



# Child and Family Services Reviews

## Statewide Assessment Instrument

Maryland Submission

February 2018



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Administration on Children, Youth and Families  
Children's Bureau

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## Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

## The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

## **Integration of the CFSP/APSR and CFRS Statewide Assessment**

The CFRS process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFRS.

## **The Statewide Assessment Instrument**

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFRS. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFRS process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

## Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

## How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)*

*Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.*

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*

## **Statewide Assessment Instrument**

### **Section I: General Information**

Name of State Agency: Maryland Department of Human Services Social Services Administration

#### **CFSR Review Period**

CFSR Sample Period: April 1, 2017 – September 30, 2017 for foster care and In-Home (+ 45 days)

Period of AFCARS Data: April 2017- September 2017

Period of NCANDS Data: N/A

(Or other approved source; please specify if alternative data source is used):

MD CHESSIE

Case Review Period Under Review (PUR): April 1, 2017 – September 30, 2018

#### **State Agency Contact Person for the Statewide Assessment**

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Title: Director, Outcomes Improvement

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## Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

### State Response:

The following individuals participated in the statewide assessment process

First Name	Last Name	Affiliation	Role
David	Ayer	DHS/SSA	Deputy Executive Director Operations
Adele	Black	DHS/OLM	QA/Data Management
Denise	Conway	DHS/SSA	CQI Supervisor
April	Edwards	DHS/SSA	Manager Adoptions and Resource Homes
Jane	Gehring	Baltimore County DSS	Assistant Director CPS
Charles	Gentemann	DHS/SSA	ICPC/ICAMA Supervisor
Charlotte	Giles	DHS/SSA	Director Title IVE Eligibility
Zamantha	Gobourne	DHS/SSA	Deputy Executive Director Programs
Jon	Hackbarth	Catholic Charities/RTC Coalition	Stakeholder
Kurt	Hisler	Chapin Hall	Technical Assistance
Rebecca	Jones Gaston	DHS/SSA	Executive Director
Kevin	Keegan	Catholic Charities/Provider Advisory Council	Stakeholder
Ed	Kilcullen	MD CASA	Stakeholder
Wendy	Lane	Pediatrician/SCAAN Chair	Stakeholder
Hilary	Laskey	DHS/SSA	Manager Research and Evaluation
Bethany	Lee	UMD School of Social Work	Families Blossom Evaluation PI
Miranda	Lynch	Chapin Hall	Technical Assistance
Sam	Mercer	Maryland Resource Parent Association	Stakeholder
Rena	Mohamed	DHS/SSA	Director Outcomes Improvement
Laura	Mueller	Win Family Services/MD Family Focused Treatment Association	Stakeholder
Serena	Rashard	DHS/SSA	Manager Older Youth
Katie	Rollins	Chapin Hall	Technical Assistance
Terry	Shaw	Ruth Young Center at University of Maryland School of Social Work	Stakeholder
Larry	Small	Chapin Hall	Technical Assistance
Brandi	Stocksdale	DHS/SSA	Director CPS and Family Preservation
Jessie	Watrous	UMD SSW Institute of Innovation and Implementation	Technical Assistance
Margaret	Williams	Maryland Family Network	Stakeholder
Lynn	Wisner	DHS/OLM	QA/Data Management
Pierre	Verleysen	DHS	Manager Data Integrity

**Section II: Safety and Permanency Data**  
**State Data Profile\***

\* State Data Profile deleted in its entirety.

## **Section III: Assessment of Child and Family Outcomes and Performance on National Standards**

### **Instructions**

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

## A. Safety

### Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

### State Response:

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

Maryland utilizes three data points to assess that ***Children are, first and foremost, protected from abuse and neglect***. Absence of Recurrence of Maltreatment, Rate of Victimization in Foster Care, and Timeliness of investigation data. Maryland’s most recent data is listed below:

#### Absence of Recurrence of Maltreatment

[Fiscal Year]	Absence of Recurrence of Maltreatment, by State Fiscal Year Target: Absence of Recurrence of Maltreatment will be 90.9% or more
SFY2015	90.1%
SFY2016	87.6%
SFY2017	90.1%

*National Standard: 90.9% or more*

*Source: MD CHESSIE; University of Maryland School of Social Work analysis.*

*Revised based on new Federal guidelines*

*Justification: Based on the CFSR Round 3, this is a modified federal measure that extends the base period and observation period from six months to 12 months.*

**Rate of Victimization in Foster Care**

[Fiscal Year]	Rate of Victimization Foster Care by State Fiscal Year (Target 9.5 or less)
SFY2015	10.1
SFY2016	12.3
SFY2017	12.8

Source: MD CHESSIE; University of Maryland School of Social Work analysis

Revised based on Federal guidelines

Justification: Based on the CFSR Round 3, this is a modified federal measure in two important ways: it includes all instances of indicated and unsubstantiated child maltreatment (no longer limited to maltreatment by foster parents and facility staff members) and has improved the denominator to reflect accurately the exposure to this risk among foster children. The rate of victimization per 100,000 days of foster care during a 12-month period.

**Child Protective Services Investigations completed in less than 60 days**

Fiscal Year	Alternative Response	Investigative Response
SFY 2015	90%	94%
SFY 2016	90%	92%
SFY 2017	92%	87%

\*Based on 12-month average

In addition to the data provided above, Maryland gathered additional information from case reviews conducted between June 2016 – January 2017<sup>1</sup>. During this period the following seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed whether the agency’s responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) were made, within time frames established by agency policies or state statutes.

Results showed that **79% of cases substantially achieved Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.** The table below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

<sup>1</sup>. For these reviews, the Onsite Review Instrument (OSRI) was used only for the document case review, while a state-developed interview guide was used to complete the case-related interviews. Generally the information gathered through the interview process was not included in the OSRI ratings.

Safety Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children are, first and foremost, protected from abuse and neglect.	38	0	8	27	73

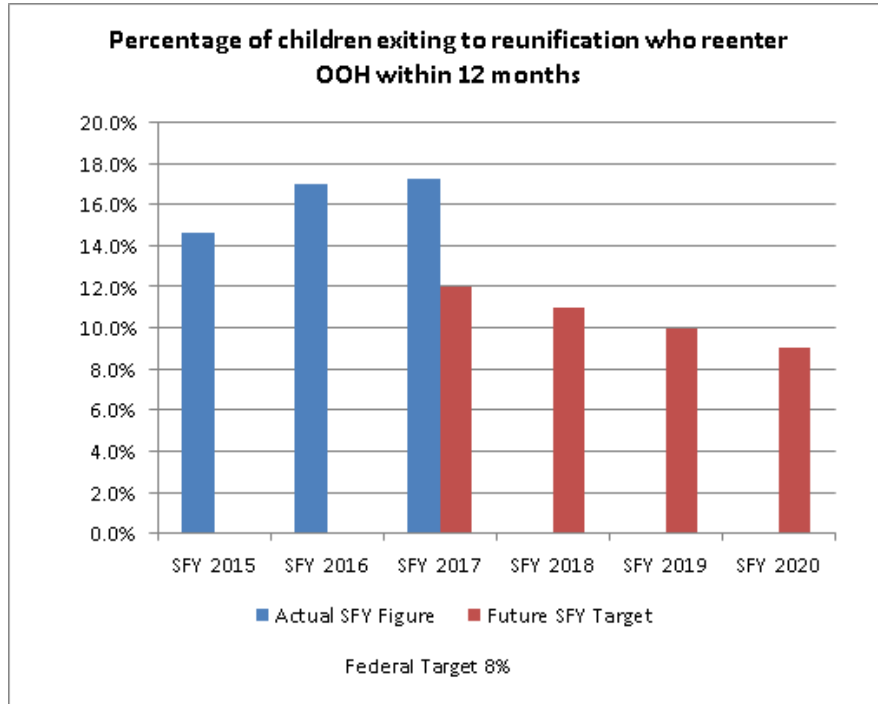
**Data Analysis:**

Over the past three state fiscal years Maryland has demonstrated that the rate of the absence of the recurrence of maltreatment has been around 90% which is close to the national standard of 90.9%. While the percentage in SFY16 was the lowest of the three years at 87.6%, the SFY17 rate increased by 2.5 percentage points as compared to SFY16. SSA has concentrated efforts on utilizing the CANS-F assessment tool to appropriately assess families and develop effective service plans. Data is consistently provided to LDSS to monitor the effective utilization of the CANS-F tool. Stakeholder input noted that Maryland has been successful in ensuring that following engagement with the child welfare system maltreatment does not occur 12 months following the provision of services. It was observed that while the rates are high there was a drop in SFY16. Stakeholders also questioned the possible potential under reporting of maltreatment by older youth, particularly those on runaway. It was recommended to look at rates for these populations to determine any trends and potential service needs. In addition, the impact that the rise in human sex trafficking could have on rates of future maltreatment was highlighted. It was also suggested that resource placements could be a resource in continuing to strengthen this data.

For SFY17 the rate of child maltreatment in foster care increased by .5%, approaching but not surpassing the highest rate registered in SFY14 of 12.9. It should be noted that when children are in foster care and report alleged maltreatment that happened prior to the entry into foster care, the data appears to still be a current maltreatment incident. Stakeholders also noted that the rate is increasing and suggested that additional data may be helpful to better understand the root cause of the increase (i.e. placement type and age). It was also noted that runaways are not included in this data and it was thought this would be an important population to include. Recommendations from stakeholders include additional training for foster parents and an increase in behavioral health services.

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate**

Maryland tracks reentry data to assess that **Children are safely maintained in their homes whenever possible and appropriate.**



In addition to the data provided above, Maryland gathered additional information from case reviews conducted between June 2016 – January 2017. During this period the following seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed whether agency made concerted efforts to:

- Provide services to the family to prevent children’s entry into foster care or re-entry after reunification
- Assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

Results of these case reviews from these seven (7) show that **84% of cases met substantially or partially achieved Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate.** The table below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Safety Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children are safely maintained in their homes whenever possible and appropriate.	57	3	11	2	73

### **Data Analysis**

As length of stay in Out-of-Home Placement (OHP) decreases, and the number of children achieving permanency increases, the reentry rate of children exiting OHP has increased. With the award of the Title IV-E Waiver, DHS/SSA is focusing on decreasing the number of reentries and providing sustainable service to families to lessen the likelihood of reentries. Maryland is continuing its development of creating a responsive, evidence- and trauma-informed system that promotes well-being services. The goal is to support children and families to prevent Out-of-Home care and reentries into OOH care. Maryland currently uses concurrent permanency planning in taking concrete steps to implement both primary and secondary permanency plans to achieve permanence for a child as safely and expeditiously as possible.

Improvements are needed in establishing appropriate concurrent plans, examining and determining the reasons of reentries, and developing the most effective training and technical assistance to reduce the rate of reentries. Maryland believes that the reentry rate continues to increase because of the lack of services provided to families once the child returns home, especially among those children reunifying who present with one or more reentry risk factors: having siblings in foster care, length of stay in foster care less than three months, child behavior problems at removal, experiencing a residential placement during removal, having prior foster care experience, having a mother only household at time of placement into foster care, and court ordered return home against agency recommendation. Maryland has concentrated on implementing evidence based practices as a part of the Title IV-E waiver in order to reduce the amount of re-entries.



## B. Permanency

### Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

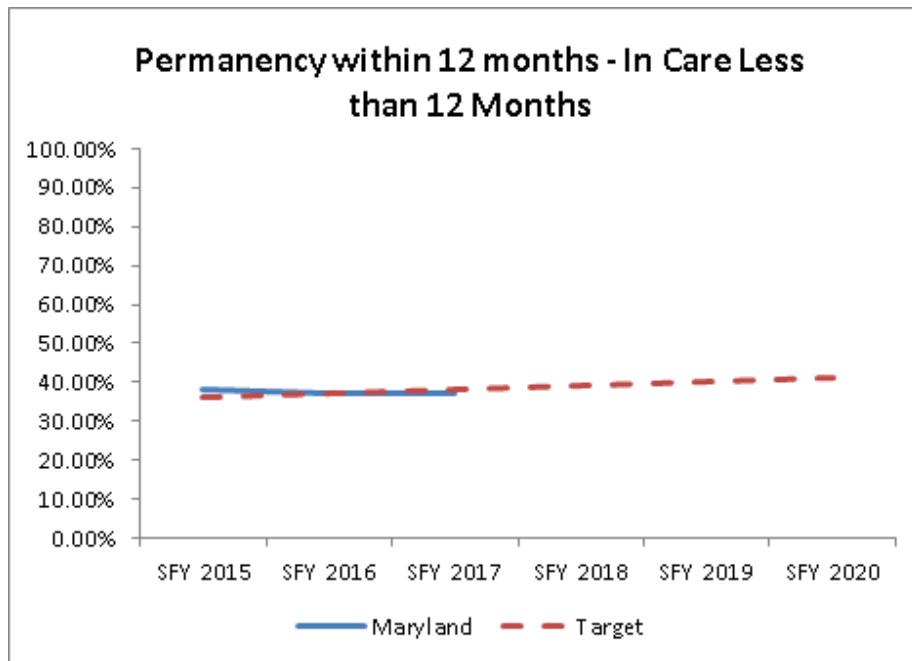
- For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.

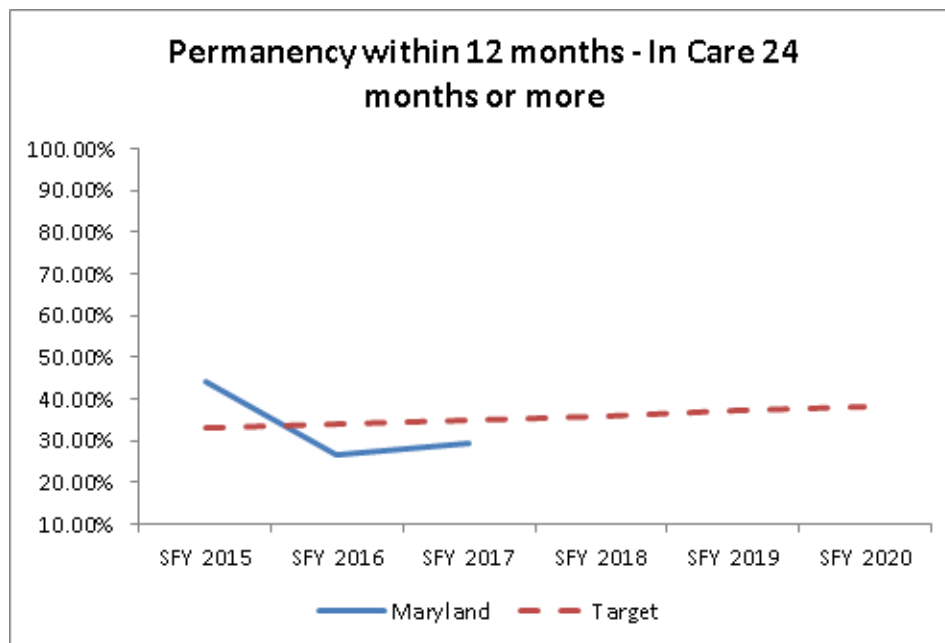
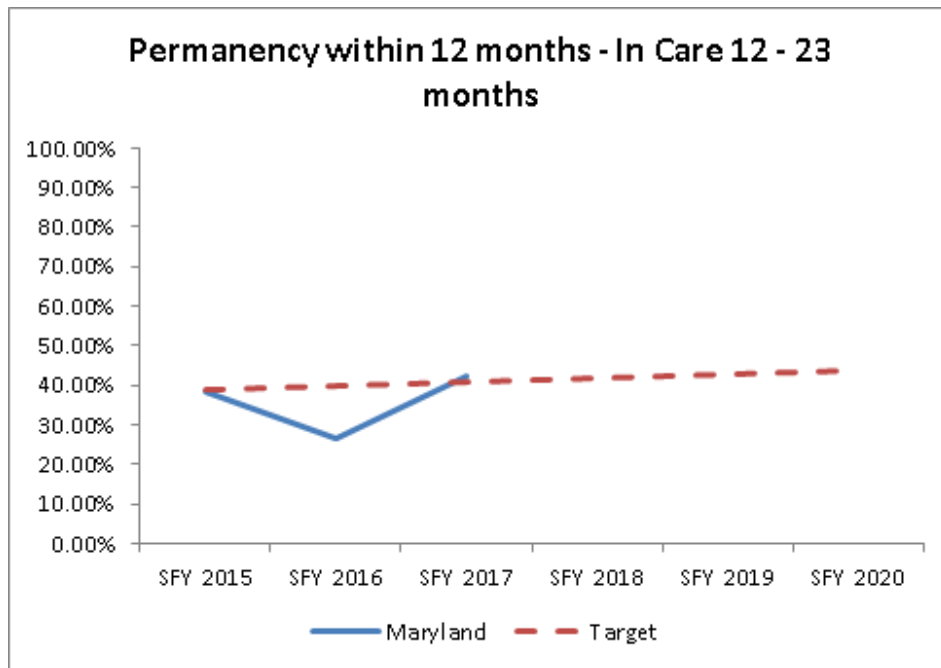
### State Response:

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

Maryland tracks time to permanency and placement stability data to assess that **Children have permanency and stability in their living situations.**

#### Time to permanency





## Placement Stability

### Placement Stability - Rate of placement moves per 1,000 days of foster care Target: 4.12

SFY2015	4.12
SFY2016	4.55
SFY2017	4.79

Source: MD CHESSIE

Justification: Based on the Child and Family Services Review round 3, this is a modified federal measure of foster care placement stability. The national target is 4.12 placement moves among children under 18 entering foster care in a 12-month period per 1,000 days in foster care.

In addition to the data provided above, Maryland gathered additional information from case reviews conducted between June 2016 – January 2017. During this period the following seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary's, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed if the child in foster care was in a stable placement and any changes in the child's placement were in the best interests of the child and consistent with achieving the child's permanency goal(s) as well as whether agency established appropriate permanency goals for the child in a timely manner and made concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child.

Results of these case reviews from these seven (7) LDSS show that **90% of cases met substantially or partially achieved Permanency Outcome 1: Children have permanency and stability in their living situations.** The table below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Permanency Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children have permanency and stability in their living situations.	16	2	2	53	73

### **Data Analysis:**

Since 2007, Maryland's Place Matters Initiative focused on reducing the number of children in Out-of-Home Placement and achieving timely permanence for children who enter Out-of-Home Placement. DHS/SSA is making progress to reach its goal of the percentage of children attaining permanency based on their length of stay in foster care. DHS/SSA is quite close to reaching national targets for permanency among children who have entered foster care or been in care up to two years. As for children in care two or more years, DHS/SSA has considerably more progress to make, however, it should be noted that most of those are youth ages 18 and older: among children under 18, only 30% have been in care two or more years, whereas 88% of youth 18 and older have been in care two or more years.

Stakeholders shared that the data provides opportunities to better understand root causes and identify strategies for improvement. To better understand current trends and test hypothesis on root causes it was suggested that further data analysis be completed to include placement type,

age of youth, race and jurisdiction. There were some thoughts that perhaps this data is impacted by a lack of services being offered to parents, barriers to reunification including the impacted by substance use, or by the fact that children currently being served have higher more intense needs.

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children**

Maryland tracks data on visitation between children in foster care and their siblings in care and those that are not in care, between children in foster care with their parents as well as children placed with relatives to assess **the continuity of family relationships and connections is preserved for children.**

**Parent and Sibling Visitation**

2017 Parent Visitation

Month	#Visits	Children in Care	%
April	765	4,413	17.34%
May	789	4,617	17.09%
June	621	5,054	12.29%
Average	725	4,695	15.44%

2017 Sibling Visitation

Month	#Visits	Children in Care	%
April	310	1,655	18.73%
May	297	1,675	17.73%
June	303	1,724	17.58%
Average	303	1,685	17.98%

**Relative Placements**

**Children Placed with Relatives**

N/A	SFY 2015	SFY 2016	SFY 2017
Total Served*	7,461	7,306	7,253
Placements with Relative	1,471	1,412	1,536
Percent of placements with relative	20%	19%	21%

\*Total Served count is higher than number of children served at end of SFY; includes children that entered and exited care within the fiscal year

In addition to the data provided above, Maryland gathered additional information from case reviews conducted between June 2016 – January 2017. During this period the following seven

(7) LDSS were reviewed: Caroline, Talbot, St. Mary's, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed if the agency made concerted efforts to ensure that:

- Siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings,
- Visitation between children in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members,
- Children's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends are preserved,
- Children are placed with relatives when appropriate, and promote, support,
- and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation.

Results of these case reviews from these seven (7) LDSS show that **100% of cases met substantially or partially achieved *Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.*** The table below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable

<b>Permanency Outcome</b>	<b>Substantially Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>	<b>Not Applicable</b>	<b>Total</b>
The continuity of family relationships and connections is preserved for children.	17	0	0	56	73

**Data Analysis:**

Data from MD CHESSIE seems to indicate that there are challenges with ensuring that visitation is occurring between children in foster care and their parents and siblings and that few children are placed with relatives. Despite this, the results from the seven case reviews seem to indicate a higher performance in ensuring that the continuity of family relationships and connections are preserved for children. The discrepancy in the data is due to a number of factors. First, MD CHESSIE data is from one source where the CQI data is from multiple sources. Secondly, MD CHESSIE data is based on the last placement during the time period when the data is pulled unlike the CQI process that looks at the entire period under review, which is a minimum of one year. Finally, MD CHESSIE data is pulled from the last entry in the electronic record while the case reviews completed gathered additional information that may have not been entered into the system timely.

## C. Well-Being

### Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

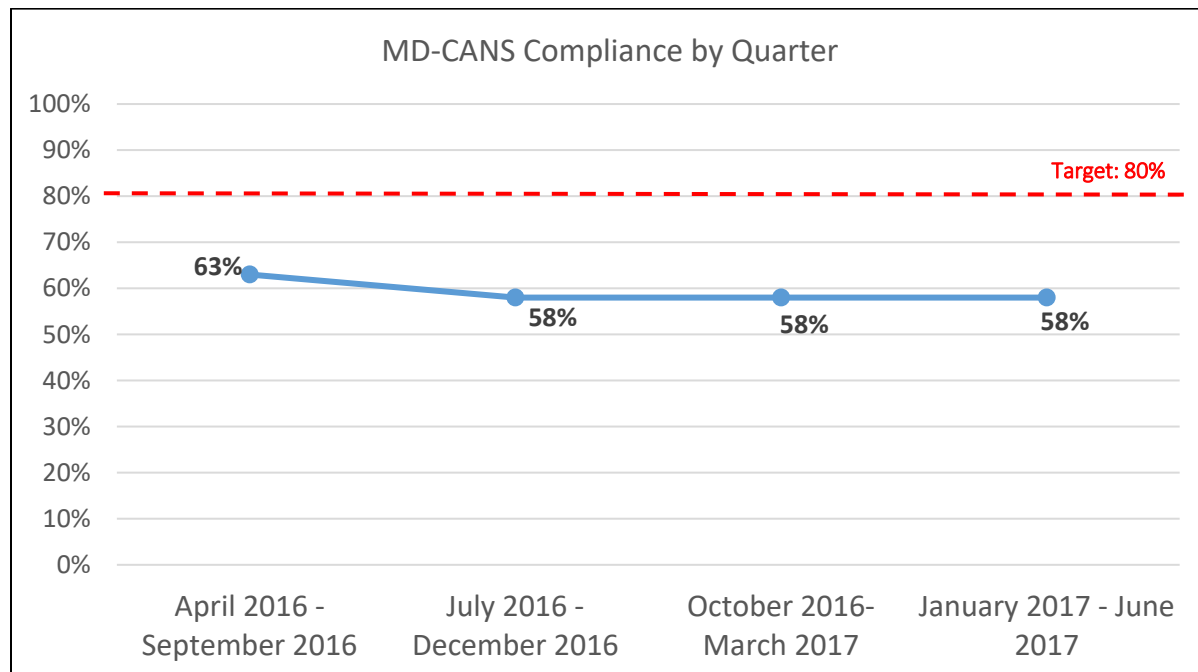
- For each of the three well-being outcomes, include the most recent available data demonstrating the state’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

### State Response:

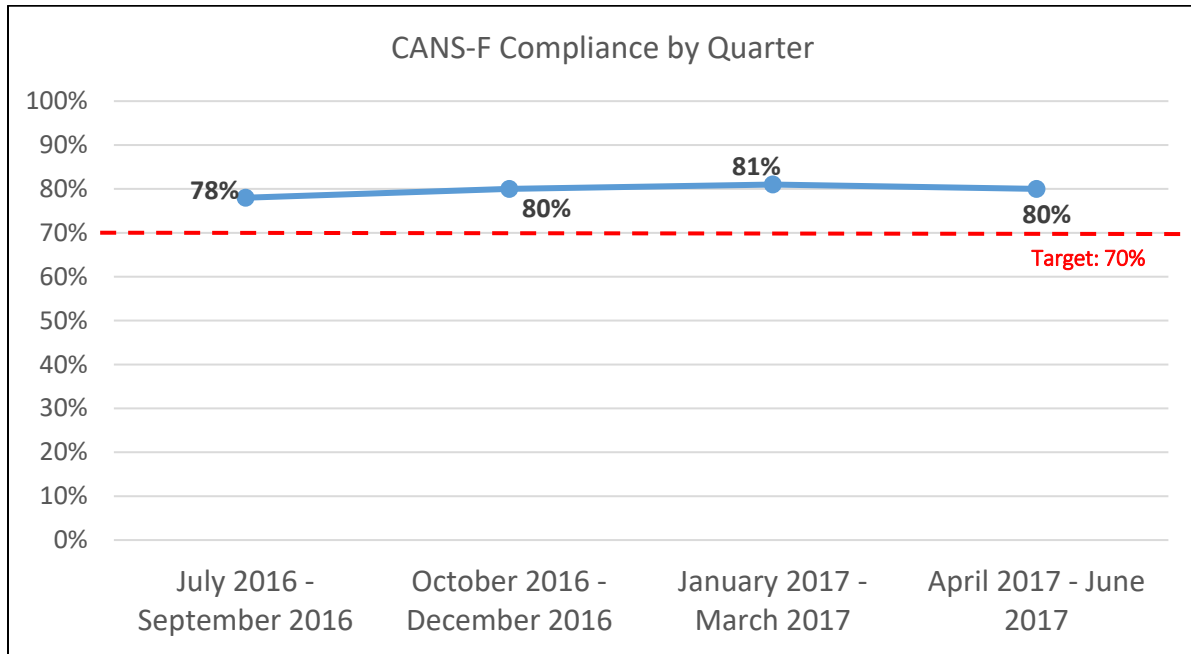
#### Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs

Maryland tracks CANS and CANS-F Compliance, Family Involvement Meeting (FIM) data, and caseworker visitation data to assess **Families enhanced capacity to provide for their children’s needs**.

#### Maryland State CANS Compliance SFY16 – SFY17



**Maryland State CANS-F Compliance SFY17**



**MD CHESSIE FIM Data SFY16 – SFY17**

	FY16	FY17	Difference*
<b>REMOVALS</b>	N/A	N/A	N/A
Total Removals	2,360	2,301	↓59 (-3%)
Removals with a Removal FIM	911 (39%)	929 (40%)	↑18 (+2%)
Removals with any FIM	1,084 (46%)	1,056 (46%)	↓28 (-3%)
Removals without any FIM	1,276 (54%)	1,245 (54%)	↓31 (-2%)

<b>PLACEMENT CHANGE</b>	N/A	N/A	N/A
Total Placement Changes	4,347	4,033	↓314 (-7%)
Placement Changes with a Change FIM	813 (19%)	668 (17%)	↓145 (-18%)
Placement Changes with any FIM	1,501 (35%)	1,260 (31%)	↓241 (-16%)

<b>PLACEMENT CHANGE</b>	N/A	N/A	N/A
Placement Changes without any FIM	2,846 (65%)	2,773 (69%)	↓73 (-3%)

<b>PERMANENCY CHANGE</b>	N/A	N/A	N/A
Total Permanency Changes	1,054	1,142	↑88 (+8%)
Permanency Changes with a Permanency FIM	243 (23%)	262 (23%)	↑19 (+8%)
Permanency Changes with any FIM	369 (35%)	415 (36%)	↑46 (+12%)
Permanency Changes without any FIM	685 (65%)	727 (64%)	↑42 (+6%)

<b>YOUTH TRANSITION</b>	N/A	N/A	N/A
Total Youth Transitions	2,298	2,154	↓144 (-6%)
Youth Transitions with Transition FIM	1,204 (52%)	1,125 (52%)	↓79 (-7%)
Youth Transitions with any FIM	1,588 (69%)	1,517 (70%)	↓71 (-4%)
Youth Transitions without any FIM	710 (31%)	637 (30%)	↓73 (-10%)

### Caseworker Visitation Data

Month	Number of Children in OOH needing visits	Caseworker Visits	# of Late entries	% of Late entries	Missing Visits	% of Missing Visits
April 2017	4,508	4,239	247	5%	269	6%
May 2017	4,493	4,237	239	5%	256	6%
June 2017	4,501	4,197	192	4%	304	7%

In addition to the data provided above, Maryland gathered additional information from case reviews conducted between June 2016 – January 2017. During this period the seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed whether the agency made concerted efforts to:



- Assess the needs of and provide services to children, parents, and foster parent,
- Identify the services necessary to achieve case goals
- Adequately address the issues relevant to the agency’s involvement with the family and involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis,
- Provide quality visits between caseworkers and child(ren) with sufficient frequency to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals, and
- Provide quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient frequency to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Results of these case reviews from these seven (7) LDSS show that **85% of cases met substantially or partially achieved *Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.*** The table below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Well-Being Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Families have enhanced capacity to provide for their children’s needs.	50	11	10	2	73

**Data Analysis:**

Maryland has implemented the Child and Adolescent Needs and Strengths (CANS) assessment for youth ages 5 and above placed in Out of Home Care since 2011 and the family version of the Child and Adolescent Needs and Strengths (CANS-F) for families and children receiving In-Home Services since 2015. SSA policies outline the timeframes for administering each tool and compliance is tracked to determine if the assessment tools are being implemented within these timeframes. While the statewide CANS compliance rate has hovered around 60% and is below the target compliance rate, the CANS-F rate is around 80% and continues to be above the target compliance rate. Stakeholders also noted the success of the CANS-F as well as the lack of compliance of the CANS implementation. To increase the effective utilization of the CANS it was suggested to develop strategies making the CANS more useful for workers. To that end, meetings were held with each LDSS to review their MD-CANS and CANS-F Data and develop a county specific technical assistance plan focused on increasing compliance, improving data utilization, and integrating the assessment into practice and service planning. Five common areas of need emerged out of these meetings:

1. Re-certification and Training
2. Practice Integration Support and Training
3. Data Support
4. Data Report Development
5. Building Local Expertise.

Next steps include the development and implementation of the individualized TA plans developed as a result of the local meetings,

Family Involvement Meetings (FIM) continue to be a statewide family-centered and strength based approach that engages families in making key decisions, setting goals, and achieving desired outcomes for children and families. FIMs are held at the key child welfare decision points, or “triggers”, listed below:

- Removals - held when the LDSS considers, initiates, or responds to a court action to remove a child from his or her home.
- Placement changes - held to consider a placement change for a child or youth; from one level of care to another, if the living arrangement changes, and/or from foster home to foster home.
- Permanency plan changes – held when the LDSS considers making a recommendation to the court to change the permanency plan for a child/youth has been in an out-of-home placement for minimum of six consecutive months.
- Youth transitions - held every 6 months for a youth beginning at the age of 14 through age 20 to discuss transition planning and establish, review and/or revise the MD transitional Plan. An exit FIM should be held 90 days prior to the youth’s 21<sup>st</sup> birthday.
- Voluntary placement agreements (VPAs) - held to discuss cases referred to Voluntary Placement Agreements, cases prior to VPA placements, and enhanced after care placements.

SFY17 data shows decreases in events for all triggers, except for Permanency Plan Changes FIMs and Removals with a Removal FIM compared to last fiscal year. Placement changes showed the largest decrease (7%) with 314 fewer placement changes in SFY17 than in SFY16. Permanency Changes showed an 8% increase from SFY16 to SFY17 (88 permanency plan changes). In addition to MD CHESSIE data, LDSS provide self-reported data consisting of the number of FIMs completed, number of FIMs completed by Type of Program Assignment, number of FIMs completed by Type of Trigger, outcomes from FIMs and number of FIMs participants. For SFY17, LDSS reported:

- A total of 2,666 FIMs were conducted involving 3,629 children
- The largest percent (48%) of the FIMs were for Out-of-Home cases
- 41% of FIMs conducted at a Removal or Considered Removal
- 1,399 (52%) Out-of-Home placements were diverted by a FIM
- 626 (23%) cases were referred for In-Home services as a result of the FIM

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

Maryland tracks school enrollment data to assess that **Children receive appropriate services to meet their educational needs**

Performance Measure	SFY 2015*	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
85% of children entering foster care and enrolled in school within five days	75%	79%	74%			
<i>Benchmarks</i>			79%	82%	85%	85%

Source: MD CHESSIE – ages five – 17; removal after July 1 for each year; derived by University of Maryland Baltimore, School of Social Work (Note: Table includes updated Education Enrollment and Health Assessment statistics)

\* Starting in 2015, data augmented by education data concerning foster children supplied by the Maryland State Department of Education (MSDE)

In addition to the data provided above, Maryland gathered additional information from case reviews conducted between June 2016 – January 2017. During this period the following seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert.

The case reviews for this outcome assessed whether the agency made concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities.

Results of these case reviews from these seven (7) LDSS show that **88% of cases met substantially achieved *Well-Being Outcome 2 Children receive appropriate services to meet their educational needs.*** The table below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Well-Being Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children receive appropriate services to meet their educational needs.	23	0	3	47	73

**Data Analysis:**

It is critical for school-aged children entering foster care to be enrolled in school within five days of removal. Factors influencing this statistic include (1) taking into account when a child entering foster care does not change schools, and (2) assuring that documentation about school enrollment is completed by the Local Departments of Social Services. This statistic was augmented by the use of MSDE (Maryland State Department of Education) data for foster children, starting with SFY15. While SFY17 performance decreased slightly to 74%, it is anticipated that Maryland will make improvements in this educational outcome. Initial steps were made in December 2017 with each LDSS implementing MOUs with their Local Education Authorities (LEAs) as part of the new Every Student Succeeds Act (ESSA) requirements. Overall stakeholders indicated that the current data does not fully address well being and suggested exploring the possibility of digging deeper and gathering additional data around school performance, attendance, learning needs, etc. Despite these concerns, stakeholders provided a number of recommendations to support improvements in this outcome, including:

- Ensuring Resource Parents have timely school information
- Breaking down the data by age, placement type, and grade to determine what may be driving the data
- Utilizing a combined health and education passport

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs**

Maryland tracks completion of comprehensive health assessments, annual health assessments, dental assessments for children in foster care data to assess that **Children receive adequate services to meet their physical and mental health needs**

Performance Measure	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
<b>Comprehensive Health Assessment for foster children within 60 Days</b>	73%	77%	78%			
BENCHMARK: <i>Comprehensive Health Assessment for foster children within 60 Days</i>			69%	72%	75%	75%

Performance Measure	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
<b>Annual Health Assessment for foster children in care throughout the year</b>	71%	71%	61%			
BENCHMARK: <i>Annual Health Assessment for foster children in care throughout the year</i>			86%	88%	90%	90%
<b>Annual Dental Assessment for foster children in care throughout the year</b>	52%	53%	45%			
BENCHMARK: <i>Annual Dental Assessment for foster children in care throughout the year</i>			56%	58%	60%	60%

In addition to the data provided above, Maryland gathered additional information from case reviews conducted between June 2016 – January 2017. During this period the following seven (7) LDSS were reviewed: Caroline, Talbot, St. Mary’s, Harford, Somerset, Cecil and Calvert. The case reviews for this outcome assessed whether the agency addressed the physical health needs of children, including dental health needs, and the mental/behavioral health needs of children.

Results of these case reviews from these seven (7) LDSS **92% of cases met substantially or partially achieved *Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs.*** The table below lists the number of cases reviewed that were rated as substantially achieved, partially achieved, not achieved, or not applicable:

Well-Being Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Not Applicable	Total
Children receive adequate services to meet their physical and mental health needs.	43	4	4	22	73

**Data Analysis:**

The data for the comprehensive exams shows a small movement forward from 77% in SFY16 to 78% in SFY17. Although this is a small movement forward, the data is going in the right direction. The Annual Health Assessment and Annual Dental Assessment both decreased in SFY17 by 10% and 8% points respectively. While the MDCHESIE data appears to show a marked drop in annual health and dental assessments case review data indicates higher compliance with ensuring children receive adequate services to meet their physical and mental health needs. The discrepancy in the data is due to a number of factors. First, MD CHESIE data is from one source where the CQI data is from multiple sources. Secondly, MD CHESIE data is based on the last placement during the time period when the data is pulled unlike the CQI process that looks at the entire period under review, which is a minimum of one year.

Data entry overall remains a major concern, particularly for the annual and dental exams. There has been an inconsistent system of documentation around health care in MD CHESIE. Although children may be receiving proper health care, caseworkers in local jurisdictions are not documenting the practice properly in MD CHESIE. This causes the data to be incorrect and appear that children are not receiving timely care. DHS/SSA will monitor the progress through the Milestone Report. Some local departments and stakeholders reported a lack of dental resources and multiple placement changes can impact the ability to complete annual dental

assessments, however it was recommended to explore the utilization of dental therapists who travel anywhere to provide dental services. DHS/SSA continues to offer technical assistance to the LDSS in order to improve this outcome.

Overall stakeholders indicated that the current data does not fully address well being and suggested exploring the possibility of digging deeper and gather additional data around access to healthcare, psychotropic medications management and monitoring, engagement in planning and care, etc.

## Section IV: Assessment of Systemic Factors

### Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

## A. Statewide Information System

### Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

#### State Response:

Maryland's Children Electronic Social Services Information Exchange, MD CHESSIE, is Maryland's system of record for children who receive child welfare services through the State's Local Departments of Social Services (LDSS) agencies. Reports are distributed monthly from MD CHESSIE that identifies the following:

- **Status** – The status of all children in care is captured monthly on 73 tables that comprise the Maryland Child Welfare Data Report. The report captures the status of all children entering and exiting care (CPS, In-Home, Out-of-Home, Family Foster Care, Formal Kinship Care, Adoption, Legally Free, and Voluntary Placement). Maryland has made these and other reports available to local jurisdictions; however, it has not instituted a review process of data quality feature.
- **Demographic Characteristics** – The demographic characteristics of children and youth in Out-of-Home (OOH) is reported monthly. The demographics include age, gender, and ethnicity; by jurisdiction and percentage. In addition, the creation of Business Objects RE072R Children with Disabilities and VPA in December 2016 captures the demographics of the child welfare population with disabilities. This state level report allows SSA to identify the client demographics, placement, and disability category (physical disability, emotional disability, visual disability, hearing disability, intellectually and developmentally disabled and medically fragile).
- **Location** – The location of all children in OOH care is reported via the Business Objects RE858R Weekly Out-of-Home Detail Report. For the reporting period ending November 30, 2017, the RE858R End-of Month Out-of-Home Detail Reports indicates that 96 clients did not have location data entered into MD CHESSIE. This number represents 2.0% of the total population in care (4,867), which is an increase from the 62 clients in 2016.
- **Goals for the Placement of Every Child in Foster Care** – The RE858R Weekly Out-of-Home Detail Report, and the RE858R Out-of-Home End of Month Detail Report. As of November 30, 2017, 7.8% of all children placed in OOH care do not have a Permanency Plan.
- **Accessibility** - The Local Departments of Social Services (LDSS) caseworkers document placement changes from one foster home to another by validating the

preceding months' placements in MD CHESSIE. The caseworkers' supervisors approve the placement validation for provider payment. LDSS fiscal officers and MD CHESSIE Provider Call Center management monitor the FM135R Placement Failure Validation Report to ensure the completion of all placement validations prior to provider payment batch processing. The report runs on the 2nd, 5th, 10th, and 13th of each month. Updates to Child Placement Agencies are completed by DHR staff based on their system security profile.

SSA also utilizes The Milestone Report to readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. The Milestone Report was developed in collaboration with local departments and is distributed weekly to local Directors, Assistant Directors, and Supervisors as well as SSA Staff. The report provides a variety of information on every child who is in foster care including their status, demographic characteristics, placement / living arrangements location, goals for the placement, removal information, court information, safety and risk assessments, educational and health assessments, visitation and case plan information. Local departments use this information to manage caseloads and ensure youth who enter care are receiving the necessary services and efforts are being made to move toward achieving permanency for youth. SSA staff utilize the data to provide technical assistance to the LDSS.

When a child is placed in a CPA treatment foster home or independent living residential program (aka apartment for older youth), the LDSS must enter, after the CPA placement has been approved, the specific CPA TFC home or ILRP apartment where the child is placed, which includes the start date, and, if the child moves from one CPA placement to another, the end date of the current placement, and the start date of the new CPS placement. Additional details about the TFC home and the parents are also captured in MD CHESSIE for communication and reporting purposes. This CPA TFC/ILRP placement data, including details about the TFC caregivers was added to MDCHESSIE in 2009/2010 as a part of improving MD CHESSIE to track the placements. SSA has a report that identifies the location of each child placed with a CPA, and this report can be used to verify the accuracy of all Maryland children placed with CPA.



## B. Case Review System

### Item 20: Written Case Plan

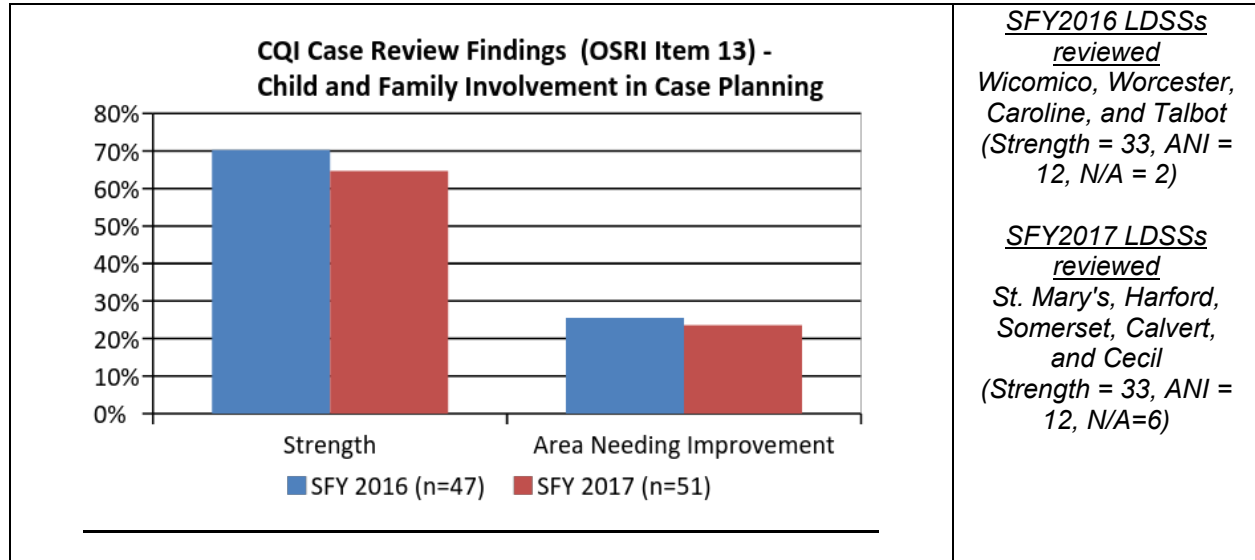
How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child’s parent(s) that includes the required provisions.

#### State Response:

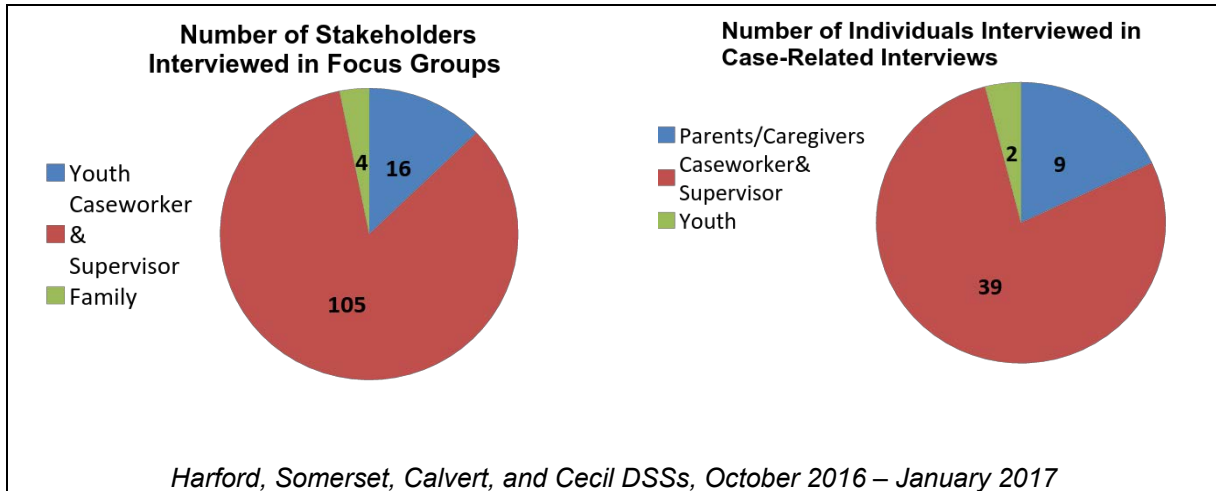
SSA currently has limited ability to demonstrate that each child has a written case plan that is developed jointly with the child’s parents. Some qualitative data is available through CQI reviews were conducted in 2016 and early 2017. Nine jurisdictions reviewed and gathered information from case-related and stakeholder focus groups regarding the involvement of parents, caregivers, and age appropriate children. Chart 1 below shows the results from the case review indicating that for the majority of cases reviewed child and family involvement in case planning was a strength.

Chart 1



In SFY2017 DHS/SSA added interview questions to the stakeholder focus groups to assess the extent to which parents, caregivers, and youth actively participated in case planning. These questions were included in the reviews conducted in Harford, Somerset, Calvert, and Cecil counties. The number of participants interviewed during these reviews is shown in Chart 2.

**Chart 2**



Findings<sup>2</sup> from these case-related interviews and stakeholder focus groups showed that:

- Youth consistently report they are actively involved in case planning, and this usually occurs during the Youth Transition Family Involvement Meeting (FIMs)
- Parents/Caregivers report being asked to participate in case planning during home visits and FIMs
- Child welfare staff report using the CANS-F to assess the family and then develop case plans based on the results

In addition to data gathered from CQI case reviews, FIM Feedback Surveys gather additional qualitative data to evaluate model fidelity, participant satisfaction, and outcomes. Between June 2016 – June 2017 148 FIMs were surveyed from the following jurisdictions: Wicomico, Worcester, Caroline, Talbot, St. Mary's, Harford, Cecil, Calvert, and Somerset<sup>3</sup>. The table below outlines the survey response rate by participant.

Participant	Number of Surveys Distributed	Number of Surveys Collected	Response Rate
Child/Youth	39	35	89.7%
Biological Parent	155	75	48.4%
Other Family	80	78	97.5%
Foster Parent	34	34	100.0%
Non-Relative Support	28	29	103.6%*
Worker/Supervisor	248	304	122.6%*
Community Provider	83	176	212.0%*
Other Professional	87	82	94.3%
<b>Total</b>	<b>754</b>	<b>813</b>	<b>107.8%*</b>

\*Response rate may be more than 100% if participants returned survey after facilitator reported data.

<sup>2</sup> Caution should be used when interpreting these findings, as the majority of interviewees were LDSS staff (workers and supervisors), and not family or youth.

<sup>3</sup> The FIM feedback survey has been traditionally introduced at the last meeting (Debriefing Meeting) of the CQI's Onsite review process.

Each of the facilitator, professional, and family FIMs Feedback surveys evaluated participants' experience of the FIM. The results from the family surveys indicated that family and support members "agreed" or "strongly agreed" that everyone understood the purpose of the FIM, felt prepared and a part of the team, and that the plan developed was built on children's safety and family strengths. There was some concern from family and support members (12.2%) that not everyone who should be at the FIM was present in addition to not feeling prepared for the FIM (5.7%) and being unsatisfied with the results of the meeting (4.0%).

In preparation for Maryland's CF SR, SSA has been working with the Children's Bureau to develop a CQI process that meets all standards of the case criteria. Maryland was approved to conduct a state-led CF SR on December 1, 2017. To that end, the CQI process that will begin in April 2018 will provide SSA with the ability to gather quantitative/qualitative data or information that shows each child has a written case plan that is developed jointly with the child's parent(s) and fully assess the statewide functioning of this item.

## Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

### State Response:

Every child who has been in foster care for at least six months should have an initial periodic review. Subsequent reviews should be conducted every 180 days. The periodic review includes review by the court of safety, continued need for out-of-home placement, appropriateness of the case plan, and progress in achieving the goal of the case plan and a projected achievement date for permanency. Based on the Adoption and Foster Care Analysis Reporting System (AFCARS) data below, Maryland is up to date with documentation of periodic reviews:

#### Periodic Reviews – AFCARS Submissions National Standard – 90%

Statewide	**Client Count	Review Completed
FFY 2015B*	4,685	96.7%
FFY 2016A*	4,593	93.0%
FFY 2016B*	4,935	94.7%
FFY 2017A*	4,863	96.77%
FFY 2017B*	4,991	95.53%

Data Source: MD CHESSIE (AFCARS Submission)

\*\*Client count is the number of Foster Youth on the extracted for the period. Any Youth in care for at least 1 day with a placement.

\*A & B refer to the two halves of the year being reported for the federal year; A is October – March; B is April - Sept

In Maryland initial permanency hearings are held within twelve months, and then held every six months thereafter. The Maryland Judiciary collects data for the following data reports: *Time to First Permanency Hearing*; *Time to Subsequent Placement Hearing* and *FCCIP Timeliness Statistics*. The data reports are reviewed on a regular basis to monitor timeliness with hearings. The data does not differentiate between subsequent periodic reviews and permanency hearings. Permanency hearings requirements include the same requirements as periodic reviews and also includes specific additional finding (as detailed in Item 22 of this document). Because of this inclusion of the same elements, Maryland law allows for permanency hearings to fulfill the requirement for the review hearing. The data includes Periodic Review hearing, which first occurs at 6 months of out-of-home placement, and the data table that follows includes permanency hearing every subsequent 6-months thereafter while placement continues.

## Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

### State Response:

The requirement for Permanency hearing in the State of Maryland is dictated by 3-823(b) Courts and Judicial Proceedings. The requirement is that the first permanency hearing be held within 11 months after commitment to LDSS (or continued Child with Disabilities Voluntary placement) OR within 30 days of court finding Reasonable Efforts to Reunify are not required (Waiver of Reunification). Subsequently thereafter, a permanency hearing is required at 6 months intervals, with the exception of permanent care to foster parent provider or when the LDSS has been granted guardianship after Termination of Parental rights, the requirement is every 12 month for subsequent permanency hearings. The review requirements of the permanency hearing include the same base requirement of the periodic review, and additionally have more extensive requirements specific to progress in achieving the permanency plan, services to meet the specific well-being needs of the child, and evaluations on the appropriateness and safety of the placement according to the unique needs of the child. Because the permanency hearing requirement is more extensive and also due at subsequent 6 month intervals, it can be fulfill the permanency hearing requirement and the periodic review requirement (item 21).

The data in the table below details the timeliness of subsequent permanency hearings following the initial permanency hearing.

### Foster Care: Timeliness of Permanency Hearings Reporting Period: 10/1/2015-9/30/2016

Timeless of Initial Permanency Hearing to Permanency Planning Review Hearing	<b>75.6%</b>
• Median Months	<b>5.1</b>
• Average Months	<b>5.8</b>

Source: Foster Care Court Improvement Program

The FCCIP Timeliness Statistics reflect 75.6% compliance rate in meeting the time standard of the initial permanency hearing to the subsequent permanency hearing. When reviewing the actual months to subsequent permanency hearings, the data indicates that the average and median times are in within the required 6 months indicating that Maryland is within the every 12 month for subsequent permanency hearings requirement.

The FCCIP reports that as part of its Continuous Quality Improvement process, the data is reviewed for discrepancies with Information Technology staff from each of the four data systems to resolve issues in data. The Maryland Judiciary is in the process of moving to a statewide data system. In the interim, the judiciary collects the information for the data reports from four systems. The data from FFY 2016 will be used as the baseline year for the department.

### **Item 23: Termination of Parental Rights**

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

#### **State Response:**

SSA currently has limited ability to track the timeliness of filing of TPR petitions. Data from September 2017 shows that of the children in out-of-home care 15 of the last 22 months:

- 663 children had a plan of adoption by non-relative
- 572 children had a plan of placement with relative for adoption or custody or guardianship
- 375 children were legally free
- Of these, 88 children had documentation of a TPR petition filed.

SSA plans strengthen its ability to track and monitor the timely filing to TPRs through regular data reviews and providing technical assistance to local departments.

## Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

### State Response:

Maryland law requires the Local Departments of Social Services (LDSS) to send notices of Hearings and Reviews to Caregiver. As per SSA Policy Directive #06-12, resource parents (both public and private) receive notification of court hearings via mail correspondences. In addition, per Md. Courts and Judicial Proceedings Annotated Code 3-816.3. (c), pre-adoptive parents, foster parents, and caregivers of child, the foster parent, pre-adoptive parent, caregiver, or an attorney for the foster parent, pre-adoptive parent, or caregiver shall be given the right to be heard at all proceedings. Finally, the LDSS caseworkers and children attorney's correspond with resource parents prior to the hearings to obtain updates on the child's well-being and address caregiver concerns during visits to the placement and/or phone correspondences.

To ensure that caregivers are notified of court hearings and reviews, SSA initiated a process to survey resource parents to assess their perception of being notified of reviews and hearings and of their right to be heard in any review or hearing. The first attempt at disseminating the survey was at the 2017 Spring Resource Parent Conference. The questionnaire was comprised of 12 questions that asked the resource parents to assess their local department with Question #5 specifically addressing whether or not the resource parents received written notification of upcoming court hearings and Question #6 asking, If you attend court hearings, are you given the opportunity to address the court, if you want to?.

Out of the 121 resource parent conference attendees, 83 attendees answered question #5 with 56% stating that they Always or Almost Always receive notifications of Court Hearings from the local departments. For question #6, 45 attendees out of the 90 respondents replied either Always or Almost Always to being given the opportunity to address the court.

In order to reach more Resource Parents, SSA sent the Resource Parent survey out to the LDSS in April 2017. LDSS were asked to distribute the survey to their resource parents, however only two parents responded. Due to the low response, SSA re-sent the survey out to the both public and private resource home contacts via the LDSS and the Office of Licensing and Monitor emphasizing why this information was important. In addition, the survey link has also been posted to the Maryland Resource Parent Association website for all resource parents to complete. Notification will also be given at the local department director and assistant director meetings to re-emphasize the importance.



## C. Quality Assurance System

### Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

#### State Response:

In SFY17 SSA began the process of revising its CQI system to include an overall CQI process that also meets the requirements for a state led CFSR. As part of this process the following activities were completed:

- Development and approval of Maryland's CQI manual detailing Maryland CFSR process
- Development and approval of sampling methodology that ensures that all eligible cases are included in the sampling pool and that jurisdictions are equally grouped every six month review period to allow of comparison across each six month cycle
- Development of a staffing plan that identifies a sufficient reviewer pool
- Development of training curricula for reviewers and QA staff need for the CFSR review
- Completion of two pilot reviews in Washington and Baltimore Counties with a third scheduled for Howard County in February 2018

Maryland was approved to conduct a state-led CFSR on December 1, 2017. To that end, the CQI process that will begin in April 2018 will provide SSA with the ability to fully implement a quality assurance system that operates in all jurisdictions, has standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. In addition to beginning the formal CQI process in April 2018, SSA launched an implementation structure in the last year which involves stakeholders in assessing, evaluating and improving on the quality of services provided to families.

## D. Staff and Provider Training

### Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

### State Response:

The Child Welfare Academy (CWA) at the University of Maryland School of Social Work continues to have a contractual partnership with DHS/SSA to deliver statewide child welfare training. Through this partnership, the CWA delivers pre-service training for new employees and administers the competency examination. Pre-service training is six weeks long and comprised of six separate training modules that address foundational child welfare concepts, guiding principles, and mandated laws and policies, with a strong emphasis on family centered, strengths-based, culturally competent, and trauma-informed practice. All newly hired child welfare caseworkers must attend and pass the competency exam during their probationary period. This probationary period is 6 months from hire but, can be extended to one year. Employees hired as Family Services Caseworker I & II, Social Worker I & II, Social Work Supervisor, Social Work Therapist, Contracted staff who administer Family Preservation services are mandated to attend. While staff are attending pre-service they should not be assigned a full caseload. Staff should be given an opportunity to shadow a colleague and practice skills learned in pre-service. There are times when a local department has to assign a caseload however; the caseload size is gradual.

Each offering of pre-service is held at the University Of Maryland School Of Social Work. This site is centrally located in Maryland and accessible to all staff. Additionally, this site allows has the technological capabilities required for MD CHESSIE training components. Pre-service was held 7 times throughout SFY17. In SFY17, there were a total of 170 new employees that were required to attend pre-service and pass the competency examination. 161 new hires and 2 contract staff were enrolled in the training, completed the modules, and passed the exam within their probationary period. Pre-service exemptions were granted to 7 new hires and those individuals did not attend the training however, they were required to pass the examination. All seven individuals passed the examination.

A multi-modal assessment process is used to provide participants with qualitative feedback regarding their performance in pre-service. This process includes a comprehensive self-assessment instrument administered at the end of the training cycle, written feedback on various performance dimensions, as well as an assessment of participation, attendance, and punctuality for each module. Each CWA trainer is assigned to serve as a liaison to a small group of participants in each cohort. CWA liaisons are available as needed to provide support and guidance, and also hold an individual check in meeting with each of their assigned participants in the middle of the pre-service training cycle. This meeting affords an opportunity for the trainer to answer any of the participant's questions regarding training content, as well as provide feedback to the participant on his/her overall performance to date. Any significant concerns are addressed with the participant immediately and shared with the immediate supervisor as appropriate. At the conclusion of pre-service, a final written summary is completed by the participant's assigned CWA liaison, with input from the trainers assigned to train each module. Specific information is provided related to participant strengths and targeted areas for continued professional development. The complete evaluation packet is provided electronically to the participant and his/her immediate supervisor following training completion. (CWA Annual Report, FY17)

In the future, responses to relevant evaluation questions - (1) this training was relevant to my role and responsibilities, (2) as a result of this training, I have new tools and strategies that I can use on the job, and (3) the information I learned today will make me a more effective worker - can be aggregated across CWA trainings rather than at just the individual training level, to provide a more global picture of intent to transfer. For example, a report can be provided that indicates what percentage of CWA training participants over a specified period of time "agreed" or "strongly agreed" that the training they received was relevant to their role and responsibilities, provided them with actionable new tools and strategies to use on the job, and will make them a more effective worker.

## Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

*Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

### State Response:

In partnership with the Child Welfare Academy (CWA), SSA offered 108 different ongoing trainings to child welfare staff in SFY17. Additionally, staff are able to participate in trainings through the UMB Continuing Professional Education (CPE) program. There were 1,991 child welfare staff as of June 30, 2017.

Supervisors also have an opportunity to participate in a 5-month Supervision Matters training if they were promoted within the last five years. Enrollment in Supervision Matters is not a mandatory at this time. Statewide mandatory supervisory trainings developed by DHS/HRDT will begin in early 2018. In addition to Supervision Matters, there are supervisory courses offered through CWA and CPE. Completion of this training is monitored at the LDSS and tracked by SSA.

At this time, continuing education hour requirements are not mandated statewide. There are Local Departments who have internal policies that require staff to attend ongoing training. Supervisors in LDSS monitor and track trainings twice a year during the performance evaluation process. The trainings provide current best practices when working with children and families and enhance the skills of employees.

During SFY17, a total of 274.5 in-service training days were scheduled (an average of 68 days per quarter), with 4,103 attendees (duplicated count) participating in in-service training through the Child Welfare Academy. An additional 609 slots were utilized by child welfare staff through the UMB Continuing Professional Education program. (CWA Annual Report, SFY17)

In the future, responses to relevant evaluation questions - (1) this training was relevant to my role and responsibilities, (2) as a result of this training, I have new tools and strategies that I can use on the job, and (3) the information I learned today will make me a more effective worker - can be aggregated across CWA trainings rather than at just the individual training level, to provide a more global picture of intent to transfer. For example, a report can be provided that indicates what percentage of CWA training participants over a specified period of time “agreed” or “strongly agreed” that the training they received was relevant to their role and responsibilities, provided them with actionable new tools and strategies to use on the job, and will make them a more effective worker.

## Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

### State Response:

SSA partners with CWA, DHS's Local Departments of Social Services (LDSS), Maryland Resource Parent Association (MRPA), Maryland's Foster Parent Ombudsman to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of congregate care facilities that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. The CWA has designated a Resource Parent Training (RPT) Program Manager to assist in developing and coordinating the delivery of training for resource families. An online training calendar and brochure are made available to all resource parents as well as to LDSS Assistant Directors and the Foster Parent Ombudsman for dissemination to resource parents. In addition an electronic notification of workshops is sent to all resource parents who previously enrolled in courses. Curriculum for the resource parents is created by DHS's SSA Training Department, The University of Maryland School of Social Work, and by Maryland resource parents. Aside from the mandatory trainings set forth by COMAR 07.02.25, trainings are developed based on training evaluations that resource parents are required to provide after pre-service and in-service trainings.

### Foster and Adoptive Parent Training

#### ***Public Resource Parent Training***

All resource parents are required to participate in pre service and in-service training. During the resource parent approval process, 27 hours of pre-service PRIDE training is required which includes the Reasonable and Prudent Parent Standard, as outlined in the PB113-183 Strengthening Families Act. Resource parents are encouraged to consult with their resource home worker when deciding what trainings to take. Pre-Service trainings are offered at the LDSS. Each LDSS provides a monthly training calendar with various days and times in which resource parents can take the Pride Trainings.

In addition to pre service training, approved public resource parents are also required to complete 10 hours of in-service continuing education training per year. SSA offers resource parents a variety of ways to obtain their annual in-service trainings. The CWA offers a wide

array of training topics quarterly, trainings are offered on an ongoing basis throughout the year at the local departments, and a Resource Parent conference is offered twice per year.

Foster and Adoptive Parent training is tracked in MD CHESSIE and the CWA. The current data is listed below:

**Reporting Time Period: May 1, 2017 - December 19, 2017**  
**Total Providers: 1341**

**In-Service**

Total No. of Providers	Providers with 10 or more hours
984	375 (38%)

**Pre-Service**

Total No. of Providers	Providers with 27 or more hours training
191	166 (87%)

The data above shows that 87% of the all public resource providers met both the in-service and pre-service training requirements for this reporting period. When looking at pre-service and in-services separately, 87% of public resource parents completed pre-service trainings and 38% of public resource parent’s completed in-service trainings. Compliance with pre-service decreased slightly, while in-service compliance increased slightly from the previous reporting period. Compliance with both training requirements is mandatory in order for a public resource provider to be initially certified and maintain their certification per COMAR 07.02.25. LDSS are responsible for ensuring that the training requirements are met and documented in MD CHESSIE. If the required annual training is not completed, LDSS are required to place the resource home on hold until the training is completed thereby bringing the home into compliance. Failure to complete the required annual training can result in the LDSS closing the resource home for non-compliance.

SSA conducts quarterly reviews of the resource home records and provides technical assistance to LDSS to course correct and address any concerns. SSA Research and Evaluation and Resource home units have met to discuss the data and determine mechanisms to ensure data accuracy.

The CWA conducts evaluations after all foster parent trainings offered. The evaluations include questions that seek to determine the impact of training on a foster parent’s sense of competency to meet the needs of the children in their care. Listed below are the responses to these specific questions from evaluations completed for sessions held between July - September 2017.

<b>Response:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Response</b>	<b>Total</b>
I will be able to apply the knowledge learned from this training.	98 (71%)	38 (28%)	0	0	1 (1%)	137

Section IV: Assessment of Systemic Factors

Response:	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response	Total
The training was relevant to my role as a resource parent.	99 (72%)	38 (28%)	0	0	1 (1%)	138
The information I learned today will make me a more effective resource parent.	94 (68%)	42 (31%)	0	0	1 (1%)	137
This training met my expectations as a resource parent.	97 (70%)	38 (27%)	1 (1%)	1 (1%)	1 (1%)	138

Both public and private resource parents are given this survey to complete. SSA tracks the percentage of resource parent's ability to apply the knowledge they have acquired from the training. This enables SSA and the CWA to effectively evaluate the content of the in-service and pre-service trainings. The participant evaluation also provides space for additional comments or requests for additional training. The information from the evaluations is used to determine subsequent training topics, processes, and workshop conference topics. Trainings are revised, removed, and/or added based on the results of such surveys.

In addition to the trainings offered by CWA, other training opportunities may also be available to public resource providers through LDSS. These opportunities may be conducted by LDSS staff or guest speakers from such places as community hospitals, schools, and local police, fire and health departments. Medical and/or mental health training is also widely available to help resource parents understand the emotional needs of their foster child and learn valuable parenting skills. DHS/SSA contracts with the Maryland Resource Parent Association to sponsor two annual regional conferences, with planning assistance from the LDSS and local foster parent associations.

**Private Resource Homes (CPA and Group Homes):**

All Private Resource Home staff and parents are required to have all training outlined in COMAR. The training requirements vary for CPAs and Group Homes.

Group Homes:

The training requirements for Group Home is listed in COMAR 10.57.03.03 A (2). Required training varies based on position:

- RCC Direct Care staff: **40 hours of initial and annual training** and must pass a Residential Child & Youth Care Practitioner (RCYCP) Board approved written examination.
- RCC Program Administrators are required to become certified and receive training hours as well. Part of their recertification includes obtaining 40 hours of training every 2 years.

All staff training curricula must be approved by the licensing agency per COMAR 14.31.06.05 F (3). To ensure that Residential Child Care Program Professionals (RCCPP) meet the certification requirement DHS's Office of Licensing and Monitoring (OLM) reviews the list of certified Residential Child & Youth Care Program Professionals provided by the Board to ensure that all direct care staff working with youth are certified.

Documentation of training is maintained in the employee record and reviewed by the OLM



licensing coordinator quarterly. Training documentation is also submitted as part of the recertification application to the RCCPP Board. Licensing Coordinators also interview a random sample of staff on various subjects, including training. Interviews include questions related to whether they have received the necessary training to perform their job duties or to care for the youth in their home, and whether or not they felt that the training was useful. Results of the SFY17 review are listed below:

# of RCC employee records reviewed*	Compliant for Training	Non-Compliant for Training
634*	606 (96%)	28 (4%)

\*The sample is based on a 2 year licensing cycle, which may contain quarters in at least 1 or 2 other fiscal years. OLM meets the requirement of sampling 10%+10 (Max 20) per licensing cycle.

Programs that have not provided the required training are cited and must complete a Corrective Action Plan.

CPA homes

Supervisors and Child Placement Workers employed by Child Placement Agencies are required to receive at least 20 hours of training activities during each employment year and the Chief Administrator annually receives at least 10 hours of training per COMAR 07.05.01.16 B (3). The required training topics are listed in COMAR 07.05.01.16 B (1).

Child Placement Agencies must also provide 27 hours of initial training to all foster parent applicants and document the foster parent applicant’s understanding of the training and material. In addition, foster parents must receive an additional 10 hours of training every year prior to being recertified as a treatment foster parent. Training provided is the same training provided to public resource homes. Failure by the foster parent to complete the annual training hours will cause their certification to be suspended or denied.

To monitor compliance with training requirements OLM Licensing Coordinators complete regular reviews of provider agency records. As of October 31, 2017, there are approximately 1674 certified CPA homes by Child Placement Agencies. SFY17 monthly safety data reports show the following:

# of CPA home records reviewed*	Compliant for Training	Non-Compliant for Training
390*	378 (97%)	12 (3%)

\*The sample is based on a 2 year licensing cycle, which may contain quarters in at least 1 or 2 other fiscal years. OLM meets the requirement of sampling 10%+10 (Max 20) per licensing cycle.

DHS’s OLM also holds quarterly meetings with all of the licensed providers (RCC and CPA) to provide training on COMAR requirements as well as review current trends and youth needs, etc. (example: Reasonable and Prudent Parenting, Grief and Loss).

## E. Service Array and Resource Development

### Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

#### State Response:

##### ***Services that assess the strengths and needs of children and families and determine other service needs***

Through the use of flex funds LDSS's provide services that assess the strengths and needs of children and families and determine other service needs. In SFY17 just over 1000 children/families were provided an assessment service. Services provided included:

- Mental Health Evaluation
- Psychiatric Evaluation
- Psychological Evaluation
- Drug and Alcohol Assessment

##### ***Services that address the needs of families in addition to individual children in order to create a safe home environment and/or enable children to remain safely with their parents when reasonable***

SSA funds a number of services through the LDSS that are designed to address the needs of families in addition to individual children in order to create a safe home environment and/or enable children to remain safely with their parents when reasonable. The array of services funded is based on the jurisdiction's needs and are intended to fill service gaps within each jurisdiction. The table[s] below outline the array of evidenced based services and supports that were funded in SFY17:

#### **Funding Category: Parent Education**

**Definition:** Evidence based/informed parent skill building/training programs designed to help develop positive relationships and attachments between parents and their children, build parental social supports and problem solving skills, increase the knowledge and utilization of effective parenting tools, and promote

child social competence, emotional regulation, and problem solving with the goal of reducing the risk of child abuse and neglect.

Services Funded	Jurisdiction(s)
Incredible Years	Allegany, Garrett
Nurturing Parenting Program	Harford, Kent, Queen Anne's, Talbot,
Healthy Families America	Charles, Harford, Kent, Queen Anne's, Somerset
Strengthening Families Program	Prince George's, Somerset, St. Mary's

**Funding Category: Substance Use**

**Definition:** Evidence-based/informed substance use disorders interventions and supports provided to children and families involved with or are at risk of involvement with child welfare and are impacted by substance use.

Services Funded	Jurisdiction(s)
Safe Babies Court	Frederick
Families in Recovery	Caroline
Trauma Recovery and Empowerment Model (TREM)	Charles
Substance Use Disorder Services and Supports	Anne Arundel, Baltimore County, Montgomery, Wicomico

**Funding Category: Behavioral/Mental Health**

**Definition:** Mental/behavioral health evidence based/informed services and/or supports focused on keeping children in their homes and enhancing the caregiver's sense of competency in managing challenging behaviors.

Services Funded	Jurisdiction(s)
FFT	Anne Arundel, Baltimore County, Carroll, , Harford, Howard,
PCIT	Anne Arundel, Carroll
MST	Frederick, Prince George's, Washington
Trauma Focused Cognitive Behavioral Therapy(CBT)	Calvert, Washington
PfS/CBT+	Baltimore County
Seeking Safety	Allegany

In addition to evidenced based practices, many jurisdictions are also funding other services designed to meet the needs of the children and families in their local communities. The types of services funded in SFY17 include the following:

- Family Support services and supports linked to needs identified in individual child and family service plans for children and families involved in or at risk of involvement with the

child welfare system focused on preventing entry or reentry into out of home care and/or improving the safety, permanency and well being of children and, youth, and families.

- Home visiting programs for pregnant and parenting teens providing psycho-educational groups , intensive case management (Howard)
- Services offered at family support centers to include child care services, case management, parenting education workgroups for mothers and fathers, child development, health education, life skills training, and home visitation (Frederick , Washington, and Carroll)
- Respite services (Talbot and Wicomico)
- Support services (i.e. parent education, emotional support for family members, modeling appropriate/healthy behaviors, financial and home management skills) for families in which a behavioral health issue has been identified as one of the primary reasons for children to be assessed as “at risk” of maltreatment (Worcester)
- Early assessment and early intervention program focusing on preventing child abuse and neglect by providing screening, referral and intervention services to families. (Harford)
- In-home intervention for families to increase attachments through appropriate interaction for bonding. (St. Mary’s)
- In-home parenting services and a 6-week parenting group provided to at-risk families (Calvert)

SSA also contracts with a variety of community providers to provide additional support services to children and families. These services include:

- Parent Stressline is a statewide telephone 24-hour, toll free stressline that serves as a resource for parents in crisis who may have nowhere else to turn for immediate intervention, information, and/or referrals. Information or support provided addresses an array of issues including concerns related to child development, appropriate discipline methods, parent-child interactions, concerns that children have, referrals to social service agencies, or other emergency situations. In SFY17 6404 calls were received by the Parent Stressline.
- Lay Therapy Home Visitation Program is designed to prevent child abuse and/or neglect by improving parents’ self-esteem, reducing feelings of isolation, providing viable alternatives to corporal punishment, and strengthening parent-child relationships. In SFY17 100 families were served.
- Parenting Education Classes are designed to teach parenting and child development skills, build self-confidence in parents, and strengthen parent-child relationships. In SFY17 707 individuals were served.
- Parent Support Groups are weekly community- based support groups designed for parents who have: 1) abused and/or neglected their children; 2) are at risk for abusing and/or neglecting their children; or 3) feel overwhelmed or isolated and need support to assist them with parenting. The purpose of the groups is to encourage open dialogue and discussions between parents with the assistance of a trained facilitator. In SFY17 286 families were served.
- Family Connections Program (FCP), Grandparent Connections supports grandparents raising their grandchildren keeping them safe from abuse and neglect and out of the child welfare system. Services include assessment, planning, and referrals to services and/or resources; individual, conjoint, family and group counseling; case management; provision of concrete resources; and advocacy and are provided in the home or other relevant locations in the community over a six month period. In SFY17 FCP provided services to a total of 75 families including 185 children living in West Baltimore.

In addition to services directly funded by the agency, LDSS can access an array of services funded by other state agencies for which the children and families served may be eligible. The Maryland Department of Health (MDH) supports an array of statewide behavioral health services through the Public Behavioral Health System to those individuals that are Medicaid eligible. Key services available include:

- **Assertive Community Treatment (ACT) and Mobile Treatment Services:** An intense service for individuals at high risk of frequent hospitalizations, jail or homelessness. ACT is designed as a short term intervention that assists individuals in the community and connects individuals to less intense levels of service.
- **Case Management:** Mental Health case management services that connect individuals to medical, child welfare, employment and other services to support individuals live independently of services.
- **Community Support:** Services provided in the community that provide supports in utilizing skills that help individuals in living, working, learning and participating fully in their own community.
- **Crisis Intervention:** Mental health crisis services designed to reduce symptoms and stabilize individuals.
- **Supported Employment:** Services that assist individuals in preparing to work, finding a competitive job, and receiving support in the workplace.
- **Psychiatric Rehabilitation Programs (PRP):** Services provided in conjunction with mental health services to assist in building skills to help individuals live, work, learn, and participate fully in their community.
- **Therapy and Counseling:** Individual and family treatment services provided by a licensed clinician.

MDH also supports

- **Mobile Crisis Teams,** available in many communities across the state, which dispatch mental health professionals to community locations to provide immediate assessment, intervention and treatment to people experiencing a psychiatric emergency. Teams work in partnership with other community resources such as the police, crisis intervention agencies, shelters and others.
- **Youth Crisis Hotline and Maryland Crisis Hotline** to provide 24-hour crisis intervention and supportive counseling hotline for suicide, family and relationship problems, shelter needs, violent or threatening domestic situations, loneliness, depression, chemical dependency issues, and others.

In addition to these services DHS/SSA collaborates with MDH to fund crisis services specifically for the child welfare population. These services are designed to improve the stability of family placements and provide preventive services in the following counties: Allegany and Garrett Counties (Regional); Anne Arundel; Baltimore City; Baltimore County; Queen Anne's, Caroline, Dorchester, Kent and Talbot Counties (Regional); Wicomico, Worcester, and Somerset Counties (Regional); Harford; Prince George's; and Washington. Services provided included 24/7 crisis services to families, either for youth placed in foster care or for children in their own home; in-home services provided to foster/kinship homes where DSS children are placed, or children who continue to reside with families but are involved with DSS; intensive community-based services to families. In SFY17 617 families received these services

In addition to MDH, the Maryland State Department of Education (MSDE) supports an array of early care and education programs including Infant and Toddlers, Early Head Start and Head Start, High Quality Child Care, and Early Childhood Mental Health Consultation

To assist with accessing services, Kinship Navigators are available in each jurisdiction. Kinship Navigators are knowledgeable about community resources and tasked with engaging and assessing the strengths and needs of kinship care families, providing information and referrals, and linking families to local services including but not limited to education, medical, nutrition, mental health, legal, housing, and applying for TANF, SNAP, and Medical Assistance benefits. In addition to linking families to services, monthly caregiver support groups in some LDSS are facilitated to address the individualized service needs of relative caregivers and children.

***Services that help children in foster and adoptive placements achieve permanency.***

Each local department receives an allocation for Time-Limited Reunification through the Promoting Safe and Stable Families (PSSF) grant to help families address issues or conditions that led to the removal of the child so that the child can be safely reunified. Funds must be spent only on families with children in care 15 months or less. Funds can be spent on the following services:

- Individual, group and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Mental health services;
- Assistance to address domestic violence;
- Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries;
- Peer-to-peer mentoring;
- Support groups for parents and primary caregivers; and
- Services and/or activities to facilitate access to and visitation of children with parents and siblings

Each local department also receives an allocation for Adoption Promotion and Support Services through the PSSF grant to support to adoptive families in the adoptive process. The following is a list of many services and/or activities that the local departments have provided with these funds:

- Psychological Evaluations
- Respite Care
- Summer camps
- Specialized therapeutic services
- PRIDE classes to license families to be foster/adoptive parents
- Support the local adoption network which provides training and a support network for adoptive families
- Legal services
- Adoption counseling and therapy
- Adoption recruitment activities and/or events
- Tutoring
- Therapeutic recreational activities
- Child care
- Monthly foster and adoptive parent support groups

### Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

#### State Response:

CANS and CAN-F assessments are utilized as consensus building tools to collaborate with families on identifying strengths and needs and developing service plans. The Families Blossom Place Matters (Maryland’s Title IV-E Waiver Demonstration Project) evaluation is assessing the connection between the CANS-F and service plans. In the most recent evaluation report covering the period, January - June 2017, 60 cases were randomly selected for review. Eligible cases had to have both an initial and closing CANS-F and were opened between July 1, 2016 – December 31, 2016. Of the 60 cases that were reviewed, 22% (n = 13) of cases contained service plans that were aligned with the initial CANS-F assessment. About 40% (n = 24) were partially aligned, and the remaining 38% (n = 23) did not demonstrate clear evidence of connections between the CANS-F assessment and the service plan.

LDSS often utilize flex funds to meet the individualized needs of children and families that are specifically identified in individual child and family services plans. Approximately 3000 children and/or families received the following types of services in SFY17:

Service Category	Types of Services
Educational	<ul style="list-style-type: none"> <li>• Special Education</li> <li>• Educational-High School</li> <li>• Child Care</li> <li>• Child Development</li> <li>• Tutoring</li> <li>• General Educational Academic Support</li> <li>• Educational-Higher Education</li> <li>• Adult Literacy Services</li> </ul>
Employment	<ul style="list-style-type: none"> <li>• Vocational</li> <li>• Career/Employment Preparation</li> </ul>

Service Category	Types of Services
Health	<ul style="list-style-type: none"><li>• Medical</li><li>• Eye Care</li><li>• Dental</li><li>• Health maintenance</li><li>• Family planning</li></ul>
Parenting	<ul style="list-style-type: none"><li>• Parenting Skills Training</li></ul>
Behavioral Health	<ul style="list-style-type: none"><li>• Individual Counseling</li><li>• Family Functional Therapy-EBP</li><li>• Family Therapeutic Recreation</li></ul>
Supports	<ul style="list-style-type: none"><li>• Respite Care</li><li>• Social Participation</li><li>• Mentoring</li><li>• One-on-One</li></ul>
Emergency	<ul style="list-style-type: none"><li>• Emergency Shelter</li><li>• Crisis Counseling</li></ul>
Recreation	<ul style="list-style-type: none"><li>• Summer Camp Activities</li><li>• YMCA/YWCA</li></ul>



## **F. Agency Responsiveness to the Community**

### **Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR**

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

#### **State Response:**

Social Services Administration has included community and stakeholder input into its implementation structure and has demonstrated commitment for providing a variety of venues for input and partnership. These include:

#### **Outcomes Improvement Steering Committee and Workgroups**

- The steering committee meets bi-monthly and the workgroups meeting at least monthly. Each group includes representation from local departments of social services, providers, stakeholders, technical assistance partners as well as SSA central staff.

#### **Social Services Advisory Board**

- Meets quarterly
- Membership include other state agencies, providers, local departments as advocates
- Share data and outcomes, identify shared target areas, explore successes and identify gaps

#### **Provider Advisory Council and Residential Treatment Center Council**

- Meets every other month
- Includes representation from SSA, OLM and the variety of provider agencies
- Discuss current and changing policy; analyze data and outcomes; collaborate in rate reform planning; respond to immediate needs for placement resources

#### **Statewide Council on Child Neglect and Abuse and Citizen Review Boards**

- Quarterly and annual reviews provided by the citizen boards with recommendations to SSA on areas of improvement. DHS/SSA meet with leadership throughout year to strategize on continued progress in identified areas.

**Foster Care Court Improvement Project**

- Work jointly with FCCIP on mutually agreed upon areas including permanency, substance exposed newborns and trafficking.

Social Services Administration has hosted a number of regional collaborative that have included Maryland State Department of Education regarding preparation for ESSA implementation. In addition, collaborative have been held related to Substance Exposed Newborns, and trafficking.

## Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

### State Response:

SSA and LDSS partner with community stakeholders to expand the resources and supports available to youth who are committed to Maryland's child welfare system. Local schools, organizations, businesses, community leaders and residents share responsibility for the successful outcomes of youth in their community. In collaboration with the community SSA ensures youth are informed on where resources and opportunities are made available to them so they can reach their full potential.

SSA collaborates with Family Investment (Workforce Development, TANF, SNAP, and SSI) and Child Support Administration to link youth in care for eligible federal benefits and federally assisted programs. The Ready by 21 manual provides guidance on the Transitional planning process which encompasses pertinent information on benefits youth may be eligible to receive upon leaving out-of-home placement. The Annual Notice of Benefits is introduced beginning at age 13 and every year thereafter during permanency planning or court review hearing. The benefits outline information on tuition assistance, health care benefits, housing, job training, internship opportunities, rights and procedures for re-entering care.

The table below outlines the percentage of youth in care who received identified benefits between April – September 2017:

<b>AFCARS Data April - September 2017 Total Youth Population - 4991</b>	<b>Number</b>	<b>%</b>
E59 Title IV-E (Foster Care-Source(s) of Federal Support)	1836	37%
E60 Title IV-E (Adoption Assistance Source(s) of Federal Support)*	0	0%
E61 Title IV-A (Aid To Families With Dependent Children- Source (s) of Federal Support)	431	9%
E62 Title IV-D (Child Support Source(s) of Federal Support)	407	8%
E63 Title XIX (Medicaid)	4093	82%
E64 Federal Funds - SSI or Other SSA Benefits	449	9%

\*Adoption subsidy can only be paid after adoption.

SSA has extended partnerships or agreements with the major Credit Bureau agencies,

University of Maryland (Thrive@25 and Youth Reach MD), Foster Care to Success, Maryland Department of Transportation, Social Security Administration, Department of Housing and Community Development, Governor's Office of Crime Control and Prevention, Job Corps, Workforce Development, and Vehicle for Change.

In addition, DHS/SSA held convening's around the state between October and November 2017, to support LDSS and LEAs in drafting or updating exiting MOUs to ensure compliance with The Every Student Succeeds Act (ESSA). ESSA amended §725(2) of the McKinney-Vento Act by removing children "awaiting foster care placement" from the definition of "homeless children and youths" for purposes of administering the Education for Homeless Children and Youths program. The change in definition went into effect in Maryland on December 10, 2017. As a result of these meetings all jurisdictions now have MOUs in place that establish joint procedures by which both MDSE and DHS will support the education stability, school enrollment, transportation and opportunities for school success for students in foster care, and are consistent with the requirements set forth in federal and state laws and regulations.

SSA also has data sharing agreements with MSDE through FIA to provide information on all school aged children who are in out of home placements that are eligible for the federal free and or reduced lunch program. These agreements help support the nutritional needs of all school-aged children receiving meals in school or school based programs.

Finally, SSA has agreements with the Department of Housing and Community Development to provide housing choice vouchers for families with children who are homeless or at risk of becoming homeless. These homeless prevention vouchers support families with children secure a stable and safe living environment. There are currently 82 households receiving Housing Choice Vouchers under the Family Unification Program and 23 pending applications in the Eastern Shore region, Allegany, Garrett and Frederick Counties.

## G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

### Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

#### State Response:

The licensing, recruitment and retention of public resource homes is handled by LDSS with guidance and technical assistance provided by DHS/SSA. OLM, within DHS, monitors Maryland licensed Child Placement Agencies (CPA) license regarding the recruitment and retention of treatment resource homes. Maryland's Code of Maryland Annotated Regulations (COMAR section 07.02.25) outlines the requirements for the approval and licensure of foster family homes and child care institutions. These regulations ensure that standards are applied equally across the State.

#### Child Placement Agencies and Residential Group Homes:

DHS's OLM is responsible for ensuring that group homes and child placement agencies are in compliance with the safety requirements and are in compliance with regards to licensure of their program and certification of foster parents. There are strict guidelines in place to ensure compliance, and sanctions if the agencies are found to be out of compliance. These requirements are applied equally and there are no instances of exceptions or waivers in regards to the RCC licenses or the CPA home certifications. To ensure uniformity in private resource (CPA) homes, OLM is currently reviewing provider cases on a quarterly basis to ensure criminal background checks are completed and reviewed equally. OLM provides quarterly reports to DHS/SSA's Contracts Unit regarding compliance with the safety requirements. As of October 31, 2017, there are approximately 1674 certified CPA homes by Child Placement Agencies. All programs are monitored quarterly by OLM and monthly reports are reviewed by Quality Assurance staff. Annually, a random sample (10+10% with max 20) of CPA home records is reviewed by licensing coordinators. SFY17 compliance rates are listed below for Residential Child Care programs and CPA homes.

Residential Child Care Programs (SFY'17)

# of RCC Providers (includes each monitoring visit)	Compliant	Non-Compliant
166 *	94 (57%)	72 (43%)

(\*41 providers x 4 quarters = 164 + 1 provider x 2 quarters = 166)

CPA homes (SFY'17)

# of CPA home records reviewed	Compliant	Non-Compliant
390*	347 (89%)	43 (11%)

\*The sample is based on a 2 year licensing cycle, which may contain quarters in at least 1 or 2 other fiscal years. OLM meets the requirement of sampling 10%+10 (Max 20) per licensing cycle.

Non-compliant RCC programs are required to submit a Corrective Action Plan to DHS/OLM to correct the areas on non-compliance. The licensing coordinator reviews the CAP response and confirms the CAP implementation during a follow up visit. If the non-compliant items are not corrected and require further action then a moratorium, suspension or revocation of the RCC license is completed.

CPA homes are also required to submit monthly safety reports to OLM, documenting the status of all certified treatment foster parents which includes the date of the treatment foster parents certification and recertification.

All programs are monitored quarterly by DHS's OLM. Documentation must be in each treatment foster parent's record, demonstrating that the initial certification and recertification requirements were met. Furthermore, Licensing Coordinators interview a random sample of certified treatment foster parents on various subjects, including certification requirements. They are questioned as to whether they have received the necessary training to perform their job duties or to care for the youth in their home, and whether or not they felt that the training was useful. Programs that have not provided the required elements of the foster home certification are cited and must complete a Corrective Action Plan.

DHS's OLM holds quarterly meetings with all of the licensed providers (RCC and CPA). These quarterly meetings provide clarification and training on COMAR requirements and their implementation.

### **Item 34: Requirements for Criminal Background Checks**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

#### **State Response:**

The criminal background investigation must be requested of the Criminal Records Central Repository before a foster or adoptive home can be approved for the placement of a child. Every individual required to obtain a criminal background investigation must complete a sworn disclosure statement and fingerprint card. The request for the background check must be documented in the case record.

Children in relative placements may be placed in the home prior to receipt of the completed background investigations, provided every other part of the home study application has been satisfactorily completed, there are no questions regarding the appropriateness of the home and the required Application for Criminal Background Check and Disclosure Statements have been signed, forwarded to the Central Repository, and acknowledgement of receipt is returned to the LDSS.

Any individual who fails to disclose a conviction or the existence of pending charges for a criminal offense is guilty of perjury and may be prosecuted. If the individual is a foster parent applicant, an adoptive parent applicant, or a relative with whom the child has been placed pending receipt of the criminal background investigation, the child must be removed from the home and an alternative placement must be made immediately.

Currently public resource parents are required to report to the LDSS when a family member reaches 18 years of age or if a household member moves into the home that is age 18 years or older. The local department is responsible for ensuring that these criminal backgrounds are completed and documented in MD CHESSIE.

Criminal incidents or "hits" are received by the LDSS from the Criminal Justice Information Services (CJIS), indicating if a resource parent or household member has a recent criminal finding. Based on this information, the local department is responsible for following up with the resource home regarding the incident and determine if action is needed.

Incidents of maltreatment regarding a resource home are reported to the resource home unit within the local department, and the home is placed on hold pending the investigation. DHS/SSA receives the reports when there is an indicated maltreatment finding. LDSS receives all alleged CPS maltreatment reports (public and private) via the LDSS screening unit and are investigated by the local departments. Currently, if a resource home is

being investigated for an allegation of abuse and/or neglect, the home is placed on hold by the LDSS and the safety and well-being of the children currently placed in the home is assessed to determine if a removal is warranted. The home remains in a hold status (unable to receive placements) until there is a disposition concluded and a determination is made as to whether or not the resource home can continue to receive placement, and if so, under what conditions. Resource parents have a right to appeal the CPS maltreatment finding, and their home is then placed on “hold” pending the appeal at the Office of Administrative Hearings.

COMAR Regulations that apply to provisions for addressing the safety of foster care and adoptive placements for children are COMAR 07.02.25.15, Annual Reconsideration; COMAR 07.02.25.16, Complaints Regarding Abuse and Neglect, or Both, in Approved Resource Homes; and COMAR 07.02.25.17, Suspension and Revocation. When there are reporting incidents, the local departments assess for safety and investigate to determine the safety of the youth placed in all resource homes.

LDSS staff monitor the resource homes which they approve. LDSSs consistently follow the requirements to complete the Child Protective Services (CPS) clearances and federal and state criminal background checks. This data is documented and MD CHESSIE data is reviewed to ensure compliance. DHS/SSA will continue to monitor to ensure that documents are scanned into the MD CHESSIE file cabinet. LDSSs also maintain the hard copies in the paper file. In those instances where the LDSS Director has approved an exception for a home where there was a prior CPS finding or criminal background check, the written documentation of the approval must also be placed in the file cabinet.

Compliance with criminal background checks is mandatory for the completion of all resource home providers. In order for a resource home to be approved by administrations in DHS’s Local Departments of Social Services, all criminal background checks must be completed and approved. The LDSSs cannot approve a resource home without criminal background checks completed by all household members ages 18 and over.

**COMAR/Process:**

COMAR 07.02.25.04 requires State and federal criminal background investigations and Child Protective Services Clearances of applicants seeking approval as foster or adoptive parents. Before a resource home may be approved, an applicant and all household members age 18 and older must apply for a State and federal criminal background investigation. Once the resource home is approved, if any new members of the household age 18 years and older join the house, they shall apply for a criminal background investigation within 30 days of moving into the household. The resource home worker receives “ticklers” from CHESSIE indicating that a member has turned 18. If any household members turn 18, they shall apply for a criminal background investigation within 30 days of their 18th birthday. DHS may not approve or continue to approve a foster and/or adoptive home in which an adult in the household has:

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

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

- The applicant’s ability to execute the responsibilities of a resource parent
- The ability of the LDSS to achieve its goals in providing service to children in out Out-of-Home Placement



- The safety of children in Out-of-Home Placement

Based on this review, the local Director has the authority to approve, deny, suspend, or revoke a resource home approval. Before a resource home is approved, the local department shall request information from the child abuse and neglect registry maintained by any state in which an applicant or another adult in the household has lived within the past 5 years, to determine whether an individual in the household has a prior finding of abuse or neglect. If the review of the records reveals a pending investigation, a decision may not be made as to the use of the home until the investigation is complete. The local department may not approve or continue to approve as a resource home any home in which an individual has an indicated child abuse or neglect finding, unless a waiver is granted in writing by the LDSS Director.

Additional screening tools utilized by the DHS to maintain compliance with federal and Maryland regulations Criminal and Protective Services include the Enhanced FBI Clearance Report Child Abuse and Neglect Registry; the Maryland Sex Offender Registry; the Motor Vehicle Administration; Investigative Search Engines and the Maryland Judiciary Case Search. In October 2010, DHR's local departments began receiving complete federal rap sheets from the FBI, when fingerprints were submitted for anyone in the State of Maryland who works with children. Before a resource home can be approved, the LDSS requests information from the Child Abuse and Neglect Registry, which is maintained by the State of Maryland. The Registry determines whether a foster/adoptive applicant or any adult household member that has resided in the household for the past 5 years has a prior finding of abuse and/or neglect.

**Public Resource Home Compliance:**

DHS/SSA plans to pull a random sample of public resource homes cases on a quarterly basis to specifically review the criminal background investigation for cases in public resource homes. When cases have indicated findings and the criminal background checks are indicated or unsubstantiated, and a Director's waiver is not in the MD CRESSIE file cabinet, DHS/SSA requests the waiver from the LDSS. The review also captures new adult household members or frequent visitors, who were added to the public resource home case, and to ensure the CPS/Criminal Background check were completed and the clearances are in the MD CRESSIE file cabinet. DHS pulls incidents of "hits" quarterly from CJIS to ensure that these reports are being followed-up on by the LDSSs.

**Private Resource Homes (CPA and Residential Group Homes):**

All Residential Child Care Providers (RCC) and Child Placement Agencies (CPA) are required to receive and review criminal background checks.

RCC personnel records must contain documentation of the criminal background check request and a copy of the initial outcome and any periodic updates. Employees are not allowed to have unsupervised contact with the children until the RCC provider has received the results of the criminal background check, per COMAR 14.31.06.06.

Child Placement Agencies are required to receive the results of the criminal background check before an employee, volunteer, or governing board member who has close proximity to children, are approved for employment or volunteer work, per COMAR 07.05.01.09. In addition, CPAs are required to receive and review the criminal background check results before a CPA home can be certified per COMAR 07.05.02. When a household member turns 18 years of age prior to the next annual certification, criminal background checks are required per COMAR 07.05.02.16 (G).

In addition, clearances are reviewed to ensure that there are no disqualifying convictions or findings documented. If a disqualifying conviction or finding exists on the clearance, the identified person is not eligible to be an employee, foster parent, volunteer, intern or Board member. Disqualifying convictions and findings are listed in COMAR 07.05.01.09, 07.05.02.13, 14.31.06.04, and 14.31.06.05.

Through the State Criminal Justice Information System, each RCC and CPA agency receives an authorization number and will be informed if there are any criminal charges after the person is hired.

Incidents of maltreatment regarding a CPA or group home are reported to the LDSS/CPS unit, OLM, and private provider agency. With CPA homes, they are placed on hold pending the investigation and youth are removed, if warranted. DHR/OLM receives the reports when there is an indicated maltreatment finding. Regarding Group Homes, the private provider agency provides an initial and final written plan to OLM regarding the circumstances, actions taken to ensure safety of youth (to include removal of staff, if necessary) and potential corrective action to be taken for compliance.

Child Placement Agencies and Residential Child Care providers are required to submit a Critical Incident Report Form to OLM via the [olm.incidents@maryland.gov](mailto:olm.incidents@maryland.gov) email account. This email account is monitored daily by a Licensing Coordinator, who processes all reports as part of coverage responsibilities. There is a rotating monthly coverage schedule for Licensing Coordinators. All incidents are reviewed, logged, and forwarded (as appropriate) to OLM and SSA staff for further review, investigation and follow up. The CPA and RCC providers are required to report Critical Incidents per COMAR 07.05.01.08 A (CPAs) and 14.31.06.18 A(2) (RCCs).

Additional screening tools utilized by CPA and RCC providers to maintain compliance with federal and Maryland regulations include the Maryland Sex Offender Registry; the Motor Vehicle Administration driving record; Child Support clearance and the Maryland Judiciary Case Search.

Listed below is the SFY17 federal clearance compliance data for Residential Child Care Programs and CPA Homes:

Residential Child Care Programs (SFY'17)

# of RCC employee records reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
634*	629 (99%)	5 (1%)

CPA homes (FY'17)

# of CPA home records reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
390*	390 (100%)	0 (0%)

\*The sample is based on a 2 year licensing cycle, which may contain quarters in at least 1 or 2 other fiscal years. OLM meets the requirement of sampling 10%+10 (Max 20) per licensing cycle.

### Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state’s process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

#### State Response:

LDSS have the responsibility to recruit and retain all of their public resource parents. The recruitment strategies are based on the individual jurisdictional need as well as the overall statewide representation of youth in care. LDSS receive racial demographic data per jurisdiction from SSA as well as have their own internal tracking system on the demographic data of resource homes. This data is used to determine the number of resource homes needed for the number of youth in the county. The racial composition of youth in care and providers for SFY17 is listed below:

Race	Youth in Care	%	Provider Racial Ethnicity	%
Black	4244	59%	1787	51%
White	2070	28%	1167	33%
Hispanic	465	11%	225	6%
Asian	40	.6%	7	.2%
American Indian	6	.08%	4	.1%
Native Hawaiian Pacific	4	.06%	0	0%
All others (Refused, Unable to Determine)	83	1%	57	2%
Missing/Unknown**	341	5%	237	7%
<b>Total</b>	<b>7,253</b>	<b>--</b>	<b>3,484</b>	<b>--</b>

Refused, Unable to Determine is utilized if an individual doesn’t want to indicate race or does not identify with the options provided. Missing/Unknown data indicates that data has not been entered. We are attempting to reduce these numbers by ensuring workers are making attempts to obtain racial demographics and inputting the information into our system.

LDSS's submit annual recruitment and retention plans that are reviewed by SSA. These plans focus on the individual recruitment needs of the particular jurisdiction and include general, child-specific, and targeted recruitment activities. Quarterly updates are provided by LDSS's to ensure that they are effectively recruiting and retaining resource parents. SSA communicates with the local departments and provides feedback on general, child-specific, and targeted recruitment as it relates to racial demographics via technical assistance. SFY17 plans included the following statewide recruitment needs:

- Sibling groups (7 Jurisdictions)
- Teens (14 Jurisdictions)
- Children/youth with higher levels of needs (10 Jurisdictions)
- Infants and Young Children (5 Jurisdictions)
- LGBTQ children/youth (1 Jurisdiction)
- Minority groups (2 Jurisdictions)
- Children between the ages of six to twelve (1 Jurisdiction)
- Drug exposed newborns (1 Jurisdiction)
- Youth eligible for Kinship Care (1 Jurisdiction)
- Child Specific (1 Jurisdiction)
- Children/Youth aged seventeen (17) and younger (2 Jurisdictions)

Two jurisdictions, with a higher population of Latino youth, have concentrated their recruitment efforts on recruiting Latino foster families. Recruitment strategies have included translating resource home literature into Spanish, hiring bilingual staff, utilizing Latino publications via radio and television and attending various cultural events.

LDSS provide annual reports to document their recruitment and retention activities. In SFY17 LDSS held 283 planned recruitment activities across the state resulting in 237 parents being recruited.

LDSS also utilize the Milestone Report and the Child Welfare Data Report to recruit and retain resource parents for their individual jurisdiction. SSA utilizes the Recruitment and Retention Quarterly Report to analyze and provide technical assistance to the LDSS on how to target recruitment of resource parents based on jurisdictional racial demographic needs. For instance, LDSS with the lowest number of Asian and American Indian placements are concentrating on recruitment of resource parents of those racial demographics. LDSS and SSA have a partnership for the purposes of recruitment of resource families with The American Indian Center to ensure adherence to the Indian Child Welfare Act.

## Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

### State Response:

The Interstate Compact on the Placement of Children (ICPC) ensures that children from other U.S. states in need of Out-of-Home placement in Maryland receive the same protections guaranteed to the children placed in care within Maryland. The ICPC Compact 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 2017, 159 Maryland children (through public, private agency or parent-initiated private referral) were approved for placement in out-of-state ICPC placements (per quarterly report statistics of 1st, 2nd, 3rd & 4th quarter data forms sent to AAICPC), with 11 children denied such placements out-of-state.

In the reverse direction (i.e., other States' children coming to Maryland), in calendar year 2017, 328 children were approved for placement into Maryland and 50 denied placement). The DC-MD Border Agreement introduced in 2013 continues to be utilized involving MD private child placing agencies under contract with CFSA, DC for managing those DC children's placements into MD. The number of DC children in Maryland each month via the Border Agreement averaged 526 in 2017 (the 526 number is separate from and in addition to the children approved into Maryland from other Compact States. The total # of approved placements into MD, including Border Agreement placements, is higher than the 526 + 328 count (totaling 854), as many DC placements result in repeat temporary placements into MD before permanency in MD is achieved, if ever, as some return to DC as children successfully returned to DC parents, age-out or are placed into other Compact States).

These ICPC Compact placement numbers include the full array of parent, relative, foster, adoptive and residential placements of children needing placement interstate. The Interstate Compact on Adoption and Medical Assistance (ICAMA), as well as IV-E eligible Guardianship Assistance Program Medical Assistance (GAPMA) provides a framework for interstate coordination specifically related to adoption and permanency, established with custody and guardianship awarded to out-of-state IV-E eligible Foster Parents. The ICPC and ICAMA

Compacts work 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. In 2017, 176 children moved into Maryland with other-State permanency subsidies (GAP or Adoption), whose corresponding ICAMA referrals for Maryland Medical Assistance in connection with adoption or GAP subsidy cases. 64 Maryland youth with subsidized permanent placements left Maryland in 2017 and ICAMA referrals were sent out-of-State for activation of out-of-State Medical Assistance for those children in new residence States.

### **Timely Home Studies Reporting and Data**

Safe and Timely Placement Act of 2006 (P.L. 109-239). In 2017, 36% of all incoming home study reports were completed in 0-60 days, and 64% were completed in 61-90-or-longer days. An important clarification and exception to PL 109-239's 60 day deadline (made in 2011 at the annual AAICPC conference) are long-standing federal and state home study statutes requiring additional home study components required in IV-E-funded placements. The ICPC Reg. #12 was revised in 2011 to state clearly that ICPC deadlines a 180 day outside completion date for Foster and Adoption home studies for this reason. The reasons why the extended compliance period was needed nonetheless in otherwise overdue home studies range from the following:

- 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
- Delay in completion of PRIDE pre-service foster parent training
- 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")

SSA joined the National Electronic Interstate Compact Enterprise (NEICE) on November 6, 2017. NEICE replaces traditional mailing of interstate referral work with an electronic case management software system.

Reducing any barriers to a child's securing an appropriate, permanent home in as timely a fashion as possible, in each child's case, is an on-going goal in ICPC and ICAMA referral work.

### **Adoption Exchange Update:**

DHS purchased the Adoption Exchange Membership for all 24 LDSSs in October 2017. The membership provides technical support to the local departments of social services to assist with adoption education and training. The website also provides an opportunity for the LDSS to learn strategies on the recruitment and retention of resource parents. The site also provides best practice knowledge to case workers who provide support to parents who are awaiting adoption. The following webinars have been conducted so far:

- Rural Recruitment and Retention

- Promising Practices for working with Transgender and Non-Binary Foster/Adoptive Parents
- The Role of Youth Advocates in Developing Affirming Families for LGBTQ Youth

SSA is utilizing the technical assistance providing through the Adoption Exchange as a means to assist the local jurisdiction with obtaining successful finalization. The data on the effectiveness of the membership is not available at this time because of the purchase date.

**Adopt-Us-Kids-Website (AUK):**

DHS/SSA's current policy directive #12-18 (Instructions for Using the Adopt-Us-Kids Database) instructs all 24 LDSS to utilize the website as a means of photolisting children who are legally free and eligible for a plan of adoption. DHS tracks the local departments' utilization of the AUK database by reporting quarterly on the following information:

- Identify and track the number of children identified on the Exchange
- Identify and track the number of families identified on the Exchange
- Identify and track the number of placements of children on the Exchange
- Identify and track the amount of time it takes for youth to be identified on the Exchange
- Identify and track the number of resource parents who are registered on the Exchange who are interested in only adoption

As of December 2017, eighty seven youth have been placed in a pre adoptive home via AUK. There are currently sixty-seven "active" Maryland families, 31 available children awaiting a placement, and one youth with a pending placement. This data tells us there is more work to do in providing technical assistance to the local department adoption caseworkers regarding the utilization of the AUK website and the management of the database as a resource tool.

**Heart Gallery Update:**

Maryland currently has 29 youth profiled on the Heart Gallery in which 63% of the youth are "special needs". Local Departments utilize this gallery to photo list youth who are legally free with a plan of adoption.