

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
1.1	1.1: Develop a family-centered practice framework, which includes family engagement, family team meetings, concurrent permanency planning, family involvement of all family members and community involvement.	1.1.1: Conducted thorough literature review on models of best practice.	PIP Family Center Practice Committee	Safety Permanence Well Being	Started this activity on 08/22/2005. Workgroup reviewed literature on comprehensive assessment (federal paper), different models of Family Team Meetings and reviewed psychosocial assessment tools that are being used in Idss.	
		1.1.2 Consulted with NRC on the development of the Family-Centered Practice model	PIP Family Center Practice Committee	Safety Permanence Well Being	Started this activity on 11/2004. Met with Casey regarding expanding Family to Family. Casey made suggestions on how to revitalize this effort in MD. On Dec. 19 met with Casey. It was determined that due to lack of resources we are unable to meet Casey's strict requirement that we have outside facilitators. We are adopting the Casey F2F principles and requesting to work with the NRCs on developing a model	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.1.3 Identified Phase I Implementation Sites (Phase I Sites)--Baltimore City (South East), Cecil, and Anne Arundel Counties	Out-of-Home-Unit	Safety Permanence Well Being	Started activity in 11/2004. Baltimore City, Cecil and Anne Arundel counties were selected and have agreed.	Develop model and Provide technical assistance to the LDSS Work with NRCs on developing a model.
		1.1.4 Consult with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services to assess current policies and practices as it relates to comprehensive assessment throughout the life of the case; and make necessary revisions	Steve Berry In-home Service	Safety	NRC CPS assisted in the development of our current assessment process that was implemented statewide during 2005.	Completed
		1.1.5: Defined Family-Centered Practice—review literature provided by NRC FC & PP	PIP Family Center Practice Committee	Safety Permanence Well Being	Received literature from NRC.	NRC FC & PP on site March 20 and 21, 2006
		1.1.6: Researched and compared national models of Family-Centered Practice.	PIP Family Center Practice Committee	Safety Permanence Well Being	Received literature from NRC.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.1.7: Established key elements and strategies for FCP framework – to include team decision making, self evaluation, building community partnerships, and recruitment, development and support of resource families	PIP Family Center Practice Committee	Safety Permanence Well Being		
		1.1.8: Established statewide practice standards	PIP Family Center Practice Committee	Safety Permanence Well Being	Practice Guide completed and sent to LDSS on 6-18-09	Completed
		1.1.9: Facilitated regular meetings with Phase I Sites to discuss lessons learned as well as facilitate the planning and implementation process	PIP Family Center Practice Committee	Safety Permanence Well Being	First meeting held 02/16/2006	Next mtg: 03/20/2006 Group meets third Monday each Month
		1.1.10: Provided additional funds to Phase I Sites to assist in implementation	C. White	Safety Permanence Well Being	Memo sent to ldss requesting proposals on how to spend funds earmarked to support Family-Centered Practice implementation	Review proposals and allocate funds
		1.1.11: Phase I Sites developed implementation plans	PIP Family Center Practice Committee	Safety Permanence Well Being		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.1.12: Phase I Sites begin implementation	PIP Family Center Practice Committee	Safety Permanence Well Being		
		1.1.13 Monitor Phase I Sites	Out-of-home Services Unit	QA		Completed
		1.1.14 Continued to offer genograms training through the UM training program.	Child Welfare Academy	Safety Permanence Well Being Training		
		1.1.15 Make necessary adjustments to practice framework	PIP Family Center Practice Committee	Safety Permanence Well Being	See item 1.1.8	Completed
		1.1.16 Develop statewide implementation plan	PIP Family Center Practice Committee	Safety Permanence Well Being		
		1.1.17 Execute implementation plan	Out-of-home Services Unit	Safety Permanence Well Being		Ongoing

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.1.18 Monitor State family centered practice model through site and regional meetings	Out-of-home Services Unit QA Unit	Safety Permanence Well Being QA		On-going
		1.1.19: Disseminate guidelines on the use of local Flex Funds to maintain and support family connections	Child and Family Services	Safety Permanence Well Being	Circular letter #06-4 issued November 1, 2005	
1.2	1.2: Increase supervisors' capability of using supervisory conferences to mentor and provide clinical supervision.	1.2.1: Developed clinical supervision guidelines	PIP Family Center Practice Committee	Safety Permanence Well Being		
		1.2.2: Partnered with and Support Supervisory Program that is provided by UM SSW	PIP Family Center Practice Committee	Safety Permanence Well Being		
		1.2.3: Meet with Child Welfare Training committee to discuss enhancing supervisor training	Child Welfare Academy	Safety Permanence Well Being Training		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.2.4 Incorporate enhancements into offered trainings by the Child Welfare Academy	Child Welfare Academy	Safety Permanence Well Being Training	Continue to work with the CWA to make adjustments to the curriculum	On-going
1.3	1.3: Implement Concurrent Permanency Planning beginning in Phase I Sites	1.3.1: Identify child welfare staff to interface with Child Support Enforcement and draft written procedures for child welfare staff	Out-of-Home-Unit	Permanence Well Being Adoption	Workgroup is formed and working on the early identification of all family members. It was learned that the vast majority of ldss use the absent parent locator through child support. Child Support Staff identify communication as a barrier in BCDSS (receiving timely request for search).	
		1.3.2: Worked with NRC FC & PP to conduct hands on consultation with LDSS staff	Out-of-Home-Unit	Permanence Well Being		
		1.3.3: Developed statewide strategies to address barriers to implementation	Out-of-Home-Unit	Permanence Well Being		
		1.3.4 : Implement strategies to address barriers	Out-of-Home-Unit	Permanence Well Being		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.3.5: Include trends and best practices on concurrent planning in the Child Welfare Academy trainings	Out-Home Placement CHILD WELFARE ACADEMY	Permanence Well Being Adoption Training		On-going
1.4	1.4: Increase supports to youth in care	1.4.1: Trained available caseworkers on the IL assessing youth skills and identifying services youth need to transition into adulthood	Out-of-Home-Unit	Permanence Well Being IL	05/25/05 LDSS Independent Living coordinators trained on how to access resource info such as housing, health & pharmacy services June 3, 28, & 29 and Dec. 6-8 NRC YD trained trainers on the Casey Ansell Assessment life skill tool.	Beginning in May regional trainings will be held to train all IL staff on the Casey-Ansell Assessment tool
		1.4.2: Trained available foster parents on the IL services youth need to transition into adulthood	Out-of-Home-Unit and J. Eveland	Permanence Well Being IL	4/17/06 Regional Training on the Easter Shore for Foster Parents on Independent Living	
		1.4.3: Trained IL available private providers on the IL services youth need to transition into adulthood	Out-of-Home-Unit	Permanence Well Being IL Training	3/31/06 Train MARFY agencies 4/13/06 Train Children's Choice Agencies	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.4.4: Trained available Youth by providing an Annual Teen Conference	Out-of-Home-Unit	Permanence Well Being IL Training	07/09/05 - 11th annual statewide teen conference - 85 youth & 45 caseworkers attended.	Next conference is being scheduled for July 14, 2006
		1.4.5: Developed and disseminate Youth Handbook	Out-of-Home-Unit and Youth Advisory Board	Permanence Well Being IL	6,000 Handbooks have been distributed and more are in the printing process.	
		1.4.6: Partnered with Youth Advisory Board for youth to speak at foster parent orientation groups	Out-of-Home-Unit and Youth Advisory Board	Permanence Well Being IL Foster Parent Recruitment/Retention		
		1.4.7: Trained available BCDSS staff on IL services to special needs children (NRCYD).	Out-of-Home-Unit	Permanence Well Being IL Training	Have a Ready by 21 coordinator in BCDSS who works with staff on IL services	On-going

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		1.4.8: Strengthen local & state Youth Advisory Boards by providing leadership development training	Out-of-Home-Unit	Permanence Well Being		On-going
		1.4.9: Increase Youth Advisory Board members' participation in child welfare policies and practices	Out-of-Home-Unit	Permanence Well Being	Have included youth in discussions regarding child practices and policies at both the State and local levels	On-going
1.5	1.5: Increase sibling placements and connections	1.5.1: Reviewed and revise policy related to sibling placement and sibling visitation.	Out-of-Home-Unit	Permanence Well Being	Requirement that workers explain why siblings not placed together added to case plan 3 side 3.	Release the amended case plan and add wording to CHESSIE version
		1.5.2: Required caseworkers to document in the case record why siblings are not placed together.	Out-of-Home-Unit	Permanence Well Being	Requirement that workers explain why siblings not placed together added to case plan 3 side 3.	Release the amended case plan and add wording to CHESSIE version
1.6	1.6: Increase permanency in formal kinship care	1.6.1: Held focus groups with relatives to identify barriers related to adoption and guardianship, and what supports kinship caregivers require. Groups held in 4 large KINSHIP Care jurisdictions (BCDSS, Montgomery, Anne Arundel and Howard counties).	Out-of-Home-Unit	Permanence Well Being	03/01/2006 focus group held in Montgomery Co.—will report in 5 th Qtr. Report	Focus groups scheduled 4/6/06 Anne Arundel 5/31/06 Howard County Baltimore City – to be scheduled

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		1.6.2: Consulted with NRC regarding increasing permanency for children in kinship care.	Out-of-Home-Unit	Permanence Well Being		
		1.6.3: Reviewed Chafee and ASFA regulations as they pertain to children who are in kinship care to ensure state policy and state plan reflects federal regulations.	Out-of-Home-Unit	Permanence Well Being	The Chafee Law & the ASFA law & regulations were reviewed and it is confirmed that state policy & plan reflect the federal regulations.	<i>Completed</i>
		1.6.4: Developed Fact Sheet regarding permanency options for kin to be distributed to LCDSS and Kinship Care Resource Center	Out-of-Home-Unit	Permanence Well Being		
		1.6.5: Continued to fund Kinship Care Resource Center	Out-of-Home-Unit	Permanence Well Being		Working on RFP to continue funding by June 2006
		1.6.6: Held Kinship Care Conference for both formal and informal caregivers	Out-of-Home-Unit	Permanence Well Being		Statewide Kinship Care conference planned for September 15, 2006.

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.6.7: Continue to fund subsidized guardianship program.	Out-of-Home-Unit	Permanence Well Being	FY 2007 Governor’s budget provided funds to continue subsidized guardianship for those who participated in the wavier project as well as provided an increase in the rate	Rate increase starts July 1, 2006
1.7	1.7: Review, Revise, and develop policies that support Family-Centered Practices	1.7.1: Revised policy to ensure safety and risk issues are assessed and addressed prior to case closure and that linkages to community resources are made—disseminated any policy changes	In-Home-Unit	Safety Permanence Well Being	Workgroup formed 08/22/05 and has met six times. Reviewing policies as well as practice in the Idss.	
		1.7.2: Revised policy to require caseworker visits with parents for both in-home and out-of-home (OH) cases as well as caseworker visits with children in OHP.	In-Home-Unit and Out-of-Home-Unit	Safety Permanence Well Being	On 2/12/2006 policy issued on worker visits with children in out-of-home placement	Work on policy for parent visitation for in-home and out-of-home. To be completed by 4/30/06
		1.7.3: Created contact sheet within MDCHESIE	J. Gallagher	Safety Permanence Well Being	Contact sheet within CHESIE—CHESIE piloted in Harford County 02/14/2006	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.7.4: Reviewed and revise policies related to Aftercare Services and the development of aftercare service plans.	Out-of-Home-Unit	Safety Permanence Well Being		Policies on aftercare services are being developed and should be completed by 4/28/06
		1.7.5: Drafted and submitted legislation to remove LTFC and PFC from State law and add APPLA.	Out-of-Home-Unit	Permanence	Start Date: Oct. 31, 2004 LTFC and PFC were removed and replaced with APPLA in State Law - House Bill 771 “Children in Out of Home Placements-Permanency Plans” effective October 1, 2005. Guidelines drafted and sent to LDSSs October 24, 2005. Regulations are still being drafted.	
		1.7.6: Developed and utilized APPLA Review Teams to monitor appropriate use of APPLA	Out-of-Home Unit	Permanence Well Being		
		1.7.7: Developed and disseminated a manual on diligent search for permanent connections	Out-of-Home Unit	Permanence Well Being		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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1.8	1.8: Provide training to support Family-Centered Practice	1.8.1: Continued the Risk-Based Service Planning Training. This Training is part of competency training for all staff and is offered as needed by University of Maryland. This training is included in the current training contract	In-Home Unit	Safety	<p>Start Date: 06/15/2005 LDSS were requested to identify all in-home services staff who has not received training. Lists are to be forwarded to SSA. UM sends training schedules to SSA and LDSS. We are still waiting response from local departments. Training continues to be provided on an ongoing basis. Curriculum reviewed by training committee and determined to be skill-based.</p> <p>Emailed LDSSs the three training dates in Dec. We received numerous inquiries for staff to attend.—see support documents</p>	Training is provided on an ongoing basis by the UM
		1.8.2: Trained available workers on using the SAFE-CGRP safety assessment for children in group care.	Out-of-Home-Unit & Steve Berry	Safety	<p>NRC CPS assisted in the development of SAFEC-GRP prior to PIP approval. As of 01/27/2006, 74% of out-of-home placement staff were trained statewide. BCDSS had 61% of their OHP staff trained and 15 of the 24 jurisdictions had 100% of their OHP staff trained and 3 counties had all child welfare staff trained—see support docs.</p>	Continue providing training. Training responsibilities for this course transferred from SSA program staff to UM in Fall 2006.

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.8.3: Provided training on the importance of sibling placement and family connections to available LDSS OHP staff. 1.8.3a Provide training on family connections to available foster parents.	Out-of-Home-Unit & Resource Development Unit	Safety Permanence Well Being Training		
		1.8.4: Received feedback from NRC on Family-Centered Practice training held at University of Maryland School of Social Work	Out-of-Home Placement Unit	Safety Permanence Well Being Training	NRC will be onsite Feb 22 and 23, 2006	
		1.8.5: Identified trainings that will be offered through the Child Welfare Training Academy- Created a training plan	Resource Development Unit	Safety Permanence Well Being Training		
1.9	Trained on the policy that defines limited use of emergency shelter placements to limit the number of placements a child experiences.	1.9.1: Conduct training on policy.	Out-of-Home-Unit	Safety Permanence		
		1.9.2: Monitor use of policy	Out-of-Home-Unit	Safety Permanence		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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1.10	Ensure SSA and LDSS staff understand the Indian Child Welfare Act.	1.10.1: Consulted with NRCs and NICWA on ICWA –specifically the requirements related to early identification of American Indian heritage and tribal notification.	Out-of-Home Unit	Safety Permanence Well Being ICWA		
		1.10.2: Incorporated questions related to American Indian heritage into screening and assessment tools.	Family Centered Practice Committee	Safety Permanence Well Being ICWA	Developed policy directive to inform staff of the ICWA	Completed
		1.10.3: Establish communication plan and contact with Tribal Organizations	Out –of-Home Unit	Safety Permanence Well Being ICWA		
		1.10.4: Sent memorandum to LDSS regarding ICWA requirements and Tribal contacts.	Out –of-Home Unit	Safety Permanence Well Being ICWA	Developed policy directive on ICWA and disseminated to LDSS	Completed

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.10.4: Establish Native American Foster/Adoptive parent support groups	Resource Development Unit	Safety Permanence Well Being ICWA		
		1.10.5: Include Native Americans in evaluation of home study process to ensure cultural sensitivity	Resource Development Unit	Safety Permanence Well Being ICWA		
		1.10.6: Ensured that ICWA is included in new worker training and Practice.	Child Welfare Academy	Safety Permanence Well Being Training ICWA		
1.11	Conduct a Differential Response System Study	1.11.1: Establish workgroup for Study	In-Home Unit	Safety Permanence Well Being	Workgroup established	Completed

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 1 –Research, Design and Implement a Family-Center Practice Framework						
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		1.11.2: Workgroup to review materials and best practices on Differential Response		Safety Permanence Well Being		Completed
		1.11.3: Develop the concept of differential and how such a system would appear in Maryland – to include all the requirements outlined in HB 1648		Safety Permanence Well Being		Completed
		1.11.4: Submit Report on Study		Safety Permanence Well Being		Completed
		1.11.5: Determine whether and how to implement recommendations from study		Safety Permanence Well Being		Alternative Response bill did not pass in Maryland legislature

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
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2.1	Provide training and regional meetings for Judiciary and attorneys on CFSR and court related issues.	2.1.1: Collaborated with Court Improvement Project and the NRC on Legal and Judicial Issues to assist with regional meetings and training.	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Safety Permanence Well Being	Meetings held (11/04-01/05) in all 24 jurisdictions. Included DHR staff, LDSS staff, Agency counsel, counsel for parents and children, judges, masters permanency planning liaisons, Citizen Review Board members, and CASA persons. Topics discussed were CSFR Findings; PIP Initiative; Title IV-E issues; Best Practices-including timely notification to caregivers of hearings, early identification of parents, concurrent planning, APPLA issues, and continuance issues. Attendees/invitees included Judges, Masters, Permanency Planning Liaisons and other court personnel, attorneys, Local DSS, Local DJS, CASAs, CRB members.	
		2.1.2: DHR staff presented as part of panel CSFR findings, concurrent planning, and PIP initiatives at regional meetings		Permanence Well Being		
		2.1.3 Submitted request to regularly present at annual judges meeting	Legal & Court Issues Committee– Lead Adoption Unit	Permanence Well Being	Request submitted June 2005 Received invitation to attend October Meeting.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

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		(October 2005, 2006) on permanency-related issues.		Training	All PIP steering committee co-chairs to include local and central staff attended the 8 th annual CANDO (Child Abuse and Neglect Dependency Options) Conference. Learned about best Practices, trained judges in permanency planning and on the CSFR. Provided judges and masters with outcomes for their counties on five of the national standards.	
		2.1.4 Submitted request to attend biennial Alternative Dispute Resolution (mediation) conference.	Legal & Court Issues Committee	Permanence Well Being	Attended the Biennial Alternative Dispute Resolution conference held on May 13, 2005. Conference attendees included Judges, masters, attorneys (for the Department, families and children), Citizen Review Board members, LDSS staff and DHR staff attended. Conference Focus was on evaluating, sustaining, and cultivating CINA/TPR ADR programs.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
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2.2	Develop a "Best Practices" Manual to assist the courts in establishing permanency timely in CINA, related TPR and Adoption matters. The Manual will address: Continuances; Permanency for children ages 10 and older; Early identification of parents; and other initiatives to promote timely processing of cases.	2.2.1 Convened "Best Practices" workgroup to develop standards.	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Safety Permanence Well Being Training	Best Practice Workgroup began meeting in June 2005 to create the Best Practice Manual. The workgroup consists of Judges, Masters and FCCIP Staff. The workgroup has met approximately six times to discuss what Best Practices should be included in the manual and narrowed the focus to the items identified in the attached draft Best Practice Manual.	
		2.2.2 Explored best practices for establishing timely and appropriate permanency goals	Legal & Court Issues Committee--	Permanence Well Being	The Best Practice Manual has a section specifically for establishing permanency goals for children but also will provide courts with other mechanisms designed to help establish timely permanency goals.	
		2.2.3 Disseminated draft "Best Practice" Standards Manual to juvenile judges, masters and other CINA & TPR stakeholders who attended the annual CANDO conference	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Permanence Well Being	A Judge, a few Masters, Attorneys for children and parents, social workers, and Permanency Planning Liaisons attended the November 18, 2005 forum. Additionally, the FCCIP received written feedback from stakeholders who could not attend the forum.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
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		2.2.4: Best Practice Standards Manual will be presented to Judges and Masters at annual CANDO conference as part of the PIP session	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Safety Permanence Well Being Training	A draft of the Best Practices Manual was distributed October 17, 2005 to stakeholders for review.	
		2.2.5: Held forum to solicit feedback from available juvenile judges, masters and other CINA & TPR stakeholders on Best Practice Manual		Safety Permanence Well Being Training	The FCCIP Implementation Committee decided to publish the manual in stages in order to address feedback received from stakeholders on the original draft of the manual. The first court distribution will include the following sections: One Judge, One Family; Early Identification and Location of Parents; and the Hearing Checklists.	
		2.2.6: Finalized and published “Best Practice” guidelines Continuances/Postponements and Permanency Planning for children ages 10 and older. Distributed electronic and hardcopies to courts.	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Safety Permanence Well Being Training	The second court distribution will include the following sections to the manual: a continuance/postponement policy and permanency planning for children ages 10 and older.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
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		2.2.7 Best Practice Standards will be presented at annual judge's conference.	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Safety Permanence Well Being Training	The draft Best Practices Manual was presented at the annual judicial conference on October 18, 2005.	
2.3	Explore ways to decrease court postponements and continuances.	2.3.1: Explored best practices for court postponements and continuances.	Foster Care Court Improvement Project- Tracy Watkins-Tribbitt.	Safety Permanence Well Being		
		2.3.2 Best Practices workgroup developed court continuance/postponement policy.		Permanence Well Being	Draft policy developed in October 2004. The draft was disseminated to judges and masters during the regional meetings. The draft Best Practices Manual includes a continuance policy. The Best Practices Manual was distributed October 17, 2005 for feedback.	
		2.3.3: Disseminated draft policy to judges and masters for feedback	Foster Care Court Improvement Project- Tracy Watkins-Tribbitt.	Permanence Well Being	The Best Practices Manual was distributed October 17, 2005 for feedback.	
		2.3.4 Compiled feedback, revised as appropriate to finalize draft, and present before Maryland Conference of Circuit Judges.	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Permanence Well Being	Best Practice Workgroup and Implementation Committee has met to consider feedback and made appropriate revisions. The FCCIP has requested to present at the next Maryland Conference of Circuit Judges session.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		2.3.5: Finalized policy published “Best Practice Guidelines”	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Safety Permanence Well Being Training		
2.4	Improve collaboration between LDSS and judiciary system to increase appropriate and timely goals.	2.4.2: Improved CHESSE LDSS Court reports to the court through collaboration with the Court Improvement Project ,the Office of the Attorney General, and DHR		Permanence Well Being		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		2.4.3: Revised Uniform Court Orders to address ASFA (FCCIP has committed to revising the Uniform Court Orders).	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Permanence Well Being	The first revision of the Uniform Court Orders is on track to be completed by October 31, 2005. The FCCIP Statistics Oversight Committee will review the revised orders on January 12, 2006, the committee charged with the development of the Uniform Court Orders. Then the Implementation Committee will review the revised orders on January 24, 2006. Upon approval, the revised Uniform Court Orders will be distributed statewide. The revised orders incorporate AFSA exception language and new statutory provision that went in effect in 10/2005 and 1/2006. The Revised Uniform Court Orders were distributed in February 2006 and placed on the Judiciary's website.	
		2.4.4: Held regional meetings with caseworkers and local attorneys on the proper use of ASFA exception and documentation required	Legal & Courts Committee	Permanence Well Being Training		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
2.5	Promote the use of Alternative Dispute Resolution (mediation) statewide. Currently there are 5 ADR programs and 7 more in various stages of development.	2.5.1: Hosted a biennial conference on the use of ADR.	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Permanence Well Being	Biennial Alternative Dispute Resolution conference held on May 13, 2005. Conference attendees included Judges, masters, attorneys (for the Department, families and children), Citizen Review Board members, LDSS staff and DHR staff attended. Conference Focus was on evaluating, sustaining, and cultivating CINA/TPR ADR programs.	
		2.5.2: Notified Courts, LDSS and other stakeholders of available Judiciary funding sources.	Foster Care Court Improvement Project (FCCIP) – Tracy Watkins-Tribbitt	Permanence Well Being Training	Foster Care Court Improvement Project released a Notice of Funding Announcement (NOFA). Two jurisdictions specifically responded for an ADR program. No LDSS responded to the NOFA requesting funds for ADR programs or projects. Both jurisdictions received funding to support their ADR programs. Since the first CINA ADR conference in April 2003, 13 Local Jurisdictions have ADR programs implemented or are in program development for CINA & TPR cases. Allegany County; Anne Arundel County; Baltimore City; Baltimore County;	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
					Calvert County; Carroll County; Charles County; Frederick County; Harford County; Howard County; Montgomery County; Prince George's County; St. Mary's County.	
		2.5.3: Established partnership with the Maryland Mediation and Conflict Resolution Office.	Legal & Courts Committee	Permanence Well Being		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
2.6	Review and Revise as needed Maryland's CINA and TPR Appellate Process.	2.6.1: Legal intern assessed current TPR appellate process.	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Safety Permanence Well Being	The FCCIP Representation subcommittee continues to confer with the Clerk of the Court of Special Appeals to improve the appellate process for CINA and TPR matters. The subcommittee has revised the Notice of Appeal Form to assist with identifying and tracking CINA and TPR appellate cases that should be on an expedited timeline. The revised Notice of Appeal form will be referred to the Implementation Committee for review and approval in January 2006. The FCCIP has a legal intern starting on January 11, 2006 that will begin tracking CINA and TPR Appellate cases to determine what barriers exist in the process.	
		2.6.2: Consulted with National Child Welfare Resource Center for Organizational Improvement to discuss results of data gathered on the Maryland Appellate process	Legal & Court Issues Committee / Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Safety Permanence Well Being	FCCIP along with the Legal & Court Issues Committee will continue to assess TA needs. Upon the FCCIP Intern's completion of the appellate data review, the FCCIP Implementation Committee will be advised on recommendations to improve the appellate process for CINA and related matters.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		2.6.3 Collaborated with the Clerk of the Court of Special Appeals in examining the Appellate process.	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt	Safety Permanence	The Clerk of the Court of Special Appeals is working closely with the FCCIP in examining the appellate process.	
2.7	Ensure review hearings are scheduled for Baltimore City Equity Court Adoption cases not yet transferred to juvenile court.	2.7.1: Identified all cases that should have been transferred to juvenile court in 1997 that were not.	Foster Care Court Improvement Project -- (FCCIP)-Tracy Watkins-Tribbitt/ Circuit Court for Baltimore City and representatives from the Court, the Clerk's Office, the Legal Aid Bureau, and Baltimore City Department of Social Services Legal Department.	Permanence	All Equity Court case files dating back to 1983 have been reviewed and assessed to determine whether they were juvenile matters that needed review hearings. The Baltimore City Clerks' Office scheduled initial hearings for the 50 equity cases that were identified as needing review hearings on December 29, 2005. After further review it was determined that the actual number of equity cases was 78. (February 2006: 34 cases – Adoptions; 8 cases – Child aged out; 20 cases- set for follow-up hearings; 12 cases-set on review schedule; 4 cases - status is unknown).	
		2.7.2: Hearing scheduled and conducted for all identified (appropriate) children.	Circuit Court for Baltimore City and representatives from the Court, the Clerk's Office, the Legal Aid Bureau, and Baltimore City Department of Social Services Legal Department.	Permanence	As of October 2005, from 1983, all Equity Court cases files that were to be transferred to Juvenile Court have been reviewed and assessed. Approximately 50 cases have been identified as needing review hearings.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		2.7.3: FCCIP ensured cases identified in 2.7.2 were placed on docket	Foster Care Court Improvement Project-Tracy Watkins-Tribbitt.	Permanence	The FCCIP attends the meetings led by the Circuit Court for Baltimore City to address this issue.	
2.8	Determine the extent to which court caseloads and resource limitations affect judicial performance.	2.8.1: Conducted judicial workload assessment.	Foster Care Court Improvement Project-Tracy Watkins-Tribbitt.	Permanence	Data Collected University of Maryland compiled the data and is analyzing data report will be completed in September 2005.	
		2.8.2: University of MD collected and analyzed data— completed a written report to FC CIP		Permanence		
		2.8.3: FCCIP presented Phase I report to Chief Judge Bell		Permanence	Chief Judge Bell reviewed the results and determined that additional methodologies need to be implemented to supplement the preliminary findings.	Explore Site Visits and Focus Group methodologies through consultation with the University of Maryland. Site visits began February 2006 and the Focus Groups will begin Summer 2006.
		2.8.4: FCCIP began Phase II of judicial workload assessment.		Permanence		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		2.8.5 Conducted focus groups to determine the affects on caseloads and resource limitations on judicial performance				
		2.8.6 Conducted site visits to circuit courts				
		2.8.7 FCCIP collaborated with the University of Maryland to develop steps for completion of the Phase II assessment report				
2.9	Ensure the timely notification of caregivers to participate in hearings.	2.9.1: Issued memorandum emphasizing the importance and the requirement to notify parents and caregivers of hearings including TPR hearings.	Social Service Administration- Out-of-Home-Unit	Permanence	Standardized letter developed and distributed at regional meetings.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		2.9.2 Worked with Court Improvement Project to train judges, attorneys and LDSS staff on the requirement to notify caregivers of hearings and provide them the opportunity to be heard	Social Service Administration- Out-of-Home-Unit	Permanence	Completed at regional meetings.	
		2.9.3 Created and issued standard letter caseworkers can use in all cases to notify caregivers	Social Service Administration- Out-of-Home-Unit	Permanence	Developed and distributed at regional meetings.	
		2.9.4 Court “Best Practices” Manual Checklist encourage courts to inquire at every appropriate hearing whether foster care parent and/or caregivers were given notice.	Foster Care Court Improvement Project (FCCIP)-Tracy Watkins-Tribbitt	Permanence Training		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 2 – Improved legal and court processes will support and facilitate timely permanency for children.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		2.9.5 Added this matter (2.9.4) to the FCCIP Nuts and Bolts of CINA training curriculum.	Foster Care Court Improvement Project (FCCIP)-Tracy Watkins-Tribbitt	Permanence Training		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
3.1	Revise QA to evaluate the quality of services and to measure the outcomes of children and families.	3.1.1: Consulted with NRC on organizational improvement to access the current QA process and to assist with QA redesign.	Quality Assurance Committee –	Safety Permanence Well Being	Redesigned QA process into an integrated 3-tiered system that incorporates a CFSR-like Review, Supervisory Review, Citizen involvement, and data from the Child Welfare Information System and other sources of data. Using baselines established during on site review.	Conduct pilot in 3 sites Conducting pilots in November 2005, December 2005 and January 2006. Using actual CFSR instrument.
		3.1.2: Negotiated with Citizen Review Board to create a streamlined review process that eliminates duplication	Quality Assurance Committee	Safety Permanence Well Being	CRB staff and members have been a part of the design Team. Proposal for changes have been presented to the Board.	Working with the board to accept the changes to the board's review process. Board did not accept proposal
		3.1.3: Incorporated CFSR measures into the QA process	Quality Assurance Committee	Safety Permanence Well Being	Maryland is using the CSFR instrument	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		3.1.4: Trained available QA team on revised process	Quality Assurance Committee	Safety Permanence Well Being Training QA	New QA process developed. Determined the pilot sites. Trained 37 persons.	Develop the training curriculum Identify persons and train on new process Continue to offer training as part of in-service training.
		3.1.5: Piloted revised QA process in three jurisdictions.	Quality Assurance Committee	Safety Permanence Well Being QA	Completed pilots in Worcester County December 2005 Baltimore County January 2006 & Howard County January 2006.	
		3.1.6: Incorporated “lessons learned” from Maryland pilot site reviews into subsequent Maryland CFSR site reviews.	Quality Assurance Committee	Safety Permanence Well Being QA	Requesting adjustment of date to February 2006.	Received feedback from each review made adjustments to process and training accordingly.
		3.1.7: Submit QA results to ACF for the establishment of baselines	Quality Assurance Committee	Safety Permanence Well Being QA	Using actual CFSR instrument therefore using baselines established during on site review.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		3.1.8: Implemented revised QA. Reviewed 4 LDSS by January 2007. Baltimore City + 3 others.	Quality Assurance Unit	Safety Permanence Well Being QA		
		3.1.9: Established a feedback loop and plan for use of QA results in consultation with NRC OI.	Quality Assurance Committee	Safety Permanence Well Being QA		
		3.1.10: Align QA Measures with the Child Welfare Accountability Act	Quality Assurance Committee	Safety Permanence Well Being QA		Completed
		3.1.11: Develop State schedule for QA reviews	Quality Assurance Unit	Safety Permanence Well Being QA		Completed

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		3.1.12: Conduct onsite reviews every three years for each LDSS	Quality Assurance Unit	Safety Permanence Well Being QA		On-going
		3.1.13 Based on revised QA reviews, LDSS will be required to submit local PIP to SSA based on review findings.	Quality Assurance Committee	Safety Permanence Well Being QA		
		3.1.11: SSA will monitor LDSS PIP	Quality Assurance Unit	Safety Permanence Well Being QA		
3.2	Create a statewide Supervisory/Peer Record Review process to Supplement QA case reviews to increase supervisors' capability of using supervisory conferences to mentor and monitor case activity related to safety, permanency, and well-being outcomes.	3.2.1: Developed supervisory instrument to be used during case consultation and worker conferences based on outcomes and practice standards.	Quality Assurance Committee	Safety Permanence Well Being QA	QA Committee developed an instrument to be used for supervisory, peer, and stakeholder review. Instrument has been distributed for wider review & comment.	Finalize instrument and prepare for training.

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		3.2.2: Included monitoring of safe case closure practices in revised/new QA case reviews.	Quality Assurance Committee	Safety Permanence Well Being QA	Included in draft instrument.	
		3.2.3 Incorporated monitoring of Risk-based Service Planning documents are complete and in the case record through the revised QA process	Quality Assurance Committee	Safety Permanence Well Being QA	Included in draft instrument.	
		3.2.4 Incorporated rate of repeat maltreatment, safe case closure, and service plan reviews in revised QA case review process	Quality Assurance Committee	Safety Permanence Well Being QA	Included in draft instrument.	
		3.2.5 Incorporated monitoring of caseworker visits with parents for both in-home and out-of-home cases requirements into revised QA case review process	Quality Assurance Committee	Safety Permanence Well Being QA	Included in draft instrument.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		3.2.6 Incorporated monitoring of the use and completion of the SAFE-CGRP assessment tool into revised QA case review process	Quality Assurance Committee	Safety Permanence Well Being QA	Included in draft instrument.	
		3.2.7 Incorporated monitoring of Aftercare Service plans into revised QA case review process	Quality Assurance Committee	Safety Permanence Well Being QA	Included in draft instrument.	
		3.2.8 Incorporated monitoring of appropriate use of APPLA in revised QA case review process	Quality Assurance Committee	Permanence Well Being QA	Included in draft instrument.	
		3.2.9 Incorporated monitoring of documentation in the case record of why siblings are not placed together in revised QA case review process	Quality Assurance Committee	Permanence Well Being QA	Included in draft instrument.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		3.2.10 Incorporated monitoring use of emergency shelters in revised QA case review process	Quality Assurance Committee	Safety Permanence Well Being QA	Included in draft instrument.	
		3.2.11: Incorporated items/indicators related to concurrent planning into the revised QA process.	Quality Assurance Committee	Permanence Well Being QA	Included in draft instrument.	
		3.2.12: Conducted initial training for available supervisors on the use of the instrument	Quality Assurance Committee	Safety Permanence Well Being QA		
		3.2.12: Based on first round of revised QA case reviews, established a baseline to determine compliance with concurrent planning policies and practices.	Quality Assurance Committee	Safety Permanence Well Being QA		Completed

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		3.2.13: Established target improvements based on baseline and implemented performance improvement plan.	Quality Assurance Committee	Safety Permanence Well Being QA		Completed
		3.2.14 Roll-out use of instrument in the other LDSS	Quality Assurance Unit	Safety Permanence Well Being QA		
3.3	Enhance local departments' ability to self evaluate	3.3.1 Develop Local Self Assessment Process	Quality Assurance Committee	Safety Permanence Well Being QA	Local assessment instrument developed.	
		3.3.2 : Incorporate National Standards data, Demographics, community resources and services, organizational structure, and county specific information into the local assessment process	Quality Assurance Committee	Safety Permanence Well Being QA		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		3.3.3 Piloted revised QA process in three jurisdictions – Worcester, Baltimore, & Howard County	Quality Assurance Committee	Safety Permanence Well Being QA	Piloted in Worcester County December 2005 Baltimore County January 2006 & Howard County January 2006.	
		3.3.4 Implemented local assessment in 6 additional LDSS by March 2007.	Quality Assurance Committee	Safety Permanence Well Being QA		
3.4	Streamline case transfer process (case flow) in Baltimore City DSS.	3.4.1: Convened workgroup to look at recommendations from Casey study regarding case flow issues.	Baltimore City DSS	Safety Permanence Well Being	Recommendations have been integrated into BCDSS' strategic and reorganization plans.	To implement the Strategic and reorganization plans.
		3.4.2: Developed and implemented a streamlined process to transfer a case from one unit to another.	Baltimore City DSS	Safety Permanence Well Being	Two sop's were developed and training done at the LJ Rally. The dates and titles of the sop's are, Continuity of Care and Case Assignment # 005-107 (11/1/04); Out-of-Home Placement Transfer Procedures #005-132 (9/2/05).	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 3 – Design and implement a quality assurance system to evaluate the quality of services and measure outcomes for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
3.5	Develop and implement methods for measuring the timely identification and diligent efforts in locating and assessing non-custodial parents and relatives.	3.5.1: Conducted special study in three jurisdictions (one being BCDSS) by pulling random sample of foster care cases to review for timely identification and assessment of non-custodial parents and relatives.	QA Unit	Safety Permanence Well Being QA		To be added in upcoming plan
		3.5.2: Based on QA review and special study, required LDSS Performance Improvement Plans.	QA Unit	Safety Permanence Well Being QA		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
4.1	Ensure appropriate screening of CPS reports of non-English speaking persons by complying with the State’s Limited English Proficiency (LEP) policy.	4.1.1: All available LDSS staff received training on “Provision of Service to Clients with Limited English Proficiency” within the past 24 months.	OEPE	Safety Permanence Well Being Training	All Local Department Staff were trained by the Attorney General’s Office on Federal Law pertaining to LEPS and training regarding “Provision of Service to Clients with Limited English Proficiency” by OEPE	
		4.1.2: Memo regarding translation resources sent to local departments	OEPE	Safety Permanence Well Being		
		4.1.3 Statewide translation service contract in place and made accessible to local staff	OEPE	Safety Permanence Well Being	SSA Policy Memo distributed	
		4.1.4 Overview of LEP services and policy incorporated into LDSS new worker orientation	OEPE	Safety Permanence Well Being Training		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.1.5 Track the use of LEP services	OEPE	Safety Permanence Well Being		
4.2	Develop and implement a statewide recruitment plan to target specific populations (i.e. children with intensive needs, emergency placements, sibling groups, older youth, and respite resources)	4.2.1 Identified Statewide resource development staff	Resource Development Unit	Safety Permanence Well Being	SSA created a Resource Development Unit which provides consultation and support to local departments and providers in the area of resource development, which includes the recruitment and retention of resource families. The staff of this unit will also serve on various inter-agency and inter-departmental committees related to resource development and coordination.	1 Manager December 2005 1 staff to began 3/29/06 Recruiting 2 additional staff
		4.2.2: Identified local recruiters and trainers assigned to LDSS	Resource Development Unit	Safety Permanence Well Being	Recruiters have been identified in all 24 local departments.	Regional resource development staff will begin employment on March 29, 2006.

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.2.3: Used data to identify target populations and geography	Resource Development Unit	Safety Permanence Well Being	Conducting geo-mapping and reviewed basic demographics of the children in group care.	Completed
		4.2.4: Consulted with AdoptUSKids and with other state agencies to revise statewide recruitment plan	Resource Development Unit	Safety Permanence Well Being	Practice in place to work continuously with AdoptUSKids.	Completed
		4.2.5: Began implementing statewide recruitment plan	Resource Development Unit	Safety Permanence Well Being	Plan distributed to all LDSS. Work with newly formed foster parent association and public relation firm began.	
		4.2.6 Developed a media campaign that informed the community about out-of-home placements and ways that the community could assist in supporting children who are in out-of-home-placements	Resource Development Unit Communications Office	Safety Permanence Well Being	Developed a plan to produced a Public Service Announcements; Partner with state cable television to air announcements; developed 800 number to capture calls for public; developed outreach; Radio, Print & Transit advertisement	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.2.7: Disseminated campaign material to LDSS.	Resource Development Unit Communications Office	Safety Permanence Well Being	Produced a Public Service Announcements; Partner with state cable television to air announcements; developed 800 number to capture calls for public; developed outreach; Radio, Print & Transit advertisement	
		4.2.8: Modified PRIDE to include information on sibling placement and visitation; IL services; and on managing/modifying challenging behaviors.	Resource Development Unit	Safety Permanence Well Being		Completed
		4.2.9 Continued statewide in service training program for foster parents and formal kinship caregivers (developed) that address the skills and needs of foster parents and kinship caregivers to care for our children. To be included as part of the Child Welfare Academy.	Resource Development Unit Child Welfare Academy	Safety Permanence Well Being Training		On-going

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.2.10: Ensure LDSS know that children can be placed on the Maryland Adoption Exchange prior to being legally freed for adoption	Social Services Administration	Permanence Well Being	Locals received training to utilize MARE and the AdoptUSKids exchanges. Local department staff has identified children in the jurisdiction who need a adoptive resource. They are currently listing them into MARE with assistance from the MARE staff.	
		4.2.11: Identified children who have goal of adoption and who do not have an identified adoptive resource.	Stephanie	Permanence Well Being	Received data from local departments 132 children with a plan for adoption and no resource identified.	
		4.2.12: Developed targeted recruitment plan with LDSS for children identified as needing an adoptive resource.	Stephanie	Permanence Well Being		
		4.2.13: Develop a report for LDSS managers of children with a permanency plan of adoption	Adoption Unit	Permanence Well Being		
		4.2.14: Finalized adoptions for all cases that can be expedited.	Adoption Unit	Permanence Well Being		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.2.15: Established targeted finalized adoption goals for LDSS	Social Services Administration – Lead Adoption Unit	Permanence Well Being	Children with a plan identified Goals were determined and disseminated to locals based on an established formula.	Completed—goals established around October every year
		4.2.16 Identify children with a permanency plan of adoption without an adoptive resource				
		4.2.17: Refined DHR contract process for contracting with providers who will serve high-end youth and large sibling groups.	Resource Development Unit	Permanence Well Being		
		4.2.18: Develop and Implement methods for early identification of children needing excess cost placements to assure appropriate care	Resource Development Unit	Permanence Well Being		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
4.3	Increase support services to foster parents and formal kinship caregivers.	4.3.1: Developed a foster parent/kinship/adoptive care recruitment and retention plan.	Resource Development Unit	Safety Permanence Well Being		Complete
		4.3.2: Created a foster parent survey with the Maryland Foster Parent Association to be distributed	Resource Development Unit	Permanence Well Being		
		4.3.3: Continue statewide service training program for foster parents and formal kinship caregivers	Resource Development Unit	Permanence Well Being	Survey is in draft form and we are gathering feedback. Expected completion date May 1, 2006	
4.4	Develop guidelines for respite care services.	4.4.1: Convened workgroup to develop guidelines	Social Services Administration – Lead Out-of-Home-Unit	Permanence Well Being	Guidelines completed on July 14 th .	Completed
		4.4.2: Disseminated guidelines to LDSS and the Maryland Foster Parent Association	Out-of-Home-Unit	Permanence Well Being	Distributed to the Local Departments in October	Completed

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.4.3: Monitor use of respite care	Out-of-Home-Unit	Permanence Well Being		On-going
4.5	Strengthen SSA/LDSS collaboration with Maryland State Department of Education (MSDE) and local school districts	4.5.1 Presented Educational Access issues to IV B-Children’s And Family Services Advisory Committee	PIP Access Committee	Well Being	Stakeholders provided information on foster children access to education/special education services issues.	
		4.5.2: Held summit on Educational Access issues and solutions including LDSS, local education, MSDE, advocates, foster parents	PIP Access Committee	Well Being	Agenda prepared and invitation sent.	
		4.5.3: Established agreement for 1-3 additional meetings to develop short and long range strategies to address educational access issues	PIP Access Committee	Well Being		
		4.5.3: Develop and distribute Child Welfare and Education Policy and Practice Handbook	PIP Access Committee	Well Being		Handbook completed and available on DHR website

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.5.4: Hold joint conference for Child welfare and Education Staff to provide information and training on policies and practices	PIP Access Committee	Well Being		
		4.5.5: Conduct annual training on in-home and out-of-home policies for education staff	SSA	Safety Permanence Well Being		
		4.5.6: Collaborated with MSDE regarding infant and toddler programs for children under age 3 involved in an indicated CPS case	In-Home Unit	Safety Permanence Well Being		
4.6	Strengthen collaboration with Department of Health and Mental Hygiene (DHMH) around access to mental health and substance abuse services.	4.6.1 Presented Mental Health and Substance Abuse Services Access issues to IV B-Children's And Family Services Advisory Committee	PIP Access Committee	Well Being	Stakeholders provided information on foster children access to mental health services issues.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.6.2: Held summit on Mental Health Access issues and solutions including LDSS, local education, MSDE, advocates, foster parents	PIP Access Committee	Well Being	Agenda prepared and invitation sent.	
		4.6.3: Collaborated with sister agencies and LDSS on Substance Abuse issues and services	PIP Access Committee	Well Being		
		4.6.4: Established agreement for 1-3 additional meetings on Mental Health Access and Substance Abuse Service Access to develop short and long range strategies to address mental health /substance abuse access issues	PIP Access Committee	Well Being		
		4.6.5: Implement developed strategies	Resource Development Unit			

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.6.6: Held regularly schedule meetings with Mental Health stakeholders to address barriers	Resource Development Unit			
		4.6.7: Partnering with DHMH in the achievement of the goals of the Mental Health Transformation Grant	Resource Unit	Well Being		
4.7	Identify service gaps at the Local Department level (not available, quantity and quality) and develop a resource development plan.	4.7.1: Collaborated with NRC for Family-Centered Practice and Permanency Planning to conduct a Service Array assessment in three pilot jurisdictions.	PIP Access Committee	Well Being	Telephone conference with NRC on model and plan for rollout in Maryland pilots.	Schedule on site consultation and first pilot site to include training for facilitators in the other sites.
		4.7.2: Identified and trained available staff to conduct service array assessment.	PIP Access Committee	Well Being	Pilot sites identified Balt City, (one district), Balt Co Worcester County	
		4.7.3: Completed pilot jurisdiction ((Worcester Co DSS) service array assessments and finalized results in written report.	PIP Access Committee	Well Being		
		4.7.4: Created and began implementation of resource development plans in pilots	PIP Access Committee & Resource Development Unit	Well Being		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.7.5: Began process with at least 2 additional jurisdictions	Resource Development Unit	Well Being		Plan to do at least 2 additional Eastern Shore Counties They will be trained along with pilot sites
		4.7.6: Continue the creation and implementation of resource development plans	Resource Development Unit	Well Being		
		4.7.7: Create statewide resource development plan	Resource Development Unit	Well Being		
		4.7.8: Engage community in the development of needed resources	Resource Development Unit	Well Being		
4.8	Identify and distribute existing directories of referral programs, which list and provide directory of services.	4.8.1 Ensured posting of all treatment foster care and group home provider resources in the DHR intranet	Office of Licensing and Monitoring	Permanence Well Being	Fully accessible by child welfare staff	
		4.8.2. Provided link to Gov Office for Children Website to ensure access to all provider profiles where DHR foster children are placed	Office of Licensing and Monitoring	Permanence Well Being		In progress

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
4.9	Eliminate barriers to cross-jurisdictional placements	4.9.1: Sent follow-up memo to LDSS regarding inter-jurisdictional placement issues discussed at LDSS site visits.	Social Services Administration	Permanence	Visited 24 local Departments and discussed issues related to cross jurisdictional placement and developed communication strategies	
		4.9.2: Trained available LDSS adoption staff on preparing summaries for photo-listing of waiting children (AdoptUSKids)	Social Services Administration – Lead Adoption Unit	Permanence Training	AdoptUSKids consultant came and provided training for all locals and DHR adoption staff.	
		4.9.3: Trained available LDSS staff on the use of the AdoptUSKids website and on how to respond to interested families (intake). (AdoptUSKids) following training in 9 months.	Social Services Administration – Lead Adoption Unit	Permanence Training	Adoption Exchange staff provided Train-the trainer training for 22 local department staff and 4 DHR adoption staff. Follow-up training to be scheduled.	
		4.9.4: LDSS have the ability to manage their cases, respond to families, and match their children using the AdoptUS Kids website. SSA adoption staff will monitor in partnership with AdoptUSKids children placed on the exchange	Social Services Administration – Lead Adoption Unit	Permanence	Effective Feb. 2005 local department staff permitted to access AdoptUSKids database through MARE to register all children in local county who are legally free and need an adoptive home.	Completed

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.9.5: SSA staff continues to register and update children on MARE	Social Services Administration – Lead Adoption Unit	Permanence	Local departments are currently identifying children with a plan of adoption that need adoptive resource and to register them in MARE database.	
4.10	Participate in the development and implementation of the Maryland Wrap Around initiative (this initiative includes all child-serving State agencies and the Governor’s Office for Children is the lead agency).	4.10: Implement wrap around services in two pilot sites (BCDSS and Montgomery County) assess and recommend to expand effort or not	Social Services Administration	Safety Permanence Well Being		
4.11	Implement provider performance accountability	4.11.1: Developed performance standards for private providers.	Office of Licensing and Monitoring	Permanence Well Being		Completed
		4.11.2: Revised contracts to incorporate standards and requirements for corrective action (sanctions) when standards are not met	Social Service Administration & Office of Licensing and Monitoring	Permanence Well Being		Completed
		4.11.3: Trained providers on revised standards and expectation of the Department	Social Service Administration & Office of Licensing and Monitoring	Permanence Well Being		Completed

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail - Priority 4 – Improve statewide access to necessary services for children and families.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	NEXT STEPS
		4.11.4: Held standard meetings with the provider community and other state agencies to address issues related to placement stability, placement resource expansion for children with challenging needs, and other placement issues.	Social Service Administration & Office of Licensing and Monitoring	Permanence Well Being		Completed
		4.11.5: Monitor contracts for compliance	& Office of Licensing and Monitoring	Permanence Well Being		On-going
4.12	Continue to work with the District of Columbia to ensure that ICPC laws and regulations are being followed.	4.12.1: SSA will continue regular meetings with CFSA- DC to resolve barriers.	Adoption Unit	Safety Permanence Well Being		On-going

Work Plan Detail Goal 5 – Design evidenced-based practice strategies to enhance services and child outcomes.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail Goal 5 – Design evidenced-based practice strategies to enhance services and child outcomes.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
5.1	Provide LDSS training and access to FACTS, CIS and CARES	5.1.1: Make security forms and process available on-line	Research Unit	Safety Permanence Well Being	Developed an online form to be completed electronically and mailed to OTHS to reduce the number of forms returned due to illegibility.	Approval and distribution of form Continued monitoring and quality adjustments of system
		5.1.2: Met with IT department to discuss LDSS needs	CIS Workgroup	Safety Permanence Well Being	Met with IT to coordinate CIS and CHESSIE training	Map out a schedule for CIS training to be coordinated with CHESSIE training
		5.1.3: Created and begin implementation of plan to provide LDSS training and access to all information systems	CIS Workgroup	Safety Permanence Well Being	Conducted Train the Trainer training in 18 jurisdictions. Trained over 100 intake and assessment staff in Baltimore City	Continue training
		5.1.4: Identified available LDSS staff who can assist with timely data entry functions and provided training as needed.	CIS Workgroup	Safety Permanence Well Being	At SSA, we have increased the number of staff authorized to handle security matters for our staff to at least four, including Donna Banks, Kocina Bryant, Ina Parker and Phil King. These additional staff have greatly speeded up our internal security request processing time.	

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail Goal 5 – Design evidenced-based practice strategies to enhance services and child outcomes.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
5.2	Continue efforts for Early Release (ER) of MD CHESSIE. Early Release relates only to the Intake/Screening process	5.2.1: Began ER in three sites (Charles, Wicomico, and Queen Anne’s)	MD CHESSIE Workgroup	Safety Permanence Well Being	Completed installation and are performing live data entry. Charles, Wicomico, and Queen Anne have processed 957, 922, and 210 referrals respectively, as of 6/9/05. As of 6/9/05, more than 5500 referrals have been processed in MD CHESSIE	Continue early release in local departments.
		5.2.2: Completed Implementation in 11 LDSS including BCDSS of Early Release component	MD CHESSIE Workgroup	Safety Permanence Well Being	24 Local Departments have MD CHESSIE installed as October 05 and are performing live data entry	
		5.2.3: Completed post-implementation and maintenance of Early Release component	MD CHESSIE Workgroup	Safety Permanence Well Being	System is available and being used by 24 Local Departments including Baltimore City and Prince George’s County, the 2 largest jurisdictions regarding cases.	Pilot
5.3	Continue efforts for full operation of MD CHESSIE. MD CHESSIE will meet requirement of Statewide Information System	5.3.1 Completed training of available pilot staff.	MD CHESSIE Workgroup	Safety Permanence Well Being Training		

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail Goal 5 – Design evidenced-based practice strategies to enhance services and child outcomes.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		5.3.2 Conducted Pilot	MD CHESSIE Workgroup	Safety Permanence Well Being	October 19 2005 Harford County celebrated it selection as the jurisdiction to pilot MD CHESSIE. On February 15, 2006 Harford County went live with full release.	Phase I Harford County Feb 2006
		5.3.3 Completed statewide implementation	MD CHESSIE Workgroup	Safety Permanence Well Being		Phase II – 8 Eastern Shore Counties June Phase III – 4 Southern Counties - July Phase IV – 6 Western Counties – August Phase V – 4 Central Counties – October Phase VI – Baltimore City - November

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail Goal 5 – Design evidenced-based practice strategies to enhance services and child outcomes.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
5.4	Enhance current tickler system that reports to LDSS and SSA children’s length of stay and any outstanding court actions.	5.4.1 Develop a Permanency Hearing Performance Details report for each LDSS.	Research Unit	Safety Permanence Well Being	Changing policy to generate report more timely and to expand the scope of the report to include all children in care.	Research staff will compile a list of what court actions and permanency planning goals may be useful to track in any tickler system. Also, staff will consider the contents and timing of possible tickler reports.
		5.4.2: Create CHESSIE management report for LDSS to inform of length of stay of children in out-of-home care 5.4.21 Create CHESSIE management report for LDSS to inform of court reports	Research Unit	Safety Permanence Well Being		
5.5	Decrease response time when LDSS request data reports from SSA.	5.5.1: Developed written procedures on how to request data reports and how to respond to such request	Research Unit	Safety Permanence Well Being		Completed

**MARYLAND CHILD AND FAMILY SERVICES REPORT
2004-2009**

WORK PLAN

Work Plan Detail Goal 5 – Design evidenced-based practice strategies to enhance services and child outcomes.						
ITEM NO.	ACTION STEPS	MEASURABLE BENCHMARKS	RESPONSIBLE PERSON	IV B OUTCOME	ACCOMPLISHMENTS	Next Steps
		5.5.2: Created and disseminated a survey to LDSS to identify data reports that are helpful, not helpful or reports that are needed.	Research Unit	Safety Permanence Well Being		
		5.5.3: Sent written procedures to LDSS and SSA program managers. Create request tracking log	Research Unit	Safety Permanence Well Being		
		5.5.4: Response time reports submitted to Director of Special Services for monitoring.	Research Unit	Safety Permanence Well Being		