Systemic Factors

A. **Statewide Information System**

Item 19: Statewide Information System

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

State Response:

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

- **Status** – The status of all children in care is captured monthly on 73 tables that comprise the Maryland Child Welfare Data Report. The report captures the status of all children entering and exiting care (CPS, In-Home, Out-of-Home, Family Foster Care, Formal Kinship Care, Adoption, Legally Free, and Voluntary Placement). (See CFSR, Appendix A, Item 19, CPS Trend Data.)
- **Demographic Characteristics** – The demographic characteristics of children and youth in Out-of-Home (OOH) is reported monthly. The demographics include age, gender, and ethnicity; by jurisdiction and percentage (see CFSR, Appendix B, Item 19, Maryland Child Welfare Services Data – Children/Youth in OOH Care, by Gender, Race, Ethnicity, and LDSS). In addition, the creation of Business Objects RE072R Children with Disabilities and VPA in December 2016 captures the demographics of the child welfare population with disabilities. This state level report allows SSA to identify the client demographics, placement, and disability category (physical disability, emotional disability, visual disability, hearing disability, intellectually and developmentally disabled and medically fragile).
- **Location –** The location of all children in OOH care is reported via the Business Objects RE858R Weekly Out-of-Home Detail Report. For the reporting period ending March 31, 2017, the RE858R End-of Month Out-of-Home Detail Reports indicates that 41 clients were unknown to MD CHESSIE. This number represents 0.9% of the total population in care (4701), which is a reduction from the 51 clients in 2016 (see CFSR, Appendix C, Location Data Report - February 2016 Maryland Child Welfare Services Data).
- **Goals for the Placement of Every Child in Foster Care –** The RE858R Weekly Out-of-Home Detail Report, and the RE858R Out-of-Home End of Month Detail Report. As of March 15, 2017, 94% of all children placed in OOH care have a Permanency Plan. Those children not having a Permanency Plan are usually children who have recently entered foster care.
- **Accessibility -** The Local Departments of Social Services (LDSS) caseworkers document placement changes from one foster home to another by validating the preceding months' placements in MD CHESSIE. The caseworkers' supervisors approve the placement validation for provider payment. LDSS fiscal officers and MD CHESSIE Provider Call Center management

monitor the FM135R Placement Failure Validation Report to ensure the completion of all placement validations prior to provider payment batch processing. The report runs on the 2nd, 5th, 10th, and 13th of each month. Updates to Child Placement Agencies are completed by DHR staff based on their system security profile.

Timeliness of the Information

- The documentation of all casework actions must be in the appropriate MD CHESSIE section(s) within five (5) working days of the activity, including all contacts, monthly visits, supervisory consults, etc.
- The documentation of all placement and/or living arrangements must occur within 24 hours of placement.

Quality of the Information

- The MD CHESSIE Call Center, MD CHESSIE System Development Supervisor and Local Department Finance Officers monitor payments made outside of MD CHESSIE to confirm that all payments are in accordance with SSA and Budget and Finance Policy.
- The SSA Research and Evaluation Unit monitors the quality and timeliness of case management activities by caseworkers, supervisors, and program managers through a series of Business Objects Milestone and periodic reports.

Data Accuracy

Clients' demographic verification occurs at Referral, Intake, and Eligibility, where the birth certificate, Social Security Number, address, employment and judicial status entries are run in a nightly batch against the Client Automated Resource and Eligibility System (CARES). CARES matches client demographics from MD CHESSIE and interfaces with the State Verification Eligibility System (SVES) and Medicaid Management Information System (MMIS II) to confirm timely demographic accuracy.

In addition, DHR/SSA issues exception reports on a monthly basis for children placed in foster care, to ensure that certain aspects of the cases are addressed and data errors are minimized. The exception reports include:

1. Details Of Clients With An Active Out-of-Home (OOH) Program Assignment But No Active Placement Or Living Arrangement as of end of month
2. Details Of Clients With An Active Out-of-Home Removal Episode But No Active Program Assignment of OOH as of end of month
3. Details Of Clients With A Living Arrangement (LA) Start Date but without Living Arrangement Name as of end of month
4. Details of all Children with an open Program Assignment of OOH but no removal in MD CHESSIE as of end of month
5. Details of all Children with more than one open removal episode in MD CHESSIE as of end of month
6. Details Of All The Children with an Active Program Assignment of OOH and an Active Placement/Living Arrangement But who are

21 yrs. or Older as of end of month
7. Details of Children in OOH with Living Arrangement of Unknown to MD CHESSIE
8. Children having placement open and also a living arrangement of runaway, hospitalization, Trial Visit Home (TVH), Mother's Home, Father and Stepmother, Father's Home, Mother and Father's Home, Mother and Stepfather, Relative Home for over 30 days
9. Children having no active placement and a LA of other or TVH with mother/father/paramour, relative home, or runaway greater than 6 months

System modifications were made to allow caseworkers to resolve the issues captured on Exception Reports 1 through 5. These Exception Reports have been very useful for cleaning up foster care case records in MD CHESSIE data. LDSS offices have used the reports to learn where documentation in MD CHESSIE needs improvement, and the MD CHESSIE Research, Evaluation, System Development, and Training Teams have worked with LDSS offices needing improvement, through phone, onsite consultation, and training.

In addition, over the last year SSA developed and distributed a weekly Out-of-Home (OOH) Milestone Report that is very helpful to the local caseworkers, supervisors, and program management who serve foster children. The Milestone Report contains detailed information about the active foster child caseload displayed in one place, and at this point is one of the most frequently used reports by LDSS to ensure that the data is updated. Important next steps for each case can be tracked for completion by the caseworker using this report. The Milestone Report helps DHR/SSA provide weekly feedback to LDSS, enabling LDSS to implement case activities within the policy and timeframes prescribed by state and federal law.

A new information system project known as MD THINK (Maryland's Total Human-services Integrated Network) will be Maryland's new CCWIS (Comprehensive Child Welfare Information System). The main benefits of MD THINK are that it will provide caseworkers/frontline staff with web-based, mobility-oriented, interoperable information that will help them to do the work while generating the essential state and federal reports that are required. MD THINK is initially stepping forward with the development of an integrated information system that will replace DHR/SSA's current child welfare SACWIS (MD CHESSIE), the DHR/SSA adult services system, and the Maryland Department of Juvenile Services (DJS) current information system. This new integrated interagency system is anticipated to be launched by December 2018, and legacy data for child welfare, adult services, and juvenile services will be migrated into the new system.

Interoperability improvements will be a keystone of MD THINK, in that DHR, DJS, the Department of Health and Mental Hygiene (DHMH), and eventually other agencies, will be able to share data in a streamlined and helpful way, so that the frontline staff gets the right information at the right time and in

the right way to conduct and document their efforts to serve children, families, and adults. This system will include electronic interchanges with both public and private agencies in order to accomplish the vision of sharing data safely so as to serve our clients in the most effective and efficient ways.

Phase one of MD THINK will focus on revolutionizing service delivery for the most vulnerable Marylanders, including children in foster care, disconnected youth, and families in need. For the first time, caseworkers will be provided tablet devices, enabling them to provide services in the field as opposed to having to return to a central location to input data, saving time and resources.

Item 20: Written Case Plan

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

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

State Response - Quality Assurance/Case Plan Reviews:

DHR/SSA's Continuous Quality Improvement (CQI) process measures family involvement in the case planning process in two ways:

1. MD CHESSIE case reviews
2. Onsite interviews with case-related individuals and stakeholders

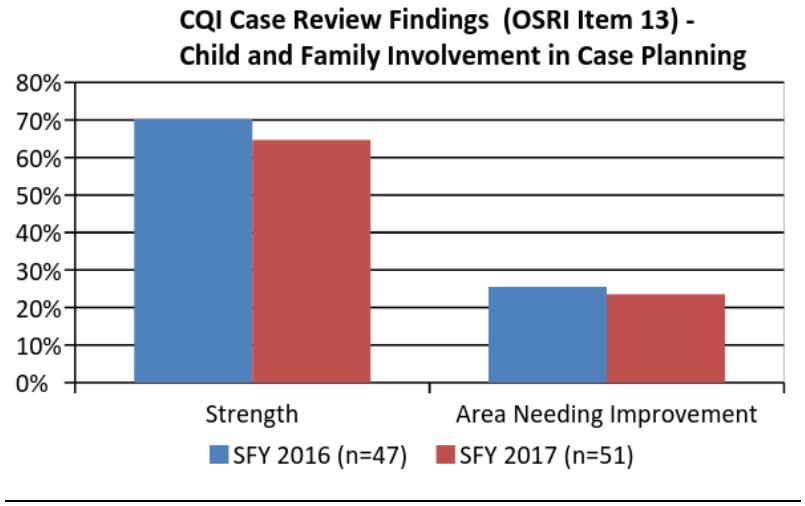
Based on the CQI schedule developed in SFY2016, and revisions to the CQI process in early SFY2016 and late SFY2017, four LDSSs were reviewed in SFY2016, and five were reviewed in SFY2017. The remaining 15 LDSSs are scheduled for CQI review in the next one to two years with a final schedule to be completed in fall 2017. (See Systemic Factor 25 and APSR Section Quality Assurance for a full description of the CQI process). Family involvement data from the nine completed reviews is discussed below.

MD CHESSIE Case Reviews – DHR/SSA's CQI process includes the case review of the child/family's official child welfare record, which is primarily contained in MD CHESSIE. In SFY2016 and early SFY2017, the Child and Family Services Review (CFSR) Round 3 Onsite Review Instrument (OSRI) was used for the MD CHESSIE case review. For these reviews, the OSRI was used only for the document case review, while a state-developed interview guide was used to complete the case-related interviews. Generally the information gathered through the interview process was not included in the OSRI ratings.

In analyzing the OSRI data, Item 13 assesses *child and family involvement in case planning* "To determine whether, during the Period under Review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis." This item assesses how actively the agency involved the mother, father, and/or child (if developmentally appropriate) in (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in case plans, (4) evaluating progress toward goals, and (5) discussing the case plan (*Child and Family Services Review Onsite Review Instrument and Instructions*, January 2016, Children's Bureau).

Data from Item 13 from the OSRI for case reviews conducted in SFY2016 and SFY2017 are shown in the chart below:

Chart 1



SFY2016 LDSSs reviewed
Wicomico, Worcester, Caroline, and Talbot (Strength = 33, ANI = 12, N/A = 2)

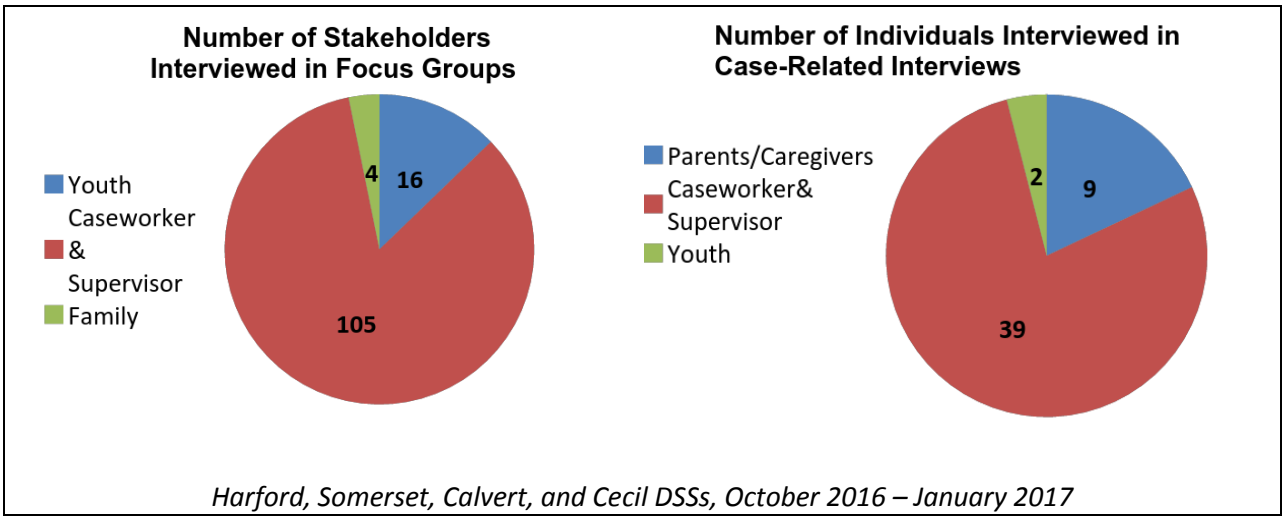
SFY2017 LDSSs reviewed
St. Mary's, Harford, Somerset, Calvert, and Cecil (Strength = 33, ANI = 12, N/A=6)

A majority of cases reviewed showed documentation of child and family involvement in the case planning process, while just over 20% of cases reviewed showed a lack of family and youth involvement in case planning. In reviewing results with LDSSs, five of the nine LDSSs included strategies for increasing family/youth involvement and/or improving the use of Family Involvement Meetings (FIMs) in their CQI Continuous Improvement Plans. These efforts will be supported by DHR/SSA though technical assistance, and monitored for progress through SYF2019.

Onsite Interviews - DHR/SSA's CQI process includes case-related and stakeholder interviews that are conducted with available family, children/youth, caseworkers, supervisors, and others related to the cases and randomly selected for review.

Based on feedback from SSA Program Managers and the Children's Bureau, in mid-SFY2017 the CQI Unit added interview questions to the case-related and stakeholder focus group interview guides, in order to better assess the extent to which parents, caregivers, and youth actively participated in case planning. The number of participants asked these questions during SFY2017 are shown in Chart 2, and represent Harford, Somerset, Calvert, and Cecil DSSs, which are the jurisdictions that had reviews scheduled following the revisions.

Chart 2



Harford, Somerset, Calvert, and Cecil DSSs, October 2016 – January 2017

Findings from these case-related interviews and stakeholder focus groups showed that:

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

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

Starting in June 2017, CQI case-reviews will be conducted following Child and Family Services (CFSR) Round 3 guidelines, using the Onsite Review Instrument (OSRI) to review the MD CHESSIE case as well as to guide case-related interviews. Case-related interview data will be incorporated into final case ratings. CFSR guidelines require that parents, caregivers, children, and youth be interviewed as part of the case review process, therefore SFY2018 data (and beyond) should have increased numbers/percentages of actual family members interviewed, thereby yielding more meaningful results.

Item 21: Periodic Reviews

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

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

State Response:

DHR's LDSS offices currently update the case plan for every child in Out-of-Home Placement every 180 days. During the case planning process, all aspects of the child are reviewed with an emphasis on safety, permanency, and well-being. A part of the case review is for the child welfare case worker to complete a Maryland Child and Adolescent Needs and Strengths (CANS) assessment, which assesses the needs and strengths of children (and their caregivers) in Out-of-Home Placement. Another form of case review is completed by the Circuit Courts through Permanency Plan Hearings and Guardianship Review Hearings which are held every 6 months on all youth in Out-of-Home Placement (C.& J.P.§ 3-823(h)(1) and C.& J.P.§ 3-816.1(a)(2). All court hearings are entered in MD CHESSIE.

Every child who has been in foster care for at least seven months should have an initial periodic review. Subsequent reviews should be conducted every 180 days. Based on data submitted for AFCARS (Adoption and Foster Care Analysis Reporting System), Maryland is up to date with documentation of periodic reviews, as evidenced by the most recent AFCARS submissions:

Table 1

Item 21 Periodic Reviews – AFCARS Submissions National Standard – 90%		
Statewide	****Client Count**	**Review Completed**
FFY 2015B*	4,685	96.7%
FFY 2016A*	4,593	93.0%
FFY 2016B*	4,935	94.7%
FFY 2017A*	4,863	96.77%

Data Source: MD CHESSIE (AFCARS Submission)

***Client count is the number of foster cases during the time period (A or B) for the submission.*

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

According to AFCARS, the percentage of children for which a review was held within 6 months is at 96.7% in FFY 2015B, and 94.7% in FFY 2016B. Although this is a slight drop, the national standard is 90%, and DHR/SSA is within the standard.

The Maryland Judiciary collects data for the following data reports: *Time to First Permanency Hearing; Time to Subsequent Placement Hearing* and *FCCIP Timeliness Statistics*. The data reports are reviewed on a regular basis to monitor timeliness with hearings. In Maryland initial permanency hearings are held within twelve months, and then held every six months thereafter.

The FCCIP reviews the data reports to help enhance the court's ability to transmit data reports that reflect accuracy. In general, the results associated with the *Time to First Permanency Hearing* report accurately reflect the data. However, with regard to *the Time to Subsequent Placement Hearing* report, the IT programming logic is still being analyzed. The Maryland Judiciary is in the process of moving to a statewide data system. In the interim, the judiciary collects the information for the data reports from four systems.

The data in Table 2 is data produced from the current system that the court currently employs. The time period reported in the court data was changed from April to May reported in last year's report, to a Federal Fiscal Year in this year's report to be consistent with the reporting time period for AFCARS.

Table 2

Item 21: Foster Care: Timeliness of Periodic Reviews Reporting Period: 10/1/2015-9/30/2016	
Initial Permanency Hearing to Permanency Planning Review Hearing	**75.6%**
Time to Subsequent Placement Hearing	
- **Median Months**	**5.1 Months**
- **Average Months**	**5.8 Months**
Source: Foster Care Court Improvement Program	

The FCCIP Timeliness Statistics reflect 75.6% compliance rate in meeting the time standard of six months from the initial permanency review to the subsequent permanency review. Although, after the initial permanency planning hearing, the State achieves a timely permanency planning review hearing in 75.64% of cases, the performance measurement court report, Time to Subsequent Placement Hearing, shows the median length of time between each subsequent permanency hearing is 154 days. The performance measure reports reflect data from closed cases. The FCCIP reports that as part of its Continuous Quality Improvement process, the data is reviewed for discrepancies with Information Technology staff from each of the four data systems to resolve issues in data. The data from FFY 2016 will be used as the baseline year for the department. To view an example of the information that the

court documents, please see CFSR Appendix D Review Hearing Findings and Order.

Item 22: Permanency Hearings

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

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

State Response:
Maryland requires permanency review hearings every 6 months, and the reviews are called permanency reviews, which is the same type of case used in the reporting for the periodic reviews listed in Item 21. As cited in the Periodic Reviews table (Table 3), Maryland is within the National Standard of 90% for Permanency Reviews.

Table 3

Item 21 Periodic Reviews – AFCARS Submissions National Standard – 90%		
Statewide	****Client Count**	**Review Completed**
FFY 2015B*	4,685	96.7%
FFY 2016A*	4,593	93.0%
FFY 2016B*	4,935	94.7%
FFY 2017A*	4,863	96.77%

Data Source: MD CHESSIE (AFCARS Submission)

***Client count is the number of foster cases during the time period (A or B) for the submission.*

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

The Maryland Judiciary data reports as referenced above are used to review the progress in conducting the initial permanency reviews and 6-month subsequent permanency reviews.

The data in Table 4 is data produced from the Maryland Judiciary. The time period reported in the court data was changed from April to May reported in last year's report to a Federal Fiscal Year in this year's report to be consistent with the reporting time period for AFCARS. As noted for Item 21, the Permanency Hearings and Periodic Reviews are conducted on the same timeframe after the first year, and the court has provided initial 2016 data for this report. The FCCIP Timeliness Statistics reflect

72.62% compliance rate in meeting the time standard of 12 months from removal to the initial permanency planning hearing. The court performance measurement report, Time to First Permanency Hearing, reflects a median length of time 306.5 days from the filing to the first permanency planning hearing. To view an example of the information that the court documents, please see CFSR Appendix E. Permanency Planning Review Findings and Order.

Table 4

Item 22: Foster Care: Timeliness of Periodic Reviews Reporting Period: 10/1/2015-9/30/2016	
Initial Permanency Hearing to Permanency Planning Review Hearing	**75.6%**
Source: Foster Care Court Improvement Program	

It is evident that Maryland is focused on the need to provide permanency reviews for foster children, and the State will continue to monitor these benchmarks. Moving forward, DHR will receive quarterly data from FCCIP in order to ensure accuracy and compliance of court hearings across the state. Reviewing the data quarterly throughout the year will allow more time for review before the annual report.

DHR will continue to solicit feedback from the court system and the Local Departments of Social Services in order to continue to identify any barriers and expedite the scheduling of court hearings.

Item 23: Termination of Parental Rights

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

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

State Response:

Permanency planning under the Adoption and Safe Family Act (ASFA) requires that a petition to Terminate Parental Rights (TPR) be filed when a child has been in foster care for 15+ months. If a LDSS chooses not to file a TPR petition, the LDSS must document the "compelling reason" why they are not filling a petition. A TPR petition can be filed earlier if a legal ground for termination of parental rights exists, or if the parents are willing to consent to the TPR. Once the court has changed the permanency plan to adoption, the LDSS must file a TPR petition within 30 days. If the court changes the plan to adoption against the recommendation of the LDSS, the LDSS has 60 days to file the TPR.

Maryland has not yet successfully implemented a documentation routine to produce reliable information about filing for TPR when a child has been in foster care 15 or more of the most recent 22 months. The foster care Milestone Report will be the best method for reminding staff members when to begin the process of filing for TPR, and instructions will be reiterated and data reports will be monitored to assure that documentation is occurring.

At this time, the following information has been prepared to shed light on the magnitude and trends associated with filing TPR timely.

Table 5

Foster Children in care 15 of last 22 Months who are still in care at end of FFY and do not appear to have TPR filed	**Ages <=10**	**Ages 11-15**	**Ages >= 16**	**Grand Total**
FFY 2014	**267**	**137**	**455**	**859**
Another Planned Permanent Living Arrangement (APPLA)		1	239	240
APPLA - Child Requires Long Term Care			18	18
Guardianship by a non-relative	84	33	44	161
Reunification with the parent or legal guardian	183	101	151	435
Missing		2	3	5

FFY 2015	**266**	**128**	**349**	**743**
Another Planned Permanent Living Arrangement (APPLA)			178	178
APPLA - Child Requires Long Term Care			10	10
Guardianship by a non-relative	68	38	38	144
Reunification with the parent or legal guardian	198	90	122	410
Missing			1	1
FFY 2016	**262**	**142**	**265**	**669**
Another Planned Permanent Living Arrangement (APPLA)			104	104
APPLA - Child Requires Long Term Care			3	3
Guardianship by a non-relative	27	25	13	65
Reunification with the parent or legal guardian	235	117	142	494
Missing			3	3
Grand Total	**795**	**407**	**1069**	**2271**

This table is Maryland's first step in shedding light on the count of foster children who have been in care for 15 of the last 22 months for whom a TPR filing has not occurred, and a few data points were used. These counts are foster children who were in care at least 15 of the last 22 months during the federal fiscal year who have *not experienced* any of the following documentation by the end of the federal fiscal year: TPR filing, TPR granted, primary permanency plan of adoption. In other words, these are the foster children in care for at least 15 of the last 22 months for whom TPR filing appears not to have occurred.

It is evident that this count is decreasing. Overall, Maryland had 859 youth with no apparent TPR filing in FFY 2014, and this has decreased to 669 youth in FFY 2016. Among the age groups shown, the counts have not changed very much for foster children under 10 and for those ages 11 to 15. The most substantial change has occurred among foster youth ages 16 and older, for whom the number without an apparent TPR file date has decreased by 42%, from 455 in FFY2014 to 265 in FFY2016.

Maryland promotes the adoption of older children. Each year, Maryland finalizes many adoptions for children over the age of 14. During the last reporting period (Oct. 1, 2015 – Sept. 30, 2016), four youth over the age of 14 were adopted, and nearly seventeen youth over the age of 14 exited care to guardianship. Cases involving children over the age of 14 are reviewed by LDSS staff and the administration.

There are many reasons the local departments do not file for TPR. Children who are age 10 and over have to consent to be adopted in Maryland. In the event a child is unwilling to be adopted, the local department may choose to not file for TPR. Furthermore, if the local department does not have an

identified adoptive home for a child, the local department may choose to not file for TPR.

SSA recently hired an Older Youth Specialist to concentrate on this age group in Out-of-Home care. The new employee will be monitoring the appropriateness of older youth permanency plans and providing technical assistance to the local departments in order to reduce long term foster care placements.

DHR is committed to increasing permanency for all youth in foster care. SSA plans to use an Out-of-Home Milestone Report to display TPR information, along with information indicating whether the child has been in care 15 or more months out of the last 22 months, to be reviewed monthly by the LDSS to focus on these cases and put emphasis on achieving permanency or obtaining TPR. The Milestone Report will alert the local departments of the youth being in foster care at the fifteenth month mark. This will allow SSA to provide oversight and monitoring for the appropriate filing of TPR. SSA will be able to target technical assistance to the local departments who have a deficiency in the filing of TPR.

Item 24: Notice of Hearings and Reviews to Caregivers

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

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

State Response:
Maryland law requires the Local Departments of Social Services (LDSS) to send notices of Hearings and Reviews to Caregivers. SSA will provide training to LDSS staff on how to enter the information into MD CHESSIE in order for Maryland to be able to track notifications sent to caregivers.

As per SSA Policy Directive #06-12: http://dhr.maryland.gov/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2006-12%20Foster%20Parent-Caregiver%20Notification.pdf), resource parents receive notification of court hearings via mail correspondences. As per Md. Courts and Judicial Proceedings Annotated Code 3-816.3. (c). Rights of preadoptive parents, foster parents, and caregivers of child, the foster parent, preadoptive parent, caregiver, or an attorney for the foster parent, preadoptive parent, or caregiver shall be given the right to be heard at all proceedings.

At the 2017 Spring Resource Parent Conference, the Maryland Public Resource Parent Local Department Assessment (CFSR Appendix F. Item 24. Survey) was given to the attendees. The questionnaire was comprised of 12 questions that asked the resource parents to assess their local department. Question #5 specifically addressed whether or not the resource parents received written notification of upcoming court hearings. Out of the 121 resource parent conference attendees, 83 attendees answered question #5. 56% of the respondents stated that they Always or Almost Always receive notifications of Court Hearings from the local departments (CFSR Appendix G, Item 24, Survey Results). This assessment was a small pilot sample of the total public resource parents who would have received written notification of upcoming court hearings. To give the opportunity for every public resource parent to complete the assessment, in the upcoming year SSA plans to:

- Distribute a Resource Parent Survey at the next Resource Parent Conference
- Distribute a link **https://goo.gl/forms/CH6xHaPzU2reA4j03** to the Resource LDSS contacts to distribute via email to the resource parents
- Ask the Maryland Resource Parent Association to post the link to the assessment on their website

State Plan:

SSA plans to include a review of the notification of notice to caregivers in its resource home quarterly review to ensure local departments are sending out the right to hearings notice to caregivers. SSA plans to start this review by Fall 2017.

Item 25: Quality Assurance System

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

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

State Response:

(1) operating in the jurisdictions where the services included in the CFSP are provided

Between June 2016 and January 2017, seven Local Departments of Social Services (LDSSs) underwent the Maryland Continuous Quality Improvement (CQI) process. The remaining 15 LDSSs were scheduled for review later in SFY2017 and SFY2018 (see LDSS review schedule in the 2016 APSR, Appendix E, page 13). The CQI reviews consist of an LDSS self-assessment, MD CHESSIE case review, onsite stakeholder interviews and focus groups, and a final report from DHR/SSA, which includes the LDSS's Continuous Improvement Plan (CIP).

(2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)

Case reviews are conducted by DHR/SSA staff, using the Children's Bureau's Child and Family Services Review (CFSR) Round 3 Onsite Review Instrument (OSRI). Cases are randomly selected for review among three program areas:

- Child Protective Services (both Investigative Response and Alternative Response)
- In-Home/Family Preservation Services
- Out-of-Home Placement

Table 7 below identifies the total number of cases reviewed as well as the number from each service program:

Table 7

LDSS and Review Date	Total Cases	CPS AR	CPS IR	In-Home	Out-of-Home

Caroline – June 2016	9	2	1	4	2
Talbot – July 2016	11	1	4	4	2
St. Mary's – August 2016	12	4	4	2	2
Harford – October 2016	10	2	2	4	2
Somerset – November 2016	10	2	2	3	3
Calvert – December 2016	10	2	2	3	3
Cecil – January 2017	17	4	4	4	5
Total	**79**	**17**	**19**	**24**	**19**

(3) identifies strengths and needs of the service delivery system, (4) provides relevant reports

Results

Results for the 7 LDSSs reviewed in SFY 2017 are presented below and are based on case reviews conducted by DHR/SSA staff, using the CFSR OSRI (Round 3) for the SACWIS (MD CHESSIE) review. Case-related interviews were conducted for a sample of these cases, but OSRI case-related questions were not used, and interviewee feedback was not used to compile these ratings.

Table 8

Estimated raw results, including not applicable cases, by Outcome					
Outcome	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Not Applicable**	**Total**

Safety Outcome 1-Children are, first and foremost, protected from abuse and neglect.	33	0	5	24	62
Safety Outcome 2 –Children are safely maintained in their homes whenever possible and appropriate.	51	4	4	3	62
Permanency Outcome 1- Children have permanency and stability in their living situations.	14	2	2	44	62
Permanency Outcome 2- The continuity of family relationships and connections is preserved for children.	14	1	0	47	62
Well-Being Outcome 1- Families have enhanced capacity to provide for their children's needs.	43	12	4	3	62
Well-Being Outcome 2- Children receive appropriate services to meet their educational needs.	21	0	7	34	62
Well-Being Outcome 3- Children receive adequate services to meet their physical and mental health needs.	37	4	5	16	62

Overall, estimated results show cases from these 7 LDSSs substantially or partially meet the following CFSR standards:

- *Safety Outcome 1- 87% of cases met substantially achieved*
- *Safety Outcome 2- 93% of cases met substantially or partially achieved*

- *Permanency Outcome 1- 89% of cases met substantially or partially achieved*
- *Permanency Outcome 2- 100% of cases met substantially or partially achieved*

- *Well-Being Outcome 1- 93% of cases met substantially or partially achieved*
- *Well-Being Outcome 2- 75% of cases met substantially achieved*
- *Well-Being Outcome 3- 89% of cases met substantially or partially achieved*

Continuous Improvement Plans

The SSA CQI Team meets with the LDSS approximately 60 days after the onsite review to review and discuss the LDSS's CQI report which includes the comprehensive findings, strengths, and areas of growth. In addition a Continuous Improvement Plan (CIP) is developed. The CIP identifies and prioritizes the areas of growth, goals and action items that will be executed by the LDSS/SSA to reach the identified goals.

(5) evaluates implemented program improvement measures

The LDSS had 90 days from the day of the CIP Meeting to finalize and submit their Action Plan to SSA. Initially, LDSSs were required to participate in a 3, 6, 9, and 12 month call to review progress on their CIP's. Local Department feedback suggested that electronic check-ins be substituted for the 3 and 9 month call. In response to this suggestion, SSA created a monitoring/tracking tool that is shared with the LDSS and used to monitor progress on the CIP.

During SFY17 Caroline, Talbot and St. Mary's all had meetings with the SSA CQI Team to develop their CIP. The remaining four (4) LDSS (Harford, Somerset, Calvert, and Cecil) CIPs are currently in development. The chart below identifies the specific strategies as well as the status of each strategy that each LDSS is implementing to modify, strengthen, or enhance services and practices based on their CQI review:

urisdiction	Goals	Action Items	tatus

Caroline	Enhance family engagement during the Family Involvement Meetings	Feedback gathered from FIM survey	A full time Family Involvement Facilitator was hired to enhance family and youth engagement. This individual will ensure the needs of all parties are shared and the decisions related to case planning are mutually agreed upon.
	Increase opportunities for staff development	Transfer of Learning, and supervisor feedback.	
Talbot	Increase opportunities for staff development	Transfer of Learning, and supervisor feedback.	Agency will be developing a comprehensive training plan that will outline desired knowledge and skills to be achieved by staff.
	Educate Community Partners on the specific services that are provided by TCDSS.	Stakeholder Knowledge Survey.	Stakeholder Knowledge Survey was administered. The results of the survey will used to develop community outreach and education over the next quarter
	Train current FIM facilitators at TCDSS	Current FIM facilitators will attend the Family Involvement Advanced Facilitator training.	Advanced Family Finding Training scheduled for 5/2/17. Staff attending.
	Expand Services of Family Finder	Monitoring of the services offered to youth by Supervisor.	Family Finding Services information provided to dedicated staff at TCDSS.
	Enhancing Partnership with Court Appointed Advocacy Program (CASA)	Monitoring of the relationship between the agency and CASA	The agency has executed an MOU with the local CASA agency to establish roles and responsibilities of both organizations.

St. Mary's	Increase opportunities for staff development	Transfer of Learning, and supervisor feedback.	Supervisors scheduled to attend the Advanced FIM training, and will examine the fidelity of FIMs after all staff has completed training.
	Identify cultural differences in the community	Enhance staff knowledge.	An agency wide training was held to enhance the staff's knowledge about working with the various cultures within the community. The agency has added "appreciation for and exploration of cultural diversity" as one of the guiding principles of the agency's overall strategic planning.
	Identify Evidence Based Practice Model	Utilize an EBP model to enhance work with families to address specific goals.	EB Practices submitted to Families Blossom on 5/15/17 include: Nurturing Heart and Strengthening Families Parenting Program.

As SSA continues to grow and enhance its CQI processes there will be strategies implemented to move beyond supporting LDSSs in adjusting programs, policies, and processes but expand to creating feedback loops to broader stakeholders and decision makers, identifying system level changes and improvements, and assessing the effectiveness or ineffectiveness of any changes or improvements.

Staff and Provider Training

Item 26: Initial Staff Training

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

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

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

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

State Response:

The Child Welfare Academy (CWA) at the University of Maryland School of Social Work continues to have a contractual partnership with DHR/SSA to deliver statewide child welfare training. Through this partnership, the CWA delivers pre-service training for new employees and administers the competency examination. During SFY2016, seven pre-service trainings were offered. The CWA continues to deliver in-service continuing education workshops for the overall child welfare workforce. In addition to the CWA partnership, SSA also has a contractual relationship with the University of Maryland Baltimore (UMB) for the Title IV-E Education in Public Child Welfare Program, to offer specialized child welfare training for Masters of Social Work (MSW) and Bachelors of Social Work (BSW) degree candidates, so as to maintain the capacity for a highly skilled child welfare workforce in Maryland.

Pre-Service Training

Maryland continues to partner with the CWA to train new child welfare employees. These individuals are assigned to a pre-service training cycle that last six weeks and are comprised of six modules. A detailed description of the modules is outlined in the Annual Progress Services Review submitted June 2016, which is included as an Appendix (CFSR. Appendix H, Pre-Service Training Modules). New hires do not carry a caseload during this six week period. Local Department Personnel Liaisons are responsible

for enrolling new hires into the pre-service training at the CWA. The structure of the training is classroom and on-line. The CWA and SSA have on-going discussions about the utilization of classroom time and how to maximize learning. The goal is to have the on-line learning be more focused on defining the strategy, while the classroom is about how the employee will apply the strategy to casework. Upon completion and passage of the pre-service modules, participants are enrolled in additional courses that must be completed within their first 2 years of employment.

Each class has individually issued evaluations to determine if the processes and content of the classes improve the knowledge of the attendees. Classes are revised depending on the feedback from the new employees. SSA is in discussions with the school to improve the evaluation process to ensure that methods are up-to-date, and new employees are able to transfer what was learned in the classroom to the field. Supervisors would then be able to assess whether current skills are improved and new skills are gained as a result of the training.

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

SFY2016

During SFY2016, the Child Welfare Academy (CWA) administered 143 competency exams to pre-service training participants. Only 7 of the 143 participants (4%) failed the exam on the first attempt. There was only one pre-service training participant who repeated the exam twice before successful completion. In SFY2015, 6 out of 142 participants (4%) did not pass during the initial exam. Of the 35 Title IV-E students who took the exam in May 2016, 100% passed on the first attempt. A total of 12 new employees were approved for the pre-service exemption. All 12 of those employees passed the competency examination and were exempt from the pre-service training modules; however, those employees were still mandated to participate in the foundation courses and MD CHESSIE training.

Child Welfare Training Academy Pre-Service Training Activity			
	SFY2014	**SFY2015**	**SFY2016**
Number of New Employee Participants	122	142	143

Number of Title IV-E MSW Graduates	29	37	36
Data Source: Child Welfare Academy			

Child Welfare Training Academy Pre-Service Competency Exam *(Passing Score is 70%)*			
	SFY2014	**SFY2015**	**SFY2016**
Number of Participants Administered Competency Exam	112	140	143
Average Exam Score	94%	83%	93%
Data Source: Child Welfare Academy			

Assessment

Currently the CWA uses a multi-modal assessment to evaluate pre-service. Participants complete a comprehensive self-assessment at the end of the training cycle and there is an assessment of participation, attendance, and punctuality for each module. At this time the results are not aggregated by the CWA.

The CWA trainers also serve as liaisons to participants and meet during the middle of the pre-service training cycle to get feedback. A written summary is provided by the trainer at the end of the cycle along with the self-assessment to the supervisor and new employee electronically.

Supervision Matters

Supervision Matters continued in SFY16 from September until February. A detailed description of the training program can be found in the Child and Family Services Plan (CFSP) 2015-2019, pages 122-124. The training is offered to any supervisor who has been in their position for five years or less. A total of 26 supervisors and 11 administrators participated in this past cohort. There were 10 coaches assigned to 12 supervisors in May 2016, to begin the six month coaching engagement. To enhance classroom

learning, supervisors and administrators participated in the transfer of learning calls, facilitated by CWA trainers.

In addition to Supervision Matters, DHR's Human Resources & Development Training (HRDT) Division offers courses for Supervisors who are new to the role, and courses to enhance the skills of those who have supervised for several years. Training is offered through the HUB, a DHR training platform accessible to all state employees. Courses include *DHR Basic Supervision, DHR Intermediate Supervision, and DHR Advanced Supervision.*

Title IV-E Education in Public Child Welfare Program

The University of Maryland School of Social Work (UMB) was awarded the contract to continue overseeing the program as well as offering Masters of Social Work (MSW) stipends. UMB subcontracted with University of Maryland, Baltimore County, Morgan State University and Salisbury University to offer stipends to Bachelors of Social Work (BSW) and MSW degree candidates. The Department of Human Resources (DHR) and the consortium universities explored ways to support the workforce needs and develop competent public child welfare professionals.

During SFY2016, there were 53 students who graduated from all the consortium schools. Of those, there were forty-four (44) MSW graduates and nine (9) BSW graduates. Out of the 44 MSW graduates, 16 were DHR employees. Of the 9 BSW graduates, 7 deferred employment to pursue MSW degrees, 1 accepted employment, and 1 will be required to repay the Title IV-E stipend.

Table 8

Participants in Title IV-E Program			
	SFY2014	**SFY2015**	**SFY2016**
BSW Students	9	7	9
MSW Students	76	81	44
Current DHR Employees (Included in MSW Count)	26	28	16
Data Source: Child Welfare Academy			

Priority consideration continues to be given to current DHR employees who are interested in pursuing graduate social work education. The remaining slots will continue to be offered to prospective employees who are interested in pursuing a career in public child welfare.

Title IV-E Retention Workshop

During SFY2016, the Title IV-E retention workshop was offered to all new employees on a quarterly basis. The workshops were provided to support the employees in their new roles however; participation is not mandatory. The workshops offered information on DHR/SSA policy, supervision, caseworker roles & responsibilities, and building relationships within the cohort.

Attendance for Title IV-E Retention Workshop				
	Session 1	**Session 2**	**Session 3**	**Session 4**

SFY2016	24	17	15	15
SFY2017	24	24	N/A	N/A
Data Source: Child Welfare Academy				

In SFY2017, supervisors of new employees were invited to participate in the first session. A total of 13 supervisors from various Local Departments of Social Services attended the session. Supervisors were asked to attend so they could demonstrate support of their employees and so as to provide Supervisors an opportunity to discuss with the trainers their expectations for their new employees. During the second session of Cohort 2, participants had an opportunity to hear from former Title IV-E employees who participated in Cohort 1. The panel was able to answer questions related to transitioning to a full time employee such as case load management, supervision, and self care. The remaining SFY2017 sessions are being developed to discuss sustainability and topics of interest as stated by the participants. DHR/SSA plans to hold a panel to discuss leadership within DHR and to provide information about professional growth. The panel and a Title IV-E reunion are projected to take place in SFY2018.

Item 27: Ongoing Staff Training

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

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

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

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

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

State Response:

Thanks to DHR's collaboration with the Child Welfare Academy (CWA), there continues to be a wide range of continuing education courses offered to child welfare staff. These trainings cover DHR/SSA policy, best practices and current trends, and priorities of Local Departments of Social Services. Trainings are offered regionally, both in the classroom and web based. Child welfare staff are provided with training information quarterly via email, and the course information can be accessed through the Learn Center on the CWA website.

During SFY2016, the CWA offered 100 courses, of which, 24 courses were new. Courses continue to be offered through the DHR/HRDT HUB for child welfare staff. An evaluation is provided at the end of each course to assess whether the participant learned skills and gained the knowledge needed to perform their duties. Classes are revised based on the feedback received from employee participants. DHR/SSA is in discussion with the school to improve the evaluation process and ensure that methods are up-to-date and employees are able to transfer what was learned in the classroom to the field. Supervisors would then be able to assess whether current skills are improved and new skills are gained as a result of the training.

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

DHR/HRDT offers courses for Supervisors who are new to the role and courses to enhance the skills of those who have supervised for several years. Training is offered through the HUB, a DHR training platform accessible to all state employees. Courses include *DHR Basic Supervision, DHR Intermediate Supervision, and DHR Advanced Supervision.*

Child Welfare staff who are not licensed social workers are encouraged to attend continuing education training related to their program area. Some trainings are mandated at the time of policy implementation that staff also attend. Licensed social workers are required to complete 40 hours of continuing education for every two year renewal period. This licensure requirement is monitored by the Maryland Board of Social Work Examiners.

Item 28: Foster and Adoptive Parent Training

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

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

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

State Response:

Number of Participants

The CWA has a designated Resource Parent Training (RPT) Program Manager to collaborate with DHR's Local Departments of Social Services (LDSS), Maryland Resource Parent Association (MRPA), Maryland's Foster Parent Ombudsman and DHR/SSA. The RPT Program Manager works with these stakeholders to develop and coordinate the delivery of training for resource families. The CWA developed an online training calendar and an electronic notification of workshops, which are sent to all resource parents who previously enrolled in courses.

An online training brochure and calendar continue to be available to all resource parents, in addition to the mailed training brochures. DHR's LDSS Assistant Directors also receive the schedule, which they disseminate to their staff and local resource parents. The Foster Parent Ombudsman and Maryland's Foster Parent Association disseminate the training information as well.

DHR/SSA continues to work closely with the RPT Program Manager at the CWA, Maryland's Foster Parent Ombudsman, the Maryland Resource Parent Association (MRPA), and statewide resource parents to identify training needs and training gaps. A total of 1,341 resource parents registered for workshops for the October 2016 Fall Conference and the March 2017 Spring Conference, however only 1,145 resource parents were actually able to attend. $24,025.00 was spent on expense reimbursements across the 24 LDSS to ensure that resource parents were able to participate in the trainings offered.

Table 9

Child Welfare Training Academy Resource Parent Training Activity			
	SFY2014	**SFY2015**	**SFY2016**
Number of Resource Parent Participants	1,309	1,248	1,341
Total Number of Workshop Topics	48	52	81

In SFY2017, DHR/SSA and the Child Welfare Academy plan to develop and provide additional on-line offerings, trauma informed trainings, and Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) sensitivity and awareness trainings.

Foster and Adoptive Parent Training

Required Training

All resource parents are required to participate in pre-service and in-service training. During the resource parent approval process, 27 hours of pre-service PRIDE training is required. Pre-service training is offered free of charge. The required 27 hours of pre-service training is usually offered in nine sessions. Currently, approved public resource parents are required to complete 10 hours of in-service continuing education training per year. In-service continuing education training is offered free of charge by the Child Welfare Training Academy in affiliation with the University of Maryland at Baltimore School of Social Work. There is a wide array of training topics offered by the CWA.

Type of Training
Reasonable and Prudent Parent Standard

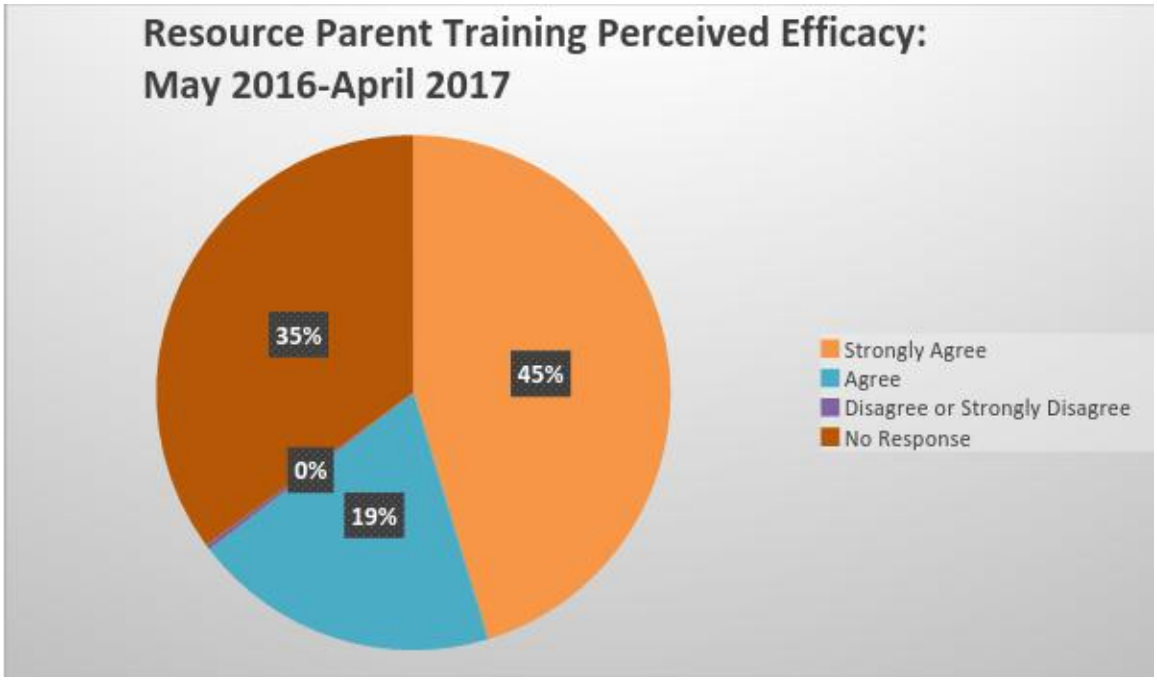
At total of 1,169 resource parents were trained on the Reasonable and Prudent Parent Standard as outlined in the PB113-183 Strengthening Families Act. The trainings were conducted at the LDSSs and offered at the Fall 2016 Resource Parent Conference. Some resource parents did not receive the training because they are in a non-compliant status for other factors, but they will receive the trainings once their license is re-activated.

Resource parents are encouraged to consult with their resource home worker when deciding what trainings to take. Other training opportunities may be available through LDSSs arranged or conducted by staff, or with guest speakers from such places as community hospitals, schools, and local police, fire

and health departments. Medical and/or mental health training is widely available to help resource parents understand the emotional needs of their foster child and learn valuable parenting skills. DHR/SSA contracts with the Maryland Resource Parent Association to sponsor two regional conferences annually, with planning assistance from the LDSS and local foster parent associations.

DHR measures the quality of each training by the number of resource parents who complete the home study process, and by the number of youth DHR has placed in regular resource homes. The Child Welfare Academy conducts evaluations after all foster parent trainings. The evaluations, like the examples below, seek to determine the impact of training on a foster parent's sense of competency to meet the needs of the children in their care.

Resource Parent Training Perceived Efficacy: May 2016-April 2017						
Response:	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**No Response**	**Total**
I will be able to apply the knowledge learned from this training.	541	230	2	2	419	1180
	45.85%	19.49%	0.17%	0.17%	35.51%	



Public Resource Homes

Resource Home approvals are dependent upon 100% completion of the PRIDE in-service resource parent training before any public foster/adoptive resource home can be approved.

Resource parents cannot be re-certified annually unless they complete the required 10 hours of annual in-service trainings tracked by the local departments via MD CHESSIE and the Child Welfare Academy. Curriculum for the resource parents is created by DHR's SSA Training Department, The University of Maryland School of Social Work, and by Maryland resource parents. Aside from the mandatory trainings set forth by COMAR 07.02.25, trainings are developed based on training evaluations that resource parents are required to provide after pre-service and in-service trainings.

Reporting Time Period: May 1, 2015 - April 30, 2016									
In-Service				**Pre-Service**				**Total Providers**	
	Providers with 10 or more hours training	Total Providers Count	Percentage completing 10 or more hours		Providers with 27 or more hours training	Total Providers Count	Percentage completing 27 or more hours		Total Providers Count
Grand Total	443	1264	35%	**Grand Total**	179	199	90%	**Grand Total**	**1692**

It is important to note that no provider can be approved without meeting the required 27 hours of training; therefore the 35% of providers completing 10 hours or more for in-service training will be assessed. For this reporting period, the 27 hours of required pre-service training compiled is low. DHR/SSA plans to assess this report and provide technical assistance to the LDSSs to query whether or not the issue is with data entry. Upon reviewing the assessment, DHR/SSA will develop a plan to provide technical assistance to the local departments to improve the data input or will place the various local departments on a Corrective Action Plan (CAP) if deemed necessary.

All approved public providers must obtain 10 hours of in-service training annually. The 90% of providers completing 27 hours or more for Pre-service training reported is an indication of public providers meeting this requirement. DHR/SSA plans to provide technical assistance to the local departments that have fallen short in this area to determine if this is an issue with data entry or one that requires a CAP.

Spring 2017 Resource Parent Conference

In March of 2017, the Spring Resource Parent Conference was held at Chesapeake College in Wye Mills Maryland, where a total of 121 people attended. Conference topics included:

- Morning Workshops Afternoon Workshops
- Attachment: & Trauma: Helping Kids Heal Through
- Reparative Relationships
    - Angela Quinn, LCSW-C
- If Behaviors Aren't Making Sense, Maybe It's Sensory
    - Kate Oliver, LCSW-C, A Healing Place
- Digital Media: The Impact on Children's Physical,
- Intellectual, Social, and Emotional Development
    - Ann Haman, LCSW-C

- Optimizing Psychiatric Medication Use in Children &Adolescents
    - Jason Noel, PhD, UMB School of Pharmacy
- Children & Mental Health: A New Approach to Understanding the Needs of Children
    - Kate Oliver, LCSW-C, A Healing Place
- Realities of Renunciation
    - Kyla Liggett-Creel, UMB School of Social Work
- Infant, Youth & Adult CPR
    - Talbot County EMS
- Helping Substance Exposed Newborns to Cope
    - Stephanie Blades & Veronica Rosemary
- Suicide Awareness: "Keep Them Talking"
    - Lizette Ubides
- Preparing Youth for a Successful Young Adulthood
    - • Thrive at 25
- Infant, Youth & Adult CPR
    - Talbot County EMS

Sample Learning Objectives from Resource Parent Trainings

The In-Service Training has three individualized learning objectives that are identified at the beginning of each training session. Identifying the objectives at the beginning of the session ensures that the participant understands the intent of the training content. Also, the participant is encouraged to actively participate throughout the session(s). At the end of each training session, participants are given evaluations that are focused on the specific training.

Questions 1-6 of the participant evaluation are specific to the training content and objectives. Questions 7-18 of the participant evaluation are standard questions that are for each evaluation, irrespective of the session. Questions 7-18 measure: the training process, visual aids and the quality of hand-outs; the transfer of learning from classroom to practice and the trainer's teaching skills. Standard Questions 7-18:

7. The training was interesting and held my attention
8. I will be able to apply the knowledge learned from this training
9. The trainer demonstrated a professional level of knowledge and competence related to the topic
10. The hand-outs / materials enhanced my learning
11. The audio / visual aids enhanced my learning
12. The trainer encouraged questions that assisted my learning
13. The trainer met my expectations
14. The time allotted for the training was sufficient

Qualitative/Recommendations from the Evaluations:

15. Please include any additional comments about the trainer(s)
16. What changes, if any, would you suggest for this training?
17. I would like to attend trainings related to… (please be specific regarding the topic or content). If you are a resource or kinship parent, please also answer question 18
18. Please identify ways your local department of social services office can help strengthen your role as a caregiver

The participant evaluation also provides space for additional comments or requests for additional training. The information from the evaluations is used to determine subsequent training topics, processes, and workshop conference topics.

Private:
All licensed Residential Child Care (RCC) Providers and Child Placement Agencies (CPA) are monitored for compliance with training all staff and treatment foster parents according to COMAR. Depending on their position, staff receive different levels of training.

RCC Direct care staff receive 40 training hours in the following areas:

- Emergency preparedness and general safety practices
- Cardiopulmonary resuscitation leading to certification
- Annual first-aid training by the American Red Cross or a certified instructor
- Child abuse and neglect
- Suicide
- Discipline and behavior management
- Medication management
- Infection control and blood borne pathogens
- Parenting and family support
- Psychosocial and emotional needs of children
- Special needs of the population served
- Child development
- The role of the child care employee
- Food preparation and nutrition
- Communication skills

All staff training curriculum must be approved by the licensing agency per COMAR 14.31.06.05 F (3). In addition, as of October 1, 2015, all RCC Direct Care staff were required to become certified as Residential Child & Youth Care Practitioner (RCYCP). Those who were unable to be grandfathered in needed to obtain 25 training hours in the following areas:

- Introduction to the field of child and youth care for 3 credit hours or 45 contact hours of training
- Life skills development for 3 credit hours or 45 contact hours of training
- Child and youth growth and development for 3 credit hours or 45 contact hours of training

- Standards of health and safety in child and youth care services for 3 credit hours or 45 contact hours of training
- Interviewing and counseling techniques for child and youth services for 3 credit hours or 45 contact hours of training
- Behavior management and crisis intervention in youth for 3 credit hours or 45 contact hours of training
- Legal and ethical issues in child and youth care for 3 credit hours or 45 contact hours of training
- An internship for 4 credit hours or 60 contact hours

Upon completion of the training, staff must then pass a Residential Child Care Program Professionals (RCCPP) Board approved written examination before certification, and receive a minimum passing score of 75% on the examination. Per COMAR 10.57.03.03 A (2), the Residential Child Care Program Professionals (RCCPP) Board forwards a list of certified Residential Child & Youth Care Program Professionals to DHR's Office of Licensing and Monitoring (OLM). This list is reviewed by each Licensing Coordinator to ensure that all direct care staff working with youth are certified.

RCC Program Administrators are required to become certified and receive training hours as well. Part of their recertification includes obtaining 40 hours of training every 2 years. Documentation of training is maintained in the employee record and reviewed by the OLM licensing coordinator. Furthermore, the training documentation is submitted as part of the recertification application to the RCCPP Board.

Supervisors and Child Placement Workers employed by Child Placement Agencies are required to receive at least 20 hours of training activities during each employment year. They receive training in the following areas per COMAR 07.05.01.16 B (1):

- The agency's administrative procedures and program goals
- Casework skills development in interviewing
- Case planning
- Case management and case review
- Principles and practices of child placement and child care
- Understanding children's emotional needs
- Family relationships and the impact of separation
- Substance abuse
- Child abuse and neglect
- Principles and practices of supervision
- State requirements for child placement agencies,

The chief administrator annually receives at least 10 hours of training as well per COMAR 07.05.01.16 B (3). Child Placement Agencies must provide 20 hours of training to all foster parent applicants. The agency must document the foster parent applicant's understanding of the training and material. In addition, they must receive an additional 20 hours of training every year prior to being recertified as a

treatment foster parent per COMAR 07.05.01.02.12. Failure by the foster parent to complete the annual training hours may cause their certification to be suspended or denied, per COMAR 07.05.01.02.16 (G) and COMAR 07.02.21.10 (C).

Listed below are the additional training hours. COMAR 07.05.02.12 AND 07.02.21.10 outlines the required training for TFC parents:

COMAR 07.05.02.12 Training Requirements:

A. An applicant shall complete 20 hours of training provided by the agency before the agency certifies the applicant as a foster parent
B. The agency shall document the applicant's attendance and understanding of material
C. The training shall include the following:
    1. Role and relationships in foster care between agency, foster parent, parents, and the child
    2. Separation anxiety and the importance of the child's parents and siblings
    3. Developmental needs of children in care
    4. Care of children who have special needs
    5. Cultural and religious awareness and differences
    6. Child management and discipline techniques
    7. Child abuse and neglect
    8. The availability of supportive services in the community for the children and foster families
    9. Self-awareness
    10. Communication skills
    11. Problem solving
    12. First aid and home safety
    13. Human sexuality
    14. Foster care as preparation for adoption
    15. The need for adoption
    16. Adoption responsibilities
    17. The function of the Citizens' Review Board for Children (CRBC) and other case review processes described in COMAR 07.01.06 and the foster parent's role in these processes
    18. The legal, technical, procedural, financial, medical, liability, and educational aspects of child placement
    19. The nature and purpose of agency documents, including the permanent placement case plans and the service agreement
    20. Requirements for certified foster parents as described in Regulations .04—.11 of this chapter and agency policy
D. Continuing Training
    1. Continuing training of foster parents shall include a minimum of 6 hours per year
    2. The training shall concentrate on the topics listed in §C *[please refer to Section "C, #1-20" above]* of this regulation and additional foster care topics as needed

COMAR 07.02.21.10B

Areas of training include:

- A history of the importance of foster parents to the child welfare program, from a historical perspective to the present team approach concept
- The definition of foster care and its relationship to permanency planning
- The rationale for teamwork in permanency planning
- An explanation of the needs and rights of children in foster care
- An explanation of the needs, rights, and responsibilities of parents of children in care
- A delineation of the complementary roles of foster parents and caseworkers
- A review of the grieving process
- Exploration of an applicant's own feelings about separation
- Recommendations for helping foster families work with the feelings and resultant behaviors that are typical of children separated from their biological parents
- The development of an accepting attitude with regard to the biological parent-child relationship
- A review of issues related to substance abuse
- Health and safety practices related to universal precautions.

Office of Licensing and Monitoring

Child Placement Agencies are required to submit a monthly safety report to DHR's Office of Licensing and Monitoring which documents the status of all certified treatment foster parents. This report documents the date of the treatment foster parents' certification and recertification. This action, as stated above, could not have been completed if the training hours were not met.

All programs are monitored quarterly by DHR's Office of Licensing and Monitoring. Documentation must be in each employee's and certified treatment foster parent's record, demonstrating that the appropriate trainings were provided and obtained. Furthermore, Licensing Coordinators interview a random sample of staff and certified treatment foster parents on various subjects, including training. They are questioned as to whether they have received the necessary training to perform their job duties or to care for the youth in their home, and whether or not they felt that the training was useful. Programs that have not provided the required training are cited and must complete a CAP.

DHR's Office of Licensing and Monitoring holds quarterly meetings with all of the licensed providers (RCC and CPA). These quarterly meetings provide training on COMAR requirements, current trends, youth needs, etc. (example: Reasonable and Prudent Parenting, Grief and Loss). DHR's Office of Licensing and Monitoring has completed the process to be approved to provide CEUs through the Maryland Board of Social Work Examiners. As a part of this process, evaluations are required and completed by the attendees.

As of March 31, 2017, there are approximately 1734 certified CPA homes by Child Placement Agencies.

All programs are monitored quarterly by DHR's Office of Licensing and Monitoring. Annually, a random sample of CPA home records is reviewed by licensing coordinators. During Quarter 3 of Fiscal Year 2017, 100% of CPA home records were compliant for training.

For the CPA Child Placement Agency Training

DHR's OLM does not track the required training. OLM Licensing Coordinators conduct quarterly, periodic, mid-year, and re-licensure monitoring visits, which include a random selection of records to review for all COMAR requirements.

The number of non-compliant homes is not significant, as it is compared to the total number of CPA homes certified (and reviewed by random sample). DHR's OLM completes a random sample of personnel and foster parent records for all COMAR requirements, including training. This random sample is 10 + 10%, based on the agency's personnel and foster parent census at the time of the monitoring visit.

E. Service Array Development

Item 29: Array of Services

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

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

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

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

State Response:

System Functioning

DHR/SSA's goal is to have a full service array and resource development system that is high quality and accessible in all jurisdictions across the state. In order to develop an organized structure to allow for ongoing review and enhancement of DHR/SSA's strategic vision, DHR/SSA is rolling out an implementation structure, grounded in implementation science, that is designed to support cross system collaboration, the development of feedback loops, monitor outcomes improvements, and timely course correction, when needed. One piece of the structure includes an implementation team dedicated to expanding the existing service array. The role and purpose of this group is to:

- Identify needed workgroups to address key services related to the development of a full service array
- Develop and improve services in alignment with the Integrated Practice Model
- Oversee and monitor outcomes and data related to service array, and use that data to guide the identification of key content areas to be addressed
- Oversee development and implementation of service array initiatives
- Provide recommendations to the Outcomes Improvement Steering Committee on service-array related reinvestment strategies
- Monitor and provide Technical Assistance (TA) on service array development

Specific areas of interest to initially be addressed by the implementation team include the expansion of evidence-based practice, mental health, well-being (i.e. Physical Health, Education), transition age

youth, and substance use services. The team is comprised of internal and external stakeholders including community providers, local departments of social services, and other State agencies, institutes of higher learning, advocates, families and youth. For more information on the SSA Implementation Structure, please refer to CFSR Appendix I, Maryland's Title IV-E Waiver Demonstration Semi-Annual Report #3, Report Period: July 1, 2016 – December 2016, page 7.

One component driving DHS/SSA's service system development is the implementation of comprehensive assessments (i.e. CANS and CANS-F) across all jurisdictions. The roll out of the CANS and CANF-F assessments was initiated in 2012 and 2015 respectively. Compliance in implementing each assessment has been tracked over a number of years. The chart below reflects current state compliance statewide since July 2015:

Chart 3

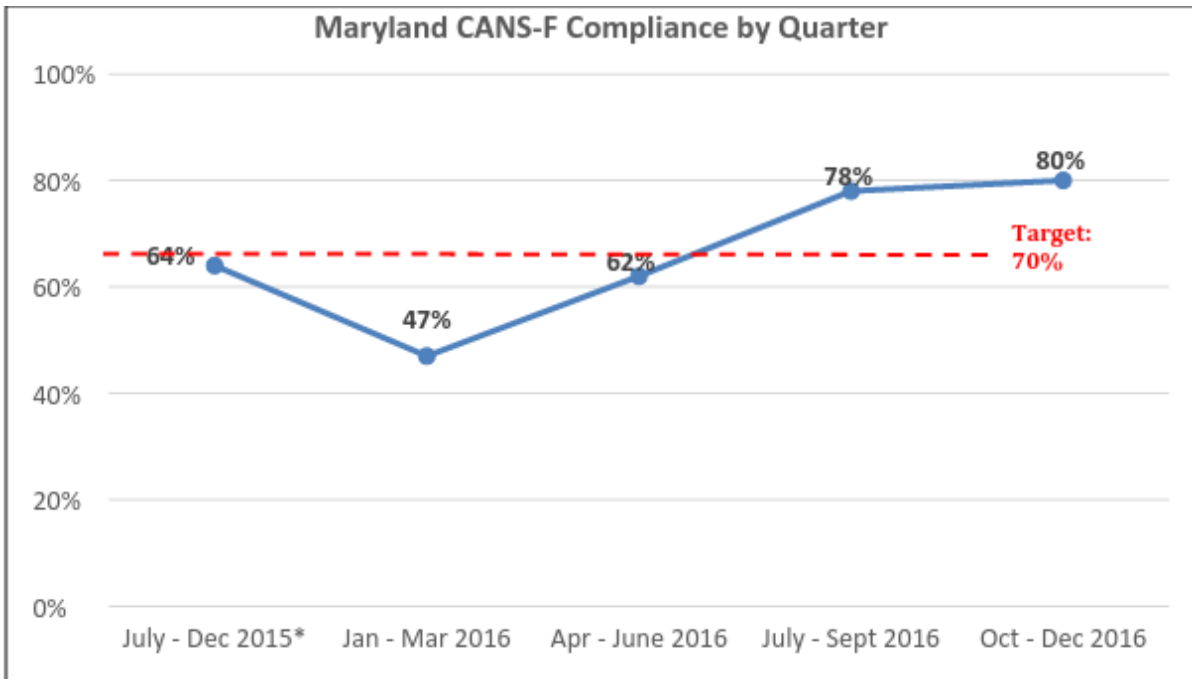
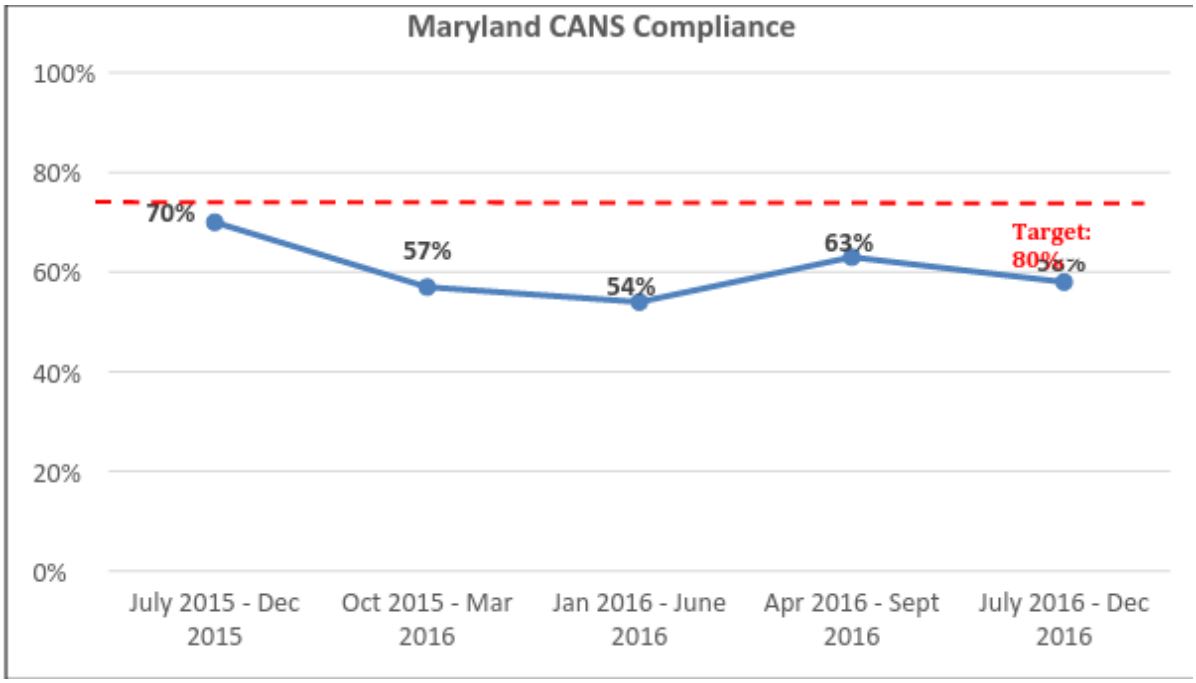


Chart 4



By effectively implementing comprehensive assessments, DHR/SSA will be able to paint a picture of the types of families currently being served and the needs they have, in order to determine the adequacy of the service array across all jurisdictions. DHR/SSA has provided a variety of trainings in order to support compliance with tools and quality of implementation. As compliance and quality improves, DHR/SSA will be able to review outcomes and assess service array needs.

Well-Being Indicator

Another area of growth for DHR/SSA is the preliminary development of a well-being indicator using comprehensive assessment data. The well-being metric is being designed as an index (presented as a percentage) for all children or caregivers who have achieved or maintained well-being:

- ***Achieving-*** well-being is defined as resolving an identified need or gaining a strength in a particular area
- ***Maintaining-*** well-being is defined as not having a need and/or having a strength in a particular area throughout the work with the youth or caregiver

Through the development of a well-being metric, Maryland will be able to look across its system to determine strengths and needs of children and families served across a number of domains, including:

- Behavioral/Emotional Health
- Caregiver Characteristics
- Cognitive Functioning/Educational Achievement

- Environmental Supports
- Physical Health/Developmental
- Social Functioning

Preliminary data was gathered to test the accuracy of developing the metric. As the number of children and caregivers with multiple completed assessments increases, DHR/SSA will be able to develop a process for regularly monitoring trends and develop strategies to enhance and grow its existing service array.

Gaps in Services – IV-E Waiver information

DHR/SSA's Continuous Quality Improvement (CQI) process measures service array needs through the LDSS self-assessment process, case-reviews, case-related interviews, and stakeholder focus groups.

Based on the CQI schedule developed in SFY2016, and revisions in early SFY2016 and late SFY2017, 9 LDSSs were reviewed in SFY2016 and 2017 (*Wicomico, Worcester, Caroline, Talbot, St. Mary's, Harford, Somerset, Calvert and Cecil County LDSSs).* The remaining 15 LDSSs are scheduled for CQI review in the next 1-2 years, with a final schedule to be completed in fall 2017 (see Systemic Factor 25 and APSR Section Quality Assurance for a full description of the CQI process). After analyzing the data gathered from the review, the following service gaps were commonly cited across the 9 LDSSs:

Specific treatment services:

- Substance use disorder services, including peer supports (i.e. peer recovery advocate)
- Trauma related services, including trauma informed mental health providers for adults and children
- Child psychiatric services
- Specialized treatment for victims of abuse
- Specialized treatment for offenders

Specific child welfare supports:

- Visitation center

Community services/resources:

- Reliable, accessible, and community-wide public transportation
- Affordable housing for families and for older youth

Placement resources:

- Resource homes for older youth
- Respite care program for resource parents

- Respite programs for children/youth with developmental disabilities
- Specialized placement resources for children who require a high-intensity level of care
- Crisis/emergency placement resources

Maryland's Title IV-E Wavier Demonstration Project is also focused on enhancing DHR/SSA's service array. As previously reported, DHR/SSA completed a needs and readiness assessment in 2015, and identified the following gaps in services:

- Parental Substance Abuse and Parental Mental Health, particularly for children ages 0-8 at risk for entering care (new entries and re-entries)
- Child Behavioral Health, particularly for 14-17 year olds at risk for entering out-of-home care (new entries and re-entries)

Since that time, DHR/SSA has initiated the following activities to address these gaps:

1. **Substance Use Disorder Services**
   One service area that Maryland has placed a particular focus on is the development of services to address parental substance use and substance exposed newborns. Initial steps have been implemented to develop a strategy to address this growing need in Maryland. A preliminary three-pronged approach has been identified in order to address the unique needs of these populations. The three-pronged approach includes:
   - Creating cross agency workforce development opportunities
   - Increasing access to existing service systems
   - Enhancing the current service array

   Over the next several months, DHR/SSA will be working with local jurisdictions, state and local behavioral health authorities, state and local health departments, local providers, and other stakeholders to develop a full plan to implement strategies in these three areas.

2. **Evidence Based/Informed Practices (EBPs)**
   One of the core strategies of Maryland's Title IV-E Wavier Demonstration Project is implementing 8 identified EBPs in 8 targeted jurisdictions. The goal is to test various EBPs and identify which have the greatest impact on Maryland's desired outcomes. Several of the identified EBPs target child behavioral health (i.e. FFT, Partnering for Success/CBT+). CFSR Appendix I, Maryland's Title IV-E Waiver Demonstration Semi-Annual Report #3, Report Period: July 1, 2016 – December 2016, page 9, provides an update on the implementation of the identified EBPs.

3. **Reinvestment Strategy**
   Maryland's Title IV-E Waiver Demonstration Project has also offered additional opportunities to address gaps in service array across all jurisdictions. In SFY2016 and SFY2017, local jurisdictions were allocated Family Support Funds for the purpose of assisting local jurisdictions in funding services to:
   - Create a family-centered, strengths-based and trauma-responsive child welfare

system of care
- Prevent entries and re-entries into foster care
- Improve outcomes in safety, permanency and well-being
- Address child and family needs that cannot be addressed with other funding sources

To access these funds, DHR's Local Departments of Social Services' submitted plans for the utilization of their allocation to meet individual needs of children, youth, and families involved with child welfare or at risk of involvement, and/or to support local service, program and infrastructure needs. Local plans addressed the following objectives:

- Expand existing services to populations who could not previously be served
- Provide funding for new services that fill gaps in the service array
- Build capacity of community partners in family-centered, strengths-based and trauma-responsive practice
- Meet the needs of children and families that are part of their service plan

CFSR Appendix I, Maryland's Title IV-E Waiver Demonstration Semi-Annual Report #3, Report Period: July 1, 2016 – December 2016, page 19, provides an update on the utilization of these funds.

To further support the LDDSs in utilizing their Family Support Funds, a series of regional meetings were held in March 2017. The goals of these meetings were to:

1. Advance strategies to keep children safe at home by articulating the:
    i. Jurisdiction's trend in entry/re-entry rates
    ii. Population entering/re-entering care
    iii. Unmet needs influencing entry/re-entry into care
    iv. Gaps in service array to address focus population's needs
2. Articulate how family support funding will be used to support short-term strategies
3. Learn about innovative, sustainable approaches used in other jurisdictions to address common service array development challenges
4. Identify opportunities for collaboration, areas where technical assistance is needed, and issues to be elevated through the new Families Blossom implementation structure

During the regional meeting, the LDSSs were able to review data trends in connection with current implementation plans and begin developing SFY2018 funding proposals. During the meetings, the local departments identified specific service gaps and potential strategies to address the gaps, as follows:

Table 10

Regional Meeting Date & Local Jurisdictions Participating	Identified Gaps	Strategies to Address Gaps
3/10/2017 ● Anne Arundel ● Howard ● Prince George's	● Parent and child mental health with recognition that services were not trauma-informed	

● Montgomery ● Queen Anne's ● Charles ● Calvert	enough. ● Parental substance use and growing Substance Exposed Newborns (SENS) population. ● Poverty, particularly high-costs of housing, childcare, etc. ● Lack of supports and services for older youth with behavioral issues.	
3/13/2017 ● Baltimore County ● Cecil ● Carroll	● Burnout among relatives providing kinship care ● Complex cases ● Intergenerational SUDs ● Lack of partnership between agencies assisting children with high intensity behavioral issues	● Expanding efforts to serve parents with substance use disorders ● Expanding current EBPs and promising practices o Partnering for Success o FFT o MST o Circle of Security o My Family Matters o Botvin LifeSkills o PATHS o Family outreach workers ● Providing trauma training for community service providers and/or staff ● Addressing secondary trauma in workers ● Improving family engagement practices (including Family Involvement Meetings (FIM) and Family Team Decision Making)

3/21/2017 ● Allegany ● Frederick ● Garrett ● Washington	● Parental SUDs, particularly: o the lack of effective collaboration with the courts due to differences in expectations, o lack of availability of SUDs services and o lack of consensus among providers, LDSS and other partners about standards for effective SUD treatment. ● The lack of services for transition age youth. ● Lack of housing and employment.	● Addressing trauma in families, and secondary trauma in workers. ● Collaborating with other counties and sharing effective strategies. For example, Allegany County cited their desire to improve use of kin to prevent entry. ● Collaborating, or improving collaboration, with the local health departments, treatment providers and courts regarding SUDs. ● Use of EBPs, particularly Incredible Years and Bester Community of Hope/STEPS ● Use of informal kinship placement, family finding, and Family Involvement Meetings (FIMS).
3/22/2017 ● Caroline ● Dorchester ● Kent ● Queen Anne's Somerset ● Talbot ● Wicomico ● Worcester	● Parental SUDs, ● Parental mental health issues ● Voluntary placement agreements.	● Improving collaboration with community partners, Local Management Boards, and schools ● Improving the local service array (SUD, mental health, and parenting) ● Trauma training for community service providers and/or staff ● Training staff on SUD disorders, recovery, and treatment options ● Improving utilization of Family Finding and Kinship Navigator and family engagement practices ● Improving in-home services for families and parents ● Increasing transportation

		and other concrete family support resources ● Utilization of additional EBPs and promising practices (e.g. Strengthening Families, Motivational Interviewing, Love & Logic, Alternative Response, Nurturing Parent Program, Healthy Families, Signs of Safety, Neurofeedback , COAT)

Local departments used these potential strategies as the foundation for their development of proposals for SFY2018 Family Support funding allocations which were due May 15, 2017.

Safety and Risk Assessment Tools

As reported, over the past several years DHR/SSA planned to enter the replacement risk assessment tool in the revised SACWIS system (MD CHESSIE). The plan started with the Children's Research Center (CRC) conducting an analysis of Maryland's risk assessment tool. The analysis showed a significant increase in the reliability and validity of the CRC's risk assessment model when compared to the current one being used in Maryland. DHR/SSA began working with the CRC in February 2015, on three new risk assessment tools based on an actuarial model. The first two tools are an initial risk assessment and a risk reassessment tool to be used with families receiving In-Home Services. The risk reassessment tool would assess the potential change in risk for a family over time. Out-of-Home Placement Services is looking at piloting the third tool that will help staff assess the decision of returning a child to the home of removal, maintaining Out-of-Home care, or recommending an alternate permanency goal, after considering a combination of a safety assessment, visitation quality and quantity and risk of future maltreatment. In August 2015, the CRC, the Child Welfare Academy and representatives from the local departments met to pilot a training program for all child welfare staff who will use these tools. Following that meeting, the plan was to re-visit and revise the tool and/or instructions for its use. Once completed, the new tool was shared with the DHR/SSA's automation team who, after reviewing the tool, decided to hold off on its build until the MD CHESSIE replacement was developed. The contract with CRC was extended as the plan to use the new risk tool continued. The new tool remains available for the anticipated launch of the new child welfare automated system (MD CHESSIE replacement) in 2018.

Local departments continue to use the Maryland Family Risk Assessment and the Safe-C as assessment tools in all In-Home services including Child Protective Services (both investigative and alternative response), Services to Families with Children, Consolidated In-Home Services and Inter Agency Family

Preservation Services. Policy identifies when the tool should be applied over the life of the intervention. All the above, except Child Protective Services, use the CANS-F assessment as well, which is discussed in detail below.

For Child Protective Services, the combination of scores from the risk assessment and a determination of whether or not the family needs a safety plan to reduce assessed threats to a child, drive the decision as to whether to open the case for additional service. Essentially those cases with safety plans in place and high risk scores are recommended for ongoing service. Both the Safe-C and CANS-F can result in planning with the family. Safe-C helps LDSS staff identify issues that threaten a child's safety and require action (creation of a safety plan or removal of the child) based on what is assessed to be present or absent. Policy SSA # 04-04, In-Home Services Progress Review (submitted in previous reports), identifies when the review of individual case activity should be assessed to determine the need to conduct further assessment, revise the service plan in use, or to close the work currently underway with the family. The CANS-F is a more in-depth assessment that helps staff, through engagement with the family, identify strengths and concerns and helps prioritize those concerns needing immediate attention. Families who are participants in assessment and planning help LDSS staff target items for action based on the family's circumstances.

Item 30: Individualizing Services

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

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

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

State Response:

As stated in Item 29, DHR/SSA has developed an implementation structure, leveraged the Title IV-E Demonstration Project, and implemented comprehensive assessments (CANS and CANS-F), in order to individualize services to meet the unique needs of children and families served by the agency.

CANS/CANS-F

The comprehensive assessment tools implemented statewide enable local department staff to be very specific regarding strengths and needs that can then be discussed with the family and incorporated into a service plan. The tools require an assessment of each family member and the resulting service plan (if needed) can be tailored to the specific need of that individual. For example, if the assessment shows that a teen is having adjustment problems in school (skipping classes, getting into fights with other students, being combative with staff) because of cultural or religious issues, the service identified for the teen needs to be selected based on their ability to address the issue. It is realized that in-service planning needs are prioritized and services plans will reflect the agreed upon priorities.

As part of Maryland's Title IV-E Demonstration Waiver evaluation, the connection between CANS-F, service planning and referrals is being assessed. The evaluation is looking to determine the extent to which needs identified in the CANS-F were addressed through referrals to services or other caseworker actions. Case reviews are conducted to examine the following two questions:

1. What was the quality of CANS-F implementation
2. Were identified needs from the CANS-F associated with referrals for services and/or other activities in the service plan

See CFSR Appendix I, Maryland's Title IV-E Waiver Demonstration Semi-Annual Report #3, Report Period: July 1, 2016 – December 2016, page 53-56, for evaluation results.

The initial evaluation results show that additional supports are needed to continue to strengthen CANS-F implementation. Planned support to local departments includes:

- Additional training for caseworkers to increase their knowledge and skill in using the CANS-F tool, ensuring that the needs are being identified and referrals made or services offered, and where services are not available
- Working with stakeholders to develop services to allow for individualization and to meet the needs of children and families served by the agency
- In collaboration with the University of Maryland School of Social Work, the Institute for Innovation and Implementation and Chapin Hall, conduct regional learning cohorts to assist local jurisdictions in improving quality implementation of the CANS and CANS-F
    - To support this effort, CANS/CANS-F leads are being identified within each jurisdiction to regularly review CANS/CANS-F data, and support the effective implementation of these tools within their jurisdiction

Flex Funds

Traditional flex funds are available to each local department to be spent on the highest priority cases in order to individualize services for children and families. Services purchased with these funds must be tied to an individual child and/or family's service plan. Items which can be purchased with flex funds include but are not limited to:

1. Parenting Education
2. Psychiatric/psychological evaluations and treatment
3. Individual/marital/family/group therapy
4. Respite
5. Personal care items (i.e. clothing, personal hygiene items)
6. Rental Assistance
7. Essential household items
8. Special medical services or equipment not covered by medical assistance or other resources

In addition to traditional flex funds, local departments were allocated Family Support Funds as part of DHR/SSA's Title IV-E Waiver. Family Support Funds were provided to promote safety, permanency, and well-being among children and families specifically for preventing out of home placements (entry or reentry). In order to be eligible, children, youth, and families were required to have an open DSS child welfare case (CPS, In-Home, or Out-of-Home) and been assessed as “conditionally safe” per the Safe-C and/or score at moderate or high risk on the Maryland’s Family Risk Assessment (MFRA). Funds were allowed to be used to support individualized goods or services named in a child/family’s service plan. For more information on the specific use of these fund See Appendix I, Maryland’s Title IV-E Wavier Demonstration Semi-Annual Report #, Report period: July 2016 - December 2016, page 19-20.

DHR/SSA has leveraged the Title IV-E Waiver Demonstration Project to further leverage access to a

wider range of services for children and families. As discussed in Item 29, these funds, first issued in 2016, are used to:

- Expand existing services to populations who could not previously be served
- Provide funding for new services that fill gaps in the service array
- Build capacity of community partners in family-centered, strengths-based and trauma-responsive practice
- Meet the needs of children and families that are part of the service plan

See CFSR Appendix I, Maryland's Title IV-E Waiver Demonstration Semi-Annual Report #3, Report Period: July 1, 2016 – December 2016, page 30, for services provided using Family Support Funds.

Continuous Quality Improvement (CQI) process

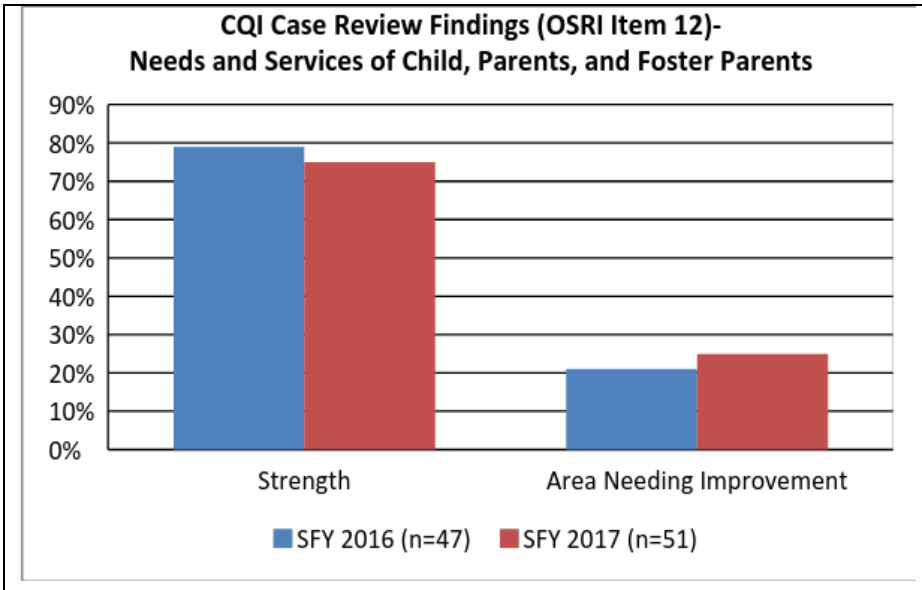
The current Continuous Quality Improvement (CQI) process conducts case reviews using the Children's Bureau's Onsite Review Instrument (OSRI) for Child and Family Services Review (CFSR), Round 3. Several items in the OSRI correlate to the review of the development of case plans and individualizing services to address needs.

Based on the CQI schedule developed in SFY2016, and revisions to the CQI process in early SFY2016 and late SFY2017, 4 LDSSs were reviewed in SFY2016, and 5 were reviewed in SFY2017. The remaining 15 LDSSs are scheduled for CQI review in the next 1-2 years, with a final schedule to be completed in fall 2017 (See Systemic Factor 25 and APSR Section Quality Assurance for a full description of the CQI process). Individualized service delivery data from the nine completed reviews is discussed below:

In analyzing the OSRI data, Item 12 assesses *needs and services of child, parents, and foster parents,* "To determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services." (*Child and Family Services Review Onsite Review Instrument and Instructions*, January 2016, Children's Bureau).

Data from Item 12 from the OSRI for case reviews conducted in SFY2016 and SFY2017 is shown below:

Chart 5



SFY2016 LDSSs reviewed
Wicomico, Worcester, Caroline, and Talbot
(Strength = 37
ANI = 10)

SFY2017 LDSSs reviewed
St. Mary's, Harford, Somerset, Calvert, and Cecil
(Strength = 38
ANI = 13)

A majority of cases reviewed showed documentation of individualized services provided to parents, children, and foster parents based on individualized needs, while just over 20% of cases reviewed showed a lack of individualized services provided. Examples of services provided by the LDSSs to parents, children, and foster parents include a behavior specialist for a child with Autism, mental health treatment that utilizes animals as part of the therapeutic process, and hospital equipment for a child who is disabled. The assessment of individualized services for children and families will continue to be monitored in the revised CQI process.

Onsite Interviews - DHR/SSA's CQI process includes case-related and stakeholder interviews that are conducted with available family, children/youth, caseworkers, supervisors, and others related to the cases randomly selected for review. Examples of services provided by the LDSSs to parents, children, and foster parents include a behavior specialist for a child with Autism, mental health treatment that utilizes animals as part of the therapeutic process, and hospital equipment for a child who is disabled. The assessment of individualized services for children and families will continue to be monitored in the

revised CQI process.

Based on feedback from SSA Program Managers and the Children's Bureau, in mid-SFY2017, the CQI Unit added interview questions to the case-related and stakeholder focus group interview guides in order to better assess the extent to which parents, children, and foster parents are provided with individualized services to meet their needs. Case-related and stakeholder interview guides were revised for parent/caregiver, youth, resource parent, caseworker, and supervisor interviews/focus groups.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

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

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

State Response:
DHR/SSA has initiated several opportunities to engage in ongoing consultation with consumers, service providers, foster care providers, the juvenile court, and other public and private child-and family-serving agencies, and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

1. SSA Advisory Board – As DHR/SSA has continued to expand its work and strategic vision with the addition of Families Blossom (Maryland's Title IV-E Waiver); there was also a review of the existing advisory council structures in an attempt to streamline the work. Two groups have been guiding the current child welfare work:
    a. The Family-Centered Practice (FCP) Oversight Committee was established in 2009, with the purpose of monitoring the FCP implementations and offering recommendations for program enhancements to sustain statewide welfare practices
    b. The Title IV-E Waiver Advisory Council was established in November 2014, with the purpose of supporting the implementation of Maryland's Title IV-E Waiver

In December 2016, DHR/SSA merged these two groups to become the SSA Advisory Council in order to support the broader goal of creating a comprehensive child welfare practice model, which encompasses family/youth engagement, trauma-responsive care, and best practices in both LDSS service delivery and community services. The charge of the SSA Advisory Council is to advise SSA Leadership and provide stakeholder feedback on the development of:

- A full array of services and programs
- An integrated, comprehensive practice model, which includes Family-Centered Practice, Trauma-Responsive, and builds on the strengths of family, children, and youth

- Family and youth peer support networks
- Utilizing outcome data and Continuous Quality Improvement (CQI) feedback loops

The SSA Advisory Board meets quarterly and membership includes the following responsibilities:

- Attending and being properly prepared for the quarterly Advisory Board meetings
- Participating actively in discussions during Advisory Board meetings and outside of regularly scheduled meetings
- Participating on other workgroups, ad hoc committees, teams, etc, as needed
- Providing and receiving input and feedback to/from peers and constituents they are representing
- Bringing information back to the constituency they represent
- Providing updates and report back on any assigned action items

Membership on the Advisory Board includes:

Agency	
DHR	University of Maryland, School of Social Work
Local Departments of Social Services	Foster Care Court Improvement Project
Families	GCCOP
Youth	Maryland Coalition of Families for Children's Mental Health
Governor's Office for Children	Maryland Family Focused Treatment Association
Department of Juvenile Services	Residential Treatment Coalition
Maryland State Department of Education	Community Behavioral Health Association
Department of Developmental Disabilities	Provider Advisory Council
Department of Housing and Community Development	Maryland Association of Addiction Professionals
Maryland Interagency Council on Homelessness	Advocates for Children and Youth
Department of Health and Mental Hygiene, ● Medicaid ● Behavioral Health Administration ● Maternal and Child Health	Maryland State Council on Child Abuse and Neglect (SCCAN)
Casey Family Programs	Maryland Commission on Caregiving
Citizen Review Board for Children	Office of the Public Defender
Chapin Hall at the University of Chicago	Maryland Resource Parent Association
The Institute at University of Maryland School of Social Work	MD CASA
Ruth H. Young Center for Families and Children at University of Maryland School of Social Work	UMB School of Pharmacy

2. Implementation Structure – As described in Maryland's Title IV-E Waiver Demonstration Project

Annual Report #3, page 28, DHR/SSA has initiated the development of an Implementation Structure that is informed by implementation science and is designed to:

a. Develop and refine DHR/SSA's strategic direction and desired outcomes
b. Ensure implementation of the strategic direction & real-time integration/alignment of initiatives and opportunities
c. Identify and allocate resources aligned with the strategic direction
d. Make timely policy and programmatic decisions to further the strategic direction
e. Continually track and monitor progress toward identified outcomes, and allowing for mid-course improvements as needed
f. Manage and sustain the desired change

The Implementation Structure includes representatives from across the child welfare system, including youth and families, as well as a number of external partners. See CFSR Appendix J, SSA Advisory Council_Charter_1.30.17, for a list of teams and workgroup, theory purpose, and membership.

3. CRCB – annual reports APPLA, Adoption, limited case reviews
   Maryland's Citizens Review Board for Children (CRBC) is comprised of volunteer citizens and DHR staff who provide child welfare expertise, guidance and support to the State and Local Boards
   a. CRBC is charged with examining the policies, practices and procedures of Maryland's child protective services, evaluating and making recommendations for systemic improvement in accordance with §5-539 and § 5-539.1 and the Federal Child Abuse and Treatment Act (CAPTA) (Section 106 (c)). Please review the Citizens Review Board for Children Annual Report, Fiscal 2016, Appendix E.
4. Maryland Foster Care Association (MRPA)
   "MRPA's mission is to provide support service to all Resource Families in the state of Maryland. Membership in the Association shall be open to all Resource Parents. MRPA supports foster, adoptive, kinship and guardianship parents all across the state of Maryland. "(reference www.mrpa.org)
5. Foster Care Court Improvement Project (FCCIP)
   Since 1994, the Maryland Judiciary's FCCIP has endeavored to improve the court's performance in the handling of child abuse and neglect cases, and to ensure the safety, permanency, and well-being of children in foster care. The primary focus of the FCCIP is Child In Need of Assistance (CINA) and related guardianship and adoption cases. The FCCIP is comprised of judges and family magistrates, with participation and cooperation from court personnel, child welfare attorneys, representatives from the state child welfare agency, and other relevant stakeholders.
6. Provider Advisory Council
   The Provider Advisory Council (PAC) originated on September 20, 2007. The PAC formed on the request of the DHR Secretary to facilitate dialogue, to provide advice and feedback from the Provider Community into DHR initiatives, and to create positive, collaborative relationships to serve the best interest of children and families in the child welfare system. The PAC operates as an advisory council and is based on the commitment of all participants to provide honest and respectful communication and consensus building. Composition:
   a. The Secretary
   b. Executive Director of SSA

c. Executive Director of OLM
d. Other DHR staff as designated by the Secretary
e. Two representatives from the following service categories, chosen by the PAC and approved by DHR, taking into consideration geographical location, size of organization, and minority representation:
    i. Group care programs other than TGH
    ii. Therapeutic group homes
    iii. Treatment foster care
    iv. Independent living
    v. Residential treatment centers
    vi. Home and community based services
    vii. Two at large representatives

7. Three Branches

In July 2016, DHR/SSA was chosen as one of eight states to participate in the Three Branch Institute, designed to bring the three branches of government together to develop an action plan to address the most pressing child welfare issues, with this year's focus on improving Child Safety and Preventing Child Fatalities. The Institute helps selected states develop an integrated and comprehensive plan for improving child safety, by aligning the work of the executive, legislative and judicial branches of state government. The core Maryland team representing the three branches of government who attended a convening in July 2016 included:

a. Rebecca Jones Gaston – DHR SSA
b. Judge Kathleen Cox – Baltimore County
c. Judge Michael Stamm – St. Mary's County
d. Delegate Vanessa Atterbeary – Howard County
e. Senator Susan Lee – Montgomery County
f. Rena Mohamed – Baltimore City DSS
g. Cathy Costa – Baltimore City Health Department

DHR/SSA has also established a state team that meets monthly and includes a core team as well as representatives from:

- DHR (SSA and the Office of Government Affairs, OGA)
- DHMH (Maternal and Child Health and Behavioral Health Administration)
- State Delegates (Charles and Washington Counties)
- Local Health Departments
- Local Departments of Social Services
- Local Core Service Agencies
- Local Providers
- State Child Fatality Review team
- Maryland State Council on Child Abuse & Neglect
- Foster Care Court Improvement Programs
- Technical Assistance Partners from Chapin Hall and University of Maryland

The state team has developed work plans to address the following preliminary areas of focus:

- Enhance/consolidate state structure(s) for the review of child fatalities to support all agencies in creating systemic change and developing a safety culture
- Enhance/expand service array for substance exposed newborns and their families
- Expand data sharing opportunities across agencies to promote child safety and well-being

8. Youth Advisory Board (YAB) Focus Group

   To support DHR/SSA's priority to increase youth and family engagement in LDSS decision-making, a focus group was conducted with the Youth Advisory Board in February 2017. Attendees included six YAB members currently residing in out-of-home placements and representing Somerset, Anne Arundel, and Harford Counties and Baltimore City. Also in attendance were three Independent Living Coordinators; one DHR Foster Youth Ombudsman; Keisha Atlee, Acting Supervisor for Older Youth Placement and Permanency; and DHR/SSA's Executive Director, Rebecca Jones Gaston. The focus group was designed to solicit youths' opinions on the following:

   - Current and needed services
   - Ways SSA can best connect with youth and families
   - How the YAB would like to engage with SSA's governance structure

   Feedback from the focus group included:

   A. What's Working Well in SSA Services
   - Independent Living Coordinators
   - Youth Advisory Board
   - Financial support for independent living activities

   B. What's Missing in SSA Services
   - Support system for kids aging out of or coming into the system
   - Social and life skills for youth in foster care
   - Consistency in independent living services across the state
   - Communication channels between birth and foster/adoptive families
   - Improved vetting of foster families
     - Allow youth to interview the family
     - Incorporate youth in foster parent training
     - Media campaigns dispelling concerns about older youth
   - Improved vetting of social workers
   - Communication channels between youth, foster parents, and social workers

   C. Youth Voice in Service Planning
   - Do not always feel heard during Family Involvement Meetings (FIMs)
   - Want social workers to attend to their needs in a holistic fashion

   D. Strategies for Youth Feedback on Services and Programs
   - Social media
   - Community opportunities to connect
   - Opportunities for one-on-one communication

- Alumni board of young adults

E. Strategies for Family Feedback on Services and Programs

- Build connections through good therapists and peer mentors
- Better support for communication between biological and foster families

F. Engaging with SSA's Governance Structure

- Give youth a seat at the table to speak directly with Executive Leadership
- Discuss policy and program initiatives together
- Take youth to testify before the legislature

See CFSR Appendix K, for the full report on the YAB Focus Group. These findings were shared with SSA's Advisory Board and the Outcomes Improvement Steering Committee. Plans are under way to respond to the YAB and develop plans to implement some of the recommendations suggested.

Item 32: Coordination of CFSP Services with Other Federal Programs

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

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

State Response:

DHR/SSA coordinates CFSP Services with a myriad of agencies to assist families and children. Information is also regularly shared with sister agencies and as part of collaboration and to support services that other agencies offer.

Information and data sharing:

- SSA sends data annually about current/former foster children who range in age from 18 to 25 to DHR's Family Investment Administration (FIA) for an FIA report on employment (in conjunction with University of Baltimore)
- Maryland Higher Education Commission (MHEC) – SSA sends semi-annual data about foster children and adoption subsidies to MHEC, and in return receives information about tuition waivers
- Foster children are eligible for free school meals, the free Child and Adult Care Food Program (CACFP) meal reimbursement for providers, and free meals in the Summer Food Service Program. At this time, the State and local education agencies combine information about the foster children and other groups who are eligible, such as families receiving temporary cash assistance, homeless families, families receiving head start/even start, migrant families, and runaway children/youth
    - When the Maryland State Department of Education undertakes the redesign of its Direct Certification system, used to help administer and document the recipients in the free school lunch program, DHR/SSA will request to have the count of recipients broken out in order to receive counts of children and families participating in these food assistance programs
- Federal Children's Bureau - SSA sends the following federal reports:
    - Child Welfare: National Child Abuse and Neglect Data System (NCANDS) Annually, Adoptions and Foster Care Analysis and Reporting System (AFCARS) Semi-Annually, Caseworker Visitation Annually, National Youth in Transition Database (NYTD) Semi-Annually
    - Social Services Block Grant (SSBG) Pre-Expenditure and Post-Expenditure Reports, for Child Welfare and Adult Services, Annually

Home Visiting

DHR/SSA partners with DHMH's Maternal and Child Health Bureau by means of a Letter of Agreement (2016-2018) to conduct a study on federally funded home visiting programs. The program is entitled, "Reporting of the Incidence of Child Abuse and Neglect In Homes Visited – Maternal, Infant and Early Childhood Home Visiting". The home visiting program is supported by a federal grant received by DHMH. DHR/SSA's participation provides data to fulfill a grant reporting requirement.

Human Trafficking of Youth

University of Maryland School of Social Work (UMSSW) has partnered with DHR to establish The Child Sex Trafficking Victims Initiative (CSTVI). A grant issued by the Children's Bureau has enabled Maryland to work on trafficking in collaboration with multiple partners. This initiative is building capacity within DHR and its 24 LDSSs to address sex trafficking within the child welfare population, with the following goals:

- Improve identification of trafficking victims through the customization and implementation of a screening tool
- Enhance capacity of child welfare workers to recognize and serve this population through development of a cohesive training plan for DHR staff
- Ensure that trafficking youth or those at high risk have access to comprehensive, high-quality services

UMSSW CSTVI is building on relationships with DHR, the Maryland Human Trafficking Task Force, and a statewide coalition of victim services providers to achieve these goals. This 60-month project will establish a comprehensive and sustainable response for combating child trafficking in the child welfare system, build infrastructure capacity among state and local child welfare agencies and victim services providers, and collect valuable information about how Maryland's system-involved youth are impacted by human trafficking. UMSSW serves as the lead agency responsible for project management and evaluation.

One of the grant's activities was to create the existing Child Sex Trafficking Victims Initiative Coalition. The purpose of the coalition has been to convene key stakeholders to focus on sex trafficking among system-involved youth. By bringing together the agencies and individuals currently working with youth in care, the Coalition is working to build capacity and infrastructure to respond to victims of sex trafficking and prevent the exploitation of high risk youth. The Coalition explores human trafficking trends, drafts and refines policy, reviews cases and trends, and makes recommendations about the issues that are unique to trafficked youth in state care. The Coalition's work is aimed at the overarching goal of building capacity and infrastructure specifically for service providers and agencies serving this unique population.

Partnership with State Agencies and the Federal National Center on Substance Abuse and Child Welfare (NCSACW).

In February 2017, the State of Maryland participated in a Policy Academy that was developed to work with state teams to introduce them to best practices using policy tools developed by the National Center on Substance Abuse and Child Welfare (NCSACW). The purpose of the Policy Academy was to strengthen the knowledge and skills of state substance abuse, child welfare, and public health agencies, along with other key state partners to address planning, implementation, and the evaluation of policies that support the complex needs of families affected by substance use disorders through collaborative practices. Participants of the Policy Academy worked in teams consisting of State, County or Tribal entities interested in improving their collaborative practices to serve families involved in the child welfare system as a result of parental substance use disorders, and especially opioid use disorders among pregnant women. In some instances, the Policy Academy participant teams will become an In-Depth Technical Assistance (IDTA) site, but not all Policy Academy teams receive IDTA.

The State of Maryland, with the Behavioral Health Administration (BHA) in the Department of Health and Mental Hygiene (DHMH) as the lead agency, was selected as one of ten teams nationally to create a state-specific policy agenda and action plan that strengthens collaboration across systems to address the complex needs of pregnant and postpartum women with opioid use disorders and their infants. The State of Maryland was assigned a Change Leader from the NCSACW and will receive technical assistance and support for the next six months that will consist of monthly calls with the Change Leader, peer networking and access to mentor sites, the development of cross systems guides/surveys, topical discussion through webinars or conference calls, access to NCSACW technical assistance resources and consultants, site visits, and the development of a Data Profile template. The State of Maryland developed the following goals:

1. Develop formal agreements between state agencies that outline shared principles to guide collaborative efforts to improve systems and services for pregnant and post-partum women affected by opioid use disorders, their children and families
2. Develop a comprehensive continuum of care that meets the needs of pregnant and post-partum women affected by opioid use disorders, as well as their children and families
3. Develop a statewide strategy for a plan of safe care that addresses the needs of the infant and the affected family or caregiver
4. Develop a strategy for cross systems workforce development among agencies and organizations serving pregnant and post-partum women affected by opioid use disorders, their children and families, to reduce stigma, support best practices, enhance knowledge and improve cross system communication
5. Inventory current data and agency capacity to collect data to determine systemic enhancements for effective needs assessment, planning, monitoring, and tracking performance measures

The members of the Maryland team are: Suzette Tucker, DHMH Project Liaison; Marian Bland, DHMH; Dr. Lee Woods, DHMH; Shanna Wideman, DHMH; David Kalikhman, DHMH; Brandi Stocksdale, DHR; Stephanie Cooke, DHR; Dr. Lorraine Milio, Johns Hopkins School of Medicine; and Bonnie DiPietro, Maryland Patient Safety Center. It is also understood that additional key State and community members

will be invited to participate in this initiative.

The number of human trafficking referrals is tracked, and additional factors such as the need for emergency placement, age, race, and whether receiving child welfare services at time of referral are reviewed. From May 1, 2016, to April 30, 2017, 104 human trafficking referrals representing 100 youth were received by DHR.

Family Unification Program

The Family Unification Program (FUP) is a program under which Housing Choice Vouchers (HCVs) are provided to families for whom the lack of adequate housing is a primary factor in either:

- The imminent placement of the family's child or children in Out-of-Home care
- The delay in the discharge of the child or children to the family from Out-of-Home care

In SFY2017, 100 FUP vouchers were utilized in Baltimore City, with an additional 185 FUP vouchers used throughout the State.

Dental Assessment

As part of Goal 3, Strengthen the Well-Being for Infants, Children and Youth in Foster Care Health Services (see APSR, Goal 3, Measures 2, 3 and 4), DHR/SSA is partnering with DHMH to increase the availability of dental providers that accept Medicaid across the State.

Performance Measure	2010	2011	2012	2013	2014	2015	2016
Annual Dental Assessment for foster children in care throughout the year	40%	49%	45%	50%	49%	52%	53%

Data Source: MD CHESSIE

SSA will review the barriers to services and continue to collaborate with DHMH. DHR met with Medicaid in February 2016, to explore collaboration and data exchange. Also, collaboration with Medicaid and dental providers across the state will increase the LDSS' access to dental providers for children. Collaborating with Medicaid on a regular basis will ensure that providers across the state are aware of the services that foster children need. DHR is currently collaborating with DHMH on a regular basis.

Maryland Family Network (Please see APSR for more details)

Community-Based Child Abuse and Prevention (CBCAP)

The Maryland Family Network (MFN), an independent non-profit organization, is Maryland's lead agency for the Community-Based Child Abuse and Prevention (CBCAP) program. The organization's mission is to

ensure that young children and their families have the resources needed to succeed. Prevention services delivered to over 5,250 individuals/2,500 families common to all 26 programs included:

- Parent education and respite
- Infant/toddler programs
- Self-sufficiency programs
- Home visiting
- Service coordination
- Health education
- Parent involvement
- Resource development

Seven specific outcomes have been identified for the Centers:

1. Children are immunized on time
2. Children meet age-appropriate developmental milestones or are linked with appropriate services
3. Parents develop good parenting skills
4. Parents advocate for services and assistance that will benefit their families and negotiate the service system to obtain needed services
5. Adults increase educational attainment levels
6. Adults move toward self-sufficiency
7. Adults plan and space subsequent pregnancies

In SFY2016:

- 89% of all children participating were fully immunized.
- 92% of all children received at least one developmental screening using the *Ages and Stages Questionnaire,* compared to 31% (national figure, 2011/13 for children age 10 months to 5 years). All children were at or above the expected level of performance on each of the measures.
- Eighty-three percent (83%) of all families attending regularly developed Family Partnership Agreements.
- 62% of families made progress on their personal goals that were established through the formal Family Partnership Agreement process
- Over 800 participants took part in adult education services at FSCs including ABE, GED, ESOL, Alternative High School, and the External Diploma Program.
- Over 620 parents completed Employability Services including Career Counseling, Computer Literacy, Job Readiness and Development, and Job Training/Work Experience/Skill Development.

Included in Maryland's Family Support Center network are Early Head Start programs serving 747 pregnant women, infants and toddlers, and their families, through a combination of center and home based services located in six Maryland jurisdictions.

- EHS Child Care Partnership projects are providing expanded child care services for infants and toddlers in these same communities, one of which is a facility in West Baltimore City serving homeless families and their children.

The Maryland Child Care Resource Network (MCCRN) has 12 centers statewide. MFN established and coordinates the operation of Child Care Resource Centers (CCRCs) that provide training and technical assistance each year to over 25,000 child care professionals. MCCRN is the largest provider of training for the child care community in Maryland, offering training directly to child care providers and to those who are trainers. Training services enhance the quality of care when the child care providers participate in high-quality professional development and training opportunities. Each Child Care Resource Center provides training and professional development opportunities to child care providers through workshops, series training, conferences, and professional development institutes.

LOCATE: Child Care is a free telephone service that offers parents an opportunity to speak with a referral specialist about specific child care needs. Through a statewide database service housed at MFN, 3,500 parents consulted **LOCATE: Child Care** this year, seeking child care for about 5,000 children. **LOCATE: Child Care** counsels parents on locating and selecting licensed, quality child care, best suited to their needs, preferences, and ability to pay. Parents can ask questions about how to identify quality child care in their communities or near their work. During SFY2016, over 11,000 parents visited marylandfamilynetwork.org to conduct 47,500 searches for child care and after-school activities. **LOCATE: Child Care**'s Special Needs Enhanced Services assisted approximately 600 parents looking for high quality, inclusive education and care for children with a range of special health care needs.

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

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-8 or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-8 or IV-E funds.

State Response:

The licensing, recruitment and retention of public resource homes is handled by the Local Departments of Social Services. DHR/SSA provides the guidance, policies and technical assistance to the local departments to ensure they are following regulations. Maryland licensed Child Placement Agencies (CPA) license, recruit and retain the treatment resource homes. CPAs are monitored by the Office of Licensing and Monitoring within DHR.

Maryland's Code of Maryland Annotated Regulations (COMAR section 07.02.25) clearly outlines the requirements for the approval and licensure of foster family homes and child care institutions. These regulations ensure that standards are applied equally across the State. Public foster homes are monitored by the Local Departments of Social Services who study and approve the homes. Maryland licensed CPAs study and approve treatment foster homes and follow the same COMAR.

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

State Plan:

DHR/SSA's Resource Home Placement and Permanency Unit will review data quarterly and ensure that all public providers that receive abuse and/or neglect allegations are monitored to ensure that procedures are being followed. Currently, if a public resource home is being investigated for an allegation of abuse and/or neglect, the home is placed on hold by the LDSS and the safety and well-being of the children currently placed in the home is assessed to determine if a removal is warranted.

The home remains in a hold status until the there is a disposition concluded and the LDSS Resource Home staff make a determination as to whether or not home the home can continue to receive placements, and if so, under what conditions. Public resource parents have a right to appeal the CPS maltreatment finding, and their home is then placed on hold pending the appeal at the Office of Administrative Hearings. DHR/SSA's Placement and Permanency Unit receives maltreatment reports of all indicated LDSS resource homes findings for review and tracking purposes.

State Plan:

DHR/SSA is revising the Resource Home Quality Assurance (QA) process. The revision of questions and the addition of stakeholder interviews are being discussed. DHR/SSA plans to implement the new revised Resource Home QA in the fall of 2017**. DHR/**SSA plans to conduct quarterly reviews on resource homes to ensure uniformity across all jurisdictions by tracking the COMAR 07.02.25, and to ensure regulations are applied equally to public resource parents by the fall of 2017. SSA will develop a review tool to evaluate these standards.

Private Resource Homes:

DHR's Office of Licensing and Monitoring (OLM) is responsible for ensuring that group homes and child placement agencies are in compliance with the safety requirements. There are strict guidelines in place to ensure compliance, and sanctions if the agencies are found to be out of compliance. To ensure uniformity in private resource homes, OLM is currently reviewing provider cases on a quarterly basis to ensure criminal background checks are completed and reviewed equally. The OLM provides quarterly reports to DHR/SSA's Contracts Unit regarding compliance with the safety requirements (see tables below).

All licensed Residential Child Care Providers and Child Placement Agencies are monitored for compliance with regards to licensure of their program and certification of foster parents. These requirements are applied equally and there are no instances of exceptions or waivers in regards to the RCC licenses or the CPA home certifications.

Child Placement Agencies are required to submit a monthly safety report to the Office of Licensing and Monitoring, which documents the status of all certified treatment foster parents. This report documents the date of the treatment foster parents certification and recertification. This action, as stated above, could not have been completed if the COMAR requirements were not met.

All programs are monitored quarterly by DHR's Office of Licensing and Monitoring. Documentation must be in each treatment foster parent's record, demonstrating that the initial certification and recertification requirements were met. Furthermore, Licensing Coordinators interview a random sample of certified treatment foster parents on various subjects, including certification requirements. They are questioned as to whether they have received the necessary training to perform their job duties

or to care for the youth in their home, and whether or not they felt that the training was useful. Programs that have not provided the required elements of the foster home certification are cited and must complete a Corrective Action Plan.

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

As of March 31, 2017, there are approximately 1784 certified CPA homes by Child Placement Agencies. All programs are monitored quarterly by the Office of Licensing and Monitoring and monthly reports are reviewed by Quality Assurance staff. Annually, a random sample of CPA home records is reviewed by licensing coordinators.

Table 11

Q4 SFY2016 SSA Report for CPA					
	Total # CPA Cases reviewed	Compliant	Non-Compliant	Percentage Compliant	Percentage Non-Compliant
Treatment Foster Care (TFC) and Independent Living Program (ILP)	10	10	0	100%	0%
ILP (non-DHR contracted)	1	1	0	100%	0%
TFC	30	20	10	67%	33%
TFC, including 1 Residential Foster Care (RFC) (non-DHR Contracted)	6	2	4	33%	67%

Table 12

Q1 SFY2017 SSA Report for CPA					
	Total # of CPA Cases	Compliant	Non-Compliant	Percentage Compliant	Percentage Non-Compliant

	Reviewed				
TFC and ILP	10	8	2	80%	***20%***
ILP (non-DHR contracted)	1	1	0	100%	0%
TFC	31	18	13	58%	42%
TFC, including 1 RFC (non-DHR Contracted)	5	3	2	60%	40%

Item 34: Requirements for Criminal Background Checks

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

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

State Response:

Maryland is 100% compliant with background checks completed for resource home providers. In order for a resource home to be approved by administrations in DHR's Local Departments of Social Services, all criminal background checks must be completed and approved. The LDSSs cannot approve a resource home without criminal background checks completed by all household members ages 18 and over.

COMAR / Process

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

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

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

- The applicant's ability to execute the responsibilities of a resource parent

- The ability of the LDSS to achieve its goals in providing service to children in out Out-of-Home Placement
- The safety of children in Out-of-Home Placement

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

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

The criminal background investigation must be requested of the Criminal Records Central Repository before a foster or adoptive home can be approved for the placement of a child. Children in relative placements may often already be residing with the caretaker relative at the time the investigation is requested. Every individual required to obtain a criminal background investigation must complete a sworn disclosure statement and fingerprint card. The request for the background check must be documented in the case record.

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

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

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

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

Incidents of maltreatment regarding a resource home are reported to the resource home unit within the local department, and the home is placed on hold pending the investigation. DHR/SSA receives the reports when there is an indicated maltreatment finding.

The Maryland COMAR Regulations that apply to provisions for addressing the safety of foster care and adoptive placements for children are COMAR 07.02.25.15, Annual Reconsideration; COMAR 07.02.25.16, Complaints Regarding Abuse and Neglect, or Both, in Approved Resource Homes; and COMAR 07.02.25.17, Suspension and Revocation.

State Plan:

Public Homes

DHR/SSA plans to pull a random sample of public resource homes cases on a quarterly basis. The sample size will be approximately 15 or 20 cases to specifically review the criminal background investigation for cases in public homes. When cases have indicated findings and the criminal background checks are indicated or unsubstantiated, and a Director's waiver is not in the MD CHESSIE file cabinet, DHR/SSA will follow-up with that LDSS. The Resource Unit will also review public resource homes to see if new adult household members or frequent visitors were added to the public resource home case, and to ensure the CPS/Criminal Background check was completed and the clearances are in the MD CHESSIE file cabinet. DHR will also pull incidents of "hits" quarterly from CJIS to ensure that these reports are being followed-up on by the LDSSs.

Private Resource Homes

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

RCC personnel records must contain documentation of the criminal background check request and a copy of the initial outcome and any periodic updates. Employees are not allowed to have unsupervised

contact with the children until the RCC provider has received the results of the criminal background check, per COMAR 14.31.06.06.

Child Placement Agencies are required to receive the results of the criminal background check before an employee, volunteer, or governing board member who has close proximity to children, are approved for employment or volunteer work, per COMAR 07.05.01.09.

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

Q3 SFY2016 SSA Report for RCC							
Beginning # of Agencies	Closures	Without Contracts	Contracted Programs	Late Contract	*Ending # of Contracted Agencies*	*# of Non-Compliance*	*# of Agencies in Compliance*
48	2	4	42	6	***36***	***4***	***32***
91% Compliance for CJIS (42 Contracted programs and 4 Non-Compliant for CJIS)							

Q4 SFY2016 SSA Report for RCC							
Beginning # Agencies	Closures	Without Contracts	Contracted Programs	Late Contract	*Ending # of Contracted Agencies*	*# of Non-Compliance*	*# of Agencies in Compliance*
48	2	46	42	6	36	4	32
91% Compliance for CJIS (42 Contracted programs and 4 Non-Compliant for CJIS)							

Q1 SFY17 SSA Report for RCC							
Beginning # Agencies	Closures	Without Contracts	Contracted Programs	Late Contract	*Ending # of Contracted Agencies*	*# of Non-Compliance*	*# of Agencies in Compliance*
45	1	44	40	4	36	6	33
70% Compliance for CJIS (28 out of 40)							

Q2 SFY2017 SSA Report for RCC							
Beginning # Agencies	Closures	Without Contracts	Contracted Programs	Late Contract	*Ending # of Contracted Agencies*	*# of Non-Compliance*	*# of Agencies in Compliance*
45	1	4	40	8	32	4	28
78% Compliance for CJIS (28 out of 40)							

Q4 SFY2016 SSA Report for CPA					
	Total #	Compliant	Non-Compliant	Percentage of Compliant CPAs	Percentage of Non-Compliant CPAs
TFC and ILP	10	10	0	100%	0%
ILP (non-DHR contracted)	1	1	0	100%	0%
TFC	30	20	10	67%	33%
TFC, including 1 RFC (non-DHR Contracted)	6	2	4	33%	67%

Q1 SFY17 SSA Report for CPA					
	Total #	Compliant	Non-Compliant	Percentage of Compliant CPAs	Percentage of Non-Compliant CPAs
TFC and ILP	10	8	2	80%	**20%**
ILP (non-DHR	1	1	0	100%	0%

contracted)					
TFC	31	18	13	58%	42%
TFC, including 1 RFC (non-DHR Contracted)	5	3	2	60%	40%

Q2 SFY2017 SSA Report for CPA					
	Total #	Compliant	Non-Compliant	Percentage of Compliant CPAs	Percentage of Non-Compliant CPAs
TFC and ILP	**10**	9	1	90%	10%
ILP (non-DHR contracted)	**1**	1	0	100%	0%
TFC	**32**	21	11	66%	34%
TFC, including 1 RFC (non-DHR contracted)	4	1	3	25%	75%

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

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

State Response:
The following information enables the LDSSs to determine the number of resource parents each individual jurisdiction should recruit in relation to the number of children in care by race/ethnicity:

Per MD CHESSIE data, In April of 2017, 56% of Maryland's 2,633 youth reside in public resource homes with at least one resource parent of the same race. The racial composition of youth in care who reside with at least one provider of the same race is as follows:

- 48% of the 185 Hispanic children in care are with at least one provider of the same race
- 56% of the 1388 African American children in care are with at least one provider of the same race
- 0% of the 3 American Indian children in care are with at least one provider of the same race (provider did not self-identify race)
- 60% of the 845 Caucasian children in care are with at least one provider of the same race
- 0% of the 12 Asian children in care are with at least one provider of the same race
- It should be noted that race/ethnicity was not determined for 200 children. Of the 2,633 youth referenced above:
- 7.03% of the 185 providers are Hispanic
- 53% of the 1,388 providers are African American
- 32% of the 845 provides are White
- 0.57% of the 15 providers are recognized as Other
- 8% of the 200 providers have races that are unknown

2017 Updates

Current data is now available per jurisdiction, and SSA plans to look at the data quarterly to assist the LDSSs in the recruitment and retention of resource parents to ensure racial equality among public resource home providers. SSA Resource Home staff will report the findings to the local departments and provide technical assistance in relation to their local department recruitment/retention plan, that addresses the appropriate needs of foster youth in care in that jurisdiction.

DHR/SSA also plans to address the issue of race not being reported in MD CHESSIE to reduce the percentages of unknown racial information. Resource Regional Home meetings are planned for the fall of 2017, to address child-specific recruitment efforts around older youth, developmentally disabled youth, transitioning aged youth, and LGBTQ youth.

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

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

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

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

State Response:

The Interstate Compact on the Placement of Children (ICPC) ensures that children from other U.S. states in need of Out-of-Home placement in Maryland receive the same protections guaranteed to the children placed in care within Maryland. The ICPC Compact offers states uniform guidelines and procedures to ensure these placements promote the best interests of each child, while simultaneously maintaining the obligations, safeguards and protections of the "receiving" and "sending" states for the child until permanency for that child is achieved in the receiving state's resource home, or until the child returns to the original sending state. In calendar year 2016, 186 Maryland children (through public, private agency or parent-initiated private referral) were approved for placement in out-of-state ICPC placements (per quarterly report statistics of 1st, 2nd, 3rd & 4th quarter data forms sent to AAICPC), with 25 children denied such placements out-of-state.

In the reverse direction (i.e., other States' children coming to Maryland), in calendar year 2016, 337 children were approved for placement into Maryland and 75 denied placement). The DC-MD Border Agreement introduced in 2013 continues to be utilized. The number of DC children in Maryland each month via the Border Agreement averaged 543 in 2016 (the 543 number is separate from the 337 children approved into Maryland from other Compact States. The total # of approved placements into MD is higher than the 543 + 337 count, as many DC placements result in repeat temporary placements into MD before permanency in MD is achieved, if ever, as some return to DC as children returned to DC parents, age-out or are placed into other Compact States).

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

Parents. The ICPC and ICAMA Compacts work to remove barriers to the adoption of children with special needs, and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states. In 2016, 358 children moved into Maryland, whose corresponding ICAMA referrals for Maryland Medical Assistance in connection with adoption or GAP subsidy cases. 122 Maryland youth left Maryland, and ICAMA referrals were sent out-of-State for activation of out-of-State Medical Assistance for those children in new residence States.

Timely Home Studies Reporting and Data

Safe and Timely Placement Act of 2006 (P.L. 109-239). In 2016, 33% of all incoming home study reports were completed in 0-60 days, and 67% were completed in 61-90-or-longer days. The reasons why the extended compliance period was needed range from the following:

- Delay in completion and receipt of required State criminal history background clearances (i.e., Maryland Criminal Justice Information System (MD-CJIS) reports), of required Federal Bureau of Investigation reports (FBI-CJIS), of required United States Department of Justice, Federal Bureau of Investigation (US DOJ, FBI-CJIS) reports when additionally indicated and of required Adam Walsh P.L. 109-248 Child Protective Services (CPS) Clearances when also indicated
- Delay in completion of required home health/fire inspection
- Delay in completion or return of required medical evaluations from the prospective caregiver
- Delay in completion of PRIDE pre-service foster parent training
- Prospective caregiver's lack of timely response to offered home study despite being informed of P.L. 109-239's 60-day deadline
- Lack of technology and resources to complete the home studies timely (i.e., lack of Statewide availability of Livescan, lack of statewide availability of scanners and associated support staff to operate this equipment, lack of "paperless technology systems")
    - The ICAMA Compact now enjoys a "paperless" website for new referrals, but "old" 6.01-generated cases will "age-out" with paper-based communication until youth reach age 21
    - The NEICE "paperless" system is being pursued in year 2017
- While also preparing and completing in-coming ICPC referrals, the outgoing ICPC referral work must also be completed. As stated above, in 2016 LDSS staff and DHR/MD-ICPC staff also simultaneously completed 211 outgoing Interstate referrals for Maryland children proposed to be placed into another State's jurisdiction (186 eventually approved, 25 eventually denied)
- The ICPC unit was down one (1) full-time ICPC/ICAMA Specialist position from 1/01/2016–5/25/2016, by reason of staff reassignment

The actions taken by the State of Maryland in 2016 to resolve the need for an extended compliance period included:

- Sharing of Foster Parent training resource classes between jurisdictions, whenever possible
- Making use of electronic criminal history record checks, (i.e., Livescan), whenever possible

- Continuing to staff four (4) ICPC/ICAMA Specialist staff at the State Central Office in 2016 (when possible) to increase processing efficiency. However, Administrative Assistant support staff capped at 1 full-time position (loss of a half-time Administrative Assistant position in 2016)
- Continued utilization of the Maryland and DC "Border Agreement" affecting DC public agency, initiated MD private Child Placing Agency (CPA) contracts versus request for public agency work on February 7, 2013
    - The DC-MD Border Agreement continued to significantly increase the speed of DC placements into MD (daily average of DC children in MD on any given day averaged 543 children per month in 2016), as well as reduced the amount of time the MD-ICPC office spends in processing DC-proposed placements into MD
    - Only final ICPC permanency proposals on DC to MD cases are processed now, per the DC-MD Border Agreement
- All new ICAMA cases are now processed via the AAICAMA website and all 24 LDSSs process ICAMA referral work via the website
    - Only "older", pre-existing ICAMA referrals opened via the 6.01 ICAMA form are managed by a non-website basis. Again, 358 ICAMA referrals received into MD in 2016 and 122 out
- The National Electronic Interstate Compact Enterprise (NEICE) "paperless", web-based ICPC referral system is being pursued in 2017

Adoption State Plan

DHR is exploring purchasing Adoption membership to Adopt-us-Kids for all 24 LDSSs. This will provide each local department with access to the website to profile children who are legally free and eligible for adoption. This will also allow resource parents who are only interested in adoption to be able to register on the Adoption Exchange Website (Adopt-US-Kids (AUK)). This will follow DHR/SSA's current policy directive #12-18 (Instructions for Using the AdoptUsKids Database). DHR/SSA's Placement and Permanency Unit will provide technical assistance to the local departments in the form of the following:

- Revision and replacement and/or amendments to SSA Policy Directive #12-28 (updates needed to the policy by the fall of 2017)
- Initial/refresher training on how to utilize the Adoption Exchange website, which includes registration of children who are legally free
- Resource Home local department training on teaching foster/adoptive resource parents who wish to adopt, how to register on the AUK database
- Training on how to utilize the AUK database to match potential resource parents with eligible youth in Maryland

DHR plans to track the local departments' utilization of the AUK database by reporting quarterly on the following information:

- Identify and track the number of children identified on the Exchange
- Identify and track the number of families identified on the Exchange

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

APPENDICES

CFSR.Appendix A - Item 19. CPS Trend Data

CFSR. Appendix B - Item 19. Maryland Child Welfare Services Data – Children/Youth in OOH Care, by Gender, Race, Ethnicity, and LDSS

CFSR.Appendix C - Location Data Report - February 2016 Maryland Child Welfare Services Data

CFSR.Appendix D - Review Hearing Findings and Order

CFSR Appendix E - Permanency Planning Review Findings and Order

CFSR Appendix F - Item 24. Survey

CFSR Appendix G -- Item 24. Survey Results

CFSR. Appendix H - Pre-Service Training Modules

CFSR Appendix I - Maryland's Title IV-E Waiver Demonstration Semi-Annual Report #3, Report Period: July 1, 2016 – December 2016

CFSR Appendix J, SSA Advisory Council_Charter_1.30.17

CFSR Appendix K - YAB Focus Group