Maryland Department of Human Resources
Title IV-B Child and Family Services Plan
2011 Annual Progress and Services Report

Maryland's Human Services Agency

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

| Martin O'Malley | Anthony Brown | Brenda Donald |
| Governor | Lt. Governor | Secretary |

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A. Organization and Functions

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

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

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

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

Coordination with the Secretary of the Department of Human Resources, Deputy Secretaries, Office of the Attorney General, other Administration Directors, and County Directors takes place on a regular basis. The Director represents the Administration with other state and federal agencies, advisory groups, legislators, Governor's Office personnel, and advocacy groups.
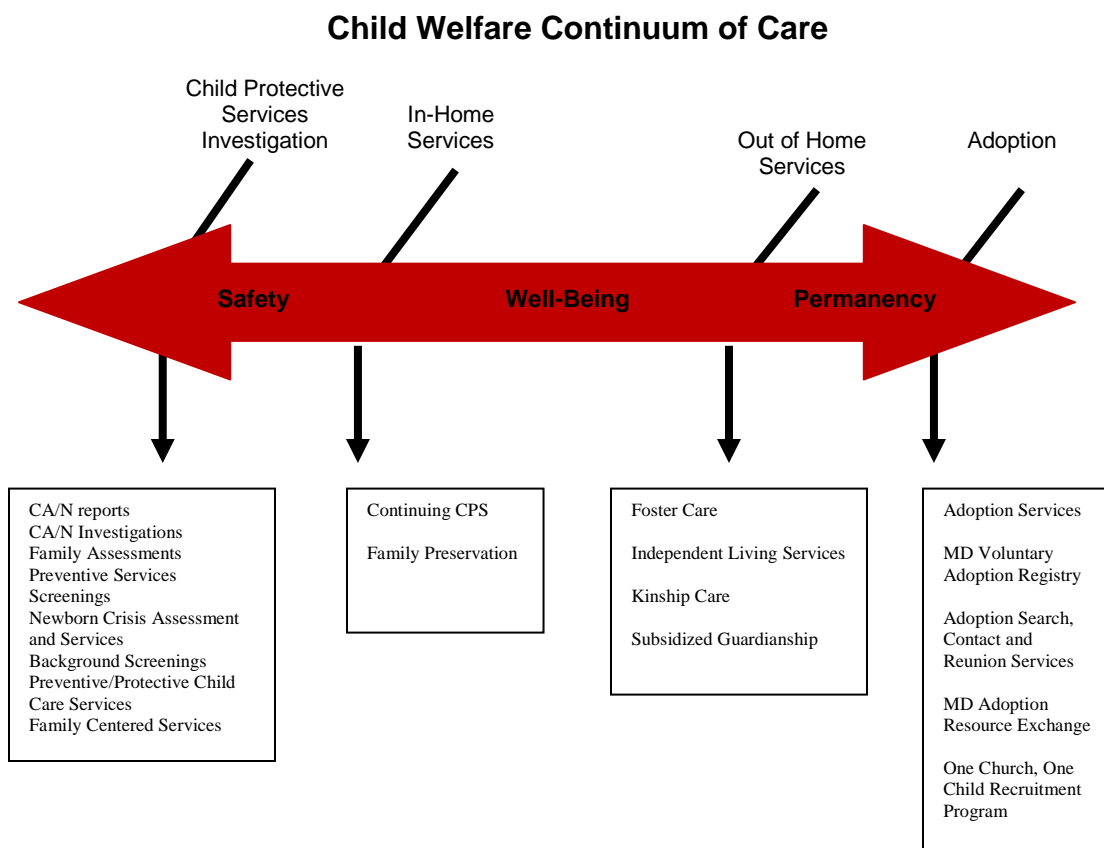
Deputy Executive Director of Programs
The Deputy Executive Director of Programs is responsible for policy and program development for In Home Services, Out of Home Placement, Organizational Development and Training, and Resource Development & Placement Support Services. This position shares responsibility for the development of the budget and legislative agenda.

Deputy Executive Director of Operations
The Deputy Executive Director of Operations is responsible for the Offices of Management and Special Services, Research, Evaluation, Quality Assurance, Systems Development, and Contracts

and Monitoring,. This position shares responsibility for the development of the budget and legislative agenda.

Child Welfare Continuum of Care

Child Protective Services Investigation

In-Home Services

Out of Home Services

Adoption

Safety   **Well-Being**   **Permanency**

CA/N reports
CA/N Investigations
Family Assessments
Preventive Services
Screenings
Newborn Crisis Assessment
and Services
Background Screenings
Preventive/Protective Child
Care Services
Family Centered Services

Continuing CPS

Family Preservation

Foster Care

Independent Living Services

Kinship Care

Subsidized Guardianship

Adoption Services

MD Voluntary
Adoption Registry

Adoption Search,
Contact and
Reunion Services

MD Adoption
Resource Exchange

One Church, One
Child Recruitment
Program

Office of Programs
- **In- Home Services**
  - **Child Protective Services** (CPS) is a mandated program for the protection of all children in the state alleged to be abused and neglected. Child Protective Services screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. It also provides services designed to stabilize a family in crisis and to preserve the family by reducing safety and risk factors. This program provides an array of prevention, intervention and treatment services including:
    - operating a telephone hotline for receiving child abuse/neglect (CA/N) reports;
    - conducting CA/N investigation, family assessment and preventive services screenings;

- providing newborn crisis assessment and services;
- providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
- preventive and protective child care services; and
- family-centered services.
  - o **In-Home Family Services** represents a continuum of family preservation programs available within the local departments of social services. These programs are specifically identified for families in crisis whose children are at risk of out-of-home placement. Family preservation actively seeks to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment.

- **Out-of-Home Placement**
  - o **Foster Care Services:**
    - short-term care and supportive services for children that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm.
    - services to treat the needs of the child and help the family with the skills and resources needed to care for the child. Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives as the placement of choice. Attempts are made to keep the child in close proximity to their family; however, the child's placement is based on the treatment needs of the child and the availability of placement resources.
    - time-limited reunification services using concurrent permanency planning to reunite with the birth family or to pursue a permanent home for the child within 12 months of the placement. Permanency planning options that are considered in order of priority:
      - Reunification with parent(s)
      - Permanent Placement with Relatives (includes guardianship or custody)
      - Adoption (relative or non-relative)
      - APPLA (Another Planned Permanent Living Arrangement)
    - Voluntary placement services because of the child's need for short term placement to receive treatment services for mental illness or developmental disability.
  - o **Adoption Services** develops permanent families for children who cannot live with or be safely reunited with their birth parents or extended birth families. The Maryland Adoption's Program is committed to assisting local departments of social services and other partnering adoption agencies in finding "Forever Families" for children in the care and custody of the State. Adoption services include study and evaluation of children and their needs; adoptive family recruitment, training and approval; child placement; and post-adoption support.
  - o **Independent Living Services** (ILS) provide independent living preparation services to older youth in foster care 14 to 21 years of age in preparation for adulthood. The goal of the Maryland Independent Living Preparation Program is

to assist youth to make a successful transition from out-of-home placement to self-sufficiency.

- o **Guardianship Assistance Program** (formerly titled "Subsidized Guardianship Program"), serves as another permanency option for relatives caring for children in out of home care. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the local department of social services by removing financial barriers.

- **Resource Development, Placement and Support Services**
  - o **Resource Development and Retention** is responsible for services related to the recruitment and retention of resource families. They provide technical assistance to local departments of social services in development of their local recruitment plans. The Maryland Foster Parent Association also receives technical assistance from this unit. The unit is responsible for monitoring and coordination of the 24 local departments of social services' resource home development plans.
  - o **Placement and Support Services** is responsible for the development of supportive services for Maryland's children, families, and resource homes. This unit works with stakeholders to identify and develop strategies to improve the array of services available to support children and families in achieving safety, permanence and well-being. The services include education, substance abuse treatment, health care and mental health. This unit works closely with the DHR's Office of Licensing and Monitoring (OLM) which is responsible for the monitoring of Maryland licensed child placement agencies and residential treatment programs.
  - o **Interstate Compact on the Placement of Children** (ICPC) ensures that children in need of out-of-home placement in and from other states receive the same protections guaranteed to the children placed in care within Maryland. The law offers States uniform guidelines and procedures to ensure these placements promote the best interests of each child. In 2010, 471 Maryland children (via Public and Private agency or parent-initiated private referral) were placed in out-of-State ICPC placements. This includes parent, relative, foster, adoptive and residential placement of Maryland children.
  - o **Interstate Compact on Adoption and Medical Assistance** (ICAMA) provides a framework for interstate coordination specifically related to adoption. The Compact works to remove barriers to the adoption of children with special needs and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states.
- **Child Welfare Training and Organizational Development**
  - o **Child Welfare Training** oversees the training for all child welfare staff in the State of Maryland by monitoring the contract and coordinating the training activities with the University of Maryland, School of Social Work, Child Welfare Academy. In conjunction with the Child Welfare Academy, this office coordinates the pre-service training for all new staff and continuing education

opportunities for existing staff in addition to training the public foster care providers.

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

Office of Operations

- **Budget and Central Services** is responsible for the management of SSA's budget development and monitoring. They also are responsible for the development of regulations, legislative updates, and personnel issues.
- **Contracts (Purchase of Care** is responsible for the development and monitoring of contracts for Maryland's licensed child placement agencies and residential treatment facilities.
- **Research and Evaluation** is responsible for the collection and analysis of data for SSA and local department of social services. They are responsible for reporting for SSA on State Stat. State Stat is the collection of data from all of Maryland's Departments on outcomes and trends within their organizations and reported to Governor Martin O'Malley. The Research and Evaluation unit also reports on AFCARS, Caseworker Visitation, NYTD, and NCANDS to the Federal government.
- **Systems Development** is responsible for MD CHESSIE, Maryland's SACWIS system. They work with Central Office and local departments of social services staff to ensure accurate and reliable data is input into the system. They work with the contractor on enhancements and troubleshoot any operational problems.
- **Quality Assurance** is responsible for regular on-site review and data analysis for each the 24 local departments of social services. This unit coordinates the Continuous Quality Assurance process for child welfare and develops the reports for these reviews. They were also responsible for the development and field-testing of the Local Supervisory Review Instrument that is utilized by the local departments of social services.

B. Plan Requirements

Vision and Mission

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

Mission: To lead, support and enable local departments of social services in employing strategies to prevent child abuse and neglect, protect vulnerable children, preserve and strengthen families, by collaborating with state and community partners.
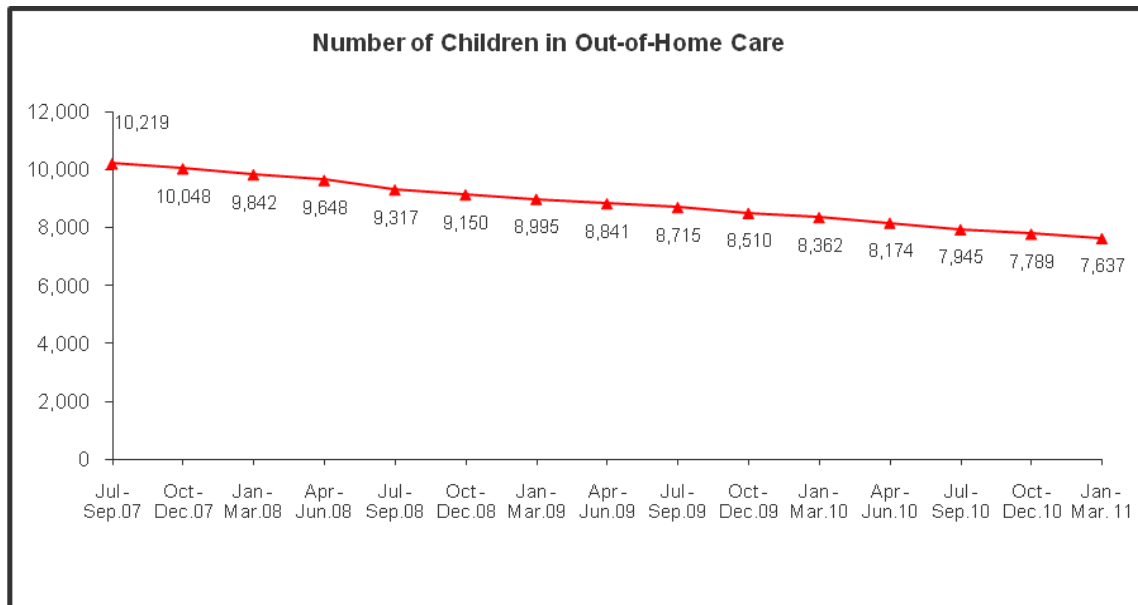
The Maryland DHR made a deliberate and focused shift in its practice, policy and service delivery with the July 2007 statewide rollout of the "Place Matters" initiative, which promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of "Place Matters", designed to improve the continuum of services for Maryland's children and families, places emphasis on
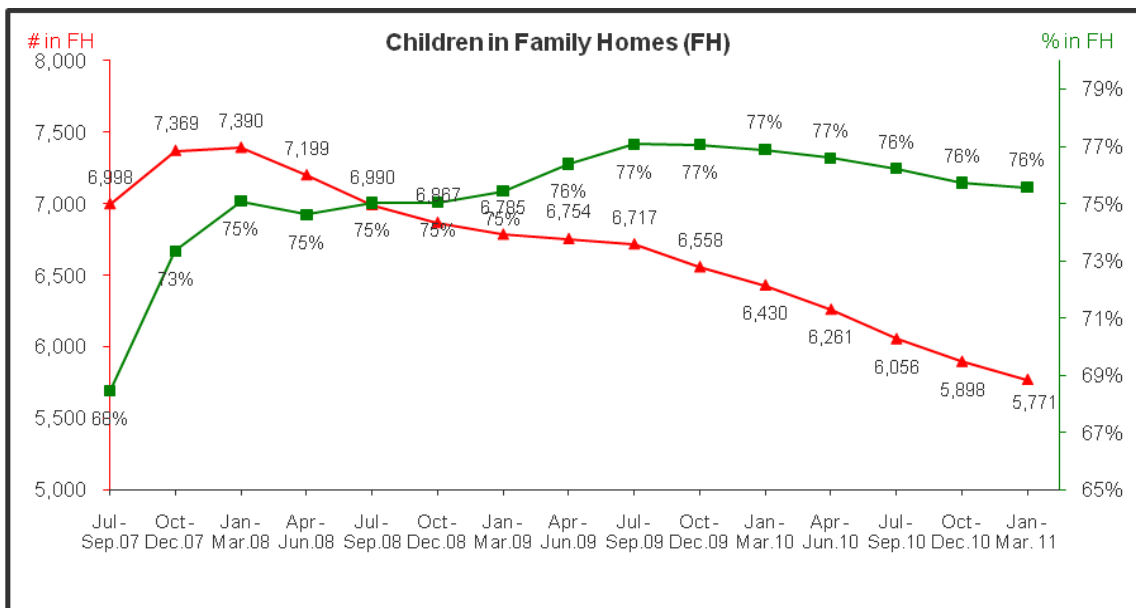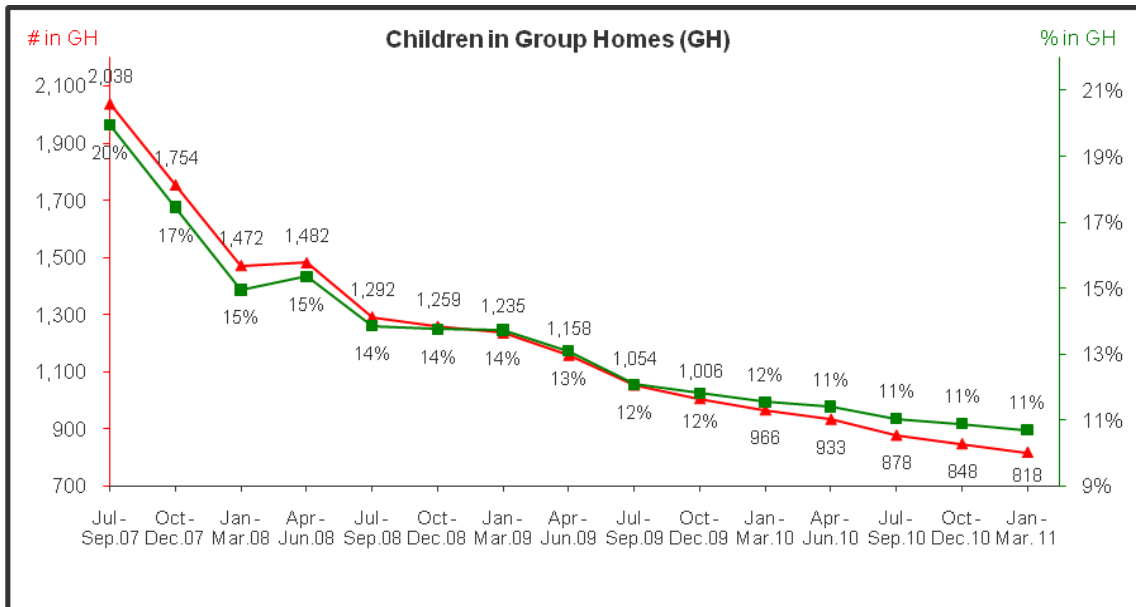
preventing children from coming into care when possible, ensuring that children are appropriately placed when they enter care, and shortening the length of time youth are placed in out-of-home care.   The goals of the Place Matters Initiative are:

- **Keep children in families first** - Place more children who enter care with relatives or in resource families as appropriate and decrease the numbers of children in congregate care.
- **Maintain children in their communities** - Keep children at home with their families and offer more services in their communities, across all levels of care.
- **Reduce reliance on out of home care** - Provide more in-home supports to help maintain children in their families.
- **Minimize the length of stay -** Reduce length of stay in out-of-home care and increase reunification.
- **Manage with data and redirect resources** - Ensure that managers have relevant data to improve decision-making, oversight, and accountability. Shift resources from the back-end to the front-end of services.
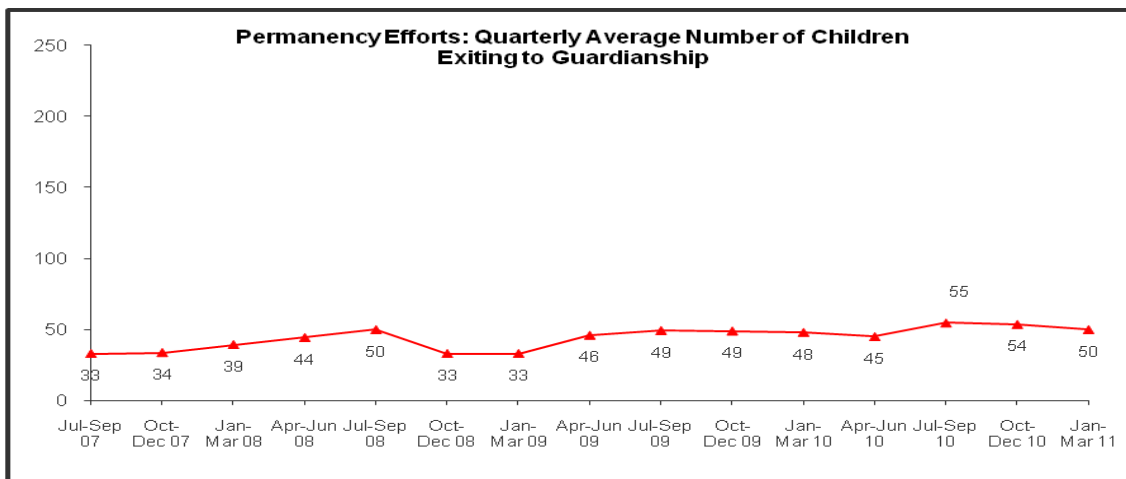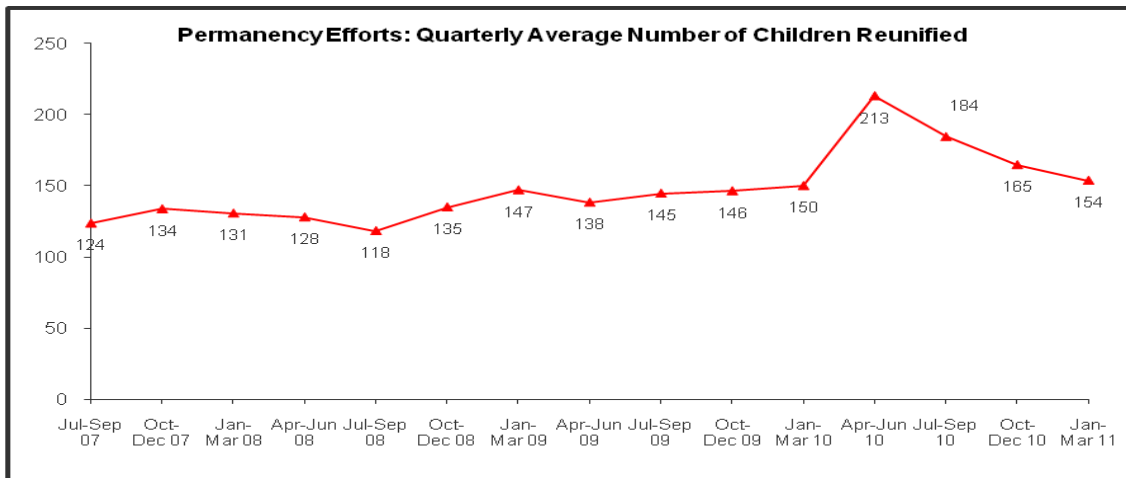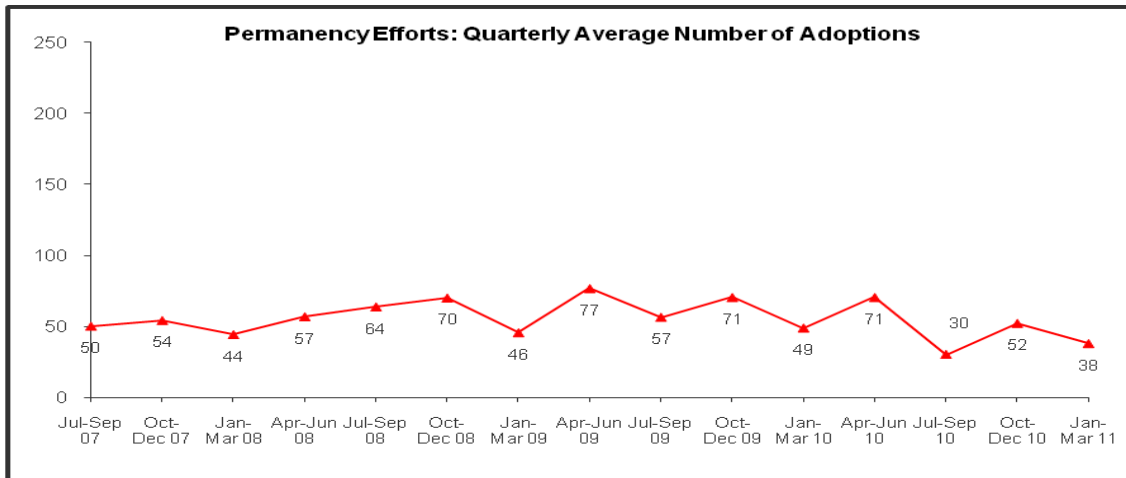
Since July 2007, through its Place Matter's Initiative Maryland has reduced the number of children in out-of-home care by 26%; decreased the proportion of youth in group home placements from 19% to 10%; increased the proportion of group home placements from 70% to 76%. In addition, the proportion of children exiting to reunification, guardianship, and adoption has increased from 66% during state fiscal year 2008 to 82% through state fiscal year 2011 (through February 2011).

Number of Children in Out-of-Home Care

Children in Group Homes (GH)

Children in Family Homes (FH)

Permanency Efforts: Quarterly Average Number of Adoptions

Quarter	Value
Jul-Sep 07	50
Oct-Dec 07	54
Jan-Mar 08	44
Apr-Jun 08	57
Jul-Sep 08	64
Oct-Dec 08	70
Jan-Mar 09	46
Apr-Jun 09	77
Jul-Sep 09	57
Oct-Dec 09	71
Jan-Mar 10	49
Apr-Jun 10	71
Jul-Sep 10	30
Oct-Dec 10	52
Jan-Mar 11	38

Permanency Efforts: Quarterly Average Number of Children Reunified

Quarter	Value
Jul-Sep 07	124
Oct-Dec 07	134
Jan-Mar 08	131
Apr-Jun 08	128
Jul-Sep 08	118
Oct-Dec 08	135
Jan-Mar 09	147
Apr-Jun 09	138
Jul-Sep 09	145
Oct-Dec 09	146
Jan-Mar 10	150
Apr-Jun 10	213
Jul-Sep 10	184
Oct-Dec 10	165
Jan-Mar 11	154

Permanency Efforts: Quarterly Average Number of Children Exiting to Guardianship

Quarter	Value
Jul-Sep 07	33
Oct-Dec 07	34
Jan-Mar 08	39
Apr-Jun 08	44
Jul-Sep 08	50
Oct-Dec 08	33
Jan-Mar 09	33
Apr-Jun 09	46
Jul-Sep 09	49
Oct-Dec 09	49
Jan-Mar 10	48
Apr-Jun 10	45
Jul-Sep 10	55
Oct-Dec 10	54
Jan-Mar 11	50

Successful implementation of "Place Matters" is supported by the Maryland Child and Family Services Interagency Strategic Plan (see Appendix B), which is directly aligned with Place Matters and is testimony to the commitment of Maryland's entire system of care to the provision of opportunities, services and supports that are family-and youth-driven, individualized, effective, culturally competent and community-based. The Interagency Plan directs the implementation of a coordinated interagency effort to develop a child-family serving system that can better meet the needs of children, youth and their families and target children who are at-risk for a range of negative outcomes (e.g. delinquency, child maltreatment, out-of-home placement, and poor school achievement).

CHILD SAFETY OUTCOMES

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

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

Objectives:
1.1 By June 30, 2014, Maryland will meet the National Standard for Absence of Maltreatment Recurrence. For FFY 2010, Maryland is at 96.6%, which is above the national standard. (Source –MD CHESSIE: Derived from AFCARS and NCANDS submissions by Fostering Court Improvement*)

1.2: By June 30, 2014, Maryland will maintain the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months). For FFY 2010, Maryland's statistic for this, 99.76% nearly meets the standard of 99. 8%. (Source –MD CHESSIE: Derived from AFCARS and NCANDS submissions by Fostering Court Improvement*)

 * *Fostering Court Improvement is a group that helps States to use child welfare data. It has a data utility that calculates the federal CFSR indicators using the State's AFCARS and NCANDS data submission files, following the federal logic for these indicators.*

PERMANENCE OUTCOMES

SSA is committed to ensuring that children are in a home that is safe and provides an environment where they have an opportunity to grow into healthy adulthood. Maryland's goal is to develop and maintain living situations that will afford a child permanency and stability while allowing for continuity of family relationships, and on-going connections with friends and

community. All twenty-four jurisdictions in Maryland (twenty-three counties and Baltimore City) operate foster care programs that work with the birth and foster families to develop the most appropriate permanency plan for each child. Maryland works to ensure that reunification, adoption, or guardianship occurs in a timely manner for children who are placed in out-of-home care. Birth and foster families are assisted in obtaining the services, such as counseling and health care, needed to meet the goals of the permanency plan. Each foster care program also works to recruit, train, approve and retain foster care providers. All children deserve a family therefore Maryland has a renewed focus on reunification, subsidized guardianship, and adoption.

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

Objectives:

2.1   By June 30, 2014, Maryland will make continued improvement to National Standard Score of 122.6 on Timeliness and Permanency of Reunification.

2.2   By June 30, 2014, continue to improve exits to reunification in less than 12 months to move toward National Median of 69.9%.

2.3   By June 30, 2014, continue to improve exits to reunification, median stay (lower score is preferred) to move toward National Median of 6.5 months.

2.4   By June 30, 2014, continue to improve entry cohort reunification in less than 12 months to move toward National Median of 39.4%.

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

CHILD WELL-BEING OUTCOMES

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

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

Objectives:
- School enrollment within 5 days of removal
- Comprehensive health assessment within 60 days of removal
- Annual health assessment for foster children within 30 days of anniversary of comprehensive health assessment.

- Annual dental assessment for foster children within 30 days of anniversary of comprehensive health assessment
- Family Involvement Meetings occur in 75% of child welfare cases

Strategies

Maryland's Program Improvement Plan (approved April 15, 2011) builds upon the Place Matters initiatives and includes the four themes. The themes and strategies were developed to address the areas needing improvement identified in the Final Report.
- Family Centered Practice
  - Complete FCP engagement and teaming training
  - Integrate FCP into pre-service and continuing education training programs
  - Development of facilitation curriculum and coaching model
  - Development of specialized coaching model
  - Increase non-custodial parent and extended family being engaged and involved in case planning
- Supervision
  - Development of a Supervision model incorporating
    - Training
    - Coaching/Mentoring
    - Support
    - Development of core requirements
  - Revision of safety and risk assessment tools
  - Implementation of Integrated In-Home Services
  - Revision of Quality Assurance process
- Permanency
  - Development of case plan policy
  - Development of Youth Engagement Model (ACCWIC grant)
  - Development of policy on finding permanent connections for youth in out of home placement
  - Development of an Adoption manual
  - Revision of visitation policy
- Resource Development and Support
  - Improve the process for assuring consistency with the application of all standards to foster family homes and child care institutions
  - Integrate Child and Adolescent Needs and Strengths (CANS) into child welfare practice
  - Identify the process and/or mechanism to assure appropriate assessment of individualized educational needs
  - Identify the process and/or mechanism to assure appropriate development of needed services

In addition to the PIP strategies, Maryland has focused its efforts on:
- Transitioning Youth to Families Placement Protocol
- Transitioning Youth to Independence Initiatives

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

Updates

This section will provide status updates of the strategies that support the implementation of Maryland's child welfare plan.

Family Centered Practice

Family-Centered Practice (FCP) Family-Centered Practice (FCP) is Maryland's child welfare service delivery model that centers on the active and meaningful engagement of all parties in a child's life early on in the continuum to improve outcomes for that child and family. The strategies developed for the PIP by the FCP workgroup deal with issues around engagement of the family and child in the case planning process, strengthening our community partnerships and resources available for our families and gathering information to improve the quality of services offered through the child welfare continuum. Special emphasis is placed on strategies to involve fathers, paternal kin and incarcerated parents. FCP helps with ensuring children maintain supportive families and community relationship connections. Outreach is expanded to increase opportunities for families and community members to be involved at the administrative decision making level in addition to the case planning level.

- **Training**
 FCP is an integral component of Maryland's Place Matters strategic plan. FCP assures that the entire child welfare system engages the family in helping them to improve their ability to adequately plan and care for the safety and well-being of their children. In June 2010, the entire child welfare workforce completed the FCP two-day training by practicing engagement strategies for encouraging and supporting active family involvement as well as look at cultural and ethical considerations. In an effort to honor the commitment of our provider community, strengthen our community partnerships and resources available for our families,
Maryland began offering the FCP two-day training to the provider community. The training is intended for clinical staff persons and therapists responsible for case management and therapy. Since June 2010, 14 sessions have been held across the state which represents 300 provider staff and 77 agencies.

Offering the two-day training for the provider community not only provides the participants with a greater understanding of the core beliefs, strategies for implementing FCP but also an opportunity for community partners to identify ways to improve the relationship between the local department and providers to best serve the children and families of Maryland. The trainings are generally a mixed audience of various therapeutic foster care, residential treatment and community agencies serving children and families from the child welfare system.

Maryland also values the role our foster parents play in the lives of children and families and understands the contributing role they play in FCP. In May 2011, SSA provided training for foster parents at a northern region foster parent appreciation event. Maryland will continue develop opportunities to ensure foster parents receive enhanced training and revise the foster parent training schedule to include the FCP core values.

- **Family Involvement Meetings**
Family Involvement Meetings (FIM) is one of the core components of FCP. A FIM serves as a pivotal component of FCP. A FIM is a forum for families to be active partners in the decision-making process for their child at key points in the child welfare continuum. The triggers defined for FIM are: removal/considered removal, placement change, recommendation for permanency plan change, youth transition plan and voluntary placement. All local departments are conducting a FIM at the removal/considered removal trigger. The practice continues to grow in that most local departments are conducting FIMs for the remaining triggers.   Maryland recently developed statewide FIM forms including a participant feedback survey, FIM referral form and action summary. Utilization of the forms will begin with seven the jurisdictions participating in the Fostering Connections demonstration project.

In an effort to build the capacity to conduct FIMs, Maryland developed a three-day facilitation curriculum in conjunction with the CWA and Annie E. Casey Foundation. The three-day course is required for supervisors and new dedicated facilitators. Maryland began offering the 3-day facilitation course in August 2010 for the seven jurisdictions participating in the Fostering Connections demonstration project. Five sessions were held from August 2010 – June 30, 2011.

Maryland recognizes the importance of supporting the facilitation practice as FIMs serve as vital planning and teaming tool for families at critical case decision making points and thus developed facilitation coaching. The facilitation coaching model is peer support and constructive feedback exchange to transfer learning and enhance facilitation skills. As newly trained or established facilitators acquire skills, the coaches will offer guided learning techniques to build confidence and proficiency with the emerging facilitation skills. The facilitation coaching program will be piloted in the seven jurisdictions piloting the Fostering Connections demonstration project.   Coach nominations will be accepted in June from across the state. Selected coaches will attend a coaching training in mid-July and shortly after begin their 15-month term as a peer coach. At the end of the pilot phase, Maryland will evaluate and refine the coaching based on any challenges discovered during the initial implementation phase before we move forward to offer the practice statewide in October 2012.

Maryland continues to convene a quarterly FIM Practice Support Meeting for at least one representative from each local department. The meeting allows for practice and policy enhancement regarding FIMs as well as continued education on facilitation skills. In 2010, continuing education in-services were held on topics such as discussing risk and safety issues at FIMs, domestic violence and managing conflict issues.. The practice support group also provided input and feedback on the development of statewide FIM forms, facilitation coaching draft

guidelines and forms and a select group served on the workgroup to select the facilitation coaches.

- **Strategic Plan Development**

All local departments are required to develop individualized strategic plans to sustain the FCP core values and principles throughout the child welfare continuum. Local departments constructed their plan utilizing a template which ensured that all local departments addressed benchmarks, action steps and measurable evidence on the core strategies of FCP (Family Involvement Meetings, Community Partnerships, Recruitment and Retention of Community Based Resources, Local Department Self-Evaluation and Enhanced Policy and Practice Development) in their plans.

From May 2010-Decemer 2010, consultants from Casey Family Programs and SSA staff provided technical assistance to the local departments to refine and/or execute their strategic plans. The technical assistance helped the local department move their practice forward, sustain the family centered practice model and ensured that each local department explored all areas of child welfare continuum (in-home, foster care, adoption, youth transition).

Technical assistance was provided through on-site visits or conferences calls with follow-up assistance as needed. With support from Casey Family Programs, SSA along with representatives from the UMB/RYC initiated the technical assistance process by conducting regional meetings in which baseline data was presented regarding staff attitudes toward FCP, current number of FIMs conducted and an overview of the FCP implementation template and technical assistance process. At the conclusion of the statewide technical assistance process several common themes were identified; accessing and managing data, resourcing a comprehensive array of community based services, recruitment and retention resources for families, comprehensive change management strategy to engage stakeholders and staff in the FCP philosophy, engaging the legal community and improved FIM administration and execution. Maryland is assessing and developing opportunities to strategically address the identified needs statewide.

Maryland will continue to consult with Casey Family Programs to develop strategies to improve child welfare outcomes, support local department staff to engage families and collaborate with community partners. Work is already underway to craft a comprehensive communications strategy that is solidly built on the FCP philosophy. The change management strategy is intended to engage stakeholders and staff in system wide integration of FCP philosophy by highlighting Maryland's reform efforts.

- **Outreach and Coordination**

Maryland participated in multiple outreach efforts to the legal community (September 2010-October 2010) to improve the practice of FIMs by bridging the gaps of understanding of the purpose and process of a FIM. In collaboration with the Foster Care Court Improvement Project (FCCIP) and the Office of the Attorney General (OAG), Maryland presented at the annual Child Welfare Summit, FCCIP's Permanency Planning Liaisons monthly meeting and Local Counsel Conference. With the assistance of Casey Family Programs, Maryland approached the American

Bar Association to provide technical assistance to the legal community in the form of working discussions which will be held in the fall 2011. The goal of the discussions are to improve the FIM process by drawing out practice and or policy issues to find balance between the legal community and local departments and focusing on how FIMs can impact permanency and youth engagement.

- **Evaluation**

The University of Maryland Ruth Young Center (UMB/RYC) developed an evaluation plan of the implementation process. The evaluation process which started in July 2009 analyzes the implementing of FCP across the state, the changes in the organizational climate, worker's attitudes and practice and the changes in the child and family outcomes of safety, permanence and well-being. The data obtained July 1, 2009 – January 1, 2010 overall revealed that the participants felt that the two-day training was positive and well received across the state. Overall the staff rated the training content, delivery and practicality to their work favorably. UMB/RYC is currently analyzing results from the provider trainings for their semi-annual report due July 2011. As of April 2011, the overall feedback from the provider training has been positive.

UMB/RYC administered an online survey to all local departments' staff prior to the start of the regional training. The online survey was intended to measure staff attitudes toward FCP and practice innovation as well as the organizational climate related to supervisory support, innovation and flexibility, outward focus, formalization and tradition. Findings in the July 2009-January 2010 report revealed that workers hold a positive attitude toward positive FCP value and it's principles, but the organizational climate may present some challenges to the implementation of FCP. A follow-up survey was administered 6 months after the local department submitted their FCP strategic plan. The survey was designed to measure again staff attitudes toward FCP organizational change as well as youth engagement. UMB/RYC is currently analyzing the results from the survey which will be included in their annual report. The staff response rate was lower than initial survey but should still produce good sample.

Regional staff focus groups were held from fall 2010 – spring 2011 to assess staff experiences to implementing FCP and gain a better understand of challenges and needed resources from a caseworker's perspective. The results of the staff focus groups are pending the transcription of the audio tapes and full data analysis. However, preliminary results revealed that the responses vary considerable regionally. UMB/RYC indicated that the shore regions have greater recognition of changes with FCP and steps necessary to implement change which greatly differs from the responses received from the initial focus groups. Some local departments definitely classify Family Involvement Meetings as being FCP.

UMB/RYC has proposed a phase II of the FCP evaluation. Phase II is intended to measure the effectiveness at ensuring the safety and well-being of children who are diverted from an out-of-home placement as well as impact on FCP on actual practice. UMB/RYC would use propensity score matching to find out how children faired in comparison of other children of similar characteristics.

- **Next Steps**

Maryland is committed to effectively and efficiently implementing the practice model and truly institutionalizing the values of FCP. Finding additional ways to ensure families have a voice will enhance the service delivery to children and families. Maryland is working on forming a family advisory board to improve the involvement of family members. Maryland is also committed to improving the manner in which fathers and paternal families are involved in child welfare cases.

A Family Centered Practice Oversight Committee was developed to monitor the FCP implementation and serves as an on-going opportunity for collaboration. The committee comprised of external and internal stakeholders meets monthly to oversee the implementation progress and make appropriate recommendations for next steps. During FY11, the committee worked intensively on the Department's Program Improvement Plan (PIP), provided recommendations on local department's strategic plans, and the standardization of several statewide FIM forms. The Committee's next focus will be on providing recommendations for the development of policy for engaging fathers and paternal kin and the youth engagement model implementation. Youth and Independent Living stakeholders will be invited to join the FCP Oversight Committee to participate in the new focus efforts.

During FY11, the unit continued to offer technical assistance to local departments for the ongoing integration of the core tenants of the Family Centered Practice model. Training on the practice model continued to be offered to the private providers and expanded to the legal community and the foster parents. Technical assistance is being provided to local departments to implement the Youth Engagement Model (YEM) and the components of the Fostering Connections demonstration project. After the supervision model is finalized, the unit will oversee the development of the training and coaching curricula. Planning has started to develop leadership training for SSA staff as a professional development tool to enhance the technical assistance skills available to local departments and community partners.

Supervision Model

Supervisors play a key role in implementing practice and ensuring good outcomes for the families and children served by the child welfare system. The 2009 Child and Family Services Review indicated the need for training and support for front line supervisors. Hence, one of the themes in the approved Program Improvement Plan is the development of a supervision model. Technical assistance in the development of this model has been enlisted from Casey Family Programs. A workgroup has been established which includes staff form DHR Central, local departments (administrators, supervisors and caseworkers) and stakeholders. A consultant, Marsha Salus, is facilitating the workgroup meetings. The first meeting was held in May 2011. The workgroup will meet monthly until the model has been developed.

As a part of the model, the role and expectations of supervisors will be clearly defined. A coaching/mentoring model will be developed so that supervisors will be empowered to help each other by providing peer-to-peer support and sharing best practices. A supervision training model will also be developed with input from supervisors, case managers, administrators and Central Office staff.

Safety and Risk Assessment & Integrated In-Home Services

The issue of comprehensive assessments was initially raised during the on-site CFSR review in June of 2009. This led to the question as to whether Maryland's risk and safety assessments were reliable and being used appropriately by staff. In the spring 2010 the Department initiated discussions with the Children's Research Center (CRC) to review and provide analysis on the reliability and internal validity of Maryland's safety assessment (SAFE-C) and risk assessment (Maryland Family Risk Assessment) tools.   CRC (with financial support from Casey Family Programs) came back to Maryland to conduct record reviews and to work with child welfare staff from local departments of social services to apply Maryland's tools and those suggested by CRC. Child welfare staff were given case vignettes and asked to use both tools to test reliability and internal validity. After completing the review, CRC provided Maryland with a synopsis of their activities, analysis of the data and recommendations for moving forward.

In addition to the work by the Children's Research Center (CRC) on analysis of our assessment tools they are working with Maryland on an approach to learning that we term Safety Seminars. With funds from Casey Family Programs we are able to draw on the expertise of CRC and their consultants to bring Signs of Safety to In-Home supervisors on eastern shore. Each of the 8 eastern shore counties identified one supervisor and that person's supervisor (usually an assistant director for service in a small county) to work as a team during the seminars. This approach was chosen after we asked supervisors and administrators who had the largest impact on their practice as they matured in their child welfare practice. Most responded it was their immediate supervisor when they were workers and their immediate supervisor once they became supervisors.

These seminars involve a combination of face-to-face meetings and webinars to improve the supervision and decision-making regarding danger to children and appropriately addressing the dangers with targeted actions. Family Centered Practice is very much a part of this model as it uses safety mapping (focusing on the danger issues and creating a danger statement) and safety networks (individuals who know the dangers in the home who are identified by family members as potential supports to eliminate the issues creating the danger).

The seminars consist of two full day face-to-face meetings and several webinars. The first full day is spent understanding the concepts central to Signs of Safety, the webinars provide practice on using the concepts with case examples and having local supervisors use the concepts with their worker's cases as homework. The final full face-to-face day is under design and will pull together the experiences of the 8 jurisdictions participating in the seminars and produce recommendations about moving forward with the concept. CRC is also conducting analysis on what is learned and how this has impact on practice.

The recommendation from CRC is to revise Maryland's safety assessment and replace the risk assessment with one that is actuarial based and tested for reliability and internal validity. Discussions and high level analysis is under way with MD CHESSIE staff to determine the costs to accomplish both changes. Initial responses to our inquiries indicate that major changes as

these will be costly and take time. Maryland decided that all casework will be completed in MD CHESSIE so any discussion of a return to paper forms was dismissed. At present there are few new resources for enhancements to our SACWIS so most discussions for major changes revolve around shifting priority of needed updates to the system.

In June 2011, SSA staff contacted CRC after learning of work they accomplished in Virginia and Illinois (and several other states) to electronically attach assessments tools to legacy SACWIS systems. Initial talks are promising and further exploration underway. If successful, Maryland could move forward with rolling out Integrated In-Home Services in CY'12.

The Safe-C and MFRA revisions are a precursor to rolling out Maryland's Integrated In-Home Model. The model is designed to provide comprehensive, time-limited and intensive family focused services to a family with a child at-risk for an out-of-home placement. Under this new approach, the level of service will be driven not by a service category designation, but rather by the combination of child safety and risk of maltreatment:

> ➢ **Level 1:** Conditionally safe regardless of risk
> ➢ **Level 2:** Safe with medium/moderate risk
> ➢ **Level 3:** Safe with low risk

When the child welfare worker updates either the Safety or Risk assessments, the level of service intensity may change, and the worker will be able to observe these shifts in Safety and Risk and plan hours of service for each family served accordingly. The new model is dependent upon accurate and reliable assessments of both safety/danger and risk of future maltreatment. The recommendations from CRC regarding the two tools to be used for case assignment and level of service intensity prompted a decision to hold off on implementation until there is a better understanding of how changes to each tool will be incorporated into MD CHESSIE.

Permanency Efforts

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

- **Manual and Case Plan**

DHR/SSA has completely revised the Out of Home Placement manual. The new manual reflects the major changes in federal regulation and policy. The manual also focuses on Family Centered Practice as Maryland's service delivery model for child welfare services. The format of the manual is user friendly and was complied with assistance of the local departments of social services throughout the State. In addition, there were revisions to the chapter of Maryland Out-of-Home Placement regulations (finalization pending). The updated regulations include federal requirements for out-of-home placement services, as well as laws enacted by the State of Maryland. A new regulation chapter was created for the Guardianship Assistance Program.

Maryland is in the process of evaluating and revising the Out-of-Home Placement Services Caseplan both in form and content. The Caseplan is the ongoing case assessment and reassessment tool to ensure that services are being rendered that meet each child's permanency, safety, and well-being needs. Maryland is enlisting technical assistance from the National Resource Center for Permanency in Foster Care (NRCPFC) to not only assess current policy and practice for concurrent permanency planning, but also to identify best practices and provide guidance on improving the Caseplan instrument and the permanency planning process.

The Caseplan has already undergone some substance changes in order to comply with Title IV-E requirements. There have been additions in regard to education, health, siblings and visitation. There are further slated changes for adequate documentation of Title IV-B requirements. While more changes are planned, these additional changes will be included in the full revision. The full revision of the Caseplan will redefined and enhanced documentation of permanency planning including:
- Concurrent planning
- Petitioning the court for early review for a necessary change of permanency plan
- Collaborative efforts between the caseworker and local department attorney to prepare case for termination of parental rights
- Methodology to involve parents and youth in case planning
- Parameters and guidelines for child-parent visitation to promote reunification and ensure on-going parent-child relationships

Once all the substantive changes have been completed, the Caseplan format in MD CHESSIE will be revised to ensure that the required information is included and printable in a format appropriate for dissemination to appropriate parties, including the court. A policy and subsequent training will be initiated when the revisions are complete.

- **Permanent Connections for Youth**
Maryland remains committed to providing permanent connections to the youth in foster care. During the 2011 legislative session, Maryland was successful at changing our law to allow contact with siblings of youth in foster care who had previously been adopted. The changes in law will allow local directors to apply on behalf of foster youth for Confidential Intermediary Services in order to make contact with a sibling over the age of 21 who had been adopted via the public child welfare system. This will allow us to explore reconnecting siblings to develop lifelong bonds.

- **Transitioning Youth Services**
Maryland has focused attention on providing age appropriate and timely transitional services to youth over the past few years. As part of Out of Home Placement Services independent living preparation services are provided to foster youth, ages 14 to 21, in preparation for adulthood. The program is designed to assist youth in obtaining the life skills and support necessary to make a successful transition from out-of-home placement to self-sufficiency. Services include, but are not limited to, financial and educational support, employment preparation, life skills training and social support. The goal of Transitioning Youth Services is to better prepare youth for the

challenges and opportunities they will face. The specific strategies and updates are included in the section of the report addressing Chafee compliance. As of May 2011, there were 4,141 youth between the ages of 14 and 21 who were eligible for independent living services, compared to 4,394 as of May 2010. There were 395 youth in Independent Living Placements, as of May 2011, compared to 219 youth in Independent Living Placements as of May 2010.

- **Adoption**

The adoption program includes initiatives such as dual approval of resource homes; open adoption when it is in the child's best interest; statewide recruitment of resource homes; the Maryland Voluntary Adoption Registry; the Adoption Search, Contact and Reunion Services (ASCRS) Program; the Maryland Adoption Resource Exchange (MARE) Program; Recruitment Program; the Post Adoption Permanency Program; the Adoption Assistance Subsidy Program; Title XX Child Care Reimbursement; and the Non-recurring Adoption Expenses reimbursement. Children who exit care to adoption after age 16 are eligible to receive Independent Living After Care Services upon their 18th birthday if there is no adoption subsidy payment being made on behalf of the youth.

The Post Adoption Services Pilot Program began in 2007 as the result of legislation aimed at adopted children and their families who might be in crisis and in need of services to help salvage adoptions in danger of dissolving. Based on the need for the service the decision was made in January 2011 to continue the Pilot Program on a permanent basis. The program is now known as the Post Adoption Services Permanency Program.   Adoptions affected include public agency adoptions, private child placement agency adoptions and independent adoptions. To increase the program's viability changes were made and include allocating funds to individual children instead of family units, increasing the amount of funds allocated to each child, allowing a family to apply on behalf of a given child for the full amount over an extended period, and allowing a family to apply yearly on behalf of a given child. Promotion of Safe and Stable Families (PSSF) Adoption Promotion Funds will be used to cover the costs, i.e. $250,000 for each fiscal year. It is anticipated that the program will assist up to 71 children and their families each fiscal year in acquiring post adoption services through the funding.

Maryland's child welfare services continue to emphasize concurrent permanency planning and dual approval of resource homes to increase the number and timeliness of adoptions of children in out of home placements. As of March 2011, 774 children in Out of Home Placement had a plan of adoption, which is a 19% decrease from March 2010 (957). Of those, 413 children were legally free for adoption, which is a 2% decrease from March 2010 (576). Legally free children who lack an adoptive resource are registered in the Maryland Adoption Resource Exchange (MARE) and the AdoptUSKids national adoption exchange database to locate an adoptive resource. In SFY 10, Maryland finalized 738 adoptions. Adoptions finalized as of March 2011 was 317. The statewide goal for SFY 2011 is 542. The adoption goal is based on a percentage of those children who are legally free at the beginning of the State fiscal year—as this number has been decreasing over recent years, so have Maryland's adoption goals.

Future work includes development of an adoption manual and a guide to adoption subsidy and negotiation.   In FY11, SSA staff provided two trainings for local department staff on adoption

subsidy and negotiation. More training is planned for FY12. We have also identified the need to provide information about subsidy negotiation to our private treatment foster care providers in order to ensure consistency in our practice across the state.

- **Guardianship Assistance Program**

The Guardianship Assistance Program (formerly titled "Subsidized Guardianship Program"), serves as another permanency option for relatives caring for children in out of home care. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the local department of social services by removing financial barriers. A relative agreeing to participate in the GAP is granted custody and guardianship of the child in their care. As of 5/30/11, 1175 children are receiving guardianship assistance payments, compared to 757 children as of 5/31/10, a 55% increase over the last year. In FY 2011, the following accomplishments have been:

  - Program expanded to all 24 local departments of social services.
  - Guardianship assistance payment is a negotiated rate that can be up to 100% of the foster care board rate
  - Siblings of GAP eligible children placed in the home of the same relative can receive GAP payments, regardless of time of placement
  - Under certain circumstances, the GAP payment can continue until the youth reaches age 21, and
  - IV-E funding approved for eligible children

Placement Protocol (Transitioning Youth to Families)

The Transitioning Youth to Families initiative was developed to identify youth in congregate care settings who are ready to transition to families with an emphasis on biological families. The initiative provides a mechanism to standardize procedures for identifying and accessing the most appropriate placement consistent with the best interests and needs of the child. In FY11, staff focused efforts on medically fragile children placed in group facilities. Treatment foster care providers were engaged in the assessment of these children's needs to identify families able and willing to provide care. Barriers were identified and work is ongoing to develop solutions to allow more children with severe disabilities to reside in family settings.

Foster and Adoptive Parent Recruitment

Maryland continues to need resource parents for teens, sibling groups and medically fragile children. Though gains have been made in these areas, especially through educating current resource parents, they remain the most needed. Recruitment of minority resource parents, in particular Spanish speaking parents, continues. In many cases, the potential resource parents who respond to outreach efforts are only interested in younger children or children solely available for adoption. Even though the total number of children in care has decreased, the proportional percentage of children in care over age 12 has risen (55% as if May 2010, 58% as of May 2011), and so the demand for parents willing to foster teens has increased. The Maryland Foster Parent Association (MFPA) is supporting the effort to recruit and retain resource parents who will

provide support to the teenage youth in the custody of the State. This year MFPA will provide a series of training conferences across the State which will center on the specific needs of teenagers in foster care. This strategy supports the efforts to recruit from within the current pool of the resource parents. The MFPA will provide both education and support to resource parents who are willing to foster teens.

There have been 405 new resource homes recruited statewide during SFY11. The total number of public resource homes decreased over the last year, as the State has closed homes at a higher rate than it has opened homes. The percentage of children placed in regular foster homes has also fallen as many of the children diverted from group care are placed in treatment foster care.

It should also be noted, however, that the overall decrease in Maryland's out-of-home population puts a downward demand for all placement types, and so the placement system is not stressed, even though there is a shifting need for public resource homes for older foster youth. Although the total number of public resource homes serving foster youth. Although the total number of public resource homes has declined 12% over the last year (April 2010 to April 2011), the percent of available resource homes serving foster children has remained stable (76%).

The State is also focusing attention on the proportion of children placed in group homes, family homes, and especially in treatment foster care (TFC). During the last 2 years (April 2001 to April 2011), the proportion of children placed in regular family homes has decreased, from 29% to 27%; while the proportion in TFC has increased from 24% to 27%. Maryland's efforts therefore in the upcoming years will be focused on providing public home placements rather than treatment placements.

SSA grants funds to local departments specifically to cover Recruitment and Retention expenses. Funding is targeted at recruitment for specific populations needed across the State. Local departments are required to develop Recruitment and Retention plans annually. These plans must update the State on their progress in the recruitment of new resource homes and their current needs. Also included is specific information on the ages and ethnicities of children in care and the number of current resource homes for those children. From this information, local departments choose strategies targeted at finding families for the children in need of homes in their jurisdiction.

During FY11, Maryland undertook a review of the regulations pertaining to the licensure of resource parents, including kinship homes. Those regulations are in the process of being finalized by mid FY12. Some of the edits were to ensure full compliance with Fostering Connections Act of 2008. We brought all citations relating to the approval of public placement resources into one chapter as previously there were three separate chapters addressing approval of resource homes. Maryland continues to utilize formal kinship (non certified relative homes) to meet the needs of children. We have strengthened the regulations to make it clear that it is the relatives' decision whether to pursue approval as a resource parent. Maryland has not identified any non-safety waivers at present but will be utilizing technical assistance in the next fiscal year to further study the application of resource home requirements to relatives.

Supportive Services to Informal Kinship Providers

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

- **Diversion Services**

Maryland's Family Centered Practice Model stresses the importance of families retaining the ability to make decisions for their children. When children are at risk of removal into out of home placement, families are often provided the opportunity to avoid OHP via informal placements with relatives when appropriate to meet the safety needs of the children. In those situations, Maryland policy requires that the local department provide In Home Family Services to assist the informal caregiver, ensure appropriate services for the child(ren), and provide services to allow the children to return to their home of origin.

- **Kinship Navigator**
    - As part of the seven (7) demonstration sites of the Fostering Connection Grant, each of the participating local departments of social services have developed Resource Guides/Manuals for their kinship caregivers. These Guides/Manuals will be listed on the DHR website to assist relatives seeking custody of the children in their care.
    - Kinship Families seeking custody are referred to the Pro Se Office of the Clerk of Court in their jurisdiction.
    - A continual effort will be made to identify legal organizations willing to provide Pro Bono services.

- **Maryland Caregivers Support Coordinating Council**
    - DHR participates on an ongoing basis on the Maryland Caregivers Support Coordinating Council. The council looks at family care giving issues across the life span and makes recommendations coordination of services for all family caregivers. The Council members are appointed by the Governor.

- **Kinship Resource Center**
    - A statewide Kinship Care Resource Center is being developed which will enable the Department to realize one of its commitments by having a dedicated entity specifically for the Kinship population. This entity will centralize information, referral and navigation center, encourage participation in program planning, development and networking opportunities for relative caregivers, advocates and stakeholders to empower kinship families. Advisory Council/Boards as well as support groups will be developed to further strengthen and empower kinship families. It's anticipated that this contract will be awarded in early CY'12.

- **Support to Informal Kinship Providers**
  o Dedicated informational site on the DHR website about the available services has been developed. Providers can submit questions which are accessed by the coordinator for appropriate action.
  o A Kinship Care Fact Sheet was developed to provide information about existing services in Maryland. It is located on the website and printed in hardcopy for distribution to designated locations throughout the State such as local department of social services reception areas, school systems, health departments, local departments of social services, during formal community gatherings, conferences as well as being provided to persons contacting our office.
  o The Informal Kinship Care Brochure is being revised to include information about the implementation of the Fostering Connection Grant components: Kinship Navigator and Family Finding.
  o Financial Supports
    ▪ Temporary Cash Assistance (Child-Only Grant) and Medical Assistance
    ▪ Subsidized Day Care, for providers who meet the income.
    ▪ Child Support
  o Education and Health Affidavits allow relatives that lack official custody to enroll children in school and obtain needed health services. Affidavits are mailed to relatives as well as area medical providers and educators upon request. The Health Care and Education Affidavits were distributed to local departments of social services and are available at DHR Central Warehouse.

Improving Educational Stability

The availability of and access to critical services are vital to the success of the outcomes for children involved with child welfare. Collaboration with other child and family serving agencies is essential in the development of the needed resources. During FY11, DHR worked closely with Maryland State Department of Education (MSDE) to address educational stability as required by Fostering Connections Act of 2008. MSDE had updated their regulations in response to the McKinney-Vento Act to include a definition for "child awaiting foster care placement". That definition includes children being placed in their initial out of home placement. Therefore, the application of those regulations brings Maryland into compliance relating to keeping children in their home schools at the time of initial removal into out of home placement. DHR and MSDE developed a joint policy detailing the application of McKinney-Vento and Fostering Connections to ensure education stability to be issued to local departments and school systems by July 2011.

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

The theme of "Continuum of Opportunities, Supports and Care" in the Interagency Strategic Plan (discussed above) contained the following recommendation on evidence-based practices (EBP) and promising practices: *The Children's Cabinet should continue to make a commitment to utilizing evidence-based and promising practices to ensure that effective community education,*

opportunities, support, and treatment options are available to the children, youth and families for whom they are appropriate. The Children's Cabinet has demonstrated its commitment to implementing that recommendation by providing funding to support implementation, fidelity and outcomes monitoring, and fiscal analysis of EBPs.

Last year, the Children's Cabinet entered into a contract with the Maryland Child & Adolescent Innovations Institute at the University of Maryland, Baltimore, School of Medicine to develop an EBP implementation plan. The Innovations Institute partnered with the Children's Cabinet to: Obtain data on existing EBPs in Maryland; Conduct a "sizing" of the EBPs to determine which EBPs should be expanded or brought into the state; Provide training on identified EBPs; Identify funding mechanisms to support the ongoing implementation and sustainment of EBPs; Conduct fidelity monitoring on EBP implementation; and, Evaluate outcomes of EBPs.

EBPs currently implemented in Maryland include Multi-Dimensional Treatment Foster Care, Trauma-Focused Cognitive Behavioral Therapy, Multi-Systemic Therapy, and Functional Family Therapy. Multi-Dimensional Treatment Foster Care is available in Montgomery and Baltimore Counties. DHR has contracted for 10 beds in each jurisdiction. Local DSS in those two jurisdictions make referrals for eligible youth. These programs provide intensive, short term (6 months) placement services to youth with severe behavioral issues. The goal is to transition youth back to their family home or into an adoptive home within 6 months. The program provides a high level of support to the foster parent in addition to providing services to the child and their family. As these programs have only been utilized since August 2010, we do not have any long term results to report. The local departments report favorable experiences during the past year.

In addition, DHR continues to explore other EBP opportunities to serve our youth and families. Trauma-Focused Cognitive Behavioral Therapy is becoming increasingly available around Maryland, and is funded through Medicaid. Given the trauma issues that many of children have experienced related to abuse they have experienced, we have worked with our local departments to increase their awareness of the benefits and availability of this evidence based intervention. Prince Georges Department of Social Services is in the process of exploring ways to increase the number of providers available to provide this service within that jurisdiction.

- **Child and Adolescent Needs and Strengths Assessment (CANS)**
Maryland law requires that private and public providers complete the CANS assessment for children in Out of Home Placement. The CANS assessment is intended to elicit information about a particular child's strengths and needs to be used for service planning and placement intensity identification. Private CPA and group home providers have been completing the assessments since 2009. DHR staff will begin assessing children using the MD CANS tool by July 1, 2011. CANS training for child welfare caseworkers and supervisors was completed Spring 2011. 1,847 people over the past five months received the training, including front line caseworkers, supervisors, as well as administrators from DHR. Staff are also receiving training on completing the assessment inside MD CHESSIE. MD CANS was incorporated into MD CHESSIE in early FY2011 in preparation for DHR staff completing the assessment. Policy has been developed detailing teh frequency for completing the assessment. All children entering

OHP will have the CANS completed within 60 days of entry. Children already in care will have the assessment completed at one of several triggers which will result in every child assessed by June 30, 2012.

During FY 11, DHR partnered with the University of Maryland, Baltimore's Innovations Institute and Child and Adolescent Mental Health Institute in a Child and Adolescent Needs and Strengths (CANS) Level of Intensity Project. The goal of this project is to create a standardized process of matching youth needs and strengths to appropriate services. Baltimore County Department of Social Services worked closely with DHR and Innovations Institute to define continuum of care options according to level of intensity of service needs (i.e., low, medium, high) and placement options (e.g., family, kinship care, foster care, group home, treatment foster care, and residential treatment) and construct a decision support model based on Maryland CANS items and continuum of care options. The resulting framework will assist local departments in making placement decisions and ensuring appropriate services are made available to children in out of home placement.

Regional Care Management Entities and Wraparound Care Coordination

The Children's Cabinet awarded contracts for regional Care Management Entities (CMEs) in Maryland in 2009 to Choices, Inc. and Wraparound Maryland, Inc. to serve as an entry point for specific populations of children, youth and families with intensive needs so that they can achieve the goals of safety, permanency, and well-being through intensive care coordination using a Wraparound service delivery model and the development of home- and community-based services. The CMEs serve multiple populations of youth, including those eligible for the 1915(c) Residential Treatment Center (RTC) Waiver, the Systems of Care Grants (MD CARES and Rural CARES), and other Children's Cabinet Interagency Fund (CCIF) initiatives (DHR Group Home Diversion and DJS Out-of-Home Placement Diversion) to support youth and their families in their homes and communities. The CMEs operate Statewide, in three regions (Baltimore City Region, the South Eastern Region, and the North Western Region). Since December 2009, the CMEs have participated in the collection of administrative data on the youth and families they serve. These data include how many youth and families were served; length of service; reason for discharge from the CME; youth demographic characteristics; youth history of mental health and special education services; psychosocial functioning at entry into the CME, during and at discharge from the CME; and societal impact outcomes.

Implementation and Outcomes
A total of 405 youth and their families were served across the three regional CMEs, beginning December 30, 2009 through December 10, 2010. Overall, youth served by a CME exhibit higher exposure to risk factors than in the general population. According to CME records, the average age of youth's first receipt of mental health services was 9-years old. The average Wraparound fidelity scores were 76 from caregiver reports, 78 from team member reports, and 79 from youth reports. These scores suggest that Wraparound is being implemented with fidelity, as defined by the National Wraparound Initiative. http://www.rtc.pdx.edu/nwi/. On average, 84% of youth and 79% of caregivers have had an overall positive perception (a.k.a. "were satisfied") of the services

they received through the CME. Outcome data is not yet available for youth served by the CME but will begin to be reported within the next year.

Communication with Local Departments and Stakeholders

SSA has taken steps to ensure that local departments are provided with the information needed to ensure practice and policy consistency and implementation. Regional Supervisor Meetings are held at least twice yearly with supervisors, administrators, assistant directors and directors to provide policy updates and share information relating to the state's priorities. At the most recent meeting, held in May 2011, we explored data relating to out of home placement and invited immediate feedback as to the story behind the numbers. Information gathered at these meetings will be used to inform future policy development.

The main method for information sharing is via SSA's intranet site, SSANet. In early 2011, the intranet site received a facelift, allowing for easier access to information. Central staff can more easily update the site as information changes or becomes available. All of the policies and memos issued are placed on the site for ease of access. We are in the process of developing a method to allow access to our policies y the general public via the DHR website.

In the spring 2011, Maryland recommenced the quarterly SSA Newsletter which serves as a mechanism to communicate program updates or special initiatives with all child welfare staff across the state. The spring 2011 edition highlighted how FCP looks across the state through special submissions from the central office, local departments and community. The next newsletter will highlight Youth Engagement Model/Youth Matter and will feature articles submitted by the state youth advisory board.

Consultation and Coordination

Maryland understands that it is essential to develop collaborations to help to support the success and implementation of its Child Welfare Services. As indicated in the Place Matters section of this report, Maryland has made strong collaborations with its community partners to help to implement the Place Matters strategies. Stakeholders were active participants in the development of the CFSR PIP strategies. Participants included local department of social services staff, attorneys, Foster Court Improvement Project (FCCIP) staff, private providers and other child welfare advocates. They were assigned to workgroups based on their areas of expertise and interest. In addition, youth are a part of the Steering Committee for the development of the Youth Engagement Model. The development of this model is one of the strategies in the CFSR PIP and the ASPR. Maryland's Youth Advisory Board is also consulted on policies and practice changes during their monthly meeting. Below are additional collaborations with which Maryland is involved.

- **Collaboration with Courts**

Maryland has a strong partnership with the Foster Care Court Improvement Project (FCCIP). The SSA Executive Director sits as an active member of the FCCIP Implementation Committee. This is the venue by which input is also sought on planning activities. The Executive Director

will use this forum to get input from the FCCIP on the IV-E PIP. While must of the issues identified in the IV-E PIP are local department issues, the buy-in and support of the court is essential. FCCIP was also a valuable contributor to the development of the CFSR PIP and the Child and Family Services Plan, as the state developed strategies to overcome barriers to permanency. They were members of the workgroup which developed the Permanency strategies in the CFSR PIP. In addition, the DHR Secretary and the Chief Judge co-chair The Child Welfare Court Commission. This group includes local Child Welfare leadership from all the child serving agencies (Department of Social Services, Department of Juvenile Services, Department of Health and Mental Hygiene, Department of Education), local Family Court judges, masters and attorneys. The Commission focuses on permanency barriers and identifying promising practices. The DHR Secretary and Chief Judge meet with this group quarterly to discuss issues and come up with strategies.

One of the Commission's noted initiatives was hosting a Child Welfare Summit in 2008. The Summit brought together teams from all 24 local jurisdictions to identify permanency barriers and develop an action plan to overcome those identified barriers. Each local jurisdiction brought a team of 10 people to the summit. Information regarding best practices from around the country was provided to the participants. Teams continue to work on their action plans and submit quarterly updates to the Commission. In September 2010, a second summit will be held to further the work of the teams, by reviewing the accomplishments and planning for the next 2 years.

As outlined in the Family Centered Practice section, SSA collaborated with the Foster Care Court Improvement Project to conduct outreach to improve the execution of Family Involvement Meetings (FIM) with particular emphasis on improving permanency outcomes and engaging youth. Future work will be done to consult with the American Bar Association (ABA) to improve the collaboration with the legal community

- **Citizen's Review Board - Adoption and APPLA Reviews**

The work of the Citizen's Review Board (CRB) is an important step to ensuring local departments are working towards permanency for Maryland's children. During FY 2010 the Citizens Review Board for Children (CRBC) reviewed 1199 cases of youth in out of home placements. In accordance with an agreement reached between the Department of Human Resources (DHR) and the CRBC State Board, CRBC reviewed cases of youth with a permanency plan of adoption or Another Planned Permanent Living Arrangement (APPLA). This focus allowed CRBC to review these vulnerable and often overlooked populations. The CRB submits quarterly reports to DHR/SSA and local departments of social services regarding data from the reviews. This information is utilized by DHR/SSA to determine trends for local departments. According to the FY10 Annual report, The CRB reviewed 1199 cases. Those reviews were split into three areas: APPLA 57%, Adoption 34% and Advocacy 9%. The FY11 report is not yet available.
Cases were reviewed that met the following criteria:
Adoption:

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

APPLA:
- Youth with newly established primary permanency plans of APPLA (reviewed three months after the plan has been changed)
- Youth age 17 or 20 years old with existing or new cases
- Youth 16 years old and younger with existing plans of APPLA

Goals of the adoption reviews were to ensure:
- Youth are receiving the services necessary to prepare them and their pre-adoptive families for adoption
- Barriers are identified and removed so the adoption process progresses in a timely manner
- The local departments are adequately searching for and recruiting adoptive resources

Goals of the APPLA reviews were to ensure:
- That youth are receiving the services necessary to prepare them to live independently
- That the local departments are working alongside the youth to identify a permanent connection for the youth
- That APPLA is not viewed as a "catch-all" without exploring other permanency options
- That youth are made part of the service and case planning processes

Looking forward, CRBC has identified the following goals:
- Increase the number of youth who attend reviews
- Review Ready by 21 goals and assess whether youth are being adequately prepared for independence
- Assess service delivery and availability for reviews of families and youth in out of home and in home placements
- Adding Reunification cases into the review process. New cases for children age 10 and older, Children 10 and older with reunification plans in place 15 months or longer. All reviews will be scheduled 3 months before court review
- During the last 3 months of the fiscal year, reviews will be conducted of those cases where there were major barriers or where the boards indicated they wanted to see cases again to determine progress and if board recommendations were implemented.

- **Maryland Children's Cabinet**

The *Maryland Child and Family Services Interagency Strategic Plan* was the culmination of an intensive, collaborative effort by the Maryland Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of youth and families. In particular, the focus of the strategic planning effort was on those youth who are involved with or at-risk for involvement with

multiple child-family serving agencies, based on the complexity of challenges facing children and families involved with more than one child-family serving agency.

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

- **Provider's Council**

Maryland understands the significant role of its providers in serving children and families in the child welfare system. As such, Maryland formed a Providers Advisory Council. The Council has representation from both Residential Child Care agencies and Child Placement agencies and is co-chaired by Social Services Administration and the Office of Licensing and Monitoring. The Council meets on a monthly basis with the Secretary of DHR and the Executive Director of SSA. They have provided consultation to DHR in matters pertaining to services to children, policy relating to payment services, health, safety and well-being.

Some of the accomplishments of the Council include:
- Participated in the Child and Family Services Review,
- Consulted on reporting of data related to children in care,
- Completed a study on AWOL (absent without leave) youth and made recommendations that led to policy directives for local department payments,
- Facilitated statewide policy development for graduation and emancipation stipends for youth,
- Consulted on the SACWIS payment changes to enhance accurate payment for youth in placement,
- Consulted on integration of family centered practice, and
- Received first stage training in SAFE home studies, and family centered practice.

This upcoming year the Council is working with the Department in examining the benefits of and process for moving to performance based contracting. The council is also advising on the process for competitively bidding child placement agency contracts.

- **Maryland Foster Parent Association (MFPA)**

The MFPA partners with the State to serve and educate Maryland's resource parents. A Foster Parent Ombudsman is on the staff of the Secretary of the Department of Human Resources to work closely with the MFPA and carry concerns and issues identified to the Social Services Administration. The Social Services Administration grants funds to the Maryland Foster Parent Association to support its mission. MFPA members serve on many committees and task forces. Some of their accomplishments over the past year include:
- Work with SSA on Code of Maryland Regulations (COMAR) and policy updates
- Present at local department child welfare supervisor regional meetings
- Initiated a website with information for foster parents

- Maintain a 1-800 number answered by MFPA members which provides information for potential and current foster parents

The MFPA will continue to assist with regional training of Maryland's resource homes attended by both resource families and local department staff. Two of the targets of their training are the care of teens and resources to help resource parents meet the special needs teen present. They will be the voice of the resource families and a valuable resource for the department.

- **Developmental Disabilities Administration**

The Department of Human Resources/Social Services Administration (DHR/SSA) and Department of Health and Mental Hygiene/Developmental Disabilities Administration (DHMH/DDA) are committed to maximizing the independence for people receiving State services and supports. The agencies recently entered into a Memorandum of Understanding (MOU) to improve access to the continuum of resources available to children and vulnerable adults with developmental disabilities; providing appropriate services in a timely and efficient manner. It is through this joint partnership with an understanding of each Department's legal and statutory requirements; terminology and service definitions; and ability to provide services, funding, and/or assistance, that coordination will occur.

DHMH/DDA and DHR/SSA are committed to working together on planning for children/youth as they transition into adulthood. Transition from adolescence to adulthood is often complex and complicated. Many youth, particularly those in the state's care, need extra assistance in order to successfully navigate this path. Beginning at age 14, regardless of the youth's permanency plan and/or disability, SSA starts preparing the youth to transition from the child welfare system. Each youth's transition plan is based on their individual strengths and needs.
It is both Departments' responsibility to provide a fair and equitable system which allows for the planning for the needs of the children, youth, and adults that require services. It is the intent and responsibility of both Departments to provide opportunities and experiences that promote independence. People with developmental disabilities have the ability to increase their independence and skills throughout their life just as others without disabilities.

As a supplement to the MOU, the Departments created a manual and "At a Glance" as a reference tool for staff from both Departments. The manual clearly defines the roles and responsibilities of each agency for DDA eligible youth transitioning from Out of Home Placement and DDA eligible adults. The "At a Glance" is a reference guide outlining the scope of services of each Department. These documents will be distributed to each local department for staff to use as a reference when interacting between the agencies.

- **Family Unification Program (FUP)**

The Family Unification Program (FUP) is a collaborative effort between the Maryland Department of Housing and Community Development (MD DHCD) and the Maryland Department of Human Resources (DHR) to provide adequate housing to promote family unification. FUP provides Housing Choice Vouchers (HCV) to assist families with children in out-of-home care who have not been able to reunify with their children due to lack of permanent and adequate housing; families displaced by domestic violence in preventing the unnecessary

removal of children from their families; and, eligible former foster youth. It is designed to enable families and youth to lease or purchase decent, safe and sanitary housing that is affordable in the private housing market.

Each year in Maryland nearly 650 youth ages 18-21 exit foster care. Within 12 to18 months of exiting care, some of these youth will face homelessness or will be forced to rely on public assistance. The FUP vouchers allow youth to rent housing from a private landlord and pay as little as 30 percent of his/her monthly adjusted gross income towards rent and utilities. Housing assistance via the FUP vouchers for youth is available for a maximum of 18 months.

In August 2009, Maryland received 100 HCVs from the State Department of Housing and Urban Development (HUD) to help families and youth in the following ten counties Allegany, Caroline, Dorchester, Frederick, Garrett, Kent, Somerset, Talbot (excluding the towns of Easton and St. Michael's), Wicomico, and Worcester who are covered by the Memorandum of Understanding (MOU) between DHR and DHCD. In August 2010, Maryland received an additional 85 HCV's for Calvert and Prince Georges Counties. It is expected that approximately 20 percent of these vouchers will be used to assist former foster youth, ages 18-22, in obtaining stable housing.

Since the original 100 HCV's were issued in August 2009, all the vouchers have been utilized to assist families and youth. The 85 vouchers awarded to Prince Georges and Calvert Counties are also being distributed to the appropriate recipients.

- **Maryland KEEP**

Maryland KEEP is collaboration between the Maryland Foster Parent Association (MFPA) and the University of Maryland, School of Social Work, the Ruth Young Center, and the Child Welfare Training Academy, and the Oregon Social Learning Center (OSLC). KEEP is a foster and kin parent training and support intervention for youth ages 5 to 12, designed by Dr. Patricia Chamberlain and the OSLC, modeled aft the evidence-based practice of Multidimensional Treatment Foster Care. KEEP is an intervention to:
  - improve the recruitment and retention of foster care parents by strengthening the network of foster care families
  - decrease child behavior problems
  - decrease placement disruptions
  - increase permanency for youth by removing the barriers of multiple placements

Maryland KEEP was developed to support Place Matters in the following areas:
  - foster parent recruitment and retention
  - family centered practice
  - group home reduction efforts
  - improved permanency goals

It is a 16 week training and support program. KEEP parents are trained on behavior modification techniques that include positive reinforcement techniques and charting. Outcomes for children of parents in the KEEP groups were found to have
  - fewer behavior problems
  - higher rates of reunification with biological or adoptive families

o fewer placement disruptions than those children placed in foster homes with additional support

- **Technical Assistance**

Implementation of 'Place Matters" has also been supported by technical assistance from The Annie E. Casey Foundation, particularly in assisting in the identification of and strategies to overcome barriers to permanency. In the past year TA has been provided to local departments in the form of case consults on difficult cases as well as bringing in experts to work with staff and foster/adoptive parents in "Unpacking the No" to adoption. This TA has had an impact on the increased number of adoptions in the last 2 years. We expect to continue offering these types of TA to local departments in FY'12.

These strategies along with the Place Matters strategies will provide positive outcomes for the families and children served by Maryland's child welfare system. Technical assistance from the National Resource Centers, Annie E. Casey and Casey Family Programs will be utilized to support and implement these strategies. Maryland has enlisted Casey Family Programs to assist in the development and Implementation of its Supervision Model. Children's Research Center is assisting in the revision of our safety and risk assessment tools.   It is expected that this will have an impact on our safety outcomes over the next 2 years. Assistance in these revisions will also be sought from the National Resource Center for Child Protective Services. In addition technical assistance from the Annie E. Casey Foundation will continue to be sought as we work to improve our permanency outcomes.

Measures of Progress

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

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

In order to assure data validity/reliability, the State will provide local departments with policy directives outlining the required data fields/screen shots relating to each of these indicators, refresher training sessions to assure the proper date entry for these indicators, ongoing reports

indicating the progress being made for these indicators, and quality assurance monitoring to assess the quality of data entry in each jurisdiction.

Performance Measure	2009	2010	FY 11 Target	FY 12 Target	FY 13 Target	FY14 Target
By June 30, 2014, Maryland will consistently meet or exceed the National Standard for Absence of Maltreatment Recurrence. Maryland is currently at 96.4%, which exceeds the national standard by 1.8%.	**95.1%**	**96.4%**	**94.4%**	**94.5%**	**94.6%**	**94.6%**
By June 30, 2014, Maryland will maintain the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months). Maryland is currently 0.02% below the national standard of 99.78%.	**99.56%**	**99.76%**	**99.78%**	**99.78%**	**99.78%**	**99.78%**

2009 Source: Children's Bureau, Child Welfare Outcomes 2006-2009: Report to Congress
2010 Source: Derived from MD CHESSIE: AFCARS and NCANDS files by Fostering Court Improvement.

Story behind the numbers
Maryland's focus on the safety of children is a fundamental task for child welfare. Maryland would like these indicators to be 100%, and there are renewed efforts to assess the safety and risks for children known to the child welfare agency. The absence of maltreatment recurrence, in particular, will be monitored as Maryland continues to launch its family-centered practice model during which it has already experienced a substantial reduction in the number of children placed out-of-home.

Area Identified: Permanency
Targeted Improvements:

Performance Measure	2009	2010	FY 11 Target	FY 12 Target	FY 13 Target	FY14 Target
Exits to reunification in less than 12 months	**57.2%**	**53%**	**60%**	**65%**	**70%**	**75%**
Exits to reunification, median stay	**9.6 months**	**10,9 months**	**9 months**	**9 months**	**8 months**	**7 months**
Entry cohort reunification in less than 12 months	**25.2%**	**35%**	**30%**	**37%**	**44%**	**50%**

Re-entries to foster care in less than 12 months	13.1%	14%	10.5%	10%	9.5%	9.5%
Exits to adoption in less than 24 months	14.2%	14%	18%	23%	29%	35%
Exits to adoption, median length of stay	41 months	43.4 months	40 months	37 months	32 months	27 months
Children in care 17+ months, adopted by the end of the year	11.9%	16%	13%	15%	19%	23%
Children in care 17+ months achieving legal freedom within 6 months	3.2%	2%	4%	6%	8%	10%
Legally free children adopted in less than 12 months	71.4%	77%	72%	73%	74%	75%
Exits to permanency prior to 18th birthday for children in care for 24 + months	16.1%	25%	17%	19%	22%	26%
Exits to permanency (prior to 18th birthday) for children with TPR	93.7%	93%	94%	95%	96%	97%
Children Emancipated Who Were in Foster Care for 3 Years or More	63.4%	59%	60%	57%	54%	51%
Two or fewer placement settings for children in care for less than 12 months	89.4%	85%	90%	91%	92%	93%
Two or fewer placement settings for children in care for 12 to 24 months	79.8%	72%	80%	83%	86%	89%
Two or fewer placement settings for children in care for 24+ months	32.9%	47%	33%	36%	39%	42%

2009 Source: Children's Bureau, Child Welfare Outcomes 2006-2009: Report to Congress
2010 Source: Derived from MD CHESSIE: AFCARS and NCANDS files by Fostering Court Improvement.

Story behind the numbers:
In general, as Maryland has been reducing its number of children in foster care, this has a negative impact on the indicators such that children who have been in care for long periods of time are exiting—this pulls down the average and median lengths of stay.   Over the next couple

of years, as the agency fully implements its new family-centered practice model, the children who really need to enter foster care will do so, and as the State is addressing the permanency needs for those children it may be necessary to adjust the foster care goals around lengths of stay.

Reunification – At this time we have set modest goals as we anticipate that the children entering foster care will do so only after intensive efforts of family-centered practice: engaging parents, locating relatives, and conducting family involvement meetings. The future entry cohorts may be less likely to reunify than the past foster care population, although we are seeing about 1 in 5 children reunifying within 60 days, due mainly to family involvement meetings occurring after removal and leading to reunification; and we find that court involvement associated with removal motivates family action so that reunification can occur in a short time frame. While we do hope to shorten length of stay for children who reunify, we are mindful that the children who come into care, and do not leave within 60 days, may be children and parents who present with higher needs than the foster care population that were able to reunify in prior years, and may require longer lengths of stay in order to reach stability and an appropriate return to their homes of origin. In other words, the success of Maryland's Place Matters initiative, to reduce safely the number of children in foster care, may actually be impacting negatively on Maryland's challenge to reunify a high proportion of children within 12 months.

An important outcome for children reunified is family preservation and agency efforts to support families staying together. The re-entries into foster care among children who have been reunified has increased over the last year, from 13.1% to 14%, and this indicator is a key measure for Maryland as part of its Place Matters initiative. We seek lasting reunification, and Maryland will encourage those jurisdictions with high re-entry after reunification rates to re-double their efforts to support reunification.

Exits to Guardianship – An increasing number of children are exiting to guardianship and we anticipate increasing exits to guardianship in the coming years.

Adoptions – Maryland has increased its efforts to have children adopted over the years and consequently the average length of stay among children adopted is substantially increased by the adoptions of children who were in foster care for long periods of time as evidenced by the increase in median length of stay which has increased 2.4 months, from 41 to 43.4 months. Because of the efforts associated with family centered practice and because the reduced number of children in foster care has resulted in a decrease in the number of legally free children eligible for adoption, a lower number of adoptions in the coming years is anticipated. The pool of legally free children eligible for adoption is constrained as well by the decrease in percent of children in care longer than 17 months who become legally free (3.2% to 2.0% in last year), although a larger percent of children in care longer than 17 months are getting adopted by end of year, from 12% to 16% in the last year.

For the children who have been in care for 24 or more months prior to their eighteenth birthday, there was a very positive increase in percent of exits to permanency, from 16.1% to 25%, and this is probably a result of ongoing efforts over the years to find permanency for children who have been in care for long periods of time, as noted above.

While foster children remain, Maryland is concerned about their well-being. We want foster children to develop and thrive while in care. A key measure of that is placement stability, and Maryland has seen a decrease in placement stability over the last year among children inc dare for less than 12 months (89.4% to 85%), and among children in care between 12 and 24 months (79.8% to 72%). Placement stability has increased, however, among children in care over 24 months, from 32.9% to 47%, a substantial increase.

Area Identified: Child Well Being
Targeted Improvements:

Performance Measure	2009	2010	FY 11 Target	FY 12 Target	FY 13 Target	FY14 Target
School Enrollment for foster children within 5 Days	41.9%	43%	98%	98%	98%	98%
Comprehensive Health Assessment for foster children within 60 Days	50%	53%	98%	98%	98%	98%
Annual Health Assessment for foster children within 30 days of anniversary of Comprehensive Health Assessment	*Pending*	*Pending*	98%	98%	98%	98%
Annual Dental Assessment for foster children within 30 days of anniversary of Comprehensive Health Assessment	*Pending*	*Pending*	98%	98%	98%	98%

Source: School Enrollment—Maryland Child Welfare Performance Indicators, 3rd Annual Child Welfare Accountability Report, December 2009 and 2010; Health Assessment— MD CHESSIE – derived by the University of Maryland Baltimore, December 2009 and 2010

Story behind the numbers
School enrollment within 5 days and conduct of the comprehensive health assessment within 60 days are important actions that need to be taken for all new foster children. The percentages shown for these actions are showing improvement although fall considerably under the goals. One factor relating to these statistics may be lack of data entry. In the coming months and during 2012 the State will communicate clearly about the importance of documentation and develop periodic updates to local offices to improve data entry. Reports will be developed and shared with LDSS offices in order to establish a baseline and progress toward achieving the goals will be closely monitored. Actual figures for the annual assessments remain unavailable at this time.

C. Breakdown of Title IV-B subpart 2 Funds

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

centered, underscoring the importance of timely, culturally appropriate, comprehensive assessments and individualized planning on behalf of the children and families that come to the attention of the Department.

Maryland continues to use the Promoting Safe and Stable Families (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. Funds are now being provided on a State Fiscal Year basis. Maryland did not expend the required 20% of its PSSF funds in FY 2010. One of the larger local departments did not expend their allocation within the proscribed timeframe. Our accounting mechanisms did not alert SSA in enough time to reallocate the funds to local departments who had expended all of their funds. For SFY 2011, we are putting in place more controls to ensure that the local departments spend their allocations for time-limited reunification, adoption promotion, and caseworker visitation. In the Policy Directives for the above-mentioned services, we have added language that informs local departments that if ½ of their allocation is not spent by January 1, 2011, any remaining amount will be subject to reallocation to other local departments that are spending their funds. In addition, the local departments are required to submit a spending plan for Adoption Promotion and Time-Limited Reunification that describes how they will spend their allocation. For FY 2011, failure to submit their plan will result in the total allocation for that local department being withheld and redirected by SSA to another jurisdiction.

Time-Limited Reunification
The twenty-four Local Departments of Social Services offer time-limited family reunification services. For FFY 2010, the allocation to the local departments were based on a per child cost of children in the foster care system 15 months or less. Each local has designed the services to match the needs of the population served it its jurisdiction; however all the services are aimed at reunifying the family. It is estimated that 1,500 families and 1,700 children will be served in FFY 2012. The types of services provided include:

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

Adoption Promotion and Support Services
The twenty-four Local Departments of Social Services offer adoption promotion and support services to improve and encourage more adoptions from the foster care population, which promote the best interests of the children. The activities and services are designed to recruit adoptive families, expedite the adoption process and support adoptive families. Services are also provided to adoptive families that allow them to maintain the child in placement. For the FFY 2012 funds, the allocation for each local department will be based on the number of children

with a goal of adoption. It is anticipated that approximately 2,600 families and children in FFY 2012 will be served by various services offered through the adoption promotion and support services funds.

The types of services provided include:

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

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

In the first three quarters of SFY 2011, the family preservation and support services programs served approximately 768 families, 42 parents, 111 fathers, and 30 teens. The PSSF programs are available to all families who are in need of services, including birth families, foster families, and adoptive families.

Some of the family support money supports Responsible Fatherhood initiatives. Kent County's fatherhood program provides workshops on anger management, special family events for fathers and their children, sessions that focus on parenting, marriage, and financial planning, and play groups for fathers and their children. The Kent County Local Department of Social Services contracts with the Kent Family Center to provide this service, which will continue in FY 2012.

Frederick County also has a Responsible Fatherhood parenting education group that meets weekly. The goals are to build parental knowledge about non-corporal means of discipline, child development and appropriate expectations, reinforce appropriate parent/child roles, and increase parental empathy, self -esteem and self-awareness. The Frederick County Local Department of

Social Services contracts with the Family Partnership of Frederick County to provide this service, which will continue in FY 2012.

One of the requirements of each program is that the following outcomes be achieved: 80% of the families would not receive an indicated CPS finding our experience an out-of-home placement 6 and 12 months post-closing. 16 of the local departments achieved this outcome (Data missing from 5 programs. Some of the new programs do not have cases that have been closed yet for 6 months). For SFY 2011, the local departments were required to complete a Maryland Family Risk Assessment on every family when they begin and complete the service. We are just beginning to receive data from the local departments on initial and closing scores on the Maryland Family Risk Assessment.

Listed below is a description of the family preservation and family support programs for SFY 2011. Some of the initiatives are new.

Local Department	Description of Services Provided	Family Preservation or Family Support
Allegany County	A 12-week workshop called H.O.P.E. is offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training. Additional support for married and co-habitating couples is offered beyond the core parenting workshops. Group and home-based intervention will focus on strengthening relationships, conflict management, and expectations.	Family Preservation
Baltimore County	Functional Family Therapy, and in-home mental health intervention, will be provided to families with children ages 10 or older and who are involved with the child welfare system.	Family Preservation
Calvert County	Parent and child groups will be conducted with each group session consisting of education, support, and experiential exercises. Parents will learn child development, parenting strategies, and setting realistic expectations. Separate children's groups focusing on expressing and dealing with feelings surrounding placement. The conclusion of each group cycle will include several multiple family sessions, where parents and children are joined within the group.	Family Preservation
Carroll County	The family support center will offer parenting classes, workshops, and parent/child activities to	Family Support

	family who are approaching reunification with their children.	
	In-home Family preservation services are offered to families. The program utilizes a family-centered approach that is strengths-based.	Family Preservation
	Children in Need of Assistance Mediation Program – offer mediation to Child in Need of Assistance cases.	Family Preservation
Cecil County	An Outreach Recovery Worker will be hired by the Alcohol and Drug Recovery Center and housed at the Cecil County DSS. The outreach worker will accompany workers into the field to provide evaluations, act as a liaison between DSS and substance abuse treatment providers, provide substance abuse education, help staff identify behaviors associated with active drug use or relapse, develop relapse plans with clients and DSS worker, attend Family Involvement meetings, and help establish accurate treatment plans by attending intake appointments with the parent.	Family Preservation
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age 5. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	Family Support
Dorchester County	The Family Matters program provides an intensive level of support services to families and focuses on early involvement with families to address and ameliorate crises.	Family Support
Frederick County	Family support and family preservation services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and fathers, parent and child interaction activities, self-sufficiency services, life skills training, counseling, and case management.	Family Preservation and Family Support
Garrett County	In-home preservation services are offered to help families remain intact and improve family functioning.	Family Preservation
Harford County	The Safe Start program is an early assessment and intervention program that targets children at-risk for maltreatment and out-of-home placement. If risk factors for abuse/neglect are identified, the program	Family Support

	provides further assessment with intervention and follow-up services to families.	
Howard County	The Family Options program provides services to help pregnant and parenting teens and very young parents. These services include group sessions, parenting classes, intensive case management, referral services, and substance abuse counseling.	Family Support
Kent County	A fatherhood program is offered that provides the following services: workshops on anger management, special family events for fathers and their children, sessions supporting parenting, marriage, and financial planning, and play groups for fathers and children.	Family Support
Montgomery County	This family preservation service focuses on teens returning home after placement. Short-term, intensive, in-home services are provided to families in crisis.	Family Preservation
	This family support service focuses on families in crisis with teens at risk for out-of-home placement including out-of-control teens, special needs teens, and teens with mental health issues. These families will be provided in-home services, families will be connected to community providers, and parents will be taught coping mechanisms and life skills.	Family Support
Prince George's County	Strengthening Family Coping Resources (SFCR) is a trauma-focused, multi-family, skill-building parenting program for families who have experience trauma. SFCR is designed to increase coping skills in children and adult caregivers to increase families' sense of safety, improve stability and stabilize emotions and behavior.	Family Preservation
Queen Anne's County	The Healthy Families Queen Anne's/Talbot program provides home visiting services to first time parents to prevent child abuse and neglect, encourage child development, and improve parent-child interactions.	Family Support
Somerset County	The Healthy Families Lower Shore program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings, and extensive referrals to other resources.	Family Support
St. Mary's County	A home visiting program strives to provide parenting services to at-risk families and increase a parent's	Family support

	knowledge of child development and early learning. This program targets families with children up to three years old.	
Talbot County	Respite services provide support to families who have a child at risk of an out-of-home placement. The program offers voluntary, planned, or emergency services for short-term out-of-home placement in a respite provider's home.	Family Preservation
	The parent education program provides separate groups for parents and children that meet concurrently. Topics covered in the curriculum include: building self awareness; teaching alternatives to yelling and hitting; improving family communication; replacing abusive behavior with nurturing; promoting healthy development; and teaching appropriate developmental expectations.	Family Preservation
Washington County	Funding will be directed to the Family Center. Specifically, child care services will be provided to parents attending the parenting or self-sufficiency classes.	Family Support
Wicomico County	Respite services will be provided to families who are in crisis and who are receiving services.	Family Preservation
Worcester County	The Enhanced Families NOW program identifies and serves families already involved in the Department of Social Services Continuing Protective Services when mental illness of the parent has been identified as the primary reason for intervention. The families are linked with a mental health clinician who provides an in-home assessment and individual and family therapy services and reinforces the work of the case manager in areas of parenting skills and child development.	Family Preservation

D. Consultation with Indian Tribes

DHR/SSA works with Maryland's Commission on Indian Affairs to ensure coordination with tribes. The Commission provides valuable information on the culture of American Indians. Meetings were held on 10/13/10 and 11/3/10 to discuss issues relevant to Indian children involved in the child welfare system, including identification of Native American children in foster care, providing cultural competency training, and recruitment of Native American families for resource homes. On November 4, 2010, SSA staff attending a Maryland Commission on Indian Affairs meeting and SSA made a brief presentation regarding serving Native American Children. In May 2011, a cultural competency training was held for caseworkers and supervisors

in the local departments of social services. The trainer was the administrator for Maryland's Commission on Indian Affairs. Another training will be scheduled for the fall of 2011.

As of June 30, 2010, there were (19) children identified as American Indian in out-of-home care. During FY11, SSA staff contacted caseworkers across the state that had on their caseload Native American children in foster care. We inquired as to whether the caseworkers have been successful in connecting these children to any of their Native American extended family or to other Native Americans in their community. Most of these foster children were connected with either their extended family or to Native Americans in the community. In addition, information was shared with staff at Charles County DSS about a summer camp in that county that teaches Native American children about their heritage.

E. Plan for Health Care Services for Children in Foster Care
Below is Maryland's plan for health care services for children in foster care. It was initially believed that the State would need legislation before the plan could be enacted, however, it was subsequently determined the plan could move forward without legislative support.

Initial and Follow-up Health Screenings and Treatment, Medical Home and Documentation
Each child in foster care is enrolled into a Managed Care Organization (MCO) through their enrollment into Medical Assistance. This MCO establishes their medical home. Each child is assigned a primary care physician within 10 days of entering care.
Maryland's regulations and policy require that all children in foster care must have the following:
- Initial health screening within 5 days of placement
- Initial mental health screening within 5 days of placement
- A comprehensive health examination within 60 days of placement, which includes satisfaction of the required EPSDT components of Maryland Healthy Kids Program.
- Follow up medical appointments as indicated by the physician.
- Annual physical and dental examinations.

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

All components of the child's health care are documented in Maryland's Health Passport. Every child in foster care receives a Health Passport. The caseworker and/or caregiver accompanies the child on subsequent visits during which the physician consults with the caseworker and/or caregiver regarding the child's health and completes the Health Passport. Maryland physicians must complete the Health Passport forms each time they examine a foster child. The Passport includes the following:
- Medical Alert
- Child's Health History
- Developmental Status (ages 0-4 or child with disability)
- Health Visit Report
- Receipt of Health Passport

- Parent Consent to Health Care and Release of Records

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

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

The Healthy Kids Annual screening components include:
- Health and Developmental History
- Height and Weight
- Head Circumference
- Blood Pressure
- Physical Examination (unclothed)
- Developmental Assessment
- Vision
- Hearing
- Hereditary/Metabolic Hemoglobinopathy
- Lead Assessment
- Lead-Blood Test
- Anemia Hct/Hgb
- Immunizations
- Dental Referral
- Health Education/Anticipatory Guidance

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

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

Oversight of Prescription Medicines
Under Maryland's current policy the local director or assistant director is required to authorize the use of all non-routine medications and health care treatment including surgeries and

psychotropic medication. However, Maryland still faces challenges with ensuring children in foster care are not over medicated. This is an issue that will require continued discussion, planning and education.

In Baltimore City there is a current project underway to more closely monitor the use of psychotropic medications. All new children and adolescents entering foster care in Baltimore City will be evaluated for mental health and behavioral health needs by licensed mental health clinicians. Use of psychotropic medications are reviewed by a child psychiatrist in an ongoing way for appropriate use based on community standards of care. Care mangers are following youth to be sure needed mental health care is obtained. This project is being done collaboratively with the Departments of Child Psychiatry at the University of Maryland and Johns Hopkins University Schools of Medicine, Maryland Coalition of Families for Children's Mental Health, State of Maryland Mental Hygiene Administration, Baltimore City DSS and Baltimore City Mental Health Systems.

Consultation with Physicians and other Medical Professionals
The Department of Human Resources actively consults and collaborates with sister agencies such as the Department of Health and Mental Hygiene (DHMH), the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School and the Maryland Department of the Environment around issues relating to health care for children in Out-of-Home placement. DHR/SSA has a Health Coordinator who collaborates with DHMH on issues involving consultation or lack of consultation by physicians. This staff person also coordinates with Maryland's Managed Care Organizations (MCO) and local department of social services health coordinators to ensure effective service delivery.

In addition, DHR/SSA has partnered with the Maryland Chapter of the American Academy of Pediatrics (AAP) on a two-year study of the health care system for children in out-of-home placement. Medical professionals, local department staff, attorneys, foster parents and youth were surveyed to get a better understanding of the systemic challenges that compromise the delivery of health care services for children in out-of-home placement. Although the findings were consistent with the CFSR findings, the process allowed us to begin to capture more detailed information and broaden the coalition of stakeholders.

There are also ongoing discussions with the medical director at Baltimore City Department of Social Services regarding health care oversight of children in foster care as the City represents more than half of Maryland's foster care population. Baltimore City DSS operates a Match Program. In April 2009, the Baltimore City Department of Social Services and DHR implemented a new program designed to provide enhanced medical services to children in foster care. Headed by Medical Director Dr. Rachel Dodge, M.D., M.P.H., the MATCH (Making All the Children Healthy) program includes a team of health professional who develop and monitor individual health plans for children in out of home care. The medical case management service provides higher levels of service then previously because medical case managers actively coordinate services between case workers, caregivers and health care providers to assure the health needs of children are being met. In addition, they educate caregivers and the child about disease management, prevention, and wellness. Baltimore Health Care Access is the contracted

provider for this service. In 2010, services continue to be expanded to provide medical case management to more children in care as well as enhanced mental health services.

Workgroups
Maryland has established several workgroups to improve health care services to children in out-of-home care. They are:

- **Medical Home and Tracking** is focused on CFSR findings regarding Health Care Services, confidentiality, universal court orders, medical records, Health Passport, and training recommendations
- **Mental Health Access** is focused on Evidence-Based Practices, transition age youth who refuse mental health treatment, tele-medicine, standards for Mental Health Services, review of survey, and psychotropic drug use
- **Dental Access** is focused on a new medical consent form for Foster Parents, develop a checklist for Foster Parents to fulfill medical needs, duplication of the MATCH program statewide cost neutral, shortage of dentists and refusal of dentists to take foster children, EPSDT benefits and requirements, CHESSIE health fields, and training suggestions.
- **Training** is focused on updating the Medical Care Handbook , exploring training for Urgent Care workers on initial Health Screening, presenting to Judges at the CANDO Conference, and conducting a needs assessment survey of local department staff.

The work of these workgroups will result in the development of a Health/Education manual, a strong training curriculum, and a clear training curriculum for workers to ensure that foster children obtain their medical care through a Medical Home model with a centralized gate keeping "agent: to ensure all medical needs are met. The workgroups are scheduled to meet monthly through December 2011.

Next Steps

The plan is to establish an ongoing workgroup of stakeholders to develop and monitor the health care work plan. Collaboration between DHR/SSA, the AAP and the Child Welfare Academy has been initiated to develop multidisciplinary health care training for the child welfare workforce. The multidisciplinary teams will include medical and child welfare professionals to deliver training beginning in Spring 2011. Training stakeholders using a similar multidisciplinary strategy will be a task included in the work plan.

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

State Fiscal Year	Number New Removals in OOH, in Foster Care > 8 Days	Number Received Initial Health Screening w/in 5 days	Percent Receiving Initial Screening w/in 5 days	Number Medical Provider Assigned w/in 10 days	Percent Medical Provider Assigned w/in 10 days	Number Received Compre-hensive Examina-tion w/in 60 days	Percent Receiving Compre-hensive Examina-tion w/in 60 days
2009	2,477	753	30%	877	35%	1,228	50%
2010	2,557	889	35%	1,210	47%	1,352	53%

These counts and percentages are quite lower than expected, and point more likely to MD CHESSIE data entry issues that must be addressed. The plan for this is to follow the same model that has worked for other data entry challenges: Exception reports will be created with worker and supervisor lists of cases where these data are not being entered into MD CHESSIE, and local departments will be asked to get these data updated. Over time, the front line staff will begin to carry out this data entry without external (State level) prompting. Expectations for the actual percentage should not be significantly different than the sample case review data used in a 2007 report on the quality of casework practice (Child Welfare Accountability, Annual Report of Maryland Performance Indicators, December 2007):

- Percent of OOH Children receiving Initial Screening within 5 days was 91.1% (4% margin of error)
- Percent of OOH Children receiving Comprehensive Examination within 60 days was 90.5% (5% margin of error)

The "provider assigned within 10 days" statistic was not included in that report, nonetheless, Maryland remains committed both to assuring that foster children receive both timely and appropriate health assessments and care, and that foster care workers continue in their efforts to document these events correctly in MD CHESSIE.

F. Disaster Plan

Maryland has an Emergency Operation Plan that enlists and emphasizes the partnership of all of Maryland's governmental agencies and private organizations. The plan establishes support teams to facilitate more effective and efficient use of resources. The function-oriented approach of the plan enables coordinators to deploy resources and complete tasks more effectively. It outlines an approach and designates responsibilities intended to minimize the consequences of any disaster or emergency situation in which there is a need for state assistance.

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

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

Red Cross Shelter Manager for assignments. All DSS staff will remain under the supervision of designated DSS shelter team leaders.

DHR is currently developing an emergency preparedness training course for Foster Parents, with the expectation of offering it as part of the regular course work foster parents take to maintain their licenses. The course has been test-delivered and should be officially rolled out by the end of Summer 2011. Once implemented this course is expected to be used as a model for similar courses tailored to other provider communities within the State.

There are ongoing investigations of different alternatives for post-disaster reunification and tracking of children in and out of State custody. Partnerships with other entities will likely play a significant role in any long-term solution. Current discussions involve different alternatives with fellow State agencies, nonprofits, and for-profit contractors. DHR is working with vendor support to develop a framework within CHESSIE for tracking the emergency plans of children placed in independent living. The goal is to develop a framework that can be easily adapted to other sorts of placements. The project is currently outlining specific design objectives and developing a budget.

G. Child Welfare Waiver Demonstration Activities

Fostering Connections (Family Kin Connections)
The Kinship Connections Matter: Making Place Matter through Family Connections has reached the midpoint for this three year demonstration project being implemented with the University of Maryland Ruth H. Young Center for Families and Children (RYC). The intervention program promotes permanence and child and family well-being by strengthening the services offered to kin who are caring for children at risk of entering or in foster care. Kinship Connections Matter is designed to increase the number of children placed with family members, and engage families and children in case planning. Seven counties are participating in the demonstration project (Anne Arundel, Baltimore, Charles, Montgomery, Prince George's, Washington and Baltimore City) with the plan to replicate across the state at the end of the project.

- o **Core Components:**

  - **Kinship Navigator Program** –A new program for Maryland involving the development of seven local Kinship Navigator programs and the provision of family service assessments. Kin caring for children who are not involved in the child welfare system is the targeted population.
  - **Intensive Family Finding Program** – Expands current practice through a statewide contract with a computer-based search provider, and training on the Intensive Family Finding model for the seven sites. Older youth in care is the primary targeted population.
  - **Family Group Decision Making** – Development of training that will provide a standard model of practices. Currently each site utilizes Family Involvement Meetings (FIMs) but they are not utilizing a standard model.

- o **Accomplishments:**

- Monthly meetings with representatives from the seven demonstration sites and the RYC continue to be held. These agendas for the meetings includes policy and implementation updates that highlights best practices and challenges. Implementation guidelines for the Kinship Navigator program were issued. All of the demonstration sites hired Kinship Navigators. Training was conducted in October 2010 and March 2011. SSA and RYC representatives facilitated orientation meetings with all of the demonstration sites between December 2010-February 2011. The agenda explained the Family Kin Connections model and discussed the organizational capacity and community resources to adequately address the needs of their respective communities.
- Montgomery and Washington began accepting case management referrals from the Kinship Navigator in February 2011. Washington and Chares completed their kinship care resource guide. Washington County partnered with a local business to co-sponsor a Kinship Navigator kick-off event. Charles County hosted a kick-off event for community stakeholders in February 2011 and families in March 2011. Monthly support groups continue to be held in Anne Arundel County and have started in Charles, Montgomery and Washington. SSA partnered with Baltimore City to present the Kinship Navigator program to their Family Investment administrators.
- The remaining demonstration sites will develop resource manuals and begin to recruit families for the kinship advisory boards.,
- All of the demonstration sites continue to track Family Finding activity. The Family Finders support group continues to be held monthly. The support group drafted policy recommendations in which was vetted with the local department administrators. Child welfare staff in the demonstration sites attended intensive family finding overview with Kevin Campbell.
- Efforts to establish a contract with Lexis Nexis to enhance the Family Finding capabilities are pending.
- Pilot facilitation training was offered in July 2010. Priority registration was given to the novice facilitation staff in the demonstration sites for sessions held in October 2010, April 2011, May 2011 and June 2011.
- The FCP Practice Support Group nominated peers to join the facilitation coaching workgroup that was convened in February 2011 to develop policy recommendations and recruitment guidelines. Their facilitation peers within the local departments selected members of the coaching workgroup. The facilitation coaching policy and recruitment guidelines was vetted with the local department administrators and will be finalized in June 2011. The inaugural coaching class will be trained in July 2011. The goal is to integrate the coaching model in components of the supervision model being developed.
- SSA continues to meet with the RYC and Child Trends research partners bi-weekly to review and refine the evaluation progress

H. Adoption Incentive Funds

Maryland was awarded $196,000 in Adoption Incentive Monies in October 2009 for adoptions finalized in FY 2009. The funds are being used to:
- Facilitate stabilization of an adoption placement prior to finalization;

- Help maintain an adoption after finalization; and
- Recruit families for older children and children of any age who present challenges that hamper identification of family resources for adoption.

One hundred forty six thousand dollars ($146,000) was dispersed among the local departments. A policy directive was sent to local departments instructing them on the use of the funds. Fifty thousand dollars ($50,000) will be applied to the cost of linking the Maryland Adoption Resource Exchange (MARE) database to CHESSIE. Linking the two systems is outstanding as the initial cost analysis was completed 5/26/11. Local departments are to expend funds for services given prior to finalization and for post adoption services to children and families who are Maryland residents. Post adoption services include information and referral, therapy, crisis intervention and respite services. The reported expenditures to date amount to $9800, all funds must be spent by September 30, 2011.

Maryland received a second Adoption Incentives Funds award in October 2010 of $173, 603 for adoptions finalized in FY 2010. A preliminary decision has been made to use these funds for regional adoption matching meetings and any activities related to identifying, approving and supporting families willing to adopt older youth.

I. CFSP Training Plan

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

Maryland uses both private and public foster care. Over the next five years, the State of Maryland will align the methodology for recruitment and studying resource families in adoption and foster care in the private and public sector. During this process, DHR would expand initiatives in Emerging Best Practices (EBP) that will involve both the private and public sector. This will require cross-training in both private and public practice. In FY '10, Maryland Child Welfare System began the development of Multidimensional Treatment Foster Care (MTFC) with a limited number of slots in Montgomery and Baltimore Counties. Placement of youth in MTFC will begin in September 2010. Additional EBPs currently available in Maryland include; Nurse Family Partnership, Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy and Maryland's EBP initiative on Trauma Informed Practice: Trauma Focused Cognitive Behavioral Therapy Learning. The development and use of EBPs are aligned with the State's Interagency Strategic Plan and currently being utilized more heavily by the Department of Juvenile Services.

As Maryland rolls out the Family-Centered Practice Model, training would be used to assure consistency across service resources. Training will be required for public and private providers and other community based child welfare services (this includes but is not limited to: Multi-Dimensional Foster Care and the Cross-Over Youth Program. Training matrix is attached.

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

- **Training Updates**
  - Pre-service training is a 19-day, skill-based curriculum designed to orient new employees to child welfare. The components of developing an Individual Service Plan (ISP) throughout the child welfare case continuum are taught. Engagement skills are introduced as the foundation of conducting risk and safety assessments, planning permanency goals, and coordinating services for children and their families. The training provides the foundation for using those engagement skills to establish teams to provide input in the case planning process and monitor the execution of the safety, permanency, and well-being goals for children. Pre-service training revisions were completed in late 2010. The new curriculum was introduced in January 2011. The two day FCP engagement and teaming training was integrated into the revised pre-service curriculum. A foster parent panel has been introduced to discuss the role and experiences of foster parents to the child welfare service delivery system. A core group of youth is being identified to establish a similar youth panel.
  - Additional in service training courses and partnerships to advance the goals and objectives of the practice model have been developed. The training topics include risk and safety, substance abuse, domestic violence, mental health and policy updates. More regional course and distance learning opportunities are being explored.
  - The second annual Voluntary Placement Agreement (VPA) summit was hosted in November 2010. The summit has been established as an annual event to provide policy update and community resources for the VPA coordinators in the local departments.
  - The 2010 entailed a special guest speaker from the Child Support Administration to discuss new child support guidelines and the impact on VPAs as well as speakers from Innovation Institute and the Maryland State Department of Education (MSDE) to talk about strategies and services to address the needs of children and families.
  - A one-day Adoption train the trainer training on the preparation of profiles, also known as social summaries or narratives, for photolisted children occurred twice during February 2011. The training was presented by two staff of the National Adoption Resource Center.

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

During SFY10, the entire Quality Assurance process for child welfare was revised, and during SFY11 three local departments underwent the Continuous Quality Improvement (CQI) on-site and case review process (Worcester, Somerset, and Baltimore County). Eight to ten local departments will be reviewed in each of the coming fiscal years (FY12 and FY13), in compliance with Maryland's Child Welfare Accountability Act (2006), which requires that each local department be assessed every three years.   The resulting new policies and procedures were implemented at the beginning of SFY10.

The new Continuous Quality Improvement process is based on a Results Accountability framework and an increased focus on data.   The new CQI process is based on the analysis of aggregate data from MD CHESSIE, broken down into specific child welfare indicators of 'how much did we do?,' how well did we do it?,' and 'is anyone better off?' for each of the program areas; this data is shared with LDSSs on a regular basis, and is used in the LDSS self-assessment and to determine ANIs and areas of strengths. Quarterly summary reports are sent to each LDSS regarding the completeness of their MD CHESSIE data entry. The on-site and case review portions of the QA process are designed to help identify causes behind the trends seen in the aggregate data; all of this information is used by the LDSS to develop a Continuous Improvement Plan, which will be monitored semi-annually.

The revision of the Quality Assurance (QA) system was a second strategy developed by the Supervision workgroup. It is essential that an effective QA system be in place to assist local departments of social services in achieving positive outcomes. The use of data to drive decisions is very important. Ensuring that all information is placed in MD CHESSIE (Maryland's SACWIS system) will be a part of call Continuous Quality Improvement (CQI). Continuous Improvement Plans will be developed by the local Departments of Social Services (LDSS) and monitored by DHR/SSA QA with technical assistance being given as needed. Targeted reviews of data elements and Place Matters indicators are a part of this revised system. All 24 local departments of social services are required to participate in the CQI process. Maryland's Child Welfare Accountability Act (2006) requires that each local department participate in an in-depth QA review every three years. The *CQ Pilot Manual* (included in the Appendix) describes the process in which local departments will engage in CQI Monitoring and review prior to their formal, in-depth QA Review and Targeted QA Review. The Manual is subject to revision in order to streamline the process. It is felt that with these improvements we will see more positive outcomes for Maryland's families and children.

The CQI process will track and evaluate the State and local departments of social services progress on a number of state and federal indicators, including placement stability. Specific placement stability indicators include timeliness of reunification, timeliness of adoption, percentage of children with siblings in different out of home placements, percentage of children with 2 or more placement settings for different lengths of stay in out of home care, the percentage of children in out of home placements who received a comprehensive assessment, placement in or out home jurisdictions, and average length of stay by placement type. During

the CQI process, information will also be gathered to assess how placement decisions are made, are children being placed in the least restrictive placement possible, are family visits being maintained (when in the best interests of the child), and other factors that contribute to placement stability. The common findings have not been compiled yet, however, common themes include adherence to timeliness (e.g. timely investigations, completing investigations within 60 days, reunification within 12 months). Additional summary information is pending, and anticipated during the fall of 2011.

As part of the new CQI process, the DHR/SSA Quality Assurance has developed a *Quarterly Quality Assurance Report on Required MD CHESSIE Elements*. This report is designed to track, monitor, and improve data entry into MD CHESSIE (Maryland's SACWIS system) by tracking completion rates of:

- AFCARS and NCANDS elements (both total and specific items for both AFCARS and NCANDS
- SAFE-C and MFRA assessments (safety and risk assessments)
- Data entry on client visits
- Data entry on well-being elements (health, mental health, education, tc.)
- Completion of placement data
- Completion of Local Supervisory Review Instruments Other data

The purpose of these reports is to highlight areas where jurisdictions are falling short in required data entry. Local departments use these reports to identify areas where they need to bolster training or monitoring efforts with their staff, to assure that data are updated timely MD CHESSIE.

Research/Evaluation

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

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

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

In addition, the University of Chicago's Chapin Hall Center for Children continues to work with Maryland to produce a longitudinal database for Maryland's children who enter into foster care placement. Maryland has also forged relationships with the Casey Family Program and Foster

Court Improvement to examine its foster care and abuse and neglect data. It is anticipated that these four groups, UMB School of Social Work, the Chapin Hall Center, Casey Family Program, and Foster Court Improvement, will be able to formulate a complementary set of activities coordinated with the SSA Research/Evaluation Office that will maximize Maryland's capability to produce reports on the status and results stemming from its child welfare system. The Department, with the help of UMB, was able to update its Chapin Hall Center for Children data set in the last reporting period.

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

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

The following chart outlines the Place Matters indicators used in SFY2009, SFY2010, and SFY2011, and those planned for SFY12. The emphasis has been on the key signs of the focus of Place Matters that are easily explained to the general public, and on a refinement of indicators over time.

- CFSR indicators including recurrence of maltreatment, reunification within 12 months, and adoption within 24 months are important indicators that are tracked at the State and local child welfare agencies, however, for Place Matters the statistics that are more easily understood involving simple counts or percents have survived during the years of developing and reporting on Place Matters successes.
- The number of foster homes was dropped as new data revealed that the local offices have more homes and beds available than are being used, and so the push to increase foster homes was de-emphasized.
- The percent of children placed in their home jurisdiction has been problematic, as originally conceptualized, because not all jurisdictions have a group home located in their jurisdiction. The State remains interested in children being placed close to home, and has settled on looking at the percent of all children placed either in their home or adjacent jurisdiction as the next attempt at tracking this important goal.

Place Matters Indicators – Evolution of Key Success Indicators

State FY 2009	State FY 2010	State FY 2011	State FY 2012
Number of Children	Same	Continued	Continued

in Out-of-Home Placement			
Number of children in group homes	Percent of children in group homes	Same	Continued
	New: Percent of children in Family Homes (including Trial Home Visits)	Same	Continued
Number of Foster Homes	Discontinued	Discontinued	n/a
Recurrence of Maltreatment	Same	Continued	Continued
Reunification within 12 Months	Discontinued	Discontinued	n/a
Adoption within 24 Months	Discontinued	Discontinued	n/a
	NEW: Number of Children Adopted (compared to Annual Adoption Goals)	Same	Continued
Percent of Children Placed in their Home Jurisdictions: - Family Foster Homes - Group Homes	Same	CHANGED: Percent of Children Placed in Home/Adjacent Jurisdictions – ALL Placements	Continued (with addition of percent of placements with missing addresses)
CPS Investigation open less than 60 Days at end of month		New for SFY11	Continued
Caseworker Visitation--Percent of Foster Children visited Every Month		New for SFY11	Continued
Absence of Child Abuse and Neglect while in Foster Care		New for SFY11	Continued
Placement Stability (Percent of foster children less than 12 months with two or less placement settings)		New for SFY11	Continued

MD CHESSIE

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

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

Maryland has made enhancements to MD CHESSIE which will assist in improving the quality of data. Recent MD CHESSIE enhancements are:

> **Improvements to Adoption and Foster Care Analysis and Reporting System (AFCARS).** An extensive number of changes to the MD CHESSIE system so that it will produce timely and accurate AFCARS data to the federal government. Implemented February 2010, the AFCARS updates represent a completion of Maryland's response to the AFCARS Improvement Plan, except for 3 foster care data elements that require additional interface corrections with DHR's CIS system (items 61-TITLE IV-A (TANF), 62-TITLE IV-D (Child Support), and 63-TITLE XIX (Medicaid). The recent FFY11A submission was the best submission ever for Maryland, and while not perfectly compliant, there was only 1 minor issue for the foster care file (case review—FC element 5: missing 14%) and one major issue for the adoptions file (Parental Rights Termination Date: Father—adoptions element 20: missing 52%) that remain for Maryland to address.

> **County specific room and board rates.** Changes to the system to support differential rates for public foster care room and board. MD CHESSIE will accommodate a differential rate by jurisdiction. Implementation May 2010

> **Integrated Structured Decision Making**. This is an instrument that workers will complete for various levels of service. The system will provide automatic scoring based on this input. The scores will be translated into potential services for the family. Implementation May 2010

> **Improve Title IV-E processing**. This enhancement will ensure that there is adequate and correct information to determine IV-E eligibility in order to correctly claim federal dollars. Implementation May 2010

> **Child and Adolescent Needs and Strengths (CANS) Assessment Tool**. The CANS tool will, among other things, assist frontline staff and management in efforts to evaluate the appropriateness and level of out-of-home care placement. In particular, this tool will help to ensure that children are in the least restrictive and least costly situation. Implementation April 2010

Technical assistance continues to be provided to local department caseworkers and supervisors in the form of MD CHESSIE training as well as on-site support, including individual case assistance. A number of policies regarding the use of CHESSIE from entering contacts to the monthly payment process have been issued. New policies issued include a section on how to document the action in CHESSIE. All of these are efforts to improve the caseworker use of the system.

In addition there have been two rounds of technical assistance from the National Resource Center for Child Welfare Data and Technology (NRCCWDT), one for AFCARS during the winter of 2008, and one for NCANDS in the spring of 2010. The AFCARS TA by NRCCWDT was used in the federal AFCARS review in July 2008 and the result of those efforts has come to fruition with a revamped AFCARS report that was successfully used for the 2010A data submission.

The NCANDS TA report was issued during the summer of 2010 and the State is planning to review that report and plan for changes in MD CHESSIE that will address those issues. As that development is planned and implemented, the State will rely temporarily on the UMB School of Social Work to help produce the annual NCANDS file. As a result of the NCANDS TA, improvements will be made in MD CHESSIE as resources become available and committed to this task.

There were four (4) proposed changes to MD CHESSIE for SFY11 (Implement SCYFIS/MD CHESSIE interface to obtain provider profile information, Enhance Service Case Plan, Automate Revised In-Home Response, and Audit Trail), however, these have been reconsidered and re-prioritized as part of SFY13 priorities due to lack of development funding.

SFY 2013 Proposed Changes:
1. Integrate SAFE Home Study in MD CHESSIE: This tool (Structured Analysis Family Evaluation—SAFE) is used for kinship care, foster care, and adoption. It is currently used in Maryland, and approved by the federal government as a best practice. The Home Study screens in MD CHESSIE must be updated with the SAFE questions and format in order to make it a seamless part of the work of documenting child welfare activities in MD CHESSIE.
2. Assessments and Case Plans: This is a substantial enhancement that would improve the way the MD CHESSIE automates Maryland's In-Home and Out-of-Home service response. This includes improvement/replacement of the following functions: assessments (SAFE-C, MFRA, CANS-Child, CANS-Family), health information, and case plans for in-home and out-of-home services to ensure that assessments are completed for all children and families and integrated as part of the case plan.
3. Improve Integrity of Client ID's in MD CHESSIE—Incorporating CIS Search: This enhancement will improve the task of correctly identifying and establishing (by creating new or linking to pre-existing) clients. Maryland will revise MD CHESSIE so that it will have the same search parameters as the State's Client Information System (CIS), widely used and trusted method. Maryland will benefit from this improvement in reaching its

    goal to minimize the number of duplicate clients that are created over time, thereby improving MD CHESSIE's capacity to generate accurate and reliable reports.

4. Official Case Record: Identifying in MD CHESSIE what sections constitute the Official Case Record and then having the ability to print out the Official Case Record. There is no way currently to check if all areas of the Official Case Record are completed without accessing each area. In addition, workers and supervisors cannot see all entered information by date of data entry. This improvement will help Maryland be able to produce a hard or soft (e.g. pdf) copy of the Official Case Record and will assist in the process of assuring data completion for sections of MD CHESSIE that need to be completed over time.

5. Modification to Financial Documents Module: As MD CHESSIE triggers millions of dollars of payments each year, there continue to be several fiscal reports and functions that will improve Maryland's goal to be accountable for the dollars expended.

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

CAPTA Spending Plan (past and future)

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

The Maryland Department of Human Resources received $473,930 in fiscal year 2010 Child Abuse Prevention and Treatment Act (CAPTA) federal grant and does not plan on any major policy shift from that reported in the State's submission for FY'11. Maryland has historically used and will continue to use the bulk of funds received from the CAPTA federal grant to support child abuse and neglect prevention activities in Maryland. For the past several years the state negotiated and entered into two contracts for child maltreatment prevention services. The first contract is with the University of Maryland School of Social Work's Ruth Young Center for Family Connections, Grandparent Connections to continue working with grandparents raising their grandchildren keeping them safe from abuse and neglect and out of the child welfare system. This program also provides a learning experience for master's level graduate students in social work who are employed as case managers working with families. This contract is awarded annually in the amount of $195,000. While the vendor for the service might change in the future, the plan is to continue to support a prevention program. (SEC. 106 #11)

The second contract supported with CAPTA funds is for an array of services including a 24 hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups. The award from CAPTA is $101,770 annually and has been awarded to the Family Tree, Maryland's chapter of the Prevent Child Abuse America and Parents Anonymous. A Request for Proposal was released earlier this year and an award will be made to the winning vendor on July 31, 2011 for a 5 year term. (SEC. 106 #11)

The last purely prevention initiative awarded CAPTA funds is to the State Council on Child Abuse and Neglect (SCCAN), one of Maryland's 3 CAPTA panels. Beginning in 2009 the Secretary of the Department of Human Resources committed $75,000 annually to support SCCAN. For the past state fiscal year the Council hired a full time Executive Director under whose leadership a state child abuse and neglect prevention plan is moving rapidly towards completion. SCCAN meets all of its CAPTA responsibilities in addition to voluntarily taking on the drafting of the state prevention plan. Unexpended funds from 2009 for the Council were used this past year to have a statewide environmental scan completed on overall costs of child abuse and neglect and programs available to address the issue at all levels (prevention, intervention, etc.). The final piece of the work to be completed is the writing of the plan. The Department plans to continue its support of SCCAN. (SEC. 106 # 11)

SCCAN membership includes representatives from all of Maryland's child serving Departments (Health and Mental Hygiene (DHMH), Juvenile Services, Education), the Director of the agency receiving CAPTA Part II funds, physicians, legislators, victims of abuse/neglect and other individuals interest in child abuse/neglect prevention, detection and intervention. The CAPTA panel serves as a perfect place where parties can meet to discuss a range of issues effecting children and discuss plans for coordinating services. At the June meeting of the Council, speakers from DHMH presented information on a recent federal grant received for Home Visiting programs. In addition to disseminating information, this meeting offered an opportunity to begin planning for improving/expanding home visiting services as other state and community programs were present to offer what they provide and begin to coordinate services. (SEC. 106 #14)

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

The remaining $33,605 is used to support various local departments of social services requests for training (once again supported Washington County Department of Social Services with $5,000 to support their regional child maltreatment conference held in April) and other local need surrounding addressing secondary trauma to child welfare staff. Finally, a small amount of the grant is used to support travel expenses for the State Liaison Officer (SLO) to attend the Annual SLO meeting and bi-annual National Conference on Child Abuse and Neglect and funds to support travel for Maryland's nominee for the Commissioner's Award given at the National Conference. (SEC. 106 #6 and #10)

Addressed in the IV-B section of this report is a discussion of Maryland's effort to enhance both the safety and risk assessments used by child welfare staff. Since no CAPTA funds are used for this effort it is addressed elsewhere. (SEC. 106 #4)

Program Descriptions

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

- While not supported directly by CAPTA funds, Maryland's screening staff receives training through the Child Welfare Academy. The Children's Research Center also provided a training booklet that is available for supervisors to use with new screening staff using the Structured Decision-Making tool in MD CHESSIE.

- Again, while not supported directly with CAPTA funds the staff in the Central Office and local departments conduct training for mandated reports. Central office staff are called on routinely to provide training for mandated reporters at the NASW annual conference, at schools for their social work and guidance staff, at local colleges where students soon to be employed in day care and other child related fields are receiving instruction, and at hospitals upon request. Local department staff also conducts training for their mandated reporters upon request. Maryland State Department of Education requires local school to provide training on recognizing and reporting child abuse and neglect annually and invite local staff to conduct the training. SSA participated in making a video that several jurisdictions continue to use.

- Maryland makes use of Family Involvement Meetings (FIMS) and one of the triggers for holding a meeting is at the point where assessment indicates that it is unsafe for a child to remain home. Individuals knowledgeable of the family's situation are called together to make a plan of safe care for the child. In an effort supported by funds from Casey Family Services, the Children's Research Center is helping a limited number of local department supervisors become proficient in the use of Signs of Safety. This model encourages workers to help their clients focus in on what poses a danger to their children and what actions will cancel that threat of harm. Family members identify who in their sphere of family members, friends and professionals can be brought to bear on the situation with the understanding that additional people might need to know what is happening so the condition can be adequately addressed.

- Maryland has had a long standing policy on the use of multi-disciplinary teams that encourages community participation in case decision making and local program planning. These teams can be standing or ad hoc and both are expected to have community partners as active participants. Also, the membership composition of the State Council on Child Abuse and Neglect is defined in Maryland Family Law and includes representatives from

each of Maryland's child serving Departments, local law enforcement, prosecutors, legislators, consumers of child welfare services, faith based service providers, child advocates, community service providers and a representative from both the State's Children's Justice Act Committee and CB CAP program. Collaboration and cooperation is a hall mark of the Council whose membership committee is now in a position to interview and select a person for Council membership from a list of candidates interested in the program.

- In 2009 and again in 2011 Maryland introduced bills in the Maryland legislature that are believed necessary to allow the changes needed to bring a full fledged alternative response system to the State. Unfortunately each bill failed in committee. None the less Maryland does operate a system of 'alternative response' for those families screened out for investigation. While not appropriate for investigation, these referrals are sent to other agency or community services for assessment and assistance.
- Reports from Maryland's three citizen review panels will be forth coming. The most recent reports on hand were submitted with last year's update. A discussion of Maryland's ability to submit information on Child Protection Services Workforce and Juvenile Justice Transfers is provided in Section IV. of this report.
- Maryland's State Liaison Officer is Stephen Berry, LCSW-C, In-Home manager located at DHR/SSA, 311 W. Saratoga St., Room 552, Balto., MD 21201. He can be reached on (410) 767-7018 or sberry@dhr.state.md.us. He is not identified as the State liaison officer on the Department's website.
- MD has in place policy that directs local departments of social services to receive reports on, and take action to address the safety needs of children born drug exposed. This policy is being modified to include infants born and identified as being affected by Fetal Alcohol Spectrum Disorder.
- In 2009 MD adopted a screening protocol developed by the Children's Research Center based on MD law, regulation and policy for determining which allegations are appropriate for investigation, prioritizing certain allegations for immediate response, and providing that certain referrals not accepted for investigation be referred to other agency or community services. This policy is being re-visited to strengthen the language regarding referrals screened out for investigation and referred to other agency or community services. Unfortunately the State's effort to gain passage of legislation to allow for a differential response component to the child protective services program failed in 2009 and again this year. Even without passage of the law Maryland is in a position to comply with this new requirement.
- After reviewing the other new and existing requirements for continued CAPTA compliance, Maryland believes it will be in a position to submit the required Assurance statement by September 30, 2011.

Citizen Review

Each of Maryland's three citizen review panels (Citizen's Review Board, State Council on Child Abuse and neglect, and State Child fatality Review Team) continued their work during the past year. Copies of their reports are attached.

New Data Items

- Child Protective Services (CPS) Workforce – The minimum education requirement for a cps worker in the entry level position of Family Services Trainee is a bachelors degree from an accredited 4 year college or university in an appropriate behavioral science such as: child development, sociology, social work, counseling, psychology, nursing, criminology, juvenile justice, human growth and development, human services, mental health or human resources management, that includes at least 30 credit hours in human services or human development. All new cps workers must participate in training provided by Maryland's Child Welfare Academy and successfully pass a competency examination before being assigned a caseload. Advancement in cps is based on years of service, level of education and licensure. An individual employed as a cps supervisor (Social Work Supervisor, Family Services) must be licensed at the LCSW level (established by the Maryland Board of Social Work Examiners) and have a minimum of 3 years experience providing child welfare services.
- Maryland strives to maintain an average worker caseload at the standards established by the Child Welfare League of America. Neither Maryland law nor regulation establishes a worker to case ratio for an individual employed as a CPS worker.
- MD CHESSIE contains data elements for demographic information on staff including education. Maryland will create an aggregate report on the requested demographic information and forward it by mid-September 2011.
- Number of Referrals to Infants and Toddlers of children ages 0 to3 who were victims in 'indicated' investigations of child abuse or neglect – Maryland does have the referral form for Infants and Toddlers as a document in MD CHESSIE and it serves a dual purpose that asks workers to identify if the child is 0-3 or 4-5.   It is likely that work is needed in MD CHESSIE to separate and capture the referrals for the children ages 0-3 as not all items on the referral form are actual data items on which reports can be run. If this proves to be true and MD CHESSIE requires modification, the ability to count the number of referrals will begin when the modification is complete. Analysis is underway and information regarding any needed changes to MD CHESSIE and a timeline for accomplishing it will be forwarded by mid-September 2011.

Legislation

This Legislative Session the Governor's packet contained three proposals that, if passed would have a significant impact on CPS. They are:
- Alternative Response – A proposal was introduced that would have created an 'alternative track' for certain cases accepted for CPS investigation. Unfortunately the proposal failed to gain sufficient votes and died in committee.
- Maintaining CPS Records – A proposal was introduced to allow records and reports from investigations resulting in 'ruled out' findings to be maintained for 5 years. Current law requires they be expunged within 120 days of receiving the allegation. Unfortunately the proposal failed to gain sufficient votes and died in committee.
- Criminal Child Neglect – Legislation was signed into law effective 10/1/11 creating a criminal definition of child neglect. This law does not change the Family Law definition

so the current requirements for finding 'indicated' child neglect did not change. The new law does require coordination and cooperation between CPS, law enforcement and the Office of the State's Attorney for investigating allegations of child neglect.

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

Transitioning Youth Preparation Services
In Maryland, the primary goal of the delivery of Transitioning Youth Preparation Services is to assist youth as they prepare for a successful transition from dependence to independence and self- sufficiency. This goal is accomplished through the implementation of an array of services for all foster care youth ages 14 up to their 21st birthday. As of May 2011, the Department provides services to 7,651 children in out-of-home care, of which 4141 are youth ages 14-21 in various living arrangements, eligible to receive Transitioning Youth Preparation Services. These figures are lower than May 2010, when there were 4,394 youth ages 14-21 in out-of-home care, among a total of 8,608 children in care.

In our efforts to increase services to meet the needs of the youth and improve outreach awareness with our private and public partners, Maryland participates in the "Ready By 21 Action Agenda." The Ready by 21 Action Plan was developed by Maryland's Children's Cabinet. The Children's Cabinet comprises representatives from each of Maryland's child-serving agencies (Governor's Office for Children, Department of Human Services, Department of Health and Mental Hygiene, Department of Juvenile Services, Department of Education, Maryland Department of Disabilities, and Department of Budget and Management). The Ready by 21 team was chaired by previous DHR Secretary. The team convened four subcommittees whose membership included local providers, stakeholders and state child serving agency staff to develop benchmarks in the areas of Education, Employment, Health and Housing. Cross-cutting issues, which cross multiple age groups and subject areas, and corresponding benchmarks, were also identified. The goals of the action plan are:
  ➢ Ensure that all children are equipped with the skills and knowledge base that will help them live independently and successfully.
  ➢ Be safely and stably housed
  ➢ Engaged in education or competitive employment with health benefits

Maryland is currently strategizing to institute best practices and improve services to ensure that youth are prepared for success. The strategies include:
  ▪ Providing independent living services for **all** youth ages 14 up to 21;
  ▪ Chaffee funds are used to support transitioning life skills for our youth; and
  ▪ Department is developing benchmarks that will standardize process working with youth in foster care coordinating with independent living partners.

The services currently provided to the youth ages 14-21 in out-of home placement or were adopted or achieved kinship guardianship at 16 or older includes:

- Case Planning and Life Skills Training – In order to address needs for self-sufficiency, Maryland is working toward increased consistency with case plan goals that are derived from the outcomes of the Ansell-Casey Assessment tool. In addition, the focus will continue to include: vocational, educational and personal goals. Some of the current topics include: responsible sexual behavior, money management and budgeting, critical decision making skills, preparations for healthy eating; proper nutrition; how to obtain community resources, and others
- Workforce Development Preparation Training- Youth ages 16-21 receive job readiness services to assist them with skill building for meaningful employment opportunities. Several youth received job placements through the assistance of the vendor. On many occasions the vendor provided transportation for life skills and job interviews
- Social, Cultural and Recreational Activities- The Transitioning Youth Services Coordinators and foster care staff plan and implement various activities for the youth to recognize special events such as: school graduations, birthdays, major holidays, team building events for improved interpersonal relationships, recognition of completed life skills series, practice of etiquette skills learned at a local restaurant; and others
- Assistance with Educational Services- The youth receive information, resources, tutoring services, flex funds and/or post-secondary funds (State Tuition Waiver and the Educational Tuition Waiver) to meet their educational goals
- Medical and Mental Health Services- Foster Care Youth receive health care services to address their mental and physical health care needs
- Youth Development and Leadership Skills - Selected youth from the local departments of social services serve on the State Youth Advisory Board to ensure that youth are given an opportunity to speak out about issues that impact service delivery.
- Additional services are provided as needed to meet individual needs of the youth

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

During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth has acquired skills and has overcome barriers to completing school, obtaining and maintaining gainful employment, finding adequate and affordable housing, and accessing health and mental health care.

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

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

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

Local Department Transitioning Youth Services Coordinator Duties
The core areas of responsibility for the Local Department of Social Services Transitioning Youth Services Coordinators include: program development, program accountability, outreach, and networking. Most Coordinators also provide case management services to the youth who return to the agency for Aftercare resources (discussed on p. 70)

Ansell-Casey Life Skills Assessment
Since 2006, Maryland has used the Ansell-Casey Life Skills Assessment. The purpose of the Ansell-Casey Assessment tools is to build a free easy way to assess life skills readiness. Agency staff, youth, foster parents and caregivers can conduct the assessments and use the learning tools to assess the strengths and areas in need of improvement for the youth. Every youth who enters Out of Home Placement services that includes foster care and kinship care should receive an assessment regardless of their future permanency plan or the type of placement. From the assessment, the case manager should establish an individual life skills plan as well as connect the youth to the age appropriate group for life skills training. Within the local departments many locals conduct group life skills training from (4) four to (8) times per calendar year. Then, an annual assessment would be completed to test the progress and determine future goals.

Once the Ansell-Casey Assessment is completed the local department can connect the youth to the appropriate group for life skills training. Throughout Maryland, many local departments include the following topics in their agenda for the life skills group training:

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

The annual teen conference is another vehicle to ensure that all youth have at least one opportunity to participate in life skills training and gain an in-depth understanding of the need for additional life skills training. The conference is also an opportunity for Maryland's youth to meet their Youth Advisory Board members and learn the importance of youth involvement as it impacts their daily service delivery. The Statewide Youth Advisory Board Members are key stakeholders at the conference. The 2011 teen conference, "Step Up", was an overnight conference held at Frostburg State University. There were approximately 200 youth and staff in attendance. The focus of the conference was to provide youth, ages 14-18, with pertinent information that would assist them as they transition to self-sufficiency. Members of the State Youth Advisory Board selected workshop topics that were geared towards education, employment, health, financial literacy, and family and friend support. The conference was an overall success. Lessons learned from the conference were:

- ➤ Allow more opportunity for youth to interact with one another;
- ➤ Work with local departments of social services to increase youth participation and involvement;
- ➤ Delegate more assignments to conference volunteers;
- ➤ Solicit sponsors to assist SSA in securing incentives and giveaways for youth participants;
- ➤ Seek assistance from higher management to reach out to state universities about the need and purpose of the annual teen conference, and request that they be willing to host future conferences on their campuses; and
- ➤ Develop a protocol that encompasses all of the necessary steps in planning and executing a successful teen conference, such as allowing the local ILCs and Youth Advisory Board members to play a more active role in the planning and implementation of the teen conference

During 2010, seven regions within the State of Maryland were charged with planning and implementing Older Youth Summits for youth within their regions, ages 18-20. These one day summits provided older youth with more concrete, focused training and skill building that would assist them as they transition from care. Some of the workshops focused on resume writing, job interviewing, understanding the tenant lease agreement, applying to college or vocational

training, and building and establishing positive relationships. Local Independent Living Coordinators worked along with older youth to select workshop topics and activities. Attendance at these summits varied from region to region. Coordinators reported that the conferences were successful.

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

- Mental Health
- Education
- Job Readiness
- Housing

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

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

Medicaid Coverage for Youth 18-21 and No Longer in Care
 Maryland offers former foster youth, ages 18- until their 21st birthday, Medicaid coverage without working with a foster care worker or complying with educational or vocational requirements. Youth must apply for this service through their local Family Investment Administration.

Room and Board for Youth 18-21
In Maryland youth are eligible to remain in care until their 21st birthday if they meet the criteria of attending school/training, employment or disability. Room and Board payments for older youth are paid to foster parents, child placement agencies and group homes. The state also provides Semi- Independent Living Arrangement (SILA) Subsidy payments to youth age 16 until their 21st birthday that meet the eligibility criteria. The SILA payments can be up to 100% of the foster care board rate. While Maryland, at the state level, has for sometime provided for continued care for youth ages 18 to 21, the Fostering Connections Act extended care to age 21 on the federal level. Maryland regulation and policy was amended to include the newly established criteria for continued youth participation between ages 18 – 21 that reflects the criteria established by the Fostering Connections Act.

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

Aftercare services are designed to be short-termed and individualized to meet the youth's needs. Aftercare services can include:
1. Financial assistance to purchase goods and services to support efforts of youth,
2. Supportive counseling,
3. Employment assistance including instruction on job search, interviewing, appropriate work attire, or support to assist with transportation to maintain and seek employment, the purchase of uniforms, etc.,
4. Educational assistance and information regarding obtaining a GED, and enrolling in post-secondary educational institutions,
5. Provide referral for medical assistance,
6. Payment for Security deposits,
7. Payment for room and board, and
8. Funding for utilities or other appropriate services for self-sufficiency.

During FY '10, an average of 200 youth received aftercare services. Aftercare services are provided on a voluntary basis to youth ages 18-21 that were in care on or after their 18th birthday. To be eligible for aftercare services, a youth must participate in an intake screening process to determine appropriateness for services, sign and comply with the terms of his/her service agreement, and must be in need of continued help in making the transition to self-sufficiency.

For many years Maryland has provided extended foster care eligibility up to age 21, however, many youth still left care prior to age 21. Although aftercare services existed to provide support to youth who exited care prior to 21, there was no avenue for youth to re-enter foster care if needed. With the establishment of Enhanced Aftercare, developed in September 2009, Maryland established a protocol to be used when a youth exits care between the ages of 18-21, except by means other than reunification, adoption, guardianship, marriage or military to allow the opportunity to reenter the system for placement services. Under this policy, former Maryland foster care youth are able to reenter the system and receive funding for an approved living arrangement and other services if they meet certain eligibility criteria.

National Youth in Transition Database (NYTD)
Starting in October 2010, Maryland began the process of collecting and reporting on basic demographic and characteristic data of the NYTD "Served" and "Baseline Survey" populations. This is a federal mandate which requires states to engage in two data collection and reporting activities. Maryland will provide information of youth outcomes in the following areas:

- Increase youth financial self sufficiency
- Improve youth educational attainment
- Increase youth connections with adults
- Reduce homelessness among youth
- Reduce high-risk behavior among youth
- Improve youth access to health insurance

In order to retrieve this information, feedback from youth was provided through focus groups and both local and state Youth Advisory Boards. Youth informed the Department of Human Resources (DHR) on the best methods of engaging youth to participate in this endeavor. Youth also shared with state officials how important this effort is and how it would lead to better serving youth in foster care.

The method chosen for collecting the "Survey" information was to contact the youth by email (via Survey Monkey), and this method did not work well. Youth do not make direct use of their e-mail accounts, and so the response rate was very low. Based on this experience, Maryland shifted to a manual approach to collecting the surveys. The LDSS offices were instructed to use one of 2 methods to collect the survey and submit it in paper form to DHR:

- Present the survey to the youth during the monthly caseworker visit, or
- Use phone calls to contact the youth and obtain the survey.

Both of these methods have yielded better results, and in both scenarios the caseworker is not assigned the job of collecting the survey data directly—the survey form is filled out during caseworker visitation and sealed into an envelope that is mailed to DHR; phone calls are made by non-caseworker staff members at the LDSS. The first reporting period for NYTD has produced poor results, however, the upcoming second period (FFY2011B) should yield a much better set of results.

For the "Served" population, the first reporting period results for NYTD has been poor as well. The cause for this is that there is a step that each caseworker must take with the NYTD identified "Served" youth: validate the NYTD data elements during the reporting period. The training guide and training sessions were late during early implementation which led to a poor response rate for validating NYTD data elements. These training and user support efforts are now underway and it is anticipated that the NYTD "Served" population data submitted for FFY2011B, the second reporting for NYTD, will yield much more positive results.

During the 2010 teen conference, NYTD was presented to all conference participants. This presentation provided information to youth about the purpose of NYTD, how information would be collected, and allowed youth to ask questions. During this time, email addresses were collected for all youth.

Preliminary results from NYTD efforts in Maryland are not yet compiled, in order to allow for more time to improve the implementation process and collect NYTD information. It is anticipated that in the fall of 2011 a preliminary report on Maryland's NYTD implementation and initial impressions based on the data collected will be compiled.

Youth Engagement Model
SSA is in the final months of the implementation of the grant through the Administration on Children and Families Atlantic Coast of Child Welfare Implementation Center (ACCWIC). The Youth Engagement Model (YEM) was finalized in January 2011. The YEM was developed in

collaboration with internal and external stakeholders. Youth representatives were active participants in the development of the model.

- The SSA project team provides technical assistance to the pilot sites in Prince George's County and the Lower Shore comprised of Somerset, Wicomico and Worcester Counties.
- A youth engagement video and brochure to underscore the practice were created.
- To sustain and integrate the practice, representatives from the Youth Engagement Steering Committee will be invited to join the FCP Oversight Committee.
- In addition to recruiting ongoing youth membership for the FCP Oversight Committee, the youth engagement model will become a standing agenda item at the state and local Youth Advisory Boards (YAB).
- The youth engagement curriculum has been developed. Pilot class will be presented for the statewide Independent Living Coordinators in July 2011. Regional youth engagement training will be scheduled for the staff in the pilot sites beginning in October 2011.
- Completing several youth focus groups across the state to ensure that youth's voice is heard

Maryland Rise
The Maryland Rise Program's focus is to provide a continuum of employment services and training opportunities for foster care youth as well as families that participate in the Temporary for Assistance and Needy Families Program (TANF). Maryland Rise aims to enhance and expand on key partnerships to leverage and coordinate funding streams in order that youth and families have access to not only internship and employment opportunities, but are provided with the skills needed to be successful. The purpose of this initiative is to invest in people to improve their quality of life through providing them with educational and employment opportunities. Efforts are currently being made to enhance the program's outreach through strengthening coordination efforts with business partners in both the public and private sector.

Education and Training Voucher (ETV)
Maryland continues to ensure that funds for the Education and Training Voucher Program are available to eligible children in out-of-home placement. DHR/SSA has extended the contract with The Orphan Foundation of America (OFA) to September 30, 2011 to administer the ETV program statewide and provide staff training, brochures and an on-line website for youth applications. The populations served are youth between the ages of 17 but not yet 21 years old. Eligible youth include those who are currently in foster care or who left foster care after their 18th birthday. Youth who were adopted or achieved kinship guardianship after age 16 are eligible to receive ETV vouchers.   If a youth is participating in the ETV program prior to their 21st birthday and making satisfactory progress (2.0) GPA in school, they can remain eligible to receive ETV until they obtain the age of 23.

The State collaborates with the Orphan Foundation of America (OFA) to ensure that eligible youth are able to access the funds to further their education. MD has a designated staff person who works directly with the OFA in determining eligibility, providing technical assistance and training to youth, local departments and community partners. The outreach and partnership with OFA as well as the State's Tuition Wavier program, which is administered through Maryland Higher Education has assisted the state in ensuring that youth receive postsecondary education

assistance available. Since entering into a partnership with the Orphan Foundation, Maryland has been able to expend all of the ETV funds and each year serve additional youth. According to the Orphan Foundation of America's 2009-2010 Annual Report, they received a total of 790 ETV applications and provided funding for 384 covering the period from July 1, 2009 through June 30, 2010 (2009-2010 School Year). Although we are still in the July 1, 2010 through June 30, 2011 reporting year, the OFA reports that they have funded 396 students this year.

Consultation and Collaboration
Maryland has continues to consult with the Youth Advisory Boards, Independent Living providers, Independent Living coordinators and the Maryland Foster Youth Resource Center to develop services and ensure availability of services across the state. Beginning in October 2009, Maryland began working with the Atlantic Coast Child Welfare Implementation Center (ACCWIC) to develop a youth involvement model that will include improving transitional services. DHR has entered into a 2-year partnership with the Maryland Foster Youth Resource Center (MFYRC). The Maryland Foster Youth Resource Center (MFYRC) is a nonprofit organization established by former foster youth to benefit children who are currently in or recently emancipated from foster care. The mission of MFYRC is to provide supportive resources for both youth in foster care and alumni of the foster care system through a "one stop (physical and virtual) shop" providing mentoring and peer supports and connecting them with services and resources which are often available in the communities where they live; and to give voice to the needs of children in foster care through effective advocacy.

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

DHR has contracted with MFYRC to provide the following services:

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

The following accomplishments have been achieved in FY 2011 and/or planned for FY 2012:

Supportive Services to Graduating High School Foster Youth

In April 2011, the Social Services Administration entered a contract with One Church, One Child of Maryland, Inc, to provide support services to 100 foster youth graduating from high school. These services include but are not limited to:
- Mentoring

- Tutoring
- Fees associated with high school graduation
- College application fees
- College care packages
- Tuition assistance/ Scholarships
- Financial Literacy/ Vocational Training.

Assist youth to transition to self-sufficiency

- Development and implementation of the Exit/Re-entry Policy. This policy enables youth who left care after their 18th birthday, but prior to age 21 and 9 months, to return to care, receive a placement and obtain needed services.
- Development of Transitional Planning for Youth- Benchmark Policy. This policy informs caseworkers of the services and skills a youth should and/or must obtain at a specific age in the areas of housing, education, employment, health/mental health, friends/family support, and financial literacy.

Help youth receive the education, training, and services necessary to obtain employment

- ETV and Maryland Tuition Waiver are available to eligible youth. These programs provide financial assistance to youth for post secondary education and/or vocational training
- Life Skills training are available in the local jurisdictions
- The 2011annual teen conference "Step Up" was held and provided youth with training in specific areas.

Help youth prepare for and enter post-secondary training and educational institutions

- ETV and Maryland Tuition Waiver are available to eligible youth. These programs provide financial assistance to youth for post secondary education and/or vocational training.

Provide personal and emotional support to youth through mentors and the promotion of interaction with dedicated adults

- Efforts are being made to finalize an RFP for transitioning youth, with the plan of APPLA, to provide them with the opportunity for a mentor and/or host family. Mentors would be available to APPLA youth, ages 16-20, who would like emotional support from a caring adult. Host families will be used to provide a "home away from home" experience to youth who are attending college away from home and desire to build a relationship with a family. The family can provide the youth with such services as, a home cooked meal, a place to study, a place to sleep, and do his/her laundry. The goal of this relationship is to build a support network for the youth.

Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age

- Youth who are between the ages of 18-21 and live in Allegany, Caroline, Dorchester, Frederick, Garrett, Kent, Somerset, Talbot, Wicomico and Worcester Counties, may be eligible to apply for the Family Unification Program (FUP) voucher. FUP allows youth who are in need of housing to receive housing and case management services for up to eighteen months.
- Youth Works and MD Rise can provide employment opportunities to foster youth.

National Youth in Transition Database (NYTD)

- The Children's Bureau will host an annual National Youth in Transition Database (NYTD) Technical Assistance Meeting in August 2011. This meeting will provide assistance and support to states in the implementation of NYTD.
- A NYTD logo has been developed for Maryland, as well as, the survey on survey monkey.

The following activities are planned activities for FY 2012:

Provide leadership development to the State Youth Advisory Board

- The Social Services Administration is considering collaborating with social work interns, for the University of Maryland, School of Social Work, and the Maryland Foster Youth Resource Center.

Benchmark Policy Revisions

- The Social Services Administration is seeking to revise the Benchmark Policy to provide more enhancements to caseworker process, function, role and responsibility.

Expansion of Youth Advisory Boards

The Social Services Administration is seeking to expand and develop active youth advisory boards across the state of Maryland.

Title IV-E Plan and PIP

The enactment of the Fostering Connections to Success and Increasing Adoptions Act of 2008, required Maryland to make substantial changes to the Title IV-E Plan in order to continue receiving federal funds. The changes included:
- Creation of a new regulatory chapter 07.02.29 for the Guardianship Assistance Program, a Guardianship Assistance Program policy directive, incorporating the Kinship Care regulations chapter COMAR 07.02.09 into the Resource Home regulations chapter COMAR 07.02.25,

- Amending policies and regulations 07.02.11, 07.02.10, and 07.02.12 to include the criteria which provides that a youth may continue in foster care from age 18 to 21,
- Establishing a Youth Transition Plan policy for youth exiting care, and revising COMAR 07.02.10 to include the requirement for a Youth Transition Plan, NYTD compliance and continued care eligibility criteria for ages 18-21.
- Revision of Adoption regulations COMAR 07.02.12 to include "applicable child" critreia, subsidy criteria, and post adoption services.

While Maryland, at the state level, has for sometime provided for continued care for youth ages 18 to 21, the Fostering Connections Act extended care to age 21 on the federal level. Maryland regulation and policy was amended to include the newly established criteria for continued youth participation between ages 18 – 21, that reflects the criteria established by the Fostering Connections Act.

As stated earlier, Maryland has worked in collaboration with Maryland State Department of Education (MSDE) to negotiate policies and procedures on how to meet the federal requirement that when in the best interest of the child, the child will remain in the school enrolled in at the time of placement

Two Maryland agencies have collaborated for an extended period of time to achieve approval of the State Plan for Title IV-E. In April 2011, federal approval was granted of Maryland's Title IV-E State Plan with a PIP. Maryland was the first state to receive approval of extending the stay in foster care from age 18 to age 21. Maryland was the 13th state to have the provisions for a Guardianship Assistance Program approved. With the April 2011 approval, Maryland became the first state to gain approval of a Title IV-E State Plan that included both extending services to children up to age 21 and a Guardianship Assistance Program. Maryland is the only state to extend foster care, adoption subsidy and guardianship assistance up to age 21. Maryland continues to complete the items listed on the PIP for Title IV-E compliance.

IV. STATISTICAL AND SUPPORTING INFORMATION

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

Inter-Country Adoptions
The State tracks the number of children who were adopted from other countries and who enter into State custody as a result of disruption of a placement of adoption or the dissolution of an adoption. Services provided to families include family preservation; family therapy; and referrals to community based adoption support programs. A tracking form was developed for

local departments to capture this information and submit to DHR/SSA monthly. One case involving a dissolution was reported during FY 2011, however the dissolution occurred in 2/25/09 during FY 2009. The case involved a child adopted in Russia by a Garret Co. family. The child entered foster care in June 2008 and remained in care until her second adoptive placement with another Garrett Co. family. The subsequent adoption occurred 2/8/10.

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

Maryland has been improving the documentation of caseworker visitation in MD CHESSIE over the last few years. While Maryland was allowed to augment the MD CHESSIE caseworker visitation data with LDSS data collected directly from caseworkers on a monthly basis as part of Baltimore City's LJ consent decree for its FFY2010 report, it is clear that only MD CHESSIE will be the source of caseworker visitation data for its FFY2011 report. The Local Supervisor Review (LSRI) process has been used to assist with monitoring the caseworker visitation documentation in MD CHESSIE. Along with the LSRI process, a monthly caseworker visitation report is produced for each LDSS identifies the children who have not been visited, based on MD CHESSIE documentation. Local Departments are required to develop and implement improvement plans to increase the number of children who are visited each month and that visited is documented in MD CHESSIE.

We have spent a significant amount of time in our regional supervisory meeting educating supervisors on the visitation policy and the importance of monitoring. We are challenged to find additional strategies to increase the visitation percentages, but will continue to monitor progress and require improvement plans. Maryland's goal is to reach the federal standard by 2011 and maintain that standard through 2014, as follows:

Caseworker Visits Goals				
2010	**2011**	**2012**	**2013**	**2014**
70%	90%	90%	90%	90%
Caseworker Visits in the Home Goals				
2010	**2011**	**2012**	**2013**	**2014**
73%	75%	75%	75%	75%

FFY 2010 results were positive:
1. Percent of children fully visited: 72.9% (met the goal)
2. Percent of children visited at their out-of-home residence: 94.0% (met the goal)

Maryland anticipates that the FFY 2011 goals will be met based on using MD CHESSIE data and efforts are underway that will help the State reach the FFY2011 goal of 90%.
To ensure that Maryland achieves these goals SSA will utilize the following strategies:

1. SSA will ensure that all staff are informed of the requirement that children in out of home placement are visited at least monthly by their worker.
2. Ensure that this area is covered in pre-service training for new workers.
3. SSA conducts bi-annual regional supervisory meetings to provide information to state supervisors that includes discussion of data trends. This will be one of the areas, which is covered and emphasized during these discussions.
4. MD CHESSIE maintains a "contact log" where workers enter information about visits; this information is accessible to supervisors and should be a regular part of ongoing supervision with staff.
5. Use of monthly MD CHESSIE data report indicating the children each month who do not show documentation of the caseworker visit. This report is used to review MD CHESSIE data record and make any appropriate updates to the foster child's record that will help Maryland to reach its caseworker visitation goals.
6. Working to ensure each local department of social services is near or meets the Child Welfare League of America caseload ratios.

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

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

Safe and Timely Placement Act of 2006 (P.L. 109-239) for FY 2009
In 2010, 167 reports were completed in 0-60 days, 0 reports were completed in 31-60 days; 0 reports were completed in 61-90 days and 900 reports were completed in over 90 days.

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

- Delay in completion of required State criminal history background clearance
- Delay in completion of required Federal criminal history background clearance
- Delay in completion of required home health/fire inspection
- Delay in completion or return of required medical evaluations from the prospective caregiver
- Prospective caregiver's lack of timely response to offered home study,
- Lack of staff (lack of sufficient ICPC Specialists and lack of administrative support staff) and lack of technology (lack of statewide Livescan, lack of statewide scanners and

associated support staff, lack of "paperless technology systems") resources to complete the home studies timely.

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

The actions taken by the State of Maryland to resolve the need for an extended compliance period have included:
- Increasing availability of funds to contract with private agencies for completion of the home studies,
- Educating staff as to "provisional" home study recommendation option available
- Sharing of Foster Parent training resource classes, when possible
- Making use of electronic criminal history record checks, when possible
- Hiring additional ICPC Specialist staff in State Central Office (4th ICPC Specialist anticipated in July 2011) and reorganizing administrative support staff (additional Resource staff anticipated in July 2011).

V.   FINANCIAL INFORMATION

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

In FY 2009, state and local spending on IV-B part 2 activities totaled $64.5 million. These amounts include services that prevent the risk of abuse, assist families at risk of having a child removed from their home, promote the timely return of a child to his/her home, and if returning home is not an option, provide appropriate placement and permanency. The FY 1992 baseline is $31.7 million.

The State does not spend Title IV-B, Subpart 1 funds for foster care maintenance payments, adoption assistance payment or child day care related to employment or training for employment.

The state spent $2,816,920 in Chafee FY 2009 funds. $456,396 was spent on room and board for eligible youth. The state spent $903,466 in ETV FY 2009 funds.