in order to:

1. Avoid initial foster home placement;
2. Stabilize the initial placement to avoid disruption in placement; and/or
3. Divert from higher level placement or group care.

MD CARES will serve up to 40 youth at a time for an average of 15 months. Through a solid infrastructure and carefully planned statewide strategies, MD CARES will also seek to bring the foster care model developed in Baltimore City for statewide implementation.

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Rural CARES - Talbot County has submitted a CMHI grant proposal to SAMHSA for a systems of care grant on the Eastern Shore (Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County, and Worcester County) of Maryland (RFA SM-09-002). If this grant is awarded to Talbot County on behalf of the Eastern Shore, it is envisioned that the CME that is contracted to serve the South Eastern Maryland Region will enter into a contract with Talbot County to serve this population on the Eastern Shore. This grant is modeled on the MD CARES Systems of Care Grant in Baltimore City, with the same general target population as outlined above.

RTC Waiver (1915(c) PRTF Demonstration Grant) - Maryland is one of nine states currently participating in a Centers for Medicare & Medicaid Services 1915(c) Community Alternatives to Psychiatric Residential Treatment Facilities (PRTF) Demonstration Grant. This grant uses Maryland's CME structure and Wraparound service delivery model to serve youth in their homes and communities instead of in a PRTF (in Maryland, a Residential Treatment Center or RTC). Services will be available to eligible youth ages 6-21 for up to two years and the youth will be able to access the entire Public Mental Health System as well as seven new RTC Waiver Services that are eligible for Medicaid reimbursement, including caregiver peer-to-peer support, youth peer-to-peer support, respite services, and crisis and stabilization services. The RTC Waiver is currently being implemented and is expected to serve up to 80 youth each year across the state.

Additionally, DHR is also funding two Community Resource Specialists in each region of the state to support the development of service plans that address the needs of the child and family. These Community Resource Specialists will assist in identifying individualized services and supports in the community that will meet goals within the youth and family's Plan of Care (POC) in order to achieve his or her permanency plan. If the necessary services are not available in the community, the CME will work with community providers to create a support to address the need. In addition, the CME will broker the services and supports and manage the utilization of services and supports to ensure that youth are utilizing the appropriate amount and duration of service, are not "stuck" in inappropriate services, and that services/supports are leading to measurable outcomes.

Improving Access to Education and Mental Health Services through Interagency Partnerships

The availability of and access to critical services are vital to the success of the outcomes for children involved with child welfare. Collaboration with other child and family serving agencies is essential in the development of the needed resources. SSA will continue its efforts to strengthen collaboration with Maryland State Department of Education (MSDE) and Department of Health and Mental Hygiene's Mental Hygiene Administration (DHMH/MHA) to build a continuum of education and health services for Maryland's children who have to be placed in out-of-home care by developing strategies to increase the availability and accessibility of necessary services and supports. One

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example of recent collaboration with MSDE is the development of an Education Resource Handbook has been completed and will be distributed for use by child welfare and education staff. A continued partnership will move forward with MSDE around enrollment of children in school. MSDE has recently introduced regulations that allow children to maintain enrollment in their school of origin.

In addition to the mental health collaborations discussed in the preceding Care Management and Wraparound description, to support the shift from a crisis-oriented to a prevention-oriented model of care, DHR and DHMH/MHA partnered in the development of a Crisis Response and Stabilization model to provide 24-hour mobile, mental health, crisis intervention. The mobile intervention system will include 6 weeks of in-home follow-up services to give foster parents an option beyond calling the police or the emergency room. The model is supported by a two-phased state budget proposal that includes new funds, reconfiguration of existing public mental health system resources, and Medicaid. Phase one implementation was included in DHR's FY09 budget and has provided for implementation of the model in 16 of the State's 24 local jurisdictions. Phase two implementation to expand this program to the remaining 8 jurisdictions is pending. Outcome data will be tracked to justify a request for additional funding.

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

DHR has partnered with the University of Maryland, Baltimore's Innovations Institute and Child and Adolescent Mental Health Institute in a Child and Adolescent Needs and Strengths (CANS) Level of Intensity Project. Building on a 2008 study using the CANS to assess functional outcomes for youth in group homes, the goal of this project is to create a standardized process of matching youth needs and strengths to appropriate services. The "Maryland CANS" is going to be developed with considerable stakeholder input and the support of the CANS' developer, Dr. John Lyons. The Maryland CANS will define continuum of care options according to level of intensity of service needs (i.e., low, medium, high) and placement options (e.g., family, kinship care, foster care, group home, treatment foster care, and residential treatment) and construct a decision support model based on Maryland CANS items and continuum of care options. As part of the project, the decision support model will be tested and refined using CANS completed by caseworkers/case managers.

The theme of "Continuum of Opportunities, Supports and Care" in the Interagency Strategic Plan (discussed above) contained the following recommendation on evidence-based practices (EBP) and promising practices: *The Children's Cabinet should continue to make 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 has demonstrated its commitment to implementing that recommendation by providing funding to support implementation, fidelity and outcomes monitoring, and fiscal analysis of EBPs.

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The Children's Cabinet has entered into a contract with the Maryland Child & Adolescent Innovations Institute at the University of Maryland, Baltimore, School of Medicine to develop an EBP implementation plan. As part of the development of an implementation plan, the Innovations Institute will be partnering with the Children's Cabinet to: Obtain data on existing EBPs in Maryland; Conduct a "sizing" of the EBPs to determine which EBPs should be expanded or brought into the state; 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. EBPs being implemented initially included Multi-Dimensional Treatment Foster Care, Trauma-Focused Cognitive Behavioral Therapy, Multi-Systemic Therapy, and Functional Family Therapy.

Additionally, Maryland is working on a number of practice improvement efforts, identifying, developing, implementing and evaluating promising practices and promising approaches in partnership with the child-family serving agencies, universities, family support organizations, and community members. In addition to the work being done to continue to implement and evaluate High Fidelity Wraparound, efforts are also underway to improve consistency in the treatment foster care model in Maryland, to articulate standards for Psychiatric Rehabilitation Programs, to identify quality measures for the provision of respite care, and to reduce and refine the use of psycho-pharmacological interventions with youth in out-of-home care.

Service Array Assessment and Resource Development Plan

The National Child Welfare Resource Center for Organizational Improvement (NRCOI) provided technical assistance to Maryland (and its local jurisdictions) in order to assess the child and family service array and develop a plan to expand accessibility and improve the quality of services provided to children and families in its child welfare system. The technical assistance involved two stages: (1) conducting an assessment of existing child and family service arrays within local jurisdictions and (2) subsequently preparing and implementing a Resource Development Plan within each local jurisdiction. The process required the active, engaged participation of a wide-variety of community stakeholders in each local community, such as teachers, law enforcement, private sector vendors, healthcare providers, and consumers of services, in order to conduct the assessment and develop strategies to address challenges and weaknesses in the child and family service array.

The service array assessment included reviewing over 90 services that fall within one of five categories: (1) Community/Neighborhood Prevention, Early Intervention, (2) Investigative, Assessment Functions, (3) Home-Based Interventions, (4) Out-of-Home Reunification/Permanency Services, and (5) Child Welfare Systems Exits. Overall, the NRCOI provided numerous trainings on the process to all local jurisdictions within Maryland and also assisted in conducting the assessment of the service array and development of a Resource Development Plan in Worcester County, Wicomico County, Baltimore County, Anne Arundel County, and Washington County.

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The Service Array Assessment Process has helped Maryland assess and start to improve the service array and availability in response to the needs of children and families involved with the child welfare system. Maryland has completed the service array assessment process and resource development plans for all jurisdictions. Maryland is now developing a state plan that will encompass overarching statewide themes, regional issues and some jurisdictionally specific needs.

The top five common issues attempted to be addressed by the Service Array Process and Resource Development Plans throughout the State are housing, mental health, independent living services, substance abuse treatment and workforce development.

The Maryland Resource Development Plan is slated to be drafted by Summer 2009. The State's plan will guide resource development for the entire state, as well as local and regional needs to further implementation of "Place Matters".

Measures of Progress

Data used to measure progress for objectives in 2010 to 2014 will come from Maryland's SACWIS system, the Maryland Children's Electronic Social Services Information Exchange (MD CHESSIE). CHESSIE data is entered by front-line caseworkers, with several data/decision points needing approval from supervisors. Additionally, supervisors are required to review randomly selected cases on a monthly basis, using the Local Supervisory Review Instrument.

Data is extracted from MD CHESSIE for analysis. Data analysis is conducted by both DHR/SSA Research and Evaluation staff, as well as by the University Of Maryland School Of Social Work, using standard research methods. For indicators which are consistent with federal methods, the federal data definitions are used. Other indicators are based on DHR's Managing for Results (MFR) submissions to Maryland's Department of Budget and Management (with documented data definitions and control procedures) or on Maryland's Child Welfare Accountability Act of 2006 (with indicators and data definitions defined in the statute). Data reports are reviewed by SSA Executive Leadership prior to publication, and are subject to Maryland's Department of Legislative Services audits.

In order to assure data validity/reliability, the State will provide local departments with policy directives outlining the required data fields/screen shots relating to each of these indicators, refresher training sessions to assure the proper data entry for these indicators, ongoing reports indicating the progress being made for these indicators, and quality assurance monitoring to assess the quality of data entry in each jurisdiction.

Area Identified: Child Safety
Targeted Improvements:

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<u>Performance Measure</u>	FY10 Target	FY 11 Target	FY 12 Target	FY 13 Target	FY14 Target
By June 30, 2014, .Maryland will meet the National Standard for Absence of Maltreatment Recurrence. Maryland currently is at 94.3% and needs to move by only .3% to the standard of 94.6%	94.3%	94.4%	94.5%	94.6%	94.6%
By June 30, 2014, Maryland will maintain the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months). Maryland currently exceeds the standard at 99.78%.	99.78%	99.78%	99.78%	99.78%	99.78%

**Area Identified: Permanency
Targeted Improvements:**

<u>Performance Measure</u>	FY10 Target	FY 11 Target	FY 12 Target	FY 13 Target	FY14 Target
Exits to reunification in less than 12 months	55%	60%	65%	70%	75%
Exits to reunification, median stay	15 months	13 months	11 months	8 months	5 months
Entry cohort reunification in less than 12 months	25%	30%	37%	44%	50%
Re-entries to foster care in less than 12 months	11%	10.5%	10%	9.5%	9.5%
Exits to adoption in less than 24 months	20%	23%	28%	33%	37%
Exits to adoption, median length of stay	48 months	43 months	37 months	32 months	27 months
Children in care 17+ months, adopted by the end of the year	6%	10%	15%	19%	23%

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Children in care 17+ months achieving legal freedom within 6 months	2%	4%	6%	8%	10%
Legally free children adopted in less than 12 months	53%	53.5%	54%	54.5%	55%
Exits to permanency prior to 18th birthday for children in care for 24 + months	13%	16%	19%	22%	26%
Exits to permanency for children with TPR	98.6%	98.7%	98.8%	98.9%	99%
Children Emancipated Who Were in Foster Care for 3 Years or More	60%	55%	47%	41%	37%
Two or fewer placement settings for children in care for less than 12 months	83%	84%	85%	86%	87%
Two or fewer placement settings for children in care for 12 to 24 months	65%	65%	65%	65%	66%
Two or fewer placement settings for children in care for 24+ months	30%	33%	36%	39%	42%

**Area Identified: Child Well Being
Targeted Improvements:**

<u>Performance Measure</u>	FY10 Target	FY 11 Target	FY 12 Target	FY 13 Target	FY14 Target
School Enrollment for foster children within 5 Days	98%	98%	98%	98%	98%
Comprehensive Health Assessment for foster children within 60Days	98%	98%	98%	98%	98%
Annual Health Assessment for foster children within 30 days of anniversary of Comprehensive Health Assessment	98%	98%	98%	98%	98%
Annual Dental Assessment for foster children within 30 days of anniversary of Comprehensive Health Assessment	98%	98%	98%	98%	98%

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Consultation and Coordination

Maryland understands that it is essential to develop collaborations to help to support the success and implementation of its Child Welfare Services. As indicated in the Place Matters section of this report, Maryland has made strong collaborations with its community partners to help to implement the Place Matters strategies. Below are additional collaborations with which Maryland is involved.

The *Maryland Child and Family Services Interagency Strategic Plan* (introduced and discussed above) was the culmination of an intensive, collaborative effort by the Maryland Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of youth and families. In particular, the focus of the strategic planning effort was on those youth who are involved with or at-risk for involvement with multiple child-family serving agencies, based on the complexity of challenges facing children and families involved with more than one child-family serving agency.

At the heart of this planning process was recognition of the tremendous work that has already been accomplished in Maryland to improve service coordination and delivery for Maryland's children and families. Accordingly, over fifty existing reports, studies, and other documents and constructs to support and inform the planning process were synthesized used to develop the recommendations in this plan, along with extensive community input at listening forums and family and youth discussion groups.

Using five indicators of well-being to focus the work, a series of thoughtful and carefully constructed recommendations and strategies were generated under eight different themes. This Plan is shaping Maryland's interagency service delivery system to make it more family-driven, youth-guided, culturally and linguistically competent, and home- and community-based. Highlights of how this plan supports the work of the child welfare system specifically include:

- **Family and Youth Partnership:** Consistent with DHR's Family Involvement Meetings and Family Centered Practice Model, the Children's Cabinet supports having family voice and choice at each level of the service delivery system and involving family and youth whenever key decisions are made about their plan of care.
- **Interagency Structures:** Child and Family Team models of care planning (including Family Involvement Meetings) are recommended, and an effort is being undertaken to examine some of the interagency bodies that are used for children and youth with intensive needs—including voluntary placements—to better streamline them, make them more efficient, and use some of the promising practices and service delivery approaches, such as Wraparound and CMEs for youth and families involved with multiple child-family serving agencies.

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- **Workforce Development and Training:** The Children’s Cabinet Agencies are working to identify the workforce core competencies in each of their respective training models to create a set of core competencies for the child-family serving system to include family and youth engagement and partnership, child development, safety and crisis planning, child maltreatment, systems/laws/mandates, accessing special education, family-centered practice models, and cultural competency. This will be particularly beneficial in improving quality and consistency for families who are involved with multiple child-family serving agencies.
- **Information-Sharing:** In conjunction with the information-sharing workgroup that is a priority of the O’Malley-Brown Administration, the information-sharing recommendations that came out of the Interagency Plan will assist in identifying and removing barriers to data-sharing that could improve service delivery, assist with resource development, or address systemic problems across agencies.
- **Improving Access to Opportunities and Care:** Efforts to streamline access to care, to make access available in-person, telephonically, and over the internet, and to make sure that families do not have to “tell their story” time and again are all supportive of DHR’s initiatives to improve access to care and have a Family Centered Practice Model.
- **Continuum of Opportunities, Supports, and Care:** Recommendations related to the availability of high quality family foster homes are consistent with DHR’s Place Matters Initiative. Recommendations concerning EBPs and promising practices, as addressed above, bolster DHR’s work to have data-driven decision-making and access to EBPs and promising practices.
- **Financing:** The Interagency Plan promotes the use of flexible funding and the CME model to support individualized plans of care. Through its Community Resource Specialists under the CME RFP, DHR is supporting the Family Involvement Meetings along with a more flexible model that is responsive to the individual strengths and needs presented by each child and family.
- **Education:** The work of DHR to create an Education Resource Manual for youth in out-of-home care in partnership with MSDE is highlighted in this section of the plan, along with the work that DHR has embarked upon with MSDE to support youth to remain in their home school system.

The Interagency Strategic Plan is a dynamic document, being implemented currently by the Children’s Cabinet as a whole and individually. It reflects not only the goals, priorities and initiatives of the Children’s Cabinet, but also those of the individual member Agencies, including DHR.

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Child and Family Services Continuum and Service Description

Social Services Administration Executive Office

Executive Director

The Executive Director is responsible for the overall administration of the Administration with support from two Deputy Directors. A number of specific child welfare programs and initiatives are managed within the Administration. In addition, there are five other offices or units within the Administration that provide an infrastructure to support the overall child welfare mission. The Director's scope of responsibility includes oversight for the provision of a range of administrative supports to 24 Local Departments of Social Services (LDSS) in the areas of policy development, training, foster and adoptive home recruitment and approval, consultation and technical assistance, budgeting, data analysis, quality assurance, and also some direct client services to children and families.

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

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

Deputy Directors

Deputy Executive Director for Operations

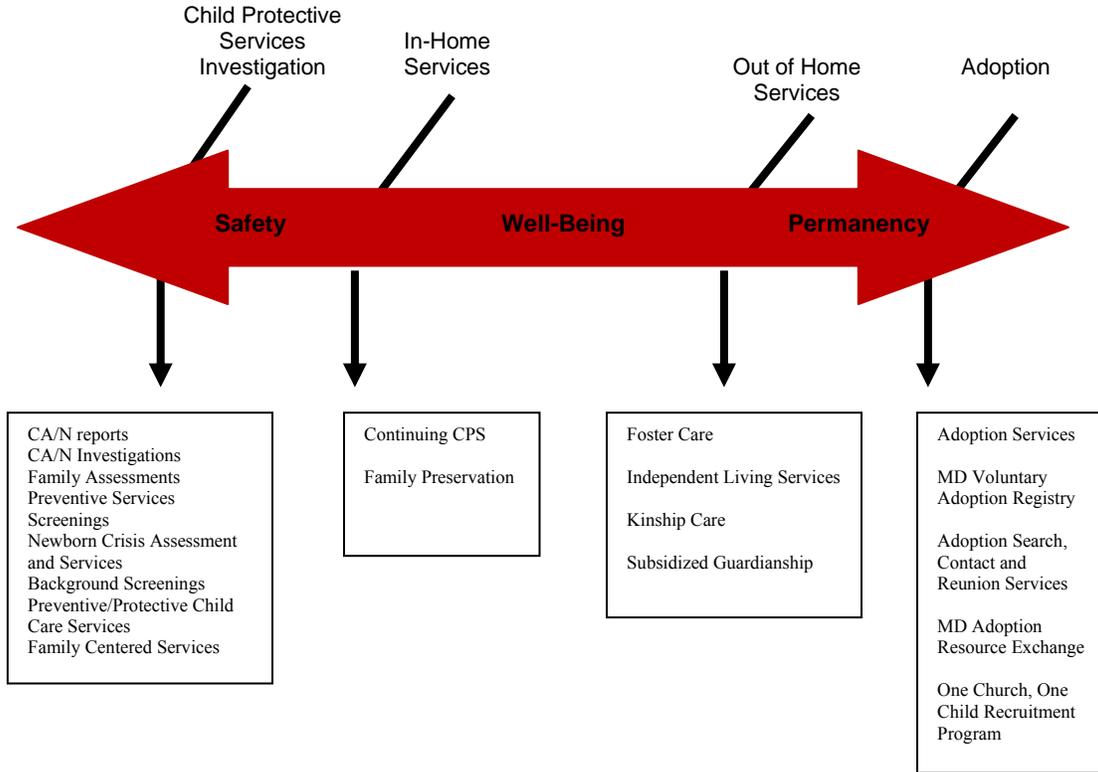
The Deputy Executive Director for Operations was recently appointed and is responsible for the Offices of Management and Special Services and Research, Evaluation and Systems Development.

Deputy Executive Director for Programs

The Deputy Executive Director for Programs is responsible for the Offices of Child Welfare Practice and Policy, Resource Development, Placement and Support Services, and Child Welfare Organizational Development and Training.

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Child Welfare Continuum of Care



Office of Child Welfare Practice and Policy

• **In- Home Services**

- **Child Protective Services (CPS)** is a mandated program for the protection of all children in the state alleged to be abused and neglected. Child Protective Services receives, screens and investigates allegation 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 safety and risk factors. This program provides an array of prevention, intervention and treatment services including:
 - operating a telephone hotline for receiving child abuse/neglect (CA/N) reports;
 - conducting CA/N investigation, family assessment and preventive services screenings;
 - providing newborn crisis assessment and services;

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- providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
 - preventive and protective child care services; and
 - family-centered services.
- **In-Home Family Preservation** represents a continuum of 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.
- **Out-of-Home Services/Permanency**
 - **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.
 - Services to treat the needs of the child and help the family with the skills and resources needed to care for the child. Children are placed with a foster family in their community, if possible or in a purchase of care placement recommended by the treating professional. All 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 or to pursue a permanent home for the child within 15 months of the placement. 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 Permanent Living Arrangement)
 - Voluntary placement services because of the parent/legal guardian's need for short term placement of the child due to mental illness or developmental disability.

The Foster Care Program in the State of Maryland features a family centered approach that encourages foster parents to play an active role with the birth family in planning and carrying out the goals of the permanency plan. Using the family centered premise, foster children are placed in homes that are in their own community thereby keeping the

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children connected to their home school, friends and resources within their neighborhood.

- **Independent Living Services (ILS)** provide independent living preparation services to older youth in foster care 14 to 21 years of age in preparation for adulthood. The goal of the Maryland Independent Living Preparation Program is to assist youth to make a successful transition from out-of-home placement to self-sufficiency. As of May 2009, Maryland provided foster care services for approximately 8,891 children. Of those 4512 are between the ages of 14 and 21, making them eligible for services. There were 241 children in Independent Living Placements.
- **Kinship Care** services help support children who reside outside of their own home, either temporarily or for the long term, with relatives. For children who come to the attention of the child welfare system, Kinship Care creates another placement option for a child who may not be able to continue living at home with his or her parents. Kinship Care supports the concept of children residing with a relative to alleviate family stress or temporary familial problems, rather than being placed in a foster home or other type of out-of-home placement. This program offers services to support the needs of the children and relative caregivers along with providing assistance for crisis circumstances confronting the biological parents who are unable to care for their children. Kinship Care emphasizes the continuity of family connections that may not be as strong in regular foster care settings while promoting concurrent permanency planning for the children in these kinship care placements. As of May 2009, Maryland had 1,744 children in kinship care.
- **Subsidized Guardianship** provides funds for a child who is committed to a local department of social services in an out-of-home placement for at least six months. Reunification with birth parents and adoption has been ruled out as permanency plan options. Each potential guardian must have a comprehensive home study completed. This includes an assessment of physical and mental health of prospective caregivers as it relates to the ability to care for children. The potential guardian must have a means of financial support independent of the subsidy. A criminal background check must be conducted on the guardian and all adults in the home. After the award of the guardianship subsidy, the local department must conduct an annual reconsideration of the fiscal case. Eligibility continues up to age 18 if the child physically resides in the guardian's home. The subsidy is not transferable to another guardian. The subsidy and medical assistance can continue after age 18 and up to age 21 if the youth is enrolled in school or there is a documented disability. Verification of placement in the home, school attendance and/or disability must be submitted as part of the annual reconsideration for continued eligibility.

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Youth who exit care to guardianship after age 16 are also eligible for Independent Living After Care Services upon their 18th birthday if there is no subsidy currently being paid on behalf of the youth.

- **Adoption Services** develops permanent families for children who cannot live with or be safely reunited with their birth parents or extended birth families. The Maryland Adoption's Program is committed to assisting local departments of social services and other partnering adoption agencies in finding "Forever Families" for children in the care and custody of the State. Adoption services include study and evaluation of children and their needs; adoptive family recruitment, training and approval; child placement; and post-adoption support. The adoption program includes initiatives such as dual approval of resource homes; open adoption when it is in the child's best interest; statewide recruitment of resource homes; the Maryland Voluntary Adoption Registry; the Adoption Search, Contact and Reunion Services (ASCRS) Program; the Maryland Adoption Resource Exchange (MARE) Program; One Church, One Child (OCOC) Recruitment Program; adoption support groups; subsidized adoption; and non-recurring adoption expenses reimbursement. Children who exit care to adoption after age 16 are eligible to receive Independent Living After Care Services upon their 18th birthday if there is no adoption subsidy payment being made on behalf of the youth.

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 placements. As of June 2009, 1,151 children in Out of Home Placement had a plan of adoption. Of those, 684 children were legally free for adoption. Legally free children who lack an adoptive resource are registered in the Maryland Adoption Resource Exchange (MARE) and the AdoptUSKids national adoption exchange database to locate an adoptive resource.

- **Interstate Compact on the Placement of Children (ICPC)** ensures that children in need of out-of-home placement in and 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.
- **Interstate Compact on Adoption and Medical Assistance (ICAMA)** provides a framework for interstate coordination specifically related to adoption. The Compact works to remove 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.

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Office of Resource Development, Placement and Support Services

- **Resource Development and Retention**
 - The Resource Development and Retention unit is responsible for services related to the recruitment and retention of resource families. They provide technical assistance to local departments of social services in development of their local recruitment plans. They also are responsible for the coordination and implementation of the State's "1000 by 10" Recruitment plan. The Maryland Foster Parent Association also receives technical assistance from this unit. This unit works closely with the DHR's Office of Licensing and Monitoring (OLM) which is responsible for the monitoring of Maryland licensed child placement agencies and residential treatment programs.

- **Placement and Support Services**
 - The Placement and Support Services unit is responsible for the development of supportive services for Maryland's children, families, and resource homes. This unit works with stakeholders to identify and develop strategies to improve the array of services available to support children and families in achieving safety, permanence and well-being. The services include education, substance abuse treatment, health care and mental health. The monitoring and coordination of the 24 local departments of social services' service array assessments and their resource development plans.

Office of Child Welfare Training and Organizational Development

- **Child Welfare Training**
 - The Office of Child Welfare Training is responsible for training all child welfare staff in the State of Maryland, through a contract with the University of Maryland, School of Social Work, Child Welfare Academy. This office provides "Pre-service Training" to all new social work staff in the state, as well as continuing education for seasoned child welfare workers. The contract also provides for training for public foster parents. Trainers are located in Baltimore but they deliver training throughout Maryland. Pre-Service Child Welfare Training is a 19-day, skill based training designed for new child welfare employees. The training develops skills needed for the Individualized Service Plan (ISP) process, from the initial contact with the family through case closure. Protection and permanence for the children is stressed as dual goals of all work with families. Through the Pre-service Training, staff are taught to involve children and their families and foster/adoptive parents and partners in assessing, planning and utilizing services that the family's planning team has identified and agreed upon. The training provides a foundation for

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practice in keeping with the goals of safety, permanency, and well being for the children and families the Department serves.

- **Child Welfare Organizational Development**
 - This unit is responsible for assessing the Social Services Administration organizational structure and resource needs. It is responsible for developing strategies and locating the resources needed for SSA staff to best support the local departments of social services. This unit also provides technical assistance to local departments of social services on their organizational structure and resource needs.

Office of Management and Special Services

- **Budget and Central Services**
 - The Budget and Central Services unit is responsible for the management of SSA's budget development and monitoring. They also are responsible for the development of regulations, legislative updates, and personnel issues.
- **Contracts (Purchase of Care)**
 - The Contracts unit is responsible for the development and monitoring of contracts for all of Maryland's licensed child placement agencies and residential treatment facilities. They also monitor contracts with Maryland's Department of Juvenile Services (DJS), Department of State Education (MSDE) and Department of Developmental Disabilities (DDA) and out-of-state placement agencies.

Office of Research, Evaluation and Systems Development

- **Research and Evaluation**
 - The Research and Evaluation unit is responsible for the collection and analysis of data for SSA and local department of social services. They are responsible for reporting for SSA on State Stat. State Stat is the collection of data from all of Maryland's Departments on outcomes and trends within their organizations and reported to Governor Martin O'Malley. The Research and Evaluation unit also reports on AFCARS and NCANDS to the Federal government.
- **Systems Development**
 - The Systems Development Unit is responsible for MDCHESIE, Maryland's SACWIS system. They work with Central Office and local departments of social services staff to ensure accurate and reliable data is input into the system. They work with the contractor on enhancements and troubleshoot any operational problems.

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- **Quality Assurance**
 - The Quality Assurance unit is responsible for Maryland's Child and Family Services Reviews of the 24 local departments of social services. This unit coordinates the CFSR process and develops the reports for these reviews. They are also responsible for the development and field-testing of the new Supervisory Review tool to be utilized by the local departments of social services.

C. Breakdown of Title IV-B subpart 2 Funds

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 continues to use the Promoting Safe and Stable Families grant (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. Funds are now being provided on a State Fiscal Year basis, so only $\frac{3}{4}$ of the funds were allocated so far for the period October 1, 2008 through June 30, 2009. The remaining $\frac{1}{4}$ of the funds will be allocated by July 1, 2009. In FFY 2010, 20% of the PSSF funds will be allocated to the local departments of social services to provide time-limited reunification, family support, and family preservation. 15% of the PSSF funds will be allocated to the local departments of social services to provide adoption promotion and support services. The other 5% that was funded by PSSF to fund the post-adoption support group pilot project is now picked up by TANF. Ten percent of the funds are set aside for discretionary activities and ten percent for administrative costs.

Gaps in these services have been identified as community based services for children with high end mental and behavioral health needs that would prevent out-of-home placement and allow more children to remain in their own homes. Currently children are coming into care through voluntary placements due to the lack of services community based services. While services are presently available in a few jurisdictions they are widely needed. Services are planned to be provided in the future through the implementation of Regional Care Management Entities.

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Time-Limited Reunification

The twenty-four Local Departments of Social Services offer time-limited family reunification services. For FFY 2010, the allocation to the local departments is based on a per child cost of children in the foster care system 15 months or less. Each local has designed the services to match the needs of the population served in its jurisdiction; however all the services are aimed at reunifying the family. It is estimated that 1,200 families and 1,400 children will be served in FFY 2010. The types of services provided include:

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

Adoption Promotion and Support Services

The twenty-four Local Departments of Social Services offer adoption promotion and support services to improve and encourage more adoptions from the foster care population, which promote the best interests of the children. The activities and services are designed to recruit adoptive families, expedite the adoption process and support adoptive families. Services are also provided to adoptive families that allow them to maintain the child in placement. For the FFY 2010 funds, the total allocation for each local department was the same percentage as their FFY 2009 funds. It is anticipated that approximately 2,300 families and children in FFY 2010 will be served by various services offered through the adoption promotion and support services funds.

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

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- 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

Funds for Family Preservation and Family Support Services are allocated to Local Departments via a competitive process. Programs funded range from Fatherhood to Healthy Families.

Listed below is a description of the family preservation and family support programs. It is likely that all of these programs will continue in FFY 2010.

<u>Local Department</u>	Description of Services Provided	Family Preservation or Family Support
Allegany County	<p>Small Steps – A newborn visitation program in which support services and resources are offered to parents in the hospital, a monthly newsletter is distributed, follow-up phone calls are made, and home-based visits are offered.</p> <p>A 12-week workshop called H.O.P.E. is offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training.</p> <p>Additional support for married and co-habiting couples is offered beyond the core parenting workshops. Group and home-based intervention will focus on strengthening relationships, conflict management, and expectations.</p>	<p>Both</p> <p>Both</p>
Anne Arundel County	An intensive family preservation program provides preplacement prevention services designed to help children at risk of foster care placements remain with their families.	Family Preservation
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
Caroline County	The Multiple Points of Prevention program provides case management services and access to an array of family support services, which provides early intervention and prevention services to at-risk children and families and pregnant women.	Family Support
Carroll County	<p>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.</p> <p>In-home Family preservation services are offered to families. The program utilizes a family-centered approach that is strengths-based.</p>	Family Support

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		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
Dorchester County	The Fathers in the Neighborhood program increases positive involvement of fathers with their children while improving job training opportunities. Case management and linkages to community resources will be provided as well as activities that promote responsible parenthood.	Family Support
Frederick County	Family support and family preservation services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and father, child development, health education, life skills training, case management and home visitation.	Family Preservation and Family Support
Garrett County	In-home preservation services are offered to help families remain intact and improve family functioning.	Family Preservation
	A mediation program uses trained mediators to assist divorcing couples come to consensus around arrangements pertaining to the children. The program is intended to increase the strength and stability of the family unit even if a divorce occurs.	Family Support
	The Supervised Visitation and Monitored Exchange program provides a safe place where families involved in domestic violence and other circumstances will have access to supervised visitation and monitored exchange. This program has benefited all parties to develop better relationships, family bonding, and a safe environment.	Family Support
	A healthy marriages program helps couples develop the skills and knowledge necessary to develop and sustain healthy marriages. Funds are used to distribute materials about healthy marriages, add a marriage component to an existing parenting program, and conduct forums to help youth prepare for healthy dating relationships and marriage.	Family Support
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	A fatherhood program is offered that provides the following services: workshops on anger management, special family events for fathers and their children, sessions supporting parenting, marriage, and financial planning, and play groups for fathers and children.	Family Support
Montgomery County	A service is provided that targets adolescents who were referred to child welfare services because they are “out of control” and parents will not or can no longer take responsibility for the child’s difficult behavior. An	Family Preservation

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	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.	
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 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 Preservation Family Preservation
Washington County	Funding will be directed to the Family Center. Specifically, child care services will be provided to parents attending the parenting or self-sufficiency classes.	Family Preservation
Worcester County	The Enhanced Families NOW program identifies and serves families already involved in the Department of Social Services Continuing Protective Services when mental illness of the parent has been identified as the primary reason for intervention. The families are linked with a mental health clinician who provides an in-home assessment and individual and family therapy services and reinforces the work of the case manager in areas of parenting skills and child development.	Family Preservation

D. Consultation with Indian Tribes

In January 2008 Policy Directive SSA- 08-8 was disseminated to all Maryland local departments. The policy serves as guidance to the child welfare staff for delivering services to Indian children and their families in compliance with the Indian Child Welfare Act (ICWA). Maryland does not have any federally recognized tribes. However, Social Services Administration requires that any child with American Indian heritage have the opportunity to connect with their Native American heritage. Identification of American Indian heritage must happen and be documented at intake of child welfare screening, placement and any time the permanency plan is changed. Any child for whom the local

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department of social services has knowledge of Indian heritage must receive ICWA consideration and a diligent search of tribal affiliation. Maryland requires that ICWA regulations be followed for any child who is believed of Native American heritage until a final determination has been made.

The Department has worked with the Baltimore American Indian Center in the development of its policy. They have agreed to act as the point of contact for child welfare involvement. Maryland plans to develop a collaborative relationship with the Commission on Indian Affairs to determine any additional strategies that can be employed to ensure compliance with the Indian Child Welfare Act (ICWA).

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.

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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.

Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption

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:

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- 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.
- Referral to American Indian agencies for services.
- Extended family members are contacted 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.

States must specifically include tribes in collaboration / coordination of activities. States with no tribes should still consult with tribal representatives.

Maryland does not have any federally recognized tribes. However 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.

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E. Plan for Health Care Services for Children in Foster Care

The Department of Human Resources actively consults and collaborates with sister agencies such as the Department of Health and Mental Hygiene (DHMH), the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School and the Maryland Department of the Environment around issues relating to health care for children in Out-of-Home placement.

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; and 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:

1. Health and Developmental History
2. Height and Weight
3. Head Circumference
4. Blood Pressure
5. Physical Examination (unclothed)
6. Developmental Assessment
7. Vision
8. Hearing
9. Hereditary/Metabolic Hemoglobinopathy
10. Lead Assessment
11. Lead-Blood Test
12. Anemia Hct/Hgb
13. Immunizations

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14. Dental Referral

15. 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 over sight of all physicians and the collection of medical data on each child and working closely with DHR/SSA for implementation. All children in Out of Home care must have the following:

1. Initial health screening within 5 days of placement
2. Initial mental health screening within 5 days of placement
3. A comprehensive health examination within 60 days of placement, which includes satisfaction of the required EPSDT components of Maryland Healthy Kids Program.
4. Follow up medical appointments as indicated by the physician.
5. Annual physical and dental examinations.

Caseworkers are responsible for taking foster children to all initial appointments and conference with the physician regarding medical treatment and follow-up. 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 utilizes a Health Passport for children in out-of-home placements. All components of the child's health care are documented in 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

DHR/SSA has a Health Coordinator who collaborates with DHMH on issues involving consultation or lack of consultation by physicians. This staff person also coordinates quarterly meetings with Maryland's Managed Care Organizations (MCO) and local department of social services health coordinators to insure effective service delivery.

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On December 12, 2008, the State requested a delayed effective date as related to healthcare oversight and coordination until July 1, 2010 to implement amendments to its State Plan in order to enact necessary legislation allowing the necessary sharing of confidential information between agencies. The certification for required legislation precludes the State's requirement to submit this information in the CFSP at this time. It will be included in the June 20, 2010 submission of the APSR.

F. Disaster Plan

Maryland has an Emergency Operation Plan that enlists and emphasizes the partnership of all of Maryland's governmental agencies and private organizations. The plan establishes support teams to facilitate more effective and efficient use of resources. 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.

DHR/SSA has developed its Continuity of Operations Plan (COOP) – attached as Appendix G. 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, provides orders of succession and limitations of authorities, and details implementation and plan maintenance procedures.

In Maryland direct services are delivered by our 24 local departments of social services (LDSS), hence in addition to DHR/SSA COOP, all 24 local departments of Social Services have a plan. Each of the local departments of social services is part of their county's Emergency Plan. There are agreements with County Governments, Board of Education and local police for security, transportation, food and lodging needs if necessary and these would be coordinated between the partners as needed. The LDSS is expected to participate in its County's Emergency Plan when activated. The Local Director or designated Assistant Director will be stationed at the County Emergency Management Center to cover shelter operations with the Red Cross. In the event shelters are to be opened, a team of “**first responders**” staff will be dispatched that will work under the direction of a designated team leader. The DSS Shelter Team Leader will report to the Red Cross Shelter Manager for assignments. All DSS staff will remain under the supervision of designated DSS shelter team leaders.

Attached is the updated DHR/SSA COOP Plan for 2009. (See Appendix G)

G. Child Welfare Waiver Demonstration Activities

Maryland has no Child Welfare Demonstration activities

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H. Adoption Incentive Funds

Adoption incentive payments are not applicable for this report period. Maryland has not received adoption incentive monies since 2001. If Maryland receives adoption incentives dollars they will be used to assist in the provision of post adoption services and to support child specific recruitment for adoptive homes.

I. CFSP Training Plan

The Maryland Department of Human Resources – Title IV-E Training Matrix (Appendix H) provides a framework for the technical assistance plan to assure improved quality in the child and family services system. An expansion of these activities is proposed to include kinship and guardian assistance and to increase training time for advocates, lawyers and other court personnel.

Maryland uses both private and public foster care. Over the next five years, the State of Maryland will align the methodology for recruitment and studying resource families in adoption and foster care in the private and public sector. During this process, DHR would expand initiatives in Emerging Best Practices (EBP) that will involve both the private and public sector. This will require cross-training in both private and public practice. As Maryland rolls out the Family-Centered Practice Model, training would be used to assure consistency across service resources. Training will be required for public and private providers and other community based child welfare services (this includes but is not limited to: Multi-Dimensional Foster Care and the Cross-Over Youth Program. Training matrix is attached.

The State would like to submit for the FFP rate of Federal reimbursement under Title IV-E for the above outlined relevant training costs. The State Match for these five years would be made up by utilizing existing state general funds for current partial payment, private funding partnerships, in-kind contributions, and other negotiated local resources. During the development of the expansion of training activities, other match opportunities will be explored and incorporated into the calculated match.

J. Quality Assurance System (Evaluation and Technical Assistance Goals and Objectives)

Maryland's Child Welfare Accountability Act of 2006 provides legislative guidance to DHR's Quality Assurance process, and allows for a quality assurance collaboration with the University of Maryland School of Social Work. The current QA process includes two types of reviews:

1. The Maryland Child and Family Services Review (CFSR) is based on the Federal child welfare monitoring process; and
2. The Local Supervisor Review process, which was developed in collaboration with the University of Maryland, School of Social Work.

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At the beginning of FY10, however, there will be an assessment and revision of current QA practices. The revised QA process will include an increased focus on CHESSIE data entry (CHESSIE is Maryland's SACWIS system), increased monitoring and support of local Program Improvement Plans (PIPs), increased use of aggregate data, and a continued focus on positive outcomes for children and families. The QA process for each local department may change to a two-year cycle, as opposed to the current three-year cycle. Baltimore City, however, serves nearly half of all of Maryland's children in out-of-home care, and nearly one-third of all of clients receiving in-home services; due to this, Baltimore City is reviewed annually.

Maryland's Child and Family Services Review (CFSR) process

Maryland's Child and Family Services Review (CFSR) currently includes three phases that operate on a three-year cycle: local self-assessment, on-site review, and program improvement plan. A local supervisory review is also used to collect data from each jurisdiction on a monthly basis.

Current MD CFSR, Phase I - Local Self-Assessment

The local self-assessment is the first phase of the MD-CFSR process. Self-assessments provide the local departments an opportunity to reflect on their strengths and areas needing improvement through the completion of a structured self-assessment protocol. This process is currently conducted on a three year cycle prior to the on-site review. Self-assessments include:

- General information about the agency's structure, child welfare programs, local demographics, and child welfare data highlights;
- Systemic factors including the local internal and external factors impacting child welfare service delivery;
- A data profile of the local child welfare population and outcomes data;
- A narrative assessment of safety, permanency, and well being outcomes for children and families; and
- Agency identified strengths and areas needing improvement in the areas of systemic factors or child and family outcomes.

Current MD CFSR, Phase 2 - Onsite Reviews

The onsite review is the second phase of the MD CFSR process. The onsite review includes: 1) a case review of 3-5 randomly selected in-home and 3-5 randomly selected out of home cases per site and 2) interviews and/or focus groups with internal and external stakeholders. Onsite reviews are conducted in each jurisdiction on a three year cycle and Baltimore City annually. Findings are summarized in final reports that provide feedback to local departments on their performance.

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Current MD CFSR, Phase 3 - Program Improvement Plans (PIP)

Local Program Improvement Plans are the final step in the Maryland CFSR review process. PIPs are developed by the local department under the direction of the SSA Quality Assurance site leader for that jurisdiction. PIPs outline efforts that the local department will make to address areas needing improvement.

Expected Revisions to the MD CFSR Process

During the beginning of FY10, DHR will conduct an assessment of current QA practices, and make revisions as needed. It is expected that QA will continue to use the federal CFSR process as a model for local department QA reviews. A revised MD CFSR process, however, will include a greater use of aggregate data, a revised sampling strategy for case reviews, greater reliance on CHESSE (Maryland's SACWIS system) for the case reviews, increased monitoring and support of local Program Improvement Plans (PIPs), and increased involvement of SSA Child Welfare Practice and Policy staff in the development and monitoring of PIPs. SSA QA staff will increase their use of aggregate data in monitoring of local PIPs, and will help coordinate technical assistance provided to local departments to alleviate any concerns noted in the QA review.

Local Supervisory Review process

Local Supervisory Reviews (LSR) require supervisors in local agencies to conduct a structured review of randomly selected in-home and randomly selected out-of-home cases per month. The number of cases selected for review by each department increased in June 2009, and is based on the total number of cases in each local department; each month, statewide, the following numbers of cases will be reviewed:

- Investigations – 163
- In-home services - 111
- Out-of-home – 185
- Resource homes - 91

The electronic Local Supervisor Review Instrument (LSRI) is accessed through DHR's intranet, and measures caseworker's compliance with policies as well as the quality of the casework, through questions regarding the completion of specific activities, the time in which these activities were completed, and qualitative assessment of barriers, challenges, and strengths in the casework. The LSRI was designed to both collect data on the quality of casework as well as to be a useful tool in casework supervision. This process also complies with accreditation requirements for case reviews.

The University of Maryland School of Social Work prepares (and submits to DHR) quarterly reports on the results of the LSRI, by local department.

Expected Revisions to the LSR process

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During the beginning of FY10, DHR will conduct an assessment of current QA practices, making revisions as needed. It is expected that use of the LSRI will continue, with increased monthly monitoring by QA staff for completion of the LSRI. Results of the LSRI will be reviewed as a part of each department's Program Improvement Plan (PIP).

Research/Evaluation

The Office of Research, Evaluation, and Systems Development (RES D) at DHR/SSA continues to focus on improving data accuracy in MD CHESSIE. All of the local departments of social services have made considerable progress in using MD CHESSIE, and reports from MD CHESSIE are approaching 100% accuracy for Maryland. Coupled with a Statewide data initiative known as State Stat, RESD staff have developed metrics for gauging the progress that the State and local jurisdictions are making in improving their MD CHESSIE data. This method has been applied to the major child welfare services such as child maltreatment reporting, investigations, in-home services, out-of-home placement, public foster homes, plan of adoption, and adoptions. Jurisdictions whose MD CHESSIE reports are closely aligned with actual (hand count) reports, both in terms of numbers and in terms of matching the clients that are counted, will be deemed ready to generate accurate MD CHESSIE reports, and will be able to discard the hand-counting method. As a result of considerable progress that has been made, local jurisdictions will shift away from hand counting starting in the summer of 2009 and by 2010 the state will rely entirely on MD CHESSIE to be accountable for its child welfare services.

The DHR/SSA research unit is forging a working relationship with the UMAB School of Social Work's research unit to bring positive resources to Maryland's efforts to report on three basic questions regarding the performance of the child welfare system:

- What do we do?
- How well do we do it?
- Is anyone better off?

The ongoing partnership with UMAB School of Social Work has helped DHR/SSA in its data clean up efforts, in creating jurisdictional level data for the CFSR indicators for safety and permanence, and providing jurisdictional level data needed to track progress on federally required reporting (e.g. AFCARS, NCANDS, caseworker monthly visitation). Maryland has also engaged the National Resource Center for Child Welfare Data and Technology to ensure that we are meeting the AFCARS/NCANDS requirements and implementing strategies that will improve the quality of the data and use of our SACWIS system.

In addition, the University of Chicago's Chapin Hall Center for Children continues to work with Maryland to produce a longitudinal database for Maryland's children who enter into foster care placement. It is anticipated that all three entities, DHR/SSA Research unit, UMAB School of Social Work, and the Chapin Center, will be able to

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formulate a complementary set of activities that will maximize Maryland's capability to produce reports on the status and results stemming from its child welfare system. During the summer of 2009, with the help of UMAB, Maryland will update its Chapin Hall Center for Children data set, which is very useful to both state and local child welfare planning staff.

DHR's signature initiative, Place Matters, places considerable attention on using data to measure progress in helping children remain safely at home, and providing for the least restrictive community based services for children who must be removed from home. Given Maryland's data readiness, a preliminary set of indicators measuring the efforts of the Place Matters initiative has been developed.

These measures focus on safety (recurrence of maltreatment within six months); on providing family homes for children removed (increasing family foster homes, reducing the proportion of children placed in group care, and children being placed within their home jurisdiction); and on permanency (reducing the overall number of children in out-of-home placement, reunifying children within 12 months of entering care, and achieving adoption for children within 24 months of entering care). Maryland is dedicating its efforts to ameliorating the need for removal and out-of-home placement through the use of structured decision making at screening, and family team decision-making during services, in order to promote the healthy and safe development of children at home with their families.

MD CHESSIE

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

While MD CHESSIE has experienced a number of challenges during its first year of implementation, a number of improvements have been made, and during 2010 and 2011 a number of improvements are planned, including revamping of the AFCARS data reporting and IV-E eligibility.

It is anticipated that this system will assist caseworkers as they provide a continuum of exemplary child welfare services, will support management in the determination of costs and outcomes, and will facilitate improved electronic communications between child welfare staff Statewide. A number of improvements are anticipated in the case planning process that is embedded in MD CHESSIE.

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Improvements as well are anticipated for MD CHESSIE in meeting the requirements of the Federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). DHR is implementing a federally accepted AFCARS improvement plan. During the coming year a review of the NCANDS reporting from MD CHESSIE will be conducted as well.

In order to address the challenges in MD CHESSIE implementation, the Social Services Administration (SSA) continues to work closely with the Office of Human Technology Services (OTHS) to improve both the functioning and performance of the system. Child welfare and management staff persons are apprised of project developments through local and regional briefings, management meetings and sessions held by or for other Maryland Department of Human Resources (DHR) administrations. Information is also disseminated through MD CHESSIE Coordinators for the 24 local departments of social services.

To address the challenges of MD CHESSIE, a high-level State workgroup, known as the MD CHESSIE Tiger Team, comprised of stakeholders inside and outside the State, has convened make best use of existing resources to improve the use the system in its current form. This team has been instrumental in making and implementing recommendations on major improvements for MD CHESSIE, including planned enhancements for 2010 and 2011.

Maryland is dedicated to making MD CHESSIE a high functioning system of record for child welfare services. Maryland anticipates that additional improvements in the next two years will also make MD CHESSIE useful for the front line services staff.

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

CAPTA Five-Year Strategic Plan (See Appendix I)

III. CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAM

Transitioning Youth Preparation Services

The Department of Human Resources/Social Services Administration administers, supervises and oversees Chafee Foster Care Independence Programs with the primary goal of the delivering transitioning preparation services is to assist youth as they prepare for a successful transition from dependence to independence and self- sufficiency. This goal is accomplished through the implementation of an array of services for all foster care youth ages 14 up to their 21st birthday. Youth's eligibility for services is determined by age. Youth who are in out of home placement between the ages of 14-20 and youth age 16 who exited care to guardianship or adoption are eligible to receive services.

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Currently, the Department provides services to 8,891 children in out-of-home care. As of March 2009, there were 4,512 youth ages 14-21 in various living arrangements, eligible to receive Transitioning Youth Preparation Services.

In our efforts to increase services to meet the needs of the youth and improve outreach awareness with our private and public partners, Maryland participates in the “Ready By 21 Action Agenda.” (See Appendix C) This is an initiative supported by the Governor and the Children’s Cabinet with the focus of all youth being successful in life. The initiative is focused on youth transitioning from adolescence to adulthood with increased opportunities to be ready for college, employment and life by age 21.

Maryland is one of six states in Region III and IV chosen for individualized implementation projects with the Atlantic Coast Child Welfare Implementation Center. This reform will enhance our Family Centered Practice Model through a more focused approach to youth engagement. The work with ACCWIC will include the development of strategies to enhance our Family Centered Practice Model through a more focused approach to youth engagement; increase the number of youth advisory boards throughout the State; ensure policies are youth focused; and coordinate the development of any identified services that are missing for youth.

Maryland is currently strategizing to institute best practices and improve services to ensure that youth are prepared for success. The strategies include:

- Providing independent living services for **all** youth ages 14 up to 20 who are in out of home placement;
- Providing independent living services to youth age 16 who exit care to guardianship or adoption.
- Chaffee funds are used to support transitioning life skills for our youth; and
- Department is developing benchmarks that will standardize process working with youth in foster care coordinating with independent living partners.

The services currently provided to eligible youth include:

- Case Planning and Life Skills Training – In order to address needs for self-sufficiency, Maryland is working toward increased consistency with case plan goals that are derived from the outcomes of the Ansell-Casey Assessment tool. In addition, the focus will continue to include: vocational, educational and personal goals. Some of the current topics include: responsible sexual behavior, money management and budgeting, critical decision making skills, preparations for healthy eating; proper nutrition; how to obtain community resources, and others
- Workforce Development Preparation Training- Youth ages 16-20 receive job readiness services to assist them with skill building for meaningful employment opportunities. Several youth received job placements through the assistance of the vendor. On many occasions the vendor provided transportation for life skills and job interviews

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

Transitional planning for youth must begin at age 14. The plan must include: the agreed upon steps to be taken to meet the goals. The Ansell-Casey Assessment Tool must also be administered to youth, on a yearly basis, beginning at age 14. During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth has had appropriate opportunities to acquired skills and has overcome barriers to completing school, obtaining and maintaining gainful employment, finding adequate and affordable housing, financial literacy, identifying family/friend support, self care, and accessing health and mental health care.

The core areas of service must include: Education, Employment, Health/ Mental Health, Housing, Financial Literacy/ Resources, and Family/Friends Support. Below are identified benchmarks for which actions steps for achievement should be included in the youth's individualized service plan.

EDUCATION	
Age	Benchmarks
14	<ul style="list-style-type: none"> • Youth will begin to participate in life skills classes and begin to acquire skills that are appropriate to his/her functioning level. • Youth in every school system understand graduation requirements. • Youth will have basic literacy and numeracy skills (at least 5th grade proficient). • If applicable, youth will have an appropriate identification of special education. • If applicable, an appropriate parent surrogate will be identified for youth. • Youth will begin to obtain the needed student service learning hours towards graduation.

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EDUCATION	
15/16	<ul style="list-style-type: none"> • Youth will have a concrete plan detailing how he/she will complete high school, earn a certificate of program completion, or obtain a GED, which includes specific steps to meet any gaps in required courses. Plans will be signed by appropriate school personnel, parent, and youth and maintained in school records. • Youth will have an awareness of colleges, trade schools, or technical trainings and what is needed to reach goals. • Youth will have an opportunity to participate in a driver's education program. • Youth will be assisted in obtaining a driver's license or Maryland identification card. • Disconnected youth will have an established re-engagement plan.
17/18	<ul style="list-style-type: none"> • Youth will obtain the necessary student service learning hours to graduate. • Youth will have a concrete plan for postsecondary education, employment and/or training. • All youth will complete the Free Application for Federal Student Aid (FAFSA), unless otherwise noted. • Transition plans for youth will include specific educational goals and financial assistance plans. • Youth will understand how to utilize the Maryland Tuition Waiver and/or ETV. • Youth are enrolled in college, or if not interested in college, youth take advantage of vocation programs that allow certifications to be earned. • Graduating disabled youth will understand their service needs and will receive information on how to access Disability Support Services. • Youth will register to vote and will understand the voting process.
19-21	<ul style="list-style-type: none"> • Youth will have access to postsecondary supportive services (e.g., financial aid, counseling, tutorial). • Youth with disabilities exiting school will be aware and engage with community supports.

EMPLOYMENT	
Age	Benchmarks
14	<ul style="list-style-type: none"> • Youth will obtain a work permit from the school. • Youth will begin to explore career interest.
15/16	<ul style="list-style-type: none"> • Youth will receive assistance in the exploration of employment and/or occupational interests and the skills and/or training required for possible fields of interest. • Youth will understand what minimum wage means. • Youth will develop a realistic concept of the type of jobs available to youth. • Youth will explore options for summer youth employment. • Youth will engage in work experience, job shadowing and/or volunteer

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EMPLOYMENT	
	<p>activities.</p> <ul style="list-style-type: none"> • Youth are aware of appropriate attire for job interviews and work. • Youth will understand how to access transportation to and from work.
17/18	<ul style="list-style-type: none"> • Youth will have an opportunity to participate in an internship, externship or volunteer opportunity relevant to a career field of his/her choice. • Youth will understand the opportunities that will allow him/her to increase employment skills. • Youth will be assisted in developing a resume. • Youth will have had at least two summer jobs by age 18. • Youth is engaged in planning for employment that will increase his/her earnings and marketable potential. • Youth with special needs will be educated about the employment transition services and resources available. • Youth will receive assistance in enrolling in any desired occupational skills training.
19-21	<ul style="list-style-type: none"> • Youth will continue to maintain progressive, responsible work experience opportunities within their chosen career pathway. • Youth will understand unfair job practices and know how to seek guidance.

HEALTH/MENTAL HEALTH	
Age	Benchmarks
14	<ul style="list-style-type: none"> • Youth will participate in sessions on sexual relationships- sexual education that includes forms of birth control, how to practice safe sex, practices to avoid sexually transmitted diseases, and the HIV virus. • Youth will understand the risks associated with drug and alcohol use. • Youth will understand the importance of preventive and routine health care. • Youth will understand the importance of medications and how to use medicine properly. • Youth will identify the providers he/she will use. • Youth will understand his/her diagnosis. • Youth will be able to communicate his/her needs to the psychiatrist/therapist.
15/16	<ul style="list-style-type: none"> • Youth will be provided with information that will assist him/her in understanding the importance of medical conditions, family medical history, and how to be responsible with healthy diet and exercise. • Youth will understand the importance of maintaining medical documents. • Youth will be able to identify supports. • Youth will understand safe and healthy relationships (in regards to dating).
17/18	<ul style="list-style-type: none"> • Youth will understand the importance of following through with medical care and appointments. • Youth will be able to ask the doctor questions and obtain information needed to understand his/her health and any existing medical conditions.

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HEALTH/MENTAL HEALTH	
	<ul style="list-style-type: none"> • Youth will understand the importance of medical insurance and take advantage of obtaining the services needed with their medical insurance. • Youth will be able to identify and utilize community resources. • Youth will understand his/her rights. • Disabled youth will be referred to other programs/services for additional assistance prior to exiting care.
19-21	<ul style="list-style-type: none"> • Youth will understand how to obtain medical services after he/she leaves care. • Youth will be aware of health care coverage options if he/she is not insured through the employer. • Youth will understand how to manage any medical condition he/she may have. • Youth will be able to identify the providers he/she will use for health, dental, and mental health care. • Youth will have his/her updated medical records and psychological/psychiatric evaluation upon exiting care. • Youth will be assisted in applying for medical assistance, if needed.

HOUSING	
Age	Benchmarks
14	<ul style="list-style-type: none"> • Youth will live in an approved safe placement with a caring, competent adult. • Youth will demonstrate the ability to purchase items and understand the purchase process – including cost, sales, tax, and tips.
15/16	<ul style="list-style-type: none"> • Youth will be able to go shopping for food, prepare simple food and meals, and safely store food. • Youth will be able to identify a safe haven for short stay housing, if needed. • Youth will begin to acquire necessary household items and caring for them, whether school-based or prepaid.
17/18	<ul style="list-style-type: none"> • Youth will be able to identify possible housing options, if needed, including prospective roommates, subsidized housing, • Youth will have a “safety plan” if current housing fails and assistance with re-engaging with family. • Youth will understand housing history. • Youth will be able to understand tenant rights and tenant- landlord relationships. • Youth will understand the importance of safety and being selective in who is allowed to enter his/her personal space. • Youth will possess the life skills needed to maintain an apartment and make some independent decisions.
19-21	<ul style="list-style-type: none"> • Youth will possess the life skills required to maintain housing, with support.

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HOUSING	
	<ul style="list-style-type: none"> • Youth will be prepared for SILA or private vendors that provide independent living in arranged placements. • Youth will have a plan developed that includes a budget and all services needed to maintain an apartment or home. • Youth will have a developed plan for living after foster care.

FINANCIAL LITERACY/RESOURCES	
Age	Benchmarks
14	<ul style="list-style-type: none"> • Youth will have a bank account (savings and/or checking) and understand how to utilize services from the bank. • Youth will demonstrate the ability to purchase items and understand the purchase process – including cost, sales, tax, and tips.
15/16	<ul style="list-style-type: none"> • Youth will be able to safely and effectively manage their money; establish alternatives to using check cashing services, payday lending, etc. • Youth will understand basic financial skills – checking/savings, loans/contract/budgets, and credit cards use. • Youth will establish savings goals. • Youth will have a budgeted clothing allowance.
17/18	<ul style="list-style-type: none"> • Youth will have basic knowledge of entitlement programs, qualifications and how to apply/receive assistance with application for SSI (Social Security Insurance), MA (Medical Assistance), TANF (Temporary Assistance for Needy Families), TCA (Temporary Cash Assistance), WIC (Women, Infants and Children), etc. • Youth will obtain a free credit report. • Youth will understand how to avoid identity theft or correct it. • Youth will understand the benefits of remaining in care until age 21. He/she will understand the policy, eligibility requirements, and supportive services of After Care Services that he/she can receive if leaving care prior to age 21. • Youth will obtain his/her original birth certificate and social security card.
19-21	<ul style="list-style-type: none"> • Youth will understand the importance of financial investments. • Youth will maintain a financial cushion. • Youth will understand the need for budgeting funds and will demonstrate the ability to manage money, and obtain necessary resources. • Youth will understand budget management, priority spending, and the income sources will be used to supplement his/her expenses. • Youth will be able to maintain a savings account.

FAMILY & FRIENDS SUPPORT	
Age	Benchmarks

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FAMILY & FRIENDS SUPPORT	
14	<ul style="list-style-type: none"> • Youth will develop an understanding of positive, safe relationships. • Youth will develop a photo history. • Youth will be assisted in developing a genogram.
15/16	<ul style="list-style-type: none"> • Youth will identify appropriate, committed adult supports. • Youth will understand the importance of developing life long relationships with caring adults.
17/18	<ul style="list-style-type: none"> • Youth will develop a community resources guide.
19-21	<ul style="list-style-type: none"> • Youth will obtain adequate child-care services, if applicable. • If desired, youth will learn how to positively develop relationships with his/her family of origin.

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

- Discharge plans for youth should be based on the outcome of the court, youth, the department, and the caregiver or provider.
- Review the education, workforce, and home living arrangements prior to discharge.
- Discharge cannot take place if the youth is without a place to go. Also, identify and communicate with an identified adult to provide support.
- Determine if the placement crosses jurisdictions or states then additional guidelines must be adhered to for the best safety practices. (This is for youth under age 18).
- Outline how those identified adults will assist the youth, and assist with the implementation of the identified goals, for the youth to continue their transition, and maintain self-sufficiency.
- Develop a service agreement or review the current service agreement to determine proposed dates, and goals that still need to be implemented.
- Include educational/vocational goals, life skills gained and or still needed, safety and healthy living plans, financial supports and plans to secure what other identified desired outcomes are needed.
- Identify the anticipated barriers that the youth may encounter based on the meeting outcomes.
- Attempt to identify target dates and/or some resolution for the barriers.
- Include dates and signatures of all parties in attendance of the meeting based on their responsibility and willingness to reach the designated goals.

Local Department Transitioning Youth Services Coordinator Duties

The core areas of responsibility for the Local Department of Social Services Transitioning Youth Services Coordinators include: program development, program accountability, outreach, and networking. Most Coordinators also provide case management services to the youth who return to the agency for Aftercare resources.

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Ansell-Casey Life Skills Assessment

Since 2006, Maryland has used the Ansell-Casey Life Skills Assessment. The purpose of the Ansell-Casey Assessment tools is to build a free easy way to assess 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 Placement services that includes foster care and kinship care 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. Within the local departments many locals 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 Ansell-Casey Assessment is completed the local department can connect the youth to the appropriate group for life skills training. Throughout Maryland, many local departments include the following topics in their agenda for the life skills group training:

- Money management (how to earn and decide what is important in spending money)
- Healthy choices (personal hygiene, medical care, nutritious eating habits & more)
- Grocery shopping and the preparation of meals
- Maintaining healthy relationships and resolving peer and adult conflicts
- How to identify potential domestic violence situations
- How to provide auto maintenance for your car
- Job Readiness Skills (how to prepare and present for a job interview)
- How to access public transportation
- For those youth who travel to conferences, some attend workshops on how to prepare for the airport and the entire preparation process
- The etiquette of setting the table and dining in and out and others.

The annual teen conference is another vehicle to ensure that all youth have at least one opportunity to participate in life skills training and gain an in-depth understanding of the need for additional life skills training. The conference is also an opportunity for Maryland's youth to meet their Youth Advisory Board members and learn the importance of youth involvement as it impacts their daily service delivery. The Statewide Youth Advisory Board Members are key stakeholders at the conference. The next annual teen conference is scheduled for July 17, 2009 through July 18, 2009 to be held at Frostburg University. Many central office and local department staff will volunteer their time and services to make this a successful conference.

Additional positive goals for the use of the Ansell-Casey tool will allow Maryland to identify our outcomes in the areas of:

- Mental Health
- Education

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- Job Readiness
- Housing

Casey Family Services has a monitoring system in place that will allow Maryland to monitor the number of assessments completed and the outcomes of the youth who completed the assessments. It is our goal to work toward all local departments being trained to use the Ansell-Casey assessment and make use of the monitoring system for quality assurance purposes.

Trust Fund Program

Maryland no longer implements the trust fund program based on the recommendation of our State's Attorney Office. It was not in the best interest of the youth. When it was time to distribute the funds many of the youth relocated without a forwarding address.

Youth Involvement in CFSR Reviews

Maryland's youth are involved in the interview of stakeholders for the local CFSR reviews. They have been able to offer most valuable responses on service delivery and their desire to become more involved in specific program development.

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

As part of our interagency Ready By 21 efforts led by the DHR Secretary, Maryland recently passed legislation that extends Medicaid coverage through age 21 for young adults who leave foster care (House Bill 580, 2008). Over the next year the development of the policy and implementation of the practice will roll-out.

Room and Board for Youth 18-21

In Maryland children are eligible to remain in care until their 21st birthday if they meet the criteria of attending school/training, employment or disability. Room and Board payments for older youth are paid to foster parents, child placement agencies and group homes. The state also provides independent living payments Semi Independent Living Arrangement (SILA) to youth age 18 until their 21st birthday that live in an apartment or college campus.

Independent Living After Care Services

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

1. Financial assistance to purchase goods and services to support efforts of youth,
2. Supportive counseling,
3. Employment assistance including instruction on job search, interviewing, appropriate work attire, or support to assist with transportation to maintain and seek employment, the purchase of uniforms, etc.,

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4. Educational assistance and information regarding obtaining a GED, and enrolling in post-secondary educational institutions,
5. Provide referral for medical assistance,
6. Payment for Security deposits,
7. Payment for room and board, and
8. Funding for utilities or other appropriate services for self-sufficiency.

Education and Training Voucher (ETV)

Maryland continues to ensure that funds for the Education and Training Voucher Program are available to eligible children in out-of-home placement. DHR/SSA has extended the contract with The Orphan Foundation of America (OFA) to September 30, 2011 to administer the ETV program statewide and provide staff training, brochures and an on-line website for youth applications. The populations served are youth between the ages of 17 but not yet 21 years old. Eligible youth include those who are currently in foster care or who left foster care after their 18th birthday. Youth who were adopted or achieved kinship guardianship after age 16 are eligible to receive ETV vouchers. If a youth is participating in the ETV program prior to their 21st birthday and making satisfactory progress (2.0) GPA in school, they can remain eligible to receive ETV until they obtain the age of 23. There were 370 Education and Training vouchers funded from 2008 -2009. One hundred fourteen students received funds in both calendar years (fall and spring semesters). Of the 296 vouchers funded in calendar year 2008, 166 were funded for the first time and 130 had been funded in a prior ETV year. Of the 214 vouchers funded in calendar year 2009, 120 were funded for the first time and 94 had been funded in a prior ETV year.

Consultation and Collaboration

There are no recognized Indian tribes in Maryland. Programs are provided to Indian children on the same basis as they are to other children in the state. The Department has worked with the Baltimore American Indian Center in the past to help develop the policy, which agreed to act in advisory capacity as it pertains to the American Indian children in the child welfare system. Maryland plans to develop a collaborative relationship with the Commission on Indian Affairs to determine any additional strategies that can be employed to ensure compliance with the Indian Child Welfare Act (ICWA). Maryland has consulted with the Youth Advisory Boards, Independent Living providers, Independent Living coordinators and the Maryland Foster Youth Resource Center to develop services and ensure availability of services across the state. Over the next 2 years, Maryland will be working with the Atlantic Coast Child Welfare Implementation Center to develop a youth involvement model that will include improving transitional services. DHR has entered into a 2-year partnership with the Maryland Foster Youth Resource Center (MFYRC). The Maryland Foster Youth Resource Center (MFYRC) is a nonprofit organization established by former foster youth to benefit children who are currently in or recently emancipated from foster care. The mission of MFYRC is to provide supportive resources for both youth in foster care and alumni of the foster care system through a "one stop (physical and virtual) shop" providing mentoring and peer supports and connecting them with services and resources which are often available in

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the communities where they live; and to give voice to the needs of children in foster care through effective advocacy.

MFYRC will also reach out to the employers, service organizations and other community resources throughout Maryland to enlist their active support for youth who are transitioning from foster care to independent adulthood. The former foster youth who have created MFYRC are young university graduates with enormous talent and energy and a resolute commitment to improving the lives of children in Maryland's foster care system.

DHR has contracted with MFYRC to provide the following services:

- Assistance in the development of local youth advisory boards
- Connecting foster youth to critical resources – particularly in the domains of education and employment
- Develop a resource packet for youth exiting the system
- work with local independent living coordinators to support youth in the attainment of milestones needed for successful adulthood

Implementation of the National Youth Transition Database

Maryland will cooperate in national evaluations to measure the effects of the CFCIP programs in achieving purposes of the program. A planning committee for the implementation of the National Youth Transition Database as been established and necessary actions have been identified. Members have attended the NYTD Conference in June 2009. Initial steps include: conducting a gap analysis for the baseline data; developing strategy for conducting the initial surveys; and identifying methods to collect and store data. As part of Maryland's project with the Atlantic Coast Child Welfare Implementation Center on Transitioning Youth the design of Maryland's transition database will be addressed.

IV. STATISTICAL AND SUPPORTING INFORMATION

Juvenile Justice Transfers

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

Inter-Country Adoptions

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The State has begun tracking the number of children who were adopted from other countries and who enter into State custody as a result of disruption of a placement of adoption or the dissolution of an adoption. A tracking form was developed for local departments to capture this information and submit to DHR/SSA monthly. Since we have begun tracking this data in November 2007, five children have experienced adoption placement disruption or adoption dissolution. Services provided to these families include family preservation; family therapy; and referrals to community based adoption support programs.

Monthly Caseworker Visit Data

Maryland’s local departments of social services are required to have a number of contacts with a foster or kinship child on a regular basis. Contacts can be in the form of phone call, e-mails, letters or visits. A 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 extremely important to the provision of appropriate child welfare services, meeting the needs and best interest of the child, and achieving permanency.

MDCHESSIE indicates that currently caseworkers are completing monthly visits in 80% of cases and that 69% of those visits occur in the out of home setting. While Maryland fell short of previous goals a new strategic monitoring process is in place. This strategic monitoring process is the Local Supervisor Review process. It is thought that this system along with caseworker’s familiarity with MDCHESSIE will have a major influence on the data. Maryland’s goal is to reach the federal standard by 2011 and maintain that standard through 2014 are as follows:

Caseworker Visits Goals				
2010	2011	2012	2013	2014
85%	90%	90%	90%	90%
Caseworker Visits in the Home Goals				
2010	2011	2012	2013	2014
73%	75%	75%	75%	75%

To ensure that Maryland achieves these goals SSA will utilize the following strategies:

1. SSA will ensure that all staff are informed of the requirement that children in out of home placement are visited at least monthly by their worker.
2. Ensure that this area is covered in pre-service training for new workers.
3. SSA conducts bi-annual regional supervisory meetings to provide information to state supervisors that includes discussion of data trends. This will be one of the areas, which is covered and emphasized during these discussions.
4. MDCHESSIE maintains a “contact log” where workers enter information about visits; this information is accessible to supervisors and should be a regular part of ongoing supervision with staff.

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5. MDCHESSIE generates reports that capture the total number of caseworker visits per month to children and families in either an Out-of-Home or In-Home program assignment.
6. Working to ensure each local department of social services is near or meets the Child Welfare League of America caseload ratios.

Maryland utilizes additional IV-B 2 funds to support monthly casework visits with children in foster care in the following ways:

- To fund out-of-state travel for caseworkers to visit foster children in out-of-state placements (i.e., hotel, meals, transportation, etc.)
- Purchase of tools such as car seats to facilitate transporting children/siblings to visits; cameras to record visits.
- Allocate funds for supplies, books, toys and tools for caseworkers to enhance content and quality of visits
- Allocate funds for providers to transport children in out of county placements for visits
- Allocate funds for transportation aides to assist with transporting children for visits

Safe and Timely Placement Act of 2006 (P.L. 109-239) for FY's 2007 and 2008

In 2007, 286 reports were completed in 0-60 days and 1,238 reports were completed in over 90 days.

In 2008, 201 reports were completed in 0-60 days and 1,278 reports were completed over 90 days.

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

- Delay in completion of required State criminal history background clearance
- Delay in completion of required Federal criminal history background clearance
- Delay in completion of required home health/fire inspection
- Delay in completion or return of required medical evaluations from the prospective caregiver
- Prospective caregiver's lack of timely response to offered home study,
- Lack of resources to complete the home studies timely.

The 15 day extension required resulted in virtually no additional home studies being completed within the 15 day extension.

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

- Increasing availability of funds to contract with private agencies for completion of the home studies,
- Educating staff as to "provisional" home study recommendation option available

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- Sharing of Foster Parent training resource classes, when possible
- Making use of electronic criminal history record checks, when possible.

V. FINANCIAL INFORMATION

Maryland intends to expend twenty percent on each of the following services: family preservation, community-based family support, time-limited family reunification and adoption promotion and support services. Planning and service coordination funds will be spent on items included in the PIP such as training on family centered practice, consultants for mapping resources in regional areas and equipment for team staffing facilitators.

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 was \$25,721 or 0.6% percent of the total. The state spent \$876,163 in ETV FY 2005 funds.

See Appendix J

VI. REFERENCES

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