



Maryland's Human Services Agency

PUTTING CHILDREN FIRST



PROGRAM IMPROVEMENT PLAN CHILD AND FAMILY SERVICES REVIEW

Robert L. Ehrlich, Jr., *Governor* Michael S. Steele, *Lt. Governor* Christopher J. McCabe, *Secretary*

The Maryland Department of Human Resources

Putting Children First!

Commit to responding quickly to potential abuse and neglect

Heighten public awareness of adoption and foster care

Identify resources in the nonprofit and faith-based community

Link child welfare oversight efforts into a coordinated effort

Develop state-of-the-art technology to track children in our system

Retain children in their own communities

Expand mental health and substance abuse programs and improve accessibility

Nurture the family connections of children in our care

State of Maryland
Department of Human Resources
Social Services Administration

Table of Contents

- PART I: General Information**
PIP Agreement Form
- PART II: Identification of Applicable Outcomes and Systemic Factors**
- PART III: Overview**
Priority Areas and Strategies for Change
Narrative Outcome Areas
- PART IV: Participants in PIP Development and Feedback**
- PART V: Child Welfare Related Initiatives**
Task Force on Child Welfare Accountability
L.J. v. Massinga Consent Decree
Risk-Based Service Planning
Child Welfare and Adult Services Performance System
Maryland Wraparound Services Initiative
Family-Centered, Neighborhood-Based Services
Time-Limited Family Reunification Services
Concurrent Planning
Casey Family Programs
Subcabinet Partnership Team
- PART VI: University of Maryland, Baltimore Coursework**
- PART VII: Glossary of Acronyms**
- PART VIII: PIP Matrix**

State of Maryland
Department of Human Resources
 Social Services Administration

PART I

PIP General Information	
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Period Under Review: Federal Fiscal Year for Onsite Review Sample: 2002 AFCARS Data: FFY 2002 NCANDS Data: CY 2002	
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State of Maryland
Department of Human Resources
Social Services Administration

PIP Agreement Form

Agreement

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

Name of State Executive Officer for Child Welfare Services Date

Name of HUB Director/Regional Administrator, ACF Date

Amendments

This section should be completed only in the event of renegotiations regarding the content of the PIP, pursuant to 45 CFR 1355.35(e)(4). Copies of approved renegotiated PIPs must be retained and distributed as noted above immediately upon completion of the renegotiation process.

The content of the attached PIP was renegotiated on (enter date). The renegotiated content of the attached PIP has been approved (initialed) by State personnel and the ACF Regional Office with authority to negotiate such content and is approved by the following Federal and State officials:

Name of State Executive Officer for Child Welfare Services Date

Name of HUB Director/Regional Administrator, ACF Date

State of Maryland
Department of Human Resources
 Social Services Administration

PART II

IDENTIFICATION OF APPLICABLE OUTCOME AND SYSTEMIC FACTORS

The following list indicates whether each outcome and systemic factor evaluated through the on-site Child and Family Services Review (CFSR) held during the week of November 17, 2003, is applicable or not applicable to this Program Improvement Plan. For each applicable outcome or systemic factor, the related items are listed and their applicability is indicated. The outcomes, systemic factors and items marked not applicable were found to be in substantial conformity or as an area of strength. The on-site review was conducted at Baltimore City, Anne Arundel County, and Allegany County.

Outcomes and Related Items	APPLICABLE	
	Yes	No
Outcome S1: Children are, first and foremost, protected from abuse and neglect	X	
Item 1: Timeliness of investigations		X
Item 2: Repeat Maltreatment	X	
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate	X	
Item 3: Services to prevent removal	X	
Item 4: Risk of harm	X	
Outcome P1: Children have permanency and stability in their living situations	X	
Item 5: Foster Care re-entry	X	
Item 6: Stability of foster care placement	X	
Item 7: Permanency goal for child	X	
Item 8: Reunification, guardianship, or placement with relatives	X	
Item 9: Adoption	X	
Item 10: Other planned living arrangement	X	
Outcome P2: The continuity of family relationships and connections is preserved for children	X	
Item 11: Proximity of placement		X
Item 12: Placement with siblings	X	
Item 13: Visiting with parents and siblings in foster care	X	
Item 14: Preserving connections	X	
Item 15: Relative placement	X	
Item 16: Relationship of child in care with parents	X	
Outcome WB1: Families have the enhanced capacity to provide for their children's needs	X	
Item 17: Needs and services of child, parents and foster parents	X	
Item 18: Child and family involvement in case planning	X	
Item 19: Worker visits with child		X
Item 20: Worker visits with parent(s)	X	

State of Maryland
Department of Human Resources
 Social Services Administration

Outcomes and Related Items	APPLICABLE	
	Yes	No
Outcome WB2: Children receive appropriate services to meet their educational needs	X	
Item 21: Educational needs of child	X	
Outcome WB3: Children receive adequate services to meet their physical and mental health needs	X	
Item 22: Physical health of the child		X
Item 23: Mental health of the child	X	
Systemic Factors		
Statewide Information System	X	
Case Review System	X	
Quality Assurance System	X	
Training		X
Service Array	X	
Agency Responsiveness to the Community		X
Foster and Adoptive Parent Licensing, Recruitment and Retention		X

State of Maryland
Department of Human Resources
Social Services Administration

OVERVIEW

Vision:

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

Mission:

To lead, support and enable local departments of social services in employing strategies to prevent child abuse and neglect, protect vulnerable children, preserve and strengthen families, by collaborating with state and community partners.

Fundamental Beliefs:

- *Children deserve to be safe from abuse and neglect;*
- *Families should be the primary resource for the emotional and financial support of children;*
- *Community involvement is critical to ensure safety for children and to provide appropriate supports for the family; and*
- *Effectiveness of human services is measured in terms of outcomes.*

The Maryland Department of Human Resources, Social Services Administration, is committed to its core mission of protecting children while providing services to preserve and strengthen families. With over 10,000 children entrusted to the care, custody, and/or oversight of social services agencies throughout Maryland's 24 local jurisdictions, collaboration among state and community partners, stakeholders, parents, foster parents, child welfare professionals and our children is vital in the carrying out of this mission.

The results of Maryland's CFSR indicate, as expected, that there is much work to do. At this time in Maryland, there are no less than five independent evaluations of child welfare programs, including the Child and Family Services Review (CFSR) and a State child welfare accountability task force chaired by the Chief of Casey Strategic Services. Issues facing the State as highlighted in these reports include: information system requirements and capabilities; insufficient qualitative measures and tools; and the inconsistency in treatment assessment and services. Over the next two years, Maryland is committed to improving services and outcomes to children and families using PIP as the guide.

To address many of the systemic issues faced by Maryland's child welfare system, SSA is undergoing a restructuring. This restructuring will enable SSA to focus on local department operations by having regional support teams. These teams will include persons responsible for the implementation and monitoring of policies and practices in local departments. The purpose of the teams is to provide support to the local department staff in all aspects of service delivery. DHR has also established a Deputy Secretary for

State of Maryland
Department of Human Resources
Social Services Administration

Operations. This person has the authority and responsibility to ensure that local departments comply with statewide mandates and practices.

Maryland recognizes that **Baltimore City DSS** represents over 60 percent of the State's caseload. Many strategies outlined in the PIP are designed to address issues faced by the City. All strategies will be implemented state-wide unless otherwise indicated. Listed below are strategies specific to Baltimore City:

- ❑ Implementing Family-Centered Neighborhood-Based practice;
- ❑ Increasing supervisor capability to monitor case activity and outcomes;
- ❑ Transitioning to one caseworker per family;
- ❑ Implementing Family Team meetings;
- ❑ Conducting a Special study to review timely reunification of non-custodial parents;
- ❑ Identifying and reducing barriers to permanency on kinship care;
- ❑ Transferring adoption cases to the appropriate court;
- ❑ Streamlining the case transfer process;
- ❑ Conducting enhanced QA reviews; and
- ❑ Assessing and enhancing Service Array.

Putting Children First has become the mantra for the Maryland Department of Human Resources dictating the way business is done at the Department. The Program Improvement Plan (PIP) will serve as the road map, for the Department to move toward improving outcomes for Maryland's children and families. The PIP outlines priorities, initiatives and strategies for change to drive Maryland closer to the standards set in the Federal Child and Family Services Review (CFSR).

PRIORITY AREAS AND STRATEGIES FOR CHANGE

The Maryland Department of Human Resources has set five major priorities for its Social Service Administration for the next two years. The priority areas listed below are a result of the findings from the CFSR as well as other assessments of the Department's child welfare services.

Comprehensive Assessment

Issues

The lack of a comprehensive assessment system has contributed to a number of areas that the CFSR and the Department's self-assessment identified as needing improvement. These include the inconsistency in involving family members, especially fathers, and age appropriate children in the case planning process; the difficulty in identifying and accessing needed services; and the inability to match children with appropriate resources. These areas of improvement result in delays in implementing concurrent planning, meeting case plan requirements and making good case decisions.

Strategies for Change

The Department plans to develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case using the

State of Maryland
Department of Human Resources
Social Services Administration

Family-to-Family model described in this report. This process will provide case workers with the skills to assess family needs and provide individualized services. The focus of the strategies will be the early identification of all family members, particularly fathers, and their involvement in the decision making process. This model includes early intervention with families, concurrent permanency planning and continued involvement of all parties connected with the child. The model involves the use of Family Team meetings and an effective gate-keeping process. DHR will consult with and seek funding from Casey Family Programs to implement the Family-to-Family project in Maryland in four of its twenty-four local departments of social services; they are Baltimore City, Cecil, Calvert and Wicomico Counties.

The success of these strategies is dependent upon a cultural change which will dictate the manner in which the Department interacts with families, the community, and each other. To accomplish this change the Department will:

- ❑ seek technical assistance on family-centered practice and family-decision making models;
- ❑ train staff on revised assessment models;
- ❑ increase community outreach to identify needed resources; and
- ❑ engage providers in understanding and meeting the needs of children in care.

The Department understands that this strategy is long-term. However, the commitment is to implement family-centered practice in four identified justifications (Baltimore City, Calvert, Cecil, and Wicomico) over the next two years.

Court Practices

Issues

Maryland's court practices have a great impact on service delivery. Major challenges facing the Department include: delays in filing Termination of Parental Rights (TPR) and hearings; reluctance to TPR either when a parent has not been located or when other parties have a strong bias toward reunification; and the lack of timely completion of adoption paperwork. These barriers result in an increase in the length of stay in out-of-home placement and preventing children from having a stable and permanent home.

Strategies for Change

The Department will be collaborating with the Foster Care Court Improvement Project (FCCIP) to implement strategies for change. The identified strategies are the:

- ❑ training of Judges, Masters, attorneys, and staff on the CFSR, ASFA exception, concurrent planning, APPLA, the early identification of non-custodial parents and the notification of caregivers regarding hearings;
- ❑ establishment of best practice standards regarding CINA and TPR cases;
- ❑ development of standardized notification letters, uniformed court reports and court orders;
- ❑ enhancement of the current tickler system that reports outstanding court actions and length of stay; and

State of Maryland
Department of Human Resources
Social Services Administration

- provision of technical assistance to local departments on the completion of adoption paperwork.

Many of the training activities are being presented during regional roundtables and annual judges' conferences. The success of these strategies will have a significant impact on the timely achievement of permanency for Maryland's children. The judiciary is in support of these efforts and the FCCIP has taken the lead in developing an internal program improvement plan, which has been incorporated into this plan.

Quality Assurance

Issues

The CFSR and the Child Welfare Accountability Task Force both stressed the importance of having a system in place to evaluate the quality of services and measure the outcomes for children and families. The major issues identified are:

- the current review system is compliance focused, does not have quality measures and lacks a true process for improvement; and
- too many reviews in place (as noted by stakeholders).

These improvement areas result in repeat findings that are often contradictory and contribute to the Department's inability to accurately determine where it is and plan where it needs to go.

Strategies for Change

The Department plans to design a QA system based on the CFSR that includes peer record reviews. The following are steps in the design of the system:

- developing outcomes and measures as well as a sampling and review method;
- training staff;
- designing a process for improvement; and
- implementing provider accountability measures.

The full implementation of these strategies will require a longer period than the two year PIP process. The Department is committed to conducting six QA reviews during each year for a total of twelve reviews. Baltimore City DSS will be reviewed both years. The successful implementation of these strategies will provide real time data which results in better planning of resources and goals.

MD CHESSIE

Issues

One of the issues identified in the CFSR was Maryland's inability track children's placements. The current data system does not provide the physical location of a child placed with private providers, hindering the caseworkers' ability to monitor placement stability. In addition, having to extract data from multiple systems creates an unnecessary increase in workload for caseworkers.

State of Maryland
Department of Human Resources
Social Services Administration

Strategies for Change

Maryland is committed to the continued development of MD CHESSIE. The completed system will be implemented state-wide by December 2006. To ensure accurate data is transferred to the new system, staff will be trained to fully utilize the current CIS system.

Access to Services

Issues

As indicated in the CFSR, Maryland lacks statewide access to necessary services for children and families. Many of the needed services are located in the metropolitan areas; however, in the rural areas of the State needed services are often scarce. Critical services gaps are in the following areas:

- ❑ mental health including substance abuse services;
- ❑ dental services;
- ❑ educational services;
- ❑ culturally responsive services; and
- ❑ services to support families outside the child welfare system.

The inability to access these services hinders safety, permanency, and well-being of Maryland's children.

Strategies for Change

The Department recognizes that comprehensive assessments of families' needs are closely link to accessing the appropriate services. Strategies to increase the Department's ability to meet the individual needs of families are:

- ❑ collaboration with state and community partners;
- ❑ assessment of services available and not available in three jurisdictions and the creation of resource development plans; and
- ❑ create a resource directory.

Availability of and access to these critical services are vital to the success of a comprehensive assessment system. The ability to identify and access services will have a large impact on service outcomes for children in care as well as on the number of children who enter care. It is important to the well-being of children that services are available as needs are identified. The successful implementation of these strategies depends upon the continued collaboration of state child serving agencies.

State of Maryland
Department of Human Resources
Social Services Administration

Part III

NARRATIVE OUTCOME AREAS

SAFETY 1

Outcome: Children are, first and foremost, protected from abuse and neglect.

Item 2

Repeat Maltreatment

CFSR Findings:

- *Outcome substantially achieved in 87.2 percent of applicable cases*
- *State did not meet National Standard (6.1% or less) for more than one substantiated or indicated maltreatment report within a 6-month period (state performance 8.0%)*

Factor(s) contributing to non-conformity:

- Lack of a comprehensive assessment system
- Level of involvement in the case planning process
- Incomplete implementation of a risk assessment model
- Language barriers

Improvement Plan:

- ❑ The Department (DHR) will develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. The process will include all family members and appropriate community partners. The Department will consult with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services in developing this process.
- ❑ DHR will consult with and seek funding from Casey Family Programs to enhance Phase 1 of the Family-to-Family project in Maryland and implement Phase 2 in four jurisdictions.
- ❑ DHR will review and revise the policy guiding the use of the Risk-Based Service Planning model used for assessing risk factors that may affect the safety of the children. The necessary training in the use of the model will be provided to identified staff by the University of Maryland.
- ❑ DHR will develop child and family outcomes based on the CFSR, and design a supervisory instrument which includes these outcomes for use in case consultation and worker conferences. Supervisors will be trained in the use of this instrument and in coaching their staff to implement the practice standards that will lead to the desired outcomes.
- ❑ Appropriate measures will be incorporated in the quality assurance case review process.
- ❑ The Department will ensure that CPS reports by non-English speaking persons are appropriately screened by complying with the state's Limited English Proficiency

State of Maryland
Department of Human Resources
Social Services Administration

(LEP) policy. This will include: training of staff, identifying resources, and establishing a system to track the use of LEP services.

Desired Outcome:

Children in out of home placement are safe from abuse and neglect (decrease to 7.1%).

Measurement Method:

NCANDS/CIS data and revised Quality Assurance process

SAFETY 2

Outcome: Children are safely maintained in their homes when possible and appropriate.

Item 3

Services to protect child(ren) in the home and prevent removal

CFSR Findings:

- *Outcome substantially achieved in 81.3 percent of applicable cases*
- *DHR's performance was inconsistent in providing services to families to prevent placement.*

Factor(s) contributing to non-conformity:

- Incomplete implementation of a risk assessment model
- Lack of knowledge of services and failure to link fragile families to these support services
- Inadequate collaboration among state agencies that serve children

Improvement Plan:

- ❑ The Department (DHR) will review and revise the policy guiding the use of the Risk-Based Service Planning model to ensure that safety and risk issues are assessed prior to closure of the case and to provide linkages to community resources. The necessary training in the use of the model will be provided to identified staff by the University of Maryland.
- ❑ DHR will identify gaps in availability, quantity, and quality of services, and design a resource development plan.
- ❑ DHR will identify and distribute existing directories of referral programs that list and provide directory of services.
- ❑ The Governor's Office for Children Youth and Families is the lead agency in developing and implementing the Maryland Wraparound Initiative that is designed to include all State agencies that serve children. This will create the collaboration between state agencies needed to address critical gaps in services to children.

Desired Outcome:

Children are maintained safely in their homes, if appropriate. Children in out-of-home placements are safe from abuse and/or neglect.

State of Maryland
Department of Human Resources
Social Services Administration

Measurement Method:

The revised Quality Assurance process (a baseline will be established in September 2005)

Item 4

Risk of harm to child

CFSR Findings:

- *Outcome substantially achieved in 81.3 percent of applicable cases*
- *DHR's performance was inconsistent in addressing risk of harm*

Factor(s) contributing to non-conformity:

- Incomplete implementation of a risk assessment model
- Policy and practices regarding in-home cases

Improvement Plan:

- ❑ The Department (DHR) will review and revise the policy guiding the use of the Risk-Based Service Planning model to ensure that safety and risk issues are assessed prior to closure of the case. The necessary training in the use of the model will be provided to identified staff by the University of Maryland.
- ❑ DHR will revise our policies to require caseworker visits with parents for in-home cases. These visitation standards will be based on the type and goal of the case.
- ❑ We will ensure that caseworkers are trained and are following regulations related to visiting children in out-of-home placement. Training on using the SAFE-CGRP safety assessment for children in group care will be done in consultation with the NRC on Child Protective Services.
- ❑ Supervisors will increase the use of supervisory conferences to mentor caseworkers and monitor case activity related to safety, permanency and well-being outcomes.
- ❑ Rate of repeat maltreatment, safe case closure, and service plan review measures will be incorporated in the revised QA case review process.

Desired Outcome:

Children are safely maintained in their homes, if appropriate. Children in out-of-home placements are safe from abuse and/or neglect.

Measurement Method:

The revised Quality Assurance process (a baseline will be established in September 2005)

State of Maryland
Department of Human Resources
Social Services Administration

PERMANENCY 1

Outcome: Children have permanency and stability in their living situations.

Item 5

Foster Care re-entry

CFSR Findings:

- *Outcome substantially achieved in 26.7 percent of applicable cases*
- *This item was rated a Strength in 71% of the applicable cases*

Factor(s) contributing to non-conformity:

- Gaps in Aftercare Services
- Lack of knowledge of services and failure to link fragile families to these support services
- Inadequate collaboration among state agencies that serve children

Improvement Plan:

- ❑ The Department (DHR) will review and revise the policies related to Aftercare services. The use of Aftercare Service plans will be required when children exit the system through return home, kinship/guardianship and emancipation/ “age out”.
- ❑ DHR will use Family Team meetings to fully involve the family in identifying their unique needs and to determine the family’s and community’s resources. Agency workgroups will develop standards and guidelines for these meetings and appropriate training will be provided to the Local Department staff.
- ❑ The Department will identify gaps in availability, quantity, and quality of services, and design a resource development plan.
- ❑ DHR will identify and distribute existing directories of referral programs that list and provide directory of services.
- ❑ The Governor’s Office for Children Youth and Families is the lead agency in developing and implementing the Maryland Wraparound Initiative that is designed to include all State agencies that serve children. This will create the collaboration between state agencies needed to address critical gaps in services to children.

Desired Outcome:

Process measures identified in benchmarks are complete.

Measurement Method:

The revised Quality Assurance process (a baseline will be established in September 2005)

State of Maryland
Department of Human Resources
Social Services Administration

Item 6

Stability of foster care placement

CFSR Findings:

- *Outcome substantially achieved in 26.7 percent of applicable cases*
- *This item was rated a Strength in 79% of the applicable cases*
- *Maryland exceeded National Standard of 86.7% or more of children experience no more than two placements in their first 12 months in foster care (State performance 94.5%)*

Factor(s) contributing to non-conformity:

- Lack of adequate placement resources for specific populations
- Lack of a comprehensive assessment system
- Insufficient collaboration with provider community

Improvement Plan:

- ❑ The Department (DHR) will develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. The process will include all family members and appropriate community partners.
- ❑ DHR will develop a statewide recruitment plan, in consultation with AdoptUSKids, to target the following specific populations: Children with intensive service needs; Emergency placements; Sibling groups; Older youth.
- ❑ The Department will use focus groups to determine support service needs of foster parents and formal kinship caregivers and their ideas on how to retain and support these caregivers. DHR will use this information to develop service plans (including respite), redesign training, and develop recruitment and retention plans.
- ❑ Redesigned training will require modifying PRIDE to include information on sibling placement and visitation, IL services, and on managing/modifying challenging behavior. Additional funding for this training is being sought from the Freddie Mac Foundation.
- ❑ DHR will revise our policies to require caseworker visits with parents for both in-home and out-of-home cases. These visitation standards will be based on the type and goal of the case. Appropriate training will assist caseworkers in assessing the needs of families
- ❑ DHR will develop strategies (including a media campaign) to strengthen collaboration with the provider community and other stakeholders. DHR will collaborate with the Governor's Office for Children, Youth and Families (OCYF) to address placement issues.
- ❑ DHR will strengthen the policy that defines the limited use of emergency shelter placement.

State of Maryland
Department of Human Resources
Social Services Administration

Desired Outcome:

Sufficient placement resources so that children can be appropriately matched.

Measurement Method:

Process measures identified in benchmarks complete.

Item 7

Permanency goal for child

CFSR Findings:

- *Outcome substantially achieved in 26.7 percent of applicable cases*
- *This item was rated a Strength in 34% of the applicable cases*

Factor(s) contributing to non-conformity:

- Court practices that inappropriately extend reunification goal
- Lack of implementation of concurrent planning recommendations
- Inappropriate assignment of long-term foster care as a goal

Improvement Plan:

- ❑ The Department (DHR) will collaborate with the Court Improvement Project and the NRC on Legal and Judicial Issues to provide training and regional meetings for Judiciary and attorneys on CFSR and court related issues.
- ❑ The Foster Care Court Improvement Project will take the lead and DHR will collaborate in developing a “Best Practice” standard for CINA and related cases. This standard will establish clear expectations regarding establishing timely, appropriate permanency goals.
- ❑ DHR will explore local and national “Best Practice” models to determine appropriate ways to decrease court postponements and continuances. One strategy is to enhance the current tickler system that reports children’s length of stay and any outstanding court actions.
- ❑ DHR will hold regional meetings with caseworkers and local attorneys on the proper use of the ASFA exception and the documentation that is required. These meetings will be designed to improve the reporting from the local departments (LDSS) to the courts and to improve collaboration between the LDSS and the judiciary system as both entities increase contact, and share knowledge and a common language on the requirements for appropriate and timely goals.
- ❑ DHR will promote the use of Alternative Dispute Resolution (ADR) statewide.
- ❑ DHR will develop and implement strategies to increase permanency in kinship care placements. These strategies include: focus groups with relatives and with Baltimore City DSS staff to identify barriers to custody/guardianship and adoption; aligning state policy and plan to Chafee and ASFA regulations; establishing standards, providing training, resubmitting legislation authorizing subsidized guardianship.

State of Maryland
Department of Human Resources
Social Services Administration

Desired Outcome:

Timely establishment of appropriate permanency goals for all children.

Measurement Method:

Process measures identified in benchmarks complete.

Item 8

Reunification, guardianship and placement with relatives

CFSR Findings:

- *Outcome substantially achieved in 26.7 percent of applicable cases*
- *This item was rated a Strength in 38% of the applicable cases*
- *State did not meet National Standard (76.2% or more) for the percentage of reunifications occurring within 12 months of entry into foster care (State performance 49.9%)*

Factor(s) contributing to non-conformity:

- Court practices that inappropriately extend reunification goal
- Lack of implementation of concurrent planning recommendations
- Lack of resources and services for parents (housing, mental health, substance abuse, disability)
- Caseworker lack of awareness of strategies necessary to achieve specific goals

Improvement Plan:

- ❑ The Department (DHR) will develop and implement methods for measuring the timely identification and diligent efforts in locating and assessing non-custodial parents and relatives. These measures will be incorporated into the revised quality assurance system.
- ❑ DHR will develop and implement strategies to improve the early identification of non-custodial parents. These strategies include:
 - Exploring the use of the “Absent Parent Locator” and other systems that states use to locate non-custodial parents
 - Collaboration with the Department’s Child Support Enforcement Administration
 - Developing procedures to identify parents in CINA court cases
- ❑ DHR will revise our policies to require caseworker visits with parents for both in-home and out-of-home cases.
- ❑ DHR will develop and implement strategies to increase permanency in kinship care placements. These strategies include: focus groups with relatives to identify barriers to adoption and guardianship; aligning state policy and plan to Chafee and ASFA regulations; establishing standards, providing training, implementing and monitoring Family Team meetings; resubmitting legislation authorizing subsidized guardianship.
- ❑ DHR will promote the use of Alternative Dispute Resolution (ADR) statewide.

State of Maryland
Department of Human Resources
Social Services Administration

Desired Outcome:

Whenever, possible children live with their family. Increase State's performance in the Reunification to 52.32%.

Measurement Method:

National Standards measured by CIS data and process measures identified in benchmarks complete.

Item 9

Adoption

CFSR Findings:

- *Outcome substantially achieved in 26.7 percent of applicable cases*
- *This item was rated a Strength in 42% of the applicable cases*
- *State did not meet National Standard (32% or more) of finalized adoptions occurring within 24 months of removal from home (State performance 14.7%)*

Factor(s) contributing to non-conformity:

- Lack of concerted efforts to achieve timely adoptions
- Delay in TPR filings and lengthy appeals process
- Lack of appropriate adoptive placement

Improvement Plan:

- The Department (DHR) will collaborate with the NRC FC PP to develop and train-the-trainers on practical concurrent planning that includes techniques for early identification of fathers and full disclosure.
- DHR will develop and implement methods for measuring the following:
 - Compliance with policy on concurrent planning
 - Timely identification of non-custodial parents
 - Efforts in locating and assessing non-custodial parents and relativesThese indicators will be included in the revised QA process.
- DHR will develop and implement a statewide recruitment plan, in consultation with the Maryland Adoption Exchange and AdoptUSKids, to target the following specific populations of waiting children: Youth; Sibling groups; Special needs children.
- DHR will develop and implement strategies to improve the early identification of non-custodial parents.
- The Foster Care Court Improvement Project will lead the review and revision of Maryland's CINA and TPR Appellate process. DHR will participate in this activity and also consult with the NRC on Legal and Judicial Issues regarding the process.
- DHR will implement strategies to ensure that review hearings are scheduled for Baltimore City Equity Court Adoption cases that are not yet transferred to juvenile court.

State of Maryland
Department of Human Resources
Social Services Administration

Desired Outcome:

Children who cannot reunite with their family will have adoptive homes. Increase the State's performance to 17.6%

Measurement Method:

National Standards measured by CIS data and process measures identified in benchmarks complete.

Item 10

Permanency goal of other planned permanency living arrangement

CFSR Findings:

- *Outcome substantially achieved in 26.7 percent of applicable cases*
- *This item was rated a Strength in 56% of the applicable cases*

Factor(s) contributing to non-conformity:

- Too many children with goal of long-term foster care
- Reluctance of many relative caregivers to adopt children in their care
- Inadequate independent living services

Improvement Plan:

- ❑ The Department (DHR) will collaborate with the NRC FC PP to develop and train-the-trainers on practical concurrent planning and ensure its implementation.
- ❑ DHR will consult with the NRC on Youth Development to train youth, foster care and private providers and caseworkers on the Independent Living services that youth need to transition to adulthood. This training will be incorporated into PRIDE.
- ❑ The state Youth Advisory Board is developing a Youth Handbook that will be disseminated. In addition, the expectation that private providers have the capacity to provide Independent Living services will be incorporated into their contracts.
- ❑ The Department will draft and submit legislation to remove from state law Long Term Foster Care and Permanent Foster Care as permanency planning options and add APPLA.
- ❑ DHR-SSA will develop guidelines in the use of APPLA for local department staff and will monitor its use through the revised QA process.

Desired Outcome:

Provision of appropriate services to facilitate the transition of youth in foster care to independence in adulthood.

Measurement Method:

Process measures identified in benchmarks complete.

State of Maryland
Department of Human Resources
Social Services Administration

PERMANENCY 2

Outcome: The continuity of family relationships and connections is preserved for children.

Item 12

Placement with siblings

CFSR Findings:

- *Outcome substantially achieved in 64.3 percent of applicable cases*
- *This item was rated a Strength in 71% of the applicable cases*

Factor(s) contributing to non-conformity:

- Scarcity of foster and kinship care homes that can accept large sibling groups

Improvement Plan:

- ❑ The Department (DHR) will review current policy and regulations for potential barriers to sibling placement and sibling visitation. Appropriate changes in policy and regulations will be made to address identified barriers.
- ❑ Caseworkers will be required to document why siblings are not placed together and this will be monitored through the revised QA case review process.
- ❑ DHR will develop a statewide recruitment plan, in consultation with AdoptUSKids, to target the following specific populations: Children with intensive service needs; Emergency placements; Sibling groups; Older youth.
- ❑ The Department will use focus groups to determine support service needs of foster parents and formal kinship caregivers, and their ideas on how to support these caregivers. DHR will use this information to develop service plans (including respite), and redesign training.

Desired Outcome:

Siblings are placed together unless the individualized needs of the child(ren) prevent collocation.

Measurement Method:

Process measures identified in benchmarks complete.

Item 13

Visiting with parents and siblings in foster care

CFSR Findings:

- *Outcome substantially achieved in 64.3 percent of applicable cases*
- *This item was rated a Strength in 67% of the applicable cases*

Factor(s) contributing to non-conformity:

- Different caseworkers for parent and each child

State of Maryland
Department of Human Resources
Social Services Administration

- Parents lack transportation and lack of transportation subsidies to parents and foster parents

Improvement Plan:

- ❑ The Department (DHR) will develop and implement methods for measuring the timely identification and diligent efforts in locating and assessing non-custodial parents and relatives. These measures will be incorporated into the revised quality assurance system.
- ❑ DHR will develop and implement strategies to improve the early identification of non-custodial parents. These strategies are listed in Item 8.
- ❑ DHR will consult with the NRC on Family-Centered Practice and Permanency Planning to develop and provide training for staff and providers on the importance of meaningful visitation between children in care and their family. DHR will continue to offer genograms training through the University of Maryland.
- ❑ The Department will review current policy and regulations for potential barriers to sibling placement and sibling visitation. Appropriate changes in policy and regulations will be made to address identified barriers. Methods to monitor the frequency and quality of visits will be developed and implemented.
- ❑ DHR will develop and implement a policy of one caseworker per family case. Local departments will be required to report monthly on the implementation. Initially, Baltimore City (BCDSS) will be required to transition 50% of identified cases to one worker. In addition, BCDSS will implement recommendations on streamlining the case transfer process.

Desired Outcome:

Children in foster care have regular visits with their parents and siblings. Visits are planned and structured to ensure quality.

Measurement Method:

Process measures identified in benchmarks complete.

Item 14

Preserving connections

CFSR Findings:

- *Outcome substantially achieved in 64.3 percent of applicable cases*
- *This item was rated a Strength in 71% of the applicable cases*

Factor(s) contributing to non-conformity:

- Inconsistency among caseworkers in preserving connections
- Insufficient resources to support efforts
- Inconsistency in implementing protocol in accordance with the Indian Child Welfare Act

State of Maryland
Department of Human Resources
Social Services Administration

Improvement Plan:

- ❑ The Department (DHR) will develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. The process will include all family members (defined as age appropriate child, mother, father, foster and/or adoptive parents, and extended family members) and appropriate community partners. The Department will consult with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services in developing this process.
- ❑ DHR will consult with the NRC on Family-Centered Practice and Permanency Planning to develop and provide training for staff and providers on the importance of meaningful visitation between children in care and their family. DHR will continue to offer genograms training through the University of Maryland.
- ❑ DHR will consult with NRCs and NICWA on the requirements of the Indian Child Welfare Act (ICWA) particularly the requirements for identification of American Indian heritage and tribal notification. DHR will ensure that ICWA is included in the screening and assessment tools and in caseworker training.

Desired Outcome:

Children in foster care maintain connections to neighborhood school, community, heritage, family, faith and friends

Measurement Method:

Process measures identified in benchmarks complete.

Item 15

Relative Placement

CFSR Findings:

- *Outcome substantially achieved in 64.3 percent of applicable cases*
- *This item was rated a Strength in 72% of the applicable cases*

Factor(s) contributing to non-conformity:

- Lack of concerted efforts to find absent fathers
- Little effort to find fathers prior to TPR

Improvement Plan:

- ❑ The Department (DHR) will develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. The process will include all family members (defined as age appropriate child, mother, father, foster and/or adoptive parents, and extended family members) and appropriate community partners. The Department will consult with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services in developing this process.
- ❑ The Department will develop and implement methods for measuring the timely identification and diligent efforts in locating and assessing non-custodial parents

State of Maryland
Department of Human Resources
Social Services Administration

and relatives. These measures will be incorporated into the revised quality assurance system.

- ❑ DHR will develop and implement strategies to improve the early identification of non-custodial parents. These strategies are listed in Item 8.
- ❑ DHR will develop and implement strategies to increase permanency in kinship care placements. These strategies include: focus groups with relatives to identify barriers to adoption and guardianship; aligning state policy and plan to Chafee and ASFA regulations; establishing standards, providing training, implementing and monitoring Family Team meetings; resubmitting legislation authorizing subsidized guardianship.

Desired Outcome:

Children in foster care are placed with family members whenever possible and maintain contact with family members while in care.

Measurement Method:

Process measures identified in benchmarks complete.

Item 16

Relationship of child in care with parents

CFSR Findings:

- *Outcome substantially achieved in 64.3 percent of applicable cases*
- *This item was rated a Strength in 64% of the applicable cases*

Factor(s) contributing to non-conformity:

- Lack of concerted efforts to support parent-child relationship

Improvement Plan:

- ❑ The Department (DHR) will develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. The process will include all family members (defined as age appropriate child, mother, father, foster and/or adoptive parents, and extended family members) and appropriate community partners. The Department will consult with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services in developing this process.
- ❑ The Department will develop and implement methods for measuring the timely identification and diligent efforts in locating and assessing non-custodial parents and relatives. These measures will be incorporated into the revised quality assurance system.
- ❑ DHR will develop and implement strategies to improve the early identification of non-custodial parents. These strategies are listed in Item 8.
- ❑ DHR will consult with the NRC on Family-Centered Practice and Permanency Planning to develop and provide training for staff and providers on the importance of meaningful visitation between children in care and their family.

State of Maryland
Department of Human Resources
Social Services Administration

- The Department will review current policy and regulations for potential barriers to sibling placement and sibling visitation. Appropriate changes in policy and regulations will be made to address identified barriers. Methods to monitor the frequency and quality of visits will be developed and implemented.

Desired Outcome:

Children in foster care maintain relationships with parents through visits, telephone and mail.

Measurement Method:

Process measures identified in benchmarks complete.

WELL-BEING 1

Outcome: Families have enhanced capacity to provide for their children's needs.
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Item 17

Needs and services of child, parents, and foster parents

CFSR Findings:

- *Outcome substantially achieved in 61.2 percent of applicable cases*
- *This item was rated a Strength in 63% of the applicable cases*

Factor(s) contributing to non-conformity:

- Inconsistency in the quality of assessments
- Inconsistency in the availability of resources to meet service needs

Improvement Plan:

- The Department (DHR) will develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. The process will include all family members and appropriate community partners. The Department will consult with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services in developing this process.
- DHR will develop child and family outcomes based on the CFSR, and design a supervisory instrument which includes these outcomes for use in case consultation and worker conferences. Supervisors will be trained in the use of this instrument and in coaching their staff to implement the practice standards that will lead to the outcomes.
- The Department will develop and implement methods for measuring the timely identification and diligent efforts in locating and assessing non-custodial parents and relatives. These measures will be incorporated into the revised quality assurance system.

State of Maryland
Department of Human Resources
Social Services Administration

- DHR will develop and implement strategies to improve the early identification of non-custodial parents. These strategies are listed in Item 8.
- DHR will identify gaps in availability, quantity, and quality of services, and design a resource development plan.
- DHR will identify and distribute existing directories of referral programs that list and provide directory of services.
- The Governor's Office for Children Youth and Families is the lead agency in developing and implementing the Maryland Wraparound Initiative that is designed to include all State agencies that serve children. This will create the collaboration between state agencies needed to address critical gaps in services to children.
- The Department will use focus groups to determine support service needs of foster parents and formal kinship caregivers and their ideas on how to retain and support these caregivers. DHR will use this information to develop service plans (including respite), redesign training, and implement increased support services for foster parents.

Desired Outcome:

Family and caregiver needs are assessed and met

Measurement Method:

Revised Quality Assurance system (baseline by September 2005)

Item 18

Child and family involvement in case planning

CFSR Findings:

- *Outcome substantially achieved in 61.2 percent of applicable cases*
- *This item was rated a Strength in 71% of the applicable cases*

Factor(s) contributing to non-conformity:

- Inconsistency in the involvement of appropriate family involvement in case planning
- Low level of involvement of fathers in case planning

Improvement Plan:

- The Department (DHR) will develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. The process will include all family members and appropriate community partners. The Department will consult with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services in developing this process.
- The Department will develop and implement methods for measuring the timely identification and diligent efforts in locating and assessing non-custodial parents

State of Maryland
Department of Human Resources
Social Services Administration

and relatives. These measures will be incorporated into the revised quality assurance system.

- DHR will develop and implement strategies to improve the early identification of non-custodial parents. These strategies are listed in Item 8.
- DHR will develop a protocol for the use of surveys to gather data on customer satisfaction and the quality of services provided. DHR will use the information from the surveys to improve service plans and incorporate appropriate elements into the revised QA process.

Desired Outcome:

Families and children are actively involved in the assessment and case planning process.

Measurement Method:

Revised Quality Assurance system (baseline developed by September 2005)

Item 20

Caseworker visits with parents

CFSR Findings:

- *Outcome substantially achieved in 61.2 percent of applicable cases*
- *This item was rated a Strength in 68% of the applicable cases*

Factor(s) contributing to non-conformity:

- Frequency and quality of caseworker face-to face-contact with parents
- Insufficient contact between fathers and caseworkers

Improvement Plan:

- The Department (DHR) will develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. The process will include all family members and appropriate community partners. The Department will consult with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services in developing this process.
- DHR will revise our policies to require caseworker visits with parents for both in-home and out-of-home cases. These visitation standards will be based on the type and goal of the case.
- DHR will develop and implement a policy of one caseworker per family case. Local departments will be required to report monthly on the implementation. Initially, Baltimore City (BCDSS) will be required to transition 50% of identified cases to one worker.
- Supervisors will increase the use of supervisory conferences to mentor caseworkers and monitor case activity related to safety, permanency and well-being outcomes
- DHR will consult with the NRC on Organizational Improvement to revise the Quality Assurance process so that DHR can better evaluate the quality of services

State of Maryland
Department of Human Resources
Social Services Administration

and measure the outcomes for children and families. The implementation will be negotiated with the Citizens Review Board to ensure citizen input into the process.

Desired Outcome:

Increased interaction with parents that positively impacts outcomes for children

Measurement Method:

Revised Quality Assurance system (baseline developed by September 2005)

WELL-BEING 2

Outcome: Children receive appropriate services to meet their educational needs.
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Item 21

Educational needs of child

CFSR Findings:

- *Outcome substantially achieved in 86.5 percent of applicable cases*
- *This item was rated a Strength in 86% of the applicable cases*

Factor(s) contributing to non-conformity:

- Inconsistency in efforts to assess educational needs and provide appropriate services
- Lack of Individual Educational Plans (IEPs)
- Inconsistency in caseworker training on how to access educational services
- Resistance from schools districts

Improvement Plan:

- The Department (DHR) will strengthen the collaboration between the Maryland State Department of Education (MSDE), the local school districts and SSA/LDSS. Strategies include:
 - quarterly meetings with MSDE to discuss provision of educational services
 - roundtable discussions with all parties
 - presentation of educational issues to the Subcabinet Partnership Team (SPT)
 - meetings with the Board of School Commissions to discuss needs and barriers
 - meetings between the OAG and the local school district attorneys to discuss barriers to services
- DHR will collaborate with the NRC for Family-Centered Practice and Permanency Planning to identify service gaps (not available, quantity, and quality) and develop a resource development plan. Staff will be trained to do assessments and to monitor the service array development.

State of Maryland
Department of Human Resources
Social Services Administration

Desired Outcome:

Educational needs of children in the welfare system are met.

Measurement Method:

Process measures identified in benchmarks complete.

WELL-BEING 3

Outcome: Children receive adequate services to meet their physical and mental needs.

Item 23

Mental health of child

CFSR Findings:

- *Outcome substantially achieved in 80.4 percent of applicable cases*
- *This item was rated a Strength in 69% of the applicable cases*

Factor(s) contributing to non-conformity:

- Insufficient mental health services for children
- Lack of parental consent

Improvement Plan:

- ❑ The Department (DHR) will strengthen the collaboration between the Maryland State Department of Health and Mental Hygiene (DHMH). A key strategy will be to hold quarterly meetings with DHMH to discuss issues related to mental health services for children. Information on availability and accessibility will be provided to local department staff.
- ❑ DHR will revise our assessment tools to include mental health and substance abuse history.
- ❑ The Governor's Office for Children Youth and Families is the lead agency in developing and implementing the Maryland Wraparound Initiative that is designed to include all State agencies that serve children. This will create the collaboration between state agencies needed to address critical gaps in services to children.
- ❑ DHR will collaborate with the NRC for Family-Centered Practice and Permanency Planning to identify service gaps (not available, quantity, and quality) and develop a resource development plan. Staff will be trained to do assessments and to monitor the service array development.

Desired Outcome:

Increased availability of and accessibility to mental health services for children and their families.

Measurement Method:

Revised Quality Assurance system (baseline developed by September 2005)

State of Maryland
Department of Human Resources
Social Services Administration

SYSTEMIC FACTORS

STATEWIDE INFORMATION SYSTEM

Item 24

State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding months, has been) in foster care.

CFSR Finding(s):

- *This item was rated a 2 in the “not in substantial conformity” range*

Factor(s) contributing to non-conformity:

- Inability of system to track children in foster care who are with private agencies
- Lack of direct caseworker access contributes to inaccurate data
- No “user-friendly” query system
- Data available for only one child at a time

Improvement Plan:

- ❑ The Department (DHR) will enhance the current tickler system that reports children’s length of stay and any outstanding court actions.
- ❑ DHR will provide caseworkers in the local departments with training and access to FACTS, CIS, and CARES. This training will be coordinated with the department’s training unit.
- ❑ The Department will create and disseminate a survey to the LDSS to determine what data reports are needed. DHR will develop procedures for requesting these reports from SSA’s Research Unit. The protocols for developing and requesting reports will reduce delays in providing these reports.
- ❑ MD CHESSIE will be rolled out starting with Early Release in three counties in January 2005. Full operation will continue into 2006. MD CHESSIE will meet the statewide information system requirements.

Desired Outcome:

An information system that identifies the status, demographic characteristics, location and goals of children in foster care.

Measurement Method:

Process measures identified in benchmarks complete.

CASE REVIEW SYSTEM

Item 25

Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parents that includes the required provisions.

State of Maryland
Department of Human Resources
Social Services Administration

CFSR Finding(s):

- *This factor was rated a 2 in the “not in substantial conformity” range*

Factor(s) contributing to non-conformity:

- Inconsistency in involving parents in the case-planning process
- Conflict with some courts
- Lack of plans for kinship care children
- Unsigned service agreements

Improvement Plan:

- The Department (DHR) will collaborate with the Court Improvement Project and the NRC on Legal and Judicial Issues to provide training and regional meetings for Judiciary and attorneys on CFSR and court related issues.
- The Foster Care Court Improvement Project will take the lead and DHR will collaborate in developing a “Best Practice” standard for CINA and related cases. This standard will establish clear expectations regarding establishing timely, appropriate permanency goals.
- DHR will explore local and national “Best Practice” models to determine appropriate ways to decrease court postponements and continuances. One strategy is to enhance the current tickler system that reports children’s length of stay and any outstanding court actions.
- DHR will hold regional meetings with caseworkers and local attorneys on the proper use of the ASFA exception and the documentation that is required. These meetings will be designed to improve the reporting from the local departments (LDSS) to the courts and to improve collaboration between the LDSS and the judiciary system as both entities increase contact, and share knowledge and a common language on the requirements for appropriate and timely goals.

Desired Outcome:

All children have written case plans that are developed with the child (age appropriate) and his/her parents.

Measurement Method:

Process measures identified in benchmarks complete.

Item 27

Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

CFSR Finding(s):

- *This factor was rated a 2 in the “not in substantial conformity” range*

State of Maryland
Department of Human Resources
Social Services Administration

Factor(s) contributing to non-conformity:

- Court postponements and continuances
- Transferring of cases between courts
- Unprepared caseworkers

Improvement Plan:

- ❑ The Department (DHR) will develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. The process will include all family members (defined as age appropriate child, mother, father, foster and/or adoptive parents, and extended family members) and appropriate community partners. The Department will consult with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services in developing this process.
- ❑ DHR will develop child and family outcomes based on the CFSR, and design a supervisory instrument which includes these outcomes for use in case consultation and worker conferences. Supervisors will be trained in the use of this instrument and in coaching their staff to implement the practice standards that will lead to the desired outcomes for safety, permanency and well-being.
- ❑ The Department (DHR) will collaborate with the NRC FC PP to develop and train-the-trainers on practical concurrent planning that includes techniques for early identification of fathers and full disclosure.
- ❑ DHR will consult with NRC on Organizational Improvement to revise the Quality Assurance system in order to evaluate the quality of services and to measure the outcomes for children and families.
- ❑ The Foster Care Court Improvement Project will lead the review and revision of Maryland's CINA and TPR Appellate process. DHR will participate in this activity and also consult with the NRC on Legal and Judicial Issues regarding the process.
- ❑ DHR will implement strategies to ensure that review hearings are scheduled for Baltimore City Equity Court Adoption cases that are not yet transferred to juvenile court.
- ❑ DHR will promote the use of Alternative Dispute Resolution (ADR) statewide.
- ❑ DHR will explore local and national "Best Practice" models to determine appropriate ways to decrease court postponements and continuances. One strategy is to enhance the current tickler system that reports children's length of stay and any outstanding court actions.
- ❑ The FCCIP will lead a judicial workload assessment to determine the extent to which caseloads and resource limitations affect judicial performance.

Desired Outcome:

Process in place to ensure timely permanency hearings (12 months).

Measurement Method:

Process measures identified in benchmarks complete.

State of Maryland
Department of Human Resources
Social Services Administration

Item 28

Provides a process for termination of parental rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)

CFSR Finding(s):

- *This factor was rated a 2 in the “not in substantial conformity” range*

Factor(s) contributing to non-conformity:

- Lack of effort to identify absent parents, particularly fathers
- Frequent court continuances
- Lengthy TPR appeals process
- Insufficient legal and judicial personnel

Improvement Plan:

- The Department (DHR) will collaborate with the Court Improvement Project and the NRC on Legal and Judicial Issues to provide training and regional meetings for Judiciary and attorneys on CFSR and court related issues.
- The Department will collaborate with the NRC FC PP to develop and train-the-trainers on practical concurrent planning that includes techniques for early identification of fathers and full disclosure.
- DHR will develop and implement methods for measuring the following:
 - Compliance with policy on concurrent planning
 - Timely identification of non-custodial parents
 - Efforts in locating and assessing non-custodial parents and relativesThese indicators will be included in the revised QA process.
- DHR will develop and implement strategies to improve the early identification of non-custodial parents. These strategies are listed in Item 8.
- The Foster Care Court Improvement Project will lead the review and revision of Maryland’s CINA and TPR Appellate process. DHR will participate in this activity and also consult with the NRC on Legal and Judicial Issues regarding the process.
- DHR will explore local and national “Best Practice” models to determine appropriate ways to decrease court postponements and continuances. One strategy is to enhance the current tickler system that reports children’s length of stay and any outstanding court actions.
- The Foster Care Court Improvement Project will take the lead and DHR will collaborate in developing a “Best Practice” standard for CINA and related cases. This standard will establish clear expectations regarding establishing timely, appropriate permanency goals.
- DHR will develop and implement a statewide recruitment plan, in consultation with the Maryland Adoption Exchange and AdoptUSKids, to target the following specific populations of waiting children: Youth; Sibling groups; Special needs children.

State of Maryland
Department of Human Resources
Social Services Administration

Desired Outcome:

Termination of parental rights will be filed in accordance with ASFA requirements.

Measurement Method:

Process measures identified in benchmarks complete and AFCARS.

Item 29

Provides a process for foster parents, pre-adoptive parents, relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

CFSR Finding(s):

- *This factor was rated a 2 in the “not in substantial conformity” range*

Factor(s) contributing to non-conformity:

- Lack of consistency in notifying parents and other caregivers of hearings and reviews
- Lack of knowledge of notification requirement by some caseworkers and judges

Improvement Plan:

- The Department (DHR) will collaborate with the Court Improvement Project to provide training for Judiciary and attorneys and LDSS staff on the requirements to notify caregivers of hearings and provide them the opportunity to be heard. Other efforts to ensure timely notification of caregivers regarding participation in hearings will include:
 - DHR issuing a memorandum to caseworkers emphasizing the importance of notifying parents and caregivers
 - Creation of a standard letter that caseworkers can issue to caregivers
 - Development of court “Best Practice” standard to encourage inquiry at appropriate hearings regarding notification to parents and caregivers
- DHR will develop a protocol for the use of surveys to gather data on customer satisfaction and quality of service provision. The surveys will include a question about notification of court hearings and the opportunity for parents/caregivers to be heard.

Desired Outcome:

All parties will be notified and provided the opportunity to be heard in any hearings related to the child.

Measurement Method:

Process measures identified in benchmarks complete.

State of Maryland
Department of Human Resources
Social Services Administration

QUALITY ASSURANCE SYSTEM

Item 31

The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system provides relevant reports, and evaluates program improvement measures implemented.

CFSR Finding(s):

- *This factor was rated a 2 in the “not in substantial conformity” range*

Factor(s) contributing to non-conformity:

- Current system monitors compliance not quality
- Understaffing in the CPS unit
- No enforcement mechanism to implement Corrective Action Plans

Improvement Plan:

- ❑ The Department (DHR) will consult with the NRC on Organizational Improvement (NRC OI) to revise the Quality Assurance process so that DHR can better evaluate the quality of services and measure the outcomes for children and families. This revised QA process will include CSFR measures. DHR will confer with the Citizens Review Board to create a streamlined process that eliminates duplication. The implementation will be coordinated with the Citizens Review Board to ensure citizen input into the process.
- ❑ DHR will require local departments to submit a PIP based on review findings. The Office of the Deputy Secretary for Local Operations will monitor and ensure the implementation of the local department PIPs.
- ❑ DHR will create a statewide Peer Record Review process. Strategies include:
 - Development of an instrument based on CFSR
 - Identifying and training peer reviewers
 - Conducting peer reviews in pilot sites
- ❑ DHR will design a supervisory instrument that includes safety, permanency, and well-being outcomes for use in case consultation and worker conferences. Supervisors will be trained in the use of this instrument and in coaching their staff to implement the practice standards that will lead to the desired outcomes.
- ❑ The Department will consult with the NRC OI to develop performance standards for private providers. Providers will be trained on the revised standard and the Departments expectations, and contracts will be revised to incorporate requirements for corrective action when standards are not met.

Desired Outcome:

The State of Maryland will operate an identifiable quality assurance system that addresses both compliance and quality of services.

State of Maryland
Department of Human Resources
Social Services Administration

Measurement Method:

Process measures identified in benchmarks complete.

State of Maryland
Department of Human Resources
Social Services Administration

SERVICE ARRAY

Item 35

The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

CFSR Finding(s):

- *This factor was rated a 2 in the “not in substantial conformity” range*

Factor(s) contributing to non-conformity:

- Critical service gaps in the following areas: bi-lingual services; mental health; children who are leaving residential facilities; substance abuse services; services for youth who are co-committed to DHR and Department of Juvenile Services (DJS).

Improvement Plan:

- ❑ The Department (DHR) will collaborate with the NRC for Family–Centered Practice and Permanency Planning to identify service gaps in the following categories – what is not available, what quantity is needed , and the quality of service. This assessment will lead to the completion and implementation of a targeted resource enhancement plan based on the identified needs of each jurisdiction. The implementation of the plan will be monitored through the use of the regional support teams.
- ❑ DHR will ensure that caseworkers are aware of the translation services that are available under the state’s Limited English Proficiency (LEP) program. The regional LDSS/SSA meetings will be one venue where this information is shared.
- ❑ DHR will identify and distribute existing directories of referral programs that list and provide directory of services. Strategies for providing a comprehensive directory of services include:
 - Obtaining information from “First Call for Help” and Local Management Boards for information
 - Convening a workgroup to develop the directory
 - Posting the statewide resource directory on the DHR Net
- ❑ The Governor’s Office for Children Youth and Families is the lead agency in developing and implementing the Maryland Wraparound Initiative that is designed to include all State agencies that serve children. This will create the collaboration between state agencies needed to address critical gaps in services to children.

Desired Outcome:

The State of Maryland will increase the array of services in jurisdictions of the state.

State of Maryland
Department of Human Resources
Social Services Administration

Measurement Method:

Process measures identified in benchmarks complete.

Item 36

The services included in Item 35 are accessible to families and children in all political jurisdictions covered in the State's CSP.

CFSR Finding(s):

- *This factor was rated a 2 in the "not in substantial conformity" range*

Factor(s) contributing to non-conformity:

- Scarcity of dental providers and child psychiatrists in rural areas
- Limited availability of the above services in urban areas
- Some providers do not accept Medicaid reimbursement

Improvement Plan:

- The Department (DHR) will collaborate with the NRC for Family-Centered Practice and Permanency Planning to identify service gaps (not available, quantity, and quality) and develop a resource development plan. Staff will be trained to do assessments and to monitor the service array development.
- DHR will ensure that caseworkers are aware of the translation services that are available under the state's Limited English Proficiency (LEP) program. The regional LDSS/SSA meetings will be one venue where this information is shared.
- DHR will identify and distribute existing directories of referral programs that list and provide directory of services. Strategies for providing a comprehensive directory of services include:
 - Obtaining information from "First Call for Help" and Local Management Boards for information
 - Convening a workgroup to develop the directory
 - Posting the statewide resource directory on the DHR Net
- The Governor's Office for Children Youth and Families is the lead agency in developing and implementing the Maryland Wraparound Initiative that is designed to include all State agencies that serve children. This will create the collaboration between state agencies needed to address critical gaps in services to children.

Desired Outcome:

The State of Maryland will increase the accessibility of services in jurisdictions of the state.

Measurement Method:

Process measures identified in benchmarks complete.

State of Maryland
Department of Human Resources
Social Services Administration

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Item 45

The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

CFSR Finding(s):

- *This factor was rated a 4 in the “substantial conformity” range*

Factor(s) contributing to non-conformity:

- Cross-jurisdictional agreement with the District of Columbia (DC) expired and not renewed
- Out-of-state resources not actively pursued until after MD families recruited
- Delays in ICPC process
- State financial constraints hamper implementation of ICPC stipulations

Improvement Plan:

- The Department (DHR) will eliminate barriers to cross-jurisdictional placements. Strategies will include:
 - Ensuring that LDSS staff are informed on search methods for adoption placement resources, and on policies governing home studies and out-of-state adoptive families
 - Training LDSS adoption staff on using AdoptUSKids to assist in placements
 - Collaborating with AdoptUSKids to monitor children placed on the MARE
 - Enhancing MARE to make it more user-friendly and ensure better LDSS accessibility
- The Department will continue to work with the District of Columbia to ensure that ICPC laws and regulations are being followed. The ICPC Workgroup will continue meeting monthly to address the following:
 - Approval of all CFSA-DC resource homes
 - Approved placements for all DC children
 - Development of a regional/combined resource home recruitment plan

Desired Outcome:

The State of Maryland will decrease the barriers to cross-jurisdictional placements.

Measurement Method:

Process measures identified in benchmarks complete.

State of Maryland
Department of Human Resources
 Social Services Administration

PART IV

Participants in PIP Development and Feedback

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Elizabeth Seale	Deputy Secretary, DHR
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Charles Cooper	Director, Citizens' Review Board for Children
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Althea Stewart Jones	Director, Foster Care Court Improvement Project
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Gale Fulton	The Martin Pollak Project

State of Maryland
Department of Human Resources
Social Services Administration

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Omar Farook	Youth
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State of Maryland
Department of Human Resources
Social Services Administration

<u>NAME</u>	<u>ORGANIZATION/AGENCY</u>
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Vicky Piontkowski	Advocate for incarcerated parents

State of Maryland
Department of Human Resources
Social Services Administration

PART V

Listed below are detailed descriptions of current child welfare related initiatives.

Task Force on Child Welfare Accountability

In the 2003 session of the Maryland General Assembly, the Task Force on Child Welfare System Accountability was established to evaluate Maryland's child welfare system. Later in October 2003, the Department of Budget and Management convened the first meeting of the Task Force. The Task Force was charged with: devising a method by which to estimate reported and unreported child maltreatment; developing performance measures and qualitative assessment tools for individual cases; determine best practices; develop measurements of child outcomes; and analyze how available data can be best collected to measure these outcomes. In addition, the Task Force examined how the State could most effectively secure federal funds with which to improve child welfare service delivery.

The Task Force consisted of: State legislators, representatives from all child-serving state agencies (DHR, DHMH, MSDE, DJS. and OCYF), the Department of Public Safety and Correctional Services, the Department of Budget and Management, the Maryland Association of Social Services Directors, the Coalition to Protect Maryland's Children, the Children's Outcomes Collaborative, the Maryland Association of Resources for Families and Youth, the Citizens' Review Board for Children, the State Council on Child Abuse and Neglect, the State Child Fatality Review Team, the Chief Judge of the Court of Appeals, the Maryland Legal Aid Bureau, the Annie E. Casey Foundation, the Child Welfare League of America, the American Humane Association, the American Bar Association's Center for Children and the Law, and the Treatment Services Division of the Alcohol and Drug Abuse Administration.

In December 2004, the Task Force submitted a final report that consisted of findings and recommendations. The report identified three overarching, interrelated themes in which the recommendations fall:

1. A Long-Term Commitment to Excellence
2. An Outcome Measurement System, and a related County Self Assessment System
3. A State Quality Assurance System

The recommendations focus on some of the following areas; child welfare caseload ratio, quality assurance, MD CHESSIE, securing stable funding, and performance standards.

The L.J. v. Massinga Consent Decree: Baltimore City Department of Social Services

In 1984 a class action suit was brought against the Baltimore City Department of Social Services (BCDSS) and Department of Human Resources (DHR) alleging abuse, neglect, and inadequate placement of children, violations of State and Federal law by agency employees and inadequate services to children placed by BCDSS. The L.J. v. Massinga Consent Decree was approved by the U.S. District Court on September 27, 1988. DHR

State of Maryland
Department of Human Resources
Social Services Administration

and BCDSS agreed to take substantive positive actions to improve the quality of care and services provided to foster care children. The twelve major areas contained in the consent decree range from caseload ratios to mandated timely permanency planning for children.

In 1991, a modification to the consent decree included kinship care children in the agreement. The modification included a stipulation that relative caregivers be offered an opportunity to be foster parents. This has resulted in an increase in relative foster family placements that has driven the average length of stay in foster care up significantly.

A Health Passport system was devised to document the health care of children in Out-of-Home Placement. The Department has contracted with the University of Maryland School of Social Work to provide required initial and in-service training to caseworkers and supervisors in clinical skills as well as administrative areas. Many of the provisions of the L.J. Consent Decree have been incorporated into State regulations that provide for “good casework” practice such as the visiting requirements and medical documentation.

Continued areas of concentration are:

1. Caseworker, supervisor and clerical staffing shortages, created by statewide hiring freeze (which has been lifted), impact timely service delivery.
2. Caseload ratios for foster parents’ caseworkers have been substantially lowered although still slightly above the standard of 40:1.
3. Children having multiple special needs are increasingly coming into foster care needing placements that require a higher level of care than traditionally known.
4. Guardianship is a legal status for discharge to relatives, yet increasing numbers of relatives prefer to obtain and maintain foster care funding.

In 2003, the Department convened a L.J./Foster Care Workgroup to evaluate the foster care delivery system. This workgroup was charged with developing a plan to ensure compliance, thus leading to termination of the L.J. Consent Decree. The workgroup has completed its work and submitted a plan to the Secretary. The Department is now working on constructing a service delivery system that better meets the standards of best practice throughout the State.

Risk-Based Service Planning

Service delivery is crucial to ensure the safety of children, reduce risk of future harm to children, improve family functioning in order to promote safety, well-being, and permanency. Child welfare workers are currently using the Maryland Safety Assessment (SAFE-C) tool, to alert staff to situations that pose an imminent danger to children. Imminent danger describes a situation that presents a serious threat to a child’s physical and/or mental well-being which demands immediate intervention to protect the child. When it is determined a child is not safe from abuse/neglect and where service provision is determined insufficient/ineffective in establishing safety, a Child in Need of Assistance

State of Maryland
Department of Human Resources
Social Services Administration

(CINA) petition is filed before the Juvenile court and the child may be placed in Kinship/Foster Care.

The Maryland Family Risk Assessment is a revision to the Risk Assessment tool utilized by the State. The revised Risk Assessment tool provides a statewide consistent and uniform assessment that identifies and supports the timely delivery of services when necessary to implement a plan of service to the family. The revised tool reports the risk and protective factors in each situation and compliments the professional judgment used to make an evaluation of the level of risk present in each situation. The new tool is designed for use across the child welfare continuum and helps workers reach two important decisions: (1) is this a family that needs further intervention and (2) what services are needed to reduce risk. Depending upon the outcome of an investigation and the individual needs of the family, the case may be opened for an agency-provided service (Intensive Family Services, Families Now, Continuing Child Protective Services); referred to a service provider outside the Department while maintaining case supervision/management responsibility; referred to a service provider outside the Department with no local department supervision of the situation; or closed without further referral or contact.

When local departments provide services and decisions promptly, courts can make informed decisions about the permanency plans for children according to Federal Adoption and Safe Families Act (ASFA) and Maryland's complimentary Law- H.B. 1093. After the implementation of SAFE-C, it was recognized that it only focused on children in home settings and not residential settings. The State is developing another safety assessment tool, the Safety Assessment For Every Child Group & Residential Placement (SAFE-C GRP) that will address the identification of safety issues in this population. The SAFE-C GRP for safety assessment in residential setting was piloted in November 2003 and the final tool will be finalized in the Spring FY 2005.

In-Home Services workers began to use revised tools that support and provide a link between assessing for safety, risk, making a dispositional finding and determining service needs for the family. These tools are the In-Home Services Progress Review, the Initial Service Agreement, Family Service Plan, and Family Service Intended Action Letter. The purpose of these tools is to develop an individualized, strength-based, needs-driven service plan that meets the safety, permanency and child well-being requirements of ASFA and addresses the unique needs of children and their families as identified through safety and risk assessments. These tools also support standardization of the delivery of services to ensure consistency of service delivery and decision-making throughout the State.

Maryland's In-Home Services program identified the need to better align risk and safety concerns identified through assessment with goals and objectives found in the Service Plans negotiated between the local department caseworkers and In-Home Services clients. Local record reviews make it clear that child welfare staff have difficulty making the transition from problem identification to service delivery that accurately targets safety

State of Maryland
Department of Human Resources
Social Services Administration

and maltreatment concerns. Many records reflect a cookie-cutter approach to service planning, with little attention paid to the specific needs of a child or family. For example, many families have agreed to participate in parenting classes, but nothing in the assessment or case notes suggests that the parents are not aware of appropriate parenting techniques. The assumption is that all parents need this intervention or that workers know how to access this service and simply refer all of their clients to it.

Maryland has developed a risk-based service planning model that helps caseworkers to target the efforts of their client's (family's) and their own on items identified in safety and risk assessments. Service Plans now have goals and objectives that are directly tied to safety, permanency and child well-being. Every service-related activity must be anchored to an objective and goal that increases safety and reduces the risk of future maltreatment, which in turn enhances a child's safety, permanency and well-being. Staff must choose a goal from items pulled directly from the federal review (e.g., Children are first and foremost protected from abuse and neglect. Families have enhanced capacity to provide for their children.) when beginning to create a Service Plan with input from the family. Supervisors are required to review Service Plans for compliance with concepts central to the model and only approve work of their caseworkers when Service Plans accurately target risk and safety issues.

Accurate assessment followed by targeted service interventions should increase safety for children, reduce the recurrence of maltreatment and promote healthy family development. Previous efforts to improve service planning have found some success, but as the federal review points out, have not produced the results that had been projected. This effort differs from others in that service planning is viewed as a natural outgrowth of assessment and supervisors play a pivotal role in planning, reviewing and evaluating Service Plan effectiveness.

Maryland Wraparound Services Initiative

Under the guidance of Dr. Eric J. Bruns from the University of Maryland School of Medicine, Department of Psychiatry, the National Wraparound Initiative was introduced in Maryland.¹ The National Wraparound Initiative is defining the Wraparound model and establishing standards of care at the system, program and team levels. The model will provide strategies for undertaking a step-by-step care planning and coordination process, as well as the necessary conditions to support the process. Dr. Bruns defines wraparound as "...a definable planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes."

The Wraparound model is centered on the child and family, recognizes child and family strengths, is community-based, culturally competent, and coordinated across agencies. The model Wraparound process encompasses the following ten philosophical principles;

¹ Joint Chairmen's Report, Department of Juvenile Services, Wraparound Report, December 1, 2003

State of Maryland
Department of Human Resources
Social Services Administration

1) community-based, 2) team-driven, 3) families are partners, 4) individualized and strengths-based, 5) culturally competent, 6) flexible funding, 7) balance of formal and informal supports, 8) unconditional commitment, 9) collaboration, and 10) outcomes determined and measured. The Wraparound process treats the child in the community by forming a team of services and supports around the child and family. Members of the team may include other family members, providers of service, and the family's informal support networks.

With the Governor's Office for Children Youth and Families (OCYF) as the lead, Maryland has established a Wraparound Committee that will create a wraparound system of care in Maryland in conjunction with the National Wraparound Initiative. This committee will recommend policies, practices, and systems that best support the elements of Wraparound process and its implementation in local communities. The committee will examine those systems in Maryland, which need to be supported or altered to promote community-based care. Recommendations from the committee will include but are not limited to description of the target population(s), funding streams, outcomes, training, and family support.

In Maryland, the goal is to first serve the population of children with the greatest needs or those who have been least well-served by the current system of care and who have the best chance for success with the Wraparound approach. Children and adolescents must be under 21 years of age, have a primary mental health diagnosis, may have underlying dual diagnoses, and must meet one of the following criteria a:

- child in an in-state public or private RTC/RICA;
- child in an out-of-state RTC;
- child receiving services through the Family League of Baltimore City;
- child receiving services funded by Baltimore Mental Health Service's inpatient diversion funds;
- child who has had at least three psychiatric hospitalizations in one year or five in a two-year period or has been in a psychiatric inpatient facility for more than 30 consecutive days or is classified as a "stuck kid";
- child awaiting, recommended, referred or approved for RTC placement. A child committed or on probation to DJS, pending placement in a RTC; or
- child in the custody of DJS or DHR who has been diagnosed with a primary mental health diagnosis of substance abuse.

Family-Centered, Neighborhood Based Services (FCNB): Family to Family

The Family-to-Family model is the framework used to deliver child welfare services in Maryland that includes out-of-home foster care placement services. The Family-to-Family philosophy consists of a set of value driven principles that guide specific strategies and use practical tools for implementation. The philosophy includes:

- Caseworkers are family workers not just child workers;
- Foster parents model as co-parents, mentors and family team members; and

State of Maryland
Department of Human Resources
Social Services Administration

- Children in out-of-home placement remain in their own community.

Within the Family to Family model, there are certain practices that require gate-keeping activities, early intervention with families, concurrent permanency planning and continued involvement of the foster parents with the child's birth family after the child is reunited with his or her family. Gate-keeping is a process used to prevent the unnecessary entry of a child into an out-of-home placement. Early intervention with a family from the beginning may deescalate the situation and prevent a child from entering out-of-home care. Use of concurrent permanency planning involves the pursuit of multiple permanency plans at the same time to decrease the length of time a child must remain in an out-of-home placement. The involvement of the foster parent when the child returns home is important, as the relationship between the foster parent and the birth family extends beyond, placement to ensure that a continued support system is in place.

FCNB is a clinical approach to work with children, families and communities to provide resources and services. This approach requires strong supportive collaboration, as well as, strong relationships in the development of partnerships within the community and local departments.

The implementation of the Neighborhood-Based, Family-Centered Practice model will involve Family Team decision-making meetings. This practice will assist child welfare staff in making sound and appropriate decisions with the family, community members and services providers. These meetings provide the opportunity for family members to better understand safety, permanency and well-being issues as well as the opportunity to be heard and to be a true partner in the decision-making process. Family Team meetings will strengthen and stabilize families, prevent entry into out-of-home care, reduce length of stay and/or achieve timely permanent outcomes.

The paradigm shift, to neighborhood-based, family-centered practice directly ties the identified resource needs of the family to service delivery creating a seamless service delivery system. The use of this practice should eliminate interruption in service delivery and duplication of services. This non-threatening practice will empower families and communities to take responsibility for their children.

Concurrent Planning

Generally, concurrent planning means that while working with the birth family toward reunification, the worker has an alternative plan in place. Concurrent planning involves planning for a child's permanent placement in a way that reduces the number of moves the child must make. The child is placed in a home where the child can remain permanently if return to the family fails. Using concurrent permanency planning, the caseworker and family can work on several permanency plans at one time to reduce the length of time the child stays in out-of-home placement. Foster Care caseworkers provide counseling and therapy for the child and birth family, education, and health services for the child as well as any necessary supportive services to sustain the child in

State of Maryland
Department of Human Resources
Social Services Administration

an out-of-home placement. Time-limited services are provided using concurrent permanency planning to either reunify the family or develop a permanent home for the child. The following permanency plans are to be considered in descending order:

- Reunification with parent(s);
- Permanent Placement with Relatives (includes legal option of adoption, guardianship or custody);
- Adoption; and Another Planned Permanent Living Arrangement.

Maryland Department of Human Resources plans to ensure that local Departments of social services' staff are trained on implementing concurrent permanency planning in each case where the child is placed in an out-of-home placement. To ensure that staff fully operationalizes concurrent planning in all appropriate cases, the Social Services Administration will add concurrent permanency planning items to the case review process. For instance, the record will need to show that the child's concurrent plan has been discussed with the family and all other parties of the case. Copies of the written service agreements will need to include a clear statement that the family is aware of the concurrent permanency plans. Further, the agreement must clearly state what the family must do to achieve return home and what will happen if this is not achieved.

Supervisors will be required to review with their staff the concurrent permanency plans for all cases during conferences and to assist staff in moving cases to the most appropriate permanent placement for the child. Supervisors will be trained on how to support and coach staff in the key elements of concurrent permanency planning, such as: full disclosure, identifying relatives early, and identifying appropriate permanency plans/goals.

Casey Family Programs: Kinship Care Breakthrough Series Collaborative

Through Casey Family Programs' *Kinship Care Breakthrough Series Collaborative*, Maryland has joined several other states in establishing a framework for development of a kinship care support and service system reflective of values and principles that honor family strengths and support family areas of need. In this collaborative, public child welfare agencies in partnership with diverse community agencies, birth parents, caregiving partners, and youth, are expected to test ideas within eight framework components. These components, along with their subcomponents, offer best practice strategies. State teams must work on improving multiple components simultaneously. For dramatic improvements to occur in the overall system of identifying, supporting, and serving kinship families all eight of these components must be achieved.

The components enable us to:

1. Identify, explore, and pursue birth family relationships with kin at the initial point of contact with the child welfare system and from that point forward as a resource to help meet child and family needs;
2. Support permanency;

State of Maryland
Department of Human Resources
Social Services Administration

3. Maintain, strengthen and support connections between birth parents, children, youth, their siblings, and their kin;
4. Implement inclusive planning that results in the provision of culturally relevant, kinship-competent services that birth parents, children, youth, and their kin ask for — and are available when they need them, throughout their involvement with the child welfare system;
5. Actively engage birth parents, children, youth and their kin as true partners in designing the system of kinship care services and supports;
6. Collaborate with the community, other public agencies, and families to effectively meet the needs of birth parents, children, youth, and their kin by building on community leadership and strengths;
7. Facilitate kinship families' connections with one another in ways that promote self-help, mutual support, leadership, shared resources, and advocacy; and
8. Train and support child welfare staff in the specific skills and competencies required to effectively work with birth parents, children, youth and their kin;

Subcabinet Partnership Team

The Subcabinet Partnership Team operates under the authority of Maryland's Subcabinet for Children, Youth, and Families, created by the Governor in 1987 and established by statute in 1993. The Subcabinet works to improve the structure and organization of State services to children, youth, and families. Seven ex-officio members, including the Secretary of the Department of Human Resources, serve on the Subcabinet. The Subcabinet Partnership Team (SPT) makes policy recommendations and manages daily operations of the Subcabinet for Children, Youth, and Families. The Team includes a deputy secretary or equivalent and the chief financial officer of each State agency represented on the Subcabinet.

Within the SPT, the Resource Development and Licensing Committee is charged with providing a complete system of services for children that ensures their safety and assists their families, preferably without removing them from their homes. Six of SSA's licensing and monitoring staff serve on this committee. When children are committed to the care of a local department of social services or through the courts, to the Department of Juvenile Services, they require a variety of services. Children placed in residential programs also have special social, educational, developmental or medical needs. The committee identifies what services children might require and determines how the State can best provide those services. Assistance may include prenatal care, parenting education, medical care, family and individual counseling, mentoring, tutoring, dropout intervention, and recreation and enrichment. It also may address problems of substance abuse, domestic violence, and poverty.

State of Maryland
Department of Human Resources
Social Services Administration

Maryland Children’s Electronic Social Services Information Exchange – MD

CHESSIE

Maryland’s federally mandated Statewide Automated Child Welfare Information System (SACWIS) project, currently being developed, is known as MD CHESSIE. MD CHESSIE is a family-based automated casework and management system that will support the day-to-day business practices of child welfare workers and staff. Child welfare workers will be able to know the whereabouts of kids “at the push of a button.” Reporting data will be more accurate so Maryland can get the funding it is entitled to. The State will be able to do more with the same amount of resources. MD CHESSIE will:

- maintain a running history of all child welfare case activities, including contacts, reviews, case openings and closings and all associated cases/investigations/referrals;
- provide fiscal accountability with a structured approval process, and provide checks and balances on service authorizations and the actual services provided;
- serve as a tool to provide quick and easy access to known information that will assist child welfare staff in making the best decisions regarding the safety and well-being of children;
- have the ability to create, view and print reports in an easier fashion that can document trends and statistical data for analysis/presentation
- provide built-in controls and oversight to manage caseloads and work tasks of child welfare caseworkers, supervisors and other child welfare staff; and
- track compliance in completing caseworker activities and child welfare requirements.

The system is scheduled to pilot February 2006 – April 2006, and to be implemented statewide by December 2006.

State of Maryland
Department of Human Resources
Social Services Administration

PART VI

University of Maryland, Baltimore
School of Social Work
Days/Course Title
Revised July 2004

# Days	Course Title
2	Adoption Disruption
1	Advanced Case Documentation
1	After-Hours Intake
2	Assessing Mental Injury of Children
1	Assessing True & False Allegations of CSA
1	Assessment & Treatment of Dual Diagnosis
2	Authority Based Practice With Involuntary Clients
1	Avoiding Meltdown During the Big Freeze
2	Basic Case Management for Child Welfare Aides
2	Basic Interviewing Techniques
½	Boundary Issues and Dual Relationships: Ethical
1	Brief Intervention Techniques
2	Building Effective Work Teams
1	Casework With Children With Disabilities and Chronic Health Conditions
2	Children's Perspective on Death
2	Clients With HIV/AIDS and Their Families
1	Clinical Case Management
2	Clinical Practice in Child Protective Services
1	Confidentiality Issues for Human Services Workers
1	Consultation: How to Be One, How to Use One
1	Controlling Uncontrollable Time
2	Crisis Intervention and Problem Solving
2	Culture of Adolescence
1	Difficulties in Attachment & Child Welfare Implc.
2	Domestic /Family Violence
1	Double Abuse: Addiction and Child Maltreatment
2	Drugs of Abuse and Their Effects
2	DSM-IV (with Text Revision Included)
2	Dynamics of Work Groups

State of Maryland
Department of Human Resources
Social Services Administration

1	Effective Use of Professional Evaluations
2	Effects of Abuse/Neglect on Child Development
2	Effects of Parental Mental Illness (formerly Adult Psychopathology)
2	Elderly Clients Issues (TO BE REVISED)
1	Enhancing Workers Effectiveness
1	Ethical Issues of Public Human Services Providers
1	Ethical Liability for Serving Children and Families
1	Fundamentals of Cultural Competence
2	Fundamentals of Effective Writing
2	Fundamentals of Effective Supervision
1	Genograms: The Development and Use
2	Giving Effective Testimony in Case Related Hearings
2	Grief and Loss Issues
2	Human Sexuality and Sexual Issues
1	Independent Living Services in Out-of-Home Care
2	Intervening to Strengthen Families
2	Interviewing in Child Sexual Abuse
2	Introduction to Adoption Services
2	Introduction to Child Protective Services
2	Introduction to Child Sexual Abuse
2	Introduction Foster Care Services
2	Introduction to Kinship Care
2	Investigative Interviewing
2	Legal Context of Child Welfare Practice
1	Life Books
1	Maryland Family Risk Assessment
2	Maximizing Worker Performance
1	Mood Disorders in Children and Adolescents
3	Parent Aides in Family & Child Welfare Services
2	Physical Disabilities of Adults (TO BE REVISED)
2	Preparing the Child for Adoption
1	Prescription Medications and Their Effects
1	Psychotropic Medication Used to Treat Children
1	PTSD: Assessment with Children
2	Rekindling the Flame
1	Risk-Based Service Planning

State of Maryland
Department of Human Resources
Social Services Administration

2	Safety Assessment and Planning
1	Strategic Planning for Supervisors & Mid Management
1	Substance Abuse & Aging
2	Substance Abusers and Their Families
1	Supervised Visitation
1	Team Decision Making in Child Welfare
2	Train the Trainer
2	Understanding Alcoholism
2	Understanding Dynamics of Juvenile Sex Offenders
½	Understanding Self-Injury
2	Use of Self in Clinical Practice
2	Worker Safety-Workplace Violence
2	Working with Families Separated by Incarceration
2	Working With Violent Clients

State of Maryland
Department of Human Resources
Social Services Administration

PART VII

Glossary of Acronyms

- ACF - Administration for Children and Families** – a division of the U.S. Department of Health and Human Services.
- AFCARS - Adoption and Foster Care Analysis and Reporting System** – federally mandated automated case management system designed to capture and track certain child welfare data elements.
- ADR - Alternative Dispute Resolution** – mediation services
- APPLA - Another Planned Permanent Living Arrangement** – a federally accepted permanency plan added through the enactment of the John H. Chafee Independent Living Act.
- ASRS - Adoption Search, Contact and Reunion Services** – a program designed to reunite adult adoptees with members of the birth families.
- ASFA - Adoptions and Safe Families Act** – federal legislation promoting permanency for children by expediting the adoption process when return to family is not in the child’s best interest.
- BCDSS - Baltimore City Department of Social Services**
- CAPS - Child Welfare and Adult Services Performance System** – process of case record reviews and CIS database to measure compliance with State and Federal mandates for child safety, permanency and well being.
- CARES - Clients’ Automated Resource and Eligibility System**
- CFSR - Child and Family Service Review** – a process of quantitative and qualitative review of a State’s child welfare system to determine substantial conformity with standards for child welfare outcomes and systemic factors established by the federal Children’s Bureau.
- CINA - Child In Need of Assistance** – “means a child who requires court intervention because: (1) the child has been abused, has been neglected, has a developmental disability, or has a mental disorder, and the child’s parents, guardian, or custodian are unable or unwilling to give proper care and attention to the child and the child’s needs.”

State of Maryland
Department of Human Resources
Social Services Administration

- CIS - Client Information System** – Maryland’s automated electronic system that maintains data related to services provided by a local department of social services.
- COMAR – Code of Maryland Regulations** – collection of program requirements and policies established by state mandates.
- CPS - Child Protective Services** – a specialized service provided by local department of social services to children and families in situations where neglect or physical or sexual abuse are alleged.
- CWLA - Child Welfare League of America**
- DCDC - Detailed Case Data Component** – federally required data gathering process for child abuse and neglect.
- DHR - Department of Human Resources**
- DHMH - Department of Health and Mental Hygiene**
- DJS - Department of Juvenile Services** – Maryland agency responsible for servicing juvenile offenders and their families.
- EPSDT - Early and Periodic Screening, Diagnosis and Treatment** – a comprehensive health assessment schedule required for children.
- FACTS - Foster Care and Adoption Child Tracking System** – a CIS data subsystem geared solely to record and track information on children in foster care, kinship care and adoption in Maryland.
- FCNB - Family Centered, Neighborhood Based services** – program designed to maintain children in their own homes, and when that is not possible, in their own neighborhoods while ensuring the safety, permanence and well-being of the children.
- FC PP - Family-Centered Practice and Permanency Planning**
- ICPC - Interstate Compact on the Placement of Children** – systematic process among states to ensure protection and services to children placed across state lines of foster care and adoption.
- ICWA - Indian Child Welfare Act** – 1978 federal legislation establishing “minimum standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture.”

State of Maryland
Department of Human Resources
Social Services Administration

- IEP - Individual Education Plan** – developed by the school system for children who need specialized educational services.
- IL - Independent Living**
- LDSS - Local Department of Social Services** – Child Welfare services are delivered by local department’s of social services operating in Maryland’s 23 counties and Baltimore City.
- LTFC - Long-term Foster Care**
- MARE - Maryland Adoption Resource Exchange** – a statewide photo registry of children waiting to be adopted, as well as approved adoptive parents.
- MCVAR - Mutual Consent Voluntary Adoption Registry** – computerized match registry of adoptees seeking birth parents or birth parents seeking adoptees.
- MFR - Managing for Results** – data collection model measuring key outcomes, outputs and compliance indicators tied to budget request.
- MD CHESSIE – Maryland Children’s Electronic Social Services Information Exchange** – Maryland’s SACWIS project, currently being developed.
- MEPA - Multi-Ethnic Placement Act** – prohibits the delay or denial of a foster of adoptive placement based on the race, color, or national origin of the prospective foster parent, adoptive parent, or child.
- MIS - Management Information System**
- MOA - Memorandum of Agreement** – agreements between and/or among two or more agencies, i.e. DHR and law enforcement, specifying protocols for cooperation.
- MSDE - Maryland State Department of Education**
- NCANDS - National Child Abuse and Neglect Data System** – automated case management system designed to capture and track child welfare data.
- NCFAS - North Carolina Family Assessment Scale** – a tool used to measure the impact of family preservation programs
- NICWA - National Indian Child Welfare Act**

State of Maryland
Department of Human Resources
Social Services Administration

- NRC - National Resource Center**
- NRCYD - National Resource Center for Youth Development**
- OCOC- One Church, One Child** – a national adoption recruitment program connecting community religious leaders with adoption agency officials to secure homes for waiting children.
- OI - Organizational Improvement**
- PFC - Permanent Foster Care**
- PRIDE - Parent Resources for Information, Development and Education** – a training model designed for strengthen the quality of family foster care and adoption services.
- REM - Rare and Expensive Case Management** – health care program designed to provide services to foster care children who have serious and/or complex special needs.
- SACWIS - Statewide Automated Child Welfare Information System** – federal electronic child welfare data tracking model.
- SAFE-C - Safety Assessment for Every Child** – Maryland’s assessment tool that alerts staff to situations that pose an imminent danger requiring immediate intervention to protect the child.
- SDC - Summary Data Component** – federally required data gathering process that collects aggregate child abuse and neglect data.
- SFC - Services to Families with Children** – program designed to provide services needed to maintain family stability and unity.
- SSA - Social Services Administration** – the child welfare division of the Maryland Department of Human Resources.
- TA - Technical Assistance**
- TASK - Training, Advocacy and Support for Kin** – program of the Resource Parents Project that provides training for kinship caregivers.
- TCA - Temporary Cash Assistance** – program providing funds for families needing financial aid.

State of Maryland
Department of Human Resources
Social Services Administration

TPR - Termination of Parental Rights

UMSSW - University of Maryland School of Social Work