

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan



Maryland's Human Services Agency

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

Martin O'Malley
Governor

Anthony Brown
Lt. Governor

Brenda Donald
Secretary

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

I. STATE AGENCY ADMINISTERING THE PLAN

II. ORGANIZATION AND STRUCTURE OF THE MARYLAND CHILD WELFARE SERVICES PROGRAM

- a. Social Services Administration Executive Office
- b. Office of Child Welfare Practice and Policy
- c. Office of Resource Development, Placement and Support Services
- d. Office of Child Welfare Organizational Development and Training
- e. Office of Management and Special Services
- f. Office of Research, Evaluation and Systems Development

III. VISION STATEMENT

IV. PLACE MATTERS INITIATIVE

- Description
- Goals and Outcomes
- Framework and Strategies
- 2008-2009 Key Accomplishments

V. ANNUAL PROGRESS AND SERVICES REPORT FY 2009

- Child Safety Outcomes
- Permanence Outcomes
- Well-Being Outcomes

VI. 2008-2009 PROGRAM UPDATES

VII. MONTHLY CASEWORKER VISITS

- 2008 Baseline
- 2009-2012 Targeted Goals
- Utilization of Funds

VIII. COLLABORATIONS

- Indian Child Welfare Act
- Foster Care Court Improvement Project
- State and Community Partners
- Consultations with Physicians or Appropriate Medical Professionals
- Faith-Based
- National Resource Center T/TA

IX. CHILD WELFARE DEMONSTRATION PROJECTS

X. PROMOTING SAFE AND STABLE FAMILIES

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- Description
- Time-Limited Reunification
- Adoption Promotion and Support Services
- Family Preservation and Family Support

XI. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

- Transitioning Youth Services Preparation Services
- Education and Training Vouchers (ETV)

XII. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

XIII. JUVENILE JUSTICE TRANSFERS

XIV. TRAINING AND STAFF DEVELOPMENT

XV. RESEARCH/EVALUATION AND SYSTEM DEVELOPMENT

XVI. QUALITY ASSURANCE

XVII. DISASTER PLAN

XVIII. FINANCIAL AND STATISTICAL INFORMATION REPORTING

XIX. APPENDICES

- A. Maryland Department of Human Resources Family Centered Practice Model
- B. Maryland Child and Family Services Interagency Strategic Plan
- C. Youth Ready by 21: A Five Year Active Agenda for Maryland
- D. Maryland State Policy: SSA9.09, Case Worker Visitation with Child
- E. State Council on Child Abuse and Neglect (SCCAN) Annual Report
- F. Citizen's Review Board for Children 2009 Annual Report
- G. Continuity of Operations Plan for 2009

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

I. STATE AGENCY ADMINISTERING THE PLAN

The Maryland Department of Human Resources (DHR) is a Cabinet-level Department 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 DHR's twenty-four Local Departments of Social Services (LDSSs) and those purchased through community service providers. The DHR Secretary is appointed by the Governor and approved by the Maryland General Assembly.

Within DHR, the Social Services Administration (SSA) has primary responsibility for the social service components of the Title IV-E plan and programs that include: Transitioning Youth Services, the Title IV-B plan and programs for children and their families funded through the Social Services Block Grant, and the Child Abuse Prevention and Treatment Act (CAPTA). SSA is led by the Executive Director who is appointed by and reports to the DHR Secretary.

This is the fourth year of the Annual Progress and Service Report of Maryland's 2005-2009 IV-B Child and Family Services Plan. In this final year of this Plan, DHR continued with its deliberate and focused shift in practice, policy and service delivery that began in July 2007 with the statewide rollout of the "Place Matters" initiative. As described more fully in Section IV below, "Place Matters" promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system.

As a result of the Round One Child and Family Services Review (CFSR), DHR began to develop and implement its Family-Centered Practice (FCP) Model, which serves as the cornerstone of "Place Matters" (see Appendix A for *Maryland Department of Human Resources Family Centered Practice Model*). The FCP is premised upon engaging the family in order to help them to improve their ability to adequately plan for the care and safety of their children. The safety, well-being and permanence of children are paramount. The strengths of the entire family are the focus of the engagement. The family is viewed as a system of interrelated people where action and change in one part of the system impacts the other. A commitment is made to encourage and support the family's involvement in making decisions for their children. A climate of community collaboration is nurtured as a way to expand the supportive network available to children and families. Refining the assessment and evaluation of practice standards and promoting performance expectations to assist caseworkers, supervisors and administrators in facilitating child welfare interactions improves outcomes for children and their families.

Successful implementation of "Place Matters" is supported by an extensive interagency strategic planning effort that culminated in the June 2008 publication of the *Maryland Child and Family Services Interagency Strategic Plan* (Appendix B), which is directly

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

aligned with the FCP Model 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 is the result of an intensive, collaborative effort by the Maryland Children's Cabinet¹ in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of children, youth and families. 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). It is the belief of the Children's Cabinet that each child-family serving agency should prioritize collaborative interagency initiatives through the conscious dedication of resources and supports. Services for children and families must be a collective responsibility across organizations with considerable interagency work occurring on a daily basis through both formal and informal channels. In particular, the Children's Cabinet has made a commitment to creating and expanding effective community-based services and educational programs and reducing out-of-home placements.

This close out report also includes an update since the last submission on activities and accomplishments in the following areas: Promoting Safe and Stable Families; Indian Child Welfare Act; Foster/Adoptive Parent Recruitment; Training and Staff Development; and Quality Assurance/Research and Evaluation. Updates on the Child Abuse Prevention and Treatment Act, Chafee Foster Care Independence Program, and Education and Training Vouchers grants are also provided in this report. Accomplishments and updates on activities in In-Home Services, Out-of-Home Placement Services and Maryland's Place Matters Initiative are highlighted in this report. The Department's Monthly Caseworker Visitation Data, Collaborations, and Disaster Plan are also included.

II. ORGANIZATION AND STRUCTURE OF THE SOCIAL SERVICES ADMINISTRATION

a. Social Services Administration (SSA) Executive Office

Executive Director

The Executive Director is responsible for the overall direction and supervision of SSA with support from two Deputy Directors. A number of specific child welfare programs and initiatives are managed within the Administration. There are five offices or units within SSA (see sections b – f below) that provide an infrastructure to support the overall

¹ Maryland's Children's Cabinet is comprised of the Secretaries of the Departments of Human Resources, Juvenile Services, Disabilities, Health and Mental Hygiene, and Budget and Management, as well as the Superintendent of the Maryland State Department of Education and the Executive Director of the Governor's Office for Children, who chairs the Children's Cabinet.

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

child welfare mission. The Executive Director's scope of responsibility includes oversight for the provision of a range of administrative supports to the twenty-four 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 Executive Director sets the vision for SSA in establishing an infrastructure to support service delivery and the capacity for ongoing sustainability of these systemic improvements to the State's child welfare system across all twenty-four local jurisdictions.

Within DHR, the Executive Director communicates regularly with the Secretary, Deputy Secretaries, Office of the Attorney General, other Department Directors, and LDSS Directors on a regular basis. Externally, the Executive Director is active in the Children's Cabinet cross-agency system of care development, and represents DHR and the Administration in work with other state and federal agencies, advisory groups, legislators, Governor's Office personnel, and advocacy groups.

Deputy Directors

Deputy Executive Director for Programs

The Deputy Executive Director for Programs is responsible for the Offices of Child Welfare Practice and Policy (described below, section b), Resource Development, Placement and Support Services (described below, section c), and Child Welfare Organizational Development and Training (described below, section d).

Deputy Executive Director for Operations

The Deputy Executive Director for Operations is responsible for the Offices of Management and Special Services (described below, section e) and Research, Evaluation and Systems Development (described below section f).

b. Office of Child Welfare Practice and Policy

In- Home Services

The In-Home Services unit oversees and administers the below listed programs.

- 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 receives, screens and investigates allegation 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;

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

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

Out-of-Home Services/Permanency

The Out-of-Home Services/Permanency unit oversees and administers the below listed programs.

- 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. Service options include:
 - Short-term care and supportive services are available for children that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm.
 - Services are available 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 with a foster family in their community, if possible or in a purchase of care placement recommended by the treating professional. All attempts are made to keep the child in close proximity to their family; however, the child's placement is based on the treatment needs of the child and the availability of placement resources.
 - Time-limited reunification services using concurrent permanency planning are available to reunite with the birth family or to pursue a permanent home for the child within 15 months of the placement. Permanency planning options that are considered in order of priority include:
 1. Reunification with parent(s),
 2. Permanent Placement with Relatives (includes guardianship or custody),
 3. Adoption (relative or non-relative), and
 4. APPLA (Another Planned Permanent Living Arrangement).

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

- Voluntary placement services are available for parents/legal guardians who need for short-term placement for their children due to mental illness or developmental disability.
- Transitioning Youth Services (TYS) provide transitioning youth preparation services to older youth in foster care 14 to 21 years of age in preparation for adulthood. The goal of the Maryland Transitioning Youth Services is to assist youth to make a successful transition from out-of-home placement to self-sufficiency. As of March 2009 there were 245 youth ages 14-21 in various living arrangements receiving Transitional Youth Services
- Kinship Care services help support children who reside outside of their own home, either temporarily or for the long term, with relatives. For children who come to the attention of the child welfare system, Kinship Care creates another placement option for a child who may not be able to continue living at home with his or her parents. Kinship Care supports the concept of children residing with a relative to alleviate family stress or temporary familial problems, rather than being placed in a foster home or other type of out-of-home placement. This program offers services to support the needs of the children and relative caregivers along with providing assistance for crisis circumstances confronting the biological parents who are unable to care for their children. Kinship Care emphasizes the continuity of family connections that may not be as strong in regular foster care settings while promoting concurrent permanency planning for the children in these kinship care placements. As of May 2009, Maryland has 1,744 children in kinship care placements.
- Subsidized Guardianship provides funds for a child who is committed to a local department of social services in an out-of-home placement for at least six months. Reunification with birth parents and adoption has been ruled out as permanency plan options. Each potential guardian must have a comprehensive home study completed. This includes an assessment of physical and mental health of prospective caregivers as it relates to the ability to care for children. The potential guardian must have a means of financial support independent of the subsidy. A criminal background check must be conducted on the guardian and all adults in the home. After the award of the guardianship subsidy, the local department must conduct an annual reconsideration of the fiscal case. The child continues to be eligible for the subsidy and medical assistance until the child is 18 years old or 21 years of age if enrolled in school or there is a documented disability. Verification of placement in the home, school attendance and/or disability must be submitted as part of the annual reconsideration for continued eligibility.
- Adoption Services develops permanent families for children who cannot live with or be safely reunited with their birth parents or extended birth families. The

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

Maryland Adoption Program is committed to assisting local departments of social services and other partnering adoption agencies in finding “Forever Families” for children in the care and custody of the State. Adoption services include study and evaluation of children and their needs; adoptive family recruitment, training and approval; child placement; and post-adoption support. The adoption program includes initiatives such as dual approval of resource homes; open adoption when it is in the child’s best interest; statewide recruitment of resource homes; the Maryland Voluntary Adoption Registry; the Adoption Search, Contact and Reunion Services (ASCRS) Program; the Maryland Adoption Resource Exchange (MARE) Program; One Church, One Child (OCOC) Recruitment Program; subsidized adoption; and non-recurring adoption expenses reimbursement. Maryland’s child welfare services continue to emphasize concurrent permanency planning and dual approval of resource homes to increase the number and timeliness of adoptions of children in out of home placements. As of May 2009, Maryland local departments of social services had 1,189 children with a plan of adoption. Of these children 730 are legally free for adoption. Legally free children with no identified adoptive resource are registered in the Maryland Adoption Resource Exchange (MARE) and the AdoptUSKids national adoption exchange database to locate an adoptive resource.

- Interstate Compact on the Placement of Children (ICPC) ensures that children in need of out-of-home placement in and from other states receive the same protections guaranteed to the children placed in care within Maryland. The law offers States uniform guidelines and procedures to ensure these placements promote the best interests of each child.
- Interstate Compact on Adoption and Medical Assistance (ICAMA) provides a framework for interstate coordination specifically related to adoption. The Compact works to remove barriers to the adoption of children with special needs and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states.

c. Office of Resource Development, Placement and Support Services

Resource Development and Retention

The Resource Development and Retention unit 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. They also are responsible for the coordination and implementation of the State’s “1000 by 10” Recruitment plan. The Maryland Foster Parent Association also receives technical assistance from this unit. 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.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

Placement and Support Services

The Placement and Support Services unit 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. The monitoring and coordination of the 24 local departments of social services' service array assessments and their resource development plans.

d. Office of Child Welfare Training and Organizational Development

The Office of Child Welfare Training

The Office of Child Welfare Training is responsible for training all child welfare staff in the State of Maryland, through a contract with the University of Maryland, School of Social Work, Child Welfare Academy. This office provides "Pre-service Training" to all new social work staff in the state, as well as continuing education for seasoned child welfare workers. The contract also provides for training for public foster parents. Trainers are located in Baltimore but they deliver training throughout Maryland. Pre-Service Child Welfare Training is a 19-day, skill based training designed for new child welfare employees. The training develops skills needed for the Individualized Service Plan (ISP) process, from the initial contact with the family through case closure. Protection and permanence for the children is stressed as dual goals of all work with families. Through the Pre-service Training, staff are taught to involve children and their families and foster/adoptive parents and partners in assessing, planning and utilizing services that the family's planning team has identified and agreed upon. The training provides a foundation for practice in keeping with the goals of safety, permanency, and well being for the children and families the Department serves.

The Office of Child Welfare Organizational Development

This unit is responsible for assessing the Social Services Administration organizational structure and resource needs. It is responsible for developing strategies and locating the resources needed for SSA staff to best support the local departments of social services. This unit also provides technical assistance to local departments of social services on their organizational structure and resource needs.

e. Office of Management and Special Services

Budget and Central Services

The Budget and Central Services unit 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.

Quality Assurance

The Quality Assurance unit is responsible for Maryland's Child and Family Services Reviews of the 24 local departments of social services. This unit coordinates the CFRS

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

process and develops the reports for these reviews. They are also responsible for the development and field-testing of the new Supervisory Review tool to be utilized by the local departments of social services.

Contracts (Purchase of Care)

The Contracts unit is responsible for the development and monitoring of contracts for all of Maryland's licensed child placement agencies and residential treatment facilities. They also monitor contracts with Maryland's Department of Juvenile Services (DJS), Department of State Education (MSDE), Department of Developmental Disabilities (DDA), and out-of-state placement agencies.

f. Office of Research, Evaluation and Systems Development

Research and Evaluation

The Research and Evaluation unit 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 and NCANDS to the Federal government.

Systems Development

The Systems Development unit 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 to on enhancements and trouble shoot any operational problems.

III. VISION STATEMENT

The Maryland 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.

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

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

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.

IV. PLACE MATTERS INITIATIVE

Description

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.

Goals and Outcomes

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.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

Outcomes

	Before Place Matters State Stat July 2007	Since Place Matters State Stat May 2009
Children in out-of-home care	10,164	8,867
Number of children in family foster care	6,346	6,416
Number of children in Group Homes	1,901	1,187
Number of Resource Homes	2,890	3,115

Framework and Strategies

- Family-Centered Practice
- Integrated In-Home/Family Preservation Services
- Focused Permanency Policy and Practice
- Targeted Child Well-Being Practices
- Kinship Care
- Resource Home Recruitment and Retention
- Placement and Community Resource Development

2008-2009 Key Accomplishments

- Family-Centered Practice
 - Decreased number of youth in placement
 - Increased number of youth in family settings
 - Integrated Family Involvement Meetings in 24 jurisdictions
 - Developed a monthly Family Involvement Support Group Meeting
 - Implemented and Issued Policy on Maryland's Family Centered Practice Model
 - Developed Family Centered Practice training curriculum and have established a statewide training schedule to begin in July 2009 and include over 80 sessions
- Integrated In-Home Services
 - Initiated field test of Structured Decision Making/ Screening in Baltimore City
 - Developed Statewide guidelines for Inter-agency Family Preservation
 - Evaluated and redefined the In-Home Services continuum

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- Focused Permanency and Practice
 - Revised Statewide Adoption goals
 - Increased number of adoptions
 - Increased number of reunification
 - Instituted case by case review of permanency plans
 - Updated Maryland Adoption Resource Exchange (MARE) and trained system users
 - Co-sponsored Child Welfare Summit with Foster Care Court Improvement Project with focus on Permanency Best Practices

- Targeted Child Well-Being Practices
 - Developed Placement Protocol
 - Provided Statewide Training on the Structured Analysis Family Evaluation (SAFE) model for home Studies
 - Developed Baltimore City Health Suite Model

- Kinship Care
 - Hosted a Kinship Care Inter-Agency Workgroup
 - Developed recommendations for Children's Cabinet
 - Redesigned webpage
 - Distributed Kinship Care Fact Sheet

- Resource Family Recruitment and Retention
 - Kicked off 1000 x 10 Recruitment Campaign with Governor Martin O'Malley and Lt. Governor Anthony Brown in January 2008
 - Established a recruitment incentive bonus for Foster Parents who encourage others to become Foster Parents
 - Established differential rates in jurisdictions where competition is greatest for Resource Homes resulting from placement of children outside of Maryland
 - Established ability to provide day care for all Foster Children 0-5 years of age of working Foster Parents and Summer Care for Children 0-12 years of age
 - Redefined the Respite Care Policy for Foster Children
 - Provided technical assistance on Recruitment to Local Department staff through AdoptUSKids (NRC) and Casey Strategic Consulting Group
 - Established Foster Care Ombudsman position

- Placement and Community Resource Development
 - Initiated service array assessment process Statewide

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- Released a Statement of Need that established the goal to develop resources to place children in their home jurisdictions
- Coordinated efforts of Office of Licensing and Monitoring (OLM) with Contracts and Resource Development
- Revised provider contracts to focus on permanency and well-being
- Established a Provider Advisory Council

V. ANNUAL PROGRESS AND SERVICES REPORT FY 2009 ON CHILD AND FAMILY SERVICES PLAN GOALS, OBJECTIVES and ACCOMPLISHMENTS

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

CHILD SAFETY OUTCOMES

The SSA is committed to protecting children first and foremost from abuse and neglect; maintaining children safely in their homes when possible and appropriate; reducing incidents of repeat maltreatment when children are under 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. The safety goals, objectives and strategies are linked to Priority One of the PIP.

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

Objectives:

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

To achieve these objectives, SSA focused its efforts on:

- Implementation of Family Involvement Meetings as part of the FCP Model
- Structured Decision Making in Child Protective Services Screening
- Integrated In-Home Services

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- Structured Analysis Family Evaluations

Implementation of Family Involvement Meetings as Part of the FCP Model

As discussed above, as a result of the Round One CFSR, Maryland has rolled out its Family-Centered Practice (FCP) Model. Within the FCP Model, Family Involvement Meetings (FIMs) provide a forum for families to be active partners in discussing child welfare involvement. The purpose of FIMs is to establish a team to engage families and their support network to assess their strengths and needs and develop service plans. FIMs are convened to engage families in making critical decisions for their children. Families are encouraged to bring members of their support network to the meeting, such as relatives or community members. The goal is to develop service plan recommendations for the safest and least restrictive placement for a child while also considering appropriate permanency and well-being options for that child.

All local department caseworkers and supervisors are required to attend FCP training, which highlights the core practice values of FIM and the engagement and teaming skills necessary to support assessments and service planning with children and families as part of this casework practice. FIMs are convened at key decision making points, called triggers. Key decision triggers include:

- Removal or Considered Removal
- Placement Change
- Recommendation for Permanency Change
- Youth Transitional Plan
- Voluntary Placement Agreement

A full overview and purpose of the FIM is included as an Appendix.

Structured Decision Making in Child Protective Services Screening

Implementation of Structured Decision Making (SDM) in each of Maryland's twenty-four jurisdictions was completed in December 2008. SSA worked in partnership with the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency, to tailor the tool to Maryland's child abuse and neglect laws and regulations and field test its ability to promote consistency in determining which referrals or allegations of child abuse and neglect are appropriate for investigation and which should be screened out and closed or referred to another service.

Integrated In-Home Services

The In-Home Family Preservation program 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. The purpose of Family Preservation services is to promote safety, preserve the family unity, maintain self-sufficiency and assist families to utilize community resources. Family Preservation services are in-home and community-based. Based on the local jurisdiction size and staff availability, the Family Preservation staff

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

may consist of a worker or a worker and family support worker team approach to serving the family. Over time, several models of services have been developed across jurisdictions, such as Families Now I, II, and III, Intensive Family Services and Consolidated Family Services. This adaptable approach was initiated to ensure that each local department of social services designed a program in accordance with the needs of the community being served.

The Interagency Family Preservation Services (IFPS) program transitioned from the Children's Cabinet Interagency Fund where it was administered by the Governor's Office on Children (GOC) and the Local Management Boards to DHR/SSA in July 2007. Each local department of social services submitted a transition plan with the understanding that SSA would be developing statewide recommendations for this service in FY09. A workgroup composed of representatives from SSA and local departments of social services developed proposed statewide recommendations. The SSA Executive staff disseminated the final recommendations to the local departments to review and submit a standard operating procedure for the program to function within the established guidelines.

There are six jurisdictions that have private vendor contracts for the IFPS program. The other eighteen local departments of social services operate the program within their agencies. During FY09 all jurisdictions were required to maintain case information in the MD CHESSIE database system.

Interagency Family Preservation Services differs from traditional Family Preservation in that referrals are accepted from sources outside the Department. In addition to the Department of Social Services, referrals can come from the Department of Juvenile Services, local school systems, programs within the local Health Department (substance abuse, maternal and child health, etc.), mental health organizations (Core Services Agencies or others in the community), other professionals and self-referrals. The IFPS program encourages involvement from all household members, extended family, the referral source and any other identified resources in an effort to best support the participating family.

Structured Analysis Family Evaluation (SAFE)

Structured Analysis Family Evaluation (SAFE) is a home study methodology that was designed to evaluate families for adoption, foster care licensure, concurrent planning and relative placement. SAFE is built upon solid social work practice values that stress the importance of respectfully engaging families in a strength based, mutual evaluation process that strives to select families in, not out.

Local Departments have been trained on the SAFE Model and Maryland sees this tool as a best practice. Work has begun in training private providers in this model with a plan to develop a statewide policy on home study methodologies.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

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

PERMANENCE OUTCOMES

The Social Services Administration is committed to ensuring that children are in a home that is safe and provides an environment where they have an opportunity to grow into 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. Twenty-three counties in Maryland and Baltimore City operate foster care programs that work with the birth and foster families to develop the most appropriate permanency plan for each child. Maryland works to ensure that reunification, adoption, guardianship, alternative permanent placement, or transition from foster care to Transitioning Youth Services 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.

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

Objectives:

- 1.1: By June 30, 2009 76% of the children exiting foster/kinship care through reunification do so within 12 months.
- 1.2: By fiscal year 2009 32% of children exiting foster/kinship care through adoption do so within 24 months.
- 1.3: By fiscal year 2009 no more than 8.6 percent of foster/kinship care entries are re-entries within 12 months of a prior episode.
- 1.4: By fiscal year 2009, 86.7 percent or more of foster/kinship care children who have been in foster care less than twelve months from the time of the latest removal will have no more than two placement settings.

To achieve these objectives, SSA focused its efforts on:

- Placement Protocol
- Recruit and Retain Foster/Adoptive Parents

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- Ready by 21- Transitioning Youth

Placement Protocol

The overarching goals of Maryland's child welfare services are to promote the safety, permanence and well-being of children coming to the attention of the local departments of social services as a result of maltreatment, or to meet a special need of a child with a disability. As discussed above, DHR's "Place Matters" initiative has been established to achieve these outcomes, and a major focus is placed on children served requiring out of home care placement. As a result, the Transitioning Youth to Families (TYTF) placement protocol was developed for local departments of social services as a mechanism to standardize procedures for identifying and accessing the most appropriate placement consistent with the best interests and needs of the child.

The TYTF initiative began with Washington and Baltimore Counties who assisted with the development of a review process to proactively consider the permanency and placement options of children in group home or congregate care placements. This process involved a collaborative team of interagency and community stakeholders who reviewed each child in a group placement in order to facilitate transition planning.

The TFTY placement protocol:

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

Review guidelines govern assessments of children who are currently in congregate care with the goals of:

- Identifying and transitioning all appropriate youth,
- Outlining treatment and transition goals for all those who remain in congregate care after the review,
- Ensuring and specifying permanency connections, and
- Mandating ongoing oversight of recommended treatment/transition plan in order to encourage swift and effective implementation so that youth can transition out of congregate care as soon as possible.

Recruitment and Retention of Foster/Adoptive Parents

DHR's "1000 by 10" recruitment and retention plan seeks to increase the number of foster family resources by 1000 by the year 2010. This effort has focused on Maryland's need to develop resources for children within their communities and broaden the diversity of resource home options. Recruitment of diverse foster and adoptive parents provides the greatest likelihood that foster children are matched with a family that can meet their needs rather than placing children in "open slots" that may be ill equipped to meet their needs. The plan is addressing the need for:

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

- Resource Families: families who provide both foster and adoptive placements for the children placed in their care. Resource families are licensed both as foster and adoptive parents. This practice is one way of expediting permanency for children who are unlikely to be reunified with their families or who have a plan of adoption.
- Foster Families: families who provide temporary homes that are safe and nurturing places in which to live. Foster parents work with the birth families and the local departments of social services to provide the best possible care and facilitate the effectuation of the permanency plans (reunification with parents, placement with relatives, or adoption).
- Adoptive Families: families willing to provide a permanent home to children in the State's care and custody. Adoption is the legal proceeding by which a child becomes a member of a family with all the legal rights and privileges to which a child born to the family is entitled.
- Respite Families: families who do not provide care for a child full-time, but who provide care over weekends or on special occasions to relieve the full-time resource family. This is important because "getting a break" from the demands and stresses of parenting is important to any parent.

An essential component of retention of our resource families is that they must receive supportive services from the local departments of social services, thus encouraging them to be better caregivers for the children placed in their homes. Therefore, the plan includes retention strategies such as:

- Daycare: to foster families for children ages 5 and under year-round, and up to age 12 for summer break. Daycare policy available in all 24 DSS Offices based on MSDE child care rates.
- Recruitment Incentive Bonus: to foster parents to encourage foster parents to help recruit, retain, and mentor new foster parents. This incentive provides a \$250 bonus to a referring foster parent once a new foster parent is approved, and a second payment of \$250 once the new foster parent completes one year of service.
- Differential Board Rates: are available to local Departments that have number of children from other jurisdictions (other State or District of Columbia) that represent 1/3 of caseload.
- Foster Parent Ombudsman: This position was created to eliminate barriers and concerns of foster parents in an objective and efficient manner. This position works out of Secretary's Office and acts as a liaison between foster parents and DHR.
- Respite Program: has been improved and re-implemented to clarify procedures. The respite program has been under-utilized historically and it is an important component to retention.

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

To further enhance recruitment and retention of foster families and help to reduce disruptions in care, in October 2008, Maryland was awarded a federal grant from the Administration on Children, Youth and Families, Children's Bureau under the Adoption Opportunities: Diligent Recruitment of Families for Children in the Foster Care System Program. This project, entitled Maryland KEEP (KEEPing foster and kinship parents trained and supported) is a foster parent training and support intervention for youth ages 5 to 12, designed by Dr. Patricia Chamberlain and the Oregon Social Learning Center (OSLC), modeled after the evidence-based practice of Multidimensional Treatment Foster Care. Initial KEEP implementation in San Diego demonstrated decreased child behavior problems, reduced risk for placement disruption, and mitigation of negative risks to permanency caused by a history of multiple placements.² With the support and consultation of Dr. Chamberlain and the OSLC, DHR/SSA is working with the Maryland Foster Parent Association and other stakeholders to adapt the successful San Diego KEEP model to meet the demographic, cultural and ethnic needs of Maryland's foster care population. Grant funds will support initial implementation in two jurisdictions with the goal of statewide replication.

Transitioning Youth Initiative

In 2008, the federal government passed the Fostering Connections to Success and Increasing Adoptions Act, the first major legislation since AFSA in 1997, allowing for an expansion of foster care services for older youth. Under the Fostering Connections Act, funds are targeted to youth between 18 -20. Roughly 50% of children in Maryland in need of placement are ages 14-20. Maryland was ahead of the curve in this area as the service array covering youth ages 18-20 pre-dates this Act and includes custody and guardianship plans for youth who exit the system, as well as the provision of guardianship subsidies. Maryland had 300 slots available prior to this legislation. Plans for expansion of the State-funded guardian subsidy program under the Fostering Connections Act have been developed and are set forth in the Title IVB Child and Family Services Plan for 2009-2014.

In addition to permanency options, these older youth need life skill development and other cross-agency service supports to ensure successful transition to adulthood. In October 2006, the Children's Cabinet launched The Ready by 21 Action Planning Team as the second goal of the Maryland Three Year Children's Plan.³ The Ready by 21 (RB21) Action Planning Team included more than thirty representatives from state and local government, businesses, advocates, private nonprofit service providers, higher education, young adults and family members to focus on ensuring all 309,000 Maryland

² Outcomes from the initial KEEP implementation in San Diego is reported in Chamberlain, P., Price, J., Reid, J., & Landsverk, J. (in press). Cascading implementation of a foster and kinship parent intervention: Partnerships, logistics, transportability, and sustainability. *Child Welfare*.

³ The three goals of the Plan are: 1) develop a comprehensive prevention strategy, 2) develop a Transition-Aged Youth plan, and 3) build on established foundations.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

youth ages 18-21 years old are ready for the responsibilities of life, including work and a career or further education and training. Their recommendations, published in the *Youth Ready by 21: A Five-Year Action Agenda for Maryland* (see Appendix C), prompted the formation of an RB21 Leadership Team, chaired by the Secretary of DHR. RB21 Policy reform achieved in 2008 included extending Medicaid coverage through age 21 for young adults who leave foster care (House Bill 580, 2008).

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

WELL-BEING OUTCOMES

The SSA is committed to preserving and enhancing the development of children in its care. To improve the well-being of children and families Maryland consistently focuses on protecting children from abuse and neglect, ensuring permanence and stability, enhancing the capacity of families to provide for the needs of their children and providing appropriate educational and health services.

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

Objectives:

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

To achieve these objectives, SSA has focused its efforts on:

- Partnering with the Maryland Wraparound Initiative in Support of the Family Centered Practice Model
- Collaborating with State and Community Partners to Improve Service Access

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- Conducting Service Array Assessments and Developing Resource Plans

Partnering with the Maryland Wraparound Initiative in Support of the Family Centered Practice Model

Maryland's Wraparound Initiative has evolved into a full cross-agency System of Care effort. Since 2006, the State of Maryland has supported the implementation of Care Coordination using High Fidelity Wraparound through Care Management Entities (CME)⁴. System of Care development involves creating cross-system infrastructure to support a broad, flexible array of services and supports for defined populations. In Maryland, we have established CMEs to provide this infrastructure support. Wraparound is a service delivery model that uses a Child and Family Team, comprised of care coordinators, family members, natural supports, youth, and professionals, to create an integrated, strengths-based, needs-driven plan of care. The guiding principles of both System of Care and Wraparound are in direct alignment with Family Centered Practice as they all emphasize the individualized needs of the child and family and require partnerships with families and emphasis on cultural and linguistic competence. Wraparound strongly emphasizes family voice and choice, as measured by the Wraparound Fidelity Assessment System, as well as the other tenets of Wraparound and Systems of Care (see the National Wraparound Initiative for more information: www.rtc.pdx.edu/nwi).

Initially only available in Baltimore City and Montgomery County, these Wraparound Pilot Sites expanded into Southern Maryland and Wicomico County, serving interagency populations of youth who were at-risk for entrance into a Residential Treatment Center in their homes and communities. In April 2009, the Governor's Office for Children issued a Request for Proposals (RFP) for Regional Care Management Entities (CME) on behalf of the Children's Cabinet, including DHR. This RFP, currently still in the procurement process, will create a single CME in each of three regions in Maryland, available to serve *all* of the youth in Maryland. There are a number of discrete populations that will be served through various funding sources under this RFP, bringing together several pots of funding from the Children's Cabinet Agencies and the Children's Cabinet Interagency Fund to create a more seamless service delivery system for children and families.

In particular, youth involved with DHR will be able to access the CME through the MD CARES Systems of Care Grant, the 1915(c) Residential Treatment Center Medicaid Waiver, and the pending RURAL CARES System of Care Grant.

MD CARES - In September 2008, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Maryland a Children's Mental Health Initiative Cooperative Agreement, commonly referred to as a SOC grant award (see SAMHSA

⁴ See Appendix for Maryland Child and Adolescent Innovations Institute and Mental Health Institute. (2008). *The Maryland care management model: Care coordination using high-fidelity Wraparound to support the strengths and needs of youth with complex needs and their families*. Baltimore, MD: Author.

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

RFA No. SM-08-004). Maryland's project, entitled Maryland Crisis and At Risk for Escalation diversion Services for children (MD CARES), will cement a cross-agency partnership that blends family-driven, evidence-based practices within mental health and child welfare to better serve youth and families involved in the State's foster care system. Service dollars awarded under this cooperative agreement will be targeted to the neighborhoods in Baltimore City, where the majority of the youth and families in foster care reside. The service focus of this initiative is the care management and treatment of youth in the Baltimore City foster care system, at the point of initial diagnosis of serious emotional disturbance, in order to prevent out-of-home placement or disruption in current placement when the disability is expected to last in excess of one year. This grant is integrating Maryland's Wraparound and Care Management Models with DHR's Family Center Practice Approach and Family Involvement Meetings. Youth will be referred to the CME from the Family Involvement Meetings, combining the best practices within both mental health and child welfare through the application of the Wraparound service delivery process for youth who have been identified during DHR Family Involvement Meetings to have serious mental health needs and require community support services in order to:

1. Avoid initial foster home placement;
2. Stabilize the initial placement to avoid disruption in placement; and/or
3. Divert from higher level placement or group care.

MD CARES will serve up to 40 youth at a time for an average of 15 months. Through a solid infrastructure and carefully planned statewide strategies, MD CARES will also seek to bring the foster care model developed in Baltimore City for statewide implementation.

Rural CARES - Talbot County has submitted a CMHI grant proposal to SAMHSA for a systems of care grant on the Eastern Shore (Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County, and Worcester County) of Maryland (RFA SM-09-002). If this grant is awarded to Talbot County on behalf of the Eastern Shore, it is envisioned that the CME that is contracted to serve the South Eastern Maryland Region will enter into a contract with Talbot County to serve this population on the Eastern Shore. This grant is modeled on the MD CARES Systems of Care Grant in Baltimore City, with the same general target population as outlined above.

RTC Waiver (1915(c) PRTF Demonstration Grant) - Maryland is one of nine states currently participating in a Centers for Medicare & Medicaid Services 1915(c) Community Alternatives to Psychiatric Residential Treatment Facilities (PRTF) Demonstration Grant. This grant uses Maryland's CME structure and Wraparound service delivery model to serve youth in their homes and communities instead of in a PRTF (in Maryland, a Residential Treatment Center or RTC). Services will be available to eligible youth ages 6-21 for up to two years and the youth will be able to access the entire Public Mental Health System as well as seven new RTC Waiver Services that are eligible for Medicaid reimbursement, including caregiver peer-to-peer support, youth

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

peer-to-peer support, respite services, and crisis and stabilization services. The RTC Waiver is currently being implemented and is expected to serve up to 80 youth each year across the state.

Additionally, DHR has committed funding for two Community Resource Specialists in each region of the state to support the Family Involvement Meetings (FIMs). These Community Resource Specialists will attend the FIMs to identify individualized services and supports in the community that will meet goals within the youth's Plan of Care (POC) in order to achieve his or her permanency plan. If the necessary services are not available in the community, the CME will work with community providers to create a support to address the need. In addition, the CME will broker the services and supports and manage the utilization of services and supports to ensure that youth are utilizing the appropriate amount and duration of service, and are not "stuck" in inappropriate services, and that services/supports are leading to measurable outcomes.

Collaborating with State and Community Partners to Improve Service Access

The availability and access to critical services are vital to the success of the outcomes for children in child welfare. Collaboration with other child and family serving agencies is essential in the development of the needed resources. SSA will continue its efforts to strengthen collaboration with Maryland State Departments of Education and Health and Mental Hygiene to build a continuum of education and health services for Maryland's children who have to be placed in out-of-home care by developing strategies to increase the availability of and access to critical services that are vital to successful outcomes for the children in Maryland's child welfare system. An Education Resource Handbook has been completed for use by child welfare and education staff. In collaboration with the Mental Health Administration (MHA), SSA implemented a 24-hour mobile, mental health, crisis response intervention system July 1, 2008. Fourteen of the twenty-four jurisdictions have rolled out their crisis intervention systems. Plans are in place to roll out the crisis intervention systems in the remaining ten jurisdictions.

Conducting Service Array Assessments and Developing Resource Plans

The Service Array Process has helped Maryland assess and start to improve the service needs of children and families involved with the child welfare system. Maryland has completed the service array process and resource development plans for all counties. Maryland is now developing a state plan that will encompass overarching statewide themes, regional issues and some county specific needs.

The chart below shows which the completion dates for the service array assessment and the resource development plans.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

Jurisdiction	Service Array Assessment	Resource Development Plan
	Completion Date	Completion Date
Alleghany	12/2/08	12/31/08
Anne Arundel	11/10/08	5/1/09
Baltimore	2/1/07	8/1/07
Baltimore City	11/17/08	1/8/09
Calvert	9/7/07	11/20/07
Caroline	3/30/07	6/14/07
Carroll	11/18/08	1/8/09
Cecil	6/25/08	9/15/08
Charles	9/7/09	11/20/07
Dorchester	3/8/07	6/14/07
Frederick	11/21/08	1/15/09
Garrett	11/21/08	3/15/09
Howard	2/20/08	4/17/08
Harford	10/5/08	12/31/08
Kent	2/1/07	4/1/07
Montgomery	9/25/08	11/17/08
Prince Georges	11/10/08	1/15/09
Queen Anne	3/30/07	6/14/07
St. Mary's	9/7/07	11/20/07
Somerset	10/1/06	12/1/06
Talbot	2/1/07	4/1/07
Washington	9/29/08	11/26/08
Wicomico	10/1/06	12/1/06
Worcester	11/1/06	2/1/07

The National Child Welfare Resource Center for Organizational Improvement (NRCOI) provided technical assistance to Maryland (and its local jurisdictions) in order to assess the child and family service array and develop a plan to expand accessibility and improve the quality of services provided to children and families in its child welfare system. The technical assistance involved two stages: (1) conducting an assessment of existing child and family service arrays within local jurisdictions and (2) subsequently preparing and implementing a Resource Development Plan within each local jurisdiction. The process required the active, engaged participation of a wide-variety of community stakeholders in each local community, such as teachers, law enforcement, private sector vendors,

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

healthcare providers, and consumers of services, in order to conduct the assessment and develop strategies to address challenges and weaknesses in the child and family service array. The service array assessment included reviewing over 90 services that fall within one of five categories: (1) Community/Neighborhood Prevention, Early Intervention, (2) Investigative, Assessment Functions, (3) Home-Based Interventions, (4) Out-of-Home Reunification/Permanency Services, and (5) Child Welfare Systems Exits. Overall, the NRCOI provided numerous trainings on the process to all local jurisdictions within Maryland and also assisted in conducting the assessment of the service array and development of a Resource Development Plan in Worcester County, Wicomico County, Baltimore County, Anne Arundel County, and Washington County.

The top five common issues attempted to be addressed by the Service Array Process and Resource Development Plans throughout the State are housing, mental health, independent living services, substance abuse treatment and workforce development.

The Maryland Resource Development Plan is slated to be completed summer of 2009. The State's plan will guide resource development for the entire state, as well as local and regional needs to further implementation of "Place Matters".

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

VI. 2008- 2009 PROGRAM UPDATES

In-Home Services

In-Home Family Preservation represents a continuum of programs available within the local departments of social services. These programs are specifically identified for families in crisis whose children are at risk of out-of-home placement. Family preservation actively seeks to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment. Presently, there are several modalities used to implement and deliver Family Preservation and Interagency Family Preservation services and programs across jurisdictions. Examples of those programs are: Families Now I, II, and III, Consolidated Family Services, and Continuing Services to Families with Children. In 2009, DHR established a baseline of services provided by these programs for purposes of ensuring continuity and quality of care across the state.

Alternative Response

Alternative Response allows for screened-in CPS referrals to be assessed to receive either a traditional response track which would be an investigation or an alternative response track which would be an assessment and where appropriate referral for services. Alternative Response is a part of the Department's "Place Matter's Initiative" as it reframes assessing risk and safety, a family's positive functioning, and keeping a child in his/her home of origin a priority.

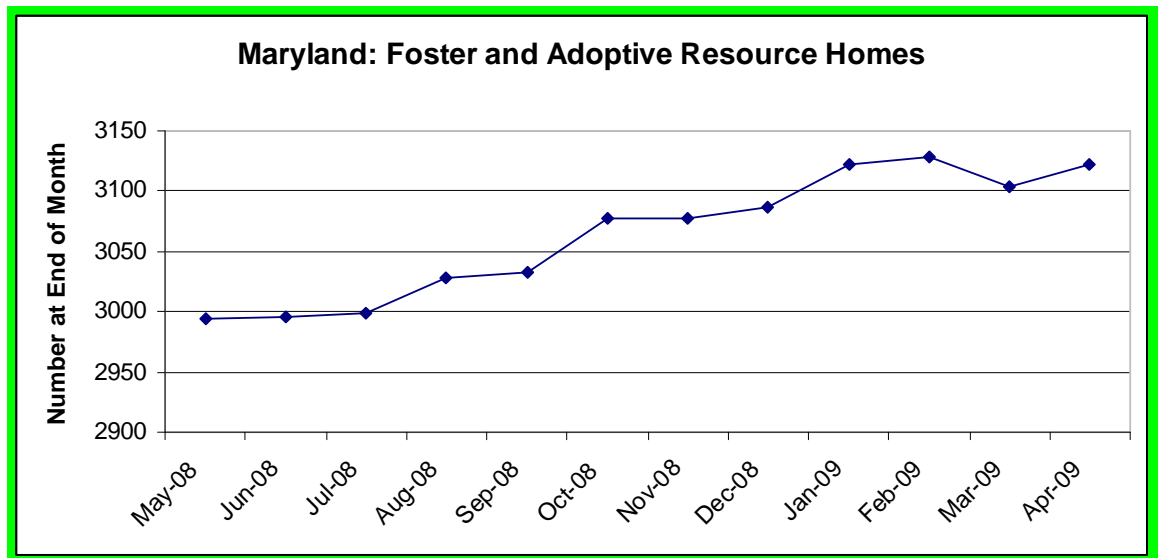
**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

After five years of researching and evaluating the feasibility of incorporating Alternative Response into the Maryland Child Welfare System, the Alternative Response bill was voted down in committee during the 2008 Maryland legislative session. An advisory workgroup was assembled to oversee the development and implementation of the Alternative Response program. The workgroup consisted of representatives from SSA and Local Departments, Office of the Public Defender, Maryland State Department of Education, University of Maryland School of Social Work, State Council on Child Abuse and Neglect (SCCAN), The Family Tree, Coalition to Protect Maryland’s Children, MD Foster Care Court Improvement Project, and other community agencies. The Alternative Response advisory workgroup resumed in the summer 2008 and proposed legislation in January 2009. This legislation was not introduced in 2009 due to the dismal state of the economy. It was the decision of the department that the considerable fiscal note attached to the bill would prevent it from passing.

Recruitment and Retention

The Department developed a new statewide recruitment and retention plan entitled “1000 by 10” in 2007 and during the past year and a half has continued to work toward many goals and strategies of the plan. Maryland has reduced the number of children in group homes by 729 and the number of children in foster care by 1,273 since 2007.

There has been an intense media campaign, which targets Maryland’s need for resource homes (foster, adoptive, and respite families). As of April 2009, Maryland local departments of social services have 3122 families approved as foster and adoptive resource (FAR) homes. These homes are often approved for specific children already residing in the home.



**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

Adoption Program

The Adoption Program in Maryland has continued its commitment to assisting Local Departments of Social Services and other partnering adoption agencies in finding permanent families for foster children in the State in alignment with the Place Matters Initiative. Adoption services include study and evaluation of children and their needs; adoptive family recruitment, training and approval; child placement and support; and post-adoption support. The adoption program includes initiatives such as dual approval of resource homes in collaboration with the Out of Home Foster Care Placement Program and the Resource and Recruitment Units; 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; and subsidized adoption. 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. The list below reflects updates from the past year.

Adoption Data

As of March 2009, 720 children are legally free with a plan of adoption. Of these children, approximately all but 26% of the children have identified adoptive resources.

Maryland Adoption Resource Exchange

To increase the matching capacity of the Maryland Adoption Resource Exchange database, enhancements to support photo-listing have continued.

Maryland Heart Gallery

Although funding for the Maryland Heart Gallery has been discontinued due to budget reductions, the last Gallery of 2007-08 is still featured on the National Adoption Heart Gallery and generates inquiries about children featured and others not featured but available for adoption.

Non-Recurring Adoption Reimbursement

As of January 2009, Maryland no longer provides non-recurring adoption reimbursement for those families adopting special needs children from other countries through a licensed child placement agency or independently, for children with special needs. The Fostering Connections Act of 2008 took away the match for the children whose adoption was either finalized in another country or for the children that were brought to the US for the purpose of adoption.

Interstate Placements

Quarterly meetings and monthly reports between the District of Columbia and Maryland have continued to decrease the barriers to placement of children from

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

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

Private Adoption Agency Partnerships

Three of Maryland's licensed adoption agencies were awarded contracts to provide home studies, training, matching, and placement services for prospective resource homes already recruited by Local Departments of Social Services or SSA. The intent of the awards was to relieve the backlog of prospective resource home studies. The population to be served consists of families and individuals who have responded to a statewide campaign to recruit prospective foster and adoptive resource homes.

Adoption Search, Contact and Reunion Services

This is the title for Maryland's adoption search program. The Mutual Consent Voluntary Adoption Registry (MCVAR) and Search, Contact, and Reunion Services are the two service units of post adoption search and reunion. Legislation for search services took effect October 1, 1999. The original law allowed birth parents and adoptees (age 21 and older) to search for one another through the use of a Confidential Intermediary. In 2005, the Adoption Search Program expanded to allow siblings to search for each other. In the 2006 legislative session, the Adoption Search services expanded to allow Confidential Intermediaries to search for other relatives if the original object of the search is deceased. To date, close to 2700 individuals have registered for adoption search services.

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

Inter-Country Adoptions

The State has begun tracking the number of children who were adopted from other countries and who enter into State custody as a result of disruption of a placement of adoption or the dissolution of an adoption. A tracking form was developed for local departments to capture this information and submit to DHR/SSA monthly. Since we have begun tracking this data in November 2007, three children have experienced adoption placement disruption or adoption dissolution.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

Adoption Incentive Payments

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

Kinship Care

The mission of Kinship Care is to support strengthening and preserving family ties by enhancing the quality of life for caregivers and the children for whom they are caring. Kinship Care offers a continuity of family connections for children, while offering assistance to the parents to address the areas of concern that have hindered their ability to provide safe and nurturing homes for their children. These family connections might not be as readily available if the children were placed in a regular foster care setting. Concurrent permanency planning support is promoted for the children and families receiving kinship care services. The Contract with Coppin State University has ended. A new RFP is being issued.

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

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

VII. MONTHLY CASEWORKER VISITS

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

MDCHESIE indicates that currently caseworkers are completing monthly visits in 73% of cases and that 68% of those visits occur in the out of home setting.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

2008 Baseline and 2009-2012 Target Goals

Maryland's goals to meet the federal standards by 2012 are as follows:

Caseworker Visits									
2008		2009		2010		2011		2012	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
76%		80%		85%		90%		90%	
Caseworker Visits in the Home									
2008		2009		2010		2011		2012	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
69%		70%		73%		75%		76%	

To ensure that Maryland achieves these goals SSA issued State policy 9.09 dated: December 2, 2008. (See Appendix D).

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 include discussion of data trends. This will be one of the areas, which is covered and emphasized during these discussions.
4. MDCHESSIE 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. MDCHESSIE generates reports that capture the total number of caseworker visits per month to children and families in either an Out-of-Home or In-Home program assignment.
6. Working to ensure each local department of social services is near or meets the Child Welfare League of America caseload ratios.

Utilization of Funds

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

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- Allocate funds for transportation aides to assist with transporting children for visits

VIII. COLLABORATIONS

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” including *the Maryland Child and Family Services Interagency Strategic Plan* (see Appendix B). Below are additional collaborations in which Maryland is involved.

Indian Child Welfare Act

DHR/SSA issued a policy to provide guidelines to child welfare staff for delivering services to Indian families involved with the child welfare system and their children in out-of-home placement. The requirements of the policy are as follows:

- Local Departments of Social Services must ask children and parents if they are of American Indian heritage. Relatives should also be asked about Indian ancestry if one or both parents are unavailable or unwilling to provide the needed information. This should occur and be documented at intake, placement and any time the permanency plan is changed. Other circumstances when American Indian heritage may be identified:
 - Any party to the case, Indian tribe, Indian organization or public or private agency informs the local department that the child is an Indian child.
 - Any public or state-licensed agency involved in child protection services or family support had discovered information which suggests that the child is an Indian child.
 - The child who is the subject of the proceeding gives the court reason to believe he or she is an Indian child.
 - The residence or domicile of the child, his or her biological parents, or Indian custodian is known by the local department to be or shown to be a predominately Indian community, or presents reasonable indication of a connection to the Indian community.
 - An officer of the court involved in the proceedings has knowledge that the child may be an Indian child.
- All available information will be reviewed for any indication of Indian heritage. If there is any indication that the child has American Indian heritage the following must occur:
 - Parents and child will be provided with information on the Indian Child Welfare Act, a tribal ICWA contact person, American Indian advocates available in the community, services and resources available.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- The local department must inform the court of any indication that the child may be of American Indian heritage.
- The ICWA regulations and policy must be followed for any child who is believed of Native American heritage until a final determination has been made. Such early identification is necessary to ensure that the Indian child is not traumatized by culturally inappropriate and/or illegal placements that must be interrupted at a later date to comply with the placement requirements of the ICWA.
- There are the five major components in ICWA that the State must address in discussions with Tribes:
 - Identification of Indian children by the State Child Welfare services agency;
 - Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene;
 - Special placement preferences for Indian children;
 - Active efforts to prevent the breakup of the Indian family; and
 - Use of Tribal courts in child welfare matters; Tribal right to intervene in State proceedings or transfer proceedings to the jurisdiction of the Tribe.
- Indian Child Data (as of 5/15/09)
 - Total Native American children in Out of Home Placement- 20
 - Total NA children over 18 years of age in OHP-5
 - Total Children in OHP-9715
- In past years, the Department has worked with the Baltimore American Indian Center, which agreed to act as the point of contact for child welfare involvement. The SSA continues to make efforts to consult with the Baltimore American Indian Center on service training needs for Native Americans in the in-home and out-of-home programs.
- The Department is planning to establish a partnership with Maryland's Commission on Indian Affairs with the goal of receiving consultation from the Commission on additional strategies that can be employed to ensure compliance with the Indian Child Welfare Act (ICWA).
- Both SSA and the Foster Care Court Improvement Project (FCCIP) continue to work collaboratively to improve legal and court processes that affect children in care. Specifically, the Legal and Court Practice Committee is charged with collaborating with the FCCIP to improve court practices that have a significant impact on service delivery such as ASFA exceptions, concurrent planning, and

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

Another Planned Permanent Living Arrangements (APPLA) in Child in Need of Assistance (CINA) and Termination of Parental Rights (TPR) cases.

- The FCCIP Implementation Committee comprised of Judges, Masters, a representative from the Citizen’s Review Board, the Executive Director of the Social Services Administration, and FCCIP staff serve as the oversight body for the work that is generated from the FCCIP Strategic Plan, FCCIP Subcommittees, and the Court related portions of the Title IV-E PIP and the CFSR PIP.
- The FCCIP published the Maryland CINA, Related TPR and Adoption Matters Best Practices Manual, in an effort to provide an effective tool to assist the courts in meeting the demands of processing CINA, related TPR and Adoption matters. The Best Practices Manual is intended to offer guidelines to court procedure and in the facilitation of the achievement of permanency goals. The impetus for the development and the use of such a resource evolves from the realization that the mechanism of how cases are handled and processed ultimately impacts the outcomes for children and families, specifically child safety, permanency and well-being. These standards are designed to assist courts in the facilitation of improved court practices that are not only integral to the overall outcome of a case, but have made an impact for other jurisdictions, locally, nationally, on the courts’ ability to effectively meet daily demands.
- Additionally, the FCCIP Subcommittees, which all have DHR/SSA and other stakeholder representatives, have provided Uniform Court Orders (reflecting ASFA exceptions language and statutory requirements); a Continuance/Postponement Policy for CINA and related TPR matters; review of the CINA and TPR Appeals process; training for judges, CINA attorneys, and stakeholders; and a review of the judicial, attorney, and clerk’s workload.
- SSA presented on Family Centered Practice and SSA Executive Director gave an overview of “Place Matters” at the statewide Foster Care Court Improvement Project Conference in October 2008. The audience included judges, masters and attorneys involved with the legal aspects of child welfare cases. The presentation highlighted the benefits to the court system by guiding families and caseworkers to reach consensus prior to court hearings by addressing allegations in the petition in a non-adversarial forum. Additionally, the family involvements meetings will substantiate the reasonable efforts and concurrent permanency planning by the local departments.
-

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- In June 2008, DHR along with the FCCIP hosted an all day Child Welfare Summit co-hosted by Chief Judge Robert Bell and DHR Secretary Brenda Donald. This multi-disciplinary summit included a 12-member team from all 24 jurisdictions. Team members were made up of judges, child and parent attorneys, local department of social services directors and assistant directors, local education and health department representatives, and FCCIP staff. This was an opportunity for local departments to work with partners to identify county-related issues and develop strategies to increase permanency outcomes for children in care. The teams developed plans to overcome permanency barriers within their jurisdictions. They provide updates on a quarterly basis regarding their progress to overcome barriers.

State and Community Partners

DHR's partnerships with State and community partners are extensive. The below list provides an overview of some of the many collaborations.

- **Provider's Council** - The Provider Council is a group of twelve licensed DHR private providers with representation from all types of providers throughout Maryland. The Council meets monthly with DHR/SSA Central Office staff. The purpose of the Council is to allow DHR to receive feedback and thoughts from the provider community on its efforts and initiatives, and an opportunity for the providers to ask questions of DHR.
- **Maryland's Mental Health Transformation State Incentive Grant ("Transformation Grant")** -The Transformation Grant is a federal grant from the Substance Abuse and Mental Health Service Administration aimed at transforming Maryland's mental health system. The grant encourages collaboration with many state agencies to help with improvement efforts in overlapping areas. The program is currently committed to assisting us in our efforts to reform and revise programming in our private provider programs, both TFC and group homes. The Grant has helped to fund efforts to develop tools for greater accountability and placement decision-making. The grant is in its final year.
- **Maryland Foster Parent Association** - The statewide Maryland Foster Parent Association (MFPA) partners with local departments of social services Foster Parent Associations to assist and support resource families. The MFPA helps to support the development of the local Foster Parent Associations by coordinating training opportunities and recognition events for its members. Members of the MFPA serve as liaison between the local associations and DHR/SSA advocating for the rights and concerns of foster families and assuring responsiveness.

Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan

Membership is open to all foster parents approved by the local departments of social services. Their efforts result in foster families being encouraged, supported and skilled in providing quality care to Maryland's children. The Maryland Foster Parent Association received its 501c-3 status in early 2008 and meets monthly. In 2009 they established a website, www.mdkids1.org and a hotline (1-866-MDKIDS1) to assist foster parents throughout the state. They are involved in PRIDE training as well as competency training of new workers. Currently the MFPA is planning a statewide training conference to be held in September 2009.

- State Resource Plan - Annually, the Governor's Office for Children, on behalf of the Children's Cabinet, issues a State Resource Plan. The purpose of the State Resource Plan is to document the State's capacity for out-of-home placement, the needs for placement among children in care, and efforts to align the capacity with the need across Maryland's jurisdictions (twenty-three Counties and Baltimore City). Specifically, the plan is to provide a framework for the procurement of the residential child care services that meet the needs identified in the plan. This plan, written in collaboration with the child-serving agencies including DHR, contains a review of each of Maryland's out-of-home placement categories (family foster care, Community-Based residential, non-Community-Based residential, hospitalization), including:
 - Overview of Placement Category
 - Terms And Definitions
 - Who Gets Placed There And Why Needed
 - Existing Capacity
 - Discussion Of Need For This Level Of Placement

Consultations with Physicians or Appropriate Medical Professionals

The Department of Human Resources actively consults and collaborates with sister agencies such as the Department of Health and Mental Hygiene (DHMH), the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School and the Maryland Department of the Environment around issues relating to health care for children in Out-of-Home placement.

- Maryland utilizes a Health Passport for children in out-of-home placements. All components of the child's health care are documented in the Health Passport. Maryland physicians must complete the Health Passport forms each time they examine a foster child. The Passport includes the following:
 - Medical Alert
 - Child's Health History
 - Developmental Status (ages 0-4 or child with disability)
 - Health Visit Report
 - Receipt of Health Passport
 - Parent Consent to Health Care and Release of Records

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- DHR/SSA collaborate with DHMH on issues involving consultation or lack of consultation by physicians.
- In May 2007, DHR, in partnership with the Department of Health and Mental Hygiene (DHMH), convened a workgroup to improve health care for children in foster and kinship care. The focus of the workgroup was on Baltimore City due to the LJ Consent Decree that was in place. The decree included requirements for the provision of health care- physical, dental, mental health and substance abuse treatment. As a result of the workgroup, best practices were identified. The initiative focused around principles of increasing coordination, monitoring and accountability; simplifying the structure of the delivery system to ease access; and maintaining and promoting continuity of care and a medical home. A second part of the workgroups proposal centered around a Mental Health Case Management Unit to be located at BCDSS with the Nurse Case Management Unit. These two units will communicate closely with one another. The Mental Health Case Management Unit will employ Licensed Certified Social Workers—Clinical (LCSW-C) or certified mental health providers.
- The need to improve access to health care for children in foster and kinship care has long been recognized by State and local government agencies and community stakeholders. Baltimore City developed a Health Care Case Management for Children in Foster and Kinship Care. Principles considered in designing this request include a holistic approach to health care; transition from child protection to child well being and from compliance to best practice; and agency responsibility with the community.
- DHR/SSA is partnering with Mental Hygiene Administration, Baltimore City DSS, and the Departments of Psychiatry at Johns Hopkins and University of Maryland to study the usage of psychotropic medications among children in state supervised care. Statewide data suggests that anti-psychotic medications are utilized for children in care at a rate higher than usage in the general population. The collaboration will be aimed at understanding and addressing the inequities in mental health diagnoses and prescriptions for children in foster care. Initially this intervention will focus on Baltimore City, in connection with the opening of a health suite. The Director of Baltimore City's DSS has been instrumental in the planning of this effort and Johns Hopkins and University of Maryland psychiatry faculty will provide the expert intervention for the individual case reviews. As this process is piloted in Baltimore City, plans will be made for its implementation statewide.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

Faith-Based

Family Centered Practice relies upon natural supports to families. Partnerships with faith-based organizations and initiatives are essential to this process. The below list reflects some of DHR's work in this area.

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

- Currently, Maryland continues to create opportunities through collaborations with the faith-based community by the issuance of requests for proposals. As a result, the faith-based community has responded in a unique way: to serve as the community arm for adoption recruitment. Both strategies have proven successful in promoting the continuous need for resource families within the faith community. As a result of utilizing these strategies, families who have eagerly accepted the role and responsibility of parenting mostly older and most often traumatized children have been empowered and strengthened. The Board of Directors and the support groups serve as a bridge to disseminate resource information and provide emotional support. The OCOC MD Board of Directors has established and maintained over 300 partner churches to date. OCOC of MD has opened 6 satellite offices throughout the Maryland service areas in (Anne Arundel County; Frederick/Washington Counties; Tri-County (Worcester, Somerset, and Wicomico); Prince George's/Montgomery Counties; Baltimore County; and Baltimore City.

- Maryland's Faith-Based Groups - Adoptive families and prospective adoptive families have utilized support groups for gathering to discuss issues and/or concerns unique to their families. Also, networking opportunities were encouraged as a way to highlight and share events, which were of interest and of benefit to families. Originally there were 18 support groups, however in the latter part of 2008 Diakon, who operated 11 of the support groups closed due to financial reasons. United house of Prayer, under new leadership, decided not to continue. Currently, there are 6 support groups. Baltimore City (2), Montgomery Co. (1), Anne Arundel Co. (1), Adoptions Together, Carroll Co. (1) and Worcester Co. (1). The contract will end in April 2010.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

National Resource Center Training and Technical Assistance (T/TA)

Maryland has developed the below inserted Technical Assistance Plan that incorporates assistance from both the National Resource Centers as well as other T/TA from private foundations, State Universities and grant opportunities.

Social Services Administration

Technical Assistance Plan

Supporting Organization	Organization Contact	SSA Contact	Initiative	Timeline	Update
Anne E. Casey Strategic Consulting Group	Tanya Washington	Kevin Keegan Susan Coppage	<ul style="list-style-type: none"> Transitioning Youth to Families 	July 2007- Jan 2009 Casey to transition from project 1/30/09	Administrative Reviews began in December 2008 in Baltimore & Washington Counties. FIMS to begin January 09. First children to transition by March 09.
	Jacqueline Melton Tanya Washington	Kevin Keegan	<ul style="list-style-type: none"> Analysis of the 60 day cohort, Foster Parent Exit Surveys, Local Recruitment Plans, BCDSS Resource Development, Targeted Recruitment 	July 2007- Jan 2009 Casey to transition from project 1/30/09	LDSS Recruitment Plan Template Completed, Reviewers Assessment Completed, Training completed 9/08
	Oronde Miller	Steve Berry Debbie Ramelmeier	<ul style="list-style-type: none"> Structured Decision Making Screening Tool On-going Evaluation of 	January 2008- ongoing	Training will be completed in December. Full Implementation in all counties will begin on

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

Casey Family Programs	Dierdre O'Connor (Children's Research Center)		Implementation		December 2008
	Oronde Miller Jackie Contreras	Rich Larson	<ul style="list-style-type: none"> Performance Based Contracts/Contract Monitoring 		Contract has been negotiated with consultant. Workgroup to begin Jan 2009
	Oronde Miller Paul Vincent	Carnitra White Debbie Ramelmeier	<ul style="list-style-type: none"> Family-Centered Practice 	January 2009- June 2010	Developed Family Centered Practice Model Training to begin in Baltimore City, Spring 09
Adopt-Us-Kids	Sharri Black	Eloise Mooney	<ul style="list-style-type: none"> MARE 	2007-ongoing	Training estimated to occur Spring 09
National Resource Center for Child Protective Services	Theresa Costello	Susan Coppage Steve Berry	<ul style="list-style-type: none"> Staffing Issues In-Home Services 	Feb. 2008 - ongoing	Regulations are being written for redefined In-Home services
Mental Health Transformation Grant Innovations Institute	Denise Sulzbach Michelle Zabel	Kevin Keegan	<ul style="list-style-type: none"> Evidence Based Practice with TFC Group Home Utilization Reviews 	Sept. 2007- ongoing	Training was completed and Group Homes are currently using CANS

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

National Resource Center for Child Welfare Data & Technology	Kate Hjelm	David Ayer	<ul style="list-style-type: none"> AFCARS 	February 2008	AFCARS Review by NRC completed in Feb 08. Currently working on making recommended changes
			<ul style="list-style-type: none"> NCANS 	May 2008	Will be scheduling NCANS review by NRC in 09
National Resource Center for Permanency Planning	Janyce Fenton	Heather Stowe	Curriculum development for permanency planning	April 2008	No recent contact
National Resource Center on Adoptions	Madelyn Freundlich Stephanie Boyd Serafin	Carnitra White Anita Wilkins	Assist with facilitation of post-permanency workgroup	August 2008 - ongoing	Inventory of post permanency services developed
National Resource Center for	Steve Preister	Kevin Keegan Nancy Blackwell	<ul style="list-style-type: none"> Service Array 	June 2006 – on-going	Service Array Assessments in all jurisdictions will be initiated by January 09. Begin roll-out in 09 improved Service

**Maryland Department of Human Resources
 Child and Family Services Plan
 2009 Annual Progress and Services Report
 Title IV-B Plan**

Organizational Improvement					Array Process
		Carnitra White Anita Wilkins	<ul style="list-style-type: none"> • CFSR 	Feb 2008 - ongoing	CFSR kick-off event held Sept. 2008 On-going conference calls in preparation for CFSR/ June 2009
	Susan Kanak	Susan Kanak	<ul style="list-style-type: none"> • Training • CWTA Issues 	Nov. 2007	Completed

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

IX. CHILD WELFARE DEMONSTRATION PROJECTS

Maryland is not participating in any child welfare demonstration projects.

X. PROMOTING SAFE AND STABLE FAMILIES

Maryland continues to use the Promoting Safe and Stable Families grant (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, so only $\frac{3}{4}$ of the funds were allocated so far for the period October 1, 2008 through June 30, 2009. The remaining $\frac{1}{4}$ of the funds will be allocated by July 1, 2009. In FFY 2009, 20% of the PSSF funds will be allocated to the local departments of social services to provide time-limited reunification, family support, and family preservation. 15% of the PSSF funds will be allocated to the local departments of social services to provide adoption promotion and support services. The other 5% that was funded by PSSF to fund the post-adoption support group pilot project is now picked up by TANF. Ten percent of the funds are set aside for discretionary activities and ten percent for administrative costs.

Time-Limited Reunification

The twenty-four Local Departments of Social Services offer time-limited family reunification services. For FFY 2009, 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 in its jurisdiction; however all the services are aimed at reunifying the family. It is estimated that 1,470 families and 1,515 children will be served in FFY 2009. The types of services provided include:

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

Adoption Promotion and Support Services

The twenty-four Local Departments of Social Services offer adoption promotion and support services to improve and encourage more adoptions from the foster care population, which promote the best interests of the children. The activities and services are designed to recruit adoptive families, expedite the adoption process and support adoptive families. Services are also provided to adoptive families that allow them to maintain the child in placement. For the FFY 2009 funds, the total allocation for each

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

local department was the same percentage as their FFY 2008 funds. It is anticipated that approximately 2,450 families and children in FFY 2009 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

Maryland continues to use the Promoting Safe and Stable Families grant (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. Funds are allocated to Local Departments via a competitive process. Programs funded range from Fatherhood to Healthy Families.

Listed below is a description of the family preservation and family support programs. It is likely that all of these programs will continue in FFY 2010.

<u>Local Department</u>	Description of Services Provided	Family Preservation or Family Support
Allegany County	Small Steps – A newborn visitation program in which support services and resources are offered to parents in the hospital, a monthly newsletter is distributed, follow-up phone calls are made, and home-based visits are offered.	Both
	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.	Both

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

	Additional support for married and co-habiting couples is offered beyond the core parenting workshops. Group and home-based intervention will focus on strengthening relationships, conflict management, and expectations.	
Anne Arundel County	An intensive family preservation program provides preplacement prevention services designed to help children at risk of foster care placements remain with their families.	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
Caroline County	The Multiple Points of Prevention program provides case management services and access to an array of family support services, which provides early intervention and prevention services to at-risk children and families and pregnant women.	Family Support
Carroll County	Case management services are offered to families who participate in the programs at the Family Support Center. Case Management services include ongoing sessions with parents, crisis intervention, general counseling, and referrals. Weekly groups are also offered that focus on basic life skills, relationship issues, parenting skills and anger management and support for pregnant and parenting teens. A support group for fathers is included in this overall initiative. In-home Family preservation services are offered to families. The program utilizes a family-centered approach that is strengths-based.	Family Support 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 Fathers in the Neighborhood program increases positive involvement of fathers with their children while improving job training opportunities. Case management and linkages to community resources will be provided as well as activities that promote responsible parenthood.	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 father, child development, health education, life skills training, case management and home visitation.	Family Preservation and Family Support
Garrett County	In-home preservation services are offered to help families remain intact and improve family functioning. A mediation program uses trained mediators to assist divorcing couples come to consensus around arrangements pertaining to the children. The program is intended to increase the strength and stability of the family unit even if a divorce occurs.	Family Preservation Family Support

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

	<p>The Supervised Visitation and Monitored Exchange program provides a safe place where families involved in domestic violence and other circumstances will have access to supervised visitation and monitored exchange. This program has benefited all parties to develop better relationships, family bonding, and a safe environment.</p> <p>A healthy marriages program helps couples develop the skills and knowledge necessary to develop and sustain healthy marriages. Funds are used to distribute materials about healthy marriages, add a marriage component to an existing parenting program, and conduct forums to help youth prepare for healthy dating relationships and marriage.</p>	<p>Family Support</p> <p>Family Support</p>
Harford County	The Safe Start program is an early assessment and intervention program that targets children at-risk for maltreatment and out-of-home placement. If risk factors for abuse/neglect are identified, the program provides further assessment with intervention and follow-up services to families.	Family Support
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	A service is provided that targets adolescents who were referred to child welfare services because they are “out of control” and parents will not or can no longer take responsibility for the child’s difficult behavior. An intervention model is utilized that enable parents to effectively respond to their children. Cognitive and behavior therapy are used to develop and reinforce the parents’ ability to be an effective resource for the child.	Family Preservation
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 knowledge of child development and early learning. This program targets families with children up to three years old.	Family support
Talbot County	<p>Respite services provide support to families who have a child at risk of an out-of-home placement. The program offers voluntary, planned, or emergency services for short-term out-of-home placement in a respite provider’s home.</p> <p>The parent education program provides separate groups for parents and children that meet concurrently. Topics covered in the curriculum include: building self awareness; teaching alternatives to yelling and hitting; improving family communication; replacing abusive behavior with nurturing; promoting healthy development; and teaching appropriate developmental expectations.</p>	<p>Family Preservation</p> <p>Family Preservation</p>

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

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 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

XI. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE 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 foster care youth ages 14 up to their 21st birthday. Currently, the Department provides services to 8,891 children in out-of-home care. As of March 2009, there were 4,512 youth ages 14-21 in various living arrangements, eligible to receive Transitioning Youth Preparation Services.

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.” (See Appendix C) This is an initiative supported by the Governor and the Children’s Cabinet with the focus of all youth being successful in life. The initiative is focused on youth transitioning from adolescence to adulthood with increased opportunities to be ready for college, employment and life by age 21.

Maryland is currently strategizing improve best practices and services to ensure that youth are prepared for success. The strategies include:

- 1) Providing services for youth ages 14-20;
- 2) Chaffee funds are used to support transitioning life skills for our youth; and
- 3) Department is working on 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 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

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- 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
 - After Care Services- All committed youth that were in care at the time of their 18th birthday are entitled to receive After Care Services. That also includes former foster care youth that reside in Maryland from other states
 - 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

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.

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

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

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 next annual teen conference is scheduled for July 17, 2009 through July 18, 2009 to be held at Frostburg University. Many central office and local department staff will volunteer their time and services to make this a successful conference.

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 our goal to work toward all local departments being trained to use the Ansell-Casey assessment and make use of the monitoring system for quality assurance purposes.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

Specific accomplishments achieved in FY 2009:

- Local Independent Living Coordinators meet with the State Independent Living Coordinator on a bi-monthly basis to discuss program updates and other information needed to administer the Independent Living Program. This time is also used for coordinators to share and discuss services they provide within their local jurisdictions. These meetings serve as a means to ensure consistency in developing Independent Living standards.
- Collaboration is in place between MD RISE and the Social Services Administration to assist transitioning age youth, 18-21, with onsite job training.
- Four (4) members of the Youth Advisory Board (YAB), along with sixteen (16) youth from various counties, participated in an overnight retreat at Camp Hashawha in May 2009. Clayton Finck, of the National Resource Center for Youth Services, led the youth as they participated in team building activities, discussed the YAB's structure and by-laws, election of officers, and membership.
- The Children's Bureau will host an annual National Youth in Transition Database (NYTD) Technical Assistance Meeting in June 2009. This meeting will provide assistance and support to states in the development and implementation of the NYTD.
- A new exit policy was developed to ensure that youth who are transitioning from care are equipped with the necessities they will need to be successful, independent adults.
- Transitional planning for youth (benchmarks) have been developed to assist the local departments as they help youth plan for their futures.

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.

Youth Involvement in CFSR Reviews

Maryland's youth are involved in the interview of stakeholders for the local CFSR reviews. They have been able to offer most valuable responses on service delivery and their desire to become more involved in specific program development.

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

As part of our interagency Ready By 21 efforts led by the DHR Secretary, Maryland recently passed legislation that extends Medicaid coverage through age 21 for young adults who leave foster care (House Bill 580, 2008).

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 June 30, 2009

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

to administer the ETV program statewide and provide staff training, brochures and an on-line website for youth applications. DHR/SSA in collaboration with the Orphan Foundation of America increased youth participation in post-secondary education. Below are the award numbers for Fiscal Years 2008 and 2009:

SUMMARY

	A	B	C	D
1	MARYLAND 2008-2009			
2				
3	Total apps to date:		675.0	
4	these applicants were in care and meet the State's eligibility requirements, however, they are not eligible for funding if they do not register/attend school.	Eligible	609.0	
5		Ineligible	66.0	
6				
7	Amount funded to date:		\$740,928.35	
8	Amount allocated for year:		\$810,000.00	
9				
10	Average funding per student:		\$2,052.43	
11				
12	Total funded to date:		361.0	
13	1st year ETV:	133.0		
14	2nd year ETV:	115.0		
15	3rd year ETV:	113.0		
16				
17	Disbursements (to date) for the year:			
18	Tuition	\$228,833.13	30.88%	
19	Loans	\$14,324.00	1.93%	
20	School Supplies	\$161,177.00	21.75%	
21	Computers	\$178,025.22	24.03%	
22	Housing	\$32,116.00	4.33%	
23	Childcare	\$300.00	0.04%	
24	Healthcare	\$532.00	0.07%	
25	Transportation	\$29,213.00	3.94%	
26	Living Expenses	\$96,408.00	13.01%	
28				

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

29	Have health insurance:			
30	Yes	314.0	87%	
31	No	47.0	13%	
32				
33	Students residency:			
34	Apartment/House	204.0	57%	
35	Dorm	31.0	9%	
36	Foster Home	89.0	25%	
37	Group Home	15.0	4%	
38	Other	22.0	6%	
39				
40	Childhood locale:			
41	Rural	44.0	12%	
42	Urban	224.0	62%	
43	Both	93.0	26%	
44				
45	Students with disabilities:			
46	Yes	40.0	11%	
47	No	321.0	89%	
48				
49	Students who perform volunteer work:			
50	Yes	134.0	37%	
51	No	227.0	63%	
52				
53	Students who currently work:			
54	Yes	190.0	53%	
55	No	171.0	47%	
56				
57	Parents:			
58	No	297.0	82%	
59	Yes	64.0	18%	
60		** of the 64 parents **		
61		married	0.0	
62		avg. age became parent:	17yrs 8months	

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

63		males	6.0	
64		females	58.0	
65		1 child	58.0	
66		2 children	6.0	
67				
68		African-American	55	
69		Caucasian	5	
70		Latino	2	
71		Mixed-Race	1	
72		Native-American	1	
73				
74	Married:			
75	1 funded student is married			
76	* female caucasian			
77				
78	US Citizen:			
79	Yes	346.0		
80	No	15.0	(all have greencards)	
81				
82	Native Language:			
83	English	346.0	96%	
84	Spanish	3.0	1%	
85	Other	12.0	3%	
86				
87	Race:			
88	African-American	278.0	77.01%	
89	Asian-American	6.0	1.66%	
90	Caucasian	52.0	14.40%	
91	Latino	7.0	1.94%	
92	Mixed-Race	15.0	4.16%	
93	Native-American	1.0	0.28%	
94	Pacific-Islander	2.0	0.55%	
95				
96	Gender:			

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

97	Male	115.0	32%	
98	Female	246.0	68%	
99				
100	Ages of funded:			
101	18 yrs	96.0	27%	
102	19 yrs	75.0	21%	
103	20 yrs	86.0	24%	
104	21 yrs	71.0	20%	
105	22 yrs	33.0	9%	
106				
107	Ranges of funded amounts received per student:			
108	\$1-999	55.0	15%	
109	\$1000-1999	136.0	38%	
110	\$2000-2999	106.0	29%	
111	\$3000-3999	39.0	11%	
112	\$4000-5000	25.0	7%	
113				
114	Where do students access email/internet?			
115	Library	18.0	5%	
116	Personal Computer	189.0	52%	
117	Other	52.0	14%	
118	School	57.0	16%	
119	Shared Foster Home PC	28.0	8%	
120	Shared Group Home PC	17.0	5%	
121				
122	How often do student access email?			
123	Once a day	62.0	17%	
124	Once an hour	3.0	1%	
125	Once a week	101.0	28%	
126	Twice a day	43.0	12%	
127	Twice an hour	10.0	3%	
128	Twice a week	37.0	10%	
129	Three times a day	56.0	16%	
130	Three times a week	49.0	14%	
131				

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

132	Counties of those funded:			
133	ALLEGANY	2.0	0.55%	
134	ANNEARUNDEL	7.0	1.94%	
135	BALTIMORE	74.0	20.50%	
136	BALTIMORE_CITY	160.0	44.32%	
137	CALVERT	2.0	0.55%	
138	CARROLL	2.0	0.55%	
139	CECIL	3.0	0.83%	
140	CHARLES	4.0	1.11%	
141	FREDERICK	6.0	1.66%	
142	HARFORD	11.0	3.05%	
143	HOWARD	7.0	1.94%	
144	KENT	1.0	0.28%	
145	MONTGOMERY	38.0	10.53%	
146	PRINCEGEORGE	39.0	10.80%	
147	ST.MARY	1.0	0.28%	
148	WASHINGTON	1.0	0.28%	
149	WICOMICO	2.0	0.55%	
150	WORCESTER	1.0	0.28%	
151				
152	Year in school of the students:			
153	1st Year College (Freshman)	250.0	69.25%	
154	1st Year Vocational	13.0	3.60%	
155	2nd Year College (Sophomore)	60.0	16.62%	
156	3rd Year College (Junior)	23.0	6.37%	
157	4th Year College (Senior)	15.0	4.16%	graduating in May
158				
159				
160	Schools attended by those funded:			
161	AARON'S ACADEMY OF BEAUTY	1.0	0.28%	
162	ALLEGANY COLLEGE OF MARYLAND	4.0	1.11%	
163	ALL-STATE CAREER SCHOOL	1.0	0.28%	
164	AMERICAN BEAUTY ACADEMY	1.0	0.28%	
165	ANNE ARUNDEL COMMUNITY COLLEGE	6.0	1.66%	
166	ART INSTITUTE OF NEW YORK CITY(THE)	1.0	0.28%	

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

167	ASHFORD UNIVERSITY	1.0	0.28%	
168	AVEDA INSTITUTE WASHINGTON DC	1.0	0.28%	
169	BALTIMORE BEAUTY ACADEMY	1.0	0.28%	
170	BALTIMORE CITY COMMUNITY COLLEGE	59.0	16.34%	
171	BALTIMORE INTERNATIONAL COLLEGE	3.0	0.83%	
172	BALTIMORE SCHOOL OF MASSAGE	1.0	0.28%	
173	BALTIMORE STUDIO OF HAIR DESIGN	2.0	0.55%	
174	BARTON COLLEGE	1.0	0.28%	
175	BENNETT CAREER INSTITUTE	1.0	0.28%	
176	BOWIE STATE UNIVERSITY	12.0	3.32%	
177	BRIGHAM YOUNG UNIVERSITY	1.0	0.28%	
178	CECIL COLLEGE	1.0	0.28%	
179	CENTRAL BAPTIST COLLEGE	1.0	0.28%	
180	CHESAPEAKE COLLEGE	4.0	1.11%	
181	COLLEGE OF SOUTHERN MARYLAND	3.0	0.83%	
182	COMMUNITY COLLEGE OF BALTIMORE COUNTY	64.0	17.73%	
183	COPPIN STATE UNIVERSITY	14.0	3.88%	
184	DELAWARE STATE UNIVERSITY	1.0	0.28%	
185	DILLARD UNIVERSITY	1.0	0.28%	
186	ECPI COLLEGE OF TECHNOLOGY	1.0	0.28%	
187	EVEREST COLLEGE- EVEREST INSTITUTE	2.0	0.55%	
188	FASHION INSTITUTE OF TECHNOLOGY	1.0	0.28%	
189	FERRUM COLLEGE	1.0	0.28%	
190	FLORIDA COMMUNITY COLLEGE AT JAX	1.0	0.28%	
191	FRANCIS MARION UNIVERSITY	1.0	0.28%	
192	FREDERICK COMMUNITY COLLEGE	4.0	1.11%	
193	FROSTBURG STATE UNIVERSITY	5.0	1.39%	
194	GARRETT COMMUNITY COLLEGE	1.0	0.28%	
195	GOUCHER COLLEGE	1.0	0.28%	
196	HAGERSTOWN COMMUNITY COLLEGE	4.0	1.11%	
197	HAIR EXPRESSIONS ACADEMY	2.0	0.55%	
198	HARFORD COMMUNITY COLLEGE	6.0	1.66%	
199	HOWARD COMMUNITY COLLEGE	5.0	1.39%	
200	INTERNATIONAL BEAUTY SCHOOL	1.0	0.28%	
201	ITT TECHNICAL	2.0	0.55%	

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

202	ITT TECHNICAL INSTITUTE	3.0	0.83%	
203	JOHNSON COUNTY COMMUNITY COLLEGE	1.0	0.28%	
204	LACKAWANNA COLLEGE	1.0	0.28%	
205	LINCOLN TECHNICAL INSTITUTE	4.0	1.11%	
206	MARYLAND BEAUTY ACADEMY	2.0	0.55%	
207	MARYLAND INST COLLEGE OF ART	1.0	0.28%	
208	MCDANIEL COLLEGE	1.0	0.28%	
209	MEDIX SCHOOL	9.0	2.49%	
210	MONTGOMERY COLLEGE	22.0	6.09%	
211	MORGAN STATE UNIVERSITY	17.0	4.71%	
212	NORTH AMERICAN TRADE SCHOOLS	4.0	1.11%	
213	NORTH CAROLINA STATE UNIV-RALEIGH	1.0	0.28%	
214	NORTH DAKOTA STATE UNIVERSITY	1.0	0.28%	
215	NORTHWESTERN UNIV	1.0	0.28%	
216	PRINCE GEORGES COMMUNITY COLLEGE	15.0	4.16%	
217	SANZ SCHOOL	1.0	0.28%	
218	SOJOURNER DOUGLASS COLLEGE	2.0	0.55%	
219	STEVENSON UNIVERSITY	4.0	1.11%	
220	TESST COLLEGE OF TECHNOLOGY	3.0	0.83%	
221	TOWSON UNIVERSITY	7.0	1.94%	
222	TRINITY UNIVERSITY	1.0	0.28%	
223	UNIV OF MARYLAND UNIVERSITY COLLEGE	1.0	0.28%	
224	UNIV OF MARYLAND-BALTIMORE COUNTY	3.0	0.83%	
225	UNIVERSITY MARYLAND EASTERN SHORE	17.0	4.71%	
226	UNIVERSITY OF BALTIMORE	1.0	0.28%	
227	UNIVERSITY OF MARYLAND, COLLEGE PARK	6.0	1.66%	
228	UNIVERSITY OF MARYLAND, EASTERN SHORE	1.0	0.28%	
229	VALENCIA COMMUNITY COLLEGE	1.0	0.28%	
230	VILLA JULIE COLLEGE	3.0	0.83%	
231	WILBERFORCE UNIVERSITY	1.0	0.28%	
232	WOR-WIC COMMUNITY COLLEGE	2.0	0.55%	

Actions to increase awareness and use of the ETV and encourage youth to attend post-secondary educational institutions included:

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

- DHR/SSA and the Orphan Foundation of America provided ETV training at the statewide teen conference to both youth and staff on 7/20/07.
- DHR/SSA staff provided ETV and Maryland State Tuition/Fee Waiver training to Legal Aid Attorney's on 9/19/07.
- DHR/SSA staff attended the annual Orphan Foundation of America, Care Package Media Event at the Capital on 9/27/07
- DHR/SSA staff continues to respond to individual local department of social services, youth, parents and caregivers about concerns they have co ETV.
- DHR/SSA staff provided ETV training to Catholic Charities on 12/14/07.
- DHR/SSA developed a relationship with the Maryland Higher Education Commission (MHEC), sharing information about ETV. This information was also provided to Maryland State Department of Education (MSDE).
- DHR/SSA representative provided ETV training to youth in Baltimore City DSS on 2/12/08.
- DHR/SSA will sponsor the 14th annual Transitioning Youth Services Preparation Services teen conference. The conference will focus on skill building and educational training including ETV/Maryland State Tuition Fee Waiver Programs.
- DHR/SSA has staff available to respond to individual telephone calls from staff, youth, foster parents and provide clear and conscience responses to their concerns. Walk then through the on-line application process. As well as to discuss the Maryland State Tuition Fee Waiver Program.
- DHR/SSA has staff available to do outreach to postsecondary institutions, especially the vocational/technical/trade schools to educate them about the ETV program.
- DHR/SSA did develop the 1-800-332-6347 that operates 24/7 and provides foster with information about Transitioning Youth Services preparation services, health care and the ETV/Maryland State Tuition Fee Waiver.
- DHR/SSA maintains contact with the Child /welfare League of America (CWLA) for current or future technical assistance as it relates to ETV.
- The populations served are youth between the ages of 17 but not yet 21 years old. If a youth is participating in the ETV program prior to their 21st birthday and making satisfactory progress (2.0) GPA in school, they can remain eligible to receive ETV until they obtain the age of 23.

XII. CHILD ABUSE PREVENTION AND TREATMENT ACT

In FY 2009, Maryland once again revised its protocol guiding the response to child fatalities and critical injuries. Revisions were made in an effort to bring uniformity to, responding to reports of child maltreatment; media and secondary trauma responses; and reporting on efforts and outcomes.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

CAPTA funds continue to be used to support quality-training opportunities for child welfare staff. Again for 2009, DHR supported the Washington County's Annual Conference on Child Abuse and Neglect and a conference for Child Welfare supervisors on Maryland's eastern shore.

Maryland continues to provide funding to the Family Tree and the University of Maryland for child abuse and neglect prevention programs. The Family Tree uses the funds to support the range of prevention initiatives including their 24 hour Parent Stressline, parent support groups (modeled after the Parents Anonymous groups) and community activities for positive parenting. The University of Maryland contract supports Family Connections, specifically Grandparent Connections, where grandparents are supported in their efforts to maintain their grandchildren outside of the formal child welfare system. The program provides children and families throughout Baltimore with outreach services, individual, conjoint family and group counseling, case management and advocacy. The center utilizes frequent contacts during the service period and the fostering of relationships between individuals with their communities to achieve its goals. The State strives to develop innovative approaches to service delivery in the area of child abuse and neglect prevention and treatment.

Maryland continues to provide CAPTA funds to local jurisdictions to pay for clinical assessments mandated as part of investigations of Mental Injury Abuse and Neglect. Such assessments can be costly and local jurisdictions use the funds to secure one of the two assessments required by Maryland Law (local department staff with appropriate qualifications conduct the other assessment). Additionally, CAPTA funds are made available to local departments of social services for the operation of multidisciplinary teams. Each jurisdiction has established teams to coordinate service to families involved with more than one agency. Teams also function as an avenue for child serving programs to bring their situations to the attention of the local department of social services if it is felt that their concern is not being understood or properly addressed.

Maryland uses a limited portion of the funding to support travel to the National Conference on Child Abuse and Neglect, this year held in Atlanta. Travel expenses for Maryland's State Liaison Officer and the recipient of the Commissioner's award were paid for from the grant. Funding was also used to send 5 members of the State Council on Child Abuse and Neglect (SCCAN), one of Maryland's three CAPTA panels, to the Prevent Institute at the University of North Carolina. SCCAN has decided to focus part of its attention on development of a statewide child abuse and neglect prevention plan.

In-Home Services staffs continue to make presentations to; community organizations, colleges, universities, the Baltimore City Grand Jury and child care providers about child abuse and neglect. The presentations focus on; legal definitions of child physical, sexual, and mental injury abuse, neglect and mental injury neglect. Specific training on the reporting of suspected child maltreatment is also conducted. When presenting in colleges

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

and universities, this opportunity is always used to introduce Child Welfare as a career choice.

Each of the three citizen's review entities provides an annual report. Attached are the draft annual reports from the State Council on Child Abuse and Neglect (SCCAN) (Appendix E) and the Citizen Review Board for Children (CRBC) (Appendix F). Since these reports are draft and have not been submitted to the Secretary, no response from that office is available at this time. The State Child Fatality Review Team report is awaiting approval at the Maryland Department of Health and Mental Hygiene and will be submitted to DHR within the month of July. Final annual reports from these three entities and responses from the Secretary's Office will be submitted once completed.

The Department continues to research, analyze and determine how to improve the quality of representation of children in judicial proceedings. An examination of other states' practices continues and In-Home Services staff is consulting with the Court Improvement Committee on this issue.

Safe Haven

Maryland's General Assembly passed and the Governor signed into law a revision to the existing Safe Haven law changing the number of days after birth from 3 to 10 when an unharmed infant can be surrendered without questions asked. Following enactment of the change the In-Home Services program distributed hundreds of posters and thousands of pamphlets to schools, colleges, hospitals, and law enforcement agencies highlighting the provisions of the law. Montgomery County Dept. of Health and Human Services promoted Safe Haven during its Child Abuse and Neglect Prevention month activities.

State Registry Background Clearance Act

As part of the Adam Walsh Act, SSA, upon receipt of an individual's notarized application or a court order, will conduct a search of the social service database systems for any history of child abuse, neglect investigations or child welfare services rendered. . This service is offered free of charge. The search is performed for various reasons such as employment, private adoption, or screening for activates that will involve contact with children such as childcare, volunteerism, or being a foster parent provider. The applicant's information is checked in the Central Information System (CIS) as well as the Maryland Statewide Automated Child Welfare Information System Children's Information Exchange (MD CHESSIE). The central office and the local departments perform clearances. In addition DHR has provided the Maryland State Department of Education limited access to MD CHESSIE for purposes of completing Background Clearance Checks for family day care workers and day care center workers.

XIII. 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

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

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.

XIV. TRAINING AND STAFF DEVELOPMENT

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

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

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

- University of Maryland, Baltimore – School of Social Work (7/1/2008 – 6/30/2011) Child Welfare Academy (\$1,978,490 – FY 09)– will develop, educate, train and support Maryland’s child welfare staff, supervisors, administrators, foster/adoptive parents and kinship caregivers to provide family centered, culturally competent services to protect children from maltreatment, achieve permanency, and promote child well-being.
- University of Maryland, Baltimore – School of Social Work Title IV-E Education for Public Child Welfare Program (IV-E BSW/MSW Degree Program) (\$3,257,524 – FY 09) – The University maintains primary learning laboratories and satellite jurisdictions in local departments of Social Services. The Social Services Administration contracts with the University of Maryland School of Social Work to prepare BSW/MSW students for employment in public child welfare agencies. The Title IV-E Public Child Welfare Education Program has been in existence as a partnership between the University of Maryland School of Social Work and the Department of Human Resources since 1994. Annually an average of 90 students receive stipends and are prepared for DHR employment via this agreement. Approximately 50-80 individuals graduate each year with approximately 83% accepting employment. As of March 2009, 77 students with Title IV-E employment obligation were slated for May 2009 or July 2009

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

graduation. Under the program, students receive specialized training for the development of core values, knowledge and skills necessary for competent provision of public child welfare services to children and families. SSA does not have the resources to provide these specialized services.

- Towson State University – Administration of Economic and Community Outreach (\$328,800)
 - The Towson University Division of Economic and Community Outreach provides three trainers who will train and assist DHR employees with utilizing the new Maryland Children’s Electronic Social Services Information Exchange (MD CHESSIE) IT system.
 - These trainers will travel to county or regional offices to provide training or provide user support. The training will consist of nine CHESSIE modules. The current modules include:
 - Introduction to CHESSIE – This module provides the user with an overview of MD CHESSIE navigation, controls, and common functions that are used throughout the application.
 - Intake/Investigation – This module demonstrates how to complete CPS, Non-CPS, I&R, and CPS History referrals as well as CPS Investigations.
 - Assessment – This module demonstrates how to complete Safe-C, Safe-C Group, Risk, and AOD Assessments.
 - Case Management – This module demonstrates how to complete a Case Plan, view associated referrals and cases, access court information, and record information about an adoption placement.
 - Family Resources – This module demonstrates how to complete a family provider referral, a family provider home study, and the provider approved process through licensing and contracts.
 - IV-E Eligibility – This module demonstrates how IV-E Eligibility is determined in MD CHESSIE and what items need to be completed by the worker in order to make a determination.
 - Financial Management – This module demonstrate how financial information is processed in MD CHESSIE by reviewing the accounts payable, accounts receivable, and child account information as it relates to provider payments.
 - Client Information – This module demonstrates how to update/add information about clients in an investigation or case.
 - Getting Started – This module demonstrates basic “Getting Started” tasks in the “Getting Started” manual.

XV. RESEARCH/EVALUATION AND SYSTEM DEVELOPMENT

Research/Evaluation

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

The Office of Research, Evaluation, and Systems Development (RES D) at DHR/SSA continues to focus on improving data accuracy in MD CHESSIE. Nearly all of the local departments of social services are struggling with full utilization of MD CHESSIE, and reports from MD CHESSIE have not achieved 100% accuracy for Maryland. Coupled with a Statewide data initiative known as State Stat, RES D staff have developed metrics for gauging the progress that the State and local jurisdictions are making in improving their MD CHESSIE data. This is an arduous process whereby hand counts of selected child welfare services (considered to be the “actual” or “real” counts) are compared to MD CHESSIE reports, wherein each local department can see how close their MD CHESSIE reports align with actual counts for that area of service.

This method has been applied to the major child welfare services such as child maltreatment reporting, investigations, in-home services, out-of-home placement, public foster homes, plan of adoption, and adoptions. Jurisdictions whose MD CHESSIE reports are closely aligned with actual (hand count) reports, both in terms of numbers and in terms of matching the clients that are counted, will be deemed ready to generate accurate MD CHESSIE reports, and will be able to discard the hand-counting method.

These efforts are on-going, and Maryland is optimistic that it will be able to produce relatively accurate data reports from MD CHESSIE during the upcoming year. Achieving data accuracy, therefore, has been a major undertaking.

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

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

The ongoing partnership with UMAB 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, caseworker monthly visitation).

In addition, the University of Chicago’s Chapin Hall Center for Children continues to work with Maryland to produce a longitudinal database for Maryland’s children who enter into foster care placement. It is anticipated that all three entities, DHR/SSA Research unit, UMAB School of Social Work, and the Chapin Center, will be able to formulate a complementary set of activities that will maximize Maryland’s capability to produce reports on the status and results stemming from its child welfare system. During the summer of 2009, with the help of UMAB, Maryland will update its Chapin Hall Center for Children data set, which is very useful to both state and local child welfare planning staff.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

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.

MD CHESSIE

As noted in the section above, considerable efforts have been undertaken to improve data accuracy in MD CHESSIE. Local jurisdictions will begin to shift away from hand counts to reliance on MD CHESSIE data starting the summer of 2009. This is the culmination of local efforts to assure the proper and complete use of MD CHESSIE for documenting child welfare services, and improvements in MD CHESSIE that facilitate accurate data.

Over the last year there have been substantial improvements:

- Implementation of live payments for foster care maintenance and adoption/guardianship subsidies
- Implementation of the Program Assignment enhancements that improve MD CHESSIE navigation and edits for indicating services received by clients
- Improvement in fiscal reporting to assist with tracking the child welfare dollars spent

Upcoming improvements will help to make MD CHESSIE a fully functioning SACWIS, including a revamping of the AFCARS data report, and the IV-E eligibility and reimbursement system. These will be completed by late summer and early fall 2009.

XVI. QUALITY ASSURANCE

Current Quality Assurance processes in Maryland replicate the Federal child welfare monitoring processes through the Child and Family Services Review (CFSR). Legislative policy directives guide the MD-CFSR process, which includes three phases that operate on a three-year cycle: local self assessment, on-site review, and program

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

improvement plan. A local supervisory review is also used to collect data from each jurisdiction on a monthly basis.

Local Self- Assessment

The local self-assessment is the first phase of the MD-CFSR process. Self-assessments provide the local departments an opportunity to reflect on their strengths and areas needing improvement through the completion of a structured self-assessment protocol. Self-assessments include:

- General information about the agency's structure, child welfare programs, local demographics, and child welfare data highlights;
- Systemic factors including the local internal and external factors impacting child welfare service delivery;
- A data profile of the local child welfare population and outcomes data;
- A narrative assessment of safety, permanency, and well being outcomes for children and families; and
- Agency identified strengths and areas needing improvement in the areas of systemic factors or child and family outcomes.

The quality of self-assessments completed in prior years was inconsistent across jurisdictions. In an effort to increase consistency and quality of local self-assessments, during 2008 training and technical assistance was provided to local departments. SSA and University of Maryland School of Social Work research staff conducted regional workshops for supervisors and administrators on the use of data for program improvement. The presentations provided an overview of the QA process and sources of QA data available to local departments. Participants were offered opportunities to interpret data from CHESSIE, the MD-CFSR, and the LSR for use in program evaluation and improvement. In an effort to increase consistency and comparability, the UMB/SSW compiled data profiles, using the same data sources, for five of the local departments reviewed in 2008.

Onsite Maryland Child and Family Services Reviews

The onsite review is the second phase of the MD CFSR process. The onsite review includes: 1) a case review of 3-5 randomly selected in-home and 3-5 randomly selected out of home cases per site and 2) interviews and/or focus groups with internal and external stakeholders. Onsite reviews are conducted in each jurisdiction on a three year cycle and Baltimore City annually. Findings are summarized in final reports that provide feedback to local departments on their performance.

Feedback from local sites, reviewers, and QA staff about the onsite review process was mainly positive. Stakeholders appreciated the in-depth review of cases and found that case-related interviews greatly enhanced their review. Reviewers thought that the MD CFSR training prepared them for the review and found the mentoring partnerships helpful on their first review. The primary concern of reviewers was the intensity of the onsite

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

schedule and rushed timelines. Local departments would appreciate receiving their final reports soon after the onsite process to facilitate immediate implementation of individualized Program Improvement Plans (PIP).

Program Improvement Plans (PIP)

Local Program Improvement Plans are the final step in the Maryland CFSSR review process. PIPs are developed by the local department under the direction of the SSA Quality Assurance site leader for that jurisdiction. PIPs outline efforts that the local department will make to address areas needing improvement.

SSA continues to refine the local PIP process conducting regional data technical assistance workshops in conjunction with the University of Maryland School of Social Work that are designed to assist local departments in identifying and preparing data elements for inclusion in local self-assessments and local PIPs.

Local Supervisory Reviews

Local supervisory reviews (LSR) require supervisors in local agencies to conduct a structured review of 2 randomly selected in-home and 2 randomly selected out-of-home cases per month. SSA developed the Local Supervisory Review (LSR) process as a tool for consistent statewide supervisory assessment of child welfare case practices. The LSR examines child welfare outcomes for safety, permanency and well-being across the continuum of services. The tool was introduced in January 2007. Early feedback on the instrument from local supervisors identified several areas for major improvement.

In response to these concerns, SSA, in collaboration with the University of Maryland School of Social Work, revised and automated the review instrument and initiated training on the LSR process for all child welfare supervisors statewide. In an effort to incorporate QA activities into everyday practice, the revised instrument has a broader scope than the original instrument. The redesigned tool continues to provide QA data about the quality of services provided to support the child welfare outcomes of safety, permanency and well being. The tool also provides supervisors with a standardized instrument to assess caseworkers' quality of practice. The LSR instrument has built in reporting mechanisms that will provide a rich source of data for improving practice at the local level and for monitoring programs at the state level

Child Welfare Accountability Act 2006

The Child Welfare Accountability Act of 2006 increased legislative oversight of the Maryland Quality Assurance processes in child welfare. The Act also provides a framework for DHR to partner with the University of Maryland School Of Social Work (UMB/SSW) to develop the Maryland Quality (QA) Collaborative.

The purpose of the QA Collaborative is to evaluate Quality Assurance processes in Maryland and make recommendations for improvement. UMB/SSW research staff

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

actively participated in the QA process, providing ongoing technical assistance while gathering information for the process evaluation. Over the project year, research staff:

- Participated in local onsite reviews as case record reviewers and external stakeholder interviews;
- Conducted focus groups with supervisors using the Local Supervisory Review instrument, and then developed, automated and piloted a revised supervisory review instrument;
- Critically evaluated local self-assessments and onsite final reports completed by all agencies participating in the MD CFSR in 2007 and 2008.
- Participated in monthly Quality Assurance Collaborative meetings with staff from SSA.
- Surveyed local agency directors, site leaders and case reviewers to gather multiple perspectives on the MD CFSR process.
- Completed two annual reports on quality assurance required by the Child Welfare Accountability Act: Quality Assurance Processes in Maryland Child Welfare, 2nd Annual Child Welfare Accountability Report, and Maryland Child Welfare Performance Indicators, 2nd Annual Child Welfare Accountability Report.
- Made recommendations for improvements to Maryland's Child Welfare Quality Assurance System.

XVII. DISASTER PLAN

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

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

In Maryland direct services are delivered by our twenty-four Local Departments of Social Services (LDSSs), hence in addition to DHR/SSA COOP, all 24 LDSSs have a plan. Each of the LDSSs is part of their county's Emergency Plan. There are agreements with

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

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.

Attached is the updated DHR/SSA COOP Plan for 2009 (Appendix G).

XVIII. FINANCIAL AND STATISTICAL INFORMATION REPORTING

Maryland intends to expend twenty percent on each of the following services: family preservation, community-based family support, time-limited family reunification and adoption promotion and support services. Planning and service coordination funds will be spent on items included in the PIP such as training on family centered practice, consultants for mapping resources in regional areas and equipment for team staffing facilitators.

In federal fiscal year (FFY) 2008, the State spent the following amount of federal funds in each of the four categories of services:

- Family Preservation - \$748,227
- Family Support - \$816,258
- Time-Limited Reunification - \$810,067
- Adoption Promotion - \$704,547
- Administration - \$812,537
- Other Service- \$555,974

Maryland stated that a minimum of twenty percent would be spent on each of the four services during FY 2008. Of the total federal funds spent, twenty percent was spent on Family Preservation, twenty percent was spent on Family Support; twenty percent was spent on Time-Limited Reunification and twenty percent was spent on Adoption Promotion.

In FY 2008, state and local spending on IV-B part 2 activities totaled \$65 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.

**Maryland Department of Human Resources
Child and Family Services Plan
2009 Annual Progress and Services Report
Title IV-B Plan**

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

The state spent \$3,171,956 in Chafee FY 2008 funds. The amount spent for room and board was \$126,865. The state spent \$1,085,101 in ETV FY 2008 funds.