



PATHWAY TO CHANGE

Safety, Permanency, Well-Being



Maryland Child and Family Services Program Improvement Plan



Maryland Child and Family Services Review Round 3 Program Improvement Plan

Introduction

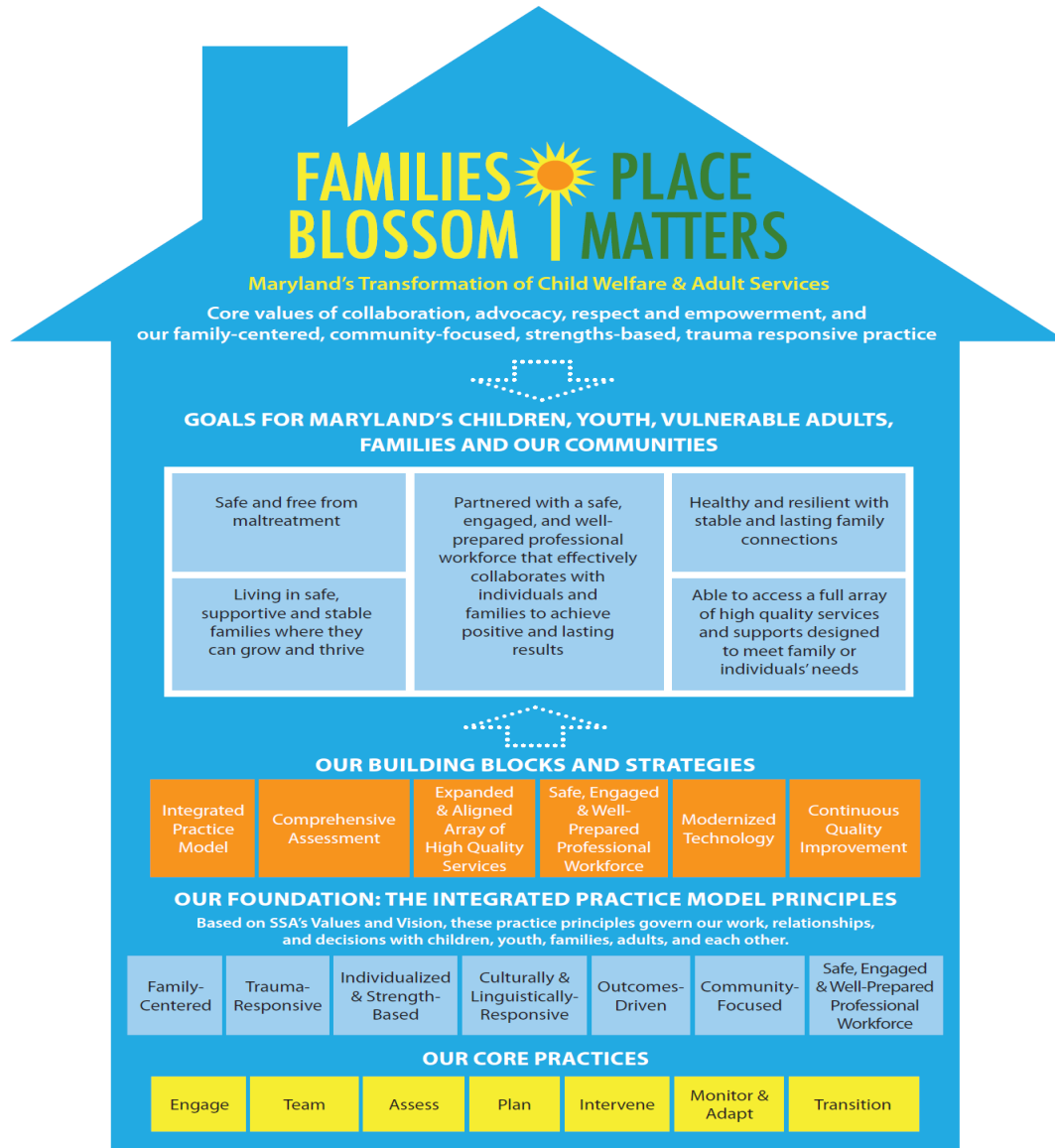
The Maryland Department of Human Services/Social Services Administration (DHS/SSA) participates in a federal Child and Family Services Review (CFSR) of seven outcomes and seven systemic factors that represent key requirements that are foundational to the achievement of positive outcomes. Maryland received the Children's Bureau's (CB) final report of its 2018 review and is required to develop and seek federal approval of a plan to improve on areas found to be a challenge. Maryland submits this Program Improvement Plan (PIP) to the Children's Bureau to meet this requirement but, more importantly to outline our shared vision and continued commitment to system transformation on behalf of children and families.

Maryland's Vision for System Transformation

DHS/SSA envisions a Maryland where *Families Blossom* by strengthening families so that children are safe, healthy, resilient, and able to grow and thrive. Maryland began this journey in 2007 with the launch of the Place Matters Initiative. Place Matters led to the provision of family-centered, child-focused, community-based services that promote safety, family strengthening, and permanence for children and families in the child welfare system. The primary success of Place Matters is evidenced by shorter lengths of stay in out-of-home placements and the increased number of children and youth exiting from foster care to permanent placement.

Building upon Maryland's previous successful improvement efforts, Maryland implemented the Title IV-E Waiver Demonstration Project in 2014, *Families Blossom* *Place Matters*. Maryland used the flexibility afforded by the waiver to focus on preventing new and reentries into foster care through meaningful use of assessments of families and installing and testing a range of evidence-based and promising practices selected by local jurisdictions to meet the needs of their population. Along with implementing specific interventions, Maryland has articulated a strategic direction designed to improve the lives of Maryland families and uses an implementation structure to ensure that we are making continual progress toward achieving the strategic direction. This strategic direction is represented in *figure 1*.

Figure 1. Maryland's Transformation of Child Welfare and Adult Services



SSA intends to transform the social service system in partnership with public agencies, private agencies, courts, and community partners, so that the children, youth, families, and vulnerable adults we serve and support are:

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

Our ongoing strategies for accomplishing these goals are to:

1. Promote safe, reliable, and effective practice through a strength-based, trauma-responsive practice model for child welfare and adult services.
2. Engage in a collaborative assessment process that is trauma-informed, culturally-responsive, and inclusive of formal and informal family and community partners.
3. Expand and align the array of services, resources, and evidence-based interventions available across child welfare and adult services, based upon the assessed needs of children, families, and vulnerable adults, to include additional resources aimed at preventing maltreatment and unnecessary out-of-home placements.
4. Invest in a safe, engaged, and well-prepared professional workforce through training and other professional development, including strong supervision and coaching.
5. Modernize SSA's information technology to ensure timely access to data and greater focus on agency, individual, and family outcomes.
6. Strengthen the state and local continuous quality improvement processes by creating useful data resources to monitor performance, using evidence to develop performance improvement strategies, and meaningfully engaging internal and external stakeholders.

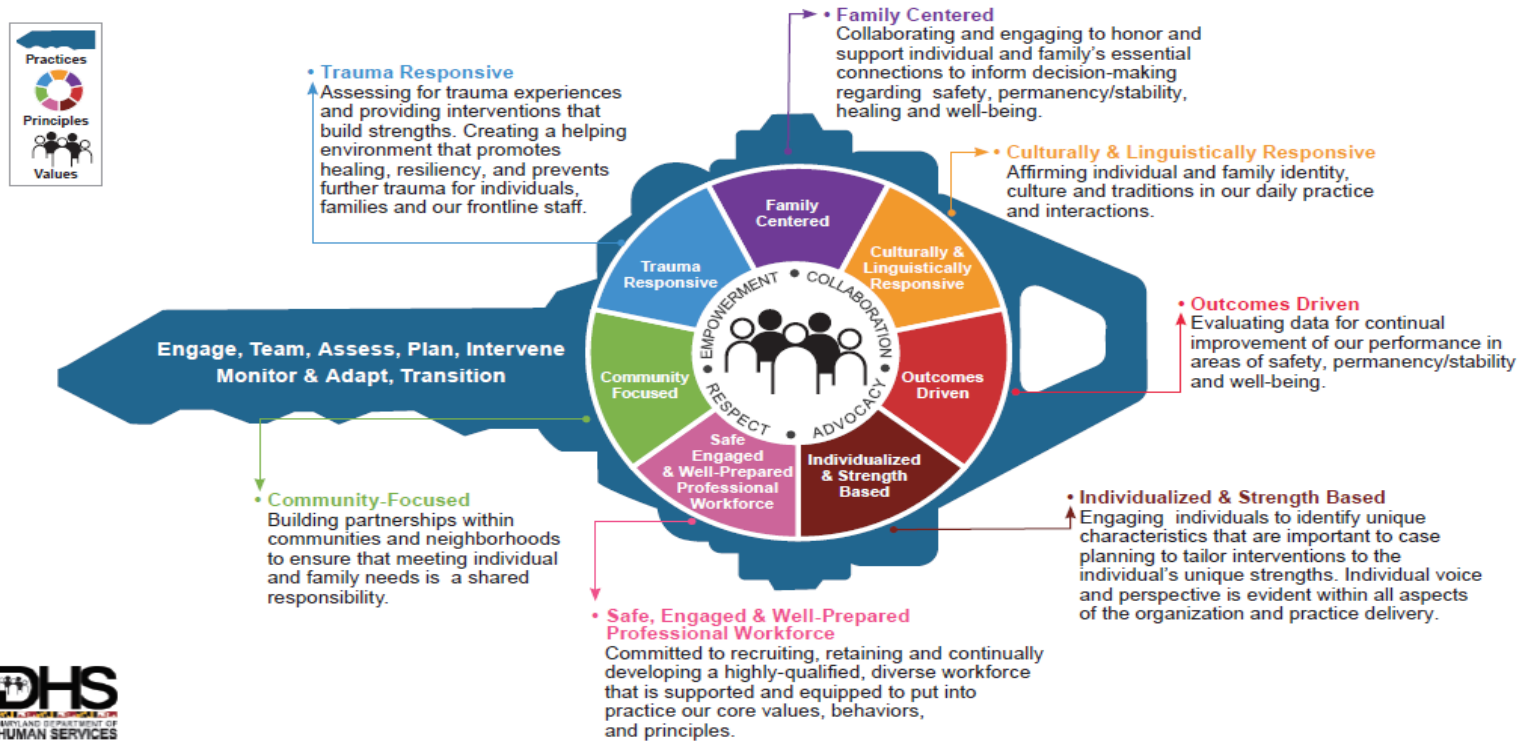
This vision and strategies are a central part of Maryland's recently developed five-year strategic Child and Family Services Plan (CFSP) which we will revisit annually to highlight our progress. Further, Maryland has recently launched a revitalized Integrated Practice Model (IPM) to serve as the foundation for how our system works with families and partners, as represented in figure 2. The PIP is an opportune time to use the insights of system stakeholders and make meaning of data about the current state of our system to ensure that the Integrated Practice Model is implemented successfully. Further, we are using the PIP in an explicit effort to ensure that the public agencies, private agencies, courts, and the community are partnered in support of achieving better outcomes for our children and families.

Figure 2. Maryland's Integrated Practice Model



Maryland's Integrated Practice Model: The Key to SSA's Strategic Vision

Our Core Practices, Principles & Values



During the PIP convening, participants articulated the perceptions of the child welfare system now and imagined future perceptions of the system if we successfully implement the PIP in the near term and continue to widen and deepen our commitments to improvement articulated in the five-year Child and Family Services Plan. This vision of the way Maryland will describe the child welfare system in the future is visualized in the word cloud in figure 3 and motivates our collective efforts in support of families.

Figure 3. PIP Convening Word Cloud: System Current State to System Future State



Continuous Quality Improvement (CQI) and PIP Development

The development of this program improvement plan dovetails with Maryland's larger strategy to employ well-functioning state and local continuous quality improvement processes to monitor performance, use evidence to develop improvement strategies, and meaningfully engage internal and external stakeholders in both understanding evidence and shaping those strategies. The goal of CQI at the state level is to guide planning, implementation, and ongoing management of performance improvement strategies statewide. CQI is carried out within DHS/SSA's **Implementation Structure**, an organizational structure nested within DHS/SSA in partnership with system partners, to advance key priorities in order to achieve the agency's **strategic direction**. Since the fall of 2018, DHS/SSA has conducted facilitated discussions regarding CFSR case review data and statewide and local performance on our headline indicators to understand trends and identify key findings and concerns for deeper analysis and action. Most recently, Maryland identified three headline indicators (entry into foster care, reentry into foster care, and permanency for children with longer stays in foster care) for deeper problem exploration.

Additionally, DHS/SSA engages each local jurisdiction as they participate in MD CFSRs, with focused discussion on the local departmental performance on the headline indicators and the story that provides context for that performance. DHS/SSA and the local department identify areas of outstanding performance and those in need of improvement during this engagement and couple them with the local department's MD CFSR findings to guide the local department's improvement efforts. From the state and local level CQI efforts, Maryland has developed a deeper and more nuanced appreciation of the problems that underlay performance challenges, and this appreciation informs our strategies proposed here.

Maryland agreed to participate in CB's Pilot Project to develop a program improvement plan to continue to build on its vision for CQI and take advantage of the opportunity for CB to assist Maryland in facilitating meaningful engagement with our partners to identify our problems and develop strategies to improve. In April 2019, a large and diverse quorum of Maryland's external stakeholders, families, youth, and staff convened for a full week to review and discuss these findings as well as additional data and information provided by the Children's Bureau, the Court Improvement Program (CIP), and DHS/SSA. Participants synthesized the evidence in group discussions enriched by each individual's contributions, drawing on their expertise, knowledge, and professional and lived experiences in Maryland's child welfare system. Discussions centered on understanding and making meaning of these findings, identifying root causes driving performance and practice issues, and identifying strategies to address root causes that are likely to create broad practice and performance improvement in key identified areas. A follow up convening on June 7th, brought the same group of stakeholders together to reflect on the goals and strategies drafted at that point, invited their insight into whether it represented the work of the collective, and offered an opportunity to note gaps or areas that needed additional strengthening. Maryland also formed a small review panel that took a close look at the draft PIP. The review panel was representative of the range of stakeholders present at the PIP Pilot and was asked to provide feedback on how the PIP represented the discussions at the pilot, if it was believed to result in the transformation and partnership we desire, and other aspects that could strengthen the PIP. That feedback was reviewed and integrated prior to submitting the first draft to the Children's Bureau.

As Maryland sees the work of the program improvement plan as integral to our ongoing efforts at transformation, Maryland is committing to ongoing measurement of our progress and adjustments in the following ways:

- ongoing Maryland CFSR reviews for improvement (as detailed more specifically in our CFSR PIP measurement plan); with the addition of facilitated local discussions of data trends and practices as seen in the reviews and the development of tailored local improvement plans that are informed by local stakeholder input;
- regular reviews of our DHS/SSA headline indicators, particularly related to entry rate, reentry rate, and permanency within 12 months; and
- collection of other qualitative information that informs an understanding of implementation of the PIP and our IPM, such as by re-convening the PIP Pilot stakeholder group at the mid-point of our PIP, by conducting bi-annual focus groups with youth, families, workers, resource parents, legal representatives, and other stakeholders, obtaining feedback from our partners at regular periodic meetings (e.g., regional meetings, provider meetings) and in ongoing meetings of the Implementation Structure Outcomes Improvement Steering Committee, Implementation Teams, Networks and Workgroups.

CFSR Results Summary

Statewide Data Indicators

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

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

CFSR Case Review

Appendix B has a summary of Maryland’s performance on the case review in relation to performance of all other states. As seen in the appendix, for the safety related outcomes, the CFSR review pointed to limitations in the agency’s ability to safely maintain children in their own homes rather than enter foster care. While the state generally responded to maltreatment reports within the required timeframes, face-to-face contact with children was occasionally not made timely. Moreover, services to keep children safe and prevent removal or

reentry were not consistently offered—resulting in safety concerns for some children remaining in the home as well as some children entering foster care when stabilization in the home may have been a safe and viable option. Accurate ongoing safety assessments were not consistently carried out. Lack of input from appropriate parties often led to inaccurate assessments and safety plans that did not effectively address the family’s needs.

For permanency related outcomes, the review illuminated concerns related to the agency’s core permanency practices around establishing permanency goals (Item 5) and achieving permanency timely (Item 6). While permanency goals are generally established timely initially, they are often not updated timely, and are often not appropriate to the circumstances of the child and family. Moreover, concurrent planning is not consistently used effectively. Concerted efforts to achieve timely permanency often are also not consistently demonstrated. Several factors were found to contribute to lack of timely permanency, including an aversion to terminating parental rights for children with no identified adoptive resource and a tendency to allow parents a prolonged period to reunify.

Review results showed that the relationship between children in foster care and their families and communities of origin are often not adequately supported. Visits between children and their parents often do not occur frequently enough (Item 8). This is sometimes due to parents’ transportation limitations as well as ongoing mental health and substance abuse challenges. When visits occur they are often are not quality opportunities for bonding. Moreover, parents are infrequently afforded opportunities to remain involved in their children’s lives outside of visits (Item 11). While the agency does generally enable children to remain in their school or origin, concerted efforts to promote ongoing connection to friends, extended family, and community are not consistently demonstrated (Item 9). While the agency is able to place children with their siblings fairly consistently (Item 7), workers often fail to identify and evaluate relatives as potential relative resources when children come in to foster care and to re-evaluate them throughout the case—failing to do so for paternal relatives more often than for maternal relatives (Item 9). This practice contributed to a relatively low proportion of children placed with relatives overall.

For well-being related items, the review identified that while workers generally assess and provide appropriate services to foster parents and children, they are substantially less likely to accurately assess and provide services to parents (Item 12)—primarily due to lack of effective engagement with parents. While some cases show effective partnerships between workers, families, and service providers, in many cases workers fail to make concerted efforts to locate, routinely follow-up with, and meaningfully engage parents, leading to inaccurate assessments and an inability to identify the right services to meet their needs. Relatedly, parents are often not directly engaged to contribute to case planning and establishment of case goals (Item 13). While workers generally conduct high-quality visits with children consistently (Item 14), visits with parents do not occur frequently enough and sometimes lack quality as workers fail to establish strong engagement and dialogue with parents (Item 15). Workers sometimes did not visit parents despite knowing their whereabouts, and engagement of fathers was particularly poor.

The review found that the educational and physical health needs of children were consistently addressed (Items 16 and 17). Particularly close collaboration with the school system on individualized education plans and other educational supports was found. The agency

addressed the mental and behavioral health needs of children less consistently, with a primary barrier being a shortage of trauma and other mental health providers in some parts of the state (Item 18).

Among the most salient cross-cutting themes identified through the case review are inaccurate assessments, lack of effective service provision, and lack of meaningful engagement of families. Risk and safety assessments are not conducted consistently at key points in the case, and the state's comprehensive assessment instruments (CANS and CANS-F) are not consistently used or accurately leveraged to inform case and service planning. Without accurate information about family needs, effective service provision is compromised and parent needs often go unaddressed, hindering overall progress toward case goals. Lack of meaningful engagement of families from the beginning of the case and failure to engage them ongoing through inconsistent visitation compound these problems. The absence of strong worker engagement with families prevents them from completing collaborative assessments, engaging them in case planning, and identifying appropriate services that will lead to achievement of case goals. As family needs persist unaddressed, mental health, substance abuse, and other challenges continue to impede further engagement. Poor engagement also compromises the agency's ability to engage the family in discussion to identify and evaluate potential relative resources.

CFSR Systemic Factors

The CFSR Systemic Factors reflect the functioning of key components of the agency's operational infrastructure that support child welfare programs. As shown in the Appendix C, while Maryland's performance was strong with respect to Responsiveness to the Community, performance on all other systemic factors indicated a need for improvement. These findings were integrated with practice and performance during improvement planning. In particular, the challenges with the case planning, ongoing training of the workforce, and service array are areas that showed as needing improvement in the case practice and statewide data indicators.

Cross Cutting Themes

The following cross-cutting thematic areas for improvement were identified during the stakeholder convening on the PIP. Within these themes, targeted strategies will be employed to bring about system change and improve priority outcomes.

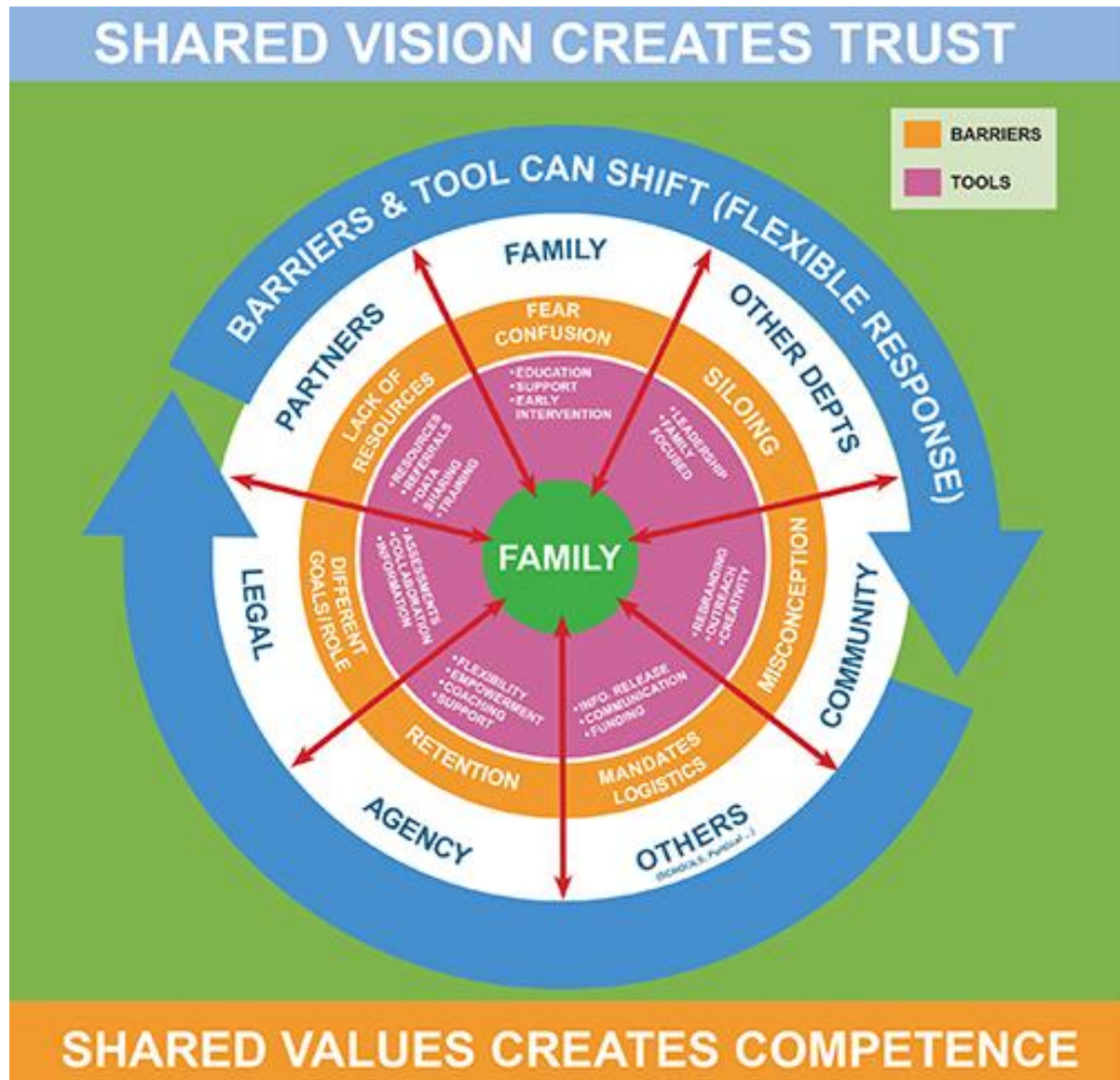
- ***Authentic family and youth partnerships.*** Evidence points to the need for stronger engagement and partnership between the child welfare workforce and families. Such engagement underlies critical aspects of case practice, including accurate assessment of child safety and family needs, effective service provision, and identifying potential relative resources.
- ***Workforce development and skill building.*** Acknowledging that Maryland's child welfare workforce often lacks adequate preparation and support throughout an intensely challenging job, the need to invest in deeper and more innovative workforce development for our workers is essential. Additionally, efforts to support improved court practice must be advanced.

- ***Authentic partnership with entities.*** Due to the diverse and interconnected array of needs that lead families to child welfare involvement, Maryland’s staff and stakeholders surfaced the need to seamlessly engage with sister agencies and community-based service providers to collaboratively support and intervene with our families.

It is important to note that these themes, problems, goals, and strategies are interrelated. The PIP uses as its foundation the successful implementation of the Integrated Practice Model and the incorporation of that model into many aspects of the strategies, interventions, and clinical work that various system partners must conduct with families. As such, even though the strategies articulated below are distributed and specific to each goal, Maryland intends to conduct similar activities for similar target populations in an integrated and coordinated fashion. For example, workforce skill development in teaming, planning, and monitoring that is indicated in both goal 1 and 2, will not be two separate activities, but implemented as part of a single and comprehensive strategy.

One of our PIP convening participants, a family member with lived experience, captured the interrelated root causes, theories of change, and desired outcomes in the visual represented as figure 4.









Figure 4. Tools to Address Root Causes and Achieve Transformation



Goals and Strategies to Address Problem Root Causes

Listed on the following pages are the problem statements, root causes, theories of change, desired outcomes, strategies, and specific activities for each identified goal. For each theme the goals, strategies, and desired outcomes are presented visually followed by charts which reflect specific activities to be implemented. Figure 5, below, provides a key for the CFSR outcomes that are identified as desired outcomes for each strategy identified.

Figure 5: CFSR Outcomes Color Key

CFSR Outcomes Color Key	
Safety Outcome 1	
Safety Outcome 2	
Permanency Outcome 1	
Permanency Outcome 2	
Well-Being Outcome 1	
Well-Being Outcome 2	
Well-Being Outcome 3	
Systemic Factors	

Goal 1: Empower families of origin and youth to be partners in their child welfare experiences

Problem: A central issue identified across the child welfare system is that children, youth, parents, and caregivers are not treated consistently as authentic partners in working toward goals of safety, permanency, and well-being. Too often, the experience of youth and families with their local child welfare agency and courts is one that is disempowering. Professionals do not engage and team with families and youth as though their voice and expertise in their own experience should drive an understanding of their needs and the services that meet those needs. Relatedly, the lack of engaging and partnering with families leads to inaccurate assessments, insufficient identification, and referral to services that are tailored to the family or youth's needs, and inadequate efforts to identify and preserve children and youth's relationships with their parents of origins, chosen family, relatives, and their communities.

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

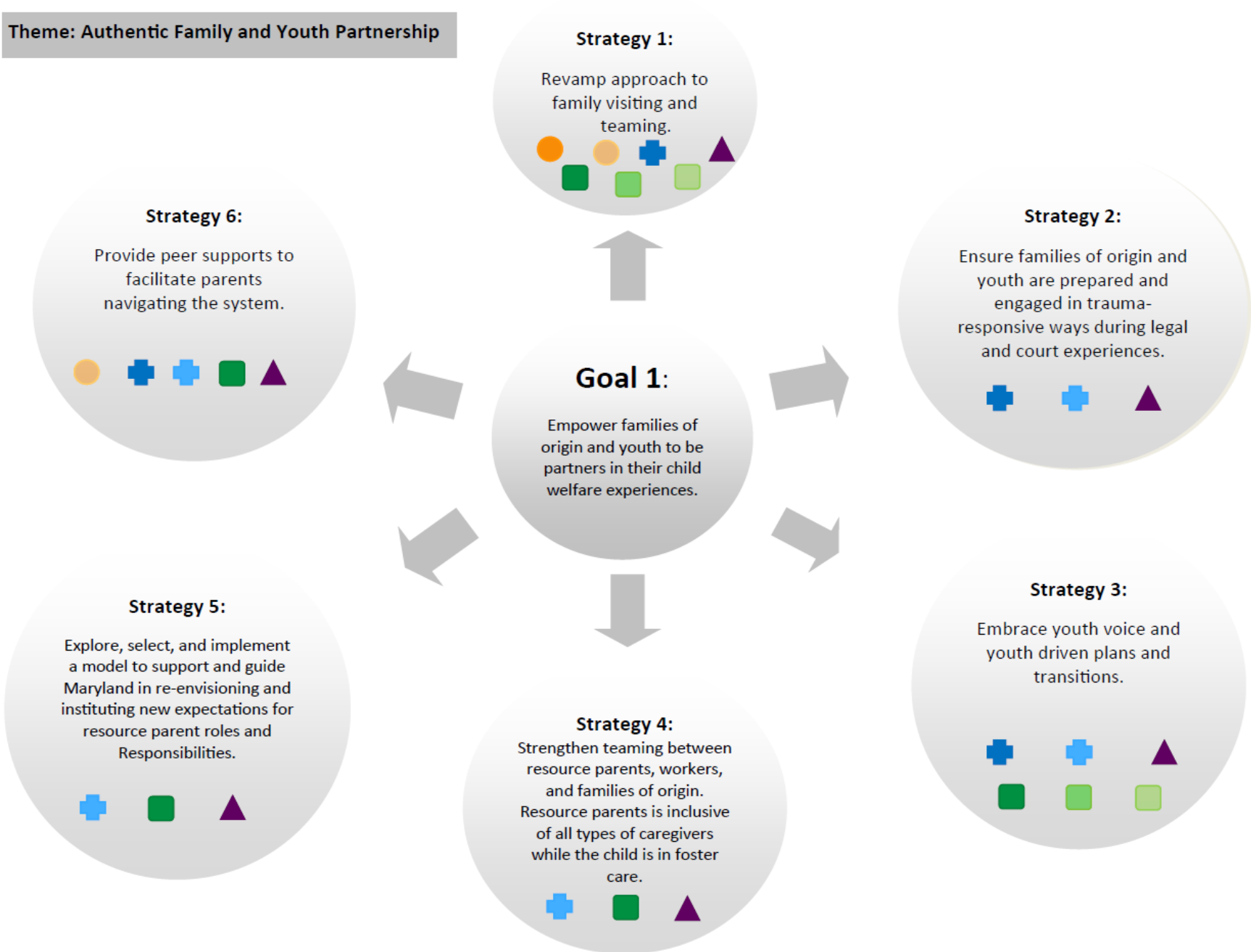
Root Causes: The root causes were identified as practice and skill-based. Agency staff and court representatives have biases which impact the urgency and manner in which they work with families. Similarly, families of origin are mistrustful of the professionals involved in the system, and this mistrust is compounded by the lack of transparency and consistency about how the system can support families. Professionals and families lack the shared values and skills necessary to support overcoming these biases to partner authentically. Further, staff and families do not share the same vision or understanding of everyone's roles and responsibilities in enhancing family capacities to achieve safety, permanency, and well-being, which hampers each person's ability to team effectively.

These root causes were identified through careful review of CFSR and family involvement meeting data, the PIP pilot discussion with multiple stakeholders, various focus groups with families, and youth during the development of the integrated practice model and other strategies, and via workgroups that included family perspectives.

Desired Outcomes: Improved Safety Outcomes 1 - 2, Permanency Outcomes 1 - 2, Well-Being Outcomes 1 – 3, Entry and Re-entry Rates, and Increased Permanency in 12 months; Systemic Factor: Case Plans/Case Review System

Theory of Change: Maryland believes that the pathway to change involves caseworkers, court/legal representatives, and resource parents understanding and embracing their respective roles in facilitating behavioral change for families of origin and valuing family of origin and youth voice as the experts in how that change can occur. Embracing family of origin/youth voice will lead to active and ongoing partnership and teaming with parents/youth to share expertise in how to enhance capacities, support resilience, and change behaviors (improved performance on S2, P1, and WB1). Partnership and teaming enhance trust and facilitate the development of more accurate, comprehensive, and dynamic assessments of needs (improved performance on S1, S2, and WB 1 – 3) and the development of more appropriate and timely plans and tailoring of services to address family/youth needs (improved performance on P1, increased permanency in 12 months, WB1, and joint case planning). As parents receive more targeted services and a trusting relationship between families and professionals develops, it creates the environment and readiness for partnering in support of preserving and improving family relationships (improved performance on P2) and for making real progress to occur toward safety, permanency, and well-being (improved entry and reentry rates).

Theme: Authentic Family and Youth Partnership



Goal 2: Prepare the workforce with the knowledge, skills, and strategies they need to fully implement Maryland's Integrated Practice Model (IPM).

Theme: Workforce Development and Skill Building

Problem: Many child welfare staff and supervisors in Maryland lack the strong engagement skills that are necessary to partner authentically with children and families in the manner that is called for by the IPM. Strong engagement is a critical underpinning of all child welfare practice, as it is essential for obtaining accurate information about family circumstances and goals to inform assessments and case plans. As a result, inadequate engagement and resulting inadequate assessment and planning underlie the state's poor performance on S1, P1, and WB1 .

Root Causes: The root causes are related insufficient technical and adaptive capacities central to engagement. For example, workers may lack essential skills necessary to engage families and also require a shift in their core values, beliefs, and approach to working with families. These deficits stem primarily from an insufficient amount of training and supports for child welfare staff and supervisors to support the development of strong engagement skills that are necessary to partner authentically with children and families. Moreover, when training on engagement practice does occur, it is limited to classroom-based instruction that can be challenging for supervisors and worker to apply in their day-to-day work and lacks follow-up to reinforce the content, thus limiting its impact significantly.

These root causes were identified through analysis of OSRI items 2 and 12b, conversations with workers and families throughout the development of the IPM, and input from diverse internal and external stakeholders during the PIP convening.

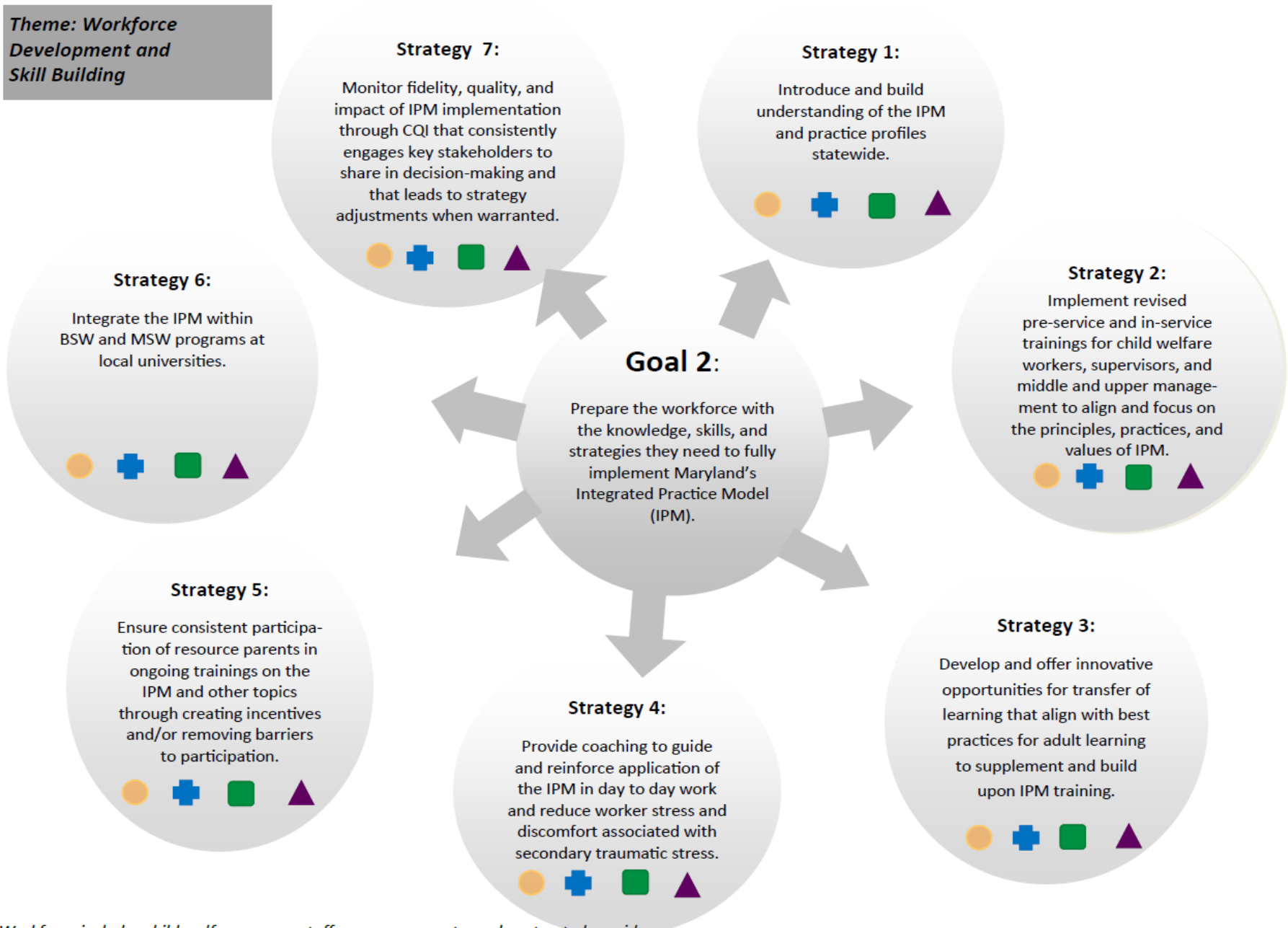
Desired Outcomes: Safety 2, Permanency 1, Well-Being 1, Entry and Re-entry Rates, Permanency in 12 months, SF: Staff and Provider Training

Theory of Change: DHS/SSA has spent the past year intensively partnering with local jurisdictions, families, youth, providers, court professionals, and national experts to develop an Integrated Practice Model designed to guide practice for its workforce at all levels. Maryland's IPM promotes adaptive and technical changes in expectations for the workforce, articulating central values and principles rooted in family systems theory--as well as specific core practices that cross-cut all aspects of the work. This framework articulates specific desired behaviors that embody the principles and practices for specific staff roles. *The specificity of the model not only facilitates targeted and actionable training but also allows for accurate monitoring and evaluation that will determine the degree to which the practice model is being adopted and carried out throughout the PIP monitoring period and beyond.*

Maryland will offer current and incoming workers and supervisors training on the IPM as well as highly applied transfer of learning and coaching opportunities to maximize the impact of professional learning. By leveraging best practices in adult learning that go beyond the classroom, these professional development opportunities will ensure that Maryland's workforce has the capacity and skills to protect and support children and families. Content learned through trainings will be reinforced and deepened through supervisory coaching and transfer of learning opportunities that enable workers to operationalize the IPM in their day-to-day work and refine their practice through reflection and supervisory conversations that will improve skills (improved staff and provider training). As the workforce increasingly develops effective case practice skills and learns new approaches to their work, they will demonstrate an improved ability to engage, accurately assessment, and partner in all aspects of case planning with families.

As a result, the quality of safety assessments and resulting safety plans and services will improve (improved performance on S2) and Maryland's foster care entry and re-entry rates will decline. The appropriateness of permanency goals and the quality of collaborative efforts with the family to achieve goals will improve (improved performance on P1), leading to permanency that is more timely (increased permanency in 12 months) and more lasting (decreased re-entry rate). The quality of comprehensive assessments and resulting case goals and service plans will improve (improved performance on WB1), yielding improved child and family well-being, and increased achievement of case goals.

Theme: Workforce Development and Skill Building



Workforce includes child welfare agency staff, resource parents, and contracted providers

Goal 3: Prepare court and legal professionals with the knowledge, skills, and strategies to support implementation of Maryland’s IPM and enhance collaborative child welfare work with families, youth and partners

Theme: Workforce Development and Skill Building

Problem: Children and families need meaningful engagement with judges, magistrates, attorneys, and caseworkers before and during court proceedings. Families and children are not consistently prepared, involved, or allowed to provide input into legal system decisions about their safety, permanency, and well-being case. In the absence of quality information about case circumstances and child and family goals and preferences, preparation for and decision-making in court may not fully account for the best interests of the child and family and may impede achievement of case goals. The consistent input of families and youth could help the court in creating a trauma informed environment that is inclusive and does not create any further trauma; reinforcing the perception that families are empowered to create change within their own lives.

Root Causes: Root causes include the historically adversarial nature of court and the anxiety and sometimes fear created on all sides (judges, attorneys, workers, families, and youth) by placing the court in the position to make permanent and potentially life-altering decisions related to families and youth. This context of pressure and anxiety combined with the lack of specific preparation of families for this experience heightens challenges with engagement. Further, court and legal system professionals have limited awareness of how standard legal practices which are not conducted through a culturally responsive and trauma-informed lens can negatively impact the trajectory of a case. This lack of awareness stems from the lack of time dedicated to learning child welfare specific information, translating legal professional responsibilities into a child welfare context (e.g., the obligation to explore settlement), and the lack of training and supports provided to court professionals to improve their practice in accordance with the IPM.

Desired Outcomes: Permanency 1, Well-Being 1, Entry and Re-entry Rates, Permanency in 12 months

Theory of Change: While the IPM is currently focused on the roles of child welfare workers and supervisors, the IPM will also be tailored and delivered to court professionals. Maryland will offer actionable training opportunities to current judges, magistrates, CASAs, agency attorneys, children’s attorneys, and parents’ attorneys on the IPM and how to operationalize it within their individual roles. IPM content learned through the trainings will be reinforced periodically through practice resources and tools will enable court professionals to learn, apply, and operationalize the IPM in legal and court settings. As a result, court professionals will increasingly engage children, families, and case participants in court proceedings and decision making, in a manner that is culturally and trauma-responsive. Court decision-making on matters of permanency and well-being improve while family agency and self-efficacy increase.

As a result, the appropriateness of permanency goals and the quality of collaborative efforts with the family to achieve goals will improve (improved performance on P1), and permanency will be more timely (increased permanency in 12 months) and lasting (decrease re-entry rate). Case and service plans will be collaboratively developed and effectively monitored and supported in court, and changes are made with full information about family dynamics and circumstances and in partnership with the child, family, and case participants. This will lead to better case plans and more consistent attainment of goals, which will cause child and functioning and family well-being to improve (improved performance on WB1). Children will more often be safely maintained at home with the benefit of appropriate services and supports (reduced entry rate).

Theme: Workforce Development and Skill Building



Workforce includes child welfare agency staff, resource parents, and contracted providers

Goal 4: Strengthen System Partnerships to Best Serve Families

Theme: Authentic Partnership with Entities

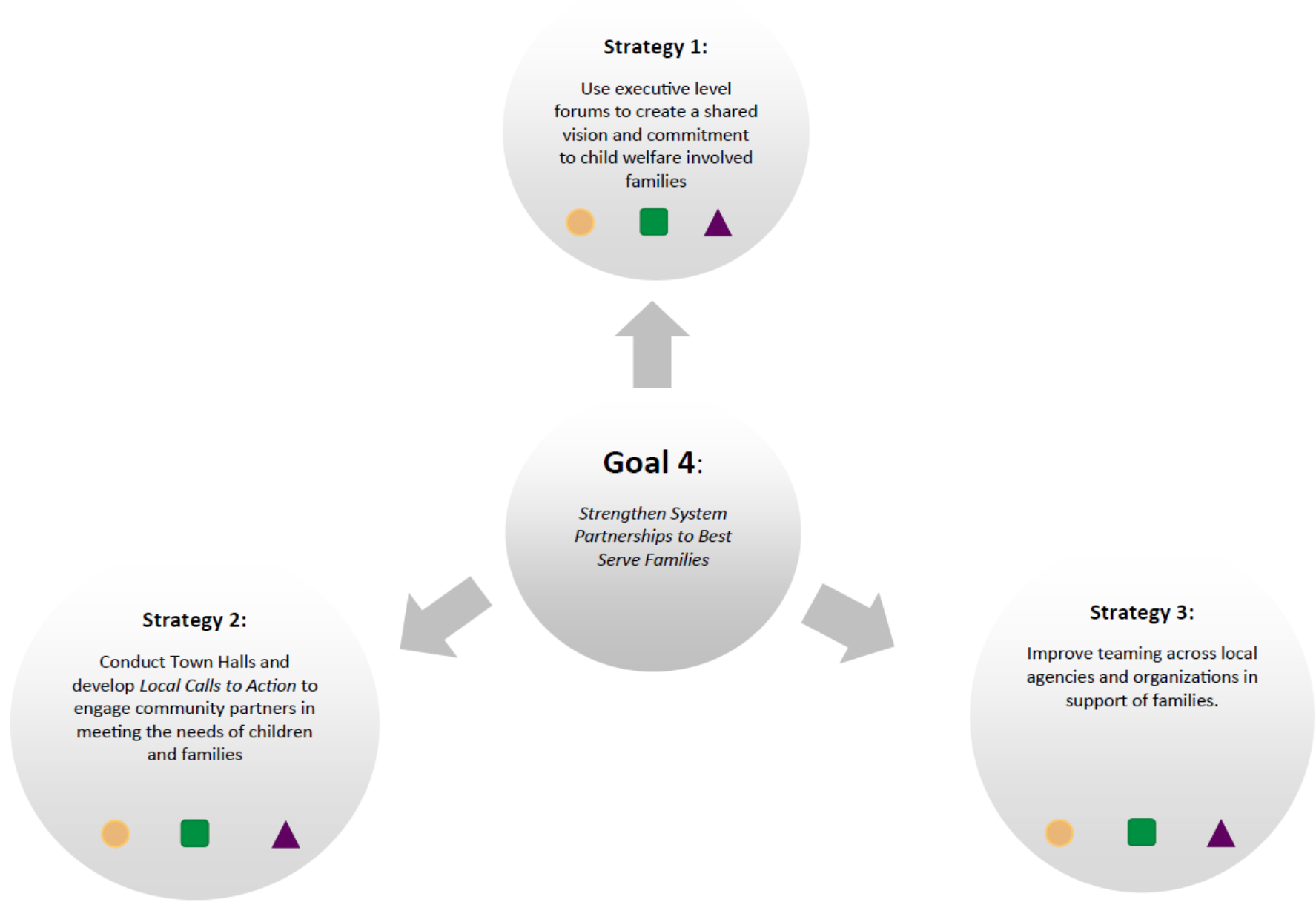
Problem: The needs of families are broad and the challenges they face are often complex; beyond the limited resources of any local department of social services or the Social Services Administration. Yet Maryland family and child serving agencies and organizations often work in silos, within their own mandates and perceived parameters of confidentiality. These silos mean that agencies have limited understanding of what other agencies can offer a family and families too often receive basic referrals versus facilitated and warm-handoffs and coordinated services. Families report going through multiple systems in search of the support they need, becoming increasingly more frustrated and disempowered by the difficulty they experience navigating systems in addition to meeting their own needs as well as those of their family.

Root Causes: There is a lack of shared accountability among family and child serving agencies and organizations on behalf of child-welfare involved families, in part driven by the lack of a holistic vision that Maryland values safe, healthy, and self-sufficient families. This shared vision is a foundational element for bringing together system partners to form partnerships and work collaboratively to share resources and remove barriers in support of families. These root causes were identified through the PIP pilot discussion with multiple stakeholders, Service Array Implementation Team discussion and review of data in the 2015 Readiness Assessment, and the 2018 Community Partnerships and Services Survey.

Desired Outcomes: Improved Safety Outcome 2, Well-Being 1, System Factor Service Array, Entry and Re-entry Rates, Systemic Factor – Agency Responsiveness to the Community and Service Array

Theory of Change: Forming a collaboration of child-serving agencies and organizations around a shared vision will lead to an aspiration of collective impact and shared accountability to achieving the vision (improved agency responsiveness to the community). An interest in achieving the vision collectively will compel agencies/organizations to partner and share knowledge and data about their cases, systems and outcomes to better understand impact on children/families and maintain consistent communication loops to make necessary adjustments. The shared information will lead to more informed and nuanced strategic planning and decision-making at state and local levels in support of refining the efforts to team, partner, and improve the service delivery system. Improved partnership and a coordinated service delivery system will result in more of the right services, in the right place, at the right time, for families that ensures the involvement of the right partners. As a result, the collective impact of state and local level partnerships will result in collaborative expertise being brought to bear on assessments of families and children (improved S2 and WB1), and commitments to shared planning and decision-making on behalf of children and families will identify how to better serve them (improved service array, entry and re-entry).

Theme: Authentic Partnership with Entities



Goal 1: Empower families of origin and youth to be partners in their child welfare experiences

Strategy 1. Revamp approach to family visiting and teaming

Activity #	Activity	Responsible Party	Projected Completion Qtr ¹
1.1.1	<p>Redesign parent-child visiting as Family Time Visiting, making it an opportunity for bonding, increasing parent-child attachment, and increasing parents’ ability to meet their children’s needs by:</p> <ul style="list-style-type: none"> • Engaging families with child welfare experience in developing the planning for implementation • Conducting readiness assessments to identify local jurisdictions with the greatest fit and readiness for Family Time Visiting • Implementing Family Time Visiting in selected local jurisdictions; assessing fidelity and outcomes in preparation for expansion 	Integrated Practice/ Placement and Permanency Implementation Team, Outcomes Improvement, Youth Advisory Boards	<p>Planning and readiness - 2nd</p> <p>Implementation and assessment – 4th</p>
1.1.2	<p>Revamp approach to family team meetings to include revising business processes and aligning resources to facilitate:</p> <ul style="list-style-type: none"> • Family team meetings occurring when a case is opened for services with the agency, with the child and family and dynamically throughout the engagement with the family to form and reinforce partnership between families/youth and the agency and their representatives² • Preparing families and youth to understand the purpose of family team meetings as a vehicle for family-driven decision-making and to identify their chosen supports to participate in family teaming and bring their perspectives to meetings • Supporting full engagement and youth and family voice in meetings • Allowing meetings to occur at location and time comfortable to family/youth (home, community setting, or office) • Allowing youth and families to determine who will be invited, including but not limited to resource parents in foster care cases, private providers, and parent partners when appropriate • Using neutral facilitators in situations when mediation is necessary or on family request 	Integrated Practice Implementation Team, Outcomes Improvement, Youth Advisory Boards	1 st

¹ In developing timeframes for completion, we assumed the Children’s Bureau would approve the PIP shortly after submittal in July 2019; with an August 2019 effective date. This means that for the purposes of this document, 1st quarter represents activities from approximately August – October 2019.

² In most situations in relation to older youth, references to family are inclusive of the youth’s chosen family.

Activity #	Activity	Responsible Party	Projected Completion Qtr ¹
1.1.3	Develop and issue family teaming policy; revise or remove <i>Family Involvement Meeting</i> policy to align with approach to family teaming	Outcomes Improvement, Policy Coordinator	1 st
1.1.4	Improve data collection to measure implementation of family teaming by: <ul style="list-style-type: none"> • Revising current measurement strategy so that it captures family meetings with neutral facilitators consistently • Developing family teaming data collection to measure incidence and process of family team meetings consistent with the new approach • Revising MD CFSR focus groups to include an understanding of family teaming from family/youth and worker perspectives • Revising bi-annual surveying of families and youth and other attendees to align with the new approach to family teaming 	Outcomes Improvement, U of MD School of Social Work	2 nd
1.1.5	Develop and provide training on family teaming statewide as part of the Integrated Practice Model (initial training and ongoing).	CWA, Workforce Development	2 nd
1.1.6	Provide focused coaching and implementation support to local jurisdictions on family teaming for jurisdictions with upcoming CFSRs in April 2020 – September 2020, ³ i.e., by: <ul style="list-style-type: none"> • Assessing readiness for family teaming • Aligning staff roles to support family teaming • Exploring and addressing local barriers to success • Orienting and engaging partners (e.g., courts, attorneys) in new approach • Providing coaching to supervisors and managers on family teaming and partnership • Documenting lessons learned from implementation Explore opportunities and approaches to providing coaching and implementation support to private providers, legal representatives, and other stakeholders involved in family team meetings.	Outcomes Improvement, Workforce Development	3 rd

³ NOTE: MD CFSR Reviews April 2020 – Sept 2020: Baltimore City, Charles, Washington, Somerset, Kent, Caroline; Oct 2020 – Mar 2021: Baltimore City, Harford, Prince George’s, Talbot, and Calvert

Activity #	Activity	Responsible Party	Projected Completion Qtr ¹
1.1.7	Provide focused coaching and implementation support to local jurisdictions on family teaming for jurisdictions with upcoming CFRs in October 2020 – March 2021.	Outcomes Improvement, Workforce Development	4 th
1.1.8	Review and make recommendations to adjust family teaming training, coaching, and implementation support based on data collected, training feedback, and lessons learned.	Outcomes Improvement, Integrated Practice	5 th
1.1.9	Provide updated and refresher training to initial counties and rollout improved training and coaching/implementation support in additional counties.	Outcomes Improvement, Workforce Development	6 th

Strategy 2. Ensure families of origin and youth are prepared and engaged in trauma-responsive ways during legal and court experiences.

Activity #	Activity	Responsible Party	Projected Completion Qtr
1.2.1	Increase representation of legal/court system stakeholders (i.e., child welfare, family attorneys (pre-petition and post-petition)) on key SSA Implementation Structure teams or workgroups to support developing a shared understanding of needs and collaboration on solutions.	SSA	1 st
1.2.2	Conduct focus groups and implement satisfaction surveys following a court experience with families of origin and youth about their court experiences and identify opportunities to better support valuing family/youth voice and partnership.	SSA, CIP, Youth Advisory Bds, MD Coalition of Families	3 rd
1.2.3	Establish a semi-annual statewide convening jointly hosted by legal and court system stakeholders (e.g., CIP, court/magistrates, children’s attorneys, CASAs, parents’ attorneys, and agency attorneys) and involving families and youth with lived experience and other key system partners to focus on: <ul style="list-style-type: none"> Developing a shared understanding of the challenges and opportunities around obtaining family/youth perspective and partnering with parents and youth 	SSA, CIP Oversight Committee, OPD	Establishment - 4 th

Activity #	Activity	Responsible Party	Projected Completion Qtr
	<ul style="list-style-type: none"> • Collaborating on the development of agency attorney <i>Guidelines of Practice</i> to include trauma responsiveness • Disseminating the integrated practice model (via the online resource center and other avenues) and providing discussion opportunities (e.g., evening symposium) to arrive at a shared understanding of the integrated practice model • Developing concrete methods for operationalizing the practice model for legal representatives: particularly around being trauma-responsive, engaging, teaming and planning in partnership with parents and youth • Advancing efforts to improve understanding and implementation of concurrent planning and eliminate the designation of youth with APPLA goals • Developing additional processes for continuous quality improvement and oversight of the integrated practice model implementation <p>At subsequent convenings, check progress on action plans and use data to inform additional areas for continued improvement.</p> <p><i>Note that strategy 1.2.3 will serve as one mechanism for advancing strategy 3.1.1.</i></p>		Subsequent convenings– 8 th
1.2.4	<p>DHS/SSA and Legal and court system partners will work together to develop a mechanism for providing legal supports to families pre- and post-petition to address issues that could prevent further child welfare involvement (e.g., protective orders, housing issues, immigration issues, custody, etc.) by:</p> <ul style="list-style-type: none"> • Identifying existing legal resources (e.g., free clinics, MDlaw.gov) who could be partners in investigating, developing, and testing a mechanism for providing legal supports to families • Cultivating relationships with area law schools, legal clinics, or other legal resource supports to explore and develop a legal support pilot • Assessing readiness and identify pilot site(s) to implement and evaluate the pilot • Reviewing initial results and consider adjusting for success and scaling to other sites 	SSA, CIP Oversight Committee	Pilot development - 4 th Results review and decision-making – 8 th
1.2.5	<p>DHS/SSA and Legal system partners will jointly work toward developing court-based parent peer navigator programs. These efforts will include:</p> <ul style="list-style-type: none"> • Forming a team that includes parents who have been court and child welfare involved to contribute to assessment and planning efforts 	SSA, CIP	Team formation - 2 nd

Activity #	Activity	Responsible Party	Projected Completion Qtr
	<ul style="list-style-type: none"> Assessing the existing court-focused parent peer navigator programs in two Maryland counties designed to support families with preparing for and navigating court Researching and assessing the fit and outcomes of other parent peer navigator models and develop a plan for expansion statewide. Determining whether to select a new model or scale up an existing model based on the results of the assessment and outcomes analysis 		<p>Assessment activities – 6th</p> <p>Results review and decision-making – 8th</p>

Strategy 3. Embrace youth voice and youth driven plans and transitions

Activity #	Activity	Responsible Party	Projected Completion Qtr
1.3.1	Engage Maryland’s Foster Youth Ombudsman and state and regional Youth Advisory Boards through their involvement in SSA’s implementation structure to provide ongoing input and oversight of activities designed to enhance youth voice and youth-driven transition planning. Initial introduction will consist of an overview of desired results and planned work.	U of MD School of Social Work, Emerging Adults workgroup	1 st
1.3.2	Assess evaluation findings and lessons learned from Maryland’s <i>Thrive@25</i> initiative, a multi-faceted intervention aimed at improving transition planning for youth leaving foster care that has been implemented in five counties on Maryland’s eastern shore.	U of MD School of Social Work, Emerging Adults workgroup	1 st
1.3.3	To obtain youth and stakeholder voice about transition planning strategies by: <ul style="list-style-type: none"> Conducting focus groups and key informant interviews with youth and alums on the revised <i>Ready by 21</i> benchmarks and the youth transition plan Administering statewide survey on the benchmarks and youth transition plan to child welfare workforce, resource parents, and other stakeholders 	U of MD School of Social Work, Emerging Adults workgroup	1 st
1.3.4	Analyze and synthesize survey, interview, and focus group findings along with findings and lessons learned from <i>Thrive @25</i> . Share results and determine strategies for improving youth-driven transition planning in partnership with the Foster Youth Ombudsman and the state and regional Youth Advisory Boards.	U of MD School of Social Work, Emerging Adults workgroup	2 nd
1.3.5	Make changes to benchmarks, youth transition plan template, and youth transition planning process based on youth and stakeholder feedback. Update policies and training.	Emerging Adults workgroup	2 nd
1.3.6	Provide statewide training to youth, workers, and stakeholders on revised benchmarks and youth transition planning.	CWA, Workforce Development	3 rd

Activity #	Activity	Responsible Party	Projected Completion Qtr
1.3.7	Implement coaching and forums by: <ul style="list-style-type: none"> Reinforcing the expectation that youth voice is present in determining how to achieve benchmarks and in developing transition plans Building worker capacity to talk to youth about their safety, permanency, and well-being Supporting courts in reinforcing youth-driven plans Sharing lessons learned/best practices and strengthen implementation ongoing in partnership with the Foster Youth Ombudsman and Maryland's state and regional Youth Advisory Boards 	Workforce Development, Emerging Adults workgroup, State and Regional Youth Advisory Boards	4 th

Strategy 4. Strengthen teaming between resource parents,⁴ workers, and families of origin.

Activity #	Activity	Responsible Party	Projected Completion Qtr
1.4.1	Develop or refine practice profiles that highlight the ways in which teaming occurs between resource parents and families of origin or youth and between resource parents, permanency workers, and resource home workers.	Placement and Permanency/Integrated Practice Implementation Teams, Resource Parent Engagement Workgroup, Maryland Resource Parents Association (MRPA)	1 st
1.4.2	Introduce the IPM practice profile on teaming between families, youth, resource parents, and workers with the goal of concretely demonstrating to staff how teaming could be operationalized in their work.	Placement and Permanency/Integrated Practice Implementation Teams , LDSS Resource Home Staff, MRPA	1 st
1.4.3	Develop modalities for experiential teaming training that is co-facilitated or otherwise integrates in perspectives of families of origin, youth, and resource parents; establish coaching mechanisms.	CWA, Workforce, Placement and Permanency, MRPA	1 st
1.4.4	Implement experiential teaming training and coaching in local jurisdictions with upcoming CFSRs in April 2020-September 2020.	CWA, Workforce, Placement and Permanency, Manager of Practice Innovation, MRPA	2 nd

⁴ Resource parents is inclusive of all types of caregivers while the child is in foster care.

Activity #	Activity	Responsible Party	Projected Completion Qtr
1.4.5	Implement experiential teaming training and coaching in local jurisdictions with upcoming CFSRs in October 2020-March 2021 .	CWA, Workforce, Placement and Permanency, Manager of Practice Innovation, MRPA	3 rd
1.4.6	Conduct focus groups and/or surveys with families of origin, youth, resource parents, and workers to assess implementation and opportunities for adjustment.	Placement and Permanency and Resource Parent Engagement, MRPA	4 th
1.4.7	Adjust training and coaching consistent with feedback from participants.	CWA, Workforce, Placement and Permanency, Manager of Practice Innovation, MRPA	5 th
1.4.8	Provide updated and refresher training to local jurisdictions that received training per 1.4.4 and 1.4.5; rollout training and coaching in remaining local jurisdictions.	CWA, Workforce, Placement and Permanency, Manager of Practice Innovation, MRPA	7 th
1.4.9	The Maryland Resource Parent Association (MRPA) will utilize the local associations to provide ongoing forums for disseminating information about best practices and lessons learned in implementing the teaming model and to qualitatively measure change.	MRPA	4 th

**NOTE: Center for States Technical Assistance has been initiated for this project and its timely continuation is essential to the success of this strategy.*

Strategy 5. Explore, select, and implement a model to support and guide Maryland in re-envisioning and instituting new expectations for resource parent roles and responsibilities.

Activity #	Activity	Responsible Party	Projected Completion Qtr
1.5.1	Explore existing models that re-envision resource parent roles and responsibilities to include: <ul style="list-style-type: none"> • addressing challenges in relational dynamics for kin families • supporting resource parents playing a role in teaming activities • supporting resource parents serving as mentors to families of origin • supporting resource parents in teaming and mentoring as a part of family time visiting • selecting the model best suited to align with Maryland’s resources, needs, and population. 	Placement and Permanency, MRPA	1 st

Activity #	Activity	Responsible Party	Projected Completion Qtr
1.5.2	Assess fit, feasibility, and readiness for identified model from 1.5.1 for jurisdictions statewide; form recommendation for adopting model and local adaptations as appropriate. Include resource parents and families served by the agency in the design and planning.	Placement and Permanency, MRPA	2 nd
1.5.3	Initiate procurement and implementation planning for new model in selected jurisdictions where readiness is greatest.	Placement and Permanency, MRPA	2 nd
1.5.4	Train staff, providers, and resource parents in new resource parent model.	CWA, Workforce Development	3 rd
1.5.5	Pilot new resource parent model in selected jurisdictions.	Placement and Permanency, MRPA	4 th
1.5.6	Evaluate fidelity and outcomes for resource parent model. Use findings to inform refinements to implementation and training.	Placement and Permanency, MRPA	8 th

Strategy 6. Provide peer supports to facilitate parents navigating the system

Activity #	Activity	Responsible Party	Projected Completion Qtr
1.6.1	Identify the project team that will design Maryland’s pilot partner parent navigator program and methods for evaluation; conduct capacity building and readiness work to prepare SSA staff and LDSS for implementation.	SSA	1 st
1.6.2	Develop position description and begin recruitment for two new positions: <ul style="list-style-type: none"> • Family Partnership and Peer Support Specialist to oversee all family engagement and parent peer support strategies statewide. • Kinship Ombudsman to support kin caregivers and assist with accessing services 	SSA	2 nd
1.6.3	Research and select a parent partner program model that aligns with SSA/LDSS capacity and resources.	SSA	2 nd
1.6.4	Communicate project goals to local leadership; conduct exploration activities to identify local jurisdiction(s) that will pilot the program.	SSA	3 rd
1.6.5	Onboard new Family Partnership and Peer Support Specialist and Kinship Ombudsman.	SSA	4 th
1.6.6	Develop job descriptions, recruit and select parent partners. Develop data collection and measurement methods.	SSA	4 th

Activity #	Activity	Responsible Party	Projected Completion Qtr
1.6.7	Launch project by conducting the following activities by: <ul style="list-style-type: none"> • Training parent partners in their role • Establishing business processes to facilitate matching of parents to partners and other mechanisms to facilitate the partner parent role • Communicating project goals and rollout plans to pilot jurisdiction stakeholders • Initiating data collection/measurement of project implementation; launch pilot 	SSA	5 th
1.6.8	Review initial data on pilot implementation; adjust pilot and/or make recommendations for scaling up	SSA	7 th

Theme: Workforce development and skill building

Goal 2: Prepare the workforce⁵ with the knowledge, skills, and strategies they need to fully implement Maryland’s Integrated Practice Model (IPM).

Strategy 1. Introduce and build understanding of the IPM and practice profiles statewide

Activity #	Activity	Responsible Party	Projected Completion Qtr
2.1.1	Conduct IPM kick-off meetings in each geographic region of the state with the goals of: <ul style="list-style-type: none"> • Introducing workers, supervisors, all staff, middle and upper management, and stakeholders to the practices, principles, and values central to the IPM • Introducing the IPM manual and practice profiles with the goal of concretely demonstrating to staff how the IPM could be operationalized in their work • Building understanding, interest, and momentum for key practice improvements 	Integrated Practice Implementation Team	1 st

Strategy 2. Implement revised pre-service and in-service trainings for child welfare workers, supervisors, and middle and upper management to align and focus on the principles, practices, and values of IPM.

Activity #	Activity	Responsible Party	Projected Completion Qtr
2.2.1	Revise initial, pre-service, and in-service training curricula to align with and support implementation of the IPM by workers and supervisors; develop training curricula for management and central office staff.	Workforce Development, CWA, Title IV-E Consortium, and Integrated Practice Implementation Team	1 st
2.2.2	Develop a cadre of trainers available statewide who are able to deliver pre-service and in-service trainings aligned with the IPM.	Workforce Development, CWA, and Integrated Practice Implementation Team	2 nd

⁵ Workforce includes child welfare agency staff, resource parents, and contracted providers.

Activity #	Activity	Responsible Party	Projected Completion Qtr
2.2.3	Offer initial training on Maryland's IPM for existing staff, supervisors, management, and central office staff for current employees delivered statewide with the goal of catalyzing a shift in philosophy and practice statewide.	Workforce Development, CWA, and Integrated Practice Implementation Team	3 rd
2.2.4	Incorporate additional learning modalities (web-based/e-learning) that are aligned with the IPM to increase new and existing staff and supervisor access to the material and support ongoing skill-development.	Workforce Development, CWA, and Integrated Practice Implementation Team	3 rd

Strategy 3. Develop and offer innovative opportunities for transfer of learning that align with best practices for adult learning to supplement and build upon IPM training

Activity #	Activity	Responsible Party	Projected Completion Qtr
2.3.1	Ongoing development and revision of practice profiles to promote transfer of learning by showcasing concrete examples of optimal practice.	Integrated Practice Implementation Team	ongoing
2.3.2	Conceptualize and develop innovative transfer of learning activities to support learning and adoption of the IPM. Transfer of learning opportunities may include: <ul style="list-style-type: none"> • Job shadowing • Facilitating learning circles for sharing experiences, challenges, and tips for carrying out the IPM • Simulating exercises to create lifelike experiences of IPM practice • Providing tip sheets for supervisors to support transfer of learning 	Workforce Development, CWA, and Integrated Practice Implementation Team	2 nd
2.3.3	Provide transfer of learning activities periodically after training for current workers and supervisors on the IPM to practice skills learned through training.	CWA	ongoing

Strategy 4. Provide coaching to guide and reinforce application of the IPM in day to day work and reduce worker stress and discomfort associated with secondary traumatic stress.

Activity #	Activity	Responsible Party	Projected Completion Qtr
2.4.1	Develop a coaching model for supervisors that involves observation, feedback, and peer learning and that occurs regularly following initial IPM training.	U of MD School of Social Work, Integrated Practice Implementation Team	1 st
2.4.2	Rollout coaches for supervisors on the IPM.	U of MD School of Social Work, Integrated Practice Implementation Team	3 rd
2.4.3	Assess coaching model to inform an adaptation to develop the capacity of supervisors to integrate coaching into ongoing supervision with staff.	U of MD School of Social Work, Integrated Practice Implementation Team	7 th
2.4.4	Develop a dynamic and interactive professional development module for supervisors on how to coach workers through supervision, with the twin goals of: <ul style="list-style-type: none"> • Building capacity of workers to operationalize the IPM through their day to day case practice through supervisory coaching • Proactively serving as a resource when workers feel stress and discomfort associated with secondary traumatic stress 	Integrated Practice Implementation Team	8 th

Strategy 5. Ensure consistent participation of resource parents in ongoing trainings on the IPM and other topics through creating incentives and/or removing barriers to participation.

Activity #	Activity	Responsible Party	Projected Completion Qtr
2.5.1	Conduct and analyze data from resource parent survey twice annually to routinely understand barriers to participation in resource parent training and identify the most relevant topics.	CWA	1 st

Activity #	Activity	Responsible Party	Projected Completion Qtr
2.5.2	Revise existing resource parent training to align with the IPM as well as topics identified by resource parents. Revisions will demonstrate how the IPM principles and practices can be operationalized within the role of the resource parent.	Workforce Development, CWA, Placement and Permanency Resource Homes, and Integrated Practice Implementation Team	2 nd
2.5.3	Address logistical barriers to resource parent training participation.	TBD, depending on barriers	3 rd

Strategy 6. Integrate the IPM within BSW and MSW programs at local universities.

Activity #	Activity	Responsible Party	Projected Completion Qtr
2.6.1	Initiate the integration of the IPM and pilot implementation within one BSW and one MSW program in Maryland	Integrated Practice Implementation Team, Title IV-E Education Consortium, CWA	2 nd
2.6.2	Evaluate effectiveness in IPM integration within pilot BSW and MSW programs. Assess opportunities to spread to additional Maryland BSW and MSW programs	Integrated Practice Implementation Team, Title IV-E Education Consortium, CWA	8 th

Strategy 7. Monitor fidelity, quality, and impact of IPM implementation through CQI that consistently engages key stakeholders to share in decision-making and that leads to strategy adjustments when warranted.

Activity #	Activity	Responsible Party	Projected Completion Qtr
2.7.1	Identify methods for collecting data on fidelity, quality, and outcomes by: <ul style="list-style-type: none"> • Cross-walking and aligning core practices with qualitative and quantitative data currently collected, such as OSRI, stakeholder focus groups, FIMs surveys, and MD CHESSE fields • Introducing, if needed, new mechanisms to collect data required to understand implementation of the IPM • Exploring alignment between provider data and agency data to understand IPM implementation 	U of MD School of Social work, SSA CQI	1 st
2.7.2	Develop and finalize an evaluation plan for the IPM outlining research questions, data sources and data collection methods, analysis, integration with CQI processes, and reporting by: <ul style="list-style-type: none"> • Researching questions to include assessments fidelity, quality, and outcomes • Including roles, responsibilities, and a detailed timeline that aligns the reporting schedule with DHS/SSA's CQI cycle • Intentionally aligning aligned with CQI processes in order to obtain broad input on findings and produce rapid feedback about implementation, while also yielding summative findings following year 1 and at the conclusion of the PIP period 	U of MD School of Social Work, SSA CQI	2 nd
2.7.3	Complete Phase I implementation evaluation by: <ul style="list-style-type: none"> • Focusing on training and coaching effectiveness, awareness, and understanding of the IPM, as well as an assessment of fidelity to core practices • Reviewing findings within DHS/SSA's implementation structure through existing CQI processes and inform adjustments to ongoing training and workforce supports 	U of MD School of Social Work, SSA CQI	4 th
2.7.4	Complete Phase II implementation and outcomes evaluation by: <ul style="list-style-type: none"> • Focusing on an assessment of fidelity to core practices, quality, and outcomes for children and families • Reviewing findings within DHS/SSA's implementation structure through existing CQI processes and informing adjustments to ongoing training and workforce supports 	U of MD School of Social Work, SSA CQI	8 th

Goal 3: Prepare court and legal professionals with the knowledge, skills, and strategies to support implementation of Maryland's IPM and enhance collaborative child welfare work with families, youth and partners

Strategy 1: Offer consistent participation in specific, tailored, and role-based training for court professionals to carry out the IPM through their work.

Activity #	Activity	Responsible Party	Projected Completion Qtr
3.1.1	Identify and convene partners to provide input on development of resources, tools, and training for court professionals by: <ul style="list-style-type: none"> • Coordinating with office of administrative courts to conduct outreach during statewide convening with court professionals from all geographic regions of the state • Conducting outreach to public defenders during statewide public defenders convening • Coordinating with fostering care court improvement project to coordinate and obtain support with development of training and resources 	SSA Executive Director, CIP	2 nd
3.1.2	Infuse legal training and conferences with a focus on trauma-informed court practices and the practice model as its operationalized for the legal community, to specifically include: <ul style="list-style-type: none"> • Attorney General conference • CANDO conference • Nuts and Bolts of CINA core training for magistrates and judges • National Association of Children's Counsel's specialized child welfare lawyers training for more recent lawyers 	SSA, CIP	4 th

Strategy 2: Offer practice resources and decision support tools to court professionals to direct key aspects of day-to-day practice in alignment with the IPM.

Activity #	Activity	Responsible Party	Projected Completion Qtr
3.2.1	Building on input provided in 1.2.2., develop and share resources and tools to support improved practice, such as bench cards and/or court practice profiles.	CIP	4 th
3.2.2	Disseminate resources and tools to court professionals statewide to support improved court practice aligned with the IPM.	CIP	4 th

Theme: Authentic Partnership with Entities

Goal 4. Strengthen System Partnerships to Best Serve Families

Strategy 1. Use executive level forums to create a shared vision and commitment to child welfare involved families

Activity #	Activity	Responsible Party	Projected Completion Qtr
4.1.1	Propose via Department leadership, a mechanism for creating a state-level shared vision and collaboration for child-welfare involved families as part of the <i>Governor’s Children’s Cabinet and the Children’s Cabinet Implementation Team (CCIT)</i> ⁶	SSA Executive Director, DHS Secretary, DHS Deputy Secretary	1 st
4.1.2	Develop the state-level shared vision after finding common ground in existing agency/organization missions and visions; develop shared and/or aligned performance measures to measure success in implementing the vision; clarify responsibilities/roles for implementing the vision.	Children’s Cabinet	3 rd
4.1.3	Obtain commitments from each partner agency/organization that delineate how they will share the vision within their respective agencies/organizations and contribute concretely in support of achieving the vision. Commitments are expected to include: <ul style="list-style-type: none"> • Data and information to be shared • Resources (funding, staff, time, talent) • Robust communication and marketing strategy that communicates a shared vision statewide (internal and external) • Strategies to resolve system barriers • Including youth and family voice in implementation • Outreach and inclusion of key partners that are not a part of the Cabinet, e.g., administrative office of the courts and 	Children’s Cabinet	5 th

⁶ The 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; Human Services; Juvenile Services; Labor, Licensing, and Regulation; and Public Safety and Correctional Services, as well as the State Superintendent of Schools for the Maryland State Department of Education and the Executive Director of the Governor’s Office of Crime Control and Prevention. The Executive Director of the Governor’s Office for Children chairs the Children’s Cabinet. The Children’s Cabinet Implementation Team operationalizes the policies of the Children’s Cabinet by developing a plan, identifying and addressing barriers to success, assisting local programs and agencies, supporting ongoing evaluation of performance and results, and communicating on a regular basis to refine tactics and resolve interagency obstacles.

Activity #	Activity	Responsible Party	Projected Completion Qtr
4.1.4	Review performance information available, reflect and document lessons learned; establish mechanisms for ongoing review of commitments and performance on at least an annual basis	Children's Cabinet	7 th
4.1.5	Adapt the state-level collaborative approach for local level implementation based on lessons learned.	Children's Cabinet	8 th

Strategy 2. Conduct Town Halls and develop *Local Calls to Action* to engage community partners in meeting the needs of children and families

Activity #	Activity	Responsible Party	Projected Completion Qtr
4.2.1	<p>Disseminate toolkits to guide local/regional Town Halls. Town Halls are designed to create forums for engagement with stakeholders around the strategic vision, the integrated practice model, CFSR/PIP implementation and form coalitions to develop prevention-focused services, supports, and improved models for working with families.</p> <p>Toolkit will include guidance on:</p> <ul style="list-style-type: none"> • incorporating state level data on partnerships and services as well as CFSR and other performance information • engaging in exploration of other local level data that identifies community needs and available resources • developing strategies for engaging child-serving agencies and funders, organizations, and community providers – including e.g., judges/magistrates, Family Investment Administration, Kinship Navigators, faith community, MCOs, local management boards, etc. • facilitating ongoing communication of family/youth needs and system ability to meet those needs to strengthen partnerships • developing a local call to action that articulates a collaboratively developed vision and commitment to serving families and youth consistent with their needs 	SSA , CIP, University of Maryland School of Social Work, Chapin Hall	1 st
4.2.2	Conduct Town Halls and develop calls to action; share with partners at local and state levels.	LDSS, SSA, CIP	3 rd

Activity #	Activity	Responsible Party	Projected Completion Qtr
4.2.3	Based on the calls to action, partner with technical assistance providers and relevant SSA implementation teams as needed to: <ul style="list-style-type: none"> • Pilot in-depth support to and implementation of a particularly promising local call to action • Guide deeper examination of existing services and the quality/accessibility of services across continuum relevant to the needs of the population • Create template memoranda of understanding or other vehicles to capture and share partner commitments • Develop shared measures of progress and performance regarding improved partnerships and service delivery; integrate into ongoing CQI mechanisms • Implement strategies for improved local and regional partnerships consistent with the call to action 	SSA, CIP, LDSS, University of Maryland School of Social Work	6 th

Strategy 3. Improve teaming across local agencies and organizations in support of families

Activity #	Activity	Responsible Party	Projected Completion Qtr
4.3.1	Identify elements and lessons learned from existing local entity teaming projects and models to inform the development of a statewide strategy that structures and operationalizes local teaming on family/child specific cases, e.g., <ul style="list-style-type: none"> • Local care teams • Multidisciplinary teams • <i>Partnering for Success</i> in Baltimore County • Sobriety Treatment and Recovery Teams (START) 	Service Array/Integrated Practice Implementation Teams	1 st

Activity #	Activity	Responsible Party	Projected Completion Qtr
4.3.2	Develop approach and policy for local teaming on work with families/youth that may include: <ul style="list-style-type: none"> Local agencies who are suggested to be partners in the range of service types across the child welfare continuum (e.g. prevention, in-home services, out of home) Approaches to aligning family/child assessment, plans, and monitoring efforts to create shared responsibility and reduce conflicts and redundancy in family/youth expectations and services (“one family, one plan”) Mapping a family’s services to communicate with professionals about the challenges of multiple demands on families Template memoranda of understanding to create infrastructure for local teams 	Service Array/Integrated Practice Implementation Teams	3 rd
4.3.3	Engage in exploration related to readiness to implement local teams; select LDSS to receive in depth technical assistance to implement local teams.	Service Array/Integrated Practice Implementation Teams	4 th
4.3.4	Develop measures of progress and performance focused on more effective and comprehensive assessment and facilitation of services to meet family needs	Service Array/Integrated Practice Implementation Teams	5 th
4.3.5	Conduct ongoing CQI using performance measures; share results and adjust local teaming approaches or policy as needed.	Service Array/Integrated Practice Implementation Teams , SSA CQI	8 th

Date Submitted: 7/16/19

Date Approved:

PIP Effective Date: 8/1/19

End of PIP Implementation Period: 8/1/21

Reporting Schedule and Format: Quarterly conference calls with Region 3 to identify progress; written reports via the Annual Progress and Services Report submitted in June of each year.

APPENDIX A- CFSR Statewide Data Indicator Performance

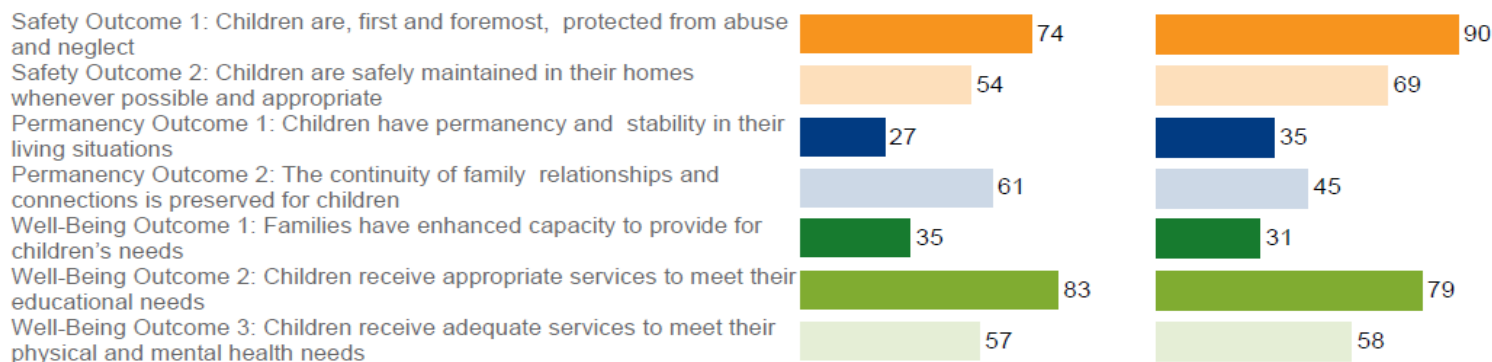
	Statewide Data Indicator	National Performance	Direction of Desired Performance	RSP ⁷
<i>Safety</i>	Recurrence of maltreatment	9.5%	Lower	13.3%
	Maltreatment in foster care (victimizations per 100,000 days in care)	9.67	Lower	17.3
<i>Permanency</i>	Permanency in 12 months for children entering foster care	42.7%	Higher	38.0%
	Permanency in 12 months for children in foster care 12- 23 months	45.9%	Higher	42.6%
	Permanency in 12 months for children in foster care 24 months or more	31.8%	Higher	29.2%
	Re-entry to foster care in 12 months	8.1%	Lower	15.7%
	Placement stability (moves per 1,000 days in care)	4.44	Lower	3.79

⁷ Risk-Standardized Performance (RSP) is derived from a multi-level statistical model and reflects the state’s performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children and, for some indicators, the state’s entry rate. It uses risk adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against national performance.

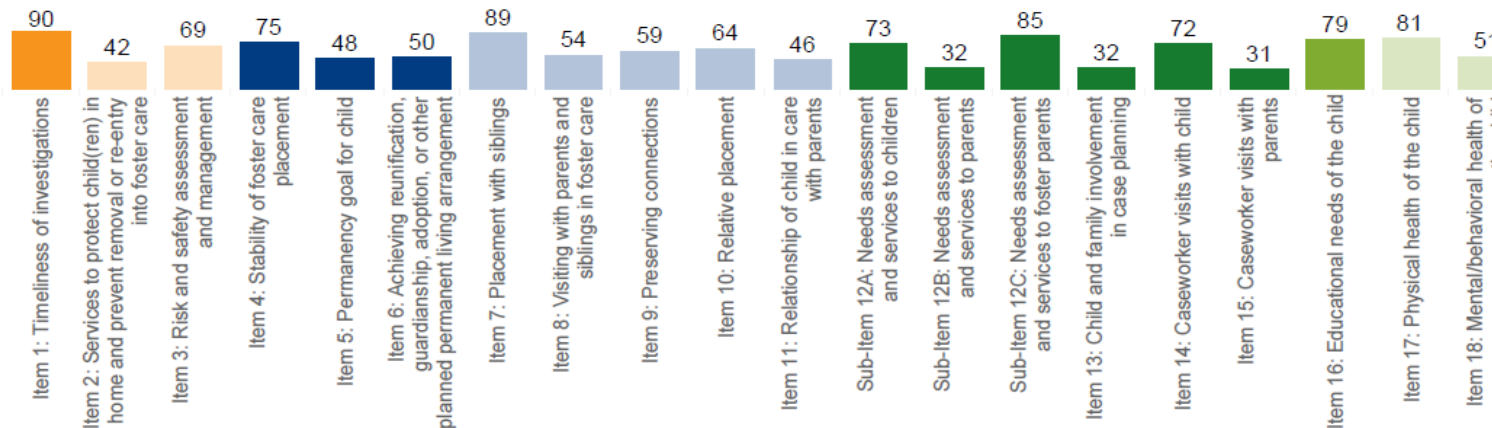
APPENDIX B - Maryland CFSR Case Review Performance

CFSR Case Review Outcomes and Items: Maryland

Case Review Outcomes: Percent Rated as Substantially Achieved



Case Review Items: Percent Rated as a Strength



*Use caution when interpreting these data. Due to varying sample sizes among states, some states are over-represented in the results; also each state's performance was assessed during different time periods. This average should not be considered representative of national characteristics of the child welfare system.

** As of 3/5/2019

APPENDIX C - CFSR Systemic Factor Performance

Data Element	Source of Data and Information	State Performance
Statewide Information System	Statewide Assessment	Not in Substantial Conformity
Item 19: Statewide Information System	Statewide Assessment	Area Needing Improvement
Case Review System	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 20: Written Case Plan	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 21: Periodic Reviews	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 22: Permanency Hearings	Statewide Assessment and Stakeholder Interviews	Strength
Item 23: Termination of Parental Rights	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 24: Notice of Hearings and Reviews to Caregivers	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Quality Assurance System	Statewide Assessment	Not in Substantial Conformity
Item 25: Quality Assurance System	Statewide Assessment	Area Needing Improvement
Staff and Provider Training	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 26: Initial Staff Training	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 27: Ongoing Staff Training	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 28: Foster and Adoptive Parent Training	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement

Data Element	Source of Data and Information	State Performance
Service Array and Resource Development	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 29: Array of Services	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 30: Individualizing Services	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Agency Responsiveness to the Community	Statewide Assessment and Stakeholder Interviews	Substantial Conformity
Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 32: Coordination of CFSP Services with Other Federal Programs	Statewide Assessment and Stakeholder Interviews	Strength
Foster and Adoptive Parent Licensing, Recruitment, and Retention	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 33: Standards Applied Equally	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 34: Requirements for Criminal Background Checks	Statewide Assessment and Stakeholder Interviews	Strength
Item 35: Diligent Recruitment of Foster and Adoptive Homes	Statewide Assessment and Stakeholder Interviews	Strength
Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement