



**Maryland Department of Human Resources
Title IV-B Child and Family Services Plan
2013 Annual Progress and Services Report**

Maryland's Human Services Agency



Place Matters

Nothing matters more to a child than a place to call home

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I. FY 2012 ANNUAL PROGRESS AND SERVICES REPORT

A. ORGANIZATION AND FUNCTIONS

INTRODUCTION / OVERVIEW OF DHR

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

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

Executive Director

The Executive Director of the Social Services Administration (SSA) is responsible for the overall administration of the Administration with support from two Deputy Directors (Programs and Operations). A number of specific child welfare programs and initiatives are managed within the Administration. In addition, there are five other offices or units within the Administration that provide an infrastructure to support the overall child welfare mission.

The Director's scope of responsibility includes oversight for the provision of a range of administrative supports to 24 Local Departments of Social Services (LDSS) in the areas of policy development, training, foster and adoptive home recruitment and approval, consultation and technical assistance, budgeting, data analysis, quality assurance, and also some direct client services to children and families.

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

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

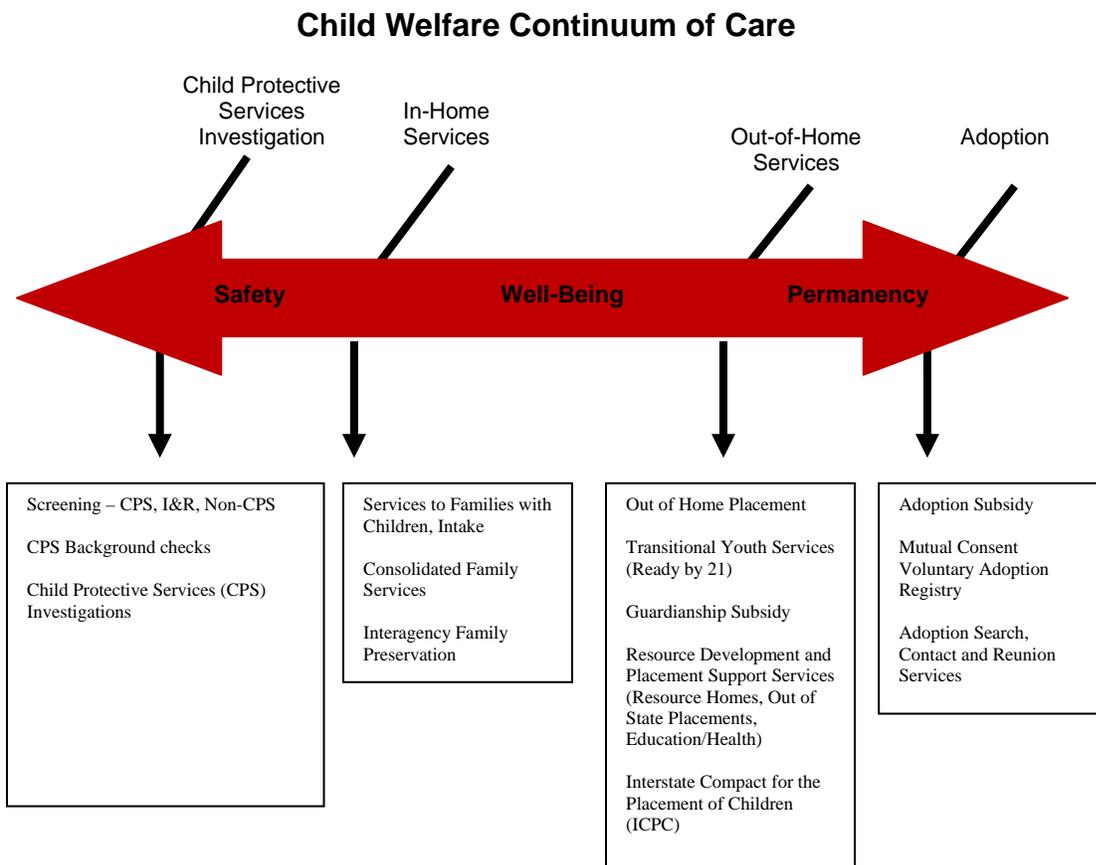
Deputy Executive Director of Programs

The Deputy Executive Director of Programs is responsible for policy and program development for In Home Services, Out-of-Home Placement, Organizational Development

and Training, and Resource Development and Placement Support Services. This position shares responsibility for the development of the budget and legislative agenda.

Deputy Executive Director of Operations

The Deputy Executive Director of Operations is responsible for the Offices of Management and Special Services, Research and Evaluation, Quality Assurance, Systems Development, and Contracts and Monitoring. This position shares responsibility for the development of the budget and legislative agenda. This position joined a national working group to discuss current issues around child welfare information systems: the Child Welfare Technical Working Group (CWTWG).



The illustration shows the Child Welfare Continuum of Care in Maryland. The arrow depicts the outcomes, safety, well-being and permanency and where the state’s programs contribute to the outcomes. The program descriptions follow.

Office of Programs

- **In- Home Services**
 - **Child Protective Services (CPS)** is a mandated program for the protection of all children in the State alleged to be abused and neglected. Child Protective Services

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

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

During the 2012 Maryland General Assembly legislation passed giving the Department permission to plan for a CPS system that provides for traditional investigations and the creation of an alternative path for allegations appropriate for acceptance as a child protective services response but where low risk and minor threats to a child's safety are received. The legislation requires that the Department use a year to plan for Alternative Response implementation and evaluation. This will be discussed in more detail under Alternative Response.

- **In-Home Family Services** are family preservation programs available within the local departments of social services. These programs are specifically identified for families in crisis whose children are at risk of out-of-home placement. Family preservation actively seeks to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment.

During the last year the Department restructured the ongoing services component of the program eliminating several categories of In-Home Services that developed over the past several years and combining them into Consolidated In-Home Services. Combining services simplifies on-going service policy and provides the local departments of social services with criteria for determining which families are most appropriate for an ongoing In-Home intervention based on the level of risk (likelihood of another maltreatment event) and safety (threats to a child's safety) concerns for a family. In addition to Consolidated In-Home Services the Department maintains the Inter-Agency Family Preservation program that accepts referrals from other child serving departments where family dissolution is likely without a service intervention.

- **Out-of-Home Placement**
 - **Foster Care Services:**
 - Short-term care and supportive services for children that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm.

- Services to treat the needs of the child and help the family with the skills and resources needed to care for the child. Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives as the placement of choice. Attempts are made to keep the child in close proximity to their family; however, the child’s placement is based on the treatment needs of the child and the availability of placement resources.
- Time-limited reunification services using concurrent permanency planning to reunite with the birth family or to pursue a permanent home for the child within 12 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 Permanency Living Arrangement)
 - Voluntary placement services because of the child’s need for short term placement to receive treatment services for mental illness or developmental disability
- **Adoption Services** 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.
- **Transitioning Youth Services** provide independent living preparation services to older youth, ages 14-21 years of age in any type of Out-of-Home placement (such as kinship care, family foster care or residential / group care) Maryland continues to provide services to help them prepare for self-sufficiency in adulthood.
- **Guardianship Assistance Program** serves as another permanency option for relatives caring for children in Out-of-Home care. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the Local Department of Social Services by removing financial barriers.
- **Resource Development, Placement and Support Services**
 - **Resource Development and Retention** is responsible for services related to the recruitment and retention of resource families. Program staff provides technical assistance to local departments of social services in development of their local recruitment plans. The Maryland Foster Parent Association also receives technical assistance from this unit. The unit is responsible for monitoring and coordination of the 24 local departments of social services’ resource home development plans.
 - **Placement and Support Services** is responsible for assisting the local departments of social services to facilitate barriers regarding the discharge and

placement plans for youth in State care from psychiatric hospitals in Maryland and offer suggestions to the local departments for applicable placements for youths in State care. Placement and Support Services is also responsible for participating in a myriad of committee meetings to represent DHR to maintain rapport with various State agencies, including in-state and out-of-state providers. Program staff gleans updated knowledge of programs and initiatives and assists the local Departments to ensure that the youth in State custody are appropriately positioned at their recommended placements and the placements are in the best interest of the youth. This unit works with stakeholders to identify and develop strategies to improve the array of services available to support children and families in achieving safety, permanence and well-being. The services include education, substance abuse treatment, health care and mental health. This unit is also responsible for monitoring the placement of children in out-of-home care placed in facilities out-of-state. They ensure that all efforts to place children in-state have been exhausted prior to the child being placed out-of-state.

- **Interstate Compact on the Placement of Children (ICPC) ensures that children** from other US States in need of out-of-home placement in Maryland receive the same protections guaranteed to the children placed in care within Maryland. The law offers States uniform guidelines and procedures to ensure these placements promote the best interests of each child while simultaneously maintaining the obligations, safeguards and protections of the “receiving” and “sending” States for the child until permanency for that child is achieved in the receiving State’s resource home, or until the child returns to the original sending State. In calendar year 2012, 293 Maryland children (through public, private agency or parent-initiated private referral) were placed in out-of-state ICPC placements; a further 15 children were denied placements out-of-state. The majority of children placed out-of-state are placed with relatives or parent initiated referrals to Residential Treatment Centers (RTC). Maryland continues to decrease the number of children placed in out-of-state RTCs and group homes. In the reverse direction (i.e., other States’ children coming to Maryland), in calendar year 2012 1,199 children were placed into Maryland (35 denied placement), the majority of those children coming from Washington, D.C. With the approval of the border agreement with Washington, DC, there should be a decrease in the number of children coming into Maryland through an ICPC referral. These placement numbers include the full array of parent, relative, foster, adoptive and residential placements of children. 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.

- **Child Welfare Training and Organizational Development**

- **Child Welfare Training** oversees the training for all child welfare staff in the State of Maryland by monitoring the contract and coordinating the training activities with the University of Maryland, School of Social Work, and Child

Welfare Academy. In conjunction with the Child Welfare Academy, this office coordinates the pre-service training for all new staff and continuing education opportunities for existing staff in addition to training the public foster care providers. This also includes oversight of the Title IV-E Education for Public Child Welfare Program at the University Of Maryland School Of Social Work.

- **Child Welfare Organizational Development** is responsible for supporting new initiatives that advance the overall strategic mission of the Social Services Administration (SSA) and coordinating technical assistance to local departments for emerging practices.

Office of Operations

Budget and Central Services is responsible for the management of SSA's budget development and monitoring. They also are responsible for the development of regulations, legislative updates, and personnel issues.

- **Contracts and Monitoring** is responsible for the development and monitoring of contracts for Maryland's licensed child placement agencies and residential treatment facilities; and other non-service contracts that SSA enters to support its work in various areas including but not limited to training, data management and reporting, and development of new policies and programs.
- **Research and Evaluation** is responsible for the collection and analysis of data for SSA and Local Departments of Social Services. They are responsible for reporting for SSA to StateStat. StateStat collects data from all of Maryland's Departments on outcomes and trends within their organizations and reports to Governor Martin O'Malley. The Research and Evaluation unit also prepares Federal reports such as the Adoption and Foster Care Analysis and Reporting System (AFCARS), Caseworker Visitation, the National Youth in Transition Database (NYTD), and the National Child Abuse and Neglect Data System (NCANDS).
- **Systems Development** is responsible for assisting with the development, maintenance, training, and support of MD CHESSIE, Maryland's SACWIS system. This unit works with Central Office and local departments of social services staff to ensure accurate and reliable data is input into MD CHESSIE. The unit works with the MD CHESSIE software contractor on enhancements and troubleshoots any operational problems. This unit is also responsible for assisting public and private providers with trouble shooting issues with their payments that are to be received on behalf of the children in their care. Systems Development also provides support to the SSA Office of Adult Services for its database, the Client Information System (CIS).
- **Quality Assurance** is responsible for regular on-site review and data analysis for each the 24 local departments of social services, and develops the reports for these reviews. This unit works closely with the Federal government to provide input and receive guidance to coordinate improvements to Maryland's Continuous Quality Assurance process for child welfare, in order to position Maryland for the third round of the Child and Family Services Review.

B. PLAN REQUIREMENTS

1) Vision and Mission

Vision: The Maryland Department of Human Resources, Social Services Administration envisions a Maryland where all children are safe from abuse and neglect, where children have permanent homes and where families are able to meet their own needs.

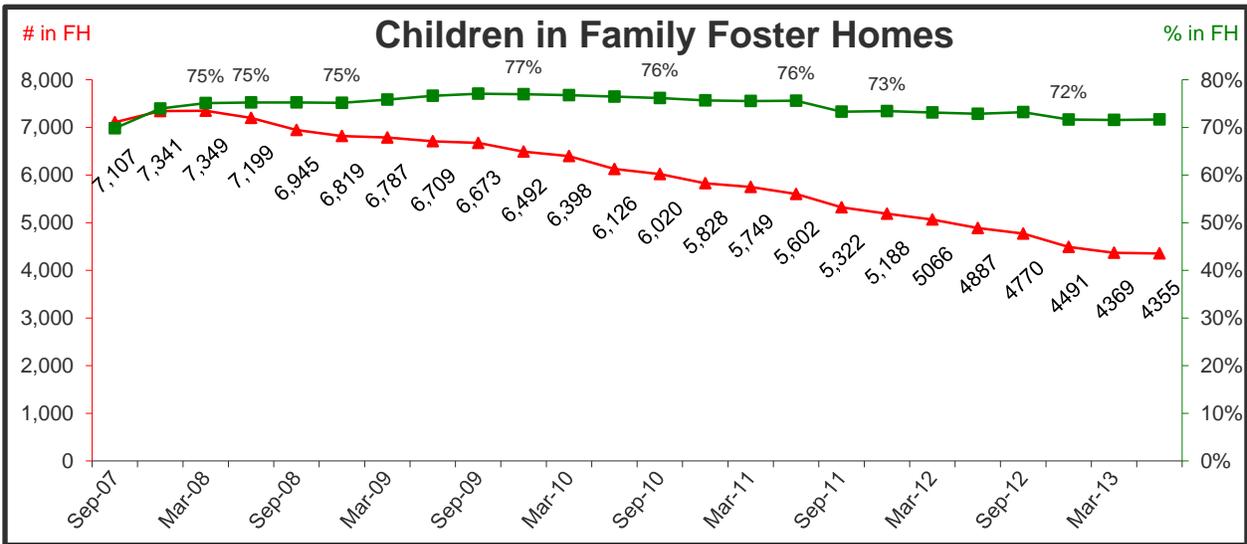
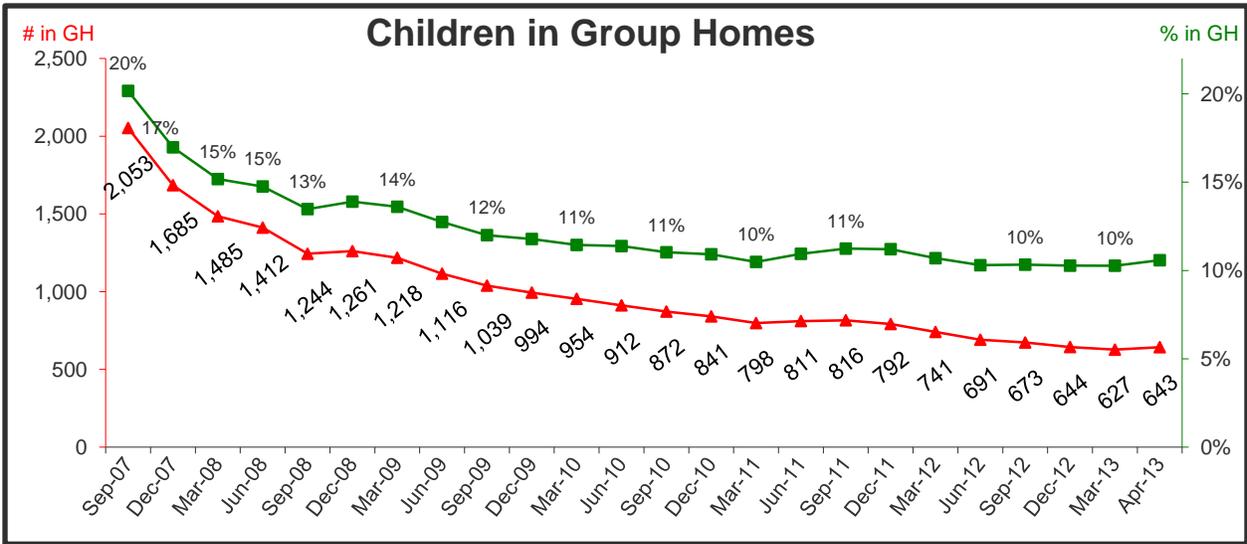
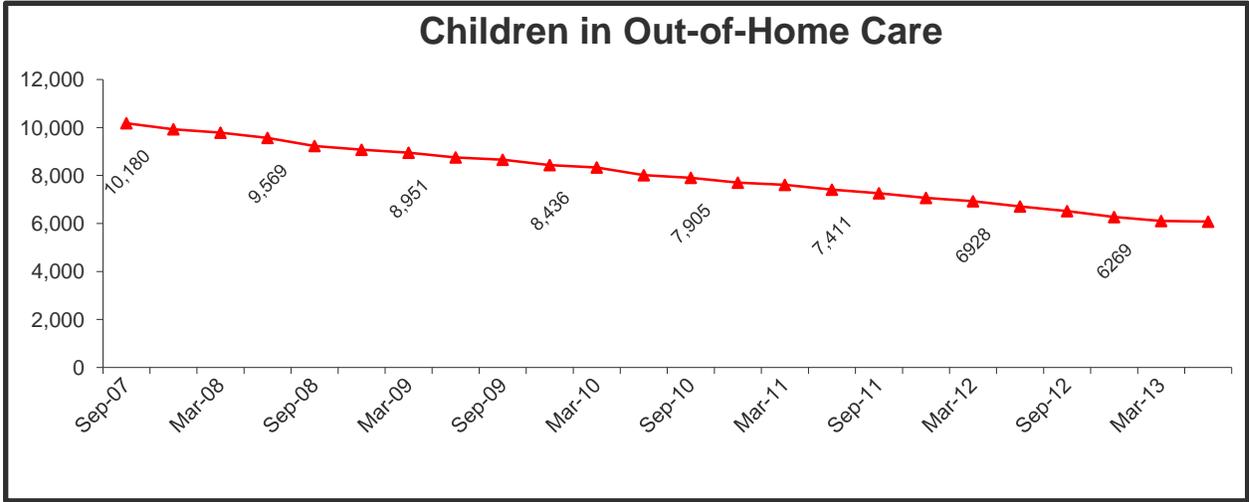
Mission: To lead, support and enable local departments of social services in employing strategies to prevent child abuse and neglect, protect vulnerable children, preserve and strengthen families, by collaborating with state and community partners.

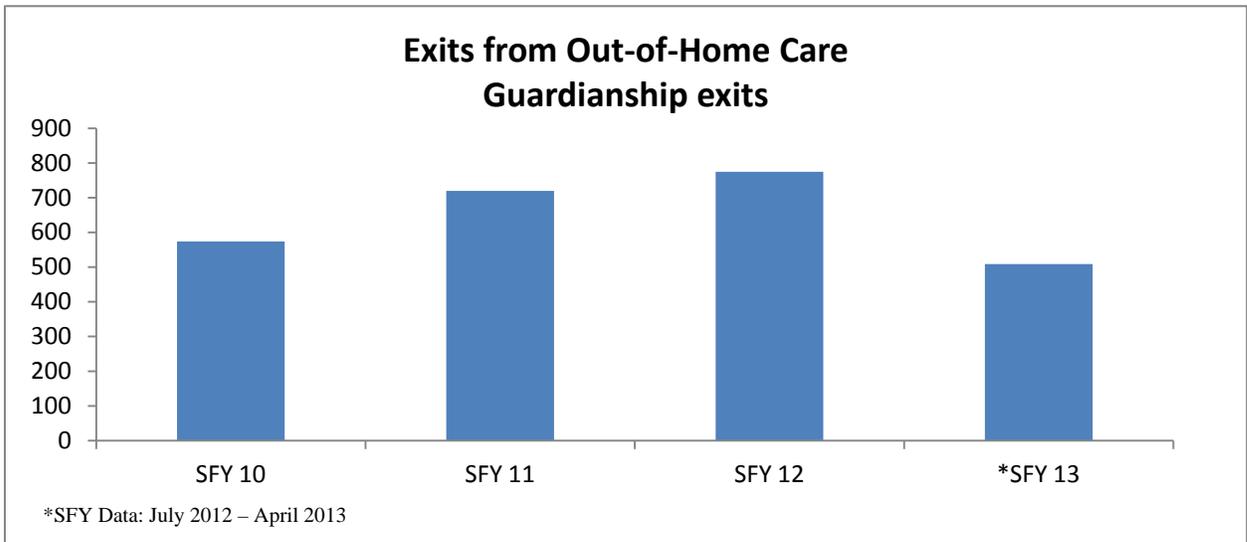
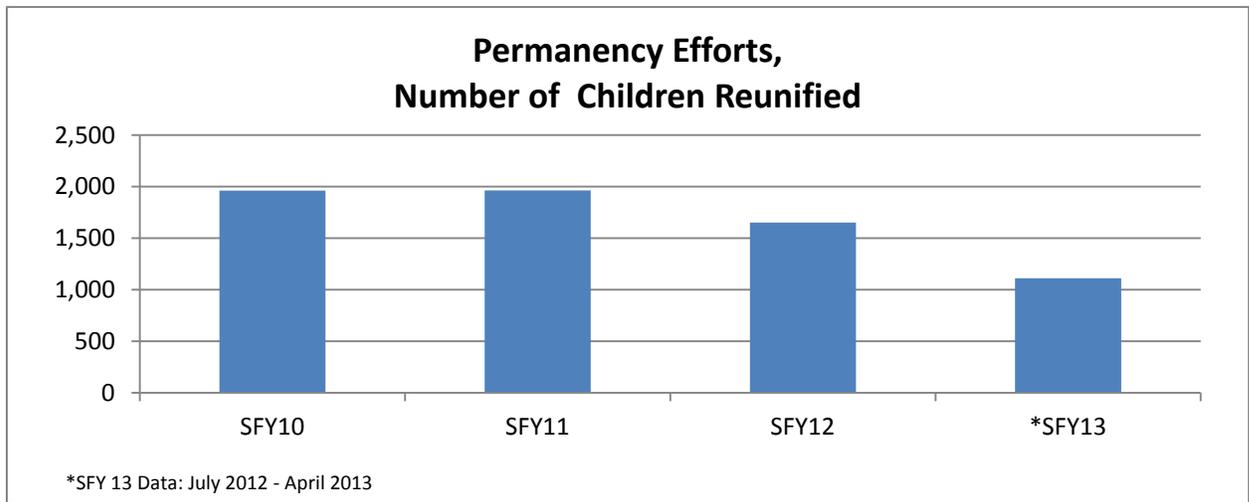
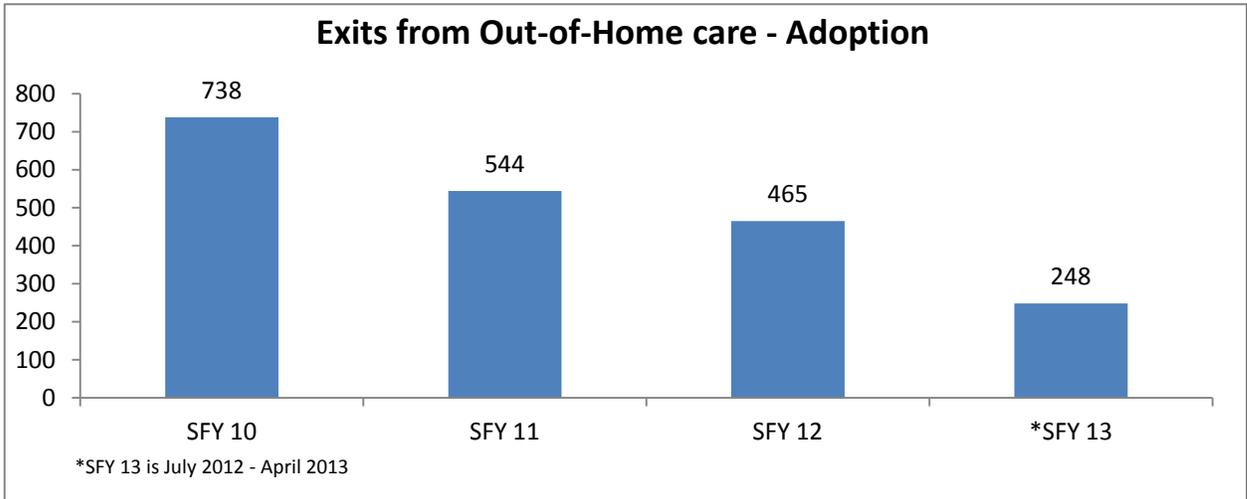
Place Matters

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

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

Since July 2007, through its Place Matter’s Initiative Maryland has reduced the number of children in out-of-home care by 41%; decreased the proportion of youth in group home placements from 19% to 11%; increased the proportion of family home placements from 70% to 723%. In addition, the proportion of children exiting to reunification, guardianship, and adoption has increased from 66% during state fiscal year 2008 to 78% for state fiscal year 2012, and to 75% for the partial SFY13 (July 2012 – April 2013 data available).





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

2) Goals/Objectives

CHILD SAFETY OUTCOMES

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

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

Objectives

- 1.1: By June 30, 2015, Maryland will meet the National Standard for Absence of Maltreatment Recurrence.
- 1.2: By June 30, 2015, Maryland will meet the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months).

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

- Structured Decision Making
- Consolidated In-Home Services
- Implementation of Signs of Safety
- Implementation of CANS Assessments
- Implementation of Alternative Response (New)

PERMANENCY OUTCOMES

Maryland is committed to ensuring that children are in a home that is safe and provides an environment where they have an opportunity to grow into healthy adulthood. Maryland’s goal is to develop and maintain living situations that will afford a child permanency and stability while allowing for continuity of family relationships, and on-going connections with friends and community. All twenty-four jurisdictions in Maryland (twenty-three counties and Baltimore City) operate foster care programs that work with the birth and foster families to develop the most appropriate permanency plan for each child. Maryland works to ensure that reunification, adoption, or guardianship occurs in a timely manner for children who are placed in out-of-home

care. Birth and foster families are assisted in obtaining the services, such as counseling and health care, needed to meet the goals of the permanency plan. Each foster care program also works to recruit, train, approve and retain foster care providers. All children deserve a family therefore Maryland has a renewed focus on reunification, subsidized guardianship, and adoption.

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

Objectives:

- 2.1 By June 30, 2015, Maryland will make continued improvement to National Standard Score of 122.6 on Timeliness and Permanency of Reunification. Maryland 2012 Results: 94.7.
- 2.2 By June 30, 2015, continue to improve exits to reunification in less than 12 months to move toward National Median of 70.5% (Based on 2011 National Results). Maryland 2012 Results: 53%.
- 2.3 By June 30, 2015, continue to improve exits to reunification, median stay (lower score is preferred) to move toward National Median of 7.6 months (Based on 2011 National Results). Maryland 2012 Results: 11.1 months.
- 2.4 By June 30, 2015, continue to improve entry cohort reunification in less than 12 months to move toward National Median of 41.3% (Based on 2011 National Results). Maryland 2012 Results: 37%.
- 2.5 By June 30, 2015, continue to improve re-entries to foster care in less than 12 months after reunification (lower score is preferred) to move toward National Median of 11.9% (Based on 2011 National Results). Maryland 2012 Results: 14%.

CHILD WELL-BEING OUTCOMES

The Department is committed to preserving and enhancing the development of children in its care. To improve the well-being of children and families, Maryland consistently focuses on protecting children from abuse and neglect, ensuring permanency and stability, enhancing the capacity of families to provide for the needs of their children and providing appropriate educational and health services. Maryland is committed to developing a system of care that supports Child Well-Being Outcomes through the provision of individualized services and supports that are family- and youth-driven, sensitive to child and family trauma (trauma-informed practice), and community-based.

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

Objectives:

- 3.1 School enrollment for children entering foster care during school year
- 3.2 Comprehensive health assessment within 60 days of removal
- 3.3 Annual health assessment for foster children in care the entire year

- 3.4 Annual dental assessment for foster children in care the entire year
- 3.5 Family Involvement Meetings occur in 75% of child welfare cases
- 3.6 Completed Child and Adolescent Needs and Strengths (CANS) assessment for youth and family within 60 days of entering care

Strategies

Maryland's Program Improvement Plan (approved April 15, 2011) builds upon the Place Matters initiatives and includes the four themes. The themes and strategies were developed to address the areas needing improvement identified in the Final Report.

- **Family Centered Practice (FCP)**
 - Complete FCP engagement and teaming training
 - Integrate FCP into pre-service and continuing education training programs
 - Develop facilitation curriculum and coaching model
 - Develop specialized coaching model
 - Increase non-custodial parent and extended family being engaged and involved in case planning
- **Supervision**
 - Develop a Supervision Model incorporating
 - Training
 - Coaching/Mentoring
 - Support
 - Develop core requirements
 - Revise safety and risk assessment tools
 - Implement Consolidated In-Home Services
 - Revise Quality Assurance process
- **Permanency**
 - Develop case plan policy
 - Develop Youth Engagement Model (ACCWIC grant)
 - Develop policy on finding permanent connections for youth in Out-of-Home Placement
 - Develop an Adoption manual
 - Revise visitation policy
- **Resource Development and Support**
 - Improve the process for assuring consistency with the application of all standards to foster family homes and child care institutions
 - Integrate Child and Adolescent Needs and Strengths (CANS) into child welfare practice
 - Identify the process and/or mechanism to assure appropriate assessment of individualized educational needs
 - Identify the process and/or mechanism to assure appropriate development of needed services

In addition to the PIP strategies, Maryland has focused its efforts on:

- Transitioning Youth to Families Placement Protocol
- Transitioning Youth to Independence Initiatives

- Citizen Review Board focus on Adoption and Another Planned Permanency Living Arrangement (APPLA) Reviews
- Establishment of a Guardianship Assistance Program that promotes placement of children with a relative guardian
- Interagency Support for the Family-Centered Practice Model through Regional Care Management Entities and Wraparound Care Coordination
- Emphasis on Data-Driven Decision Making and Evidence-Based and Promising Practices

3) Program And Strategy Updates

Family Centered Practice

Maryland continues to highlight the core values and principles of the statewide Family Centered Practice (FCP) model for the delivery of child welfare services. As the model evolved after the initial 2008 implementation, the strategic efforts have been placed on sustaining and monitoring active engagement and teaming best practices to enhance the safety, permanency and well-being outcomes throughout the child welfare continuum. The goals are to reinforce learning objectives from training courses and highlight the relationship of practice initiatives, such as Youth Matter, Supervision Model and Alternative Response, to the overall child welfare continuum. The training and technical assistance efforts have been to expand the breath of workshops, create transfer of learning opportunities, evaluate practice outcomes and reassess administrative policies and practice. The overall goal is to facilitate an ongoing continuous quality improvement mechanism to monitor and execute the casework interactions with children and families at the practice level.

Ongoing Continuous Quality Control (CQI)

As part of CQI, the Department maintains a strong relationship with community partners as a key component of Maryland's FCP model. The FCP Oversight Committee continues to meet bi-monthly to monitor the FCP implementation and offer recommendations for program enhancements to sustain the practice efforts. Monitoring includes sharing program and data updates to solicit input from committee members as policy and practice decisions are made. The committee continues to include a cross-section of stakeholders, such as foster parents, advocates, attorneys, and providers, in addition to local department representatives. The provider community helped to recruit several family members to join the committee. Including the family members on the committee enables the Department to actively have the input of child welfare services consumers at administrative levels to shape the way that families experience Maryland's services. Identifying regular youth participation has been inconsistent. A recommendation was made to explore having a committee representative provide updates at the statewide Youth Advisory Board as a strategy for regular youth participation.

In terms of technical assistance, overview and monthly meetings were held with the Round 1 Youth Matter replication sites (Anne Arundel, Cecil, Harford and Washington Counties) July 2011 – January 2012 to orient and assess local capacity for youth engagement activities. The Department facilitated orientation overview meetings with the Round 1 Fostering Connections Implementation Counties (Cecil, Dorchester, Harford, Somerset, Wicomico and Worcester) beginning in September 2012. These jurisdictions were invited to join the monthly Fostering

Connections Implementation Meeting for peer-to-peer support and strategies to consider for planning local practice integration of Kinship Navigator and Family Finding program. Between September-December 2012, implementation technical assistance meetings were held with each of the Round 1 jurisdictions to assist with the individual assessment of community resources and challenges for local implementation.

As part of the ongoing community outreach efforts including training and informational updates, the Department collaborated with FCP Oversight Committee provider representatives and foster care alumni at the statewide Maryland Association of Resource for Families and Youth (MARFY) conference on October 5, 2012. The presentation discussed family centered partnerships and strategies for engaging and teaming within the context of trauma informed practice considerations. Although the initial plan was to revise the provider FCP training, the FCP Oversight Committee recommended the establishment of a subcommittee to collaborate with provider training resources to develop and deliver training for provider staff. This training would include periodic replication of the FCP orientation training for new provider staff. This subcommittee would collaborate to develop and deliver training for practice specific activities such as, Family Involvement Meetings (FIMs) and current practice and policies initiatives that are shared with the Child Welfare Steering Committee. The plan is to implement the provider training schedule in early calendar year 2014. Legal outreach consultation will be revisited with the FCP Oversight Committee to see if the initial implementation concerns that promoted consideration to the American Bar Association (ABA) still need to be addressed.

The Family Involvement Meeting (FIM) is the forum to encourage children, family members and community partners to be actively involved in the case planning decisions. Between July 2012 - April 2013, there have been 3,507 service/community providers (non-child welfare foster parents or service providers), 783 private child welfare resource providers, and 811 public child welfare resource parents who participated in 2,469 FIMs held across the state.

In consultation with the University of Maryland School of Social Work, an algorithm was developed for an automated MD CHESSIE report to capture FIM activities. The draft report was presented to the Assistant Directors in November 2012. Several jurisdictions (Baltimore, Cecil, Queen Anne's, Montgomery and Washington Counties) volunteered to review the case level details to help refine the algorithm. An update was presented to the Assistant Directors in May 2013. The automated FIM report will be finalized by July 2013, but the manual report will continue to be collected for approximately one year to validate the results. The report will link the safety, permanency and well-being outcomes with FIM activities to assess the impact engaging and teaming with families to achieve better outcomes for children. In March 2012, a segment on updating the FIM fields was added to the "Contracts/Collaterals/Visitation/Living Arrangement" MD CHESSIE training workshop. The topic was added to that course to ensure that staff appropriately selected the MD CHESSIE fields related the FIM activities. Once the FIM automated report is finalized, additional content will be added to that course to reinforce the required fields to generate the automated report.

The FIM facilitation coaches, who were trained in November 2011, continue to have monthly conference calls for peer support and skill enhancement. The revised coaching curriculum was

delivered to supervision coaches in October 2012. Monthly coaching calls have also been scheduled with the supervision coaches. The intent is to build a coaching capacity across the State as a model for peer support that can be applied to various practice activities. The coaching calls offered advice or strategies to facilitate the coaching relationship. The topics included engaging a distracted coachee, managing boundaries during coaching sessions, and encouraging self-reflective problems solving. Another recruitment and training for another coaching cohort will begin in September 2013. This coaching cohort will help Maryland build the capacity for peer-to-peer support across the continuum of services including facilitation, supervision and any other practice mentoring.

Supervision Model “Supervision Matters”

Maryland developed a Supervision Model which is called “Supervision Matters” in response to concerns raised by the Federal Child and Family Reviews held in June 2009. A workgroup was established with representatives from Local Departments of Social Services, Central Office, Human Resources, and the Child Welfare Academy. This workgroup developed the standards and expectations to define effective supervisory practice. The conceptual framework delineated the following roles of the supervisor:

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

These standards and expectations provide a model of child welfare supervision, clarify what is expected of a supervisor, provide the foundation and focus of new and advanced supervisory training and provide the basis on which supervisory performance is evaluated.

One of the core components of “Supervision Matters” is training for supervisors both new and experienced. A comprehensive state-of-the-art training system was developed to prepare new supervisors for their role and to promote the ongoing growth and development of experienced supervisors. New supervisor training was built utilizing the Excellence in Supervision training offered by the Child Welfare Academy for new supervisors in Maryland. This training was the only training offered to supervisors and was limited to a small cohort of supervisors. The standards and expectations developed by the workgroup provided the basis for the curriculum development.

Advanced training will be developed in the future. A menu of advanced supervisory courses (1-2 days) will be developed and delivered to experienced supervisors. The advanced courses will reflect the standards and expectations developed by the workgroup. It is expected that at least 12 advanced courses will be developed and offered by the Child Welfare Academy (CWA) each year and every supervisor will be expected to participate in 1- 2 courses per year to promote their ongoing growth and development.

Research has shown that there has been a great deal of training, but not much transfer of knowledge and skills to the job. There must be a partnership between the immediate supervisor, trainee and trainer and interventions should occur before, during and after the training for it to be successful. "Supervision Matters" incorporates this belief into the training model. Each supervisor attending the training will be required to develop an action plan that they will implement during the month between training sessions. The action plans will address identified development needs related to the content of the training session. CWA will keep a copy of the action plan and will send out personalized reminders to reinforce application of their action plan. An additional strategy will be to provide the new supervisors' managers with an overview of each of the training modules and a copy of the action plans with the expectation that they will follow up with the new supervisor.

Other components of the model are coaching and mentoring, screening tool, ongoing support for supervisors, and performance appraisal system. Coaching of the new supervisors is an important strategy for the development of effective supervisory staff. Every new supervisor will be matched with a coach who does not work in their county. The coach will work with the supervisor throughout the 6 month training period. The coach will observe the supervisor in all of the key aspects of their role and provide feedback and coaching to enhance their leadership/management. Coaches will be provided with initial training and ongoing training and consultation throughout their involvement with their assigned supervisor.

A screening tool (Appendix B) to help local departments recruit, screen, and select new supervisors was developed utilizing the standards and expectations. This will be a useful aid for local departments to assist in their interviews for supervisors. Selection of the best qualified supervisors with the necessary skills is essential. Ongoing support of the supervisory staff is also an important component of the model. Quarterly regional program specific meetings (In-Home, Out-of-Home, Resource Home) will be held and Central staff will provide updates, answer questions, and provide consultation. In addition, the standards and expectations will be used to drive the performance appraisal system.

Phase I: Pilot Site Implementation

DHR decided to pilot "Supervision Matters" in 7 local departments of social services. Local departments were asked to complete an application to assess their agency's readiness to participate in the training. The application detailed the expectations of the pilot counties:

- Support for participating in the project from all levels of management
- New supervisors (less than 1 year of supervisory experience) will participate in the pilot delivery of the new supervisor training program (delivered 2 days per month over a six month period) and provide feedback on recommended revisions to the training program
- The Assistant Directors/Program Managers, who directly supervise the supervisors, will support and reinforce the supervisor's transfer of learning. The Assistant Directors/Program Managers will meet with Central staff and the consultant to receive an overview of the current supervisory module and their role in reinforcing and supporting their supervisor's application of knowledge and

skills to the job. If appropriate, the Assistant Directors/Program Managers will provide recommendations to enhance the transfer of learning process

- The pilot site local departments will evaluate the standards and expectations for supervisors to identify barriers for implementation and strategies and supports needed for successful implementation
- Pilot counties will conduct a self evaluation to determine if they can provide the needed support to implement the project

Seven local departments were selected as pilot sites (Anne Arundel, Charles, Frederick, Prince George's, Queen Anne's, Somerset and Worcester). A "Supervision Matters" kick-off meeting was held on May 31, 2012. The seven local department pilot sites Directors and Assistant Directors were invited. An overview of the model and the roles and responsibilities of the pilot sites were provided.

Training for new supervisors (hired between July 1, 2010-June 30, 2012) began September 13-14, 2012 and ended February 4-5, 2013 and training for experienced Pilot Site supervisors (hired before July 1, 2010 and had not attended the Excellence in Supervision training) began September 20-21, 2012 and ended February 11-12, 2013. Training was held at the University of Maryland School of Social Work in Baltimore. A total of 36 supervisors participated in this training (15 in new supervisor and 21 in experienced supervisor). Training was conducted by a consultant and co-trainers from the Child Welfare Training Academy. Feedback regarding the curriculum was solicited from the participants. This feedback will be used to make any necessary revisions to the training curriculum for the next rollout phase.

Regular meetings with pilot site administrators were held to discuss any barriers they encountered regarding implementation. These meetings were an opportunity for the local departments to discuss any issues they or their supervisors were experiencing with the training. Some of the feedback from the experienced supervisors indicated that they found the first few modules as too basic. They were also informed by one of the trainers that the new supervisors seem to soak up the information given to them. One of the administrators indicated that some of the experienced supervisors may be experiencing some resistance to the training because they may be threatened by the fear of not being competent enough. It was suggested that the administrators reinforce to their supervisors the value of the training and they need to attend and participate with an open mind. They would like the supervisors to know that their feedback was important and would help with revising the curriculum if necessary.

An essential component of "Supervision Matters" is coaching. An application process to be considered as a coach was developed. A memo was sent to local department child welfare staff with the criteria and expectations of the coach. The selection criteria for coaches include:

- Public child welfare experience (at least 5 years)
- Supervisory/management experience in child welfare/family support/child support (at least 3 years)
- Positive reputation in DHR/DSS (2 references)
- Viewed as competent by staff and other managers
- Respected in DHR/DSS
- Viewed as a positive force in the agency

- ✓ Strong child welfare practice knowledge
- ✓ Strength-based approach to management and child welfare practice
- ✓ Uses a participatory, democratic approach in supervision and management
- ✓ Emphasis on promoting the growth and development of staff
- ✓ Been a mentor (formally or informally) or has been mentored (formally or informally and can describe the value of the mentoring relationship)

Specific responsibilities of the coach include:

- Work with one new supervisor during the six month period they attend the “Excellence in Supervision” course. The course will be offered twice per year. (Coaches will work with 2 new supervisors each year.)
- Conduct observation of their supervisor ½ day per month over six months.
- Provide telephone consultation/email as needed to provide follow-up on the supervisor’s implementation of his/her action plan and address any concerns/issues and provide coaching as appropriate.
- Attend a 2-day initial training on coaching and mentoring.
- Participate in monthly meetings, with other coaches for advanced training and consultation -- 1-day meetings every 2 months and 2-3 hour Webinars in the months where they are not attending the 1-day meetings.
- Provide quarterly written updates on their work with their supervisor to be used **only** for evaluating supervisor growth and to provide consultation and coaching to the coaches/mentors.
- Be observed providing observation and coaching of assigned supervisor(s).
- Make a commitment to participate in the coaching program for at least 2 years.

Only five coaching applications were received. The goal was to have a coach for each of the supervisors participating in the training. Due to the limited amount of coaching applications, a decision was made to provide coaches for the new supervisors only. Also, Child Welfare Academy trainers were recruited to be coaches. Some of the coaches were assigned to two supervisors. Training for the coaches began in November. The coaches were provided with initial and ongoing training and consultation. The training and consultation are described below.

- **Initial Training.** A 2-day training session to clarify their role as a coach/mentor, enhance their skills to listen, assess, provide developmental feedback and coaching to their assigned supervisor(s) to support the supervisor’s development in the critical functions of their job. All new coaches must complete this training session prior to being assigned a supervisor.
- **Ongoing Training/Consultation.** All new coaches will attend 1-day training/consultation sessions to enhance their coaching skills, to provide an overview of the supervisor training and to be aware of the training received in order to promote the supervisor’s application to the job. These sessions will be offered once a month. Training topics include, but are not limited to:
 - ✓ Personal/Social Styles
 - ✓ Observing the Individual Conference, Unit Meetings, Group Supervision
 - ✓ Using Solution Focused Questions in Coaching
 - ✓ Learning Styles and their Impact on Coaching

✓ Dealing with Difficult Coaching Situations

In addition, during the monthly meetings coaches will receive consultation on their work with their supervisor, share problems/positive experiences in coaching, receive additional training and practice coaching skills.

Due to the late start for the coaching component, the coaches continued with their assigned supervisor a few months after the training was complete. During consultation calls with the coaches, the consultant and other coaches provided suggestions regarding issues that the coaches were experiencing. Some of the topics raised during the conference call were:

- A coachee seemed distracted during the telephone coaching session and coach did not have any visual cues to make an assessment
- A coachee with extensive supervisory experience only wanted to discuss a technical issue rather than a skill building issue
- A coachee only wanted to discuss non-work related topics
- A coachee was a perfectionist

The coaches found the telephone consultation very helpful. They were given an opportunity to explore issues and get suggestions on how to address the issues. Central staff was also a part of the call to learn of any systemic issues. The feedback heard during the consultation calls will be used to make any revisions to the model as it is rolled out across the State.

An evaluation plan for the model was developed with the assistance of a consultant. The evaluation of the model will assess how “Supervision Matters” impacts outcomes. It looks at the fidelity of the model, supervisor skills, caseworker behavior and youth outcomes. The assumption is that if training fidelity is low, supervisor skill may not increase, which would not lead to positive caseworker behavior change, which would not result in improved outcomes for youth. Therefore, if training fidelity is high, supervisor skills should increase, which would lead to positive caseworker behavior change, which should result in improved outcomes for youth.

The evaluation of the model will be completed in the next phase of implementation. The plan is to use the results of the post-training survey as a baseline for the next phase of the rollout. The evaluation will be from beginning to finish of implementation.

Lessons Learned

Feedback regarding “Supervision Matters” was solicited from the supervisors participating in the training and also from the pilot site administrators. Overall, the initial training of both the new and experienced supervisors was well received. Suggestions for future training and programming included:

- Reduce the amount of “academic” material and include more opportunities to bring real life scenarios to small and large group discussions
- Add an orientation for supervisors and their administrators
- Embed the topic of managing up throughout the entire training
- Re-arrange the order of some of the modules for better flow
- Begin the coaching relationship within a month of onset of training
- Increase the involvement of administrators

- Avoid scheduling the training on Mondays or Fridays

These suggestions will be considered as the State moves forward with the next phase of implementation.

Next Steps

Coaching recruitment will begin in June 2013 with subsequent training planned for September 2013. A strategic marketing plan will be devised to increase the coaching applicant pool. The strategies will include:

- Outreach to local directors and assistant directors to clarify process and promote benefits for local child welfare staff and practice
- Invitation to directors and assistance directors who serve as coaches to share their experiences with their colleagues
- Presentations at regional supervisory meetings
- Targeted outreach to supervisors who attended the experienced pilot cohort
- Invitation to previous facilitation and supervision coaches to partner with supervisors in the next round
- Revised application and nomination process for prospective coaches
- Consideration for offering incentive to coaches

The next round of training for “Supervision Matters” will begin in Fall 2013. All levels of management of the local departments will participate in a “Kick-Off” meeting prior to the next group of supervisors being trained. The curriculum was revised to incorporate the feedback from the pilot phase; however, the basic framework and learning objectives of the modules will remain the same. The only major change is having one training cohort instead of two separate sessions for new and experienced supervisors. The recruitment criteria will make the training available to any child welfare supervisor across the state with less than five years of experience as a supervisor. Fewer new employees are being hired as supervisors so there would not be enough capacity to fill a course. In addition, this would expand the statewide recruitment outreach for staff that did not enroll in Excellence in Supervision. The supervisors will be paired with coaches during the first module.

The administrators of the participants will be included in the transfer of learning activities from the onset of the training. The evaluation activities for this next cohort will start sooner and the preliminary results from the pilot cohort will serve as a baseline comparison for subsequent implementation activities. Advanced supervision courses will be developed to expose the model to more tenured supervisors and address the ongoing needs of the supervisory workforce. The statewide delivery of the advanced training will begin during SFY14. Elements of the advanced supervision courses will be introduced to the participants in the pilot cohort beginning in October 2013 as a way to develop quarterly transfer of learning post-training sessions.

Safety and Risk Assessments: In-Home Services

Safety and Risk Assessment

In the 2012 Annual Progress and Services Report, DHR reported that the Signs of Safety (SoS) framework statewide as a practice model for improving the assessment and planning for safety and risk would be initiated. During the past year, Maryland implemented SoS through the

University of Maryland Child Welfare Academy and has gone one step further with systematic improvements to the Maryland Safety Assessment and Risk Assessments.

Based on an evaluation conducted by the Children's Research Center (CRC) Maryland continues the development of more reliable and valid Safety and Risk assessment tools. In accordance with Maryland's Family Centered Practice model and the upcoming implementation of Alternative Response in Maryland, DHR continues to move child protective services and family services programs towards a family engagement practice in which the strengths of the family are used to protect vulnerable children within the family. With the understanding that all families have strengths and protective capacities that can be utilized to provide safety and decrease future risk, Maryland is in the process of implementing new Safety and Risk assessment tools that are better able to address the complete functionality of each family and provide useful information to workers for safety and service planning.

A primary mission of Maryland's child welfare services is to assess the safety and risk of children that have contact with the Local Departments of Social Services. Maryland's revised Safety Assessment for Every Child, (SAFE-C) is an assessment tool designed to alert, inform and communicate to staff, situations that pose an imminent danger to children, involved with Child Protective Services investigations and service cases. It is a researched based, reliable and valid assessment tool, intended to assist caseworkers in providing immediate interventions to assist families in safeguarding children. There are three possible outcomes to the Maryland SAFE-C: 1) a child is deemed safe, 2) the creation of a viable safety plan for children who are deemed conditionally safe, or 3) the removal of a child from an unsafe situation.

Maryland's revised Safe-C is a systematic analysis of the child's vulnerabilities, danger influences and protective capacities of the family associated with the child(ren). Maryland's Safe-C is portioned into:

- 1) **Time Frame for Completion** - varies depending on the trigger point in the case that requires a caseworker to complete a Safe-C.
- 2) **Factors Influencing Child's Vulnerability** - conditions resulting in the child or children's inability to protect him/herself.
- 3) **Danger Influences** - conditions that indicate immediate danger in the household and alert the worker that actions must be taken to address the issues of concern.
- 4) **Protective Capacity** - strengths-based section that caseworkers must use to identify the various strengths of the child, caregiver or community that may be used in protecting the child.
- 5) **Safety Plan and the Safety Planning Process** - Answers provided in the "Danger Influences" section will prompt the caseworker to develop a Safety Plan with the family, to mitigate all danger influences identified on the assessment. A Safety Plan will be created directly from each identified danger influence. The Safety Plan will: 1) restate the danger influence identified, 2) allow the caseworker to document specific issues that must be addressed, 3) name the child or children affected by the danger influence, 4) describe an action/intervention to be implemented to address the issue, 5) provide for a due date of the action/intervention, and 6) identify the responsible parties associated with each and every action. Each danger influence that is answered in the affirmative on the

assessment MUST have a corresponding issue/action/intervention that addresses the issue on the Safety Plan.

- 6) **Safety Decision** - Three types of safety decisions on the revised Maryland Safe-C assessment: child is **Safe**, child is **Conditionally Safe** or child is **Unsafe**. The Safety Decision is automatically determined by how the caseworker answers each question on the assessment.
- A Child is **SAFE** if all Danger Influences 1-18 are marked "No". No danger influences were identified as "Yes" at time of the assessment and based on currently available information, the child is not in immediate danger or serious harm.
 - Child is **CONDITIONALLY SAFE** if one or more danger influences are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g. foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as safety interventions mitigate the danger. **SAFETY PLAN REQUIRED.**
 - Child is **UNSAFE** if one or more danger influences are present and there is **NO VIABLE SAFETY PLAN** and placement is the **ONLY** protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. The caseworker must indicate if all the children were placed or specifically name each child that is placed.
- 7) **Supervisory Approval** - The Safe-C Assessment requires supervisory approval for completion. A supervisory signature on the Safe-C signifies approval of the assessment and the Safety Plan.

Risk Assessment Tool

Additionally since April 2012, Maryland continues the process of adopting a new risk assessment tool, based on the California Risk assessment model, which is an actuarial tool that provides a number score on both a neglect scale and an abuse scale within the assessment. A Federal review of the former Maryland Family Risk Assessment (MFRA) found it to be subjective in nature and somewhat unreliable in the determination of actual risk level based on a worker's subjective assessment of the family. With the adoption of the new risk assessment tool, scoring of each question will be automated, allowing for more reliable and valid assessment results. Both the safety and risk assessment tools are being implemented in the Maryland State Administered Child Welfare Information System, (SACWIS) by July 2013.

Training for Safety and Risk Assessment Tools

The In-Home Family Services unit at the Department continues to provide training and support to local department staff on the redesign and implementation plan for Safe-C and the Maryland Family Risk Assessment. Training for Maryland Safe-C and the new MFRA will be provided through the University of Maryland Child Welfare Training Academy, pre-service training, Understanding Safety and Risk modules, MD CHESSIE Training team at the Department, WebEx presentations, and through technical support by the SSA policy analysts.

CANS Introduction

The Child and Adolescent Needs and Strengths (CANS) instrument was developed for children's services for the following purposes:

- ***To support decision making, including level of care and service planning***
The CANS can be used by child and family teams to develop more individualized and ultimately more effective treatment plans and service plans. Additional decision support applications can be integrated into Family Involvement Meetings (FIM) at intake and change of placement. Algorithms can be localized for sensitivity to varying service delivery systems and cultures. An algorithm for Maryland is being developed using dimensions of functioning to determine differences in level of service needs:
 - Severity of mental health symptoms
 - Level of risk to safety of youth and others, including flight risk
 - Level of adaptive functioning (i.e., daily living activities)
- ***To facilitate quality improvement initiatives***
As a quality improvement tool, a number of settings utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need item suggests that this area must be addressed in the plan. A rating of '0' or '1' identifies a strength that can be used for strength-based planning and a rating of '2' or '3' indicates a strength that should be the focus on strength-building activities.
- ***To allow for the monitoring of outcomes of services***
As an outcome monitoring tool, the CANS may be used by the larger systems of care to track aggregate improvement by children and families. This can be accomplished in two ways. First, items that are initially rated '2' or '3' are monitored over time to determine the percent of youth who move to a rating of '0' or '1' (resolved need, built strength). Second, dimension scores can be generated by summing items within each of the dimensions (e.g., Emotional/Behavior Problems, Risk Behaviors, Life Domain Functioning). These scores can be compared over the course of treatment. Ultimately, utilizing treatment plans guided by the CANS can lead to decreased duration in care and increased rate of permanency achievement.

The CANS assesses youth functioning in major life domains, strengths, emotional and behavioral needs, and risk behaviors, in addition to caregiver strengths and needs. Versions of the CANS are currently being used in 27 states with child welfare, mental health, juvenile justice, and early intervention applications.

For the past five years Maryland utilized the CANS in a variety of ways across the child serving system, including in systems of care initiatives funded by Maryland's Children's Cabinet, the Care Management Entities (CME) providing intensive care coordination, private Group Homes and Treatment Foster Care Agencies contracted with the Department of Human Resources (DHR) and the Department of Juvenile Services (DJS) and across programming within the child welfare system.

The Children's Cabinet prioritized the use of the CANS for specific interagency initiatives for four primary reasons:

- ***Appropriateness for use with children from ages 5-21.*** The CANS demonstrated reliability and validity with these populations, and can also be used with a transition-aged youth population.
- ***Ease of administration*** (after receipt of training). It is easy to learn how to use the CANS, and the tool only requires approximately 10-20 minutes to complete, once the administrator developed a relationship with the youth and family or if the administrator has access to a complete profile.
- ***Utility of dimension scores in developing a profile of strengths and needs.*** The CANS is well liked by parents, providers, and other partners in the services system because it is easy to understand and facilitates discussion important to case conceptualization and treatment planning.
- ***Accessibility, in terms of both cost and manual availability.*** The CANS is an open domain tool that is free for anyone to use. With training, anyone with relevant training and expertise and knowledge of the youth and family can learn to complete the tool reliably. Additionally, there is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

The CANS provides a common language among the diverse array of stakeholders and facilitates the linkage between the assessment process and the design of individualized service plans. Each item on the CANS suggests different pathways for service planning. This allows the CANS to be used as a care planning tool to identify an array of home and community based services and supports, including natural supports and evidence-based and promising practices.

The CANS has considerable potential to be used to further Maryland's data-driven decision-making processes and to support practice improvement efforts that emphasize family-centered planning and care. It is a natural fit with Maryland Family Centered Practice initiative in that it promotes the development of individualized, strength-based, community focused, child and family driven treatment plans.

Child and Adolescent Needs and Strengths Assessment (CANS) Initiatives

Since July 2011, DHR used the Maryland Child and Adolescent Needs and Strengths Assessment (MD CANS) to assess youth in Out-of-Home Placement settings. This aligned the public staff with private agency staff that has used the CANS tool since 2009. The MD CANS assessment is intended to elicit information about a particular child's strengths and needs to be used for service planning and placement intensity identification. MD CANS was incorporated into MD CHESSIE in early SFY11 in preparation for DHR staff completing the assessment. A policy was issued detailing the triggers and frequency for completing the assessment in July of 2011. All children over age 5 entering Out-of-Home Placement (OHP) will have the CANS completed within 60 days of entry into Out-of-Home care. Children already in care will have the assessment completed at one of several triggers which will result in a requirement for every child over age 5 to have had an assessment by June 30, 2012.

DHR partnered with the Institute for Innovation and Implementation at the University of Maryland, to assist with the implementation of the CANS assessment across the child welfare system. The Institute assists the Department with:

- the tracking CANS compliance,
- the Level of Intensity Algorithm Project,
- CANS data analysis efforts
- the family version of the CANS for In-Home Services, the CANS-F.

CANS Compliance

Quarterly compliance reports were developed over the past year to inform each local department of their CANS completion data. The reports include the names of children for whom a CANS assessment has not been completed. After the first year of implementation, approximately 14% of youth in Out-of-Home Placements had a completed CANS assessment. In an effort to improve compliance with the CANS initiative, the Department offered technical assistance to each of the counties and increased the availability of CANS certification trainings around the State. Each county will continue to receive quarterly compliance reports to help them monitor CANS assessments at the local level.

Level of Intensity Algorithm Project

The Department partnered with the Institute for Innovation and Implementation at the University of Maryland to pilot test the use of the CANS assessment as a service decision making tool for the Child and Adolescent Needs and Strengths (CANS) Level of Intensity Project. The project is designed around a new service planning/decision making process and is being piloted in three counties in the state of Maryland. The goal of this project is to create a standardized process of matching youth needs and strengths to appropriate services. The resulting framework will assist local departments in making placement decisions and ensuring appropriate services are made available to children in Out-of-Home Placement.

The process uses an algorithm based on the Child and Adolescent Needs and Strengths (MD CANS) assessment to recommend level of service intensity and connect child welfare involved youth and their families to appropriate services and placement resources. This information will allow the Department to evaluate the effectiveness of placement decision making. Additionally, the CANS instrument provides information that will inform the development of a coordinated continuum of care that includes a broad array of community-based services. Patterns of CANS item ratings indicate one of three levels of child need (i.e., low, medium or high). Each level of child need is then linked to a matrix of service recommendations. This matrix is being developed for each of the seven placement types (i.e., Home, Kinship Care, Regular Foster Care, Low Intensity Group Home, Therapeutic Foster Care, Regular Group Home, Therapeutic Group Home, and Residential Treatment Center) within each of the three levels of child need. Item ratings lead to service recommendations for each possible placement option and provide a framework for discussing service needs within the context of the Family Involvement Meeting (FIM) process.

The evaluation of the CANS Algorithm process links CANS data with child welfare service, placement and outcomes data collected through the state's SACWIS system. This evaluation will be completed in July of 2013. Baltimore County has been involved in the project since March of 2010, while Wicomico County joined in the design of the Level of Intensity work flow process in January of 2012. These two counties have both contributed to the development of recommendations for statewide implementation of the Level of Intensity Decision Support tool.

Their work enhanced the State's understanding of the integration of the CANS into decision making meeting (ex. Family Involvement Meetings) as well as the actual design of the algorithm which uses CANS rating to identify categories of youth need.

CANS-F

The CANS Family (CANS-F) is comprised of a comprehensive family system assessment as well as individual caregiver and youth assessments. It centers on the family unit as a whole for planning and measuring of service needs; therefore, all members of the household, regardless of age, are included in the assessment. Completing the CANS-F throughout the life of an in-home service case can help verify that the interventions or recommended services are successful in affecting change for the family.

This new assessment tool will assist in-home service workers in the identification of strengths as well as underlying issues and needs for families that have been brought to the Department's attention. A workgroup comprised of representatives from the In-Home Service Units from Anne Arundel, Wicomico and Frederick County and a representative from the Institute for Innovation and Implementation at the University of Maryland, worked closely with the Department over a 6 month period to design the CANS-F.

The CANS-F is currently being piloted in Anne Arundel, Frederick and Talbot Counties using a Word version of the assessment. The initial training, and pilot kick-off, for the CANS-F was conducted in June 2012.

Over 200 CANS-F assessments were completed across the three pilot sites. The CANS-F development team met regularly during the piloting of the tool to revise the assessment tool and discuss "lessons learned" during the implementation process.

CANS-F assessment is scheduled for Statewide Implementation on July 1, 2013. The assessment can be completed by workers who have successfully completed their CANS certification training. In-Home Supervisors will work with their case workers to ensure that the assessments are conducted appropriately and contain accurate information on all members of the family. Utilization of the CANS-F will be tracked using the same process developed for the Maryland CANS. The Department will develop and disseminate quarterly reports for each of the counties and provide in-person technical assistance as needed.

CANS Data Analysis Efforts

A multilevel regression analysis was conducted to test for the youth and program characteristics that can explain the differences in Total CANS scores for children being served on the private side of the child welfare system. The Department found that 34.9% of the variance in total CANS scores at intake can be attributed to significant variation across the 219 programs included in the analysis.

The analysis included CANS data from the following service categories:

- Treatment Foster Care
- Group Home
- Therapeutic Group Home

➤ Diagnostic Evaluation Treatment Program

The Department found that a one-step increase in program level of restrictiveness (service category) increased a youth's Total CANS score by 35.48 ($p < .001$). The Department feels that this represents a healthy referral system; youth needs correspond with placement level. According to the CANS data, youth with increased levels of need at intake are found in more restrictive placements. The Department plans to continue to use CANS data in to measure child well-being and system functioning.

Ongoing CANS Implementation Strategies for 2014

Online Training and Certification Site

In partnership with the Praed Foundation and the Institute for Innovation and Implementation the State of Maryland developed a web-based training site for the Child and Adolescent Needs and Strengths (CANS) that allows designated trainees in the State of Maryland to access training materials on the basic principles of the CANS, reviews the specific items of the Maryland CANS and the CANS comprehensive, allows practice test vignette review, and provides certification testing to indicate whether designated trainees can utilize the CANS reliably in their work. This site is scheduled to launch in July of 2013 and will be available to local agency staff and the staff of contracted programs serving DHR and Department of Juvenile Services (DJS) involved youth. The Institute for Innovation and Implementation will track the use of the CANS certification site by Maryland users and distribute information about the certification status of users to the Children's cabinet.

Individualized TA at the Local Level

In addition to the ongoing CANS Certification Trainings being held around the State, the Department will begin to offer in-person consultation to county agencies to troubleshoot barriers to CANS implementation and assist local staff connect the CANS initiative to their practice. These "CANS Brown Bag" information sessions will be hosted at every local department.

The CANS Brown Bags are intended for any interested staff (workers, supervisors, and administrators). Topics of discussion will include:

- exploring assessment strategies,
- using the CANS with youth and families,
- using the CANS in Supervision, and
- identifying barriers to implementation,
- entering assessment data in CHESSIE.

These in-person consultations are also intended to improve agency compliance around CANS completion by directly addressing staff concerns and gathering feedback on barriers and opportunities. Additionally, the CANS brown Bags will help develop CANS expertise at the local level.

Development of Case, Supervisory, Program and State Level Reports

During the past year the State produced several compliance reports that analyze the CANS data from both the public and private side of the child welfare system and provide counties and programs with a percentage of completion score. This is intended to increase compliance with

the CANS policies in the State of Maryland. Future CANS reporting efforts will expand beyond compliance to include reports targeted for use at the case level, the supervisory level, the program level and the state level. These reports will capture both prevalence of needs and strengths at a point in time and changes in needs and strengths over time.

Interagency Family Preservation Services

In addition to Consolidated In-Home Services, Maryland also offers Interagency Family Preservation Services (IFPS). Interagency Family Preservation Services provides intense services to families with a child(ren) at imminent risk of Out-of-Home Placement. Referrals can come from multiple sources and are served by workers with small caseloads who are able to provide more frequent and sustained contact. Each jurisdiction has the option to operate the program within the local department, with the department as the vendor or to utilize outside vendors. Currently the department is the vendor in 18 jurisdictions, with the remaining 6 jurisdictions contracting with private vendors. Status of Interagency Family Preservation was discussed at each program specific regional meeting to include a review of policy as well as addressing any questions. Regional meetings were most recently held in March 2013 with plans to conduct the meetings twice a year, scheduled after the statewide Regional Supervisory Meetings are held.

Birth Match

Maryland law requires the State to match new births against the data base for parents who previously had their parental rights terminated for a child where the termination was a result of child abuse or neglect. The Department of Human Resources (DHR) receives an electronic list of births from the Department of Health and Mental Hygiene that is matched against DHR's records. If there is a match the local department where the family resides is notified and required to make contact with the family to assess for the safety of the newborn child and determine if services are needed. In FFY12, there were 98 total matches; of which 52 families were receiving services at the time of the match; in 18 of the active cases the assessments remain pending; in 6 of the active cases safety assessments were completed and no further services were needed; 28 of the active cases continue to receive In-Home Services or Out-of-Home Services. In the other 46 cases not active at the time of the birth match; 18 were assessed and no further services were needed; 5 required ongoing services; 16 remain pending; 4 were incorrect matches; and 3 could not be completed due to inaccurate or no address given. The birth match process in Maryland resulted in the provision of needed preventive services for families whose history suggest the need for assistance.

PERMANENCY STRATEGIES

As stated previously, Maryland reduced the number of children in Out-of Home care by 33% since 2007. This reduction was a result of children leaving the system to reunification, adoption and guardianship. Maryland strongly believes that every child deserves to grow up in a permanent, safe, loving family. 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 Practice model, 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.

Permanent Connections for Youth

The Transitioning Youth to Families (TYTF) initiative was developed to identify youth in congregate care settings who are ready to transition to families with an emphasis on biological families. The initiative provides a mechanism to standardize procedures for identifying and accessing the most appropriate placement consistent with the best interests and needs of the child. The TYTF initiative:

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

As a result of this policy the number of youth in group care setting continues to decrease. As stated earlier, Maryland reduced the percentage of youth in group homes by more than 50%.

As of April 2013, in 6 jurisdictions including Baltimore City, the percent of youth placed in group homes is 11% and below. In SFY 14, Maryland will continue its efforts to ensure youth are placed in family setting in accordance with the needs of the youth.

Family Finding

Family Finding promotes permanence and meaningful lifelong connections between youth and their families of origin. Family Finding is an extension of Place Matters and Family Centered Practice. Family Finding resources support case management services to assess family members or significant caring adults who would be willing to maintain a meaningful relationship with a youth and thereby increase the likelihood that youth will successfully transition from the child welfare system. Developing a stable caring relationship with an adult able to provide emotional support after emancipation increases the chances that the youth will transition successfully.

The initial Family Finding implementation was part of the Fostering Connections Demonstration project with Anne Arundel, Baltimore, Charles, Montgomery, Prince George's, Washington counties and Baltimore City. Central staff facilitated orientation meetings with the Round 1 Fostering Connections Implementation Counties (Cecil, Dorchester, Harford, Somerset, Wicomico and Worcester) beginning in September 2012. The initial plan for statewide was to be completed by September 2013. However, the timeline will be extended until September 2014 to modify the proposed SFY14 fiscal resources to pay for the replication of Family Finding after the grant funding ends, to recruit an SSA policy analyst to oversee the programs and in consideration of other program implementations such as Alternative Response.

Although there are specialized Family Finding tasks, the expectation is that all child welfare staff understands the shared responsibility for making timely permanency a priority for all children in Maryland. The completion of the Family Finding policy is pending follow-up review by the Office of the Attorney General to issue an opinion about searching for biological relatives after

adoption dissolution. A curriculum template for the specialized Family Finding training will be completed once the policy is finalized. The tentative date to issue the policy is September 2013.

In the interim, a general Family Finding training to reinforce the practice expectations for identifying and assessing potential relative resources began in December 2012. The first session on December 10, 2012 had 20 attendees representing Baltimore City, Anne Arundel, Baltimore, Cecil, Montgomery, Prince George's, Somerset, Washington and Wicomico Counties. The Anne Arundel County session on February 28, 2013 had 12 participants from DHR Central, Baltimore City, Anne Arundel, Baltimore and Montgomery Counties. The May 30, 2013 class in Washington County had 17 attendees from DHR Central, Frederick, Montgomery and Washington Counties. Talbot County will host a class on June 25, 2013. Beginning in July 2014, this training will be offered regionally on a quarterly basis.

Family Finding Data

- A total of 266 cases have been opened in the seven counties, with 66 new cases opened between April 2012-November 2012. Prince George's County has only included their non-APPLA cases and Baltimore County has only included cases opened prior to the start of the Child Trends randomized study.
- The average age of the children served was 15 with a range of 0-22 years of age. Approximately (45%) of the children served were male and 68% were African American, 23 % were white and the remainder were Latino, 6% or "other", 5%.

The most common permanency goal at the start of Family Finding was Reunification with a Family Member (53%), with the next highest goal being APPLA (38%).

- The average length of time a child was in the current placement at the start of Family Finding was 24 months, with a range of 1-192. As of November 2012, the average length in placement was 19 months.
- Children were divided between non-relative foster care (43%) and group homes (26%) with the rest in relative foster care (2%) and residential treatment centers (9%) at the start of Family Finding.
- On average each child had 8 connections with family already existing at the start of Family Finding, with a range of 1-48. This is very similar to the last reporting period.
- On average 5 search strategies were used per child, with a range of 3-8 strategies used per child. The most common strategies were, case record review, talking with the case worker, use of Accurint (a search engine tool) and talking with the child. This continues to highlight the importance of the case worker and his or her assistance in the Family Finding effort.
- The average number of relatives found per child was 9 with a range of 4-31. The average number of family members contacted was 5, with a range of 2-15. The average number of family members engaged was 4 with a range of 1-14.
- Approximately 41% of the cases as of November 2012 were still open so the placement conclusions are preliminary. The most common types of placements specified at closure were with non-relative foster families (46%), relative foster care (8%), group homes (18%) and the majority was in other, not specified, placements at closure (47%). This underscores the difficulty of working with older youth, as reported by the Family Finders.

- Cases were closed after an average of 36 weeks with a range in service of 3-117 weeks.
- The final report will analyze the variance across counties and inform the development of the statewide policy and allocation of resources. The Family Finding efforts seems to impact caseworkers' reconsideration of reunification as a permanency option. The preliminary results continue to underscore the challenges of working with older youth and the special considerations achieving permanency for them. Family Finding will continue to be evaluated in the FCP II evaluation plan.

The Family Finding efforts for SFY14 will include:

1. Finalization and statewide dissemination of Maryland's Family Finding Policy
2. Finalize and begin offering specialized Family Finding Training curriculum
3. Schedule quarterly regional general Family Finding Training
4. Resume statewide Family Finding Implementation activities

Adoption

Adoption Services has the best interests of children waiting for permanent homes in foster care as the primary focus. The goal is to develop permanent families for children who cannot live with or safely be reunited with their birth parents. The state of Maryland's Adoption Program assists local departments of social services and other partnering adoption agencies in finding adoptive families for children in the care and custody of the State. The range of adoption services includes study and evaluation of children and their needs; resource parent recruitment, training and home study, child match and placement, and post-adoption support. Annotated Code of Maryland Regulations (COMAR 07.02.12) for Adoption were published in April 2012. Revisions to the regulations are planned for SFY14.

The adoption program also includes mediated "open" adoption when it is in the child's best interests, the Mutual Consent Voluntary Adoption Registry; the Adoption Search, Contact and Reunion Services (ASCRS), the Post Adoption Services Permanency Program, (which provides limited funds for families when the adoption is at risk of disrupting), the Adoption Assistance Program; Title XX Child Care Reimbursement; and the Non-recurring Adoption Expenses reimbursement. Adoption Subsidy may continue until the age of 21 as long as the agreement is entered into prior to the youth's 18th birthday, and if the child continues to meet eligibility requirements, such as continued special needs status, school enrollment, employment or disability. Maryland's child welfare services continue to emphasize concurrent permanency planning, and dual approval of resource homes to increase the number and timeliness of adoptions of children in Out-of-Home care.

As of March 31, 2013, 530 children in Out-of-Home Placement had a plan of adoption. Maryland has steadily decreased the number of children in out-of-home care largely due to an increasing number of children leaving care through guardianship assistance, adoption and reunification. For the past five years nearly 68% of the youth with a plan of adoption were adopted each year. The reduction in the overall number of youth in care and the consistent percentage of youth adopted each year are contributing factors to the reduction of the number of youth with a plan of adoption.

Of the 530 children with a plan of adoption, the 12 to 18 year old youth comprise the majority of the children in out-of-home care. In general, the majority of the children adopted from out-of-home care are adopted by their resource parents. Identifying adoptive families for youth not adopted by their resource parents continues to be a difficult task. The statewide implementation of the AdoptUSKids matching database service in April 2012 is a major recruitment tool caseworkers are using in an array of tools used to fit the needs of individual youth to identify adoptive families, relatives who might not adopt but provide support to youth, or mentors. In SFY12 Maryland finalized 476 adoptions. The Statewide goal for SFY12 was 464. The SFY13 Goal is 395 based on 580 children with a plan of adoption at the end of SFY12. As of March 31, 2013, 225 children have been adopted.

Four statewide Adoption Assistance Trainings occurred from March 2012-December 2012. The purpose of the training was to provide local department staff with a clear understanding of how to negotiate adoption subsidy assistance agreements. The trained staff will serve as the experts in their local departments. Every jurisdiction had at least one staff person attend for a total of 60 staff (supervisors/caseworkers). In July 2012, DHR issued the Adoption Assistance Program Policy (#13-01) to provide a written guide for local department staff. The policy is posted on the DHR Knowledge Base intranet. In addition to training staff on negotiating adoption assistance payments the trainings also included provision of information on changes in The Code of Maryland Regulations (COMAR) that impact adoption practice. These include revision of post adoption regulations affecting adopted siblings who wish to search for each other; the inclusion of the applicable and non-applicable standard in the IV-E Adoption Assistance Program eligibility determination; extension of IV-E eligibility to 21 years and the new eligibility criteria for youth 18 to 21; and the transfer from Adoption regulations to Out-of-Home Placement regulations termination of parental rights, guardianship notice, services to child, and services to birthparents. Other information provided included: the Post Adoption Services Permanency program, a funding service designed to help prevent return of adopted children to out-of-home care; Interstate Compact on Adoption Medical Assistance (ICAMA); and appeals.

Adoption Best Practices training was provided at the 2012 Fall Child Welfare Regional Supervisory Meetings with over 250 supervisors representing 24 jurisdictions and to local department staff regionally as part of the four Out-of-Home Program quarterly meetings in January and February 2013 with over 55 staff in attendance. An Adoption Best Practices training WebEx was developed for local department supervisors and caseworkers to view. The link for the WebEx will continue to be available on the DHR Knowledge Base so staff can continue to refresh their knowledge. Over the long term, these trainings will improve local departments' ability to make more timely decisions and placements for children with a plan of adoption and will standardize adoption practice. Over 450 supervisors/caseworkers have viewed the WebEx.

An Adoption Manual was developed and is available to local department staff on the DHR Knowledge Base/Intranet. The electronic version of the manual will be updated regularly. The manual is a comprehensive document which provides local departments with the information they need when working towards adoption. Areas covered in the manual include adoption best practices for when to change the permanency plan to adoption, preparing the child for adoption, legal considerations, etc. In addition to the manual, the Adoption Subsidy Booklet for Families

is in development and will provide to families a clear set of expectations regarding the role and purpose of adoption assistance.

The Adoption Search, Contact and Reunion Manual was issued to local department staff in November 2012 and is available on the DHR Knowledge Base/Intranet and will be updated regularly.

Continuum of Kinship Decision-Making Project - Kinship Diversion

During FY2012, the Department partnered with Annie E. Casey Foundation (AECF) to assess the decisions made to divert children and youth from out-of-home care and approve the homes of prospective kinship caregivers. AECF presented the results of the Kinship Diversion study to assess practice decisions made to divert children and youth from out-of-home care and approve the homes of prospective kinship caregivers in October 2012. The following jurisdictions were included in the study, Allegany, Anne Arundel, Baltimore, Charles, Kent, St. Mary's, and Washington counties and Baltimore City. The study looked at the current local kinship diversion practices and barriers for approving relative caregivers for committed children. The results suggested that local staff value the importance of maintaining relative connections for children, but the interpretation on policy for approving relative resources was inconsistent. The results were shared with the SSA Steering Committee in December 2012. The SSA Steering Committee agreed with the recommendation to use the existing Fostering Connections Implementation Meeting as the forum to review the results and develop recommendations to clarify the policy expectations and improve the practice consistency. Preliminary recommendations will be submitted to the SSA Leadership Team in September 2013.

Kinship Navigator and Resource Center

Maryland continues to be committed to offering Kinship Navigator resources. The Kinship Navigator will provide information and referral and community outreach services for informal kinship caregivers that will include support groups. Based on the specific needs of the families, referrals will be made to Consolidated In-Home Services as appropriate. The proposed SFY14 funding to support the work of the Kinship Navigators is no longer available so alternate state funding options are being explored. In the interim, the No Cost Extension funds from the Fostering Connections Demonstration project will maintain services until June 30, 2013. Options to reallocate state matching funds from the demonstration project are being explored to support statewide expansion of Kinship Navigator services.

The initial Kinship Navigator implementation was part of the Fostering Connections Demonstration project with Anne Arundel, Baltimore, Charles, Montgomery, Prince George's and Washington counties and Baltimore City. Support groups and advisory boards are being held in those jurisdictions. The Round 1 Fostering Connections Implementation Counties (Cecil, Dorchester, Harford, Somerset, Wicomico and Worcester) began the organizational assessment for Kinship Navigator replication in September 2012. The Round 1 jurisdictions identified staff and are beginning community outreach activities to analyze the kinship resources and community partnerships within their respective jurisdictions. The initial plan for statewide Kinship Navigator implementation was affected by the same challenges as the Family Finding implementation. As a result, the timeline will also be extended until September 2014 to identify

an alternative funding source to support the program, to recruit an SSA policy analyst to oversee the programs and to accommodate Alternative Response implementation.

The development of the Request for Proposal (RFP) for the legal vendor was delayed due to the funding reconsiderations. Regional kinship caregiver workshops were held in the pilot jurisdictions between July-December 2012 based on topics identified by the support group members. A quarterly regional schedule to offer kinship caregiver workshops will be complete by September 2013. Options are being explored to offer legal training with the vendors who have existing contracts with the Child Welfare Academy.

The ongoing statewide Kinship Navigator implementation that began in July 2012 to continue until September 2014 will include the following activities: 4.12, Karen Powell

- Extend invitations to join statewide implementation teams and support groups (caregiver and peer) as jurisdictions are scheduled
- Add new cohort quarterly based on implementation consideration for emerging initiatives
- Convene technical assistance teams for implementation sites
- Round 2: January 2014 - Southern (Calvert, St. Mary's counties)
- Round 3: May 2014 -Western (Allegany Garrett, Carroll, Frederick counties)

Maryland Caregivers Support Coordinating Council

DHR participates on the Maryland Caregivers Support Coordinating Council on an ongoing basis. The Council examines family care giving issues across the lifespan and makes recommendations for the coordination of services for all caregivers. The Council advocates for caregivers and they seek to empower them through policies that support them.

The Council's 17 members are appointed by the Governor and five (5) members specifically represent children and families via an organization or as a family caregiver of a child with a special need or disability. Over half of the remaining Council members are involved in organizations that serve or provide administrative oversight to both Adults and Family/Children's services.

2012 Accomplishments that included children:

- A "Planning for Life Guide" to support Family Caregivers as they age was developed in partnership with the Developmental Disabilities Administration. The Guide is being distributed by Council Members, at presentations and conferences. The Guide is also accessible through DHR's website: <http://www.dhr.state.md.us> (Adult Protective Services/Maryland Caregivers Support Coordinating Council/ Maryland Caregivers Support Coordinating Council brochure)
- The Council continued to work on the Caregiver Story Video Project with the Office of Communications within the Maryland Department of Human Resources (DHR). A second video is being edited for wider distribution. This video's focus is on family caregivers of multiple generations and disability type. Once the video is completed, the Council plans to use it as a potential multi-media press release to raise general public awareness to the universality of family caregiving.
- The Council successfully worked with the DHR's Office of Communications to begin enhancements to the Council's web presence and develop a plan to expand the Council's use of Social Media to include outreach via Twitter and Facebook. Outreach to more family caregivers and partnerships will be a Council priority in 2013.

- The Council provided a Press Release during National Family Caregiver Month that included acknowledging the month and encouraging individuals and organizations to review the Council's web page for resources that may support them as Family Caregivers, or as supporters of Family Caregivers.

On a local note, Anne Arundel Co. LDSS provides state funds to the Local Management Board to hold monthly support groups for kinship providers and to print an updated resource manual each year. The LDSS partners with the Anne Arundel County Department of Aging to hold a Caregiver Conference each year and to provide small stipends to kinship providers in the county.

Supportive Services To Informal Kinship Providers

The Department of Human Resources (DHR), in its commitment to vulnerable children and adults recognize that children belong with families, especially their family of origin, when possible. Maryland recognizes that there are many families that are raising their grandchildren, nieces, nephews, and cousins outside of the child welfare system. Maryland established supports to assist these families to meet the needs of their children, including the designation of a staff person to serve as the Kinship Coordinator for Maryland. The coordinator is responsible for providing information and referral, technical assistance, and advocacy to assist informal kinship providers caring for children who are not in Out-of-Home Placement.

The Social Services Administration (SSA) appointed a State Kinship Care Representative to provide direct technical assistance to relatives providing care to children belonging to family members. This representative answers telephone calls from these relatives and provides referrals to community resources. Many relative caregivers are unaware of the LDSS' role in kinship care services so a large amount of inquiries by telephone and email are received by the Department. DHR also provides and tracks kinship care affidavits for health care and education. The Department updated the "Kinship Care Facts Sheet" which outlines services and resources available to relatives. This publication was placed on the DHR internet web site and distributed to the local departments of social services.

The Department will continue to provide referral services to relative caregivers who inquire through telephone calls and emails. Central staff will provide training at a future quarterly regional Managers/Supervisors Out-of-Home Placement meeting about kinship care specifically relating to referring relatives for child benefits including medical assistance, child specific grants of temporary cash assistance, and food stamps.

RESOURCE DEVELOPMENT

Foster and Adoptive Parent Recruitment

Maryland continues to need resource parents for teens, sibling groups and medically fragile children. Though gains have been made in these areas, especially through educating current resource parents, the need continues. There also continues to be a need for recruitment of minority resource parents, in particular Spanish speaking parents. In many instances, the potential resource parents who respond to outreach efforts are only interested in younger children or children solely available for adoption.

Local Departments of Social Services are required to submit to the Central office their Recruitment and Retention Plans annually. These plans update the State on their progress in the recruitment of new resource homes and their current needs. Also included is specific information on the ages and ethnicities of children in care and the number of current resource homes for those children.

As of March 2013, the statewide reported race for children in care: Black/African American only, 68.2%; White/Caucasian only, 27.7%; Hispanic, 4.0%. These percentages fluctuate very little throughout the year. Older Youth 14-20 account for 54% of the caseload. From this information, local departments choose strategies targeted at finding families for the children in need of homes in their jurisdiction. These plans are reviewed and approved by staff at DHR and funding is allotted to assist with the strategies outlined. The recruitment and retention plans must indicate what activities the local department will plan to recruit resource parents for older youth and sibling groups or any other resource need identified by them. The plans also identify strategies to assist in the retention of resource homes. Some of the strategies local departments used for recruitment and retention include:

- Conduct “Foster-Ware” parties, to raise community awareness of the need for homes for teens
- Engage youth and resource parents of teens in public education activities - gift cards are given as incentives for participation
- Maintain updated local department website that focuses need for foster/adoptive families for teens
- Utilize young adults who are currently involved in the Independent Living Program to recruit foster families for older children. Also include young adults who have successfully aged out of foster care; \$50 stipend per child per event
- Send reminder cards “New Year, New Start” to those who received information or attended information session but did not follow up with PRIDE training
- Use social media as a tool to help recruit foster/adoptive parents
- Presentations to PTO/PTA (Parent Teacher Organization, Parent Teacher Association), groups, federal government employees; local church congregations, who have expressed interest in working with Out-of-Home children
- Quarterly calls and yearly surveys to receive feedback and provide support to foster/adoptive parents
- Retain current families by providing support, encouragement, training and fun things to do with other resource families
- Appreciation activities for current resource parents to acknowledge and thank resource parents for their hard work and dedication throughout the year
- Quarterly roundtable discussion/training for current and prospective resource parents
- Mentoring and Peer support for resource parents has been a very effective retention technique

Local departments are beginning work on their 2014 Recruitment and Retention Plans. During the April 2013 Resource Home program specific meeting with supervisors, technical assistance was provided to local departments around the development of their plans. They were provided with targeted recruitment strategies which included the use of teens and resource parents in their

recruitment and setting realistic goals. Their plans are due to the Department's Resource Development and Placement Support Services by June 30, 2013.

The State continues to work closely with The Maryland Resource Parent Association (MRPA). This year MRPA sponsored four regional Resource Parent conferences across the State which focused on the specific needs of teenagers in foster care. These conferences were co-sponsored with the Child Welfare Academy and DHR, including Local Department of Social Services. The dates, locations and attendance are noted under the Maryland Resource Parent Association Section.

In addition, MRPA, along with Child Welfare Academy, Mentor Maryland, North American Council on Adoptable Children and DHR including Baltimore City DSS, sponsored an Adoption Event in Baltimore City on November 3, 2013. Approximately 185 people attended.

The Child Welfare Academy also offers training classes to Resource parents in the areas of discipline, trauma, child development and Education. MRPA members assist with some of these trainings by either co-training or participating in panels along with youth. MRPA also continues to collaborate with DHR to host the Statewide Foster Parent Appreciation Event with the First Lady of Maryland. The year's event took place on June 8, 2013 and honored resource parents from each jurisdiction who have been foster parents for five years or less.

Resource Home Quality Assurance Process

A Resource Home Quality Assurance (Question and Answer) process is now in place which is managed through MD CHESSIE. The Resource Development and Placement Support Services unit will conduct these quality assurance reviews of local Department of Social Service's approved resource, and pre-adoptive homes. Each Local Department of Social Services will be monitored at least once every three years, following the Department's child welfare Continuous Quality Improvement schedule. Baltimore City DSS is reviewed once during every six-month period.

These reviews focus on compliance with safety regulations and policies in the following areas:

- Timeliness of home studies
- Resource parent's annual training
- Health and fire inspections
- Medical evaluations
- CPS (Child Protective Services) clearances
- Federal criminal background checks
- State criminal background checks

Resource home cases will also be reviewed to determine if the resource family received (or is receiving) services to meet the needs for each child placed in the home. Corrective action plans will be developed by local departments to address any issues determined out of compliance during the Quality Assurance (QA) review. These plans will be incorporated into the other corrective action plans done by the QA staff in Out-of-Home services and In-Home services. Resource home cases are also reviewed to determine if the resource family received (or is receiving) services to meet the needs for each child placed in the home. Corrective action plans

will be developed by local departments to address any issues determined out of compliance during the Quality Assurance (QA) review. These plans will be incorporated into the other corrective action plans done by the QA staff in Out-of-Home services and In-Home services.

In April, 2013, an MD CHESSIE review of resource homes approved by Carroll County was conducted by the Central Resource Development and Placement Support staff. This QA review consisted of ten (10) randomly selected cases. The ten cases selected were classified as follows: One (1) formal kinship case; one (1) on hold; two (2) guardianships; three (3) adoptions/foster care; two (2) foster care and one (1) provisional foster care. Several trends were found after the review of the cases. Many of the required documents such as Home Health Safety Inspection, CPS clearances and criminal background checks or the SAFE Home Study were not scanned and placed in the file cabinet. For at least half of the cases reviewed there was no documentation pertaining to the timeliness of the home study. One case did not have CPS or criminal background clearances for an eighteen (18) year old household member. One case did not list the age of one of the resource parent's children. The Central Resource Development and Placement Support staff will work with Carroll County to bring these records into compliance. A review of the paper records will be conducted and the LDSS will be required to develop a corrective action plan which will be incorporated into the full QA report.

The State continues to focus on ensuring that children are placed in the least restrictive placement that meets their needs. As of April, 2013, 4,355 children of the 6,105 children in the Out-of-Home population are in family settings. As of April 2013, there are 2,075 approved resource homes across the State. From July 2012 through April 2013, a total of 428 new homes have been approved. During that same period, a total of 727 foster homes have been close for various reasons, such as becoming adoptive resources, voluntary closing the home and / or agency related closings.

Emphasis on Data-Driven Decision Making and Evidence-Based and Promising Practices, The Children's Cabinet continues to make a commitment to utilizing evidence-based and promising practices to ensure that effective community education, opportunities, support, and treatment options are available to the children, youth and families for whom they are appropriate. The Children's Cabinet demonstrated its commitment to implementing that recommendation by providing funding to support implementation, fidelity and outcomes monitoring, and fiscal analysis of EBPs.

The Institute for Innovation and Implementation (The Institute) partnered with the Children's Cabinet for SFY14 to: Obtain data on existing EBPs in Maryland; provide training on identified EBPs; identify funding mechanisms to support the ongoing implementation and sustainment of EBPs; conduct fidelity monitoring on EBP implementation; and, evaluate outcomes of EBPs.

On behalf of the Children's Cabinet, The Child and Adolescent Evidence Based Practice (EBP) Stakeholder Advisory Committee (Advisory Committee) is facilitated by The Institute in their role as the child and adolescent EBP implementation center for the State. The Advisory Committee is a group of committed child and adolescent service system leaders who represent State and local agency leaders, providers, funders, and advocates for children's services in Maryland. The goals of the Advisory Committee are to assist State and local partners in the

implementation of evidence based and promising practices through the provision of technical assistance geared towards selection, implementation, training/coaching, evaluation and policy development related to these practices.

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

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

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

As an interim step in the implementation of this Act the GOC on behalf of the Children's Cabinet convened a workgroup to review the feasibility of consolidating existing home visiting programs under one agency. Details about the outcome of the workgroup can be found in December 2012 Joint Chairman's Report on Home Visiting (Appendix C).

Functional Family Therapy focuses on family intervention for at-risk youth 10-18 years of age. The issues addressed are acting out to conduct disorder to alcohol and/or substance abuse. This model was duplicated with other child-serving systems and contributed to reductions in drop-out rates, re-offending and violent behavior, and sibling entries. FFT has positive impacts on families and youth. During the SFY13 second quarter (Appendix D), 250 youth were served.

Multidimensional Treatment Foster Care is a behavioral treatment alternative to group or residential treatment, incarceration, or hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disabilities, and delinquency. MTFC's target population is high-risk youth ages 12-17 and their families; targeted youth include those with histories of severe or chronic delinquent behavior who are at risk of incarceration as well as youth with emotional and behavioral disabilities who are at risk of psychiatric hospitalization. Eligible youth typically participate in MTFC for 6 to 9 months before discharging from treatment. From SFY10 through SFY12, 161 youth were referred to MTFC and of that 108 were referred by the

local departments of social services. More details about the implementation of MTFC can be found in the Annual report (Appendix E).

In addition, DHR continues to explore other EBP opportunities to serve our youth and families. Trauma-Focused Cognitive Behavioral Therapy is becoming increasingly available around Maryland, and is funded through Medicaid. Given the trauma issues that many children experienced related to abuse they experienced, the Department worked with the local departments to increase their awareness of the benefits and availability of this evidence based intervention. Montgomery County, Baltimore City and the Eastern Shore currently participate in these programs.

Multi-Systemic Therapy (MST) can be used as an alternative to Out-of-Home Placement. This program targets youth 12-17 years of age and their families. This treatment includes daily contact with families, either by telephone or in-person contact and emphasizes preparing caregivers to adhere to the model. A total of 62 youth were referred to MST during the second quarter of SFY13 (Appendix F).

Regional Care Management Entities and Wraparound Care Coordination

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

In the past year the CMEs shifted from a regional approach (three regions around the State; Baltimore City Region, the South Eastern Region, and the North Western Region) to a centralized Statewide model for service delivery. The Governor's Office for Children (GOC), on behalf of the Children's Cabinet, awarded a two-year contract for a single, statewide CME to serve the youth funded by the system of care grants, 1915(c) Psychiatric Residential Treatment Facilities (PRTF) Demonstration Waiver and Children's Cabinet Interagency Funds.

The CME serves multiple populations of youth, including those eligible for the 1915(c) Residential Treatment Center (RTC) Waiver, the Systems of Care Grants (MD CARES and Rural CARES), and other Children's Cabinet Interagency Fund (CCIF) initiatives (DHR Group Home Diversion and the Department of Juvenile Services (DJS) Out-of-Home Placement Diversion) to support youth and their families in their homes and communities. One of the CCIF Initiatives, the Stability Initiative, will serve youth with a diagnosis of serious emotional disturbance (SED) who are at risk of Out-of-Home Placement in a group home, therapeutic group home, treatment foster care home, or Transition Age Youth (TAY) program. The Department of Health and Mental Hygiene (DHMH) is drafting a 1915(i) State Plan Amendment to serve youth with serious mental health problems with a CME. DHMH and the Core Service Agencies will be identifying a specific number of CMEs to provide care coordination under the 1915(i).

The average monthly CME enrollment in SFY12 was 492 youth, beginning January 2012 with 414 youth and reaching a high in June 2012 of 492 youth. The average monthly enrollment for

the first three quarters of SFY13 (July 2012 to March 2013) was 342 youth. The numbers decreased from 353 youth in January 2013 (the highest enrollment for a given month in SFY13 to date) to 335 youth in March 2013.

The total GOC CME Request for Proposal contract projections for year 1 are as follows:

- Department of Juvenile Services Out-of-Home Placement Diversion - 75 slots
- DHR Out-of-Home Placement Diversion - 75 slots
- MD CARES - 40 slots (this will decrease over time)
- Residential Treatment Care (RTC) Waiver - 140 slots (this will decrease over time)
- Interim Case Services Account - 5 slots (this will decrease over time)
- Stability Initiative - 100 slots

Improving Educational Stability

The availability of and access to critical services are vital to the success of educational outcomes for children involved with child welfare. Collaboration with other child and family serving agencies is essential in the development of the needed resources. DHR continues to work closely with Maryland State Department of Education (MSDE), Maryland Foster Care Court Improvement Project (FCCIP) and Department of Juvenile Services (DJS) to address educational stability as required by Fostering Connections Act of 2008.

During the 2012 regular session of the Maryland General Assembly House Bill 7575 and Senate Bill 605, "Children in Supervised Care-Geographical Area Domicile Requirements for Attendance-Exception" was signed into law. The law requires:

- A county school superintendent to allow a child in Out-of-Home Placement, to remain in the school that the child is attending; regardless of where the child is currently domiciled.
- The Department of Human Resources/Social Services Administration to adopt regulations that establishes best interest factors to be used when determining whether or not to continue the youth's education in the school he or she last attended prior to the most recent placement change; and
- The State Department of Education to adopt regulations to implement the Educational Stability provision of the Fostering Connections to Success and Increasing Adoptions Act of 2008.

DHR's response to the newly enacted law was to amend the existing COMAR 07.02.11.12- Education for Children in Out-of-Home Placement. The proposed School Stability Regulation will require the Local Department of Social Services (LDSS) to ensure school stability for children and youth who are placed in the custody of, committed to or otherwise placed by the LDSS in Out-of-Home Placement by determining if it is in the best interest of the youth to continue the child's education at the school the child last attended prior to the most recent change in residential placement.

The Education Stability policy directive #12-36 that was issued in April 2012 is currently being revised to include the following:

- The provisions that are set forth in the proposed COMAR for School Stability.
- Information pertaining to the Uninterrupted Scholars Act.
- Guidance for how and when to hold a best interest determination meeting.

- How to properly document youth's educational information and progress in MD CHESSIE.

The anticipated issuance of the revised education stability policy directive is August 2013. Presently, the State is working with stakeholders to receive their input on the draft policy. Their input will be considered as the policy is finalized.

The updates to the Access to Education Handbook were completed in August, 2012. The updated handbook can be located online at: <http://www.dhr.state.md.us> (go to services, foster care, handbook).

A workgroup consisting of representatives from the Department, Maryland State Department of Education (MSDE), Department of Juvenile Services (DJS), Maryland Foster Parent Association (MFPA), Local Department of Social Services, Public Justice Center and Advocates for Children convened to complete the updates. The updates to the handbook include the following:

- Incorporating Fostering Connections requirements;
- Including DJS information; and
- Improving the overall functionality of the handbook

Currently, the information regarding the Uninterrupted Scholars Act (USA) is being added to the Access to Education Handbook. USA, (P.L. 112 -278) was signed into law on January 14, 2013. The act makes key revisions to the Family Educational Rights and Privacy Act (FERPA) that will make it easier for child welfare agencies to access education records. These updates are expected to be completed by June 2013.

The "*Education Matters*": *Access to Education for Children in State-Supervised Care* WebEx training is being offered to caseworkers in all 24 jurisdictions starting April 2013. The purpose of the training is to equip caseworkers with knowledge about Maryland's school system so that they can properly advocate for the education needs of youth in out-of-home placement. After the training, the case workers at the Local Department of Social Services will:

- Have a clear understanding of the purpose of the Access to Education for Children in State-Supervised Care Handbook, where to find it, how to use it and how often the handbook is updated.
- Have a clear understanding of the enrollment process for Maryland public schools.
- Have a clear understanding of who is responsible for the transfer of school records.
- Have a clear understanding of school attendance requirements as identified by Maryland Law.
- Have a clear understanding of Special Education, 504 Plans and Special Assistance
- Have a clear understanding of both the McKinney-Vento and Fostering Connections Acts.
- Be able to identify the key personnel in the Local School System.
- Have knowledge about the dispute, complaint, grievance resolution process for the Local Education Agency (LEA).

A post test is given at the conclusion of the training. As of May 31, 2013, over 600 staff viewed the WebEx with an average score of 93% for the post test. The handbook is updated when new

information is received regarding child welfare and education, and/or every two years. When the handbook is updated, an informational WebEx will be offered to the staff to keep them informed about the updates.

The Department continues, with support from the Annie E. Casey Foundation and the American Bar Association Center on Children and the Law, to collaborate with Maryland State Department of Education (MSDE), the Maryland Foster Care Court Improvement Project (FCCIP), and the Department of Juvenile Services (DJS) to improve education stability for children in out-of-home placement. Some of the 2012 accomplishments from the collaboration include:

- Statewide survey (re: education stability) and accompanying analysis. Nearly 800 people completed the survey.
- Passage of Educational Stability legislation.
- Updates to the Education Screens/Folder in MD CHESSIE.
- Statewide judicial and legal conferences - collaborative presentation.
- McKinney - Vento data - new inclusion of question on foster care.
- FCCIP Implementation Committee membership expanded to include an education representative
- FCCIP Outreach and Programming Subcommittee expanded to include educational stability focus for the Judiciary

Calendar year 2013 priorities for this group include but are not limited to:

- Continued Collaboration and team building
 - Bi-monthly meetings with report-out from agencies.
- Data and Information Sharing
 - Aggregate match (Identify elements and needed support team).
 - Initial data pull from information in education folder of MD CHESSIE (baseline).
 - MD CHESSIE education folder/screen includes education information from MSDE.
- Joint letter from DHR and MSDE regarding the Uninterrupted Scholars Act.
- Sharing of joint DHR/MSDE letter with members of the Judiciary
- Program and policy
 - Interagency regulations from passage of Educational Stability legislation.
 - Interagency DHR and MSDE policy implementing regulation.
 - Interagency training to “launch” newly developed policy.
 - Interagency support of Judiciary’s efforts to implement the creation and use of education related tools or procedures (i.e. judicial bench cards, statutory or rule amendments, orders, etc.)

4) Consultation And Coordination

Maryland understands that it is essential to develop collaborations to help to support the success and implementation of its Child Welfare Services. As indicated in the Place Matters section of this report, Maryland has made strong collaborations with its community partners to help to implement the Place Matters strategies. Stakeholders were active participants in the development of the CFSR PIP strategies. Participants included Local Department of Social Services staff, attorneys, Foster Care Court Improvement Project (FCCIP) staff, private providers and other child welfare advocates. They were assigned to workgroups based on their areas of

expertise and interest. In addition, youth are a part of the Steering Committee for the development of the Youth Engagement Model. The development of this model is one of the strategies in the CFSR PIP and the ASPR. Maryland's Youth Advisory Board is also consulted on policies and practice changes during their monthly meeting. Below are additional collaborations with which Maryland is involved.

Child and Family Advisory Board

The Child and Family Services Advisory Board consists of members from Casey Family Services, Provider Advisory Council, Maryland Department of Juvenile Services, The Family Tree of Maryland, Institute for Family Centered Services, Foster Care Court Improvement Project, Maryland Association of Social Services Directors, Casey Family Programs, University of Maryland School of Medicine, Maryland Foster Parent Association, Governor's Office for Children, Citizens Review Board for Children, Maryland State Department of Education, Department of Health and Mental Hygiene, Advocacy of Children and Youth, University of Maryland School of Social Work, Maryland Family Network, Local Departments of Social Services (LDSS) representatives from Anne Arundel, Frederick, and Wicomico counties, and Baltimore City and Social Services Administration's program managers.

In 2012, the Board met in May as reported in the Annual Progress and Services Report and in September and December 2012. The September 2012 meeting featured Kathy Goetz Wolf, of Strong Families Illinois. She reported on the Strengthening Families approach that is currently in use in Illinois. This approach reviews five protective factors in the Community and families to Strengthen Families.

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

In Maryland, Anne Arundel, Washington and Baltimore Counties are adopting the initiative. Anne Arundel County conducts permanency reviews every month to assure that children, 14 and up, are receiving every possible service that is available to help them on their journey to adulthood. The reviews are chaired by the Independent Living Coordinator and are attended by the worker, and all foster care supervisors. The youth does not attend this review but does attend Team Decision Making meetings that are also held on a regular basis.

Barb Franck of MD Choices presented information about the Community Management Entity (CME), MD Choices. MD Choices collaborates with community-based resources to ensure that families receive the needed services. The process employed is a high-fidelity wraparound, a strength-based, team-driven approach.

Strategies for Youth, ages 14-21 were presented. The board reviewed each area and recommended strategies, identified partners and identified entities serving youth. In December 2012, the Board was updated on the progress made on the Ready by 21 programs, the program for youth 14-21. Updates included: Life Skills assessment, training, Independent Living Service Agreements and Semi-Independent Living Arrangements, and the Ready By 21 manual to assist

LDSS staff with policy and practice. In December 2012, the Maryland Youth Transition Plan was being revised, which is a personalized comprehensive written plan for the youth outlining his or her preparations to transition from Out-of-Home Placement and used to ensure that the life skills curriculum matches Ready By 21 benchmarks, establishes partnerships with community stakeholders and develops a plan for affordable housing.

The Board also reviewed upcoming changes and progress in Maryland in regards to psychotropic medications and members updated the Board on services offered to the 0-5 years-old population in Maryland. The Board members have been forthcoming with information and input for services provided to the State's clients.

The Department plans to continue meeting with the Advisory Board quarterly in the upcoming year to receive input about programs and services throughout the state as well as receive input for changes for the State's programs.

Collaboration with Courts

Maryland has a strong partnership with the Foster Care Court Improvement Project (FCCIP). The SSA Executive Director sits as an active member of the FCCIP Implementation Committee. This is the venue by which input is also sought on planning activities. The Executive Director uses this forum to receive input from the FCCIP on the IV-E PIP and to share the results and impact of the Title IV-E Audit and the annual Single Audit. FCCIP participated in an intense effort to address the concerns of the last Title IV-E audit with members of the Judiciary statewide through regional trainings, site visits, and the work of its Permanency Planning Liaisons (PPLs). FCCIP was also a valuable contributor to the development of the CFSR PIP and the Child and Family Services Plan, as the state developed strategies to overcome barriers to permanency. They were members of the workgroup which developed the Permanency strategies in the CFSR PIP.

The FCCIP staff continues to be involved in the implementation of the PIP. DHR consulted with them regarding changes to the concurrent permanency planning policy. As a result of this consultation a questionnaire was developed for the local departments regarding their current practice to include how the courts are implementing concurrent permanency practice. The questionnaire was distributed in May 2012 and the results were incorporated into the policy. In addition, a small group was established to develop the key components for the revised concurrent permanency policy; this group included local department staff and FCCIP staff. A small focus group of judges and masters from across the State was also conducted to provide input on the implementation of concurrent permanency planning and ways to improve. The feedback from this session was incorporated into the revised policy.

As outlined in the Family Centered Practice section, the Department collaborated with the Foster Care Court Improvement Project to conduct outreach to improve the execution of Family Involvement Meetings (FIM) with particular emphasis on improving permanency outcomes and engaging youth. Future consultation was planned with the American Bar Association (ABA) to improve the collaboration with the legal community; however those efforts were not accomplished over the past year.

Additionally in an effort to enhance collaborative relationships with the LDSS and the courts, during recent site visits, FCCIP met with members of LDSS to determine how the local courts are working in partnership and to identify areas needing improvement.

Citizen's Review Board –Adoption and Another Planned Permanent Living Arrangement (APPLA) Reviews

The work of the Citizen's Review Board for Children (CRBC) is an important step to ensuring local departments are working towards permanency for Maryland's children. During FY 2012 the Citizens Review Board for Children (CRBC) reviewed 1,348 cases of youth in out of home placements. In accordance with an agreement reached between the Department of Human Resources (DHR) and the CRBC State Board, CRBC reviewed cases of youth with a permanency plan of Adoption, Reunification or Another Planned Permanent Living Arrangement (APPLA) who met the criteria set out below. This focus allowed CRBC to review these vulnerable and often overlooked populations. The CRB submits individual case review reports to the local departments, as well as quarterly reports and an annual report to the Department regarding data from the reviews. The annual and quarterly reports are utilized by the Department to determine trends for local departments and to inform policy and practice changes. The annual and quarterly reports are made available to the local departments via DHR's intranet.

As stated above, CRB reviewed 1,348 cases in SFY12 (1,348 cases includes 304 cases that were re-reviewed in the 4th quarter to assess if progress was made or board recommendations were implemented by local jurisdictions). Those reviews were split into four areas: APPLA 58%, Adoption 20%, Reunification, 20% Relative Placement, 2%. (Appendix G)

Cases were reviewed that met the following criteria:

Adoption:

- Youth with newly established primary permanency plans of adoption (reviewed three months after the plan was changed)
- Youth with existing plans of adoption for twelve months or longer (reviewed three months before next court review date)

APPLA (Another Planned Permanency Living Arrangement):

- Youth with newly established primary permanency plans of APPLA (reviewed three months after the plan has been changed)
- Youth age 17 or 20 years old with existing or new cases (reviewed three to five months after the youth's birthday)
- Youth age 15 years old and younger with existing plans of APPLA.

Reunification:

- Youth age 10 and older with newly established permanency plans of reunification (reviewed three months before the youth's 18-month court hearing)
- Youth age 10 and older with established permanency plans of reunification and who have been in care longer than one year (reviewed three months before the next court review date)

Adoption reviews: CRBC reviewed a total of 269 adoption cases during SFY12

Goals of the adoption reviews were to ensure:

- Youth are receiving the services necessary to prepare them and their pre-adoptive families for adoption
 - 51% of pre-adoptive families received the youth's social summary
 - Local boards found 67% of pre-adoptive families had appropriate services in place to meet the youth's needs
- Barriers are identified and removed so the adoption process progresses in a timely manner
 - Local boards did not find significant agency, court, family or child related barriers to adoption. Barriers that were identified as lower percentage:
 - Length of stay in pre-adoptive home for 13 months or longer without finalization;
 - Pre-Adoptive Resources not identified for child;
 - Denial of termination of parental rights;
 - Appeals by Birth parents;
 - Lack of child consent;
 - Child Behavior issues in the home;
 - Disrupted pre-adoptive placement; and
 - Pre-adoptive parent undecided on whether to adopt child.
- The local departments are adequately searching for and recruiting adoptive resources
 - Statewide, the local boards found they made an effort to find an adoptive resource for children and youth in 58% of cases reviewed.

APPLA Reviews: CRBC reviewed 779 APPLA cases in SFY12

Goals of the APPLA reviews were to ensure:

- That youth are receiving the services necessary to prepare them to live independently
 - 53% of youth were receiving independent living skills
 - Local boards found that 45% of youth were being prepared to meet educational goals
 - Local boards found that 18% of youth were being prepared to meet employment goals
- That the local departments are working alongside the youth to identify a permanent connection for the youth.
 - 53% of cases reviewed youth had an identified permanent connection
- That APPLA is not viewed as a "catch-all" without exploring other permanency options
 - During reviews, workers reported that other permanency plans were considered prior to APPLA in 80% of the cases reviewed
- That youth are made part of the service and case planning processes
 - Workers reported efforts made to involve youth in the case planning process in 51% of the cases reviewed
 - In reviews where youth were eligible to sign the service agreement, youth had signed service agreements in 40% of the cases reviewed

Reunification Cases: CRBC reviewed 265 reunification cases in SFY12

Goals of the Reunification Reviews were to ensure:

- That youth and their families are receiving necessary services to reunify

- Appropriate services were being offered to 96% of the children and families.
- That the local departments have identified and are working towards a concurrent plan that will allow cases to move forward more quickly and lessen the time youth spend in out of home care
 - 21% of the reviewed cases had an identified concurrent plan identified by the Courts.
- Barriers are identified and removed so youth can reunify with their families
 - Appropriate services were being offered to birth families in 88% of cases reviewed.
- That the local departments identify and work with all family members (including fictive kin) in an effort to lessen the time youth spend in out-of-home care
 - 46% of the cases reviewed had a return home achievement date of 12 months or longer

As part of the annual and quarterly reports, the CRBC makes specific recommendations to DHR to improve service delivery to youth and families. The importance of placing children in their home jurisdiction, adequate service planning to youth aging out of our system and ensuring concurrent planning was highlighted throughout the year. DHR's Place Matters initiative (in place since 2007) increased the numbers of children placed in family settings and within their home jurisdictions. DHR continues to work closely with the Developmental Disabilities Administration (DDA) and the Department of Health and Mental Hygiene (DHMH) to ensure adequate services are in place as youth exit foster care, especially for youth who require supportive services from DDA or DHMH. DHR developed an initiative, "Ready by 21", which focuses on preparing youth in 5 life domains to ensure that they are self sufficient when they exit the foster care system. During SFY13, DHR made comprehensive revisions to the policy and practice for concurrent permanency planning and provided training to local department staff. DHR will continue to utilize the feedback provided by the CRBC to inform practice and policy development as indicated in the Department's response to the annual report. (Appendix H)

Maryland Children's Cabinet

Maryland's Children's Cabinet coordinates the child and family focused service delivery system by emphasizing prevention, early intervention, and community-based services for all children and families. The Children's Cabinet includes the Secretaries from the Departments of Budget and Management, Disabilities, Health and Mental Hygiene, Human Resources, and Juvenile Services, as well as the State Superintendent of Schools for Maryland State Department of Education. The Executive Director of the Governor's Office for Children chairs the Children's Cabinet.

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

Maryland's Children's Cabinet meets monthly to discuss and collaborate on the progress made toward achieving the goals of the plan. The Cabinet also provides input on individual agencies plans to determine areas of continued collaboration and service coordination. The collaboration of the child serving agencies has been essential in carrying out the goals of Maryland's child welfare plan.

Provider's Council

Maryland Department of Human Resources (DHR) understands the significant role of its providers in serving children and families in the child welfare system. As such, DHR formed a Providers Advisory Council (PAC). The role of the PAC is to advise and make recommendations to the DHR Secretary regarding pertinent and critical child welfare issues.

The PAC includes both Residential Child Care (RCC) Agencies and Child Placement Agencies (CPA) representatives and is co-chaired by the Social Services Administration (SSA) and the Office of Licensing and Monitoring (OLM). The PAC meets on a bi-monthly, or more often if necessary, with the Executive Directors of SSA and OLM. The Council provided consultation to DHR in matters pertaining to services to children, policy relating to payment services, health, safety and well-being.

During this reporting period the Council:

- Received information and discussed possible providers to provide placements to Human Trafficking victims who come through the Maryland foster care system;
- Completed discussions of roles and membership of the Council;
- Received updates and provided feedback regarding Alternative Response (AR) legislation;
- Discussed Trauma Informed Systems (ACYF-CB-PI-12-05). These discussions began with the October 2012 PAC Meeting regarding how to treat and monitor the emotional trauma associated with child's maltreatment and removal. Subsequently, a sub-committee was formed to review how other states defined trauma informed services. Training through the University of Maryland provided a basis to discuss aspects of Child Traumatic Stress, Trauma Interventions, what it means to be a "Trauma Informed State", and impact on policies and outcomes. The sub-committee was also tasked to review existing services available in Maryland, and to review different Agency instruments to measure trauma providing recommendations and feedback;
- Discussed and provided feedback on Child Placement Agency Performance Measures for DHR contracts

During the next year, the PAC expects to continue reviewing and defining Trauma Informed Systems for Maryland and other pertinent issues as they arise.

Maryland Family Network

Maryland Family Network, an independent non-profit organization is Maryland's lead agency for the Community-Based Child Abuse and Prevention (CBCAP) program. Via contracts, it acts as a fiscal and management intermediary between funders, most notably the State, and community-based providers. It provides fiscal support, grants management, technical assistance, training, and quality assurance to child abuse prevention programs throughout the State, known

as Family Support Centers. MFN acts as liaison, partner and advocate with state agencies through participation on such decision-making state-sponsored bodies as the State Council on Child Abuse and Neglect (SCCAN), the State Advisory Council for Early Childhood Education and Care; DHR Alternative Response Practice Workgroup, the Head Start State Collaboration Project; and the State Interagency Coordinating Council for the Individuals with Disabilities Education Act (IDEA) Part C.

Core Services

During SFY 2013, MFN contracted with 20 community-based agencies that operate 21 family support programs; seven of these were Early Head Start programs. These service providers were locally controlled, intergenerational, comprehensive, and culturally competent programs serving over 2,200 children ages 0-3 and their families. The Centers served over 5,000 parents and children during the year. They are located in neighborhoods with high concentrations of poverty and other factors that put children at risk for child maltreatment. Prevention services common to all 21 programs were: parent education respite, infant/toddler programs, self-sufficiency programs, home visiting, service coordination, health education, parent involvement, and resource development.

Outreach to Special Populations/Cultural Competence

MFN Family Support programs offered supports to grandparents raising grandchildren, services for families whose children have been removed by child welfare, home visits for adjudicated youth who are parents, and outreach to non-custodial fathers. Family Support Centers (FSC) have provided direct services at homeless shelters and to migrant workers. Programs provide ESOL classes and family literacy services and employ staff who speaks compatible languages with diverse populations. In addition, MFN demonstrated an extraordinary commitment to children with disabilities and their families as FSCs have provided “natural environments” for inclusion of infants and toddlers with disabilities.

Parent involvement/leadership

During SFY 2013, parent consumers served on the MFN Board and were involved in planning, implementation, and evaluation of family support programs. Through its Early Head Start program, MFN convenes a Policy Council with at least 51% representation by parents who work with management staff to ensure program governance. MFN provided two regional parent leadership training programs and a two-day parent leadership track at the 2013 Spring Training and Professional Development Conference. This track included skill building, communication, decision-making, and advocacy.

SFY 2014 Plans

Race to the Top Community Hubs

With Race-to-the-Top Early Learning Challenge (RTT-ELC) funding, the Family Support Center (FSC) model becomes a Community Hub by adding (1) home visitors for more extensive outreach and engagement; (2) child care experts who provide training and technical assistance to child care providers in the community served by the Center; and (3) a transition specialist who works with children in the community who are moving from one setting to another, to assure the continuity of care and the readiness of the receiving institution to support the child. So if children are moving from the FSC to child care, if children are moving from one child care program to

another, or if children are moving from child care to elementary school, parent, teachers, and children are comfortable in making the move. We think of the Community Hub as a combination of the best features of a Family Support Center, a Judy Center, and a Child Care Resource Center, all at one “hub” location in the community.

Building Strengthening Families Practice on the Ground

Maryland’s approach, still in its infancy, is to train a wide variety of practitioners from many disciplines in the fundamentals of Strengthening Families (SF) and to give them the tools to use the world café technology to engage families in working together to improving family, community and State child welfare and child well-being outcomes. The State contracted with Maryland Family Network to provide the training and coordination of the Strengthening Families effort. Because of the opportunities presented by the RTT-ELC funding, an important aspect of Maryland’s SF work focuses on improving the quality of child care to promote school readiness. Accordingly, SF will be incorporated into Maryland EXCELS a voluntary Quality Rating and Improvement System (QRIS) that awards ratings to family providers, center-based and public school child care programs, and school age before and after school programs) particularly as it relates to levels of parent engagement and support.

Maryland Resource Parent Association (MRPA) (formerly Maryland Foster Parent Association MFPA)

The MRPA partners with the State to serve and educate Maryland’s resource parents. A Resource Parent Ombudsman continues to be on the staff of the Secretary of the Department of Human Resources to work closely with the MRPA and carry concerns and issues identified to the Social Services Administration. A 1-800 number continues to be maintained and answered by MRPA members, which provides information for potential and current resource parents. The State issued a grant to MRPA to assist and help facilitate their mission to provide supportive services to all resource parents in Maryland. In order to receive the grant, MRPA presented a plan of work (Appendix I). Their plan of work includes:

- Support the State in its Older Youth Initiative
- Participate and fund the State “Foster Parent of the Year” event
- Provide and maintain an updated website providing information for resource parents
- Support the development of local associations in all jurisdictions

The MRPA supports the development of local Resource Parent Associations and coordinates training opportunities and recognition events for its members. It serves as the liaison to the Social Services Administration to advocate for the rights and concerns of resource families and ensure responsiveness to resource family needs. In turn, a Department liaison attends monthly MRPA Board of Directors meetings to enlist MRPA input and support for the department’s child welfare initiatives. As a result of the organizations’ collective efforts, resource families are encouraged, supported and trained in providing quality care to children.

The MRPA continues its partnership with the State of Maryland to serve and educate Maryland’s resource parents. Having obtained status as a 501(c) (3) tax exempt, non-profit organization, the MRPA is currently providing guidance and support to local jurisdiction foster parent associations to achieve tax-exempt status. This will enable local associations to apply for grants to expand outreach to recruit and meet the service needs of local resource families.

Continuing education and training for Maryland resource parents is offered regionally throughout the state: Western Region, Northern Region, Baltimore City, Southern Region, Eastern Region and Metro Area. This year MRPA sponsored four regional Resource Parent conferences across the State which focused on the specific needs of teenagers in foster care. These conferences were co-sponsored with the Child Welfare Academy and DHR, including Local Department of Social Services. The dates, locations and attendance were as follows:

- October 6, 2012: Western Region (Garrett, Allegany, Washington, Frederick, and Montgomery Counties) 151 registered/128 attended
- November 17, 2012: Southern Region (Charles, St. Mary's, Calvert, Prince George's and Anne Arundel Counties) 138 registered/115 attended
- March 9, 2013: Eastern Conference (Somerset, Worcester, Wicomico, Dorchester, Talbot, Caroline, Queen Anne, and Kent Counties) 206 registered/172 attended
- April 27, 2013: Northern Conference (Cecil, Harford, Baltimore, Carroll, and Howard Counties) 207 registered/172 attended

In addition, MRPA, along with Child Welfare Academy, Mentor Maryland, North American Council on Adoptable Children and DHR including Baltimore City DSS, sponsored an Adoption Event in Baltimore City on November 3, 2013. Approximately 185 people attended. MRPA also continues to collaborate with DHR to host the Statewide Foster Parent Appreciation Event with First Lady of Maryland. The event this year took place on June 8, 2013 and honored resource parents from each jurisdiction who have been foster parents for five years or less.

Other activities in 2012-2013

- Assisted and filed for ten local resource parent associations (representing 12 counties) to be included in Group Exemption for 501©(3)status with IRS; and assisted jurisdictions with Articles of Incorporation with State of Maryland as needed
- Offered scholarships for eight Maryland resource parents to attend the North American Council on Adoptable Children (NACAC) Annual Conference in Crystal City, VA in July 2012
- Maintained a web presence at www.mrpa.org. Over 400 resource parents have registered
- Procured and distributed 88 more locking medication boxes this year with plans to provide approximately 125 more.

Black Administrators in Child Welfare (BACW)

The Department of Human Resources partnered with the Black Administrators in Child Welfare (BACW) and the Council on Accreditation (COA) to participate in the Racial Equity Strategy and Standards Integration Project (RESSIP) with the goal of identifying strategies and actions that could lead to the reduction of the number of children of color in the child welfare system. Piloted in Baltimore and Washington Counties, the project had two objectives: 1) To review the State and local departments' policies, practices, procedures, service delivery process, data reporting systems, administrative operations, and self-study documents to determine if they address the cultural diversity needs of children and families of color; and 2) To introduce "Racial Equity Strategy Areas" (RESA) best practices into existing policies and operations. Though both counties had comprehensive program services, policies, and community partnerships, one major recommendation from the review

was for DHR to establish a committee or advisory group with the purpose of addressing treatment and service disparities of African American youth in child welfare. Also, BACW recommended that the MD CHESSIE data system is reviewed to identify data reports that could be distributed to local departments to track progress on reducing disparities.

Developmental Disabilities Administration

The Department of Human Resources/Social Services Administration (DHR/SSA) and Department of Health and Mental Hygiene/Developmental Disabilities Administration (DHMH/DDA) continue to be committed to maximizing the independence for people receiving State services and supports. The Memorandum of Understanding (MOU) entered into by both agencies to improve access to the continuum of resources available to children and vulnerable adults with developmental disabilities, providing appropriate services in a timely and efficient manner continues to be in effect. Both Departments are jointly responsible to communicate and coordinate in order to plan for the best possible services available for immediate and future needs.

Family Unification Program

The Family Unification Program (FUP) provides Housing Choice Vouchers (HCV) to assist families with children in out-of-home care who have not been able to reunify with their children due to lack of permanent and adequate housing; families displaced by domestic violence in preventing the unnecessary removal of children from their families; and, eligible former foster youth. It is designed to enable families and youth to lease or purchase decent, safe and sanitary housing that is affordable in the private housing market.

Each year in Maryland nearly 650 youth ages 18-21 exit foster care. Within 12 to 18 months of exiting care, some of these youth face homelessness or are forced to rely on public assistance. The FUP vouchers allow youth to rent housing from a private landlord and pay as little as 30 percent of his/her monthly adjusted gross income towards rent and utilities. Housing assistance via the FUP vouchers for youth is available for a maximum of 18 months.

In August 2009, Maryland received 100 HCVs from the State Department of Housing and Urban Development (HUD) through a collaborative effort between the Maryland Department of Housing and Community Development (MDDHCD) and the Maryland Department of Human Resources (DHR) to help families and youth in Allegany, Caroline, Dorchester, Frederick, Garrett, Kent, Somerset, Talbot (excluding the towns of Easton and St. Michael's), Wicomico, and Worcester counties. In August 2010, Maryland received an additional 85 HCV's for Calvert and Prince George's Counties. In 2011 Baltimore City Department of Social Services also received 100 housing vouchers which are being utilized by youth and families.

DHR continues to seek additional vouchers through its local departments. In 2012 Washington County was able to secure 5 vouchers specifically for youth. Saint Mary's County was allocated 10 vouchers specifically for youth. All local departments have been encouraged to approach their local Housing Authority to try and negotiate housing vouchers. The Housing Authority in Anne Arundel provides Section 8 certificates to youth who are aging out of care and ready to live on their own.

Maryland has 285 FUP vouchers; approximately 20% of the vouchers are for eligible foster youth ages 18-22 to obtain stable housing. The vouchers serve the following counties; 100 for Allegany, Caroline, Dorchester, Frederick, Garrett, Kent, Somerset, Talbot, Wicomico and Worcester, 85 for Calvert and Prince George's and 100 for Baltimore City. Recently, the sequestration impacted the State's ability to refill the voucher once a youth's 18 month term ended.

5) Measures of Progress

Maryland continues to make progress towards achieving its measures of performance. The charts on the next few pages outline the achievement made in SFY12.

<i>Performance Measure</i>	2009	2010	2011	2012	FY 13 Target	FY 14 Target	FY 15 Target
By June 30, 2015, Maryland will consistently meet or exceed the National Standard for Absence of Maltreatment Recurrence.	92.8%	93.6%	93.3%	93.0%	94.6%	94.6%	94.6%
By June 30, 2015, Maryland will maintain the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months).	99.44%	99.60%	99.49%	99.65%	99.68%	99.68%	99.68%

Source: MD CHESSIE – derived by the University of Maryland Baltimore based on corrected federally-approved query

Federal Standards: Absence of Recurrence: 94.6%; Absence of Maltreatment in Care: 99.68%

Story behind the numbers:

Historical statistics (pre-SACWIS) for Maryland from the national Child Maltreatment reports are the following:

2002 - 92.0%

2003 - 93.1%

2004 - 93.0%
 2005 - 92.8%

The combined average for all of these years (2002-2005, 2009-2012) is 93.0%. Maryland's recurrence rate over the last decade has held steady at 7%. In order to push the state to reach the federal standard for recurrence, there are two steps that are being undertaken: (1) the State received consultation at the National NCANDS meeting in January 2013 for adjusting the way it reports NCANDS data. Currently, Maryland policy dictates that when an investigation is started for one type of maltreatment, and the investigator discovers another type of maltreatment, he/she must open a new investigation, which adversely impacts recurrence. Maryland will continue this practice, however, the NCANDS report will combine the information about these related investigations, in order to produce a more accurate recurrence statistic. This will be implemented next year under federal guidance, and this should bring Maryland close, and possibly meeting, the federal target. (2) Each local office will continue to review its prior year recurrences and determine how it can change its practice or increase its attention on children experiencing maltreatment in order to avoid a second maltreatment.

Maryland's focus on the safety of children therefore remains a fundamental task for child welfare. In relation to Maryland's signature Child Welfare initiative, Place Matters, the goal for Maryland during the last six years has been a safe reduction of foster care placements. The newly corrected child safety data presented indicates that while the foster care population reduced by 8.3% annually, the rate of maltreatment recurrence has held steady during these years.

Performance Measure	2009	2010	2011	2012	FY 13 Target	FY 14 Target	FY 15 Target
Exits to reunification in less than 12 months	57%	53%	51%	53%	65%	70%	75%
Exits to reunification, median stay	9.6 months	10.9 months	11.5 months	11.1 months	9 months	9 months	8 months
Entry cohort reunification in less than 12 months	25%	35%	36%	37%	39%	44%	50%
Re-entries to foster care in less than 12 months	13%	14%	11%	14%	10%	9.5%	9.5%
Exits to adoption in less than 24 months	14%	14%	15%	25%	27%	29%	31%

Performance Measure	2009	2010	2011	2012	FY 13 Target	FY 14 Target	FY 15 Target
Exits to adoption, median length of stay	41 months	43 months	39 months	33 months	31 months	29 months	27 months
Children in care 17+ months, adopted by the end of the year	12%	16%	15%	14%	15%	19%	23%
Children in care 17+ months achieving legal freedom within 6 months	3%	2%	3%	4%	6%	8%	10%
Legally free children adopted in less than 12 months	71%	77%	79%	79%	81%	83%	86%
Exits to permanency prior to 18th birthday for children in care for 24 + months	16%	25%	25%	27%	29%	31%	32%
Exits to permanency (prior to 18th birthday) for children with TPR	94%	93%	94%	95%	96%	97%	98%
Children Emancipated Who Were in Foster Care for 3 Years or More	63%	59%	58%	54%	52%	50%	48%
Two or fewer placement	89%	85%	88%	87%	91%	92%	93%

Performance Measure	2009	2010	2011	2012	FY 13 Target	FY 14 Target	FY 15 Target
settings for children in care for less than 12 months							
Two or fewer placement settings for children in care for 12 to 24 months	80%	72%	70%	72%	83%	86%	89%
Two or fewer placement settings for children in care for 24+ months	33%	47%	45%	44%	46%	48%	50%

Source: CFSR Measures based on Maryland NCANDS and AFCARS data submission

Story behind the numbers: Maryland reduced foster care population by 8.3% per year during the last several years. During Federal Fiscal Year 2012 foster care entries averaged nearly 230 per month (down from 270 per month in FFY2011), while exits averaged nearly 290 per month (down from 330 per month). The combination of lower entries and exits consistently outpacing entries appears to have accelerated Maryland’s reduction of foster children.

Maryland continues to institutionalize its family-centered practice, which includes engaging parents, locating relatives, and conducting family involvement meetings, and so children entering foster care will do so only after intensive efforts to avoid placement and preserve families. The State took aggressive steps to have foster children exit to permanency: in FFY11, 82% children exited care to permanency (reunification, adoption, guardianship) and 79% in FFY12. Compared to 72% of FFY08 exits to permanency, Maryland’s family-centered practice brought permanency to a considerably higher proportion of foster children in recent years.

Reducing the foster care population and increasing permanency are positive steps that Maryland has taken, however, it poses a challenge to the State’s permanency indicators, in two possible ways. First, among foster children exiting who were in care for a long period of time, exiting will have a negative impact on average and median lengths of stay. Second, among those children entering and remaining foster care, they and their families present higher needs than the foster care population of prior years.

Even so, Maryland achieved some positive results during the years of reducing the foster care population. A brief overview for each kind of exit to permanency follows.

Reunification: Exits to reunification in less than 12 months decreased from 57% (2009) to 53% (2012) while the median length of stay for children reunified increased from 9.6 (2009) to 11.1 months (2012). These trends may be the consequence of Maryland's reduction in foster care population during which youth in care for a number of years who reunify will adversely impact both of these indicators. Among entry cohorts, on the other hand, the proportion of children reunifying in less than 12 months continues to climb, from 25% (2009) to 37% in 2012. This may be the better indicator reunification as it reflects work completed for children who have entered foster care while Maryland has been institutionalizing its new family-centered practice model.

Re-entries into foster care among children who have been reunified decreased, from 14% (2010) to 11% (2011), but then increased again to 14% (2012). The State is scrutinizing this statistic to understand why this increase occurred, as successful reunification is a central goal of family-centered practice.

Exits to Guardianship – An increasing number of children are exiting to guardianship and the State anticipates increasing exits to guardianship in the coming years in support of the goal for foster children to attain permanency.

Adoptions – Maryland sets its annual adoption goal based on adopting 68% of its children with a plan of adoption. Because the number of foster children decreased over the years, Maryland has fewer youth with a plan of adoption and this resulted in lower adoption goals each year. The adoption goals were achieved, and for the first time in years, Maryland is seeing substantial improvement in the percent being adopted within 2 years, increasing from 15% for 2011 to 25% in 2012. Another year's data will help determine whether Maryland has a durable process for achieving timely adoptions, which is also supported by the solid downward trend in median length of stay of adoption, from 43 months in 2010 to 33 months in 2012. Although the percent of children are getting adopted by end of year children who have been in care 17 or more months decreased from 16% (2010) to 14% (2012), the percent of legally free children adopted (79% in 2011 and 2012) surpassed expectations. Maryland will continue to encourage best practices as it promotes adoption within 2 years.

Children Remaining in Foster Care for Long Periods: The State's dual emphasis of achieving permanency, especially for those under 18, as well as encouraging children to remain in foster care until they reach 21, when it is in their best interest to do so, creates competing targets when reviewing these statistics. Exits to permanency prior to the 18th birthday for children in care for 24 or more months increased from 16.1% (2009) to 27% (2012). Pushing for progress in this area may be a challenge as Maryland significantly reduced its foster care population and the children remaining in care may have higher levels of need and risk, which may create a hurdle to timely permanency. A high proportion of legally free children (made legally free through termination of parental rights) continue to exit to permanency prior to their 18th birthdays—95% in 2012, while a smaller proportion of children in foster care for 3 years or more emancipate, from 63% in 2009 to 54% in 2012.

Placement stability among foster children, a precursor for foster children to develop and thrive while in care, remains high: 87% of children in care less than 12 months have experienced 2 or

fewer placements. Among children in care 12 to 24 months, the percent experiencing 2 or fewer placements dropped from 80% (2009) to 72% (2012)—the State will be examining the causes for this with local offices, in order to identify any steps that can be taken to turn the curve on this indicator in the right direction.

Performance Measure	2009	2010	2011	2012	FY 13 Target	FY 14 Target	FY15 Target
School Enrollment for children entering foster care during school year	69%	70%	69%	72%	98%	98%	98%
Comprehensive Health Assessment for foster children within 60 Days	44%	49%	45%	40%	98%	98%	98%
Annual Health Assessment for foster children in care throughout the year	77%	78%	73%	75%	98%	98%	98%
Annual Dental Assessment for foster children in care throughout the year	49%	51%	46%	42%	98%	98%	98%

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

Story behind the numbers: Three of the four statistics reviewed here have been adjusted: school enrollment, annual health assessment, and annual dental assessment. Maryland has been making slow progress in the area of improving school and health documentation in MD CHESSIE, and the adjusted indicators will help the State to mark some progress in the coming year as it begins to provide feedback to the local departments. New exception reports have been a challenge to produce due to both resources and special challenges, and these will not be released until the summer of 2013.

School enrollment and health assessments are basic services coordinated by LDSS workers for foster children. The State began to undertake a reporting method that will evolve over time. It is critical to note that the education and medical screens in Maryland’s SACWIS continue to require ongoing improvements as resources become available. The statistics posted in this table, for this year’s report, reflect efforts to date to document education and medical assessments, and should not be considered to be truly reflective of Maryland performance. Nearly all of Maryland

quality assurance reviews of local jurisdictions to date indicate that foster children are enrolled timely in school and receive their initial and annual health and dental assessments.

Just as Maryland initially struggled and now excels in providing accurate caseworker visitation data, the State will also excel in documenting education enrollment and health assessments, as it both improves its SACWIS system and continues to provide periodic feedback to the frontline about the documentation found in the SACWIS system for these critical events in children's lives.

The following is the status of steps proposed in last year's report, to improve this area of MD CHESSIE documentation:

1. Implement new Education Screen that should improve the data collection for school enrollment data (Completed).
2. With technical assistance from the National Resource Center, develop and validate State and jurisdiction-level reports for school enrollment and health assessment that will be used to track each of these indicators (This step is now considered unnecessary).
3. Use reports on a monthly basis to provide feedback to LDSS foster care programs (beginning January 2013—actual start date in June or July 2013).

The Foster Care Court Improvement Project (FCCIP) recently established a new collaboration with the Department regarding data collection, sharing and comparison of court timeliness performance data. These initial efforts have included the Department's membership on FCCIP's Quality Assurance and Improvement Subcommittee (QAI), sharing of specific timeliness data, and comparison of data. Future efforts will assist FCCIP with implementing continuous quality improvement (CQI).

C. BREAKDOWN OF TITLE IV-B SUBPART 2 FUNDS

Overview

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

Maryland continues to use the Promoting Safe and Stable Families (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. Funds are now being provided on a State Fiscal Year basis. For SFY13, Maryland continued putting in place more controls to ensure that the local departments spend their allocations for time-limited reunification, adoption promotion, and caseworker visitation. Monthly expenditure reports were requested from the DHR Budget office so that program staff can more closely monitor the funds. In the Policy Directives for the above-

mentioned services, the Department added language that informs local departments that if ½ of their allocation is not spent by January 1, 2013, any remaining amount will be subject to reallocation to other local departments that are spending their funds. In addition, the local departments are required to submit a spending plan for Adoption Promotion and Time-Limited Reunification that describes how they will spend their allocation. For SFY13, failure to submit their plan may have resulted in the total allocation for that local department being withheld and redirected to another jurisdiction. Plans were submitted by all local departments and no allocations were withheld.

Time-Limited Reunification

The twenty-four local departments of social services offer time-limited family reunification services. For SFY13, the allocation is based on the number of children in care 15 months or less, including Baltimore City. A 10% limit was also applied so that no local department's allocation went up or down by more than 10%. Each local designed the services to match the needs of the population served to its jurisdiction; however all the services are aimed at reunifying the family.

Because Maryland will be receiving less money in FFY13 due to sequestration, it is estimated that fewer families and children will be served in SFY14. It is estimated that 1,500 families and 1,700 children will be served in SFY13. The types of services provided include:

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

Adoption Promotion and Support Services

The twenty-four local departments of social services offer adoption promotion and support services to improve and encourage more adoptions from the foster care population, which promote the best interests of the children. The activities and services are designed to recruit adoptive families, expedite the adoption process and support adoptive families. The Department issues a policy directive each fiscal year that provides details and examples of how the adoption promotion money can be spent and also provides the allocations for each local department. An action plan is also required from each local department that must provide an adequate description of the planned expenditures based on the total allocation and the approximate number of families and children to be served. Services are also provided to adoptive families that allow them to maintain the child in placement. For the SFY13 funds, the allocation for each local department is based on the number of children with a goal of adoption. It is anticipated that approximately 2,600 families and children in SFY13 will be served. Maryland will receive less funding in FFY13 due to sequestration, and it is estimated that fewer children will be served in SFY14.

The types of services provided include:

- Respite and child care;
- Adoption recognition and recruitment events;
- Life book supplies for adopted children;

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

Family Preservation and Family Support Services

The programs supported with PSSF funds help to develop an adequate service array in communities through the State by filling service gaps. All of the programs are different and are based on the needs of their respective communities. Each program must achieve a positive impact on the State's child welfare programs and be consistent with the mission and vision of the State to ensure the safety of children.

In the first two quarters of SFY13, the family preservation and support services programs served approximately 59 parents, 457 families, 17 fathers, 32 pregnant and/or parenting teens, and 34 children who received respite services. The parents and children are not included in the family count, and the fathers and pregnant and parenting teens are not included in the overall parent count. The PSSF programs are available to all families who are in need of services, including birth families, foster families, and adoptive families. Because Maryland will receive less funding in FFY13 due to sequestration, it is estimated that fewer families and children will be served in SFY14.

One of the requirements of each program is that the following outcomes be achieved: 80% of the families would not receive an indicated Child Protective Services (CPS) finding or experience an Out-of-Home Placement 6 and 12 months post-closing. The data from the quarterly reports submitted by the local departments from July 1, 2012 – December 2012 indicates that 18 of the local departments achieved this outcome. (Data is missing from 3 local departments).

DHR made a decision that no new family preservation or family support programs would be funded in SFY13. The family support and preservation programs for SFY13 listed below will continue in SFY14.

All of the local departments that are not receiving an allocation for a specific program in SFY13 are now receiving "flex funds". The amount of the flex fund allocation is based on the In-Home Services caseload and can be used to assist families who are receiving In-Home Services. In the upcoming year funds will also be used to service families receiving an Alternative Response assessment.

Local Department	Description of Services Provided	Family Preservation or Family Support	Data from SFY 2012
Allegany County	A 12-week workshop called H.O.P.E. is offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training. Additional support for married and co-habiting couples is offered beyond the core parenting workshops. Group and home-based intervention will focus on strengthening relationships, conflict management, and expectations.	Family Preservation	81 families served <hr/> 1 Out-of-Home Placement between 6 and 12 months post-closing.
Baltimore County	Functional Family Therapy, and in-home mental health intervention, will be provided to families with children ages 10 or older and who are involved with the child welfare system.	Family Preservation	43 families served <hr/> No indicated abuse and 4 Out-of-Home Placements between 6 and 12 months post-closing.
Calvert County	Parent and child groups will be conducted with each group session consisting of education, support, and experiential exercises. Parents will learn child development, parenting strategies, and setting realistic expectations. Separate children's groups will focus on expressing and dealing with feelings surrounding placement. The conclusion of each group cycle will include several multiple family sessions, where parents and children are joined within the group.	Family Preservation	16 families served <hr/> No indicated abuse and no Out-of-Home Placements at 6 months post-closing.

<p>Carroll County</p>	<p>The family support center will offer parenting classes, workshops, and parent/child activities to family who are approaching reunification with their children.</p> <p>In-home Family preservation services are offered to families. The program utilizes a family-centered approach that is strengths-based.</p>	<p>Family Support</p> <p>Family Preservation</p>	<p>61 families served (Family Support) 36 families served (Family Preservation)</p> <hr/> <p>No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing for both programs.</p>
<p>Cecil County</p>	<p>An Outreach Recovery Worker will be hired by the Alcohol and Drug Recovery Center and housed at the Cecil County DSS. The outreach worker will accompany workers into the field to provide evaluations, act as a liaison between DSS and substance abuse treatment providers, provide substance abuse education, help staff identify behaviors associated with active drug use or relapse, develop relapse plans with clients and DSS worker, attend Family Involvement meetings, and help establish accurate treatment plans by attending intake appointments with the parent.</p>	<p>Family Preservation</p>	<p>127 parents served</p> <hr/> <p>1 indicated abuse and no Out-of-Home Placements 12 months post-closing.</p>
<p>Charles County</p>	<p>The Healthy Families program provides home visiting to teen parents from the prenatal stage through age 5. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.</p>	<p>Family Support</p>	<p>91 families served</p> <hr/> <p>No indicated abuse and no Out-of-Home Placement between 6 and 12 months post-closing.</p>

Frederick County	Family support and family preservation services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and fathers, parent and child interaction activities, self-sufficiency services, life skills training, counseling, and case management.	Family Preservation and Family Support	21 families served, 25 mothers served, and 23 fathers served <hr/> No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing.
Garrett County	In-home preservation services are offered to help families remain intact and improve family functioning.	Family Preservation	42 families served <hr/> No indicated abuse and 1 Out-of-Home Placement between 6 and 12 months post-closing.
Harford County	The Safe Start program is an early assessment and intervention program that targets children at-risk for maltreatment and out-of-home placement. If risk factors for abuse/neglect are identified, the program provides further assessment with intervention and follow-up services to families.	Family Support	37 families served <hr/> No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing.
Howard County	The Family Options program provides services to help pregnant and parenting teens and very young parents. These services include group sessions, parenting classes, intensive case management, referral services, and substance abuse counseling.	Family Support	47 teens served <hr/> No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing.

<p>Montgomery County</p>	<p>This family preservation service focuses on teens returning home after placement. Short-term, intensive, in-home services are provided to families in crisis.</p> <p>This family support service focuses on families in crisis with teens at risk for Out-of-Home Placement including out-of-control teens, special needs teens, and teens with mental health issues. These families will be provided in-home services, families will be connected to community providers, and parents will be taught coping mechanisms and life skills.</p>	<p>Family Preservation</p> <p>Family Support</p>	<p>44 families served</p> <hr/> <p>No Out-of-Home Placements between 6 and 12 months post-closing. No data on indicated abuse.</p>
<p>Prince George's County</p>	<p>Strengthening Family Coping Resources (SFCR) is a trauma-focused, multi-family, skill-building parenting program for families who have experience trauma. SFCR is designed to increase coping skills in children and adult caregivers to increase families' sense of safety, improve stability and stabilize emotions and behavior.</p>	<p>Family Preservation</p>	<p>12 families served</p> <hr/> <p>1 report of abuse and 1 Out-of-Home Placement between 6 and 12 months post-closing.</p>
<p>Queen Anne's County</p>	<p>The Healthy Families Queen Anne's/Talbot program provides home visiting services to first time parents to prevent child abuse and neglect, encourage child development, and improve parent-child interactions.</p>	<p>Family Support</p>	<p>29 participants served</p> <hr/> <p>No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing.</p>
<p>Somerset County</p>	<p>The Healthy Families Lower Shore program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings, and extensive referrals to other resources.</p>	<p>Family Support</p>	<p>40 families served</p> <hr/> <p>Indicated abuse/neglect and no Out-of-Home Placements 6 months post-closing.</p>

St. Mary's County	A home visiting program strives to provide parenting services to at-risk families and increase a parent's knowledge of child development and early learning. This program targets families with children up to three years old.	Family support	40 families served <hr/> No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing.
Talbot County	<p>Respite services provide support to families who have a child at risk of an Out-of-Home Placement. The program offers voluntary, planned, or emergency services for short-term Out-of-Home Placement in a respite provider's home.</p> <p>The parent education program provides separate groups for parents and children that meet concurrently. Topics covered in the curriculum include: building self awareness; teaching alternatives to yelling and hitting; improving family communication; replacing abusive behavior with nurturing; promoting healthy development; and teaching appropriate developmental expectations.</p>	<p>Family Preservation</p> <p>Family Preservation</p>	<p>29 families and 41 children served in respite program</p> <p>74 participants served in Parent Education</p> <hr/> <p>No indicated abuse and no Out-of-Home Placements between 6 or 12 months post-closing for both programs.</p>
Washington County	Funding will be directed to the Family Center. Specifically, child care services will be provided to parents attending the parenting or self-sufficiency classes.	Family Support	<p>32 participants and 16 fathers served</p> <hr/> <p>4 families became involved with CPS and 1 Out-of-Home Placement between 6 and 12 months post-closing.</p>

Wicomico County	Respite services will be provided to families who are in crisis and who are receiving services.	Family Preservation	12 families and 21 children served <hr/> No indicated abuse and no Out-of-Home Placements 6 months post-closing.
Worcester County	The Enhanced Families NOW program identifies and serves families already involved in the Department of Social Services Continuing Protective Services when mental illness of the parent has been identified as the primary reason for intervention. The families are linked with a mental health clinician who provides an in-home assessment and individual and family therapy services and reinforces the work of the case manager in areas of parenting skills and child development.	Family Preservation	17 families served <hr/> No indicated abuse and no Out-of-Home Placements between 6 and 12 months post-closing.

In addition, DHR In-Home services are a critical component of meeting the needs of thousands of vulnerable children and their families. In FY2012 just over 18,800 children received In-Home services while just over 10,420 children received Foster Care services. DHR’s Place Matters Initiative has had considerable success in its emphasis on family-centered practice and the use of family involvement meetings to find alternatives for children to entering the child welfare system. Among those served in In-Home services, based on FY2010 (most recent year for which there is complete data), most children served:

- Do not experience an “indicated” CPS investigation (96.3%) during services, and
- Do not experience a Foster Care Placement (95.5%) during services.

Among those children whose In-Home services ended, based on FY2010, most children:

- Do not experience an “indicated” CPS investigation (96.1%) within 1 year of case close, and
- Do not experience a Foster Care Placement (97.8%) within 1 year of case close.

DHR experienced success in reducing its Foster Care population, shifting its placement population away from group care and toward family-based care, and reducing overall costs of Foster Care placements through the Place Matters Initiative and Family-Centered Practice. Family-Centered Practice continues to be implemented by including family involvement meetings at critical trigger points during child welfare service delivery and a focus on family resources that can support relatives going through difficult times. Data quality in MD CHESSIE

continues to improve substantially, and DHR's child welfare quality assurance program continues to examine both the quality of care as well as the quality of data entry. The focus of the frontline staff remains on safety, permanence, and well-being for our most vulnerable children, trying first to preserve and support families, and turning to Foster Care Placement only when necessary.

Child Maltreatment

Maryland's Governor, the State Legislature and early childhood stakeholders in Maryland have a history of commitment to creating a comprehensive system that delivers integrated, family focused services to areas of greatest need throughout the State. Maryland has a rich history of supporting early intervention programs in the State. In an effort to target and plan services for the most at risk populations a needs assessment was conducted. The assessment analyzed 15 indicators that put children and families at-risk including: prematurity, low-birth-weight, late or no prenatal care, teen birth and infant mortality rates; poverty; crime; domestic violence; high-school drop-outs; low school readiness rates; substance abuse treatment; unemployment; Women, Children and Infants (WIC) and Medicaid participation; and/or child maltreatment. From this assessment communities in six jurisdictions were identified as being at the greatest risk: Baltimore City, Dorchester, Wicomico and Somerset, Washington and Prince George's counties. The risk factors for these jurisdictions include: a low percent of children ready to enter school, evaluated percent of families in poverty and unemployed, higher than average high school dropout rate and substance abuse treatment rate.

Five of the evidence-based Home Visiting programs recognized by the federal government for Affordable Care Act funding are currently in operation in Maryland: Healthy Families America, Parents as Teachers, Home Instruction for Parents of Pre-school Youngsters (HIPPY), Early Head Start, and Nurse Family Partnership. Maryland has 24 jurisdictions which include Baltimore City and 23 counties. Of the nine federally-recognized evidence-based home visiting programs, 22 of Maryland's jurisdictions are actively using at least one of the nine evidence-based programs. The State supported the at risk jurisdictions to increase the availability of these services through planning and implementation grants.

The State Council on Child Abuse and Neglect (one of Maryland's three CAPTA citizen review panels) is developing the state comprehensive abuse/neglect prevention plan. One aspect of their effort is to complete a comprehensive scan of prevention services for children and families across the state. The Council selected the University of MD School of Social Work's Innovations program to complete the scan and results were due in late last calendar year. The Council requested additional work to refine the report prior to completion by Innovations. One aspect of the scan is identifying prevention resources from children including those 5 and under.

The Governor signed into law the requirement that physicians report the birth of children born drug exposed and showing signs of Fetal Alcohol Spectrum Disorder to the Department for assessment and making sure that there is a plan for their safe care in place. The Department had policy in place and the new law codifies the practice.

Maryland continues the use of the Signs of Safety model for identifying families where children are vulnerable to specific dangers in their environment and who are at risk of continued

abuse/neglect. This approach makes continued use of Maryland's existing safety and risk assessments and focuses evaluation on specific issues related to 'danger' and identifying family and community supports to bolster safety. Use of this effort is designed to reduce recurrence of maltreatment. To prepare staff for the introduction of a Child Protective Services system that has both a traditional investigation and an Alternative Response, all workers in the Alternative Response Phase I of implementation are required to receive training on using Signs of Safety prior to activating Alternative Response in their jurisdiction.

Human Trafficking Initiative

The Governor of Maryland requested that the Governor's Office of Crime Control and Prevention (GOCCP) convene a group of stakeholders to address the growing issue of Human Trafficking in Maryland. The Department was involved in this effort from its inception, along with law enforcement, prosecutors, Department of Juvenile Services, Department of Public Safety, TurnAround (private agency that is seen as expert on the topic) and other advocate groups. A two day Seminar was held in May 2012 to introduce the beginning of a comprehensive plan for how Maryland agencies will respond to prevent and provide services for victims of human trafficking.

In the past year the Department worked with the Governor's Office of Crime Control and Prevention (GOCCP) and the Maryland Human Trafficking Task Force (MHTTF) to create a comprehensive plan for Maryland concerning a response to and provision of services for the victims of human trafficking. Department staff served on both the Task Force Steering Committee as well as on the Victim Services' Sub Committee. In October 2012 the Department distributed policy on Human Sex Trafficking of Youth (SSA Policy #13-3) that clarifies that sex trafficking falls under the definition of child sexual abuse, following passage of legislation in 2011. The policy identifies four provider agencies to serve victims. The Department, in conjunction with TurnAround provided training to the providers' staff. The training entity for the Department (the Child Welfare Academy) participated in a Task Force approved Train-the-Trainer curriculum and modified the training for use with Child Welfare staff. Trainings are scheduled to begin in May 2013. In addition, In-Home supervisors received human trafficking training at the regional meetings held in March 2013. A human trafficking identifier was added to MD CHESSIE in April 2013, which will permit the Department to track all identified human trafficking cases. The Department worked to incorporate human trafficking identifiers into currently used screening tools.

The Department also prepared and distributed a brochure for use by providers to alert providers to the risks to youth they serve, assist them to identify possible victims of human trafficking, where to report cases of human trafficking and recommendations to assist them in preventing trafficking of youth.

The Department also participated in the planning of a follow-up one day conference on Human Trafficking which took place on May 20, 2013. The Department will continue to participate on the Maryland Human Trafficking Task Force. Future issues to be addressed include, screening for human trafficking victims in Child Welfare, continuing training efforts and identifying protocols for managing human trafficking cases as reported, especially after hours.

Alternative Response

On May 2, 2012 Governor O'Malley signed into law a bill allowing DHR to implement a child protective services response to allegations of abuse and neglect that includes a traditional investigation and an alternative for allegations where safety concerns are low.

Recognizing the tremendous impact that the implementation of Alternative Response will have upon the child welfare system, the legislation created an Alternative Response Advisory Council to establish a plan for implementation of the program. The Council members include representatives from the Department of Health and Mental Hygiene, Maryland State Department of Education, legal counsel for children, local managing boards, American Academy of Pediatrics, Public Defender's Office, Children's Review Board, local departments of social services, State Council for Child Abuse and Neglect, the Courts, and Casey Family Programs.

Beginning in July 2012, the Council met monthly to plan for the development and implementation of Alternative Response. The Council has four workgroups – Policy, Practice, Community Partners and Evaluation. These workgroups include DHR staff from the central and local offices, sister child serving agencies, law enforcement, parents, youth, members from advocacy groups and the legal community. Each work group has specific charges and deliverables. In addition, Casey Family Programs is providing technical assistance to the Council.

Each of the four workgroups met on a regular basis to complete the necessary work to move forward on implantation of AR and the AR Advisory Council continued to meet monthly to provide oversight. The Policy Workgroup worked with Casey Family Programs to review policy and implementation processes from other states, in particular, Florida, California, Minnesota, New York and Ohio and Illinois. The feedback from other states was helpful input in developing the policy, timelines and implementation plans and examples. After considerable deliberation, the Policy Workgroup completed a draft policy that was issued in May 2013. The Policy Workgroup's next phase is to update MD CHESSIE to support AR. MD CHESSIE updates were made in April and June 2013 to go into effect for Phase I jurisdictions only on July 1, 2013. As jurisdictions are phased in to AR, the application will be made available to them. The changes in MD CHESSIE incorporate the AR requirements as stated in the policy and ensure consistency in the adherence to the AR program requirements.

One important decision made by the policy workgroup was to continue the use of the state's Structured Decision-Making tool to determine if allegations of child abuse and neglect meet the criteria for a Child Protective Services response. Once screened-in, the screening supervisor will use the AR policy to determine which track, Investigative or Alternative, for assigning the allegation to a worker. Screened-out allegations will be handled as current policy directs.

The Community Partners Workgroup engaged stakeholders and reviewed existing community and statewide resources in order to assist in the development of community resource plans to support the implementation of Alternative Response. This workgroup also assisted in the organization of informational stakeholder meetings held across the state. Since August of 2012 this workgroup identified key partners and collaborated with the Practice Workgroup to identify roles of and engage community partners. Effective April 2013 the Community Partners

workgroup merged with the Practice Workgroup to continue the collaboration and model the co-lead design (local departments of social services staff and community partners) established for implementation of Alternative Response as it is phased in across the State.

The Practice Workgroup was given the task of determining how AR would be implemented, as well as the details of practice implementation such as staffing, training, sustainability, and how to best roll out AR. Early consultation with other states who implemented Alternative Response was initiated. As early as July 2012 conversations with Minnesota staff took place and in January 2013 the Child Welfare Academy at the University of Maryland, School of Social Work arranged a telephone consultation with staff implementing Alternative Response in Ohio. Ohio's staff provided a brief history of the Ohio implementation as well as lessons learned in the implementation. They also shared numerous documents that were used in Ohio. In addition, a consultant from National Resource Center (NRC) offered assistance as Maryland began its implementation. The consultant participated both in Advisory Council meetings and attended, as a consultant, each of the co-chairs meetings to answer questions and provide input. The consultant also continued to provide direct consultation to staff at DHR currently charged with the implementation of Alternative Response.

The Practice Workgroup developed a Local Implementation Plan for each Local Department of Social Services to complete. The Implementation Plan consists of five goals: 1) Build an Implementation Team and Sustaining Community Partners, 2) Develop a Communication Plan, 3) Local DSS Staffing Decision, 4) Practice Development to Sustain Knowledge and Skills and 5) Resource Development. Each of the five goals includes a list of activities that assists the implementation teams in moving toward successful implementation. Implementation in Minnesota and Ohio were both reviewed, though both used a pilot implementation, unlike Maryland, which used a Phase-In implementation. A Readiness Assessment Tool, used in Ohio was also adapted for use in Maryland. Statewide implementation will occur in five phases. The Phase I "kick-off" (five Western jurisdictions, Garrett, Allegany, Washington, Frederick and Montgomery Counties) was held on January 17, 2013 with 150 local department staff and community stakeholders in attendance.

Each of the five Phase I jurisdictions selected a local department and a community stakeholder to act as co-chairs of the local implementation team. Two meetings, thus far, were held with local co-chairs, February 11, 2013 and March 8, 2013. The February meeting consisted of a review of the Readiness Assessment Tool and the Local Implementation Plan as well as allowing time to review any questions regarding AR. Calls were made to each of the co-chairs after the February meeting to check on progress and offer any needed assistance. The March meeting allowed for checking in with each co-chair regarding progress made toward implantation, concerns and sharing of ideas and recommendations for further implementation.

In order to facilitate awareness of both LDSS staff and community stakeholders, the Child Welfare Academy in conjunction with the Practice Workgroup developed an "Overview Curriculum for Child Welfare Professions and Community Partners on Alternative Response: Keeping Children Safe by Engaging Families." This curriculum presented as a train-the-trainer allowed for the training of co-chairs and a few chosen partners to be trained in a comprehensive overview of Alternative Response. The curriculum will then be used to train others in each of

the jurisdictions on what AR is and what it means to each community. Trainings would be conducted by those trained to best help the community develop an understanding of the changes in Child Welfare and the community with the introduction of AR. A train-the-trainer session on the curriculum was held for Phase I co-chairs and several identified partners on March 13, 2013. Kickoff meetings and training sessions for the remaining Phases II – V are planned for 2013 and 2014. Discussions with National Resource Center (NRC) have taken place with plans to utilize NRC consultants in each of the Phase I jurisdictions during implementation. The proposed plan is to use NRC staff in each jurisdiction one full day prior to implementation and again after implementation has begun. Currently Phase I implementation is planned for July 1, 2013.

The Evaluation Workgroup focused its attention on what should be the focus of an AR process and outcome evaluation. The workgroup developed the following evaluation questions:

Process Evaluation

- Are the mandatory and discretionary disqualifying factors being applied appropriately and consistently to assign CPS investigative (IR) and alternative (AR) response?
- Is there consistency across the state in assigning CPS cases to investigative and alternative response?
- What is the level of family engagement in AR interventions?
- Are CPS caseworkers actively engaging families in assessing family needs?
- Are families an equal partner as the service plan is developed?
- Do families receiving AR get linked to services?
- Is there a difference in receiving services between AR and IR responses?
- Are families satisfied with their experiences in AR cases?
- Do families feel the interactions with LDSS are more or less adversarial in AR than in IR cases?
- Are families being referred for the most appropriate services in AR cases?
- Do caseworkers feel adequately supported in the transition to AR?
- Do caseworkers believe that AR is a good practice shift—do they feel that it works?
- How has AR affected caseworker satisfaction?

Outcome Evaluation

- How does AR impact the safety of children involved in the child welfare system, based on:
 - o Subsequent screened in maltreatment reports for children and adults previously provided AR,
 - o Maltreatment findings after AR, and/or
 - o Children removed (placed into foster care) during or after AR?

In order to conduct a robust AR evaluation, Maryland signed a Memorandum of Agreement with the Institute of Applied Research (IAR) from St. Louis, Missouri, to assist with the evaluation process, starting in April 2013. IAR has considerable experience with AR evaluation nationwide. The Evaluation Workgroup met with IAR to review the workgroup recommendations, finalize the evaluation work plan, and prepare for data collection and analysis. In addition to the process and outcome components, IAR will also conduct a systems impact analysis that will focus on community service providers and stakeholders. The AR evaluation will provide implementation feedback while Maryland phases in AR, an interim evaluation report in August 2014, and a final evaluation report in August 2015.

Two sources of data for the AR evaluation will be administrative and survey data. Administrative data will come from Maryland's SACWIS (MD CHESSIE) to conduct comparison group outcome analysis and to assess model fidelity (process measures). Surveys of workers, families, and community partners will also be collected before and during AR implementation for process evaluation and to support the outcome evaluation.

The work of all of the workgroups and the Advisory Council continues with the ongoing implementation activities. The Phase I Jurisdictions are expected to implement the AR process in July 2013 with the other Phases to follow in 2013 and 2014. Full implementation is expected by July 2014.

D. CONSULTATION WITH INDIAN TRIBES

The Department works with Maryland's Commission on Indian Affairs to ensure coordination with tribes. The Commission provides valuable information on the culture of American Indians and provides a forum to discuss issues relevant to Indian children involved in the child welfare system. This includes identification of Native American children in foster care, provision of cultural competency training to LDSS staff, and recruitment of Native American families for resource homes. In SFY13 twelve (12) Native American/Indians were identified as being in the out-of-home care population.

The Maryland Commission on Indian Affairs was contacted to schedule a meeting for July or August 2013 to discuss issues related to Native American children in Out-of-Home Placement. The only Maryland recognized tribe, the Piscataway tribe is an integral part of the Commission on Indian Affairs. There are no federally recognized tribes in the state.

E. PLAN FOR HEALTH CARE SERVICES FOR CHILDREN IN FOSTER CARE

Initial and Follow-up Health Screenings and Treatment, Medical Home and Documentation

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

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

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

- Annual physical and dental examinations.

Data is presented on the number of children entering OOH care, the number/percentage of children receiving initial health screenings within 5 days, the number/percentage of children with an assigned medical provider within 10 days, and the number/percentage of children receiving comprehensive examinations within 60 days.

Caseworkers are responsible for taking foster children to all initial appointments and conference with the physician regarding medical treatment and follow-up.

State Fiscal Year	Number New Removals in OOH, in Foster Care > 8 Days	Number Received Initial Health Screening w/in 5 days	Percent Receiving Initial Screening w/in 5 days	Number Medical Provider Assigned w/in 10 days	Percent Medical Provider Assigned w/in 10 days	Number Received Comprehensive Examination w/in 60 days	Percent Receiving Comprehensive Examination w/in 60 days
2009	2,477	753	30%	877	35%	1,228	50%
2010	2,557	889	35%	1,210	47%	1,352	53%
2011	2,680	881	33%	1,366	51%	1,098	41%
2012	2,532	865	34%	1,110	44%	1,455	57%

Source: MD CHESSIE – derived by the University of Maryland Baltimore

Although the number of children entering OOH care increased over the past three years, the percent receiving initial screenings within 5 days remains stable, between 30% and 35%. The percentage of children with an assigned medical provider increased to 51% in SFY11 but decreased to 44% in SFY12, while the percentage of children receiving a comprehensive examination fell to 41% in SFY11 but increased to 57% in SFY12. It is believed that these low numbers and percentages reflect poor data entry, rather than children not receiving needed medical care.

In order to address data entry issues, the State will utilize a data clean-up model that worked well for other indicators: Exception reports will be developed, with worker and supervisor identified, of cases where health data has not been entered into MD CHESSIE, and local departments will be expected to update the missing data. The development of exception reports started and the anticipated release for these reports is during the summer of 2013.

Additional feedback will be given to the Local Departments of Social Services (LDSS) through the Quality Assurance process on MD CHESSIE documentation of the initial medical exam (within 5 days), mental health assessments within 60 days, annual medical and dental exams, and ongoing medical/dental/mental health care.

Caseworkers are responsible for ensuring that foster children obtain needed health care and conferring with the physician regarding Medical treatment and follow-up.

All components of the child’s health care are documented in Maryland’s Health Passport. Every child in foster care receives a Health Passport. The caseworker and/or caregiver accompany the child on subsequent visits during which the physician consults with the caseworker and/or

caregiver regarding the child's health and completes the Health Passport. Maryland physicians must complete the Health Passport forms each time they examine a foster child. The Passport includes the following:

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

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

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

The Healthy Kids Annual screening components include:

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

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

There are challenges to being in compliance with the required screenings as described above. Currently a small percentage of children are receiving screenings within the defined timeframes (see table above). Monitoring of the timeliness of screenings and examinations are incorporated into the QA reviews and will be provided in monthly data reports to local departments.

Consultation with Physicians and other Medical Professionals

The Department of Human Resources continues to consult and collaborate 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. A Health Coordinator collaborates with DHMH on issues involving consultation or lack of consultation by physicians. This staff person also coordinates with Maryland's Managed Care Organizations (MCO) and local department of social services health coordinators to ensure effective service delivery.

Headed by Medical Director Dr. Rachel Dodge, MD., M.P.H., the Making All The Children Healthy (MATCH) program continues to provide medical case management and health care coordination for children and youth in the Baltimore City foster care system. In addition to coordinating medical and dental care, the program assures the completion of a mental health assessment of youth upon entry to foster care and completes referrals and follow up for mental health treatment. The program continues to work on a monitoring system that is based on the child's current functioning and complexity of psychotropic medication regimen. A child psychiatrist consultant continues to review the medical records of youth with designated "red flag" to identify youth whose regimen warrants further evaluation based on poor treatment response, complexity of regimen, safety concerns, or treatment that is not consistent with current standards of care. The MATCH program oversees the health care of 2,911 children in foster care, which represents 47% of youth in foster care statewide.

Children placed in Out-of-Home Placement (OHP) continue to be assessed for trauma, using the Child and Adolescent Needs Assessment (CANS). The CANS is completed within 60 days of entry into out-of-home care and for children already in care, the CANS is completed when the child requires a higher level of care, during a permanency plan change, and at the reconsideration period. The two sections, in the MD-CANS, that assess trauma are the Trauma Experiences and Trauma Stress Symptoms. The Trauma Experience section allows the assessor to rate the youth's exposure to traumatic events including child maltreatment and removal. There are 13 items in the Trauma experiences section. The Trauma Stress Symptoms allows the assessor to rate whether the youth needs an intervention to address any of the six Trauma Stress Symptoms (Grief/Separation, Re-Experiencing, Avoidance, Numbing, Affect Dysregulation, and Dissociation). These items were developed by the National Child Traumatic Stress Network.

The assessor is also able to provide a rating for each youth that communicates whether any of the youth's functioning problems are related to prior trauma exposure (Adjustment to Trauma). The assessment results will be used in the development of a treatment plan for each child to address the identified needs. The youth's progress will be monitored through the service plan and the bi-annual CANS assessment score.

The Department continues to work with local departments to increase their awareness of the benefits and availability of evidence based Trauma-Focused Cognitive Behavioral Therapy. During the summer of 2012 a workgroup was developed to begin integrating trauma informed practice into Maryland's child welfare training courses. The Child Welfare Academy developed an introductory course that will be required for all new workers and supervisors as part of a series of courses that are mandatory in the first 2 years, following pre-service training. The assistant directors recommended targeting transitional age youth and voluntary placements for the initial implementation. This training will begin with the first pre-service cohort in July 2013. The State partnered with Kennedy Krieger, Challengers, and foster care alumni on October 5, 2013 to present the impact of trauma in the lives of older youth in foster care. Trauma coordination was transitioned to the Resource Development Unit; however, local departments will still be invited to pilot the curriculum developed by the Child Welfare Academy in consultation with the Trauma Academy at the Kennedy Krieger Family Center.

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

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

Former Maryland foster care children will be eligible to receive comprehensive health care coverage, i.e., all services covered under the Medicaid State Plan. These eligibility changes take effect January 1, 2014.

Next Steps

Consultations and collaborations will be continued 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, University of Maryland School of Pharmacy, Johns Hopkins University, and the Maryland Department of the Environment around issues relating to health care for children in Out-of-Home Placement.

Currently, the Department participates on several committees and workgroups that address improving health care outcomes for children in out-of-home placement; therefore the need for the Health Plan Advisory Committee (HPAC) is being re-assessed.

Oversight of Psychotropic Medications

In August, 2012 the Children's Bureau sponsored the "Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care" summit to bring together State agencies to create action plans to improve their oversight of psychotropic medications. The Department was a part of the Maryland state team. The Maryland state team consisted of representatives from Department of Health and Mental Hygiene's Mental

Health Administration and Medicaid, University of Maryland School of Pharmacy, and University of Maryland School of Medicine. The team identified the following priority areas for improving the oversight of psychotropic medication:

- Continued cross-system collaboration and building partnerships (i.e. DHR/Medicaid/Mental Hygiene Administration)
- System-wide screening and assessment to identify mental health needs
- Increasing access to evidence based treatments
- Enhancing systems for informed and shared decision making. (the draft Informed Consent and draft Oversight and Monitoring of Psychotropic Medication Policy)
- Enhancing system for medication monitoring on the system level (integrated data systems for DHR and MHA mental health claims to begin looking at psychotropic utilization among youth in foster care)
- Increasing use of mental health expertise and consultation to inform medication practices at the client level
- Developing integrated data sharing to ensure care coordination and effective monitoring and oversight.
- Ensuring all stakeholders have access to complete and accurate information.
- Youth engagement and empowerment.

The Department met with DHMH/Mental Hygiene Administration (MHA), University of Maryland School of Pharmacy, Peer to Peer program and community Child and Adolescent Psychiatrist to fine tune the statewide draft policies regarding the Oversight and Monitoring of Psychotropic Medication and Informed Consent and Assent process. The plan is to release documents after supervisors and case workers at the local level have received training on psychotropic medication. The Department is partnering with DHMH/MHA and John Hopkins Child and Adolescent Psychiatry to develop and provide comprehensive training about psychotropic medications. The training will include, but not limited to, an overview of the different classes of medications, side effects, what should happen prior to prescribing psychotropic medications, and the American Academy of Child & Adolescent Psychiatry (AACAP) basic principles regarding psychiatric and pharmacologic treatment of children in state custody. In addition, the Department is in the process of collaborating with DHMH/Mental Hygiene Administration and the Peer to Peer program to develop an automotive process for authorization and monitoring of psychotropic medication for all children in out-of-home placement. In April, 2013 the University of Maryland School of Pharmacy, DHMH/MHA, and Johns Hopkins met with the Assistant Directors of the local department of social services to discuss statewide evaluation, outreach and training.

The Psychopharmacology Monitoring Database is an initiative by State leadership at Mental Hygiene (MHA) and DHR to examine the quality assurance of psychotropic medication use among the children in the Baltimore City Department of Social Services. The database combines administrative records from MHA (i.e. mental health claims) with data on youth in Out-of-Home Placement. The database was designed to reduce inappropriate prescribing to youth in foster care that is not consistent with current standard of care and/or treatment guidelines; enforce appropriate safety monitoring for youth maintained on psychotropic medications; and track psychotropic utilization trends for youth in foster care. This initiative continues as a result of successful collaboration among the State child serving agencies and faculty at the University of

Maryland, Schools of Pharmacy and Medicine. The State continues to meet bi-weekly with stakeholders to develop ways to expand the monitoring database statewide.

The Peer to Peer Program operates through the State Medicaid agency. This program, which was implemented in October 2011, conducts pre-authorization reviews for antipsychotic treatment to youth under five years old. This program impacts all Medicaid enrolled youth, which includes all children in foster care. Providers are required to submit indication for medication treatment/target symptoms, baseline side effect assessments (e.g. fasting blood work is required), information on referral for non-medication psychosocial treatments (e.g. psychotherapy), the antipsychotic medication and dose being requested, and a list of any co-prescribed medication. Initial review is completed by a pharmacist, and a child psychiatrist consultation is provided if the required criteria are not met and prescriber wished to appeal the disapproval. Ongoing review of antipsychotic treatment is required every 90 days to assess if adequate safety monitoring and treatment response has been achieved to support ongoing medication treatment. In the last year, the Peer to Peer program was expanded to include youth age 9 and over, with plans to increase to age 17 by the end of calendar year 2013.

F. DISASTER PLAN

Maryland has an Emergency Operation Plan that enlists and emphasizes the partnership of all of Maryland's governmental agencies and private organizations. This plan did not change from the plan that was submitted with the 2012 Annual Progress and Services Report. 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.

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

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

Twenty-one of the state's twenty-four local jurisdictions have designated their LDSS as the lead agency within their jurisdiction for Emergency Support Function #6 – Mass Care and Emergency Assistance (ESF #6) and the remaining three jurisdictions have designated their LDSS as a support agency to that ESF. This mirrors the structure under the Maryland Core Plan for Emergency Operations (Core Plan); where at the State level DHR is designated as the lead agency to support ESF#6. Under the Core Plan, primary responsibility for responding to an event lies with the local jurisdiction. The State is expected to step in with supplemental resources or additional complete operations when asked to meet shortfalls at the local level. The roles of the LDSS' and DHR as ESF#6 leads within their respective jurisdictions are fundamentally similar, and involve responsibility for developing plans, obtaining resources, and coordinating with other support agencies (both government and Non-Government Organization (NGO)) to meet the needs for shelter, food and water, and other elements of "mass care" during a public emergency. The exact nature and details of those plans vary from jurisdiction to jurisdiction based on local circumstances and the local resources, while simultaneously empowering DHR to coordinate additional resources from throughout the State when they are needed to supplement local efforts.

DHR is taking many steps to meet its additional ESF#6 responsibilities and those emergency duties that naturally fallout from its normal operations. For example, all personnel at all levels of DHR are required to take in-service training courses in Emergency Preparation (EP), and in Shelter Management/Operations (SMO). These courses were developed internally but in consultation with the Federal Emergency Management Agency (FEMA), American Red Cross (ARC), and other partner agencies. SMO is taught jointly throughout the State by staff from Office of Emergency Operations (OEO) and American Red Cross (ARC). The EP course has been modified for presentation to Foster Parents and was offered twice during the year with approximately 50 foster parents participating. A modified version of the course is planned for other communities served by DHR.

Additionally, DHR continues to work with vendor support to develop a framework within MD CHESSIE for tracking the emergency plans of children placed in independent living. The goal is to develop a framework that can be easily adapted to other sorts of placements. The project outlined specific design objectives and is seeking budgetary resources. There are also ongoing investigations of different alternatives for post-disaster reunification and tracking of children in and out of State custody. Partnerships with other entities will likely play a significant role in any long-term solution. Current discussions involve different alternatives with fellow State agencies, nonprofits, and for-profit contractors, and are heavily impacted by budgetary considerations. Maryland did not have a disaster in the last calendar year that impacted child welfare.

The reports created, RE881R In-State Emergency Contact Report and RE882R out-of-state Emergency Contact report are generated weekly. These reports are accessible through business objects. Business objects is a web-based application that is accessible to anyone with the proper security and Virtual Private Network (VPN) access. The report contains the identity and location for children under State care or supervision. The report also provides the names of the worker and their contact information.

G. CHILD WELFARE DEMONSTRATION ACTIVITIES

Maryland does not have any demonstration grants. The State does have the Fostering Connections discretionary grant. Below is an update on the Fostering Connections grant.

Fostering Connections (Family Kin Connections)

Maryland was awarded a No Cost Extension to continue the Kinship Connections: Making Place Matter through Family Connections three-year demonstration project until June 30, 2013. The initial seven pilot counties (Anne Arundel, Baltimore, Charles, Montgomery, Prince George's Washington, and Baltimore City) provide peer consultation to the Round 1 replication counties (Cecil, Dorchester, Harford, Somerset, Wicomico and Worcester) in conjunction with the technical assistance provided by the State. The initial plan for statewide Family Finding and Kinship Navigator implementation was delayed due to lack of projected SFY14 funding resources available. As a result, the timeline will also be extended until September 2014.

Policy directives are being developed to guide the statewide implementation based on lessons learned from the pilot sites. The role of the Kinship Navigators and the approach to diverting children to relative placements will complement the Consolidated In-Home Services Model. The role of the Family Finders will be standardized and aligned with the independent living and identification of permanent connections policies.

The State continues to provide administrative and practice technical assistance to the local departments. Administrative representatives continue to meet monthly to discuss practice activities and challenges. Monthly practice support groups were held for Kinship Navigator and Family Finding staff to share practice experiences and feedback to inform the policy decisions. The Department meets monthly with the Ruth Young Center (RYC) at the University of Maryland School of Social Work and Child Trends research partners to review and refine the evaluation process. As the final data collection and report are being completed, the core evaluation components have been integrated into the Phase II Family Centered Practice to sustain these evaluation activities and gain a longitudinal assessment of practice change.

The Phase II Family Centered Practice evaluation plan began in July 2012. Quarterly evaluation reports are a deliverable that will enable Maryland to expand and monitor the qualitative and quantitative view of practice activities related to family centered practice. While Phase I Family Centered Practice focused on organizational readiness, the main goal of the Phase II Family Centered Practice evaluation plan is to analyze the quality of the engagement efforts for children, parents and other community stakeholders in light of the overall safety, permanency and well-being outcomes for children.

As this process is refined, the family centered practice indicators will be linked with the overall safety, permanency and well-being outcomes. Specific family centered practice data elements are being extracted from the Quality Assurance on-site interviews. As the quarterly Phase II Family Centered Practice reports are submitted, the results will be shared with local departments; a family centered practice indicators will be included in the Continuous Improvement Plan (CIP) template; and the findings will be discussed during the six month Quality Assurance monitoring process. The pilot protocol for integrating family centered practice monitoring and technical

assistance into the Quality Assurance process will be completed by April 2013 and included in the local monitoring beginning in January 2014.

The execution of a long term search engine contract for the Family Finders continues to be delayed due to the lack of a funding source to pay for the services. Local departments continue to partner with their respective Child Support Enforcement staff to access these search engines. This strategy is included on the agenda as consideration for the replication jurisdictions.

Support groups and advisory boards are being held in pilot jurisdictions. The Round 1 Fostering have identified staff and are beginning community outreach activities to analyze the kinship resources and partnerships within their respective jurisdiction and develop resource guides.

Maryland was granted a No Cost Extension to continue the demonstration project until June 30, 2013. The project was originally supposed to end on September 30, 2013. There have been gaps in the collection of data during the transitional period to execute a new contract with the University of Maryland School of Social Work for the No Cost Extension period. The most recent data available is from April 1, 2012-November 30, 2012. Updated data will be included in the final report that will be submitted by September 30, 2013. The final evaluation report will also include a recommendation for an automated MD CHESSIE report to use at the end of the demonstration project. During this period, the Kinship Navigators provided services to 147 new informal kinship caregivers. These families included 209 children whose mean age is 8.6 years of age. The average number of contacts with each family is 3.1 over an average of 3 weeks intervention period. In terms of the Family Finders, 66 cases were opened during this reporting period. The average age of the youth is 15 years of age. The Family Finders close cases after an average of 36 weeks of search services with a range of 3-117 weeks.

H. ADOPTION INCENTIVE PAYMENTS

Maryland was awarded Adoption Incentive Funds for the 738 adoptions achieved during SFY10 and for the 544 adoptions achieved during SFY11. The goals are as follows: (1) To facilitate stabilization of an adoption placement prior to finalization; (2) To help maintain an adoption after finalization; and (3) To recruit families for older children and children of any age who present challenges that hamper identification of family resources for adoption.

Each State has 2 calendar years to spend funds for each award received. The spending period for the 2010 award ended December 31, 2012. Local departments are required to report monthly on the expenditures incurred. As noted in the 2012 IV-B report, each local department was given an allocation. The spending trend did not vary significantly from the trend reported in the 2012 IV-B report. The majority of the funds were spent on maintaining adoptions after finalization for services including counseling, mental health treatment, respite services, educational services including educative tools, physical rehabilitative services and tools, and specialized camps for the children.

The funding period for the second award, for adoptions achieved during FY 2011, began in October 2011 and ends December 31, 2013. Of the local department allocations for this period,

the majority of the funds spent thus far have been for counseling and mental health treatment. Based on discussions with local department staffs, increases for expenditures for renovations services to homes to accommodate children with major physical handicaps are anticipated.

Percentages of the local department allocations spent for (1) services provided prior to finalization, and (2) services provided after finalization in maintaining adoptions after finalization, in post adoption support services are as follows:

Services Provided after Finalization	
Services / Expenses	Percentages
Counseling and mental health therapeutic - (Includes direct therapeutic intervention and evaluations)	74.4%
Respite services	.1 %
Educational and mentoring services	1%
Physical rehabilitation services	1%
Special camp services	2%
Services Provided Prior to Finalization	
Services / Expenses	Percentages
Legal services	1%
Renovation services to homes for children with handicaps	1%
Psycho-social evaluations	.5%
Miscellaneous Expenditures	
Activity	Percentages
Adoptive Parent Training	1%
National Adoption Month Parent Recognition	17%
Local Departments Adoption Recruitment	1%

A portion of the remaining funds were utilized to provide Adoption Subsidy Training. Best Practices training, including interjurisdictional placement was subsumed under the quarterly Out-of-Home Child Welfare regional meetings and provided to local department staff. Thus Incentive Funds were not used as planned for this training. Adoption Best Practices is discussed under the Adoption section of this report. Also, funds were made available for 100 scholarships to the North American Council on Adoptable Children (NACAC) Conference for adoptive families in Crystal City, Virginia in July 2012. Only 13% of the scholarships were used. Based on lessons learned from the 2012 scholarship effort, the Social Services Administration will provide funding for 25 to 30 scholarships for the 2013 conference in Toronto, Ontario, Canada. There will be fewer scholarships due to the location of the conference, and the increase in the number of conference expenses that will be covered by the State. The conference is a valuable training forum for adoptive parents in that workshops and plenary sessions led by leaders in the adoption field address many issues related to parenting special needs children, including managing behavior with challenging children, and managing contact with birth parents in the age of social media.

Funds were also used to give recognition to families who adopted children from the State's public agency caseloads during SFY12. Twenty-three (23) local departments of social services

selected a family of the year; Baltimore City selected 5 families. The families were able to select a venue and/or activity for which they received gift cards.

I. CHILD AND FAMILY SERVICES PROGRAM (CFSP) TRAINING PLAN

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

Training Updates

- Based on the results of the needs assessment and the development of new policies, the Child Welfare Academy (CWA) developed a comprehensive pre-service and in-service training track proposal. The comprehensive pre-service and in-service training track will be implemented in July 2013. In addition to the pre-service skill based classes, new staff will be required to complete a foundation series to include topics related to trauma informed practice; strategies for family centered case planning; impact of child maltreatment on child development; and secondary trauma. Advanced child welfare series would be offered as in-service trainings for In-Home Services, Out-of-Home Placement and resource development staff as these courses are developed. The advanced series would include topics, such as concurrent permanency planning; advanced interviewing techniques; special considerations for visitation; and achieving well-being with special populations.
- Trauma informed practice is highlighted across the training continuum. There is a course that gives a trauma overview along with strategies for working with children and their families. This course includes using the CANS assessment and other screening tools to help with case planning decisions. There is an overview of normal child development and the presenting behaviors for child maltreatment. Other workshops address the sexualized behaviors in traumatized children and teens and self care issues for staff to cope with secondary trauma.
- A fatherhood and paternal kin pilot training began in July 2012. The curriculum highlights the importance of engaging fathers and paternal relatives in case planning decisions and offers strategies to facilitate improved interaction and involvement. Based on feedback from participants, the curriculum was revised. A video was added as part of the curriculum to share the stories of the fathers whose children were involved with Maryland's child welfare system. This new curriculum was offered on June 13, 2013 with a total of 23 participants. The quarterly training will be offered regionally.
- Training for the Supervision Model was conducted from September 2012 - February 2013. Two cohorts for new and experienced supervisors enrolled in the six pilot sessions. The participants in the new cohort were assigned supervision coaches to reinforce the skills outlined in the learning plans that the participants developed. The curriculum and the implementation activities are being revised based on the feedback from these initial

cohorts. Advanced training and transfer of learning activities will be included in the implementation redesign. The next cohort for the supervision training will begin in September 2013.

- A general family finding course was introduced in December 2012 to reinforce the importance of making permanency a priority and dispelling misconceptions that become barriers to achieving permanency for children and youth.
- The specialized training series continued. The topics included, Early Childhood Mental Health, Domestic Violence, Medical Aspects of Abuse and Neglect, and Substance Abuse.
- The fourth annual Voluntary Placement Summit was hosted on December 14, 2012. The agenda included panel state agencies to address the services available to families along with an MD CHESSIE refresher presentation and a discussion of practice challenges that locals are encountering.
- A general Alternative Response curriculum for child welfare staff and community partners was finalized in March 2013. A specialized course for screening units and child protective services staff will start in April 2013. The core components of the signs of safety framework will be reinforced in these courses.
- Strategies to enhance concurrent permanency planning began in April 2013 as an in-service training course.
- A visitation course will begin in May 2013 to reinforce the importance of maintaining family connections, enhancing well-being and promoting permanency.
- Several courses for specialized populations were introduced. A course on understanding adolescent sexuality and the needs of the LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) youth was added. In addition, a course dedicated to engaging and teaming with boys and male youth was added.
- The on-site computer lab established at the Child Welfare Academy in SFY12 to orient the new employee to MD CHESSIE continues to be operational. This four-day MD CHESSIE training is conducted as an additional pre-service training module. All new employees registered for pre-service training are required to complete the MD CHESSIE module. Beginning in January 2014, the content of MD CHESSIE module will be integrated into the other pre-service modules. The new employees will be able to practice using MD CHESSIE within the context of the skills taught during the other modules. The separate MD CHESSIE module will be eliminated; however, the same content will be provided to enhance and reinforce the transfer of learning skills for new employees.

The Department meets with the CWA monthly to review plans for prioritizing the training needs for statewide practice activities. The State shared feedback from the needs assessment and solicited input on the comprehensive training plan from local administrators and representatives on various workgroups, such as the Family Centered Practice Oversight Committee, Fostering Connections Implementation Team, and Family Involvement Meetings (FIM) Practice Support Group. This representation included a cross-section of programs and staff levels. SSA has an ongoing mechanism to offer pilot sessions for new initiatives to direct service staff and facilitate their debriefing recommendations to refine the courses. In September 2012, the Department and the CWA instituted joint quarterly meetings with program managers and trainers to facilitate this continuous quality improvement process of incorporating policy into training activities by

assessing best practices and transfer of learning strategies for the application of knowledge and skills.

The Department continues to work with the CWA to develop a comprehensive evaluation model to assess the effectiveness of training and the connection to practice outcomes. This will include additional transfer of learning opportunities for caseworkers and supervisors. A facilitation fidelity instrument was developed, but other best practice standardized fidelity measures continue to be explored. The facilitation fidelity criteria will be piloted in June 2013. Efforts continue to be made to identify an objective research consultant to conduct the evaluation.

Youth orientation seminars were held with the panelists for the youth engagement training. The intent was to better support the youth in sharing their stories and creating boundaries to protect their disclosures. Several of the youth have suggested using the youth panelist as co-trainers for these orientation sessions. This would offer an enhanced life skill opportunity to prepare them for the training and peer support for each other.

Maryland continues to train child welfare staff to facilitate Family Involvement Meetings (FIMs). Staff have the ability to attend either the 3-day FIM Facilitation course or the 1-day FIM Facilitation class. The 3-day FIM Facilitation course is particularly geared for staff that will be regularly facilitating meetings. The 1-day FIM Facilitation class is designed to provide supervisors and caseworkers with an overview of the FIM process, increase their understanding of the inner workings of a meeting and a participant's role and responsibilities in an FIM. Six month follow-up for the training cohorts will continue to be completed. The impact of the 1-day training will be included in the Phase II Family Centered Practice quarterly evaluation reports starting in July 2013. The monthly sessions for coaches continues to provide an opportunity for local department facilitators and supervision coaches to practice their coaching skills and share how they have used coaching skills in their daily work.

The Department continues to host Bi-Annual Child Welfare Regional Supervisory Training. Each Bi-Annual Regional Training is conducted at four (4) selected dates and locations to encourage statewide participation.

Approximately 400 supervisors attend each Bi-Annual Regional Training. These trainings include policy and data reviews, technical assistance with program policy changes and new legislation, plus giving the opportunity to interact with statewide supervisors and central staff. Also attached is the training matrix for courses for the Department of Juvenile Services (Appendix K).

J. QUALITY ASSURANCE SYSTEM (EVALUATION AND TECHNICAL ASSISTANCE GOALS AND OBJECTIVES)

Current Process

In SFY13, the state continued quality assurance work under the policies and procedures of the *Child Welfare Continuous Quality Improvement (CQI) Policies and Procedures Manual*, which had been revised and published in SFY12. This CQI process was developed based on

feedback from local departments, as well as areas needing improvement identified (ANIs) in the last federal Child and Family Services Review (CFSR) (June 2009). The current process combines analysis of aggregate and qualitative data, and increases community and client participation. The state's Place Matter's Indicators are used as the primary CQI indicators, with the CFSR items identified as ANIs also being carefully reviewed.

The CQI process meets federal CFSR PIP measurement requirements and Maryland Child Welfare Accountability Act (2006) requirements.

The Continuous Quality Improvement process is based on four major components:

1. The Local Department of Social Services (LDSS) self-assessment;
2. MD CHESSIE case reviews by the Department's Quality Assurance unit;
3. On-site review of the LDSS;
4. The LDSS development and implementation of a Continuous Improvement Plan.

At the initiation of the CQI process, the LDSS conducts a comprehensive self-analysis, during which stakeholder focus groups are held and an analysis of aggregate data (on the Place Matters/ CQI indicators and other data) is completed. The Quality Assurance staff then complete comprehensive MD CHESSIE case reviews on a random sample of Investigation, In-Home, and Out-of-Home cases (30 total; 10 from each program area). Finally, the Quality Assurance team leads a volunteer group in conducting interviews on-site at the LDSS with case-related individuals (children, youth, family members, foster parents, etc.). Additional interviews are held with stakeholder focus groups (providers, attorneys, judges, school personnel, staff, etc.). To assure high stakeholder participation the QA unit recently began reviewing the interview schedule/participant list with the jurisdiction two weeks prior to on-site interviews, and provided more flexible schedules to increase likelihood of attendance. All participants are documented as part of the on-site report, and currently the State does not follow up with these participants, however, the local jurisdiction may do so as part of its continuous improvement plan. These three components provide detailed information about the causes behind trends (positive and negative) seen in the aggregate data.

After this process, the LDSS develops a Continuous Improvement Plan in conjunction with the Department, and then enters a three-year implementation and monitoring period. Monitoring is conducted semi-annually, with technical assistance provided by the University of Maryland School of Social Work.

It should be noted that, as part of the CQI process and prior to the on-site review process, local departments also participate in semi-annual monitoring with the School of Social Work, similar to the CIP monitoring process. Aggregate data is analyzed, progress is reviewed, and strategies are developed to improve performance and outcomes as needed. Monitoring is conducted every six months, and is included in the LDSS self-assessment.

Schedule of Reviews

By the end of SFY13, the State will have completed eight (8) child welfare Continuous Quality Improvement on-site reviews of local departments of social services. This will represent completion of 18 reviews under the new policies and procedures, leaving six (6) local

departments to be reviewed in SFY14. After the completion of these final department reviews, the State will revise the CQI process before beginning the next round of 24 LDSS reviews (discussed in detail below; the process will be assessed and revised at the conclusion of each round of 24 LDSSs reviews, which takes approximately three years to complete).

The eight (8) departments reviewed in SFY13 were: Calvert, Carroll, Frederick, Garrett, Harford, Prince George's, Queen Anne's, and Talbot. The remaining to be reviewed in SFY14 are: Anne Arundel, Baltimore City, Caroline, Charles, Kent, and St. Mary's.

Dissemination of Findings

Findings from each individual LDSS review are formalized into a report, which is shared with the local department and with the SSA leadership team, in order to ensure that needed training and technical assistance are provided. Common findings thus far indicate statewide challenges regarding resources for children and families with special needs, services and resources for older youth, difficulty in some jurisdictions recruiting permanent resource homes for children/youth, and need for technical assistance to individual jurisdictions on policy implementation. DHR/SSA's contracts and resource units have several strategies in place to realign contracted resource providers with services needs, local departments are implementing targeted recruitment strategies for permanent resource families, and individual technical assistance is being provided as needed. Specific recruitment strategies are outlined under the Foster and Adoptive Parent Recruitment section.

Providers and other community members/stakeholders are introduced to CQI principles in a couple ways through the on-site review process, either as volunteer interviewers, or as interviewees. In both instances, the CQI staff review the purpose and process of CQI with these groups, and this will help to acclimate the service community and stakeholders to these priorities and enhance provider understanding of child welfare resource challenges.

CFSR PIP Measurement

The CQI process is used to measure the State's progress on the CFSR Items identified as ANIs in the June 2009 review. Initially, nine (9) items were identified as ANIs:

- Item 1- timeliness of investigation
- Item 3 – services to families to prevent foster care entry/re-entry
- Item 4 – risk assessment and safety management
- Item 7 – permanency goal for children
- Item 10 – Another Planned Permanency Living Arrangement (APPLA)
- Item 17 – needs and services of child, parents, and foster parents
- Item 18 – child and family involvement in case planning
- Item 19 – caseworker visits with children
- Item 20 – caseworker visits with parents

Rating and scores from the MD CHESSIE case review instrument, completed by the Quality Assurance staff, are used to measure the progress in these PIP Items. Investigation, In-Home, and Out-of-Home case reviews are included in the PIP measurement plan.

After a six-month baseline reporting period (November 2011 – April 2012, with Period Under Review (PUR) of November 1, 2010 to February 29, 2012), specific improvement goals were established by the Children’s Bureau. Four six-month reporting periods are scheduled (A, B, C, and D).

Five (5) of the initial nine (9) ANIs were achieved in Reporting Period A (May 2012 – October 2012, with PUR of April 1, 2011 to August 31, 2012).

The remaining CFSR Items the State needs to achieve to fully complete the PIP are: Item 1, Item 3, Item 4, and Item 17.

Evaluation of Current Process

The Department and School of Social Work staff is committed to continuous quality improvement for the CQI process itself, and consistently look for ways to make the process more accurate, comprehensive, and meaningful for all stakeholders. Feedback from LDSS participants, the School of Social Work, and other participants is used to improve the current system each month, and will also be used in the larger revision process scheduled for spring 2014. The current CQI process has gone through a natural evolution, with today’s work at a higher level of quality and effectiveness than at the beginning of this cycle. This is due to ongoing evaluation of the process, analysis of feedback, identifying areas to improve, and implementing needed improvements. The Quality Assurance unit believes that it should act as a model for the LDSSs, embracing the principles and work of CQI that are expected of the LDSSs.

Satisfaction surveys are completed by volunteer interviewers at the end of each on-site review, and feedback is also requested of each LDSS at the end of their on-site review. Feedback received this year resulted in revisions in the case-related scheduling process, coordination and planning process, and interview questions. Additional strategies are currently being developed to further increase parent/child participation in the process, including additional family and youth focus groups, more flexible interview scheduling, and additional technical assistance provided to LDSSs to engage families in the CQI process.

Planned Revisions to the Process

The current round of LDSS on-site reviews will be completed in February 2014. At the conclusion of this round, a comprehensive evaluation and revision of the CQI process is planned. (At the conclusion of each round of 24 LDSS reviews, an assessment and revision process will occur). The revision process will be led by Central office staff. “Lessons learned,” feedback from the past three years, and stakeholder input will be central to this revision process. Place Matters/CQI indicator data will be reviewed to assess improvements made (or not made) during the CQI process, and feedback will be solicited from LDSSs as to the impact of the CQI process on those indicators. Stakeholders will include DHR/SSA, local department staff, families, children/youth, sister agency staff, other child welfare professionals, colleagues from the School of Social Work, and others.

As stated earlier, the current CQI process continuously evolved and improved throughout the past three years, based on stakeholder feedback and staff experience. The revision process

planned to begin after the conclusion of this current round is an extension of an ongoing improvement process, but will have the larger goal of evaluating and revising the entire process.

A significant amount of time will be needed to revise the MD CHESSIE case review instrument; this will entail editing, adding, or cutting current review items, refining/creating rating definitions and instructions, and reliability testing. (Reliability testing to be completed by the School of Social Work.) Although the interview questions will likely also be revised, it has not yet been determined if they too will undergo reliability testing; the Quality Assurance unit found it beneficial to adjust the interview questions over time, based on feedback and experience. Consistent areas of practice and outcomes, however, have remained the focus of interviews; but better ways of asking for this information have become apparent with experience. This flexibility may outweigh the benefit of undergoing reliability testing for a “fixed” instrument.) It is also possible that currently available standardized instruments may be adopted in place of Maryland’s developed instruments, but that is yet to be determined.

Additional work will include revising requirements and templates for self-assessments, on-site reports, Continuous Improvement Plans, etc. During this time, however, CIP monitoring will continue for each LDSS on a semi-annual basis.

At the conclusion of the revision process, policies and procedures, and the manual, will be revised in accordance with any changes to the CQI model, and training provided to all participants. This revised manual, as is the current manual, will be available to all the Department’s and LDSS staff through SSANet (intranet). All other participants currently (and will) receive full information about the process.

Response to ACYF-CB-IM-12-07

In August 2012, the Children’s Bureau published an Information Memorandum (IM) outlining new guidelines for States’ child welfare CQI systems. Maryland had already planned a revision of the CQI process for the next round of LDSS reviews, and after the publication of the IM, incorporated those guidelines into this evaluation and revision process. The state is working to further align the State’s CQI system with the best practices outlined in the Children’s Bureau IM.

An initial, internal review of the guidelines in the IM indicates that Maryland’s current CQI practice is already aligned with a majority of the new guidelines. In fact, the philosophy and structure of Maryland’s CQI model mirror that of the model outlined in the IM, and the areas in which Maryland does not currently fully meet the standards of the IM were areas the QA unit had already identified as areas needing improvement for the next iteration of the CQI process.

Having conducted this initial assessment of the current process, the State assessed its readiness and likely challenges in fully implementing the CQI model outlined in the IM, as well as preliminary aspects of the revised system (Appendix L) contains the preliminary gap analysis, which is the basis of the ongoing assessment of Maryland’s CQI process):

1. *Foundational Administrative Structure* – The State clearly defined oversight of the child welfare system and CQI process, with consistent application across the state and published policies and procedures. The most significant challenge will be capacity and resources, especially staff, depending on the extent to which this new model will call for

increased number of case reviews or interviews, increased frequency of reviews, or other expanded work.

Certain elements of the current CQI system will continue, including a partnership between the Department and the LDSSs in analyzing data, identifying areas of strength and areas needing improvement, and identifying effective strategies to improve practice and outcomes. Aggregate data, MD CHESSIE case reviews, case-related interviews, and stakeholder interviews will continue to provide critical information.

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

2. Quality Data Collection – The State significantly increased its ability to extract and analyze aggregate data from the SACWIS in recent years; accuracy and reliability also increased as evidenced by reduction of AFCARS data elements failing to meet compliance standards (to one item-date of father’s TPR date), acceptance of annual NCANDS file, penalty-free NYTD FFY2012 reports, and caseworker visitation reporting based entirely on MD CHESSIE documentation). The State is turning attention to other indicators that need to attain a higher level of consistency, such as health and education data reporting. The short term strategy is to use MD CHESSIE exception reporting which is similar to the process undertaken to improve caseworker visitation reporting; the long term strategy is to create electronic interfaces with the schools and health department in Maryland to import actual events from these other systems in the foster child’s record. This long term strategy would both obviate the need for foster care worker data entry and provide automatic updates in the MD CHESSIE record about a foster child’s education and health status.

In terms of qualitative data, the MD CHESSIE case review instrument will be revised and undergo inter-item and inter-rater reliability testing in the next year by the University of Maryland School of Social Work.

3. Case Record Review Data and Process – The current case review and interview process is largely aligned with the new IM guidelines. As part of the revision process for the next CQI iteration/round, the sample sizes will be reevaluated to ensure that they can provide a basis for meaningful statistical inference, and to determine appropriate demographic stratifications. As stated above, the interview questions were revised this year, and will be reevaluated again; the case review instrument will also go through a revision and reliability testing process.
4. Analysis and Dissemination of Quality Data – This is currently an area needing improvement for the State. Although the current process is successful in gathering and analyzing data, wide dissemination of data is currently mostly limited to aggregate data. Caseload data and Place Matters data are regularly published on the DHR website and the Governor’s website, and shared with advisory boards and other stakeholders.

Qualitative findings, however, are not widely shared with stakeholders on the state level, but this area will be addressed during the upcoming revision process. Currently, the qualitative findings are shared with the LDSS, the School of Social Work, and Central staff; external stakeholders who may benefit from receiving information on qualitative findings include the Child and Family Services Advisory Board, and other child welfare entities, such as the Foster Care Court Improvement Project.

The revision process will seek to ensure wider dissemination of data to and engagement of stakeholders.

5. *Feedback to Stakeholders and Decision-Makers, and Adjustment of Programs and Process* – The State currently shares aggregate data with advisory boards and front-line staff in several regular forums. Decisions at the Department leadership level are data-driven: programs/policies are adjusted as needed based on review of performance and outcome reports and input by the SSA Leadership Team/Child Welfare advisory bodies (including the SSA Steering Committee, Child and Family Services Advisory Board, Youth Advisory Board), discussion of federal and state expectations, leading to executive decision-making by the SSA Executive Director and the Secretary of the Department of Human Resources.

The CQI process itself was adjusted several times over the past two years to improve procedures, and the entire process will undergo more comprehensive revisions in the coming year, based on feedback and performance. *(Please note that any revisions made to the CQI process will not affect any commitments made in the CFSR PIP Measurement plan.)*

As part of the revision process, additional methods of engaging stakeholders will be reviewed for effectiveness and feasibility, and adopted as appropriate.

Research/Evaluation

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

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

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

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

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

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

Child welfare data is made available to the public monthly via the DHR website (http://www.dhr.state.md.us/blog/?page_id=2856 . . . DHR homepage > Documents > Data and Reports > SSA) and other publications.

The State continues the Place Matters initiative, which focuses on Family Centered Practice and the safe reduction of the number of children in Out-of-Home care. The Place Matters indicators have been a critical evaluative tool since SFY 2009, although they have evolved over the past several years as available data changed and priorities shifted. The current Place Matters indicators and SFY13 goals are:

- CPS Investigation open less than 60 Days at end of month (goal of 90% or higher)
- Number of children in Out-of-Home care (overall statewide goal of 6,193 or less by end of SFY13; each jurisdiction has individual goals designed to reach the statewide goal)
- Reducing the proportion of children placed in group care (goal of 11% or less)
- Increasing the proportion of children placed in family homes (goal of 75% or higher)
- Caseworker visitation (goal of 93% or higher)
- Number of children exiting to guardianship
- Number of children exiting to adoption
- Placement Stability - percent of foster children less than 12 months with two or less placement settings (goal of 86% or higher)

As of the writing of this report (April 2013), the State has met or is close to meeting all Place Matters goals except the goal of 75% or more of children placed in family homes. For the last 2-3 years, this proportion remained approximately 72-73%. One challenge to reaching this goal is children who have significant mental health diagnoses and related behavioral issues, and need more intense placements such as group homes or residential treatment centers (RTCs). Several local departments have reported increasing needs among younger children, as well as similar needs among older youth. Related to this are voluntary placement agreements, which comprise 5% of all OOH placements, and generally are all for high-intense placements (such as RTCs).

Meanwhile, approximately 4% of all OOH placements are independent living placements for older youth. Although not family homes, these placements are often the most appropriate; youth ages 18, 19, and 20 not in foster care often live on their own (or partially on their own), and independent living placements are developmentally appropriate and help youth prepare for life after foster care.

K. BIRTH TO 5 INITIATIVES

Foster Children Under the Age of 5

Over the past four (4) state fiscal years, children under the age of 5 have comprised approximately 20% of the total OOH population. As this total population is expected to decrease, so is the number of children under the age of 5. As of the end of April 2013, there are 1,315 children under the age of 5 in care. Not surprisingly, the majority of children (70% as of April 2013) have a permanency plan of reunification. The projected count of children under 5 in foster care is 1,165 as of April 2014.

For all years, the largest proportion of these children is under 3, although this proportion decreased slightly, from 66.4% as of April 2010 to 64.0% as of April 2013. A majority are African-American, although the percent of African-American children under the age of 5 (54% at end of April 2013) is less than that of the overall African-American portion of all children in OOH care (68%, end of April 2013). There is a corresponding higher percentage of children under 5 who are White/Caucasian (42%) than for the overall OOH population (30%), for the same time periods. A small percentage of children under 5 in foster care have had parental rights terminated. As of April 2013, only 35 children under age 5 have had TPR.

Number/Percent of Children in OOH Care Under Age 5

	4/30/2010	4/30/2011	4/30/2012	4/30/13	Projected 4/30/14
Under age 5	1733	1516	1431	1315	1165
All OOH	8632	7804	6982	6297	5825
% of OOH under age 5	20%	19%	20%	21%	20%

Source - MD CHESSIE

Number of Children in OOH Care Under Age 5, with Termination of Parental Rights

	4/30/2010	4/30/2011	4/30/2012	4/30/13
Under age 5, w/ TPR	70	57	42	35

Source - MD CHESSIE

	4/30/2010		4/30/2011		4/30/2012		4/30/2013	
	#	%	#	%	#	%	#	%
Adoption	271	16%	201	13%	206	14%	183	14%
APPLA - Child Requires Long Term Care	4	0%	0	0%	0	0%	0	0%
Guardianship	85	5%	77	5%	85	6%	70	5%
Live with Other Relative(s)	171	10%	80	5%	47	3%	24	2%
Reunification	1000	58%	940	62%	902	63%	924	70%
Not Yet Determined/Missing	202	12%	218	14%	191	13%	114	9%
Grand Total	1733	100%	1516	100%	1431	100%	1315	100%

Source - MD CHESSIE

Demographics - Children in OOH Care Under Age 5

By Gender	4/30/2010		4/30/2011		4/30/2012		4/30/2013	
	#	%	#	%	#	%	#	%
Female	847	49%	725	48%	701	49%	633	48%
Male	886	51%	791	52%	729	51%	682	52%
By Race*								
Black/African - American	983	57%	792	52%	736	51%	704	54%
Other/Multiple/Unknown	115	7%	89	6%	79	6%	63	5%
White Caucasian	504	29%	502	33%	508	35%	548	42%
By Ethnicity**								
Hispanic	66	3.8%	69	4.6%	61	4.3%	55	4.2%
Not Hispanic	1416	81.7%	1243	82.0%	1201	83.9%	1082	82.3%
By Age								
0	312	18.0%	262	17.3%	263	18.4%	264	20.1
1	433	25.0%	375	24.7%	323	22.6%	326	24.8
2	405	23.4%	351	23.2%	320	22.4%	251	19.1
3	317	18.3%	290	19.1%	265	18.5%	254	19.3
4	266	15.3%	238	15.7%	260	18.2%	220	16.7
TOTAL	1733	100.0%	1516	100.0%	1431	100.0%	1315	100.0%

*Race - American Indian, Asian, and Native Hawaiian/Pacific Islander together make up less than 1% each year; remainder are unknown/race declined (7-9% each year)

**Ethnicity - Unknown/no response equals 11-14% each year

Source - MD CHESSIE

Approximately 98.4% of the children under 5 are placed in Family Home Settings. Maryland has put an important emphasis on ensuring and promoting positive child-well being outcomes for children 5 and under. The state realizes how crucial it is to monitor the progress of children in several areas, and chose three overarching themes and eight results areas to describe child well-being across all age groups. Of the eight result areas the five target children 5 and under (they are listed in blue below):

Maryland's Three Overarching Themes

1. Health
2. Education
3. Community Life

Maryland's Eight Results for Child well-Being

(Blue results target children 5 and under)

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

To read more about Maryland's Results for Child Well being please see

<http://goc.maryland.gov/PDF/2011%20Results%20for%20Child%20Well-Being%20Report.pdf>

Along with Maryland's Results for Child Well-Being, the Children's Cabinet made children 5 and under a priority. The efforts have focused on the following initiatives: Funding Evidence Based Home Visiting Practices (described on page 34); Ready at 5; the Five-Year School Readiness Action Agenda; efforts to reduce substance exposed infants; and concurrent permanency planning.

Ready At 5

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

Ready At Five aims to improve the school readiness of Maryland's young children, birth to age

5. Ready At Five works toward this goal by:

- Coalescing, influencing, and galvanizing key stakeholders, policy makers, and communities to support early care and education
- Providing professional development to build a vibrant, highly skilled workforce of "First Teachers"—parents, early educators, and pre-k and kindergarten teachers
- Promoting high quality early learning environments and best practices to ensure positive results for young children

For more information about the 2012 accomplishments please visit <http://www.readyatfive.org/raf/about-us/what-we-do.html>

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

Five-Year School Readiness Action Agenda

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

The Action Agenda Goals

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

For more information about the action agenda please review:

<http://www.msde.maryland.gov/NR/rdonlyres/0EEEC3E55-AF50-495C-B01F-412DAE007843/31007/5yrMLAP.pdf>

Home Visiting

Home Visiting is a voluntary early childhood strategy that can enhance parenting, and promote the growth and development of young children. Evidence-based home visiting programs are focused, individualized and culturally competent services for expectant parents, young children and their families, and caregivers (including friends, neighbors and kinship caregivers) in their homes. They help families strengthen attachment, provide optimal development for their children, promote health and safety, and reduce the potential for child maltreatment.

Five evidence-based home visiting programs are in use in Maryland: Nurse-Family Partnership, Healthy Families America, Parents as Teachers, HIPPPY, and Early Head Start. The total capacity of these programs is enough to serve only a small percentage of estimated eligible families who would choose to participate. There are other home visiting programs in Maryland such as Baltimore City's Healthy Start program, and the Maryland State Department of

Education's Infants and Toddlers program that provide family support and education focused on the family's needs. For overview on Home Visiting, please refer to "Home Visiting in Maryland: Opportunities & Challenges for Sustainability" prepared by The Institute for Innovation and Implementation (Appendix M).

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

Maryland Early Childhood Advisory Council (ECAC)

The Council is composed of early childhood educators, policy-makers, and community advocates. Its mission is to identify the most important factors and most effective strategies for making the greatest possible gains in early care and education. The ECAC developed a three-year action plan with three clear goals:

1. All children, birth through age five, will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families.
2. Families of all young children will have access to the resources needed to be their child's first teacher.
3. Children, birth through age five, will have access to adequate and equitable resources that will enable them to arrive at school with healthy minds and bodies.

Maryland's Local Early Childhood Advisory Councils (LECACs)

The Race to the Top Early Learning Challenge (RTT-ELC) grant will enable Maryland to create a seamless Birth-to-Grade 12 reform agenda to ensure that all young children and their families are supported in the state's efforts to overcome school readiness gaps and to move early childhood education in Maryland from a good system to a great system.

The Maryland State Department of Education (MSDE) is the fiscal agent for the grant and its Division of Early Childhood Development takes the lead in implementing the funds. The Governor's State Advisory Council on Early Care and Education advises MSDE on the implementation of the RTT-ELC State Plan. Participating state agencies, including the Maryland Department of Health and Mental Hygiene, the Maryland Department of Human Resources, and the Governor's Office for Children, collaborate with MSDE in support of the State Plan. Ten innovative projects address the scope of Maryland's Race to the Top Early Learning Challenge State Plan. The ECAC's completed project 1, which is the establishment of local early childhood Advisory Councils, and will continue in SFY14 to work on the remaining projects in the state plan.

For more information about the RTT-ELC State plan and the interagency initiatives for the States birth-five population please visit:

http://marylandpublicschools.org/MSDE/divisions/child_care/planning

Early Childhood Mental Health Consultation (ECMHC)

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

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

ECMHC has two general approaches:

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

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

Social Emotional Foundations of Early Learning (SEFEL)

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

Services for Substance-Exposed Newborns and Their Families

In the summer of 2012 the Department of Human Resources (DHR) drafted legislation requiring health care practitioners to notify the Local Department of Social Services (LDSS) when they identify a newborn displaying the effects of prenatal controlled drug use or of a fetal alcohol spectrum disorder. The rationale is early intervention, ensuring that the local department can promptly assess safety and risk and develop a plan of safe care for the infant. In addition,

families can be referred to community resources such as substance abuse treatment, parent education programs, and concrete supports.

The Secretary of DHR convened a group of stakeholders from the MD Chapters of the American College of Obstetricians and Gynecologists and of the American Academy of Pediatrics, the Maryland Hospital Association, and Legal Aid to review the draft and offer recommendations. After several meetings a consensus was reached, and the proposed legislation was sent to the Governor and was then introduced in the Maryland General Assembly as House Bill 245. With strong support from the medical community, the legislation passed and was signed into law on April 9, 2013. The law goes into effect October 1, 2013 and requires DHR to write regulations and to submit an annual report in 2014 and 2015 to the legislature. Passage of this law codified the practice for reporting substance-exposed newborns that many hospitals in Maryland followed voluntarily. DHR will work closely with the LDSS' to inform health care practitioners, hospital staff, and community service providers about the law and to ensure its implementation in a consistent manner among jurisdictions.

DHR also continues to track collaborative efforts led by the local health departments in the three counties on the Lower Shore, Carroll County and in Baltimore City to develop interventions to prevent substance-exposed pregnancies and to engage women in substance abuse treatment services prenatally. Since implementing the 4P's Plus program, known as SART (Screening, Assessment, Referral, and Treatment) in Carroll County in September 2010, a total of 2,630 pregnant women have been screened by their prenatal care providers using the 4P's Plus Questionnaire. The screen consists of four initial questions relating to whether either of the woman's parents or her partner had a problem with alcohol or drugs; whether the woman ever consumed beer/wine/liquor; and whether the woman smoked cigarettes, drank, or smoked marijuana in the month before she knew she was pregnant. Carroll County also includes two questions on domestic violence and on depressive symptoms.

There were a total of 1,474 positive screens, or about 56% of the total number of screens completed. The majority of the screens resulted in education about the harmful effects of tobacco, alcohol, and drug use on the fetus. Of the total positive screens, 60 brief interventions were given (4.1%). Among women with a positive screen, a total of 100 referrals were offered and 42 (42%) of those referrals were accepted.

Finally, the Department continues to work with the Regional Perinatal Advisory Group (RPAG) to develop a toolkit for all obstetrical care providers statewide on screening for and managing alcohol and drug use during pregnancy. DHR will provide a section in the toolkit to explain the new law and its mandate to report newborns affected by controlled drugs or a fetal alcohol spectrum disorder.

Child Protective Services

The federal Child Abuse Prevention and Treatment Act requires children birth through their third birthday who are involved in a substantiated (Indicated in Maryland) case of child abuse or neglect be referred to early intervention services funded under part C of the Individuals with Disabilities Education Act. In Maryland that program is Infant and Toddlers. Each of

Maryland's twenty-four jurisdictions have agreements between child protective services and the Infant and Toddlers program that spells out the referral process.

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

Maryland continues to develop the ability to report the number of children ages 0-3 with an 'indicated' finding referred to Infants and Toddlers for assessment. The Department does have a referral form for Infants and Toddlers as a paper document however, has not been entered it into MD CHESSIE. Currently the form serves a dual purpose and asks workers to identify whether children subject of the referral are 0-3 (up to age 3) or 4-5 years of age. Because the report is not automated it is difficult to report on the number of referrals made statewide. Maryland, using data contained in MD CHESSIE, can report on the number of children in 'indicated' cases referred for on-going services. The numbers are as follows:

- There were 15,317 children between the ages of 0-5 in situations investigated following allegations of child maltreatment.
- 1,905 of the children between the ages of 0-3 having an indicated finding were referred to Continuing In-Home Services.
- 560 children between the ages of 4-5 having an indicated finding were referred to In-Home Continuing Services.

While this is not an exact number of children referred to Infants and Toddlers it suggests that children with an 'indicated' finding were in need of service. Policy requires that children 0-3 be assessed and referred to Infants and Toddlers which is a likely reason for maintaining the family for on-going in-home service.

Maryland realizes the need to accurately report on this data item. MD CHESSIE planning for SFY14 includes adding Referrals to Infants and Toddlers as a new "agency provided service" data item created to capture this data and the ability to generate an ad-hoc business objects report on this data will be created.

Local Programs- Anne Arundel County

The Anne Arundel County Family Support Center offers services to at-risk families who have children under 3. The Center provides home visitation services to families who are referred and offer a Teen Parent Alternative Program so that pregnant and parenting teens can receive their high school diplomas while learning to parent their young children. An evening program is offered, where families in Annapolis can drop in with their young children to participate in parenting activities and support groups. The Young Fathers Program is in the Family Support Center and promotes healthy relationships and employment counseling.

Birth to Five Initiative

The Birth to Five Initiative began in Anne Arundel County by training all staff in the use of the Ages and Stages Questionnaire (ASQ). All children receiving services in In-Home and Out-of-

Home Care, who are five and under, are being assessed to identify any developmental delays. Children with delays are referred to services that include local Infant and Toddlers Programs but also to pediatricians who are aware of the local's efforts. Foster parents are in the process of learning how to use the tool.

Anne Arundel County LDSS trained all staff to identify the symptoms of "trauma" so that staff may help the children's caretakers understand why a child may be acting a certain way. In a few months, the training will be expanded to include all providers, kinship caretakers, and foster parents to recognize and deal with "trauma." The efforts are focused on the birth to five age group in an effort to reduce the effects of trauma that are often manifested in later years. A consultant with expertise in this field was hired to assist staff with difficult cases.

Concurrent permanency planning

In Maryland, concurrent permanency planning is defined as "the process of taking concrete steps to implement both primary and secondary permanency plans" (COMAR 07.02.11.03).

Concurrent permanency planning is the simultaneous pursuit of two permanency goals in order to achieve permanence for a child as safely and expeditiously as possible. The plans should include specific efforts that can be made at the same time towards the achievement of permanency. Concurrent planning requires not only the identification of an alternative plan, but also the implementation of active efforts toward both plans simultaneously, with the full knowledge of all case participants. Compared to more traditional sequential planning for permanency, in which one permanency plan is ruled out before an alternative is developed, concurrent planning may provide earlier permanency for the child.

The Case Planning / Concurrent Permanency Planning Policy Directive SSA# 13-2, was finalized and issued to all Local Departments of Social Services (LDSS) on October 1, 2012. This policy provides the LDSS' with guidelines on case planning for all children in Out-of-Home Placement with a concentration on concurrent permanency planning. It also provides guidance to assist in establishing appropriate concurrent plans and provide information to LDSS staff concerning documenting reasonable efforts to achieve both plans at the same time. The LDSS' are instructed through this policy they must engage in concurrent permanency planning with all children with a permanency plan of reunification with the parent or legal guardian, placement with a relative for adoption or custody and guardianship or adoption by a non relative (prior to termination of parental rights).

The Social Services Administration provided training to LDSS administrators, supervisors and caseworkers on Concurrent Permanency Planning. In August 2012, all LDSS administrators and supervisors were trained at the Out-of-Home Placement regional meetings throughout the State. These meetings specifically concentrated on concurrent permanency planning and tied it to parent / child visitation. Concurrent permanency planning was further discussed and feedback was received during the January 2013 / February 2013 Out-of-Home Placement regional meetings. All LDSS caseworkers were provided training through a WebEx on concurrent permanency planning; this WebEx was mandatory to be viewed by March 31, 2013, and will be continuously posted on the DHR intranet for new staff and as a refresher for experienced staff. In April 2013, the University of Maryland, Child Welfare Academy, began training caseworkers on concurrent permanency planning through a half day training titled "Concurrent Planning:

Promoting Permanence for Children” in which CEU’s are provided. Ninety-three caseworkers were trained from August 2012 through February 2013 and over 550 workers viewed the WebEx.

Moving forward, Maryland will continue to provide trainings to caseworkers and supervisors through the University of Maryland, Child Welfare Academy, and through the WebEx which is posted on the DHR intranet for continuous training reference. The concurrent permanency planning will be monitored through questions in the Quality Assurance Review process.

Visitation for children in Out-of-Home Placement

Maryland’s “Place Matters” Initiative greatly reduced the placement of children into foster care and increased the number of children exiting care. For the children in Out-Of-Home Placement, contact with the children’s family is maintained through visitation. The primary purpose of visitation is to maintain parent / child and sibling attachment while reducing the child’s sense of abandonment and preserving the sense of family for a child residing in Out-of-Home Placement. During visitation, the parents and the child can reconnect and reestablish their relationship, and the parents have an opportunity to practice and demonstrate new parenting skills which they developed since the child was removed from the home. Research shows that parent / child visits are a key strategy to maintain connections and work toward reunification. Frequent visitation between children in Out-of-Home Placement and their parents is key in the timeliness of reunification. For children who are not able to be reunified with their parents, the visits give the child the opportunity for understanding and closure. Sibling visitation allows the child to maintain family connections that will last a lifetime. It is especially important for older youth to have connections with siblings and other family members after exiting the foster care system. The Department issued Policy Directive #12-33 Child/Parent and Sibling Visitation on June 15, 2012. The purpose of this policy directive is to provide guidance to the Local Departments of Social Services (LDSS) on parent, child, and sibling visitation for all children in Out-of-Home Placement. This policy provides guidance on implementing the requirements of COMAR 07.02.11.05, which mandates weekly parent / child visitation for reunification cases and sibling visitation. The policy also provides instruction to caseworkers and LDSS staff on how to correctly document the visitation plan and visitation log as tools to establish and document visitation between a child in Out-of-Home Placement and the child’s parents and siblings. The visitation plan and visitation log can be found in MD CHESSIE.

The Social Services Administration provided training to LDSS administrators and supervisors on parent / child and sibling visitation as well as the importance of siblings being placed together. In August 2012, all LDSS administrators and supervisors were trained at the Out-of-Home Placement regional meetings throughout the State. These meetings specifically concentrated on concurrent permanency planning and tied it into parent / child and sibling visitation. University of Maryland, Child Welfare Academy, included the new policy in their Out-of-Home Placement worker training and incorporated it into the concurrent permanency planning training. “Concurrent Planning: Promoting Permanence for Children” for caseworkers.

Moving forward, Maryland will continue to provide trainings to caseworkers and supervisors through the University of Maryland, child welfare academy. The parent/child and visitation policy will be monitored through quarterly reports that are generated through MD CHESSIE.

Baltimore County Sibling Camp

All too often, when children enter foster care they lose not just their mother and father, but brothers and sisters as well. Recognizing the significance of sibling bonds and the practical reality that some will be separated despite our best efforts, in 2001 Maryland established Camp Connect. This camp is a nearly weeklong overnight camp experience to reunify brothers and sisters for a memorable week of new experiences, fun, and a bit of adventure. The goal of the camp experience is to promote sibling bonds that will last far longer than their stay in our foster care system.

Now entering its 13th year, Camp Connect serves 60 children ages 6 – 18 from local departments around the state. Volunteer counselors come from local departments and community groups such as Court Appointed Special Advocates, Legal Aid, and others concerned about the welfare of children. This year, ten of the counselors are current or former foster youth, most of whom have spent over a decade participating as campers. The ratio of staff to campers is kept purposefully high to meet the needs of even the most challenging campers.

The week of camp is packed with horseback riding, drumming, tubing, and swimming. Arts and crafts have a sibling theme, including our pillow project. Each year, campers decorate a pillow, write a message to a brother or sister, and present their gift after meals in front of their fellow campers. In the evening, ‘all camp’ activities include go-karting, an on-campus movie, and a barbecue and pool party to celebrate the last night together, followed by a campfire and fireworks. Campers put together a scrapbook from photos taken with their disposable cameras, and take home photo souvenirs of their brothers and sisters, and new camp friends. A professional photographer donates his time taking photos of every sibling group, sent out as a holiday gift in December.

In summary, the unique challenges of child welfare demand creative responses. Camp Connect offers the ‘normalizing’ experience of overnight camp as a venue for recognizing and supporting sibling relationships. From years of camper feedback, we know that the experience has great impact.

L. CHILD WELFARE WORKFORCE

Maryland’s child welfare workforce is comprised of over 2,000 staff. There are nearly 1,600 child welfare caseworkers in the 24 local jurisdictions and over 300 supervisors. In 1998 Maryland’s General Assembly passed legislation which required the Department of Human Resources (DHR) to hire only human services professionals as caseworkers and require that all new casework staff pass a competency test before being granted permanent employment status. The bill prohibits DHR from employing contractual caseworkers or supervisors, except to meet an unanticipated need, in which case no contractual position is to last longer than one year.

All Child Welfare Supervisors must have a Master of Social Work Degree and possess a license to practice social work in the state of Maryland. Supervisors must have a minimum of 3 years of experience in child welfare or a related field. Supervisors’ salaries range from \$44,600 to \$71,399 depending on years of experience. As of April 2013 the average supervisor to worker ratio was 5.7 to 1.

All casework staff must possess a minimum of a Bachelor's of Arts Degree in a human service related field. No experience is required for entry level caseworkers other than the possession of a degree in a related human services field. Salaries for caseworkers range from \$39,366 to \$62,656 based on years of experience and level of education. There are various caseworker positions which are listed below:

There will be a 3% COLA effective 1/1/2014				
CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF 7/1/13	
CASEWORK SPECIALIST FAMILY SERVICES	Master's Degree in Social Work	None	\$37,006.00	\$58,719.00
FAMILY SERVICE CASEWORKER TRAINEE	BA in appropriate behavioral science	None	\$32,733.00	\$51,575.00
FAMILY SERVICES CASEWORKER I	BA in appropriate behavioral science	1 Year	\$34,796.00	\$55,023.00
FAMILY SERVICES CASEWORKER II	BA in appropriate behavioral science	2 Years	\$37,006.00	\$58,719.00
FAMILY SERVICES CASEWORKER III	BA in social work	3 Years	\$39,366.00	\$62,656.00
FAMILY SERVICES CASEWORKER SUPERVISOR	Master's Degree in Social Work; any SW License	3 Years	\$41,896.00	\$66,880.00
FAMILY SUPPORT WORKER TRAINEE	HS diploma	None	\$24,272.00	\$37,667.00
FAMILY SUPPORT WORKER I	HS diploma	1 Year	\$25,744.00	\$40,073.00
FAMILY SUPPORT WORKER II	HS diploma	2 Years	\$27,319.00	\$42,653.00
FAMILY SUPPORT WORKER LEAD	HS diploma	3 Years	\$29,003.00	\$45,411.00
SOCIAL SERVICE ADMINISTRATOR I	Master's Degree in Social Work	5 Years 2 years must have been in an administrative, supervisory or consultative capacity	\$41,896.00	\$66,880.00
SOCIAL SERVICE ADMINISTRATOR II	Master's Degree in Social Work	6 Years 3 years must have been in an administrative, supervisory or consultative capacity	\$44,600.00	\$71,399.00
SOCIAL SERVICE ADMINISTRATOR III	Master's Degree in Social Work	7 Years 4 years must have been in an administrative, supervisory or consultative capacity	\$47,495.00	\$76,220.00
SOCIAL WORKER I FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or	None	\$39,366.00	\$62,656.00

There will be a 3% COLA effective 1/1/2014				
CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF 7/1/13	
	Certified Clinical Social Worker			
SOCIAL WORKER II FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	1 Year	\$41,896.00	\$66,880.00
SOCIAL WORK THERAPIST FAMILY SERVICES	Master's Degree in Social Work plus license as a Certified Social Worker - Clinical	1 Year Clinical	\$44,600.00	\$71,399.00
SOCIAL WORK SUPERVISOR FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	3 Years	\$44,600.00	\$71,399.00

Recruitment and hiring of child welfare staff is done at the local level. Job announcements are posted on the DHR Website as well as the Maryland Department of Budget and Management's Website. Job postings are also sent to APHA and NASW for posting. At this point DHR does not track retirements, dismissals, resignations by position, however the current vacancy rate in child welfare is roughly 9.31% (as of beginning of June 2013 time period June 2012- June 2013). Maryland has had challenges recruiting Child Welfare supervisors that possess a LCSW-C and 18 months experience in the state of Maryland. The State is currently discussing what systems would need to be put in place to track this information. There have not been challenges filling caseworker positions with qualified staff. To review the Race/Ethnicity of the current staff, please review Appendix O.

The State average blended caseload ratio is 1:12. The staffing ratio standards for Maryland are set as follows:

- Investigations -1:12
- In-Home Services - 1:12
- In-Home IFPS – 1:6
- Out-of-Home Services - 1:15
- ICPC -1:30
- Referrals - 1:122
- Public Family Foster Homes - New Applications -1:14

- Public Family Foster Homes - Open Homes -1:36

Maryland has a Title IV-E training program for BSW and MSW students interested in pursuing careers in child welfare. During the 2011-2012 academic year, two (2) IV-E BSW graduates and 59 MSW graduates were hired. Four students were unable to fulfill their employment obligation during the 2012 graduation cycle and reimbursed their respective universities for their educational stipends. For the 2012-2013 academic year, there were 35 employees enrolled as MSW students along with 30 prospective employee MSW students and 10 prospective employee BSW students. Approximately 31 students are projected to graduate in 2013 and be referred for employment in local department child welfare programs.

Child welfare staff is required to complete 20 days of pre-service training and program specific training annually as part of the performance evaluation. Workers along with their supervisors identify additional training needs. Continuing trainings are offered at the Child Welfare training academy and range in subjects such as risk and safety; medical aspects of child maltreatment; attachment; trauma; gender and sexuality; Native American and immigrant cultural consideration; youth engagement; and ethics. Child welfare caseworkers and supervisors register to attend skill based training upon approval by their respective supervisors or administrators. In addition, supervisors may assign staff to attend training as needed to enhance their skills and job performance.

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

CAPTA Spending Plan (past and future)

The following items correspond to the activities mentioned in SEC. 106 Grants to States for Child Abuse and Neglect Prevention and Treatment Programs [42 U.S.C. 5106a]. There are 14 activities specified in SEC. 106 and Maryland is planning for activity in several. Following each paragraph is the number in parenthesis corresponding to the section in SEC. 106.

The Maryland Department of Human Resources received \$473,930 in fiscal year 2012 Child Abuse Prevention and Treatment Act (CAPTA) federal grant and does not plan on any major policy shift from that reported in the State's submission for FY12. Maryland historically used and will continue to use the bulk of funds received from the CAPTA federal grant to support child abuse and neglect prevention activities in Maryland. For the past several years the state negotiated and entered into two contracts for child maltreatment prevention services. The first contract is with the University of Maryland School of Social Work's Ruth Young Center for Family Connections Program (FCP), Grandparent Connections to continue working with grandparents raising their grandchildren keeping them safe from abuse and neglect and out of the child welfare system. This program also provides a learning experience for master's level graduate students in social work who are employed as case managers working with families. This contract is awarded annually in the amount of \$195,000. While the vendor for the service might change in the future, the plan is to continue to support a prevention program. (SEC. 106 #11)

In SFY 12 FCP provided services to 81 families including 218 children. Services included: individual, conjoint, family and group counseling; case management; provision of concrete resources; and advocacy.

One of the basic practice principles of FCP is to provide outcome driven practice. At intake staff use clinical instruments to develop comprehensive assessments that guide goal focused service plans and are used to track progress of service. Results for caregiver characteristics indicate that there were statistically significant decreases in caregiver depressive symptoms, trauma symptomatology, and parenting stress, as well as increases in family resource adequacy and parental sense of competency. Results for child functioning show significant main effects of time for behavior that was withdrawn, aggressive, rule-breaking, presented as internalizing or externalizing problems, and total behavior problems.

The second contract supported with CAPTA funds is for an array of services including a 24-hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups. The award from CAPTA is \$101,770 annually and was awarded to the Family Tree, Maryland's chapter of the Prevent Child Abuse America and Parents Anonymous for a five-year period beginning in 2011.

The following data is from reports submitted by The Family Tree for August 2011 - July 2012. Six hundred two (602) participants were served in the parenting classes held in Baltimore City, Baltimore County, and Prince George's County. This represents a 90% completion rate. Nine hundred six (906) parents were served in the Parent Support groups. This number exceeding the Family Tree's annual goal of serving 500 parents.

In addition, the Family Tree served 98 families in their home visiting program in Baltimore City, Baltimore County and Prince George's County. This number is 89% of the Family Tree's annual goal. The Helpline yielded a total of 3,525 calls, which is 75% of the annual goal.

The AAPI is administered to participants in the parenting education program at the beginning and end of the program. The data from May 2012 - July 2012 shows that the average AAPI scores from the Expectations of Children and Discipline constructs were higher in the post-tests than the pre-tests. 125 participants scores' were analyzed.

The last purely prevention initiative awarded CAPTA funds is to the State Council on Child Abuse and Neglect (SCCAN), one of Maryland's 3 CAPTA panels. Beginning in 2009 the Secretary of the Department of Human Resources committed \$75,000 annually to support SCCAN. DHR continues to support the salary of the SCCAN Executive Director. SCCAN meets all of its CAPTA responsibilities in addition to voluntarily taking on the drafting of the state prevention plan. Unexpended funds from 2009 for the Council were used this past year to have a statewide environmental scan completed on overall costs of child abuse and neglect and programs available to address the issue at all levels (prevention, intervention, etc.). As reported last year, the vendor did not complete the work prior to the September 30, 2011 end of the contract. An eight (8) month no cost extension was granted to the vendor however the work was not completed to the satisfaction of SCCAN. The vendor continues to indicate a willingness to complete the work and met with SCCAN and DHR staff to address the outstanding requirements. In last year's report it was indicated that the statewide prevention plan would be written during

SFY13. Completion of the plan is dependent upon completion of the environmental scan and current thinking is that the plan will be written in the upcoming fiscal year. Members of SCCAN have taken it upon themselves to complete sections of the environmental scan to make certain that work progresses. (SEC. 106 # 11)

SCCAN membership includes representatives from all of Maryland's child serving Departments (Health and Mental Hygiene (DHMH), Juvenile Services, Education), the Director of the agency receiving CAPTA Part II funds, physicians, legislators, victims of abuse/neglect and other individuals interest in child abuse/neglect prevention, detection and intervention. The CAPTA panel serves as a perfect place where parties can meet to discuss a range of issues effecting children and discuss plans for coordinating services. A portion of each full SCCAN meeting is dedicated to a presentation on a promising or evidence-based prevention program. In addition to the full bi-monthly SCCAN meetings there are committee meetings that generate reports back to the full Council (see details in the SCCAN Annual Report, Appendix P). (SEC. 106 #14)

Local departments of social services continue to receive \$68,555 in CAPTA funds to support two important initiatives. First, investigations into allegations of mental injury to a child are required by State law to include two assessments of a child's mental or psychological ability to function (\$20,555 allocated to local departments based on caseload size). These assessments can be costly and local departments receive an allocation of CAPTA funds to enhance their ability to obtain the assessments when needed. Second, each local department receives \$2,000 annually to support activities of their multidisciplinary teams (\$48,000). Funds can be used to offset costs to participants (mileage, child care, etc.), bring specialists to the team meetings or provide for the team's infrastructure. The central office supported these local department activities for the past several years and plans to continue as long as the need exists. (SEC. 106 #2 and #3)

The remaining \$33,605 is used to support various local departments of social services requests for training. Each year Washington County Department of Social Services receives \$5,000 to support their regional child maltreatment conference held in April. Alternative Response was a major agenda item for this year's program, with opening remarks delivered by the Secretary of DHR. Another example of how these funds support Local Departments of Social Services needs is providing financial support for staff following tragic events (secondary trauma). Finally, a small amount of the grant is used to support travel expenses for the State Liaison Officer (SLO) to attend the Annual SLO meeting and bi-annual National Conference on Child Abuse and Neglect and funds to support travel for Maryland's nominee for the Commissioner's Award given at the National Conference. (SEC. 106 #6 and #10)

Program Descriptions

- As stated above, Maryland awarded a 5-year grant for prevention services that include a 24 hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups to the Family Tree of Maryland. Local Departments of Social Services can refer individuals and families to these programs and the services can also be accessed directly by the public. Maryland child welfare staff routinely refers families for prevention interventions at all stages of the continuum beginning at screening through investigation and on-going services. Structured Decision-Making, used at screening, includes referring families not

appropriate for investigation to other services within the agency or to service providers in the community.

- Again, while not supported directly with CAPTA funds the staff in the Central Office and local departments conduct training for mandated reports. Central office staff is called on routinely to provide training for mandated reporters at the NASW annual conference, at schools for their social work and guidance staff, at local colleges where students soon to be employed in day care and other child related fields are receiving instruction, and at hospitals upon request. Local department staff also conducts training for their mandated reporters upon request. Maryland State Department of Education requires local schools to provide training on recognizing and reporting child abuse and neglect annually and invite local staff to conduct the training. The Department participated in making a video several years ago that local school jurisdictions continue to use.
- Maryland makes use of Family Involvement Meetings (FIMS) and one of the triggers for holding a meeting is at the point where assessment indicates that it is unsafe for a child to remain home. Individuals knowledgeable of the family's situation are called together to make a plan of safe care for the child. Signs of Safety, a model for safety planning is now widely used by CPS staff. This model encourages workers to help their clients focus in on what poses a danger to their children and what actions will cancel that threat of harm. Family members identify who in their sphere of family members, friends and professionals can be brought to bear on the situation with the understanding that additional people might need to know what is happening so the condition can be adequately addressed. This is a family centered, strength based assessment that Maryland sees as a tool for supervisors to use when holding case reviews with their staff. It also provides some simple tools for casework staff to use to focus in on real danger concerns that might exist for children. While not supported directly by CAPTA funds, Maryland's child welfare staff began receiving training through the Child Welfare Academy on the model beginning in December 2011. In preparation for implementation of Alternative Response, workers are now required to be trained on this model.
- Maryland has had a long standing policy on the use of multi-disciplinary teams that encourages community participation in case decision-making and local program planning. These teams can be standing or ad hoc and both are expected to have community partners as active participants. Also, the membership composition of the State Council on Child Abuse and Neglect is defined in Maryland Family Law and includes representatives from each of Maryland's child serving Departments, local law enforcement, prosecutors, legislators, consumers of child welfare services, faith based service providers, child advocates, community service providers and a representative from both the State's Children's Justice Act Committee and Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP) program. Collaboration and cooperation is a hall mark of the Council whose membership committee is now in a position to interview and select a person for Council membership from a list of candidates interested in the program. In February, Maryland's SLO and the Executive Director of the program receiving CBCAP funds attended a two-day workshop in Florida focused on collaboration. One simple task agreed upon at that meeting was to make certain that CBCAP programs across the state will be included in the collaborative planning between community partners and local department staff for planning on Alternative Response implementation.

- A discussion of Maryland's ability to submit information on Child Protection Services Workforce and Juvenile Justice Transfers is provided in Section V. of this report.
- Maryland has in place policy that directs Local Departments of Social Services to receive reports on, and take action to address the safety needs of children born drug exposed. This policy was modified to include infants born and identified as being affected by Fetal Alcohol Spectrum Disorder. The policy was released on September 19, 2011. Maryland's legislature passed law this session that codifies the practice for reporting substance exposed newborns that many hospitals in Maryland followed. This was more thoroughly discussed in the Child Protective Services section.
- Maryland's State Liaison Officer is Stephen Berry, LCSW-C, In-Home manager located at DHR/SSA, 311 W. Saratoga St., Room 552, Baltimore., MD 21201. He can be reached on (410) 767-7018 or sberry@maryland.gov. He is not identified as the State Liaison Officer on the Department's website.

Citizen Review

Each of Maryland's three citizen review panels (Citizen's Review Board for Children (Appendix G), State Council on Child Abuse and Neglect (Appendix P), and State Child Fatality Review Team (Appendix Q) continued their work during the past year. The Fatality Report is in Draft Form and has not been finalized.

Child Protective Services (CPS) Workforce – The minimum education requirement for a CPS worker in the entry level position of Family Services Trainee is a bachelors degree from an accredited 4 year college or university in an appropriate behavioral science such as: child development, sociology, social work, counseling, psychology, nursing, criminology, juvenile justice, human growth and development, human services, mental health or human resources management, that includes at least 30 credit hours in human services or human development. All new CPS workers must participate in training provided by Maryland's Child Welfare Academy and successfully pass a competency examination before being assigned a caseload.

Advancement in CPS is based on years of service, level of education and licensure. An individual employed as a CPS supervisor (Social Work Supervisor, Family Services) must be licensed at the LCSW level (established by the Maryland Board of Social Work Examiners) and have a minimum of 3 years experience providing child welfare services. To gather specific data on the workforce would require a survey to LDSS staff as this information is not readily available. The State is discussing cost effective methods to capture this data on its workforce.

Maryland strives to maintain an average worker caseload at the standards established by the Child Welfare League of America. For CPS investigations the caseload standard is 1:12. In April 2013 the ratio was 1:10.3. Neither Maryland law nor regulation establishes a worker to case ratio for an individual employed as a CPS worker. The staffing ratio standards for Maryland are described under the Child Welfare Workforce section. The Supervisor to worker ratio is 6.1 workers per supervisor as of April 2013 (383.8 workers, 62.5 supervisors).

Number of Referrals to Infants and Toddlers of children ages 0 to 3 who were victims in 'indicated' investigations of child abuse or neglect – As stated in last year's report, Maryland does have the referral form for Infants and Toddlers as a document in MD CHESSIE and it

serves a dual purpose that asks workers to identify if the child is 0-3 or 4-5. At this point however, Maryland cannot provide an accurate report on the number of children ages 0-3 assessed or referred for assessment and treatment. The need to be able to report out on this data item was reiterated in a recent “Where Do We Go From Here” meeting held with MD CHESSIE staff when considering items requiring immediate attention.

Child Fatality Reporting – Maryland has several possible ways that child fatalities come to the attention of the Department. Social Services Administration Policy Directive #10-5 requires that the central office be notified whenever a child in an active or recently closed child welfare case is involved in a fatality, critical incident or sustains a serious physical injury. Additionally, all child fatalities where child abuse or neglect is suspected to be a contributing factor in the death are investigated by local department staff and information forwarded to the central office.

Each local department has a representative on the local child fatality review team (CFR). CFRs are administered by the Department of Health and Mental Hygiene and at the state level functions as one of Maryland’s three citizen review panels (designation as a citizen review panel is in Maryland law). Cases that come before the local team include many where abuse and neglect are not factors that contributed to the death. If and when there is a suspicion that child abuse or neglect was a factor in the death the local department initiates an investigation and the central office notified as required by policy.

The official notice the local CFR teams receive is from the Office of the Chief Medical Examiner (OCME). When a county has a death or deaths of a child under 18, the following month the local CFR team coordinator receives a list of those deaths directly from the OCME. This is the CFR coordinator's official notification for CFR purposes. (The list is done by county of residence of the deceased, not county of death).

The OCME cases are the cases local CFR teams are supposed to review. The cases that go to the OCME are the cases that are "unusual or unexpected" child deaths. (A routine death from leukemia in the hospital would not go to the OCME).

The Department of Health and Mental Hygiene also sends monthly to the local CFR coordinator and to Health Officers in each county, a list from the Vital Statistics Administration (VSA) of all deaths collected by the VSA in the previous month (not just unusual and unexpected deaths). The list is called an Abbreviated Death Record (ADR), and is a courtesy list sent to help speed the local review process and or provide extra information. The official notification for CFR teams to do a case review comes from the OCME and the Maryland law requires the OCME to send such cases to the local CFR teams.

When there is any suspicion that abuse or neglect contributed to a child’s death an investigation is initiated. All investigations are documented in MD CHESSIE and those where there is a fatality is identified as such. Abuse or neglect can be ‘indicated’, ‘unsubstantiated’ or ‘ruled out’ as a contributor to the child’s death. When completing Maryland’s National Child Abuse and Neglect Data System (NCANDS) report, data from MD CHESSIE is used for reporting purposes.

The following is a description of the process for reporting fatality data to NCANDS: According to NCANDS a child fatality is "...the death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death." Fatalities are reported to NCANDS in two main ways. The first manner is as a field in the child level file and the second is as a field in the agency file. The deaths listed in the child file are instances where child abuse/neglect was a contributing factor in the death. The agency file count is a subset of this number where the family had received Family Preservation Services in the previous 5 years. Maryland uses the information collected in the Maltreatment Characteristics tabs to label a fatality as either the cause of death or a contributing cause of death for a child involved in report.

Maryland produces two types of statistical reports on child fatalities based on information generated by local department staff and forwarded to the central office as required by policy. All deaths in active child welfare cases, irrespective of whether abuse or neglect is determined to be a factor, are reflected in one report. On a monthly basis information is collected on children who die while a local department is involved in an investigation or providing service. Many of the children fall in the category of 'medically fragile' or come to the department's attention following a life threatening illness or chronic condition. A small number of situations involve children who sustain injury from abuse or neglect, are in Out-of-Home Placement, who then die from injury sustained prior to a local department's involvement. Also, a small number of deaths occur during or immediately following a local department involvement and abuse/neglect are determined to be a contributor.

A second statistical report is produced on a calendar and fiscal year basis on child fatalities investigated where it is determined that abuse or neglect contributed to the death, and of those, the number where there was active or recent involvement by a local department. This report is produced for the legislature.

Disclosure of Information

During the 2010 Legislative Session, the Maryland General Assembly, with strong support from the Department of Human Resources, passed HB 1141 – Child Abuse and Neglect – Disclosure of Information. The bill was signed into law by the Governor and was effective on October 1, 2010. The law requires that the Department release certain information regarding child fatalities and near fatalities where child abuse or neglect is determined to be a contributor to the death or near death when such information is requested. The Department developed DHR/SSA 2017 Disclosure of Information – Child Fatality/Near Fatality reporting form (Appendix R) for local departments to use when reporting information to the central office on child fatalities/near fatalities for public release. A protection regarding criminal prosecution is written into Maryland's disclosure law and requires that the local Office of the State's Attorney give approval for release of information. When such approval is not initially granted, information must be released at the conclusion of the prosecution if previously requested.

The Disclosure of Information – Child Fatality/Near Fatality and memorandum dated 4/17/2012 providing instruction to LDSS staff for completing the report can be found in Appendix S. All of the information required for release found in ACYF-CB-PI-13-04, *CAPTA Fatality and Near Fatality Public Disclosure Policy* (p. 15) is requested on the form for LDSS staff to complete at the conclusion of their investigation. Maryland Law requires that the name of the child in

fatalities where it is determined that child abuse or neglect contributed to the death be released. In the case of near fatalities the name cannot be released.

III. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

A. PROGRAM DESIGN AND DELIVERY

Ready By 21/Transitioning Youth Preparation Services

Maryland's primary goal in the delivery of Ready By 21/Transitioning Youth Preparation Services is to prepare youth for the transition to independence, to encourage higher education or vocational attainment, and to solicit their advocacy on behalf of other youth in the foster care system. This goal is accomplished through the implementation of an array of services for all foster care youth ages 14 up to their 21st birthday. As of April 2013, the Department provides services to 6,077 children in out-of-home care, of which 3,267 are youth ages 14-20 regardless of the youth's permanency plan or placement type, they are eligible to receive Transitioning Youth Preparation Services. These figures are lower than April 2012, when there were 3,724 youth ages 14-21 in out-of-home care, among a total of 6,859 children in care. The numbers are lower because there are fewer children in care due to Place Matters. More youth are leaving than entering so the numbers continue to decrease.

Maryland continues to strategize to institute best practices and improve services by developing and strengthening services and partnerships that will improve outcomes for youth exiting foster care. Services are provided to youth ages 14-21, in Out-of-Home care, were adopted or achieved kinship guardianship at 16 or older. Services include but are not limited to: case planning including transition plans, independent living service agreements and Life Skills Training; in order to address needs for self-sufficiency, Maryland is working toward increased consistency with case plan goals that are derived from the outcomes of the Casey Life Skills Assessment tool. In addition, the focus will continue to include: vocational, educational and personal goals. Some of the current topics include: responsible sexual behavior, money management and budgeting, critical decision making skills, preparations for healthy eating; proper nutrition; how to obtain community resources, and others:

- **Social, Cultural and Recreational Activities** - The independent living coordinators and foster care staff plan and implement various activities for the youth to recognize special events such as: school graduations, birthdays, major holidays, team building events for improved interpersonal relationships, recognition of completed life skills series, practice of etiquette skills learned at a local restaurant; and others.
- **Assistance with Educational Services** - The youth receive information, resources, tutoring services, flex funds and/or post-secondary funds (State Tuition Waiver and the Educational Tuition Waiver) to meet their educational goals.
- **Medical and Mental Health Services** - Foster Care Youth receive health care services to address their mental and physical health care needs.

- Youth Development and Leadership Skills - Selected youth from the local departments of social services serve on the State Youth Advisory Board to ensure that youth are given an opportunity to speak out about issues that impact service delivery.
- Additional services are provided as needed to meet individual needs of the youth.

Ready By 21 (RB21) Five Key Factors

A critical priority of DHR continues to be preparing youth for adulthood. Outlined in RB21 are these 5 Key factors:

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

DHR is working collaboratively to engage stakeholders and partners in both the public and private sectors to ensure that youth are provided with the opportunity to achieve these outcomes

Ready By 21 Strategies:

- DHR met with Social Security Administration to discuss developing a statewide process to request and verify social security cards for youth.
- DHR has had discussions with Housing Authority to see what options are available for youth age 18+.
- DHR and the Motor Vehicle Administration(MVA) developed protocols to provide identification cards for youth ages 15-20 for a cost of \$1, as they prepare to transition to independent living. The Department is currently waiting for MVA's amended regulations to be approved.
- DHR is working with DHMH Vital records to develop a statewide process to request and receive birth certificates for youth at a reduced rate.

Five Local Departments of Social Services (Talbot, Dorchester, Caroline, Kent and Queen Anne's) headed by the Talbot County director have formed a Mid-Shore Ready By 21 workgroup to develop strategies and resources to prepare their older youth population for independence. The group meets monthly and has been successful in engaging community partners in their area.

Transitional planning for youth must begin at age 14 regardless of the youth's living arrangement or permanency plan. The plan must include: the agreed upon steps to be taken to meet the goals; the youth's responsibility for aspects of the plan; the responsibility of the agency and other persons who will assist the youth to accomplish those steps; the date of the plan; the date when the plan was reviewed or updated; and signatures of the youth, Local Department of Social Services (LDSS) representatives, and other participants responsible for the plan and activities.

During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth acquired skills and overcome barriers to complete school, obtain and maintain gainful employment, find adequate and affordable housing, find a connection and access health and mental health care.

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

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

- Discharge plans for youth should be based on the outcome of the court, youth, the department, and the caregiver or provider.
- Review the education, workforce, and home living arrangements prior to discharge.
- Discharge cannot take place if the youth does not have a place to go. Also, identify and communicate with an identified adult to provide support.
- Determine if the placement crosses jurisdictions or states then additional guidelines must be adhered to for the best safety practices. (This is for youth under age 18).
- Outline how those identified adults will assist the youth, and assist with the implementation of the identified goals, for the youth to continue their transition, and maintain self-sufficiency.
- Develop a service agreement or review the current service agreement to determine proposed dates, and goals that still need to be implemented.
- Include educational/vocational goals, life skills gained and or still needed safety and healthy living plans, financial supports and plans to secure what other identified desired outcomes are needed.
- Identify the anticipated barriers that the youth may encounter based on the meeting outcomes.
- Attempt to identify target dates and/or some resolution for the barriers.
- Include dates and signatures of all parties in attendance of the meeting based on their responsibility and willingness to reach the designated goals.

Plans for SFY14:

- Finalize the request for Training and Technical Assistance from National Resource for Youth Development (NRCYD)
- The request is to build the capacity of the older foster youth population; develop the youth's skills to advocate for themselves in the child welfare system and beyond.
- Training and technical assistance A) Public Speaking B) Presenting with a purpose, to improve their ability to articulate and share their experience and C) leading a group.
- Request Training and Technical Assistance from the National Resource Center for Permanency and Family Connections to provide guidance to Maryland to ensure that the unique needs of the Lesbian, Gay, Bi-Sexual, Transgender, Questioning (LGBTQ) youth are being met in the child welfare system.

Semi Independent Living Arrangement (SILA) Ready By 21

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

A youth residing in a SILA may live on their own or with a roommate(s). The roommate(s) does not have to be another foster youth. Youth over the age of 18 can cohabitate with their significant other as long as the other party is able to pay their share of the bills. The caseworker shall use discretion prior to approving cohabitation. The youth shall be in a stable relationship free of any history of domestic violence.

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

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

The Social Services Administration designed and implemented a statewide form “Request for Semi-Independent Living Arrangement” DHR/SSA 848 beginning November 1, 2012. This form will allow all the LDSS to have a consistent form to use for youth applying for SILA. The form requires the youth to meet the criteria outlined in COMAR. The form was issued to all 24 LDSS and was placed on the DHR Knowledge Based website for staff to have easy access to the form. Prior to issuing the form, the Department asked the State Youth Advisory Board and LDSS Independent Living Coordinators to review the form and provide feedback.

The State also began to collect more accurate data in order to show measurable outcomes for youth residing in a SILA. A memo was issued to all LDSS on September 18, 2012 outlining the correct procedure for documenting in MD CHESSIE youth that reside in a SILA. A monthly report can now be generated to identify the number of youth residing in a SILA. As of August 2012, 137 youth resided in a SILA.

Training was provided to LDSS staff on the Ready BY 21 Manual with a concentration on the SILA chapter of the manual. LDSS Independent Living coordinators were trained on the new SILA policy and practice during the monthly Independent Living coordinators meeting in June 2012. The Ready By 21 Manual was officially issued to LDSS staff on February 1, 2013 and during the quarterly Out-of-Home Placement regional meetings managers and supervisors were trained on the changes regarding SILA. These trainings took place on January 23, January 28, February 5, and February 25, 2013.

Moving forward the Department will provide technical assistance to LDSS staff on SILA. During the implementation of Youth Engagement Model, LDSS caseworkers will be trained on the new policy and practice changes. There is an 18-month implementation plan for the Youth Engagement Model to be available statewide.

Local Department Transitioning Youth Services Coordinator Duties

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

Life Skills Assessment

Maryland continues to use a life skills assessment tool annually for all youth ages 14-21 as part of assisting youth transition to self-sufficiency. Every youth between the ages of 14-21 are administered the Casey Life Skills Assessment annually. Previously known as Ansell Casey Life Skills Assessment, Casey Life Skills Assessment became fully operational as of October 1, 2012.

The assessment is basically the same tool with a few revisions, including a name change. The Ready By 21 Manual includes a chapter on the Casey Life Skills Assessment and on life skills. Included in the Ready By 21 Manual is the correct way for LDSS staff to document the Casey Life Skills Assessment in MD CHESSIE. As of February 1, 2013, Maryland can now capture an accurate number of assessments administered annually. As of April 2013, 362 Casey Life Skill Assessments were documented.

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

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

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

In SFY13 Maryland again contracted with the Maryland Foster Youth Resource Center (MFYRC) to provide 24 life skills classes to LDSS youth. The Department coordinates the referral and tracks the number of life skill classes utilized by LDSS monthly.

State Youth Advisory Board

The State Youth Advisory Board (SYAB), also known as MY LIFE (Maryland Youth Launching Initiatives for Empowerment), consists of foster youth from across the State of Maryland. The purpose of the SYAB is to provide a vehicle in which information about the Transitional Youth Services Program can be gained and recommendations for improvements can be made. The board serves to empower youth to have a positive effect in their communities, encourage youth to develop skills necessary for independent living and leadership development, assist in the planning of the annual teen conferences and review State and Federal legislation that may affect them.

This year the SYAB played a large role in the 2013 Legislative session. The Department of Human Resources introduced legislation, Voluntary Placement for Former Children in Need Of Assistance (Senate Bill 86). The bill allows youth who exited care after the age 18 but before age 20 years and six months to re-enter care via a Voluntary Placement Agreement. The SYAB reviewed the draft legislation and submitted a letter of support. Also members of the board testified during the hearings in support of the bill. For the signing of the bill youth were present and received special attentions from the Lieutenant Governor Anthony Brown. It was a great experience for the youth and for the staff.

The SYAB under the direction of the State Independent Living Coordinator and local independent living coordinators developed a two day agenda for the 2013 19TH annual teen conference. The annual teen conference provides an opportunity for youth, ages 14 -18, to develop new friendships (or rekindle old ones), explore available resources, and become involved in advocacy.

MY LIFE members are key stakeholders in the conference. The 2013 teen conference is entitled “21 Here it Comes...Are You Ready? The SYAB decided on the theme and a youth designed the logo, which is used on the conference booklet and tee shirts. Five local youth advisory boards, which include members of MY LIFE will facilitate workshops on topics related to getting prepared for independence. (Topics: Time Management, Education, Money Management, Presenting Yourself, True Independence) A youth from the SYAB will once again DJ during the recreation time. This year Maryland invited FosterClub, a national organization to be part of the conference; conducting individual workshops and team building activities. The Department anticipates that their participation will have a positive influence on Maryland’s Youth. Other topics for this year’s workshops include; Bullying, Human Trafficking, LGBTQ (Lesbian, Gay, Bisexual, and Transgender), NYTD, and Finance.

The board’s goal for 2013 of revising the Maryland Foster Youth Handbook “A Handbook for Youth in Out-of-Home Placement-Foster Care” was begun. This handbook is provided to each youth in Out-of-Home Placement ages 14-21. The handbook outlines services that will be provided to youth including: types of placements, services provided, education, youth advisory

board, after care resources. The state youth advisory board reviewed the handbook and made suggestions on what to include and making it “youth friendly”. Further work needs to be done.

The board’s plan to redesign “Maryland Connect My Life” a website specifically designed for Maryland’s foster youth was put on hold. The website will be revisited for 2014.

Plans for 2014

- To complete the Maryland Foster Youth Handbook.
- Revisit the plan to redesign the “Maryland Connect My Life” website.
- Support the Administration’s Ready By 21 strategies
- Annual Teen Conference

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

In 2009, the Maryland General Assembly passed and the Governor signed into law the Foster Kids Coverage Act (House Bill 580/Chapter 681). Under the Foster Kids Coverage Act, Medicaid provides comprehensive health care to independent foster care adolescents under 300 percent of the federal poverty level (FPL) below the age of 21. Prior to the Foster Kids Coverage Act, many of these children lost access to comprehensive health care coverage provided by Medicaid. The Foster Kids Coverage Act requires Maryland to exercise the federal option, which extends Medicaid coverage to independent adolescents up to age 21 who are aging out of foster care. In August 2009, the Department issued directives to local departments relating to encouraging youth to remain in care after age 18 to receive the continued supportive services to ensure successful transition out of foster care upon their 21st birthday.

Research shows that most adolescents aging out of foster care have low incomes and would likely have incomes close to the federal poverty level. With this in mind, most adolescents aging out of foster care would be eligible for the Primary Adult Care (PAC) program benefits. Individuals eligible for PAC are age 19 or older and have incomes below 116 percent of the FPL. The PAC program provides access to primary, pharmacy, hospital emergency room services, outpatient substance abuse treatment, and outpatient mental health care. While PAC provides access to critical health care services, former foster care adolescents above the age of 21 do not currently have access to comprehensive health care coverage or access to more extensive mental health benefits through Medicaid.

The Fostering Connections To Success and Increasing Adoptions Act of 2008 (Act), requires that all states assist and support a youth in developing a transition plan as the youth ages out of out-of-home placement. One area highlighted by the Act is the importance of health care planning for the transitioning or exiting youth.

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

- was in foster care under the responsibility of the State when he or she turned 18 (or a higher age designated by the State);
- was enrolled in Medicaid under the State plan or a waiver while in foster care; and,

- due to income or other criteria, does not qualify for Medicaid under another mandatory eligibility category (except for the category added by ACA to cover formerly ineligible adults under 65 with incomes up to 133 percent of the FPL).

Former Maryland foster care children will be eligible to receive comprehensive health care coverage, *i.e.*, all services covered under the Medicaid State Plan. These eligibility changes take effect January 1, 2014.

Independent Living After Care Services

Maryland offers after care services to former foster youth who were in care on their 18th birthday and left care prior to age 21 or who were adopted or achieved kinship guardianship after age 16. This applies to former foster care youth from other states currently residing in Maryland. Upon request for services, an assessment is conducted and a service case is opened for youth.

Aftercare services are designed to be short-termed and individualized to meet the youth’s needs. Aftercare services can include:

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

For many years Maryland provided extended foster care eligibility up to age 21, however, many youth still left care prior to age 21, even though independent living aftercare services existed to provide support to youth who exited care prior to 21. The number of exits from out-of-home care for 18-21 years old are:

<i>Exits from Out-of-Home care, ages 18-21, State Fiscal Years 2011 - 2012</i>					
	Age				
	18	19	20	21	Total Exits, Ages 18-21
SFY 11	100	41	62	204	407
SFY 12	149	64	42	578	833

Source: MD CHESSIE/University of Maryland School of Social Work

With the establishment of Enhanced Aftercare, developed in September 2009, Maryland established a protocol to be used when a youth exits care between the ages of 18-21, except by means other than reunification, adoption, guardianship, marriage or military. Under this policy, former Maryland foster care youth are able to receive funding for an approved placement or living arrangement and other services if they meet certain eligibility criteria. The youth are not considered foster youth as Maryland’s law does not currently allow a youth over the age of 18 to

enter foster care. In 2013, the Department of Human Resources (DHR) introduced legislation, Voluntary Placement for Former Children in Need Of Assistance (CINA) (Senate Bill 86). The bill allows a former CINA who exited care after the age 18 but before age 20 years and six months to re-enter care via a Voluntary Placement Agreement. The youth must not have exited due to reunification, adoption, guardianship, marriage or military duty to participate. This legislation will allow DHR to be eligible for additional Title IV-E funds if the youth is eligible.

The legislation was signed into law on April 9, 2013 and will be in effect starting October 1, 2013. This year there will be revisions to COMAR regulations, updates to the Ready By 21 Manual and adjustments to MD CHESSIE to implement the law.

During the 2013 Legislative session Maryland passed legislation that would expand the State Tuition Waiver, altering the definition of "foster care recipient" to include individuals who are placed into guardianship or who are adopted out of an Out-of-Home Placement by a guardianship family, providing that the foster care recipients are eligible for a tuition waiver if the recipient is enrolled in a vocational certificate program at a public institution of higher education in the State.

Trust Fund Program

The State does not have a Trust Fund Program.

B. NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)

Maryland continues to participate and make progress in improving its process to collect NYTD data. For FFY 2011, 266 initial surveys were compiled and summarized. Maryland did not attain a high level of survey completion in its first year of NYTD (34%), therefore these are considered descriptive statistics. Among the 266 NYTD baseline respondents, just over half are male (52%) and the race breakdown was 66% for Black/African American, 33% for White, and 1% for other/unknown. Three percent (3%) are Hispanic/Latino.

Among the Employment/SSI/Support questions, 17% indicated they were employed (part-time or full-time), just over a quarter (26%) had completed some sort of work training experience in the past year, and 9% were receiving SSI payments. A small portion of respondents (2% to 4%) reported having education funding or other kind of significant income.

Among the Education questions, 6% reported having a GED or above, while 92% were enrolled in high school, GED, post-high school vocational training, or college.

Ninety-two percent (92%) of the respondents have at least one adult in their lives that provide advice or emotional support.

Among the life risk questions, 4% reported past homelessness, 18% reported substance abuse assessment or counseling, 13% had been detained in juvenile or adult facilities in connection to an alleged crime, and 5% had given birth or fathered a child.

For the health care questions, 98% youth reported that they had health insurance (either Medicaid-63%, or other insurance-35%), although smaller proportions indicated that they had coverage for medical services (26%), mental health services (34%), and coverage for prescription drugs (32%).

These responses were presented to LDSS assistant directors and their feedback was:

- The youth responses were in an expected range, except for the health care questions. Most youth are using Medicaid, and all the medical, mental health, and prescription drug services are covered, and
- There is interest in seeing how these answers may change once these youth respond at age 19.

During FFY2012, no surveys were collected, however, information about the “Served” youth were collected and reported. Local departments receive monthly exception reports to improve their reporting on educational attainment (last grade complete) which is required for NYTD Served youth.

Maryland benefitted from federal technical assistance to improve its processes for collecting NYTD Served and Survey data, and Maryland has successfully submitted a compliant set of NYTD reports. The most significant upgrade for collecting surveys was to make the survey available in MD CHESSIE (Maryland’s Statewide Automated Child Welfare Information System Assessment Reviews (SACWIS)) so that the LDSS offices can enter the surveys directly into the system. This change improved Maryland’s survey data collection process substantially—it is most efficient to have the caseworker (or a central designated local staff member) collect the survey responses in person or by phone, and enter them directly into MD CHESSIE.

C. YOUTH ENGAGEMENT MODEL

The final youth engagement evaluation report for the discretionary grant was received in December 2012. Maryland is implementing Youth Matter regionally across the state. The evaluation analysis conducted thus far support Maryland’s current efforts to enhance older youth services. The comprehensive older youth policies effectively address the many areas of transitional youth services. Maryland continues to provide training to all child welfare staff to be knowledgeable of the current policies as well as provide training to apply various strategies to actively engage youth as they prepare to transition to adulthood. The evaluation emphasized the need to increase communication about the established policies and practices with all providers. As Youth Matter rolls out across the state, Maryland will continue to encourage local jurisdictions to provide appropriate outreach and education to community partners and providers on their role in youth engagement as all partners must work together to meet the needs of Maryland youth.

As an extension of family centered practice and sustainability planning, Youth Matter is a component of the statewide Ready By 21 initiative to focus on understanding the process and importance for actively engaging and teaming with youth. The implementation strategies continue to include Family Involvement Meetings (FIMs), local and state youth advisory boards,

as well as youth panelists for community events and local youth engagement training classes. After the four pilot counties (Prince George's, Somerset, Wicomico and Worcester) participated in the demonstration project, Round 1 implementation began in Anne Arundel, Cecil, Harford, and Washington Counties in July 2012. Monthly technical assistance was provided to the replication jurisdictions to clarify policy questions, offer input or resources and strategize ways to improve practice based on their respective youth populations.

In September 2012, representatives from the central office and the local departments attended the technical assistance forum sponsored by the Atlantic Coast Child Welfare Implementation Center. Two different presentations on the use of coaching in Maryland and the use of data to monitor the project were conducted by central staff child welfare staff. This forum also provided an opportunity for peer collaboration between the Department, the pilot jurisdictions and replication sites to share lessons learned.

The Youth Matter Project Team convened monthly to allow the oversight of the demonstration project to be integrated into the Independent Living policy and practice initiatives. With the addition of the Round 2 jurisdictions (Calvert, Charles and St. Mary's) in January 2013, the youth engagement activities were transitioned to the Out-of-Home Placement Unit to better collaborate with the statewide Independent Living and Ready By 21 program activities.

D. PARTNERSHIP FOR ACHIEVING SELF SUFFICIENCY (PASS)

The Partnership for Achieving Self Sufficiency (PASS) is Maryland's new framework for helping low-income TCA applicants and recipients overcome barriers, gain employment and achieve economic independence. PASS replaces the annual Family Investment Plan (FIP) and Maryland RISE program.

The PASS program assesses the job readiness and strengths of Temporary Cash Assistance (TCA) recipients and applicants. Each Local Department of Social Services develops a local plan to assist customers in securing employment. Partners in the process include customers, local departments of social services, vendors and the Family Investment Administration at the Department of Human Resources. The PASS program works with clients to overcome barriers that may prevent employment; examples may include education, job skills and readiness, short term disabilities, substance abuse, child care challenges and transportation issues. The Program works to ensure that individuals are either employed or are in activities that will lead to gainful employment.

Locally the Workforce Development Agency in Anne Arundel County provides subsidized employment for any Anne Arundel Co. LDSS youth who wish to have after school and /or summer jobs.

E. EDUCATION AND TRAINING VOUCHERS PROGRAM

Maryland continues to ensure that funds for the Education and Training Voucher (ETV) Program are available to eligible children in out-of-home placement. The contract with Foster Care to Success (FC2S), formerly known as The Orphan Foundation of America (OFA) was extended to September 30, 2013 to administer the ETV program statewide and provide staff training, brochures and an on-line website for youth applications. The populations served are youth between the ages of 17 but not yet 21 years old. Eligible youth include those who are currently in foster care or who left foster care after their 18th birthday. Youth who were adopted or achieved kinship guardianship after age 16 are eligible to receive ETV vouchers. If a youth is participating in the ETV program prior to their 21st birthday and making satisfactory progress (2.0) GPA in school, they can remain eligible to receive ETV until they obtain the age of 23. At this time, the requirements and funding will remain the same for SFY13.

The State collaborates with the Foster Care to Success (FC2S) to ensure that eligible youth are able to access the funds to further their education. In addition to fiscally managing the MDETV Program, FC2S provides a comprehensive support program that combines academic coaching and support, volunteer mentors, care packages, career guidance and targeted coaching for seniors prior to graduation. FC2S has a program entitled InternAmerica. InternAmerica is a six week summer program that places MD ETV students in prestigious internships in Washington DC as well as internships closer to home, and support them through the experience. Those students who participate in the internships also attend professionally led seminars that help prepare them for the transition from student to young professional. The seminars cover topics such as: Human Resource issues, working with colleagues and supervisors, managing workplace expectations, financial decision-making, networking, personal empowerment, and communications training. A designated staff person works directly with the FC2S in determining eligibility, providing technical assistance and training to youth, local departments and community partners. The goal of the FC2S is to help MD ETV recipients identify an achievable education and career goal and work towards success whether it is through a traditional four year program, an associate degree, or a technical certificate. All of their services are geared to complement the Chafee Independent Living program and provide a continuum of State services that help youth become educated, trained and ready to enter the 21st Century workforce. The outreach and partnership with FC2S as well as the State's Tuition Waiver program, which is administered through Maryland Higher Education assisted the state in ensuring that youth receive postsecondary education assistance available.

According to the Foster Care to Success 2011-2012 Annual Report (<http://www.fc2success.org/about-us>) they provided funding for 386 youth covering the period from July 1, 2011 through June 30, 2012 (2011-2012 School Year). Of the 362 MD ETV 2012-2013 recipients, 193 (53%) were new students (applying for the first time) and 169 (47%) were returning (Appendix T).

During the 2013 Legislative Session, the Department of Human Resources supported House Bill 1012 and Senate Bill 414, Higher Education-Tuition Waiver Foster Care Recipient. The bills were approved by the Governor on May 2, 2013 and will become effective on July 1, 2013. The enactment of these bills into law will have a positive impact on youth that are in Out-of-Home and Guardianship Placements. The new law allows for children who are placed into guardianship or who are adopted out of an Out-of-Home Placement from a guardianship family to be eligible

for the tuition waiver. Secondly, for youth who are eligible for the tuition waiver, the new law will exempt them from paying tuition and any fees associated with enrollment at a Maryland public college/university regardless of their receipt of a scholarship or grant. The tuition waiver would be applied to the tuition prior to the scholarship or grant. Lastly, the law will allow eligible youth to utilize the waiver when attending a vocational certificate program at a Maryland college or university.

Consultation and Collaboration

Maryland continues to consult with the Youth Advisory Boards, Independent Living providers, Independent Living coordinators and the Maryland Foster Youth Resource Center to develop services and ensure availability of services across the state. DHR continues its partnership with the Maryland Foster Youth Resource Center (MFYRC). The Maryland Foster Youth Resource Center (MFYRC) is a nonprofit organization established by former foster youth to benefit young adults who are currently in or recently emancipated from foster care. The mission of MFYRC is to provide supportive resources for both youth in foster care and alumni of the foster care system through a "one stop (physical and virtual) shop" providing mentoring and peer supports and connecting them with services and resources which are often available in the communities where they live; and to give voice to the needs of youth in foster care through effective advocacy. MFYRC will also reach out to the employers, service organizations and other community resources throughout Maryland to enlist their active support for youth who are transitioning from foster care to independent adulthood. Last year MFYRC opened Transitional Housing for emergent situations pertaining to young adults who have aged out of care or have emancipated from care, are working, and / or have a source of income. DHR contracted with MFYRC to provide the following services:

- Connecting foster youth to critical resources – particularly in the domains of education, housing and employment
- Provide 24 Life Skill Classes to youth at the request of the Local Department

Credit Reporting Agencies

In SFY13 Maryland worked with the three Credit Reporting Agencies (CRA) (TransUnion, Experian, Equifax) to negotiate an agreement to process credit reports for foster youth. Maryland plans to request annual credit reports starting at age 14.

Demonstration Project

To test and demonstrate the effectiveness of the proposed strategies developed under the Ready By 21 umbrella, DHR will implement a demonstration project in collaboration with AIRS/Empire Homes to serve 30 youth from Baltimore County and Baltimore City.

The plan is for the youth to have a year of supportive services (6 months still in care and 6 months post). The demonstration project which was approved and is planned to start June 1, 2013, will allow DHR to better understand what truly happens to youth once they age out of care, including their service needs and the effectiveness of current strategies. This information will provide guidance to DHR as it seeks to strengthen its efforts to prepare youth for independence.

Title IV-E Program and State Plan

- The enactment of the Fostering Connections to Success and Increasing Adoptions Act of 2008 required Maryland to make substantial changes to the Title IV-E Plan in order to continue receiving federal funds. Maryland completed all requirements for the State Plan PIP as of June 7, 2012. The Amended State Plan incorporating all changes from the PIP was submitted. Additional changes were also included regarding Credit Reports for Youth and Educational Stability as a result of the Innovations and Improvement Act of 2012.
- The Title IV-E Program continues to strive for improvement in Title IV-E Eligibility for children in foster care. Strategies implemented include: Proposed reimbursement for foster care candidates, Revision of the Social Services Time Study, Centralization of Title IV-E staff, Training, Title IV-E Monitoring, and Collaborations with Education and the Courts.
- Candidacy: DHR in collaboration with DJS submitted a plan to the Department of Health and Human Services (DHHS) to claim federal reimbursement for foster care candidates. The revised submission is awaiting final federal approval.
- Revision of SSTS: The Social Services Time Study (SSTS) was revised to a format that is more user friendly and more responsive. The revised SSTS was submitted for final approval to DHHS. Once approved, computer program enhancements and changes will need to be completed as well as training of child welfare staff statewide.
- Centralization: Beginning January 2, 2013 Title IV-E staff in local departments of social services came under the administrative authority of the Department of Human Resources, Social Services Administration (DHR/SSA). The centralization of staff is intended to: Increase federal funds received by Maryland related to Title IV-E reimbursement, and; establish a mode of DHR Central supervision of IV-E Specialists statewide to increase accuracy and timeliness of Title IV-E determinations and implement necessary programmatic changes in an expeditions and effective manner. Ongoing costs associated with the centralization, include computer equipment, printers, scanners, office supplies, and increased travel.
- Training: Focused Title IV-E training for areas of improvement and also areas of non-compliance from recent federal reviews and audits. (1) Title IV-E Specialists Staff; (2) Child Welfare Caseworkers; (3) Child Welfare Supervisors; (4) Local department Directors and Assistant Directors; and (5) Court and associated legal personnel
- Monitoring: The Department began quarterly examination of reasons for ineligibility across the state and by jurisdiction to determine any strategies that can be implemented to reduce the number of ineligible cases. Monthly reporting and monitoring of eligibility determinations by jurisdiction to determine compliance with policies and timeframes was implemented to help increase Title IV-E eligibility.
- Collaborations: Maryland worked in collaboration with the Maryland State Department of Education (MSDE) regarding federal requirements for educational stability. This collaboration's focus is to negotiate policies and procedures on how to meet the federal requirement that when in the best interest of the child, the child will remain in the school enrolled in at the time of placement. DHR also formed an extensive partnership with the Administrative Office of the Courts/Foster Care Court Improvement Program (FCCIP). This collaboration is focused on providing a seamless continuum of care by partnering with the juvenile courts to not only improve the movement of children into care and out-of-care to a permanent living arrangement, but also provide services necessary for the

well-being of the child in care. This partnership is essential to establishing the State Plan, and Maryland's substantial compliance for the September 2011 Title IV-E Audit and annual Single Audits. The partnership continues with joint efforts to meet federal standards for court involvement and required determinations for compliance, and training of both legal and social service professionals regarding Title IV-E requirements. January through April 2013, the Department and the FCCIP increased collaboration efforts with a Multi-Disciplinary Training on Title IV-E Compliance. The training was presented in 8 sessions statewide. The training focused on required court determinations, language clarity, placement and care responsibilities, timeframes, and educational stability. The training involved judges, attorneys for children, parents, and Local Departments of Social Services and Department of Juvenile (DJS) Services staff, Court Appointed Special Advocate (CASA), Maryland State Department of Education (MSDE), Citizens Review Board for Children (CRBC), and other related juvenile court personnel.

IV. SYSTEM DEVELOPMENT-MD CHESSIE

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

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

- Coordinate Child Welfare Services electronically with the functions of other DHR administrations, such as Family Investment (TANF – Temporary Assistance to Needy Families) and Child Support (IV-D), as well as the Medicaid Administration of the Department of Health and Mental Hygiene (Title XIX, DHMH);
- Establish a statewide foster care and adoption payment issuance and reconciliation system that provides full fiscal accountability, monitoring, controls, update, mass change, and reporting capabilities;
- Establish an automated link between program and fiscal staff to more easily identify Federal participation programs;
- Provide social workers with an interactive system which automates the case record, containing word processing capabilities to assist in scheduling appointments, generating reminders, printing notices, storing and using data, issuing payments, monitoring availability and compliance of foster and adoptive homes, and other administrative functions;
- Enable DHR to extract management information data from the database for decision making as well as mandatory reports and including ad hoc reporting capabilities to enable local staff to retrieve lists, reports, and statistical summaries to assist with case and program management;

- Provide continuous monitoring of data generation by MD CHESSIE to ensure that the accuracy of the system meets the regulatory standards as the Department of Social Services System of Record;
- Enable DHR to respond to the rapidly growing demands for child welfare and adult services data, especially demographic historical data from federal agencies, State legislators, the judiciary, advocacy groups, attorneys, the media, and the public;
- Provide an interface capability with CIS (Client Information System), FMIS (Financial Management Information System) and Automated Fiscal Systems (AFS);
- Provide an interface capability to link with State agencies outside of DHR; and
- Facilitate good practice by including policy and procedure manuals with hypertext links from the database to the manuals. In addition, the system software itself contains certain good-practice reminders and constraints.

The automated child welfare case management system allows Maryland to provide better service to each client of child welfare programs, allows social service staff to spend more time doing social work, and also provides more programs and fiscal accountability than has been available in the past.

While MD CHESSIE experienced challenges since implementation, a number of improvements were made to the system and to assist the workforce. The system supports the users to enter the correct data for federal reporting and to make accurate payments to providers. In SFY13 a number of improvements were completed, including the revamping of the AFCARS data reporting, NCANDS data reporting, and IV-E eligibility.

System Development

Maryland made enhancements to MD CHESSIE July 1, 2011 through June 30, 2012 which assisted in improving the quality of data entered. These improvements are in response to changes in federal regulations, state laws, program policy and practice, and quality control. Several enhancements were made to the functional areas modules of Case Management, Common Functions, Financial Management, Intake and Investigations, Reports, Federal Reporting and Provider Management including:

- Case Management
 - Approximate DOB – Modifications to the Approximate DOB screen allows for the automatic uncheck of this field when MD CHESSIE clients are matched with Client Information System Clients (CIS) to insure the accurate update of demographic data.
- Tickler Modifications – Correction to the disposal process of Tickler 343 when a child been in an Out-of-Home Placement for 15 of the last 22 months; and consideration has been given to filing a petition for Guardianship with the Right to Consent to Long-Term Care Short of a Child.
- Financial Management
 - Title IV-Enhancement to the Title IV-E (IV-E) Eligibility process included:
 - IV-E Eligibility Period Refinement
 - IV-E Increasing and Decreasing Claims Report
 - IV-E Eligibility Process for Payment Stamping

- IV-E Modify Eligibility Age Range
 - IV-E Multiple Periods During Single Determination (Parts I, II, and III)
 - IV-E and Case Plan Screen Modifications
 - Intake and Investigations
- 396 Report Rewrite– The 396 on-line report was rewritten entirely for all types of referrals. The 396 report can be accessed using the current hyperlinks and will be rendered as a PDF via Adobe®.
- Investigative Findings Administrative Adjustments – The following new features or Modifications were added to the Investigation appeals tab:
 - A special security profile 'Super User', is created to:
 - Modify the Investigation Finding fields;
 - Modify a finalized record after it has been finalized;
 - Permit the modified finalization and appropriate triggers for the change in status
 - Allow a "Finalization Override" check box on the Appeals tab
 - Created an audit trail that shows the user identification, date and time of entry, and the action performed to modify the investigation finding.
 - A column heading "Appeal Investigated Finding" was modified to read "Modified/ Appealed Investigated Finding" on the Investigation Finding Appeal and Expungement screen.
- Intake Modifications III– MD CHESSIE Referral screens have been modified to incorporate the following changes as part of Intake Modifications III project:
 - The address functionality on the Referral Demo tab now displays the default address.
 - The message box that appears at the time of “Confirm Person” in the Referral was modified to state “Do you want to override the new address entered for this referral?”
 - The History Clearance Information (new field) on the Narrative screen was added that will display as two lines.
 - The 396 Report was modified to display "History Clearance Information" for all types of Referrals.
 - The placement of fields on the Referral Screen Demo tab was rearranged
 - The canned text in the COMAR Citations was updated to replace the word “social worker” with the word “worker” for all citations in the Investigation Disposition Narrative,.
- **Reports**
 - Case Plan 2 Report Modifications – A new Business Objects report “RE999R Out-of-Home Visit Information Report” to report on the Out-of-Home Clients visit details for the prior month for each Local Department of Social Services (LDSS) which identifies the Case, the Client, and the Visit information.
 - Guardianship Assistance Program Reports – All references to the name “Subsidized Guardianship” were replaced with the name “Guardianship Assistance Program” (GAP) to the following Reports:

- Caseload Statistics Report Case Level Detail
 - IV-E FC Report Card
 - IV-E FC Detail Report Card
 - GAP of the Month Statewide
 - GAP of the Month DSS Report
- **Federal Reporting**
 - National Child Abuse and Neglect Database System (NCANDS) Modifications – The NCANDS external interface batch was modified to address critical data elements on the NCANDS child file reported to the federal government on an annual basis. Additional modifications were made to the corresponding data elements in the NCANDS Reports.
 - A new Business Objects report “RE999R Out-of-Home Visit Information – Report” to report on the Out-of-Home Clients visit details for the prior month for each Local Department of Social Services (LDSS) identifying the Case, the Client, and the Visit information.

A process was also implemented to:

- Improve the identification and prioritization of user needs related to MD CHESSIE data
- Justify the benefits and risks associated with each system modification
- Monitor the stakeholder and customer satisfaction outcomes of each system modification
- Systematically improve stakeholder clarification of system requirements by holding interval meetings at 30 and 60 day after a system build to review the installations with MD CHESSIE Coordinators, OTHS, Angarai QA/QC, Xerox, and SSA Programs, stakeholders. These meetings are conducted to evaluate the success of each enhancement and to gather recommendations for future system development planning.

System enhancements completed in SFY13:

- MD CHESSIE Batch Process Redesign– Modifications were made to the Maryland Children’s Electronic Social Services Information Exchange (MD CHESSIE) batch processes and created an optimal design and standard to ensure best practices for error handling and alert notifications.
- Tickler Screens Modification - a new screen for MD CHESSIE/Social Services Administration (SSA), to display all active ticklers at the Case and/or Client level for each Client in MD CHESSIE.
 - Visitation Report - The new report on Out-of-Home clients visit information is available as an Online Report in MD CHESSIE for the current month. The online report displayed in PDF format and accessible via a new hyperlink will:
 - Display visit information only for clients with an active removal as of the report run date and with a removal start date prior to the 1st of the current month.

- Allow different views for the Supervisor and the worker regarding visitation information.
- AFCARS Compliance - Based on the AFCARS Assessment Review Improvement Plan (AIP) and the reporting period October 2011 submission, the AIP recommended that Maryland update certain Foster Care and Adoption areas in relation to the Element and the General submissions. Modifications were made to the AFCARS Extraction Report for Foster Care and Adoption.
- NCANDS - The NCANDS external interface batch was modified to address certain critical data elements on the NCANDS child file, reported to the federal government.
- Fiscal Bug Issues - MD CHESSIE was modified to prevent the following:
 - A disconnect between placement and provider service when a service is deleted while being actively used by a provider in a placement
 - An Interface between the payment detail record and an adjustment payment. Incorrect calculations for payment for number of nights Public Foster care payment issue: If placement does not have an end date then the system calculates no. of nights. If the end date is the last date of the month, then the system calculates no. of nights minus 1 night. If the end date is updated after draft is run, the system does not recalculate the days and pays a day extra.
- Ancillary Services not showing on Child's Placement screen - Ancillary services tab on the placement screen was enabled to allow the worker to enter the relevant ancillary services associated with a placement.
- 9999 Error Message prevents Removal– A data fix was installed to allow a Removal without a 9999 Error message.
- NCANDS - In addition to the changes to the NCANDS Child file, screen modifications and enforcement of new edits on the investigation screens, Household Structure field and Investigation Completion checklist were added to MD CHESSIE.
- Modifying AFCARS Touching Points - Modifications were made to the AFCARS Extraction Report for Foster Care and Adoption. The AFCARS extraction logic was modified to include clients up to age 21 on the AFCARS extract.
 - Clients not eligible for IV-E after 18 were excluded from subsequent AFCARS submissions regardless of their change in IV-E status.
- The AFCARS extraction logic was modified to look for qualifying Living Arrangement types with a Start Date on or after the Removal Start Date only. The AFCARS report logic was modified to look at 'Adoption Subsidy' and 'MA Only' fields on the Adoption Subsidy screen in MD CHESSIE to determine if the child was receiving adoption subsidy.
- For Title IV-E eligible clients between 18 to 21 years of age, the AFCARS logic was modified to report the actual foster care discharge date and discharge Reason from the Removal Screen.

- The AFCARS extraction logic was modified to include same sex married couple in the report on foster care caretaker elements.
- Candidacy Program in MD CHESSIE - Candidacy Program modifications to MD CHESSIE identify, track and report "Out-of-Home Candidacy" for Title IV-E through the In-Home services case plan when the child is a candidate for foster care.
- Finance– The Monthly Child Account Activity Report logic was modified to consider Child Accounts (CA) which are currently “inactive” but were “active” during the report period.

The following MD CHESSIE system logic modifications were made to search and display system-generated adjustment payments through the Financial Management, Accounts Payable, Maintenance, Subsidy and manual adjustment payments modules:

- The system logic will generate a fiscal tickler to the fiscal unit of an active Child Account, when the Adoption case is created in MD CHESSIE.
- Online Child Accounts: MD CHESSIE system logic is modified so that the payment stamping batch ignores receipts entered in the current month for the current benefit month, and not update the “Avail for Ancillary” balance.
- Provider Management Modifications – The changes to the Provider Management modifications were split into two different projects:
 - Provider Management Modifications add the functionality to automatically place on-hold an approved, public provider’s record when maltreatment by the applicant or the co-applicant is alleged in a CPS referral.
 - MD CHESSIE On-Hold Provider Business Objects Reports:
 - On Hold Provider Statewide Report is a State Level report of all providers placed on-hold and is generated monthly.
 - On Hold Provider Detail Report is a LDSS Level report of all providers placed on-hold and is generated once per week, every Monday.
- Provider Management Modification II - MD CHESSIE will automatically place on-hold an approved, public provider’s record when maltreatment by the provider applicant or co-applicant is alleged in a CPS referral. Add new units to MD CHESSIE for Baltimore County - The Family Services Units have moved to a Consolidated Family Services model for the units that now provide Continuing CPS for Physical Abuse/Neglect, Family Preservation Teams Interagency Family Preservation and SFC – Services .to Families with Children, Pregnant/Teenage Parent.
- Case Plan Business Object Report - Currently, an ad hoc report is specifically being generated for the Baltimore City Local Department of Social Services (LDSS) to track Case Plan activity by the workers in Baltimore City. The report is a snap shot of the latest case plan related information during the reporting period.
- Structured Decision Making (SDM) Modifications - SDM Modifications contain updates to the Child Protective Services (CPS) SDM instrument and to the DHR/SSA/396.

Planned for SFY 2014 (July 1, 2013 to June 30, 2014)

- Modifications to Caseplan Phase II – Includes improvement to the following assessments:
 - Assessments and Case Plans: This is a substantial enhancement that would improve the way the MD CHESSIE automates Maryland's In-Home and Out-of-Home Service response. This includes improvement/replacement of the following functions:
 - Assessments
 - Maryland Family Risk Assessment (MFRA)
 - Contacts and Visitation Notes
 - Child and Adolescent Needs and Strengths –Child (CANS-C)
 - Child and Adolescent Needs and Strengths – Family (CANS-F)
 - Structured Analysis Family Evaluation – Home (SAFE Home)
 - Structured Analysis Family Evaluation – Child (SAFE-Child)
 - Health information
 - Case plans for in-home and Out-of-Home Services to ensure that assessments are completed for all children and families and integrated as part of the case plan.
 - Integrate Structured Analysis Family Evaluation (SAFE) in MD CHESSIE:
 - Expungement – This project would ensure that MD CHESSIE is in full compliance with the law and will be accomplished in two phases. The first phase will focus on remediating the issue of data that should have been expunged from MD CHESSIE. The data itself will be the focus. In addition, the first phase will include a thorough regression testing cycle to identify any bugs within the System regarding the expungement process. The second phase will focus on the long-term solution to ensure that MD CHESSIE appropriately and systematically expunges all targeted data.
 - Alternative Response (AR) – In May 2012, with the passage of House Bill 834, Child Abuse and Neglect-Alternative Response, the Secretary of the Department of Human Resources (DHR) was authorized to establish an Alternative Response program for specified child abuse and neglect reports. For the DHR Social Services Administration (SSA) and the local Departments of Social Services (LDSS) to be able to accommodate an Alternative Response program, significant modifications are needed to the MD CHESSIE. MD CHESSIE will be modified so that immediately after the screened-in CPS referral is approved by the supervisor, a new screen "CPS Response Type" screen will appear to enable the supervisor to give the approved CPS referral the pathway to an Alternative Response in certain well-defined circumstances before the CPS case is assigned to a worker.
 - State Automated Child Welfare Information System Review Guide (SARGE) update - Several enhancement to MD CHESSIE in FY 2013 and 2014 will

comply with the State Automated Child Welfare Information System Review Guide (SARGE)

- Case Plan Phase III Streamline – The installation of wireless web form (WWF) technology and assignment of tablets to case workers will streamline the assessment process by allowing case worker to complete and approve assessments and evaluations on site and in real time. This enhancement will also cover the following SARGE Requirements:
 - SARGE Requirement 3 – The SARGE encourages the State to simplify the process for identifying the relationships between case members.
 - SARGE Requirement 15 – While MD CHESSIE’s “disability groups” respond to AFCARS and NCANDS standards, as noted in discussions with the State, the entry of special needs information into the *General Information/Client Functioning*, *NCANDS Info*, and *Adoption Subsidy* screens must be streamlined.
 - SARGE Requirement 29 – ACF requires that critical information about a case must be captured in the system. ACF-OISM-001, issued in 1995 states that “The automated system must support the monitoring of the progress of plan and update the service/case plan in the electronic folder.” Missing assessment findings, and lack of continuity between tasks and the goal may lead to inappropriate or incomplete decisions. Case narratives are an important component of the case record, and should be easily accessible to appropriate staff through the SACWIS.
 - SARGE Requirements 16 and 30 – The State must automate the linkage of risk assessment findings to service resources. The State’s response should also describe how the system will be enhanced to match service needs and resources throughout the program assignment process.
 - SARGE Requirement 32 – The State should enhance the system to track the appropriate due date of the case plan based on the circumstances of the particular case.
 - SARGE Requirement 33 – “The State must investigate why staff are not using automated resources available in the system and either enhance the system to support their needs or provide additional training.
- Provider Capacity for User Generated Ad Hoc Reports – There is a need for an enhancement to allow specified users to get ad hoc reports from MD CHESSIE. This enhancement would involve the development of a menu driven query facility that would produce reports and allow them to be exported to Excel and other data manipulation programs.
- Planned enhancements to IV-E – The enhancements to the Title IV-E module in MD CHESSIE are in response to federal audit findings and recommendations.
- Planned enhancements to the Public and Private Modules

- Planned changes to the screens utilized by Citizens Review Board Modifications (CRB) – These screen changes will allow for the CRB to provide a recommendation to the local department. Then the local department Director or their designee can review the recommendation and provide comment.

Planned for State Fiscal Year 2015 (July 1, 2014 to June 30, 2015)

- Modification to Financial Documents – Since the full implementation of MD CHESSIE in February 2009, financial information (payment history, accounts receivable, child accounts, payment stamping, etc.) has grown and continues to grow at an alarming pace. Current design does not have print history functionality from MD CHESSIE. The only way for a user to print financial history is to copy screen displays to a word document (limited to merely a few transactions per screen). It is, therefore, becoming extremely ineffective and inefficient for users to respond timely to inquiries for financial information. The benefit of this project will be that External sources such as providers, Social Services Administration, courts, program managers, Central Collection Unit (CCU), Federal, State, and Single auditors will receive accurate information in a timely manner.
- Interface MD CHESSIE with SCYFIS, the Client Automated Resource and Eligibility System (CARES), Maryland State Department of Education (MSDE), Department of Juvenile Services (DJS), Developmental Disabilities Administration (DDA) and the Courts – There is a business need to integrate the State Children, Youth, and Families Information System (SCYFIS) Resource Directory and the Interagency Outcome Evaluation System with MD CHESSIE. There is also a business need to integrate MD CHESSIE with the other statewide electronic databases. If another public agency maintains an official source of information that is required to be entered into or consistent with MD CHESSIE, then an interface between MD CHESSIE and the other database should be built to obtain and compare that data, rather than relying on the child welfare worker to collect and enter that information into MD CHESSIE.

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

MD CHESSIE Call Center for local use

Effective January 1, 2013, the DHR Call Center was enhanced to accept calls from MD CHESSIE local users. This enhancement enabled Central staff to assist the Local Departments with MD CHESSIE issues that may result in work orders for data fixes or system modifications. Local Departments are able to call the hotline or email the Call Center for assistance.

Since this enhancement, the DHR Call Center-Locals have received eighty-seven (87) calls and/or emails for assistance. Of these, seventeen (17) were issues that Local Departments requested work orders for a data fix, but the issues were corrected via telephone and/or email and did not result in a work order request. Six (6) were issues that would require a system modification which is currently in the planning phase. Twenty-four (24) work order requests were submitted by Central staff to OTHS on behalf of Local Department staff for data fixes. Five (5) of the data fix requests have been corrected by Xerox. Xerox plans to correct the other data fixes in the next six months and thereafter, all data fix requests should not take longer than one build cycle to correct. This new process will eliminate the current backlog.

MD CHESSIE Call Center for Providers

The MD CHESSIE Call Center Hot Line was established in December 2008. In many situations, the Call Center is the first point of contact for resolving public and private child care provider payment and placement issues for all of Maryland's local departments of social services. The MD CHESSIE Call Center staff receives and handles calls relating to: incorrect payment amounts, zero payment amounts on draft and final statements, children missing from statements, over and under payments, payment checks not received, incorrect payment structures where a child is electronically placed in the wrong program, incorrect begin or exit dates, requests for Electronic Funds Transfers (EFT's), address changes and general enquires. Hot Tickets are created in order to track problem issues and to bring a resolution. During the time period of July 1, 2011 through June 30, 2012, the MD CHESSIE Call Center Hotline created One Thousand Six Hundred and Eighty Five (1,685) Hot Tickets and closed One Thousand Six Hundred and Thirty Three (1,633) Hot Tickets. Seven Thousand Six Hundred and Sixty Two (7,662) calls were received.

MD CHESSIE Training Team

The MD CHESSIE training team of DHR is responsible for providing MD CHESSIE system orientation to all LDSS staff. The training is inclusive of task specific, face-to-face, WebEx-based sessions, and pre-recorded modules on system updates and changes to program policies. The goal of the MD CHESSIE Unit is to provide up-to-date training for all MD CHESSIE users. These trainings correspond to new employee orientation, enhancements to MD CHESSIE, and clarification of existing system operations that impede user performance.

During the timeframe of July 1 2011-June 30, 2012, the MD CHESSIE training team provided training to 800 attendees consisting of child welfare workers, supervisors, and Assistant Directors representing the 24 jurisdictions within the state. Through the feedback received at the end of each session, and from a subsequent 30 day follow-up evaluation, each class was developed to follow real world based scenarios that users encounter to make training more effective. As well, this feedback enabled the team to enhance current and to develop future training. Assessments were developed for each module and the success rate of these assessments has been at 95%. Tip sheets, manuals, and pre-recorded training modules were created for additional training assistance. The training team also participated in the development of the application for a more accurate and user-friendly data base.

The training team also used exception and governance reports; and data from the MD CHESSIE OTHS Help Desk and the MD CHESSIE call center to re-evaluate and develop training modules.

Training continues to offer classes for each build that occurs in MD CHESSIE, and works with Xerox, the developer, to have builds pushed to the training region prior to production so users can become familiar with the enhancements before a build goes live. The team continues to utilize reports, feedback, and interactions with SSA policy analysts to gauge the most meaningful learning experience for users of MD CHESSIE.

Additional responsibilities of the training team are to create and maintain MD CHESSIE “Tip Sheets”, User Guides and MD CHESSIE training manuals. This fiscal year seven Tip Sheets were published.

The training team undertook a new venture this year; the on-site support model. The on-site model assists local department staff with MD CHESSIE training needs. This past year the training unit assisted Prince George’s and Carroll Counties with on-site support.

Over the next year the Department plans to continue the implementation of On-Site support, offered to various locals to provide training and support; to re-design the Pre-Service training for students at the University of Maryland, School of Social Work; and to strive to improve the quality of learning that all users of MD CHESSIE experience. The training team will continue over the next year its work with SSA Quality Assurance/Quality Control (QA/QC) to participate on the Continuous Quality Improvement (CQI) evaluations and to determine, from those evaluations, areas of needed training within the application.

V. STATISTICAL AND SUPPORTING INFORMATION

A. JUVENILE JUSTICE TRANSFER

The State of Maryland 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. The Department defined these children as having a legal status of supervision of custody and still residing in their home. They are not committed to the State or in Out-of-Home Placement.

B. INTER-COUNTRY ADOPTIONS

The State tracks 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. Services provided to families include family preservation; family therapy; and referrals to community based adoption support programs. A tracking form was developed for local departments to capture this information and submit to the Department monthly. No children experienced this type of adoption placement dissolution in SFY12.

C. MONTHLY CASE WORKER VISIT DATA

Maryland's local departments of social services are required to have a number of contacts with a foster or kinship child on a regular basis. Contacts can be in the form of phone calls, e-mails, letters or visits. A monthly visit is a face-to-face contact that includes dialogue (or communication as appropriate to the age and ability of the child) and exchange information pertinent to the child and family. This distinguishes a visit from a simple contact. Visitation or face-to-face contacts are extremely important to the provision of child welfare services, meeting the needs of the child, promoting well-being, and achieving permanency.

Maryland vastly improved the documentation of caseworker visitation in MD CHESSIE (Maryland's SACWIS) over the last few years. Maryland generated caseworker visitation data completely from MD CHESSIE starting with the FFY2011 report, and was also able to shift to the new federal methodology required for FFY2012. Indeed, Maryland's performance in documenting caseworker visitation is expected to achieve the FFY2015 targets during most of FFY2013.

Caseworker Visits Goals (Revised as of 2012 per changes in Federal requirements)					
2010	2011	2012	2013	2014	2015
70%	90%	90%	90%	90%	95%
Caseworker Visits in the Home Goals					
2010	2011	2012	2013	2014	2015
73%	75%	50%	50%	50%	50%

FFY2010 results were positive (based on MD CHESSIE data augmented by local data):

1. Percent of children fully visited: 72.9% (met the goal)
2. Percent of children visited at their out-of-home residence: 94.0% (met the goal)

FFY2011 results were positive (based on 100% MD CHESSIE data):

1. Percent of children fully visited: 90.7% (met the goal)
2. Percent of children visited at their out-of-home residence: 89.5% (met the goal)

FFY 2012 results (revised methodology) were positive (based on 100% MD CHESSIE data):

1. Percent of children visited: 94.6% (met the goal)
2. Percent of children visited at their out-of-home residence: 69.7% (met the goal)

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

In September 2012, the Department distributed a policy directive delineating the new Federal requirements for caseworker visitation funds. SSA also required a caseworker visitation plan from local departments of social services for the period October 1, 2012 – June 30, 2013 to ensure the new guidelines would be met. These plans were approved by Central staff. As of October 1, 2012, these funds are being utilized to improve the quality of caseworker visits

focusing on caseworker decision-making on the safety, permanency, and well-being of foster children and on caseworker recruitment, retention, and training.

TIMELY HOME STUDIES REPORTING AND DATA

Safe and Timely Placement Act of 2006 (P.L. 109-239) In 2012, 34% of all INCOMING home study reports were completed in 0-60 days, 0 % were completed in 61-90 days and 66% were completed in over 90 days.

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

- Delay in completion and receipt of required State criminal history background clearances (i.e., Maryland Criminal Justice Information System (MD-CJIS) reports), of required Federal Bureau of Investigation reports (FBI-CJIS), of required United States Department of Justice, Federal Bureau of Investigation (US DOJ, FBI-CJIS) reports when additionally indicated and of required Adam Walsh P.L. 109-248 Child Protective Services (CPS) Clearances when also indicated.
- Delay in completion of required home health/fire inspection.
- Delay in completion or return of required medical evaluations from the prospective caregiver.
- Prospective caregiver's lack of timely response to offered home study despite being informed of P.L. 109-239's 60-day deadline.
- Lack of technology and resources to complete the home studies timely (i.e., lack of Statewide availability of Livescan, lack of Statewide availability of scanners and associated support staff to operate this equipment, lack of "paperless technology systems").
- In 2012 the Maryland Local Departments of Social Services staff and DHR/MD-ICPC staff completed 860 out-going Interstate referrals (some of which involve multiple children) for Maryland children proposed to be placed into another State's jurisdiction. This casework service and ICPC administrative processing must be completed for each Interstate case.

The 15 day extension required (i.e., from the required 60 day deadline, per section 471 (a) 26, to the 75 day deadline) resulted in virtually no additional home studies being completed within the 15 day extension period. Note that the 15 day extension permitted under P.L. 109-239 expired on 9/30/08, per the P.L. 109-239 legislation.

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

- Educating staff as to the "provisional" home study recommendation option available, per PL 109-239, when only pre-service Foster parent training/education remains to be completed.
- Sharing of Foster Parent training resource classes between jurisdictions, when possible.
- Making use of electronic criminal history record checks, (i.e., Livescan), when possible.
- Hiring an additional ICPC/ICAMA Specialist staff at State Central Office occurred in 2012 (4 ICPC/ICAMA Specialists now in Office) to increase processing efficiency, however, Administrative Assistant support staff capped at 2.

- Finalizing a Maryland and Washington, DC “Limited Border Agreement” affecting DC-initiated MD private child placing agency contracts versus request for public agency work on February 7, 2013. This agreement will significantly impact the speed of DC placements into MD (daily average of DC children in MD has been 1,000 children for decades) and reduce the percentage of time MD-ICPC office spends in processing DC-proposed placements into MD. On the other hand, the percentage of incoming home studies completed within 0 – 60 days in 2013 may well be reduced by excluding the faster DC private child placing agency work and primarily only measuring the MD LDSS public agency home study work.

VI. FINANCIAL INFORMATION

Maryland intends to expend twenty percent on each of the following services: family preservation, community-based family support, time-limited family reunification and adoption promotion and support services. Planning and service coordination funds will be spent on items included in the PIP such as continued training on family centered practice, equipment for team staffing facilitators, development of the supervision model, revisions to safety and risk tools, and resource development.

In FFY2011, state and local spending on IV-B part 2 activities totaled \$57 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.

VII. APPENDICES

- A. Maryland Child And Family Services Interagency Strategic Plan
- B. Screening Tool
- C. December 2012 Joint Chairman’s Report on Home Visiting
- D. Functional Family Therapy, Maryland Quarterly Utilization, Fidelity, and Outcomes Report, Fiscal Year 2013
- E. Multidimensional Treatment Foster Care Annual Report
- F. Multi-Systemic Therapy (MST) Maryland Quarterly Report FY13 Q2
- G. Citizen’s Review Board for Children Annual Report
- H. Response to Citizens’ Review Board for Children Annual Report
- I. Maryland Resource Parent Plan of Work
- J. The Maryland Department Of Human Resources – Title IV-E Training Matrix
- K. Department of Juvenile Services, Training Courses
- L. Maryland CQI Gap Analysis
- M. Home visiting in Maryland, Opportunities and Challenges for Sustainability
- N. Maryland’s Early Childhood Mental Health Consultation

- O. Filled CWS – Race/Ethnicity
- P. Maryland State Council On Child Abuse And Neglect (SCCAN) Annual Report
- Q. State Child Fatality Review Team
- R. Child Fatality Disclosure of Information, Form 2037
- S. Memorandum Disclosure of Information
- T. Annual Reporting of State Education and Training Vouchers
- U. CFS-101, Parts I, II, III, PDF
- V. CFS-101, Parts I, II, III, Excel Version

Acronyms

ACF - Administration for Children and Families
AECE - Annie E. Casey Foundation
AFCARS - Adoption and Foster Care Analysis Reporting System
AFS – Automated Fiscal Systems
APPLA – Another Planned Permanency Living Arrangement
APSR – Annual Program Services Review
ARC - American Red Cross
ASCRS – Adoption Search, Contact and Reunion Services
MD CANS - Child and Adolescent Needs and Strength
CA/N - child abuse/neglect
CANS – F Child and Adolescent Needs and Strength - Family
CAPTA – Child Abuse Prevention and Treatment Act
CBCAP - Community-Based Child Abuse and Prevention
CFSR – Child and Family Services Review
CIS - Client Information System
CRBC - Citizens Review Board for Children
CRC - Children’s Research Center
CME- Community Management Entities
COOP - Continuity of Operations Plan
CPS - Child Protective Services
DDA - Developmental Disabilities Administration
DEN - Drug-Exposed Newborn
DHMH - Department of Health and Mental Hygiene
DHR - The Maryland Department of Human Resources
DJS – Department of Juvenile Services
DOB - Date of Birth
EFT - Electronic Funds Transfers
EP - Emergency Preparation
ESF - Emergency Support Function
EPSDR - Early Periodic Screening, Diagnosis, and Treatment
FASD Fetal Alcohol Spectrum Disorder
FAST - Family Advocacy and Support Tool
FBI-CJIS - Federal Bureau of Investigation reports
FSC - Family Support Center
FCCIP – Foster Care Court Improvement Process
FCP – Family Centered Practice
FCS – Foster Care to Success
FEMA - Federal Emergency Management Agency
FIM- Family Involvement Meetings FPL - Federal Poverty Level
FMIS - Financial Management Information System
GAP - Guardianship Assistance Program
GOC - Governor’s Office for Children
ICPC Interstate Compact on the Placement of Children

ICAMA - Interstate Compact on Adoption and Medical Assistance
IDEA - State Interagency Coordinating Council for the Individuals with Disabilities Education Act
LDSS – Local Department of Social Services
MCO - Managed Care Organizations
MD-CJIS - Maryland Criminal Justice Information System
MFN - Maryland Family Network, Inc.
MFPA - Maryland Foster Parent Association
MHA - Mental Health Access
MSDE – Maryland State Department of Education
NCANDS – National Child Abuse and Neglect Data System
NYTD - The National Youth in Transition Database
NRCPRFC- National Resource Center for Permanency and Family Connections
NRCCWDT - National Resource Center for Child Welfare Data and Technology
OLM - Office of Licensing and Monitoring
OFA – Orphan Foundation of America
PAC - Providers Advisory Council
PIP – Program Improvement Plan
PSSF – Promoting Safe and Stable Families
RFP – Request for Proposal
RTT-ELC - Race-to-the-Top Early Learning Challenge
SACWIS - Statewide Automated Child Welfare Information System Assessment Reviews
SAMHSA - Substance Abuse and Mental Health Services Administration
SARGE - State Automated Child Welfare Information System Review Guide
SCCAN - State Council on Child Abuse and Neglect
SCYFIS - State Children, Youth and Family Information System
SILA – Semi Independent Living Arrangements
SMO - Shelter Management/Operations
SoS – Signs of Safety
SSA – Social Services Administration
SSTS – Social Services Time Study
US DOJ, FBI-CJIS – United States Department of Justice, Federal Bureau of Investigation
VPA – Voluntary Placement Agreement
VPN – Virtual Private Network
WIC - Women, Children and Infants