

Maryland Department of Human Resources
Child and Family Services Plan
2007 Annual Progress and Services Report
Title IV-B Plan



Maryland's Human Services Agency

Putting Children First

Martin O'Malley
Governor

Anthony Brown
Lt. Governor

Brenda Donald
Secretary

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EXECUTIVE SUMMARY

Vision:

The Maryland Department of Human Resources, Social Services Administration (DHR/SSA) 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.

This is the third year of the Annual Progress and Service Report of Maryland's 2005-2009 IV-B Child and Family Services Plan, which outlines how Maryland intends to carry out its mission and vision. As the Department moves forward in the final 2 years of the plan, there will be a shift in strategies that focus on meeting goals and objectives which promote and ensure safety, permanence, and well-being for children and families. Maryland has set a direction that "Place Matters" with an emphasis on ensuring appropriate placements are available for children in care and to prevent children from coming into care when possible.

This report also includes an update since the last submission on activities in the following programs: 1) Promoting Safe and Stable Families; 2) Indian Child Welfare Act; 3) Foster/Adoptive Parent Recruitment; 4) Training and Staff Development; and 5) Quality Assurance/Research and Evaluation. Updates on the Child Abuse Prevention and Treatment Act, Chafee Foster Care Independence Program, and Education and Training Vouchers grants are also provided in this report. The Department's Monthly Caseworker Visitation Data, Consultation with Physicians or Appropriate Medical Professionals, and Disaster Plan are also included.

Over the past three years Maryland Department of Human Resources/Social Services Administration (DHR/SSA) has engaged in a number of efforts to assist in meetings its goals and objectives. These efforts include:

The Design and Full Implementation of MDCHESIE

The Maryland Children's Electronic Social Services Information Exchange (MD CHESIE) is Maryland's version of the Federal Statewide Automated Child Welfare Information System (SACWIS). As of January 2007, MD CHESIE

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became operational in Maryland's 24 local departments of social services and the Central Office at the Department of Human Resources. MD CHESSIE was designed, developed and tested before being implemented.

The Child and Family Services Review Program Improvement Plan (PIP)

This plan was designed to address the areas in need of improvement as identified in the Child and Family Services Review (CFSR) report. Maryland completed the final year of its PIP in March 2007. The PIP outlines priorities, initiatives and strategies for change to move Maryland closer to the standards set in the CFSR. The five priority areas identified are: Comprehensive Assessment, Legal and Court Practices, Quality Assurance, Service Access, and MD CHESSIE. The plan serves as a road map for moving toward improving outcomes for Maryland's children and families. The PIP goals and actions have been included in the CFSP.

Maryland – Child and Family Services Reviews

Consistent with the findings of the CFSR, Maryland redesigned and implemented an improved quality assurance system. Maryland's three tier system is modeled after the federal child and family service review which is designed to measure the quality of services through the use of local self assessments, supervisory assessments, and local on-site assessments.

MARYLAND'S CHILD WELFARE SERVICES

The Maryland Social Services Administration (SSA) oversees the administration of child welfare programs that are largely federally funded, State supervised and State administered. All services are provided through the twenty-four local departments of social services (one in each county and in Baltimore City). The SSA is responsible for the coordination and supervision of programs and services funded by federal titles IV-B, IV-E, and XX of the Social Security Act. The SSA directs and supervises the development and implementation of state policies and programs that carry out the mission and goals of Maryland's child welfare services. SSA is committed to excelling in services linked to safety, permanency and well-being. Its approach to the delivery of services is guided by the Family Centered Practice model, which focuses on a family-centered, neighborhood-based service strategy that keeps children in their neighborhoods with family members, neighbors, friends and schoolmates. The child welfare services under the oversight of SSA include:

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IN-HOME SERVICES

Child Protective Services are specialized social services for children, who are believed to be neglected or abused, and their parents or other adults having permanent or temporary care, custody, or parental responsibility, and household or family members. These services assess risk and safety of the child and decrease the risk of continuing physical, sexual or mental abuse or neglect. In instances where a child can be safely protected in his or her own home through the provision of services or other assistance to the child's family, such an alternative is preferable to foster care placement.

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 PLACEMENT SERVICES

Foster Care services provide short-term care and supportive services for children that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm or voluntarily placed because of parent/legal guardians need for short term placement of the child's mental illness or developmental disability. Services are provided to treat the needs of the child and help the family with their need to know how 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 are provided 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)

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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 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.

In FFY 2006, Maryland provided foster care services for approximately 10,303 children. Of those approximately 2,880 children received ILS.

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. In FFY 2006, Maryland had approximately 1,900 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. The child continues to be eligible for the subsidy and medical assistance until the child is 18 years old or 21 years of age if enrolled in school or there is a documented

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disability. Verification of placement in the home, school attendance and/or disability must be submitted as part of the annual reconsideration for continued eligibility.

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.

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 February 2007, Maryland local departments of social services had 216 children legally free with a goal of adoption without an identified resource. Legally free children are registered in the Maryland Adoption Resource Exchange (MARE) and the AdoptUSKids national adoption exchange database when there is no Maryland family that matches the child.

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.

Resource Development and Support Services works with stakeholders to identify and develop strategies to improve the array of services available to

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support children and families in achieving safety, permanence and well-being. Also included in these services is the oversight recruitment and support of Foster/Adoptive Parents. In FY '06, Maryland local departments of social services approved 647 new families as foster and adoptive placements.

FAMILY-CENTERED PRACTICE CHILD WELFARE MODEL

Family Centered Practice assures that the entire system of care engages the family system in helping them to improve their ability to safely parent their children. It requires that the family be viewed as a system of interrelated people and that action and change in one part of the system impacts the other. While the ultimate goals are the safety, permanence and well being of the child, the entire family is the focus of the intervention. The work with families is intended to encourage and support their involvement with agency processes such as safety, permanency and other pertinent planning for children.

Core principles

- Preserve the family where possible; where not, aggressively explore relative placement;
- Maintain connections to relatives, culture and community;
- When children must be removed, ensure parent/child and family/case manager interactions as frequently as possible;
- Return child to birth parents or relatives as quickly as possible;
- Give honest feedback to families;
- Use family directed interventions – engage, not direct families in decision making;
- Ensure services that will teach the family to function independently;
- Respect the family and work from a strengths perspective;
- Work with the child and the family; and
- Assure community partnerships are a vehicle for service delivery.

Maryland's Family Centered Practice Model Strategies:

1. Family Team Decision Making – Involves birth families and relevant parties in key case decisions to ensure a network of support for the child as well as the adults who care for them.
2. Community Partnerships – Establishes relationships with a wide range of services in those neighborhoods with the highest referral rates and collaborates with those groups around child safety and permanence to build a strong network of neighborhood providers.

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3. Recruitment and Support of Families and Other Placement Resources – Assures that children, who cannot be protected in their own home, will have access to a safe and stable placement in their neighborhood.
4. Self Evaluation – Provides a comprehensive baseline perspective on agency performance using established outcomes and creates a capability for determining whether program goals are being met.
5. Enhanced Policy and Practice Development – Provides for continuous review and revision of child welfare policies and procedures using national evidence based practice.

To promote the implementation of family-centered practice in the LDSS, approximately 1.2 million dollars was allocated to support local initiatives and activities. The LDSS were asked to submit proposals to SSA for review and approval. Currently, all proposals have been received and are under review. The Phase I Family-Centered Practice Implementation Sites will be given priority consideration.

Phase	Jurisdictions	Timeline
Phase I	<ul style="list-style-type: none"> ▪ Anne Arundel County ▪ Baltimore City ▪ Cecil County ▪ Calvert County 	January 2006
Phase II	<ul style="list-style-type: none"> ▪ Baltimore County ▪ Charles County ▪ Frederick County ▪ Montgomery County ▪ Prince George's County ▪ St. Mary's County ▪ Washington County 	October 2007
Phase III	<ul style="list-style-type: none"> ▪ Caroline County ▪ Dorchester County ▪ Kent County ▪ Queen Anne's County ▪ Somerset County 	January 2008

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	<ul style="list-style-type: none"> ▪ Talbot County ▪ Wicomico County ▪ Worcester County 	
Phase IV	<ul style="list-style-type: none"> ▪ Allegany County ▪ Carroll County ▪ Garrett County ▪ Harford County ▪ Howard County 	May 2008

The Family Centered Practice Model is the framework for future practice in Maryland local departments of social services. Anne Arundel County Department of Social Services, Baltimore City, Calvert County, and Cecil County are the four implementation sites that will demonstrate the model for the state.

The family team decision-making meetings (TDM) are composed of a multi-disciplinary team, which engages the family, their support system, the community and other people involved with the family to make critical decisions about the care and placement of the child. TDM's are primarily held prior to children being removed from their homes, when children change placements, and/or when there is a change in permanency plan for the child. The following list of triggers signal when TDM's should take place.

Triggers:

- Child at imminent risk of removal by family preservation
- Prior to placement or at placement for voluntary placement
- Shelter care filed
- 6-10 months in care
- Change in placement
- Prior to achieving permanency plan
- Crisis in placement (disruption/dissolution) (family preservation)
- Child not legally free to move to permanent home
- Prior to moving legally free child to permanent home

The LDSS will develop a network of community partnerships that will provide a range of services in its neighborhoods and community. The development of

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neighborhood providers is key. Therefore, the LDSS will target its recruitment within its community. Recruitment and Support of families and other placement resources will assure that children who are unable to remain safely in their own home will obtain a stable placement in their neighborhood. The community partners will help to recruit and support resource families.

A local department self-evaluation will be used to provide a comprehensive baseline perception of the agency's performance using established outcomes to determine whether program goals are being met. There will be a longitudinal database that describes the baseline performance.

Enhanced Policy and Practice Development will provide continuous review and revision of child welfare policies and procedures using national evidence based practice. There will be a communication plan for all policy/or practice changes.

Progress

Baltimore City and Cecil County DSS are operating in the first trigger (removals). Anne Arundel Co is operating in all three triggers. All the sites are engaging staff in the paradigm shift to Family-Centered Practice. The sites have targeted certain communities for recruitment of families and resource partnerships. Anne Arundel is targeting the Glen Burnie and Annapolis areas of the county for recruitment of prospective parents. Baltimore City is targeting the east Baltimore area. Cecil has social worker located in two schools that carry a caseload from the DSS.

The state implementation team meets the third week of every month. Technical assistance from the National Resource Center will be working with each LDSS individually as well as attend monthly meetings with the site group to help develop and strengthen strategies for implementation and for removal of any barriers.

**CHILD AND FAMILY SERVICES PLAN GOALS, OBJECTIVES and
ACCOMPLISHMENTS**

The goals and objectives listed below are organized in three categories Safety, Permanence, and Well-being.

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

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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. These strategies include comprehensive risk-based assessment and service planning; family-centered; supervisory mentoring and monitoring of case activity related to safety; and exploration of flexibility in responding to reports of abuse and neglect. The safety goals, objectives and strategies are linked to Priority One of the PIP.

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.

Objectives:

- 1.1: By June 30, 2009, 7.1% or less of cases will experience repeat maltreatment with in 12 months of case closure.**
- 1.2: By June 30, 2009, .057% or less of children in foster care will experience maltreatment from foster parents or facility staff members**

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

- Developing and implementing family-centered practice
- Implementing Risk Based Service Planning
- Completing a study on the implementation of a research based differential response system for allegations of child abuse and neglect
- Partnering with the Maryland Wraparound Initiative

1. Family-Center Practice

Maryland is working to develop and implement a family-centered practice approach. This approach is based upon the notion that identifying and developing family strengths is the key to solving family problems, which will lead to greater child safety and better long-term outcomes for families. Efforts to review and revise policies and practice to ensure a family centered approach are currently in process. Maryland's comprehensive family assessment system uses an array of tools to determine a family's ability to provide a safe, nurturing environment for their children. Each tool serves a specific assessment function

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that captures both risk and safety concerns, as well as a family's capacity to protect.

The tools are as follows: a) the Maryland Family Risk Assessment which identifies issues that pose long-term concerns for child abuse and neglect and concludes with a determination regarding a family's need for service; b) SAFE-C is the tool that guides and supports an assessment of immediate safety concerns for children in family settings (birth, relative or out-of-home); c) SAFE-GRP is used when considering safety concerns that may exist for children residing in group placements; d) the In-Home Services Progress Review used in conjunction with service and case planning is rooted to risk and safety assessments and comprises Maryland's risk-based service assessment; e) the North Carolina Family Assessment Scales (NCFAS) a strength-based family functioning assessment tool which measures changes in a family's ability to care for their children and become self reliant. Each tool, except for NCFAS, was developed with consultation from the National Resource Center on Child Abuse and Neglect (now Child Protective Services). Finally, Out-of-Home Services staff provide permanency-planning services by utilizing a case planning process that documents, organizes and analyzes casework services to families and their children in the temporary custody of a local department. These tools have been embedded in Maryland Statewide Automated Child Welfare Information System – MD CHESSIE.

A number of activities have taken place to support Maryland's efforts to implement comprehensive assessment and family centered practice models. First staff have reviewed, revised or developed over 20 policies (complete list attached). Over twenty trainings have been conducted that support best practices, policies and practice changes. These trainings covered topics such as early identification of parents, concurrent permanency planning training, Maryland Family Risk Assessment Training, and much more (complete list is attached).

Maryland's Family Centered Practice Model, which is currently being implemented in three Local Departments of Social Services (DSS) (Baltimore City, Cecil and Anne Arundel Counties). This model includes family engagement, family team meetings, and concurrent planning assistance. Family Team Decision Making (TDM) meetings represent the foundation of Family Centered Practice. Phase I sites received additional funding for implementation and have developed their implementation plans.

Family Team Decision Making (TDM) meetings represent the foundation of Family Centered Practice. It is here that family involvements in the model have its greatest impact. Therefore, the implementation sites are focusing energy in

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developing and implementing these meetings into child welfare casework practice.

2. Implementing Risk Based Service Planning

Maryland has developed a risk-based service planning model that helps caseworkers to target the efforts of their client/family's and their own on items identified in safety and risk assessments. Service Plans now have goals and objectives that are directly tied to safety, permanency and child well-being. Every service-related activity must be anchored to an objective and goal that increases safety and reduces the risk of future maltreatment, which in turn enhances a child's safety, permanency and well-being. Staff, with input from the family, must choose a goal from items pulled directly from the federal review (e.g., children are first and foremost protected from abuse and neglect; families have enhanced capacity to provide for their children) when beginning to create a Service Plan. Supervisors are required to review Service Plans for compliance with concepts central to the model and approve work of their caseworkers only when Service Plans accurately target risk and safety issues.

Accurate assessment followed by targeted service interventions should increase safety for children, reduce the recurrence of maltreatment and promote healthy family development. Previous efforts to improve service planning have found some success, but as the federal review indicated, have not produced the results that had been projected. This effort differs from others in that service planning is viewed as a natural outgrowth of assessment, and supervisors play a pivotal role in planning, reviewing and evaluating Service Plan effectiveness. Encouraging family input into the creation of the service plan is consistent with, and supports Team Decision-Making. Having input from all parties involved with the case allows the service plan to be tailored to the specific needs of the family.

3. Differential Response System Study

In compliance with the Maryland General Assembly passage of HB 1648 "Child Abuse and Neglect – Differential Response System Study"; in December 2006, DHR submitted the findings of the Differential Response to Allegation of Child Abuse study to the Governor, the Senate Finance Committee, the House Appropriations and House Judiciary Committee. Additionally, in February 2007 a narrative was compiled for the Child Welfare Workgroup (a group consisting of members of the Maryland House of Delegates) to use when drafting the DHR budget narrative.

The Study finding are discussed below:

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For each referral received at the local DSS office the levels of safety concern will determine which track to assign a particular allegation: assessment, investigation and possibly prevention.

The timeframes for initiating and completing responses will follow the current system (child abuse investigation initiated within 24 hours and neglect within 5 days).

MD CHESSIE, Maryland's new automated child welfare system will capture information on child welfare services provided by the local department and community provider. After review and analysis, MD CHESSIE will be programmed to address the specific needs of a differential response services.

Due to the reliance on community supports, the local departments will have to engage in aggressive interagency collaboration to ensure that a higher level of coordination between the local department and community agency. The National Child Welfare Resource Center for Organizational Improvement assisted DHR complete a community assessment of one of the 24 jurisdictions in Maryland. Future community service assessments will be completed throughout the state to develop a comprehensive service array. This process will also highlight the potential gaps in services between the state and community partners.

Maryland will find it difficult to serve the additional families that will utilize the differential response services even if fully funded. Thus, a concrete and sufficient plan for capacity building will be mandatory to ensure the success of this program.

Multi-disciplinary decision-making responses relating to mental health, substance and domestic violence services and services for abused and neglected children is increased with differential response intervention model. DHR also developed a plan to implement and evaluate the program. Development includes making an amendment to Maryland law, development of a rollout schedule for all jurisdictions starting first with three jurisdictions of different sizes, revision of MD CHESSIE to incorporate the differential response service model, increased staffing to address the needs created by the "assessment and service" focus while staying within the CWLA case to worker ratio, extensive training of staff on the new service model which is a paradigm shift from the original implementation of CPS program, evaluate the program with the assistance of researchers at the University of Maryland School of Social Work, DHR and other leaders from the local departments.

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For the State FY 2008, DHR plans on assembling an advisory workgroup to oversee the implementation of the Differential Response program in 3 Maryland jurisdictions

4. Maryland Wraparound Initiative

Wraparound is a family-centered, community-oriented, strengths-based, highly individualized planning process that relies on a balance of formal and informal or natural supports to help children and families achieve important outcomes while they remain, whenever possible, in their homes and communities. In Maryland, the Children's Cabinet has funded pilot sites to provide care coordination services utilizing high-fidelity wraparound (a wraparound service delivery model that adheres to the National Wraparound Initiative's standards). The Children's Cabinet and Governor's Office for Children are partnering with the Local Management Boards (LMBs) to serve children who are in Residential Treatment Center (RTC) and Community Medicaid Eligible in their homes and communities, rather than in an RTC setting. Baltimore City and Montgomery County were the first two LMBs to pilot Wraparound and to manage the delivery system and plans of care for "deep-end" children, beginning in FY06. St. Mary's County LMB is the newest pilot site in FY'07, and several other LMBs are working towards becoming sites in the future.

Ongoing training, coaching and mentoring is provided to Wraparound Pilot Sites, including LMB staff, care coordinators, family support partners, supervisors, and team members, through the Innovations Institute at the University of Maryland School of Medicine, Division of Child and Adolescent Psychiatry In partnership with the Governor's Office for Children.

- **Results of the Baltimore City & Montgomery County Pilot Sites**

(First half of State Fiscal Year 2007: July-December 2006)

How much did they do? In Baltimore City, 36 children were referred to the pilot program, 100% of whom were screened eligible for service. Thirty-two (32) children were enrolled in the program, and 18 were referred to the pilot program, 70% of whom were screened eligible for service. Fifty-eight (58) of the children were enrolled, and 34 were served by the end of December.

How well did they do? The Wraparound Fidelity Index 4.0 (WFI) measures the fidelity of the programs in Baltimore City and Montgomery County to the principles of Wraparound. The sample size for the WFI was small due to the relatively new nature of the program, and therefore, the results should only be used as a baseline. In the report on the fidelity monitoring for October-December 2006, Baltimore

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City achieved 79% overall fidelity and Montgomery County achieved 81% overall fidelity. These scores are considered to be midway between the thresholds for “adequate “ and “high” fidelity.

Is anyone any better off? In Baltimore City, 55% of youth attended school at least 80% of days when school was available during the first quarter of the year and 61% attended at least 80% of days in the second quarter of the year. In the first quarter 84% of youth experienced a decrease in or maintained the same level of restrictiveness of placement after being enrolled for at least three months; during the second quarter, 98% experienced a decrease or maintained the same level of restrictiveness of placement. In Montgomery County, increases in overall functioning, as measured by the Child and Adolescent Needs and Strengths (CANS) tool, were observed three months and six months after implementation of the plan of care (81% and 66.7% respectively). Families also demonstrated an increase in family functioning at the same intervals (57.15% and 33.3%). At three and six months after the implementation of the plan of care, 88.9% of youth and 84.6% of youth respectively moved to or maintained a lesser restrictive setting, compared to entry. Eighty-three percent (83%) of youth are attending school at least 80% of the days available.

Action Steps, Benchmarks and Accomplishments for these efforts are included in the attached matrix.

PERMANENCE OUTCOMES

The Social Services Administration 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 a 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, on-going connections with friends and community. Twenty-three counties in Maryland and Baltimore City operate foster care programs that work with the birth and foster families to develop the most appropriate permanency plan for each child. Maryland works to ensure that reunification, adoption, guardianship, alternative permanent placement, or transition from foster care to independent living 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.

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The Foster Care Program in the State of Maryland is implementing a family-centered practice model that will encourage foster parents to play an active role with the birth family in planning and carrying out the goals of the permanency plan for the child in care. Using a family-center approach, foster children are placed in homes that are in their own community thereby keeping the children connected to their school, friends and resources within their neighborhood.

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:

- 2.1 By June 30, 2009, the percent of children reentering care within 12 months of a prior foster care episode will be 8.6% or less.**
- 2.2 By June 30, 2009, the percent of children in care for less than 12 months who experience no more than 2 placement settings will be 86.7% or more.**
- 2.3 By June 30, 2009, 85% or more of children will be placed in or in proximity to their community of origin.**
- 2.4 By June 30, 2009, 25% or more of the all children who are adopted will be so within 24 months of their entry into foster care.**
- 2.5 By June 30, 2009, 60% or more of all children will be reunified with parents within 12 months of their entry into foster care.**
- 2.6 By June 30, 2009, the median length of stay by entry cohort for children in out-of-home placements will be 24 months or less.**

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

- Developing and implementing family-centered practice
- Implementing Concurrent Permanency Planning
- Recruit and Retain Foster/Adoptive Parents
- Collaboration with the Governor's Office for Children in the Implementation of the State Resource Plan

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- Collaboration with the Foster Care Court Improvement Project

1. Family-Centered Practice

Maryland is adopting Family-Centered Practice which is a clinical approach to working with children, families and communities to provide resources and services. This approach requires strong supportive collaboration, as well as strong relationships in the development of partnerships within the community and local departments. This comprehensive approach to service delivery provides a continuum of care to families and children from prevention to placement. In Maryland a redesigned **comprehensive family assessment system** and the implementation of a **Family Centered Practice Model** will be used as a framework to deliver child welfare services.

The family-centered philosophy consists of a set of value driven principles that guide specific strategies and use practical tools for implementation. The philosophy includes:

- Caseworkers are family workers not just child workers;
- Foster parents model as co-parents, mentors and family team members; and
- Children in out-of home placement remain in their own community.

The paradigm shift to neighborhood-based, family-centered practice directly ties the identified resource needs of the family to service delivery creating a seamless service delivery system. This approach requires the provision of more Placement Prevention Services, the primary model being family preservation. The model is designed to provide front-loaded services and prevent out-of-home care. The use of this practice should eliminate interruption in service delivery and duplication of services. This non-threatening practice will empower families and communities to take responsibility for their children.

2. Concurrent Permanency Planning

Maryland also uses concurrent permanency planning which allows the application of several permanency plans at one time to reduce the length of time the child stays in out-of-home placement. While working with the birth family toward reunification, there is an alternative plan in place. Concurrent permanency planning involves planning for a child's permanent placement in a way that reduces the number of moves the child must make. The child is placed in a home where the child can remain permanently if return to the family fails. Counseling and therapy for the child and birth family, education, and health services for the child as well as any necessary supportive services to sustain the

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child in an out-of-home placement are provided. Time-limited services are provided using concurrent permanency planning to either reunify the family or develop a permanent home for the child. Maryland continues to plan and conduct trainings on the principles and practice of concurrent permanency planning.

In 2006, the Maryland Court of Appeals made a decision in the case of *Karl H and Anthony H*, which requires Maryland to look at its practice of concurrent permanency planning. As a result, child welfare staff will continue doing concurrent permanency planning and present to the court the “primary and secondary” plans. This practice will prevent delays in finding permanent homes for Maryland’s foster children.

Recruitment and Retention of Foster/Adoptive Parents

SSA is revising its recruitment plan targeted toward increasing community placements throughout the state.

The plan will address the need for:

- Resource Families: families who will provide both foster care 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 family 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 family and the local department of social services to provide the best possible care for children and facilitate the effectuation of the permanency plan (reunification with parents, placement with relatives or adoption).
- Adoptive Families: families willing to provide a permanent home to children in the State’s care. 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. Because “getting a break” from the demands of parenting is important to any parent.

As a part of a major child welfare initiative, the recruitment and retention plan will focus on Maryland’s need to recruit appropriate family settings for all children in the Department’s care and custody because “Place Matters”. In general, the

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focus will be on developing resources for children within their communities and on broadening the diversity of resource home options. Recruitment of diverse foster and adoptive parents provides the greatest likelihood that foster children can be matched to a family that can meet their needs rather than placing a child in an “open slot” that may be ill equipped to meet their needs.

It is imperative that our resource parents have a positive and supportive experience. This helps to make them better caregivers for the children placed in their homes. The plan will include retention strategies such as: providing a mentor resource family to prospective families throughout the licensing process and during the time the new resource family receives their first child for placement; development of statewide and local foster parent associations; participation in adoption support groups; provision of respite services; and local and state sponsored recognition activities for foster/adoptive families.

3. State Resource Plan

In August 2006, the Governor’s Office for Children, on behalf of the Children’s Cabinet, issued a State Resource Plan. The purpose of the State Resource Plan was to document the State’s capacity for out-of-home placement, the needs for placement among children in care, and efforts to align the capacity with the need across Maryland’s jurisdictions (23 counties and Baltimore City).

This plan, written in collaboration with the child-serving agencies including SSA within DHR, contained a review of each of Maryland’s out-of-home placement categories (family foster care, Community-Based residential, non-Community-Based residential, hospitalization), including:

- Overview Of Placement Category
- Terms And Definitions
- Who Gets Placed There And Why Needed
- Existing Capacity
- Discussion Of Need For This Level Of Placement

A significant portion of the family foster care section of the plan was focused on SSA’s Resource Family Recruitment Plan and how the State can best support the development of additional quality family foster homes for children and youth. The State Resource Plan seeks to inform a process of reshaping residential services so that they are responsive to changes in the population, able to serve children and adolescents in their communities, and flexible enough to provide intensive services when needed.

The Plan was utilized in State Fiscal Year 2007 by the State and local child-serving agencies in a number of ways. In particular, the Plan was used as a

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guide in the awarding of Resource Development Funds through an Invitation to Negotiate process with Local Management Boards. These funds were administered to Baltimore City LMB and Wicomico County LMB (on behalf of an 8-county collaborative of Eastern Shore LMBs) to support the development of community-based residential placements in underserved areas. Additionally, the Plan is utilized by prospective residential child care providers in the Single Point of Entry process.

The State Resource Plan will be updated annually by the Governor's Office for Children, in accordance with HB 813 (2006).

Attached is the August 15, 2006 State Resource Plan for Out-of-Home Placements presented by the Governor's Office for Children on behalf of the Children's Cabinet.

4. Collaboration with the Foster Care Court Improvement Project

SSA continues its collaboration with Maryland's Foster Care Court Improvement Project (FCCIP) in its efforts to protect the safety and well-being of maltreated children involved in the juvenile court process. The SSA and FCCIP are working together to ensure that Courts and Child Welfare agencies are responsible for adequate judicial, legal, and other social service resources to ensure children reach permanency in a timely manner.

Both entities have worked to improve legal and court processes that affect children in care. Specifically, the Legal and Court Practice Committee is charged with collaborating with the FCCIP to improve court practices that have a significant impact on service delivery such as ASFA exceptions, concurrent planning, and Another Planned Permanent Living Arrangements (APPLA) in Child in Need of Assistance (CINA) and Termination of Parental Rights (TPR) cases.

The FCCIP Implementation Committee comprised of Judges, Masters, a representative from the Citizen's Review Board, the Executive Director of the Social Services Administration, and FCCIP staff serve as the oversight body for the work that is generated from the FCCIP Strategic Plan, FCCIP Subcommittees, and the Court related portions of the Title IV-E PIP and the CFSR PIP.

Recently the FCCIP published the *Maryland CINA, Related TPR and Adoption Matters Best Practices Manual*, in an effort to provide an effective tool to assist the courts in meeting the demands of processing CINA, related TPR and Adoption matters. The Best Practices Manual is intended to offer guidelines to

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court procedure and in the facilitation of the achievement of permanency goals. The impetus for the development and the use of such a resource evolves from the realization that the mechanism of how cases are handled and processed ultimately impacts the outcomes for children and families, specifically child safety, permanency and well-being. These standards are designed to assist courts in the facilitation of improved court practices that are not only integral to the overall outcome of a case, but have made an impact for other jurisdictions, locally, nationally, on the courts' ability to effectively meet daily demands.

Additionally, the FCCIP Subcommittees, which all have DHR/SSA and other stakeholder representatives, have provided Uniform Court Orders (reflecting ASFA exceptions language and statutory requirements); a Continuance/Postponement Policy for CINA and related TPR matters; review of the CINA and TPR Appeals process; training for judges, CINA attorneys, and stakeholders; and a review of the judicial, attorney, and clerks workload.

Further collaborative efforts are being planned for FCCIP, SSA, and other stakeholders.

Action Steps, Benchmarks and Accomplishments for these efforts are included in the attached matrix.

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 permanence and stability, enhancing the capacity of families to provide for the needs of their children and providing appropriate educational and health services.

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:

3.1 By June 30, 2009, in 75% of cases reviewed the needs of children, parents and foster parents will be appropriately met

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- 3.2 By June 30, 2009, in 85% of reviewed children and families will be involved in case planning**
- 3.3 By June 30, 2009, in 90% of the cases reviewed children will receive appropriate services to meet their educational needs**
- 3.4 By June 30, 2009, in 90% of the cases reviewed children will receive appropriate services to meet their physical health needs**
- 3.5 By June 30, 2009, in 75% of the cases reviewed children will receive appropriate services to meet their mental health needs**

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

- Developing and implementing a family-centered practice model
- Partnering with the Maryland Wraparound Initiative
- Collaborating with state and community partners to improve service access
- Conducting service array assessments and developing resource development plans

1. Collaborating with state and community partners to improve service access

The availability and access to critical services are vital to the success of the outcomes for children in 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 Departments of Education and Health and Mental Hygiene 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 of and access to critical services that are vital to successful outcomes for the children in Maryland's child welfare system. An Education Resource Handbook has been completed for use by child welfare and education staff. The SSA will continue its efforts to engage the stakeholder and advocacy community in the planning and implementation of initiatives.

2. Service Array Assessment and Resource Development Plan

To meet the needs of children and families, Maryland must have a full continuum of services. DHR is consulting with the National Child Welfare Resource Center

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for Organizational Improvement and using their model of service array assessment and resource development planning. This model has been implemented in states including Utah, Wisconsin, Mississippi, and Nebraska.

The service array assessment examines the full continuum of services necessary to provide sound child welfare practice ranging from prevention to intervention. This assessment also evaluates the availability of more than 90 key child welfare services including; community prevention, investigative and assessment functions home based intervention, out of home services and services for children exiting the child welfare system. The out-of-home services portion of the assessment specifically addresses the quality and quantity of child welfare placement resources as well as the supportive services that assist in wrap-around and step-down planning for foster children.

These assessments will be completed in phases, in conjunction with Local Departments of Social Services and key community stakeholders committed to enhancing child welfare services. Seven Local DSS (Dorchester, Wicomico, Worcester, Somerset, Talbot, Caroline, and Queen Anne's) have completed their service array assessments. After all jurisdictions have completed the service array assessment process, data will be compiled to provide a statewide view of the service array in child welfare and to support the development of a statewide resource plan.

Action Steps, Benchmarks and Accomplishments for these efforts are included in the attached matrix.

MONTHLY CASEWORKER VISITS

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. Maryland's policy regarding visitation is as follows:

Visitation Content

Visitation content is the directed or focused activities to be completed by a caseworker during a visit. The main content requirements are communication,

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observation, and assessment. Content standards set forth areas of information to be derived from these activities during a visit.

Purpose and outcome

All visitations must be done with a specific purpose and outcomes that include but are not limited to:

1. Setting the stage for the communication and interaction during the visit,
2. Providing essential information for case management,
3. Allowing for active participation of the child in permanency planning
4. Providing information for ongoing assessment of the child and their relationships with their family and supportive (significant) others.
5. Ensuring that the child's needs for safety, permanence and well-being are met.
6. Providing individual life skills guidance and assessment when exiting care to promote a successful transition for productive self-sufficiency (when appropriate).

Child Visit Content Standard - Focus Areas

The documentation of each visit shall include at minimum a discussion of major focus areas related to the child. This narration is a result of interacting with the child during the visit. Of course, the discussion during the visits and the narrative are relative to the child's age and ability. While a great deal of the focus information can come out of talking with a child 4 years old or older, the younger child or special needs child may not be able to speak with the caseworker on the issues. The caseworker will have to use alternate ways of communication and observation to be able to gather information in the focus areas. The main focus areas of required content include: child safety, physical and mental health, progress of child and child's concerns, child's relationships, child's overall well-being (includes education).

- **Child safety:** This includes not only the overall safety of the placement as related to the child's care needs, but also any illness, incidents or injuries that may have occurred since the last visit.
- **Physical and Mental Health of the Child:** Discussion and observation of how well these needs are being met. This may include discussion and assessment on whether medical appointments and follow-up is being completed, how the child is feeling (any illness in the past month), whether needed mental

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health services have been arranged and how the child feels about the services.

- **Progress of the child and child's concerns:** Discussion should focus on what the needs of the child are from the child's point of view, what concerns they have about their placement, school, family, and social interactions. This also provides an opportunity to aid the caseworker in the assessment of how the child is adjusting to the placement and to foster care.
- **Childs' relationships or visits with parents, siblings, and other relatives:** Discuss how these meetings, visits, contacts, or interactions went. Should also discuss how they can be improved, and what the child's expectations are regarding these occasions and relationships.
- **Overall well-being of child:** Discussion with the child on how things are moving, how they are feeling, and if their overall needs are being met. This includes whether educational needs are being met, how they are doing in school, how they feel about school, and if they are receiving the educational services they need.

In-placement visits have an extra content standard: placement observation. During the in-placement visit, the caseworker needs to observe the placement, including the child's bedroom. The caseworker also needs to assess whether there have been any changes to the household, and if so, follow-up with the foster parent/caregiver regarding those changes. As discussed below, the caseworker should remember to allow the opportunity for some privacy during the in-placement visit, away from the foster parent/caregiver and other children in the home.

Communicating With Child During Visits

Visits with the child should be focused conversation and interaction, not a question and answer session. The child age 3 and over should be given the opportunity during visits to meet privately with the caseworker, out of the presence of the foster parent or caretaker. This time is an essential part of allowing the child to openly share concerns regarding treatment and care.

Visits with special needs children or children under 3 who may not have communication skills requires other interaction and observations in order to comply with the content area requirements. The caseworker will needs to

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determine how best to interact and observe the child in order to address each content area.

Visitation Frequency

Visitation frequency is the number of visits that must occur during a specified period. Caseworker/child visits can be combined with other visits, such as when the caseworker is in the home for an aftercare visit, in placement for visit with foster parent, or during a visitation between siblings where the parent provides the location or transportation. While visits should be scheduled, it may be beneficial to case assessment to allow for an occasional impromptu visit.

National minimum standards for visitation require that children should be visited by the caseworkers at least monthly and that the content of the visited should be directed so as to provide information to aid in the assessment of the child's needs and well-being and to promote accomplishment of the permanency goal.

Minimum Visitation Frequency

- **Monthly Visitation**

The local department caseworker must visit with the child in out-of-home placement at least monthly. This applies to a child placed in a local department foster home, private agency treatment foster home, or group home/shelter. The location of the visit can be varied as appropriate for the child. Visits can occur during transportation and waiting periods for medical visits, in the placement, at school, at a community or social area such as a fast-food restaurant.

- **Placement/Change in Placement Visitation**

The local department caseworker must conduct a face-to-face visitation with the child within 2 working days of placement or re-placement. This visit must occur in the child's actual placement.

- **In-Placement Visitation**

The visits with the child by the local department caseworker must occur the majority of the time in the placement. This means that the child must be visited at least 7 out of 12 months in a calendar year in their current placement. This visit also applies for fulfillment of monthly visitation for that particular month.

- **In-State Residential Facility Placement Visitation**

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The local department caseworker must visit the child placed in an in-state residential treatment center at the facility at least every 3 months. A report is to be requested from the facility every 6 months.

- **Out-of-State Residential Facility Placement Visitation**
The local department caseworker must visit the child placed in an out-of-state residential treatment center at the facility at least every 6 months. In exceptional circumstances, with the approval of the Local Director, a local caseworker may arrange for visitation by another agency worker local to the facility.
- **College Visitation-In-State**
Children in college in the State of Maryland must be visited monthly. LDSS caseworker can use the visitation waiver to get another LDSS worker to visit child if location is long distance.
- **College Visitation Out-of State**
The local department caseworker must visit the child at least every 6 months in placement. The caseworker should maintain regular contact via email, letters and telephone calls.
- **Semi-Independent living (SILA)**
These are youth under age 21, still in care, living in their own apartment or room situation and practicing independent living under the supervision of the LDSS. These youth must be visited monthly.
- **Approved Interstate Compact for the Placement of Children (ICPC) Placement**
If the placement is approved it is our expectation that the receiving state will see the child monthly and send quarterly reports.

Exceeding the Minimum Visitation Frequency

While the caseworker must meet the minimum requirements for visits with the child, the visits may occur more frequently. The frequency of the visits should be more often when the situation warrants. Beyond the minimum visitation requirements, the frequency of caseworker child visits will be based on:

- The caseworker's documented clinical assessment of the child's needs,
- Changes in placement of living circumstances,
- The child permanency goal,

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- Court orders, and
- The best interest of the child.

Caseworkers are encouraged to visit the child beyond the minimum whenever possible. Visitation frequency should be increased as necessary to help the child's adjustment to foster care and to the placement. Frequent and purposeful visitation may decrease the time in care and result in a faster achievement of permanency.

Less Frequent Visitation

A child in the custody of the local department, who is not placed in a residential treatment center, may be visited less frequently than once a month if:

- A child is out-of-state temporarily, in excess of thirty days but no more than sixty days, and the court, or the local Director has approved the child's stay out-of state, if the agency has guardianship, or
- A local department is visiting the child at least monthly under an Agreement for Visitation as directed in SSA Circular Letter #06-10. The supervising agency shall be the local department where the child resides. Children in Voluntary Placement or purchase of care treatment foster care are not eligible for visitation agreements. These children must be visited at the minimum frequency level.

Suggested Child Visit Content

All visits shall be of sufficient duration and privacy to allow the child the opportunity to express any concerns regarding the placement, services or needs. The suggested content for the face-to-face visit with a child include:

1. Discussions of relevant issues related to why the child is in care,
2. The service needs of the child,
3. The service needs of the parent/family, and
4. The necessary steps to achieving permanency for the child.
5. Placement
6. Education
7. Health
8. Social and interpersonal areas
9. Life skills issues for self sufficiency

Documentation

All face-to-face contacts, as well as planned visit times and reasonable

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efforts, should be documented in the case record Contact Sheets in CHESSIE. Every visit with the child shall be documented in the case record as soon as possible, but no later than 30 days after the visit occurs. Documentation is crucial to visitation compliance. The contact sheets should include discussions of the major areas listed in the content standards. Documentation of the contact shall include enough information regarding communication and observation to constitute a visit. In addition, documentation is to include the following:

- Date and location of each monthly visit
- Name of person making the visit
- Name of agency that made the visit if other than the local department
- Summary of the visit and any significant results of the contact
- Discussion of major content areas (as appropriate)

When multiple visits occur at the same time, the record must clearly reflect that the caseworker actually visited and communicated with each person (child, parent, foster parent) to be considered as meeting each visitation requirement.

Visits are monitored at the local department level through monthly supervision with the caseworker, and at the State level via a monthly visitation report. A MD CHESSIE visitation report has been developed and will be used by both the local departments and DHR/SSA. Maryland's SACWIS system, MD CHESSIE has the ability to capture information related to caseworker visits. The system's contact screens require caseworkers to indicate:

- Date and time of contact
- Type of contact
- Location of contact
- Reason for contact
- Participants
- Narrative (Written description of contact)

In addition, MD CHESSIE can generate 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.

Maryland will utilize 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.)
- To purchase tools to assist caseworkers with visits

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- 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

CONSULTATIONS WITH PHYSICIANS OR APPROPRIATE MEDICAL PROFESSIONALS

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) and The Maryland Healthy Kids/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Standards for the Healthy Kids Program are developed through collaboration with key stakeholders such as the Maryland Department of Health and Mental Hygiene (DHMH), Family Health Administration, the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School, and the Maryland Department of the Environment. Under EPSDT, Medicaid covers all medically necessary services for children in out-of-home placements.

The Healthy Kids Annual screening components include:

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
14. Dental Referral
15. Health Education/Anticipatory Guidance

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

Finally, the Annie E. Casey Foundation is facilitating a Health Care Advisory Workgroup with DHR as the lead agency. This Advisory Workgroup includes members from DHMH, Maryland Association of Resources for Families and Youth (MARFY), Baltimore Health Care Access, Baltimore City Health

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Department, Maryland Coalition of Families for Children's Mental Health, John Hopkins Health Systems, Maryland Disability Law Center, Family Health Center of Baltimore City, children's attorneys, and a number of pediatric physicians. The initial work of this group is to assess and evaluate access and quality of health care for foster children in Baltimore City and make recommendations on a practice model.

PROMOTING SAFE AND STABLE FAMILIES

Maryland continues to use the PSSF grant to operate family preservation services, family support services, time-limited family reunification services, and adoption promotion and support services. In FFY 2007, 40% of the PSSF funds were allocated to the local departments of social services to provide time-limited family reunification services and adoption promotion and support services. An additional forty percent of the funds were allotted to fund grants for 17 local departments of social services to provide family preservation services and family support services. Ten percent of the funds are set aside for discretionary activities and ten percent for administrative costs.

The 24 local departments of social services offer time-limited family reunification services. 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 1,600 families and 2,200 children will be served in FFY 2007. 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 24 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 expedite the adoption process and support adoptive families. Services are also provided to adoptive families that allow them to

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maintain the child in placement. For the FFY 2006 funds, the total allocation for each local department was based on a cost per child and what they expended of their FFY 2005 funds. The finalized adoptions for 2006 are 595. It is anticipated that approximately 2,700 families and children in FFY 2007 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 support groups;
- 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;
- Transportation reimbursement;
- Retention incentives;
- National adoption conference attendance for adoptive families; and
- Materials, equipment and supplies for training;
- Foster/Adoptive Home Studies; and
- Consultation and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption in making a commitment.

Family Preservation and Family Support Services

In FFY 2006, twelve (12) Local Management Boards (LMBs) throughout Maryland operated family preservation or family support programs within their respective communities. They were Baltimore City, Allegany, Caroline, Carroll, Charles, Frederick, Garrett, Harford, Howard, Somerset, Talbot and Worcester Counties. Although the programs differed depending on the needs of each jurisdiction, each program achieved a positive impact on the State's child welfare efforts and was consistent with the mission of DHR and SSA to keep children safe. Friends of the Family is the CBCAP lead and utilizes those funds for Family Support Centers in Maryland. See the attached Friends of the Family Annual Report.

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Beginning in FFY 2007, the family support and family preservation programs are being operated or overseen by the local departments of social services. A request for proposal was sent to Maryland's 24 local departments. An evaluation team evaluated the proposals and recommended funding programs from 17 local departments. Consideration was given to those that had healthy marriages and responsible fatherhood as their focus. All of the local departments from the above mentioned jurisdictions opted to continue the existing programs from FFY 2006.

The local departments that do not currently have funding for family preservation and/or family support will have the opportunity to submit a proposal for services to be provided in FFY 2008. The local departments that do receive funding will be able to continue their existing programs for FFY 2008.

Family preservation and family support services have been implemented or enhanced in the following locations in Maryland: Western Maryland, Baltimore Metropolitan area, Washington D.C. Metropolitan area, and the Eastern Shore. Each of the local departments awarded PSSF funds have implemented or continued different programs that are based on the needs of their respective communities. Almost half of the programs have been implemented or enhanced in rural areas in Maryland including: Garrett and Allegany Counties in Western Maryland and Talbot, Dorchester, Kent, Worcester, Somerset, and Caroline Counties on Maryland's Eastern Shore. Maryland's PIP refers to statewide access to necessary services for children and families and development of an adequate service array for families in need, in rural and small jurisdictions. The programs supported with PSSF funds help to develop an adequate service array in these communities by filling service gaps.

The remainder of the programs has been implemented or enhanced in Baltimore City and other metropolitan areas in Maryland including; Baltimore County, Howard County, Anne Arundel County, Carroll County, Frederick County, Harford County, Charles County, and Montgomery County.

In FFY 06, 529 families and 274 participants were served by PSSF programs statewide (This number excludes one jurisdiction). The PSSF programs are available to all families who are in need of services, including birth families, foster families, and adoptive families.

Executive Initiatives

Responsible Fatherhood, Healthy Marriages and Healthy Relationships, and Positive Youth Development

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Some PSSF programs in FFY 2007 have a particular focus on positive youth development, providing services to non-custodial fathers, and building and maintaining healthy relationships.

Positive Youth Development Initiative:

Charles County: The Windows program is a PSSF program that provides daily after-school activities for at-risk 4th and 5th graders attending two local elementary schools. A private agency in Charles County provides this service. Activities that increase youth leadership and citizenship, cognitive and educational competence, personal and social competence, and health and physical well-being are major components of this program. Activities include; drug abuse prevention, building positive self-concept, group-sharing, arts and crafts, and music opportunities. 20 youth will be served in 1 year. The program is required to achieve the following outcomes: that 80% of families do not receive an indicated/substantiated CPS finding or experience an out-of-home placement 6 and 12 months post-closing. This program will most likely continue in FFY 2008.

Fatherhood Initiatives

4 jurisdictions have fatherhood initiatives funded through the Promoting Safe and Stable Families program. All of the programs are required to achieve the following outcomes: that 80% of families do not receive an indicated/substantiated CPS finding or experience an out-of-home placement 6 and 12 months post-closing. All of the program mentioned below will most likely continue in FFY 2008.

Frederick County: The fatherhood initiative includes a community-based group for fathers and access to services at the local Family Support Center. A 12-week curriculum is offered to fathers, and they are presented with a certificate upon completion of the program. Discussion topics include: parenting roles; conflict resolution; discipline; co-parenting; anger management and family law.

Kent County: The family support center offers a fatherhood program that provides the following services to fathers: workshops on anger management, special family events for fathers and their children, informational sessions supporting parenting, marriage, and financial planning, and play groups for fathers and children. Fathers are also eligible to receive all of the supportive services at the family support center. 10-15 families will be served in 1 year.

Dorchester County: Dorchester County Department of Social Services has an initiative called Fathers in the Neighborhood. The goal of this initiative is to increase positive involvement of fathers with their children while improving job

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training opportunities. Case management will be provided to fathers, fathers will be linked to community resources, and activities will be provided to promote responsible parenthood. 30 fathers will be served in 1 year.

Garrett County: This program assists fathers develop skills and knowledge to form and sustain healthy parent-child relationships. The program provides parenting skills training, provides educational materials regarding parenting techniques, and offers parenting support groups and workshops. This initiative is a collaborative effort between the Garrett County Department of Social Services and community partners that provide family services. 5-10 families will be served in 1 year.

Healthy Relationships:

All of these programs are required to achieve the following outcomes: that 80% of families do not receive an indicated/substantiated CPS finding or experience an out-of-home placement 6 and 12 months post-closing. All of the program mentioned below will most likely continue in FFY 2008.

Allegany County: The Becoming Parents Program (BPP) will target married or committed couples and assist them with the skills and knowledge necessary to take care of and strengthen their relationship. The Prevention and Relationship Enhancement program (PREP) is a 12-hour sequence of mini-lectures on topics including communication, conflict management, and expectations will emphasize strategies for enhancing commitment. The BPP and PREP will be offered to married and co-habiting couples enrolled in the core 12-week parenting workshops program as additional supports. These programs are provided by The Family Junction and the Western Maryland Health System. The BPP will serve 20 families through group and individualized intervention, and the PREP component will serve 15 couples through group and home-based intervention in the first year.

Garrett County: A Healthy Marriages program helps couples develop the skills and knowledge necessary to develop and sustain healthy marriages. Funds are used to distribute posters, brochures, and other materials about healthy marriages, add a marriage component to an existing parenting program, and conduct forums held in the community and schools to help youth prepare for healthy dating relationships and marriage. This initiative is a collaborative effort between Garrett County DSS and other providers. 5-15 families will be served in the first year.

Listed below is a description of all the other family preservation and family support programs. It is likely that most of these programs will continue in FFY 2008.

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Allegany County: Respite services are provided for families who have an open case with the Department of Social Services. Also, a 12-week workshop series called H.O.P.E. (Helping Other Parents Effectively) is offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training. In addition, a newborn visitation program is offered 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.

Anne Arundel County: An intensive family preservation services project provides pre-placement prevention services designed to help children at risk of foster care placement remain with their families. Families receive up to six months of services.

Baltimore County: The Preserving Families Through Prevention Project prevents placements through wrap-around services and the provision of respite. This project also strengthens natural support resources, maximizes family strengths, and provides intensive in-home intervention that includes mentoring services.

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.

Carroll County: Case management services are provided to families who participate in the programs at the Family Support Center. Case management services include goal planning with the families, ongoing sessions with parents, crisis intervention, general counseling, and referrals. Weekly groups are also offered that include a focus on basic life skills, relationship issues, parenting skills and anger management and support for pregnant and parenting teens. A program for fathers is included in the overall initiative. Services are offered primarily through group meetings, and a 24-week curriculum is utilized. Several weeks of the curriculum are devoted to anger management and relationship issue. Fathers also learn to communicate and work with the mothers of their children. In addition, in-home family preservation services are offered by another agency.

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, parenting and life skills and age appropriate parent-child activities to promote healthy relationships and development. All families are linked to a medical service to receive well-child

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visits and timely immunizations, and are referred to other appropriate community resources. The parent education component incorporates the Parents as Teachers curriculum into its program. The youth development program has already been discussed under the youth development initiatives.

Frederick County: Family support and family preservation services are offered at Family Partnership, a family support center. Some of the services include parenting education workshops for mothers, fathers, and couples promoting healthy parenting and healthy family dynamics, crisis-intervention and case management, and family counseling.

Garrett County: Several programs in addition to the fatherhood and healthy marriages program are offered in this jurisdiction. In-home family preservation services are offered to help families remain intact and improve family functioning. A mediation program uses trained mediators to assist divorcing couples come to consensus around arrangements pertaining to the children, so that children's best interests are maintained. This program is intended to increase the strength and stability of the family unit even if a divorce occurs. In addition, 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 better develop relationships, family bonding, and a safe environment.

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. The intervention services will address the risk factors for child maltreatment and strengthen the level of family functioning.

Howard County: The Reunification Services program provides family preservation services and the Respite Services program assists families with respite who don't have a support system. Both of the projects will focus on the needs of families when their children return home from a foster care placement. In addition, 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.

Montgomery County: Family preservation services 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 behaviors. An

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evidence –based intervention model is being utilized which emphasizes building skills that enable parents to effectively respond to their teenagers. Cognitive and behavior therapy are used to develop and reinforce the parents' ability to be an effective resource for their child.

Somerset County: The Healthy Families Lower Shore program is based on two nationally renowned models, Healthy Families America and Parents as Teachers, and provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interaction. The program also encourages and engages fathers and father figures to be actively involved in the lives of their young children through outreach, one on one visits and group activities. The programs provide intensive and less intensive home visiting, monthly parent gatherings, developmental, vision, and hearing screenings, a fathering involvement program, and extensive referrals to other resources.

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 (usually 1-3 days in duration) in a respite provider's home. The Parent Education program offers the Nurturing classes developed by Stephen Bavolek, Ph.D. The parents and children attend separate groups that meet concurrently. Activities and topics covered in the curriculum include the following:

- building self-awareness;
- teaching alternatives to yelling and hitting;
- improving family communication;
- replacing abusive behavior with nurturing;
- promoting healthy development; and
- teaching appropriate role and developmental expectations.

Worcester County - The Enhanced Families NOW program identifies and serves families already involved in the Department of Social Services Continuing Protective Services in which mental illness of the parent or primary caregiver has been identified as a 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.

Accomplishments

FFY 2007

One of the requirements of each program is that the following outcomes be achieved: 80% of the families would not receive an indicated CPS finding or

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experience an out-of-home placement 6 and 12 months post-closing. Since this requirement started October 1, 2006, there is currently little or no data yet from FFY 2007 that the local departments have submitted.

FFY 2006

The bullets listed below are aggregate findings from FFY 06 across the sites that received PSSF funds. Positive outcomes demonstrated across the 12 jurisdictions include:

- Improved parenting skills
- Improved family functioning
- Increased knowledge of infant and child development
- Increased immunization rates
- Improved child well-being and functioning

The following bullets highlight results from individual PSSF programs from FFY 2006.

- Harford County
 - Of the 42 families discharged from the program during FFY 06, 95% (40) were able to maintain the child/children in the home during the fiscal year.
 - Of the 42 families who were discharged during FFY 06, only 14% (6) had a new CPS investigation initiated during the reporting period.
- Allegany County
 - In FFY 06, 4 out of 70 families who participated in the H.O.P.E. program had a child removed from the home after enrolling in the program.
 - 1 family became involved with CPS after being enrolled in the program.
- Garrett County
 - Out of 12 families served in FFY 2006, there was 1 family who had a child removed from the home while being enrolled in the PSSF service.
- Howard County
 - 120 teens participated in the groups in FFY 2006 and none of their babies were placed in an out-of-home placement.
 - In FFY 2006, out of the 120 teens who participated, there were no reports of abuse and/or neglect.

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- Charles County
 - In FFY 2006, of the 80 families served by the teen parent home visiting program none had a child removed from their home or an indicated report of abuse or neglect during a family's participation in the program.

- Somerset County
 - 100% of families (53 in total) served in FFY 2006 did not have an out-of-home placement while receiving services from the Healthy Families, Lower Shore program.

- Caroline County
 - Cases that have been closed in FFY 2006 have been tracked for indicated CPS findings and out-of-home placements. As of April 2007, 9 cases have been closed for 18 months with no reports of an indicated finding or an out-of-home placement; 21 cases have been closed for 12 months with no reports of an indicated finding or an out-of-home placement; and 28 cases have been closed for 6 months with no reports of an indicated finding or an out-of-home placement.

INDIAN CHILD WELFARE ACT

DHR/SSA is in the process of developing a circular letter to provide guidelines to child welfare staff for delivering services to Indian Children's families and provide out-of-home placement to Indian children. Indian children received little specific attention regarding the policies under ASFA in spite of their unique circumstances. About half of the Indian children served by tribal programs in the United States are served by tribal and not by states which ASFA targets. In addition, Indian children have a unique political status not afforded other children as members of sovereign tribal governments. This political status, as well as the history of biased treatment of Indian children and families under public and private child welfare systems, is the basis for the Indian Child Welfare Act.

There are the five major components in ICWA that the State must address in discussions with Tribes:

1. Identification of Indian children by the State Child Welfare services agency;
2. Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene;

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3. Special placement preferences for Indian children;
4. Active efforts to prevent the breakup of the Indian family; and
5. Use of Tribal courts in child welfare matters; Tribal right to intervene in State proceedings or transfer proceedings to the jurisdiction of the Tribe.

Indian Child Data:

Total Native American children in Out of Home Placement	22
Total NA children over 18 years of age in OHP	3
Total Children in OHP	10714

CHILD WELFARE DEMONSTRATION PROJECTS

Maryland does not have any child welfare demonstration projects.

ADOPTION PROGRAM

The Adoption Program in Maryland is committed to assisting local departments of social services and other partnering adoption agencies in finding “Forever Families” for foster children in 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; non-recurring adoption expense reimbursement; the Interstate Compact on Adoption and Medical Assistance (ICAMA) and the Interstate Compact on the Placement of Children (ICPC). 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 February 2007, Maryland local departments of social services had 216 children legally free with a goal of adoption with no identified resource. These children are registered with the Maryland Adoption Resource Exchange (MARE) for child specific recruitment. MARE is a vehicle where children who are not legally free can be matched with families from the entire state (public and / or private agency families) that have been approved as adoptive parents. Legally free children are registered in MARE and the AdoptUSKids national adoption

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exchange database when there is no Maryland family that matches the child. Local department staff now have the access and ability to register and match their children with families on the AdoptUSKids websites.

The State of Maryland continues to provide non-recurring adoption reimbursement for those families adopting special needs children from other countries through a licensed child placement agency or independently, when the child's special needs can be established. This reimbursement is a one-time-only lump sum payment of up to \$2000 per child.

Interstate Placement

Communication via monthly meetings and quarterly reports between the District of Columbia and Maryland continues to decrease the barriers to placement of children from the District of Columbia into this State. Maryland continues to ensure that the policies and regulations of the Interstate Compact on the Placement of Children (ICPC) are followed for children placed in the State from other states. The staff of the ICPC office is committed to moving cases as swiftly and efficiently as possible. They also provide technical assistance regarding ICPC regulations to the local departments of social services and the private adoption agencies.

Faith-Based Recruitment

One Church, One Child Program

One Church, One Child (OCOC) serves as a national adoption recruitment model through which the religious leadership of places of worship partner with government agencies to promote the adoption of children in the custody of the state. Since 1988, OCOC in Maryland has served as a component to the State's adoption program.

Currently, Maryland continues to create opportunities through collaborations with the faith-based community by the issuance of requests for proposals. As a result, the faith-based community has responded in two unique ways: to serve as the community arm for adoption recruitment or to operate an adoption support group in their place of worship. Both strategies have proven successful in promoting the continuous need for resource families within the faith community. As a result of utilizing these strategies, families who have eagerly accepted the role and responsibility of parenting mostly older and most often traumatized children have been empowered and strengthened. The Board of Directors and the support groups serve as a bridge to disseminate resource information and

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provide emotional support. During 2006, the following accomplishments were made through collaborative efforts with the faith-based community.

One Church, One Child Of Maryland, Inc. Board Of Directors (as the community arm for promoting adoption recruitment)

Accomplishments:

- Now has 6 Vista recruiters who recruit statewide for resource families
- Developed an Advisory Board consisting of community organizations interested in adoption issues
- Hosted Annual Conference-November, 2006
- Developed 3 Regional Satellite Offices in Anne Arundel and Frederick/Washington Counties and Tri-County Eastern Shore (Wicomico, Worcester and Somerset)
- Held Strategic Planning Session in December, 2006
- Continuing development of Media Campaign
- Continues to develop and maintain a Statewide Directory of Places of Worship that partner with the Department to recruit and support resource families
- Provides training and support to Coordinators from “Committed Places of Worship”
- Provides monthly informational outreach meetings for prospective adoptive and resource families
- Conducts quarterly “Up Close and Personal” mini-conferences for prospective adoptive and resource families leading up to the Annual Conference, i.e. discussions lead by guest facilitators

Maryland’s Faith-Based Adoption Support Groups

Maryland’s faith-based adoption support groups continue to be one of the conduits for accessing post adoption services. Adoptive families and prospective adoptive families have utilized support groups for gathering to discuss issues and/or concerns unique to their families. Also, networking opportunities were encouraged as a way to highlight and share events, which were of interest and of benefit to families. During 2006, the following activities/events are being highlighted:

Accomplishments:

- Eight faith-based adoption support groups under contract with the Department in the following locations: Baltimore City, Baltimore, Prince George’s, Montgomery, and Wicomico Counties

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- During the month of November (National Adoption Month) each support group hosted events which highlighted adoption month and/or adoptive families
- Hosted foster/adoption recruitment fairs
- Sponsored families and/or attended the North American Council on Adoptable Children (NACAC) Annual Conference
- Provided a warm-line for telephone inquires
- Hosted a parent session: "Importance of Laughter in Family Life"
- Several support group families have finalized adoptions, note worthy, the adoption of a sibling group of 3 (2 boys and 1 girl)
- Several previously adoptive families, re- applied to adopt other children
- Increased efforts to explore other funding sources: such as with Freddie MAC and AdoptUsKids
- Approval obtained from the Department to issue a Request for Proposal to include all Maryland jurisdictions in 2007

Collaborations with Local Department of Social Services:

- A regional adoption month conference
- Hosted site for families to participate in training on ADHD
- Hosted a Holiday Celebration for children without a permanent resource
- Sponsored annual Adoption Roundtable

Networking opportunities among groups and the One Church, One Child Board of Directors' Staff

- Served on planning committee for One Church, One Child 's Annual Conference
- Participated in One Church, One Child sponsored events
- Supportive of activities/events hosted by fellow support groups such as Adoption month and topics of mutual interests

Private Adoption Agency Partnerships

Three of Maryland's licensed adoption agencies were awarded contracts to provide home studies, training, matching, and placement services for prospective resource homes already recruited by local departments of social services or the Social Services Administration (SSA) leading to their approved or denial for placement of foster and adoptive children. The intent of the awards was to relieve the backlog of prospective resource home studies. The population to be served consists of families and individuals who have responded to a statewide

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campaign to recruit prospective foster and adoptive resource homes. As of 4/30/07, there have been 109 home studies referred to the contracted agencies.

Training

In February 2007, Adoption Services sponsored teleconference training for local departments and private adoption agency staff. The training encompassed the use and functionality of the national photolisting website, www.adoptuskids.org, managing AdoptUsKids records, responding to family inquiries, and using the matching capabilities of the website to register children and search for families.

In March 2007, Adoption Services sponsored training for local departments and private adoption agency staff. This “train the trainer” training included profile (also known as social summaries) preparation for photo-listed children.

Adoption Search, Contact and Reunion Services

Adoption Search, Contact and Reunion Services is the title for Maryland’s adoption search program. The Mutual Consent Voluntary Adoption Registry (MCVAR) and Search, Contact, and Reunion Services are the two service units of post adoption search and reunion. Legislation for search services took effect October 1, 1999. The original law allowed birth parents and adoptees (age 21 and older) to search for one another through the use of a Confidential Intermediary. In 2005, the Adoption Search Program expanded to allow siblings to search for each other as long as all parties were adopted. To date close to 1,900 individuals have registered for adoption search services. In this legislative session, the Law was expanded to allow adopted relatives to search when the birth parent is deceased.

Adoptees and birth family members may obtain information about Adoption Search, Contact and Reunion Services electronically by using the Social Services Administration website address at www.dhr.state.md.us/ssa or www.dhr.sailorsite.net/adoption/, or by calling 1-800-39-ADOPT. SSA staff receives requests from Maryland adoptees and birthparents worldwide that are interested in using the service.

Inter-Country Adoptions

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. There were none reported in FY 2006. Now that MD

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CHESSIE (Maryland's SACWIS system) is fully operational, these numbers will be captured and readily available through that system. Any child entering care as the result of a disruption or dissolution, whether they were adopted internationally or locally, are provided the same services as all other children entering care.

Adoption Incentive Payments

Adoption incentive payments are not applicable for this report period. Maryland has not received adoption incentive monies since 2001.

KINSHIP CARE

The mission of Kinship Care is to support strengthening and preserving family ties by enhancing the quality of life for caregivers and the children they are rearing. Kinship Care offers a continuum of services to support relative caregivers in meeting the challenges of caring for the children of their relatives who are unable to provide safe and nurturing homes for the children. Kinship Care offers a continuity of family connections for the children while offering assistance to the parents to address the areas of concern that have hindered their ability to provide safe and nurturing homes for their children. These family connections might not be as readily available if the children were placed in a regular foster care setting. Concurrent permanency planning support is promoted for the children and families receiving kinship care services.

Kinship Care regulations have been drafted and were submitted for internal DHR review process in December 2006. This internal DHR review process is being completed so that the regulations can be submitted for state process so that they will become effective by October 2007. On March 13, 2007, DHR/SSA conducted permanency planning training with Family Services casework and supervisory staff at Baltimore City Department of Social Services. This training provided an overview of recent legislation affecting kinship care. Senate Bill 746 (2005) Child in Need of Assistance – Custody and Guardianship mandated new guardianship home study requirements. House Bill 935 (2005) Priority of Relative as Caregivers mandated exploring options for placing children with appropriate relatives when making permanency planning decisions. The requirements of both legislations have been incorporated in the Out-of-Home Placement and Kinship Care regulations.

DHR/SSA continues to fund the Kinship Care Resource Center at Coppin State University. The Kinship Care Resource Center provides statewide information and referrals, training and support groups for caregivers. A DHR/SSA

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representative attempted to meet with the Resource Center on a monthly to provide technical assistance and monitor the service delivery outcomes. Scheduling the meetings has been problematic during the past few months due to staff turnover with the Resource Center staff. The current contact with Coppin State University to oversee Resource Center is being extended until December 31, 2007. A RFP is being finalized to execute a contact for the Resource Center with new vendor effective January 1, 2008. Working with the Baltimore American Indian Center to facilitate kinship care support groups will be a requirement of the contract with the new vendor.

A representative from DHR/SSA attends the monthly Kinship Care Multidisciplinary Team meeting to provide technical assistance as well. The Multidisciplinary Team has been gathering information about the way in which other states have implemented subsidized guardianship programs. The Multidisciplinary Committee has also discussed researching options for daycare and respite care for relative caregivers. DHR/SSA has been working with the Family Investment Administration (FIA) to address specific concerns of relatives who are applying for Temporary Cash Assistance (TCA) and Medical Assistance (MA) benefits. A representative from FIA has started participating on the Multidisciplinary Committee again.

Maryland has already started the consultation with the National Resource Center for Family Centered Practice and Permanency Planning (NRCFCPPP) to establish strategies for increasing permanency with kinship caregivers. DHR/SSA met with the consultant for an all day overview on February 27, 2007. Prior to this meeting, draft regulations along with the formal and informal kinship care brochures and the permanency options fact sheet were forwarded to the consultant. At the first meeting, the consultant was given an overview of the continuum of kinship care services in Maryland. She provided preliminary feedback on the draft regulations and the subsidized guardianship project. Clarification was requested on the impact of permanency as it relates to the proposed regulation revisions and IV-E requirements. The goal is to incorporate this feedback into developing the strategies for increasing permanency of Maryland's kinship caregivers. Subsequent meetings will be held to look at the barriers and challenges for the program.

In addition to the formal and informal kinship care brochures, permanency option fact sheets were developed and distributed to the local departments and the Kinship Care Resource Center. The fact sheets give an overview of the scope of permanency options for relatives to consider. There was specific information about the options for financial assistance, legal status and the role of the local department as permanency statuses are achieved. On February 7, 2007, a letter presenting the fact sheets was sent to the local departments instructing the local

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departments to give to staff and the kinship caregivers. Additionally, a letter was sent to the Kinship Care Resource Center instructing them to give the fact sheet to kinship caregivers. The letters requested that the fact sheets be shared with staff and caregivers. These fact sheets were presented at a permanency planning training at Baltimore City Department of Social Services on March 13, 2007. As part of this training, DHR/SSA also facilitated a focus group with case worker and supervisory staff on the barriers encountered in establishing permanency with relatives.

DHR/SSA will host a Kinship Care Conference for formal and informal caregivers in September 2007. During this conference, workshops will be conducted to give caregivers resource information to support the challenges they facing in caring for their relatives' children. Focus groups will be held to assess the barriers to permanency planning from the perspective of the relative caregivers.

Involving relatives is a major tenant of the Family Centered Practice model. DHR/SSA will continue providing technical assistance to the pilot implementation sites and begin expanding the implementation by October 2007. The Phase II implementation sites will be Baltimore County, Charles County, Frederick County, Montgomery County, Prince Georges County, St. Mary's County and Washington County.

The Department is planning to host statewide training for Out-of-Home Placement supervisors. The feedback from this training will be used to develop a revised Out-of-Home Placement Manual for all caseworkers in the state. Training will also be provided to caseworkers. Monitoring strategies to support the clinical supervision process will be integrated into the curriculum of these trainings.

DHR/SSA staff has been assigned to regions to support the activities of the local department. As a result, the consulting with other jurisdictions about Kinship Care has been restructured into the regionalized service delivery model. Baltimore City was the initial jurisdiction consulted in May 2006 based on their experience managing a Kinship Care Program. Quality assurance evaluations and monitoring will be integrated into the meetings as well. Bi-monthly meetings will be held with the Baltimore City Kinship Care program to assessing the delivery of services beginning in July 2006.

DHR/SSA has been participating on the statewide Caregivers Support Council. This committee looks at lifespan caregiver issues. Representatives from Department of Health & Mental Hygiene, Maryland Department of Aging, constituents' communities, as well as non-profit and private providers attend these monthly meetings.

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During FY06, funding for the guardianship subsidy was expanded by the state legislature to include 300 new children. DHR/SSA participated in national guardianship subsidy symposiums sponsored by the Children's Defense Fund and the Casey Family Services on December 8, 2006 and December 12, 2006 respectively. In addition to promoting permanency for the new children, the funding included an increase in the subsidy for the 200 children who remained from the guardianship waiver pilot program. The state has made a commitment to providing funding for 500 children to receive \$585/month. DHR/SSA convened a workgroup in July 2006 to develop criteria for selecting the children for the additional slots and defining the program.

Regional orientation overviews were provided to caregivers, caseworkers and supervisors of the children who were randomly selected to participate with the subsidy expansion. The meetings were held on October 16 & 18, 2006 for the first sample. Two subsequent meetings were held on March 20, 2007 in Baltimore City. Bi-weekly technical assistance has been provided to staff in Baltimore City since the jurisdiction has the greatest proportion of kinship care providers in the state. Another orientation overview will be held in Baltimore County in May 2007. The funding has been reauthorized for FY08. DHR/SSA is preparing a report for the state legislature by September 1, 2007 to review the outcomes of safety, well-being and permanence for the children receiving the guardianship subsidy.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

The Independent Living Program continues to provide Independent Living Preparation services to youth in foster care. Presently, there are close to 10,303 children in out-of-home care in Maryland. In FFY 2006, approximately 4,391 youth ages 14-21 in various living arrangements are eligible to receive Independent Living Preparation services (Monthly Management Report, February 2005). Out of that figure 2,880 youth were receiving Independent Living services in preparation for their emancipation.

Since FFY 2001, the Aftercare portion of Chafee has been included in the Independent Living Services. The specific purpose of the John H. Chafee Independent Living Aftercare Services is to continue to offer supportive resources for youth and allow them to continue to meet their established goals for a set period of time. This allows for continued learning and developing while practicing the Independent Living Skills needed for youth ages 18-21, to transition from dependency to independence. The After Care Circular letter

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established March, 2007, requires staff to begin the preparation for the youth to leave care and obtain planning information 180, 90, and 30 days prior to exit from care. Planning meetings can also occur in between these designated time periods as necessary.

Maryland continues to improve its effort to provide After Care services to all youth statewide. An application has been developed for youth to complete when in need of After Care services. A Hotline number (1-800-332-6347) has been established for youth who left care to use for self-referrals. If their past worker is no longer with the agency they will be connected to a foster care manager who will be able to direct their referral to appropriate staff for assistance. Information will be provided at the 13th Annual Teen Conference on how to access After Care Services. The youth will also be informed about the hotline referral number and its use. They will receive the contact number in the form of a permanent plastic card. This will improve both public and youth awareness.

Maryland's Independent Living Services continues to assist youth in making a successful transition from Out-of-Home Placement to self-sufficiency. This goal is accomplished through the provision of Independent Living Preparation services to eligible youth 14 to 21 years of age who reside in Out-of-Home placement and youth 18 to 21 who exited out-of-care after their 18th birthday. The major program objectives are summarized below:

- Identify resources and work toward the implementation of vocational or specialized training and assist the youth to obtain supportive resources.
- Continue to refer youth to tutoring services and or programs that offer General Equivalency Diploma (GED) classes to pursue and receive a high school diploma or GED Equivalency.
- Continue to seek opportunities for youth to pursue, secure and maintain gainful employment. This may include assistance with transportation for job searches, employment readiness training, purchase of job-related equipment and uniforms and/or referral to the school-to-work partnerships.
- Continue to seek opportunities to increase and improve training in daily living skills, money management, housing location and maintenance, health hygiene, leisure/recreational activities, developing and maintaining healthy relationships and healthy sexuality, abstinence, substance abuse prevention and/or treatment, nutrition and healthy eating habits, smart shopping, problem solving and decision making.
- Continue to seek opportunities for mentoring relationships for youth.
- Implement creative ways to improve the collaborations, advertisement and distribution of the Educational Training Vouchers and State Tuition Waiver.

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The Independent Living Coordinators continue to receive technical assistance on program development and policy implementation during the scheduled meetings. Effective January 2007, The State's Independent Living Coordinator and the Policy Analyst for Youth Development and Educational Tuition Voucher transitioned from monthly meetings to quarterly meetings with the goal to improve attendance. The Independent Living Coordinators or representative from the local departments of social services who work with foster care youth ages 14-21 attend the quarterly meetings. Since January 2007, two meetings took place. In addition to providing technical assistance to the coordinators in the local departments of social services, technical assistance is also provided to foster care managers, assistant directors, local directors and other stakeholders within the state. Some of the specific areas covered in this report period included:

- The review and discussion of the approved After Care Circular letter
- A discussion on the Program Assessment conducted by staff from the National Resource Center for Youth Development
- The revisions to the HB 1309 State Waiver Tuition Bill that includes new policy procedures whereas all youth in Out of Home Placement now qualify to receive the State Waiver, rather than be restricted if they reside in a group home or semi independent living arrangement
- The coordination of the New Citizenship and Identity Rules training for local department staff held in four (4) regions statewide October – November 2006
- A training workshop at the two (2) day Child Welfare Academy in September 2006 for all local agency and partnering agencies staff in need of a review of the Independent Living Services provided for youth Statewide
- An overview of the Independent Living Services for Baltimore City Department of Social Services Staff – July 2006
- A training was provided on the Independent Living Services for the State's Licensing and Monitoring staff of group home placements – July 2006
- A training orientation was provided for Ashlin Management Group, Inc. on the array of Independent Living Services and the foster youth served Statewide – July 2006
- Several trainings were provided Statewide on the Educational Training Voucher and State Tuition Waiver

On April 3-4, 2007 the National Child Welfare Resource Center for Youth Development (NRCYD) staff, met with staff from SSA, local department

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representatives and a collaborating partner to evaluate our current Independent Living Services, identify our strengths, concerns and areas in need of improvement. The final purpose of the meeting was to determine how to implement consistent and effective training for staff that work with the population ages 14-21. As a result of the two (2) day training the following actions were identified as needs to address the challenges of Maryland's Chafee Foster Care Independence Preparation Services:

- Assure Permanent Universal Individualized Service
- Gain Executive Buy-In
- Measure Service Outcomes
- Increase the understanding of Independent Living Services
- Establish Youth/Adult Partnerships to address needs
- Build Capacity to Provide on-going training

The meeting that took place in early April was the first of several to address the concerns and receive the necessary assistance for program improvement. NRCYD staff was already approved to return to SSA in the very near future to conduct additional training for local staff in need of Ansell-Casey training. After the immediate needs are addressed additional technical assistance will be requested to continue to address the identified program challenges.

Chafee Foster Care Independent Living Services

Specific accomplishments achieved in FY 2007 and planned activities for FY 2008 for each of the following five purpose areas:

1. Assist youth transition from dependency to self-sufficiency;
 - When the youth leave care in a planned manner, the local department staff conduct exit interviews ranging from 6 months to a year prior to their actual departure date to prepare them for smooth transition;
 - Some local department staff allow the youth to have a planned family team meeting to include all of the family and friends and support people of their selection to participate in their transition planning
 - The Social Services Administration is committed to working toward transition planning meetings for all youth for FY 2008
 - All locals are required to conduct a planned exit interview at least 90 prior to the youth departure

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- Social Services Administration has approval to implement an improved process for youth to contact one central number for information on how to obtain after care services
 - Marketing the new process will be implemented by FY2008 through brochures with the 1-800 number included,
 - All information will be placed on a standard plastic card similar to the format of a plastic card that is easy to carry
 - The Youth received training on public speaking skills and the importance of youth advocacy
 - Maryland held its 12th Annual Teen Conference at Frostburg University in July 2006 with the assistance of Foster Club of America. Life Skills training was implemented along with an open forum allowing the youth to comment on the services they receive and areas they believe are in need of improvement.
 - Members of the Youth Advisory Board were recognized for the commitment they maintain in serving on the Board and assisting with the implementation of the conference.
2. Help youth receive the education, training, and services necessary to obtain employment;
- The Education Tuition Voucher (ETV) specialist conducted training for staff statewide to familiarize them with the ETV on-line application process
 - Meetings and ongoing communication takes place between Social Services Administration, local department staff, and with staff at the Orphan Foundation who implements, coaches and assists Maryland's Child Welfare Staff, youth and foster parents with the ETV
 - The trainings conducted also includes the Maryland State Tuition Waiver
 - Social Services Administration and the Orphan Foundation of America developed revised helpful informational brochures to market the ETV services
 - Several of the local departments of social services include job readiness training in their life skills classes to place additional focus on skill building capacity and on the importance of preparing youth for marketable employment
 - Mock interviews are held at the end of the training
 - Baltimore City Department of Social Services, the largest jurisdiction with youth in care plan to implement a career day for the youth to attend. This will provide an opportunity for youth to learn how to seek information on the company and present their skills to

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the vendors. Other community stakeholders who work with Maryland's youth will also participate

- Ashlin Management Group, Inc. located in Prince Georges County provides the workforce development component of the job readiness and job placement services for youth referred by their local department staff.
 - Independent Living Coordinator attended the National Peer-to-Peer training for all State Coordinators in Oklahoma hosted by the National Resource Center for Youth Development in February 2007
3. Help youth prepare for and enter post-secondary training and educational institutions
- Continued communication takes place with the Higher Education Program to provide the best possible information for the locals on the number of youth eligible for the State Tuition Waiver along with their names when needed for verification
 - Continued work is needed with the local high schools and colleges to improve the number of youth made aware of the educational services they are entitled to receive
 - Local Department staff are informed of opportunities for their youth to participate in college fairs and tours as well as vocational programs who work in the best interest of the youth
 - The youth receive training through their life skills classes on the required process and procedures to complete to qualify for ETV and State Tuition Waiver
4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults; and other appropriate support and services to former care recipients between 18 and 21 years of age.
- Social Services Administration has not been able to identify vendors for all of the State's youth to receive mentors.
 - Several of the local departments of social services identified committed adults to work with the youth and develop healthy relationships that provide encouragement, emotional support and connections to a long term positive role model
 - Former foster care youth are entitled to participate in the Youth Advisory Board to offer support to the current members of the Board
 - Social Services is in the initial phase of improving who staff inform youth of the After Care Services.
 - A circular letter that provides a guide on the implementation of the services was approved and distributed in March 2007.

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- SSA will continue to improve how we collect data on the number of youth who graduated from high school, college and vocational training programs
5. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age.
- Local Department staff continues to provide After Care Services to former foster care youth between the ages of 18 and 21 based on the youth contacting the agency to request assistance
 - Most services for youth who receive After Care services are limited because the youth do not follow through with the application process after they contact the agency for assistance
 - The greatest need indicated is to assist youth with housing cost – rent deposits and furniture for their apartment.

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.

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.

To date, Maryland does not utilize the option to expand Medicaid to provide services to youth 18 to 21 years of age who have aged out of care. Currently, we initiated the inquiry process by contacting 2 other states who did implement the option in our efforts to determine the process and steps involved to begin the process. Maryland's youth that leave care and are in need of continued Medicaid coverage currently apply independently through the local social services office in their jurisdiction.

Education and Training Voucher (ETV)

Accomplishments

1. Entered into a contract with The Orphan Foundation of America (OFA) 10/1/06 to administer the ETV program statewide, provided staff training, brochures and an on-line website for youth applications.

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2. OFA has established a database to capture data.
3. DHR/SSA and OFA have produced ETV Brochures. These brochures have been distributed during statewide training to Local Department of Social Services (LDSS), staff and youth and displayed in the LDSS waiting areas. The brochures have also been distributed the Independent Living Coordinators (ILC) at ILC meetings as well as to youth at the State Youth Advisory Board meetings and provide providers.
4. DHR/SSA developed a Maryland State Tuition Fee Waiver brochure which has been provided to locals during trainings as well as to youth. Brochures are available upon request.
5. DHR/SSA provided ETV and The Maryland State Tuition Fee Waiver training in September 2006 at the Training Academy for all staff.
6. Provided statewide ETV/ Maryland State Tuition Fee Waiver training to staff on the following dates; 11/14/06, 11/30/07, 12/1/06, 12/5/06, 12/6/07 and 12/11/06.
7. Provided ETV/ Maryland State Tuition Fee Waiver training to Baltimore City youth on 2/9/07.
8. Provided additional ETV/Maryland State Tuition Waiver training to Frederick on 3/1/07 and Montgomery County on 2/27/07.
9. DHR/SSA provided ETV/Maryland State Tuition Fee Waiver training to the Office of Licensing and Monitoring and supplied them with Maryland's ETV brochures to give to private family placements group homes
10. Provided ETV/Maryland State Tuition Fee Waiver training to MARFY on 5/2/07.
11. DHR/SSA sent out a policy letter to all local directors informing them of OFA's involvement and state training dates.
12. DHR/SSA responds to individual local's request for ETV/Maryland State Tuition Fee Waiver training for staff to ensure that staff has the appropriate information to implement the ETV process for their youth, as well as to inform Foster/Adoptive parents of the program.
13. DHR/SSA responds to individual local's request for ETV/Maryland State Tuition Fee Waiver training for youth to explain the program and criteria, as well as how to access the ETV application on-line.
14. DHR/SSA will sponsor the 13th annual Independent Living Preparation Services teen conference. The conference will focus on skill building and educational training including ETV/Maryland State Tuition Fee Waiver Programs.
15. DHR/SSA has staff who are available to respond to individual telephone calls from staff, youth, foster parents and provide clear and conscience responses to their concerns. Walk then through the on-line application process. As well as to discuss the Maryland State Tuition Fee Waiver Program.

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16. DHR/SSA has staff available to do outreach to postsecondary institutions, especially the vocational/technical/trade schools to educate them about the ETV program.
17. DHR/SSA developed an ETV State Policy letter (SSA-07-04) for all child welfare staff to standardize the ETV process statewide (still in the approve phase).
18. DHR/SSA will distribute the ETV State Policy letter (SSA-07-04) to all LDSS and private providers.
19. DHR/SSA will develop a 1-800 number that will operate 24/7 and provide foster youth with information about Independent Living Preparation Services, health care and the ETV/Maryland State Tuition Fee Waiver.
20. DHR/SSA maintains contact with the Child Welfare League of America (CWLA) for current or future technical assistance as it relates to ETV.

As a result of these efforts, two hundred seventy-two (272) youth received ETV awards so far in FFY 2006. Expenditures to date are \$759,167.97.

The populations served are youth between the ages of 17 but not yet 21 years old. 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.

As a result of these efforts, seventy-seven youth (77) participated in the Maryland State Tuition Fee Waiver in FY06. The average financial award was 3,355.00 per youth.

Youth Development

1. Maryland has an active state youth advisory board (YAB) that meets monthly.
2. Youth testified in support of House Bill 1309, Maryland State Tuition Fee Waiver, which expanded the language to include all foster youth in-out-of-home placements. Bill passed and the effective date is July, 2007.
3. The YAB is taking an active role in developing and participating in the 13th Annual Teen Conference.
4. Two quest speakers have presented leadership/self-esteem skill building workshops this past year.
5. Maryland has 2 youth from the state youth advisory board that are members of the Maryland Youth Council.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

Maryland was able to clarify and standardize the criteria to be met when determining if a Child Protective Services Case is appropriate for closure via a

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policy letter. The expected outcome is reduced recidivism by improving the quality and focus of case management services through the use of comprehensive assessment.

A sub-group of Maryland's PIP implementation committee successfully analyzed how a Family Decision Making Model can be incorporated into standard practice. As reported in Maryland's PIP, 3 pilot areas implemented the use of conducting Family Team Decision Making.

The 2007 Maryland Legislative Body supports the Differential Response Model of practice. Via Legislation, for fiscal year 2008, In-Home Services has been charged with developing a workgroup for purposes of piloting Differential Response in Maryland.

For purposes of ensuring the referral of children at risk to the Infants and Toddlers program there is a Memorandum of Understanding between each Local Department of Social Services and its Local Department of Education counterpart. This also ensures compliance with Part C of the Individuals with Disabilities Education Act (IDEA) and the provisions set forth by CAPTA.

CAPTA funds continue to be used to support regionally identified training needs and conferences throughout Maryland. In April of 2007 the Department of Human Resources supported a conference focusing on child abuse and neglect hosted by the Washington County Department of Social Services.

For state fiscal year 2008, Maryland will continue to provide the training series, "High Risk Assessment and Secondary Trauma Training." This training series includes consultation for casework staff experiencing trauma due to case-related activity.

In-Home Services staff continues to make presentations to community organization and colleges and universities about child abuse and neglect. The presentations focus on; legal definitions of child physical, sexual, and mental injury abuse, neglect and mental injury neglect. Specific training on the reporting of suspected child maltreatment is also conducted. When presenting in colleges and universities this opportunity is always used to introduce the idea of considering child welfare as a career choice.

This year each of the three citizen review entities has provided an annual report, which is attached.

Maryland will continue to contract with The Center for Families – Family Connections Program of the University of Maryland School of Social Work. The

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program provides children and families throughout Baltimore with outreach services, individual, conjoint family and group counseling, case management and advocacy. The center utilizes frequent contacts during the service period and the fostering of relationships between individuals with their communities to achieve its goals.

The Department is continuing to examine how well jurisdictions are correctly identifying mental injury cases. Upon completion of the review, the Department will be in a position to provide jurisdictions with the technical assistance necessary to ensure that mental injury cases are being performed consistently across all jurisdictions.

The Department continues to research, analyze, and determine how to improve the quality of representation of children in judicial proceedings. An examination of other states' practices continues.

Safe Haven

Headed by Judy Wilson, Assistant Director of Charles County DSS- a work group of Local Departments of Social Services (LDSS) staff and DHR staff have created a new brochure to be distributed statewide defining the Safe Haven program, the law and eligibility for the program. The work group has created a new tagline line for the Safe Haven program "Safe Haven- Giving your newborn a future" for the promotional campaign for Safe Haven

LDSS and DHR staff has worked together with Maryland Public Television to create two new Public Service Announcements (PSAs) for future distribution regarding the Safe Haven program

In collaboration with the Junior League of Annapolis, DHR has co-coordinated a Safe Haven Conference on April 4, 2007 in Anne Arundel County to educate and inform the public and LDSS staff about the Safe Haven law and MD Safe Haven program

DHR In- Home Family Services is working with the DHR communications office to:

- Create posters for the promotion of Safe Haven
- Create decals, business cards and magnets for the promotion of Safe Haven statewide
- Promote the Safe Haven PSA on radio and television programs
- Work towards translating all Safe Haven informational materials in Spanish for state distribution

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DHR is in the process of working with the State Attorney General's office on revising the Maryland Safe Haven regulations to be more fully in line with the current issues affecting the Safe Haven program.

DHR is currently working to obtain assistance from the National Safe Haven Alliance to train Maryland staff working on the Family Tree 24hr hotline about the Safe Haven program, in order to more effectively assist callers interested in learning about the Safe Haven alternative to abandoning newborns.

In- Home Family Services and DHR communications continue to work on targeting a Safe Haven promotional campaign on at risk populations such as high schools, college and university women, domestic violence centers, hospitals and other locations.

DHR is currently working on finalizing an "unattended children's" brochure for future distribution statewide to Maryland residents.

DHR staff has written an article about Safe Haven to be featured in a press release and has been featured in the DHR newsletter.

CIS Background Clearance Check

As part of the Adam Walsh Act, upon receipt of an individual's notarized application or a court order, SSA will conduct a search of the social service database system for any history of child abuse, neglect investigations or child welfare services rendered. Generally, the search is performed for various reasons such as employment, private adoption, or screening for activities that will involve contact with children such as childcare, volunteerism, or being a foster parent provider. The CPS background check is a service offered free of charge by a local department or the central office. The applicant's information is checked in the Central Information System (CIS) as well as in the Maryland Statewide Automated Child Welfare Information System Children's Information Exchange (MD CHESSIE). SSA is interested in consolidating the system to improve the process accuracy and efficacy.

As of April 15, 2007, the Central Office staff had completed 704 clearances in January 2007, 351 clearances in February and 391 clearances in March 2007. With the utilization of MD CHESSIE, all the background clearance checks are maintained in the statewide database system.

In July 2005, the Child Care Administration was transferred from the Department of Human Resources to the Maryland State Department of Education. For the

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state fiscal year 2008, DHR will develop a Memorandum of Understanding between MSDE to coordinate the activities in completing the screening process.

Attached are copies of the annual reports from Maryland's Citizen Review Board for Children (CRBC) and State Council on Child Abuse and Neglect. The reports did not offer any recommendations therefore the Department did not provide any responses to them.

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.

RECRUITMENT AND RETENTION

The Department developed a statewide recruitment and retention plan in 2005 and continues to work towards the many goals and strategies of the plan. There has been an intense media campaign, which targets Maryland's need for resource homes (foster, adoptive and respite families). In FY '06, Maryland local departments of social services approved 647 new families as foster and adoptive resource (FAR) homes. These homes are often approved for specific children already residing in there.

The recruitment plan targets foster and adoptive families for:

- Boys of all ages
- Teens of both genders
- Foster teen moms and their babies
- Sibling groups
- Children with substantial medical needs
- Emergency placements
- Respite care for foster and adoptive parents
- Children in the two largest jurisdictions (Baltimore City and Prince George's County)

In addition to recruitment strategies, the plan includes incentives to retain resource homes. The Department continues to work with foster and adoptive parents around the state and assist with the revitalization of the statewide resource family (foster/adoptive parent) support group. As the result of several

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summits held in 2005, the Maryland Foster Parent Association (MFPA) is fully operational. This organization is an independent organization that will work with the Department to ensure that the State addresses the needs of our many resource families who provide for the children who need out-of-home placement.

Another incentive that is a part of the State's plan is the cash incentive program for current resource families who refer their friends to become foster/adopt resources. Each time a referred family is approved to foster, adopt or become dually approved; the family who referred them will receive a \$250 cash award.

In the upcoming year the plan for recruitment and retention of Maryland resource families will be expanded and strengthened. The emphasis will be on developing placement resources based on the needs of children in care and providing enhanced supports to foster families.

The Department hosted its 10th annual adoption celebration on November 3, 2006 for families who have finalized adoptions in that year. Approximately 400 staff and families attended the celebration that was held at La Fontaine Bleu in Glen Burnie, Maryland. This decade-old event recognizes and honors the staff and adoptive families throughout the State of Maryland who make it possible for foster children to have a "Forever Family". The local departments of social services nominate adoptive families as the family of the year from their jurisdiction. Each family receives certificates of appreciation from the Secretary of the Department of Human Resources. Several families receive special recognition for their extraordinary service. The master of ceremonies for last year's event was Neal Estano of WBAL-TV 11. Local TV stations and a local newspaper covered the event. Its purpose is to reveal the need for adoptive homes as it advances the positive aspects of adoption.

Maryland encourages cross-county activities that promote placement of children across county lines. Maryland hosted the statewide Heart Gallery on November 6, 2007 at Morgan State University's James E. Lewis Museum of Art. The Heart Gallery is a photographic presentation of foster children, (considered hard to place and waiting to be adopted) in a gallery venue. Children featured in the Heart Gallery are older children, sibling groups and children with special needs. This year in addition to the statewide event, there will be several regional Heart Gallery events to showcase the children in all parts of the State and provide wider exposure of the children and the continued need for resource families throughout the State.

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TRAINING AND STAFF DEVELOPMENT

Recognizing the critical need for consistent, standardized, pre-service and in-service training for child welfare professionals, DHR has centralized all of its child welfare training under the Maryland Child Welfare Academy (MCWA). The Department of Human Resources MCWA will be the conduit for all training and development opportunities for new and current child welfare staff. The Academy will also provide training to resource families and members of the community involved in child welfare services and initiatives.

The Academy is in partnership with the University of Maryland School of Social Work and offers pre-service and in-service training for child welfare staff; the Title IV-E Education for Public Welfare Program; the Child Welfare Workforce Initiative; the Supervisory Training; and in-service foster parent training. Also offered under the arm of the Academy is child welfare policy and legislation training; pre-service foster parent training (PRIDE); technology training; and child welfare work study programs. Attached is the listing of course offerings and numbers trained.

DHR/SSA has entered into several contracts with SSA Training Funds. They are as follows:

- University of Maryland, Baltimore – School of Social Work (7/1/06-1/31/07) Training Department (\$703,029) – Provides regional competency based training system for child welfare aides, workers and supervisors
- University of Maryland, Baltimore – School of Social Work (2/1/07 – 6/30/08) Child Welfare Academy (\$1,004,204)– will develop, educate, train and support Maryland’s child welfare staff, supervisors, administrators, foster/adoptive parents and kinship caregivers to provide family centered, culturally competent services to protect children from maltreatment, achieve permanency, and promote child well-being.
- University of Maryland, School of Social Work (6/30/06-8/31/07) Study on Recruitment, Selection and Retention of the Child Welfare Workforce (\$434,897)- the University will conduct a comprehensive study of the recruitment, selection, and retention of the child welfare workforce for the purpose of developing strategies to increase the qualifications and competence of the workforce and to increase retention of competent staff.
 - The University of Maryland School of Social Work (SSW) designed and conducted this study in collaboration with an advisory committee comprised of representatives from DHR and local DSS departments across the state of Maryland, University of Maryland

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faculty with expertise in organizational development research, and other stakeholders. The advisory committee and the SSW researchers meet monthly as a collaborative team to design and implement the study and interpret the results.

- The focus and scope of this research is to:
 - (1) Identify characteristics of the existing child welfare workforce in the state of Maryland;
 - (2) Compare salaries of Maryland child welfare personnel (caseworker, supervisor, administrator) with comparable personnel in other states and localities;
 - (3) Establish the rate of caseworker turnover (overall and by agency/region) for a specified time period, and establish the historical rate for turnover;
 - (4) Identify organizational, personal, and other factors contributing to retention or turnover;
 - (5) Identify and evaluate retention strategies currently utilized by DHR and the local departments;
 - (6) Conduct a review of promising retention strategies being used by public child welfare agencies in other states; and
 - (7) Complete a comprehensive report based on findings and make recommendations for strategies to increase the retention rate (lower the turnover rate), increase the qualifications of the workforce, and identify areas for future study.

- Multiple modes of data collection were utilized for this study, including secondary database analysis, a self-report survey, focus groups, exit interviews, literature reviews and scanning for best/promising practices.

- University of Maryland, Baltimore – School of Social Work Excellence in Public Child Welfare Supervision Program (\$8,333) – Via a grant from the Federal Department of Health and Human Services UMB prepares current child welfare staff for supervisory positions in Maryland’s public child welfare system. DHR provides \$8,333 in matching funds each year of the four-year grant.
 - This program is designed to prepare current child welfare practitioners for supervisory and administrative positions in Maryland’s public child welfare system. Up to 10 DHR employees will be selected to participate in the program each of the four years. Employees selected for this program will complete masters level

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and field practicum education at the University of Maryland School of Social Work, with a concentration in macro social work practice (management, program development, supervision), and a specialization in working with families and children. Tuition assistance (covering 80-90% of required fees) and part-time educational leave will be granted to selected participants. Participants will sign an agreement to continue employment with DHR after graduation from the program.

- University of Maryland, Baltimore – School of Social Work Title IV-E Education for Public Child Welfare Program (IV-E BSW/MSW Degree Program) (\$2,938,357)– The University maintains primary learning laboratories and satellite jurisdictions in local departments of Social Services.
 - The Social Services Administration contracts with the University of Maryland School of Social Work to prepare BSW/MSW students for employment in public child welfare agencies. The Title IV-E Public Child Welfare Education Program has been in existence as a partnership between the University of Maryland School of Social Work and the Department of Human Resources since 1994. The University of Maryland School of Social Work will maintain primary learning laboratories and satellite jurisdictions in local departments of Social Services. Annually an average of 97 students receive stipends and are prepared for DHR employment via this agreement. Approximately 50-70 individuals graduate each year with approximately 83% accepting employment. Under the program, students receive specialized training for the development of core values, knowledge and skills necessary for competent provision of public child welfare services to children and families. SSA does not have the resources to provide these specialized services.
- Towson State University – Division of Economic and Community Outreach (2/19/07 – 2/18/08) (\$327,440)
 - The Towson University Division of Economic and Community Outreach provides three trainers who will train and assist DHR employees with utilizing the new Maryland Children’s Electronic Social Services Information Exchange (MD CHESSIE) IT system.
 - Most of the time, the three trainers. These trainers will travel to county or regional offices to provide training or provide user support. The number of persons requiring training may be up to

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2,000 over a 12-month period. The training will consist of nine CHESSIE modules. The current modules include:

- **Introduction to CHESSIE** – This module provides the user with an overview of MD CHESSIE navigation, controls, and common functions that are used throughout the application.
- **Intake/Investigation** – This module demonstrates how to complete CPS, Non-CPS, I&R, and CPS History referrals as well as CPS Investigations.
- **Assessment** – This module demonstrates how to complete Safe-C, Safe-C Group, Risk, and AOD Assessments.
- **Case Management** – This module demonstrates how to complete a Case Plan, view associated referrals and cases, access court information, and record information about an adoption placement.
- **Family Resources** – This module demonstrates how to complete a family provider referral, a family provider home study, and the provider approved process through licensing and contracts.
- **IV-E Eligibility** – This module demonstrates how IV-E Eligibility is determined in MD CHESSIE and what items need to be completed by the worker in order to make a determination.
- **Financial Management** – This module demonstrate how financial information is processed in MD CHESSIE by reviewing the accounts payable, accounts receivable, and child account information as it relates to provider payments.
- **Client Information** – This module demonstrates how to update/add information about clients in an investigation or case.
- **Getting Started** – This module demonstrates basic “Getting Started” tasks in the “Getting Started” manual.

Attached is Maryland’s training matrix.

MD CHESSIE

The Maryland Children’s Electronic Social Services Information Exchange, MD CHESSIE, is Maryland’s version of the Federal Statewide Automated Child Welfare Information System, otherwise known as SACWIS. MD CHESSIE is operational statewide with the last of the twenty-four implementation sites (Baltimore City) having occurred in January 2007. This system will help to ensure

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standardization of practice, enforce policy, provide easy access to information, improve workflow and automate federal reporting requirements of the Adoption and Foster Care Analysis and Reporting System (AFCARS) and The National Child Abuse and Neglect Data System (NCANDS).

MD CHESSIE allows for the easy entry and retrieval of text-based data that identifies and tracks the statuses, demographics, child characteristics, locations, financial information, and goals of children in all program areas of child welfare. Workload Management, Staff Management, Provider Management, Document Management and Interface functionality support this comprehensive child welfare tool. Management and Statistical reports as well as on-line reports will be available to child welfare staff through MD CHESSIE.

This system will assist caseworkers with providing a continuum of exemplary child welfare services, support management in the determination of costs and outcomes, and facilitate improved electronic communications between child welfare staff Statewide. The case planning process that documents, organizes and analyzes casework services utilized by child welfare staff is embedded in MD CHESSIE. The system contains necessary documents to complete the court petitions, document the court hearings and court reports.

MD CHESSIE meets the requirements for the Federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). MD CHESSIE has an automated Federal Reporting checklist that workers can use as a guide to ensure that all Federal Reporting data elements are completed. Both private, public placements and children with kinship providers will be entered and monitored in MD CHESSIE. Additionally, placements will be validated monthly by workers, as this action initiates payments to those providers requiring payments.

The MD CHESSIE System has been designed, developed and tested and has undergone User Acceptance Testing (UAT) before being implemented. Deloitte Consulting is scheduled to remain with the MD CHESSIE Project through June 2007. The Social Services Administration (SSA) has transferred a policy analyst to the position of project coordinator to begin the process of full management of the system after the Consulting teams departure. 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.

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MD CHESSIE will assist caseworkers with providing a continuum of exemplary child welfare services, support management in the determination of costs and outcomes, and facilitate improved electronic communications between child welfare staff Statewide.

The challenge faced by the Department is the utilization of the system. Staff use of the system is reflected in the data of the reports. The central office and local departments of social services must continue to support the use and functionality of the system. There are a number of enhancements needed to the system as well as additional training and support for users. A high-level State workgroup, known as the MD CHESSIE Tiger Team, comprised of stakeholders inside and outside the State, will convene to plan how best to use existing resources to improve the use the system in its current form. This team will also make recommendations on major improvements for MD CHESSIE (e.g. moving to a web-based application).

The Project Advisory Council (PAC), formerly known as the MD CHESSIE Steering Committee, continues to meet on a monthly basis to ensure that the project remains on track and that management at the central and local levels are kept abreast of developments regarding MD CHESSIE.

QUALITY ASSURANCE/RESEARCH AND EVALUATION

Quality Assurance

Maryland's revised Quality Assurance (QA) system is designed to build continuous quality improvement at every juncture of service delivery for children and families served by DHR/SSA. The Maryland Child and Family Services Review (MCFSR), mirrors the federal CFSR process and has been implemented in nine local departments of social services. The QA system is a three-tiered approach for review of child welfare services: 1) local self-assessment; 2) the on-site MCFSR; and 3) citizen's review.

A MCFSR State Review team comprised of state and local program staff and citizen volunteers conduct each site review. Approximately 82 staff and volunteers have participated in MCFSR training conducted by University of Maryland at Baltimore (UMAB) School of Social Work.

The Local Supervisory, Peer and Citizens Review Instrument has been piloted in nearly all jurisdictions and the Citizen Review Board for Children. The instrument was distributed statewide in January. It is currently being considered for revisions based on feedback from users. The UMAB School of Social Services has taken the lead in the process of making this instrument more user friendly.

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Maryland has made significant progress during the current report period toward refinement of its outcome-based system of accountability. Most notably, the passage of the Child Welfare Accountability Act of 2006 (House Bill 799/ Senate bill 792) codified the requirement to develop and implement an outcome-based system of accountability. The system is designed to measure the efficiency and effectiveness of child welfare services that address safety, permanence and well-being; measures performance at State and local levels; expands on federal outcome measures and uses indicators listed in the Act. The following are additional requirements of the Act:

- Have a process for assessment of quality casework services;
- Enter into an Memorandum of Understanding (MOU) with an entity that has expertise in child welfare to assist in the development and implementation of the local assessments;
- Adopt regulations that establish guidelines for the collection of information at the State and local levels;
- Enter into a MOU with an entity to collect and maintain information necessary to conduct local and statewide assessments;
- Ensure that sufficient numbers of qualified child welfare staff are hired and retained to achieve caseload ratios consistent with the Child Welfare League of America (CWLA) Caseload Standards;
- Consult with CWLA to develop a methodology to calculate caseload ratios;
- Enter into a contract with CWLA a to develop a methodology to calculate ratio;
- Establish a Child Welfare Training Academy to train staff, administrators, foster parents and kinship caregivers, and authorize additional training for Citizen Review Board for Children (CRBC) and CASA volunteers;
- Pursue national accreditation for each local department of social services;
- Conduct a comprehensive study of the recruitment, selection, and retention of child welfare workforce; and
- Report on the assessment of the accounting structure and workload measures used within the Department to determine changes necessary to adopt recommendations of the task force on accountability on flexible budgeting to meet families' needs, cost accounting of the child welfare system and performance measures.

The actions presently being undertaken by the Department are listed below:

- Conducted reviews in twelve local departments of social services
- Developing regulations for the local self-assessments and information collection

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- Entered into an agreement with the University of Maryland at Baltimore (UMAB) School of Social Work to provide guidance on the QA process
- Contracted with CWLA to develop caseload and supervisory ratios for Child Welfare Services and negotiating a multi-year contract with CWLA to conduct annual reviews of calculations
- Established a Child Welfare Retention Research project at UMAB School of Social Work
- Entered into an agreement with UMAB School of Social Work for the Child Welfare Training Academy
- Entered into an agreement with Council on Accreditation (COA) to accredit all 24 local departments of social services (presently 13 accredited)
 - PHASE I- Reaccrediting the local departments who are presently accredited (7th Edition Standards)
 - PHASE II- Accrediting the local departments who are not accredited (8th Edition Standards)
 - PHASE III- Synchronizing the entire State under the 8th Edition Standards (4-5 years out)
- Entered into a MOA with the CRBC to ensure that organization's role in assessing effectiveness and efficiency in the delivery of services to families and children.

Research and Evaluation

The Research and Evaluation Unit of DHR/SSA is presently working closely with MD CHESSIE to improve the accuracy of data. Currently the unit is focusing attention on which local departments of social services are struggling with full utilization of MD CHESSIE data collection methods for tracking child welfare services in Maryland.

While these efforts are on-going, Maryland is optimistic that it will be able to produce relatively accurate data reports within the next 6 months. 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?

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,

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DHR/SSA Research unit, UMAB School of Social Work, and the Chapin Center, will be able to 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.

One area of development will be the monthly statistics on child welfare (at the State and local levels) in Maryland's State Stat initiative just underway. This will be a useful tool for local departments of social services Managers, Central Office staff and the Governor's Office. The State Stat initiative is focusing considerable attention on answering the basic questions- where are DHR children, and if placed, where are they placed? As MD CHESSIE becomes a 100% populated database, more in-depth reporting on child welfare results, such as recurrence of child maltreatment, reaching permanency goals, and child well-being, will be added to the State Stat monthly reporting efforts.

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). 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.

FINANCIAL AND STATISTICAL INFORMATION REPORTING

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

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family centered practice, consultants for mapping resources in regional areas and equipment for team staffing facilitators.

In federal fiscal year (FFY) 2005, the State spent the following amount of federal funds in each of the four categories of services:

- Family Preservation - \$1,159,292.17
- Family Support - \$1,116,536.64
- Time-Limited Reunification - \$785,219.01
- Adoption Promotion - \$826,667.36

- Administration - \$214,669.82

(Total Federal Funds Spent - \$4,102,385.00)

Maryland stated that a minimum of twenty percent would be spent on each of the four services during FY 2005. Of the total federal funds spent, thirty percent was spent on Family Preservation, twenty-seven percent was spent on Family Support; nineteen percent was spent on Time-Limited Reunification and twenty percent was spent on Adoption Promotion. Although Maryland did not reach its goal for all of the services, improvement was made over prior years. Unfortunately the local departments did not spend their entire allocations. Continued efforts will be made for improvement with Time-Limited Reunification as we strive to reunite the children with their families in a timely fashion.

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.

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