



January 7, 2014

The Honorable Martin O'Malley
Governor, State of Maryland
100 State Circle
Annapolis, Maryland 21401

RE: 2013 Annual Report of the Social Services Administration (MSAR Report #6519)


Dear Governor O'Malley:

Pursuant to Human Services Article §4-205(f), the Social Services Administration of the Department of Human Resources must submit a report on its activities to the Governor of Maryland before the start of each regular session of the General Assembly.

In response, I am pleased to provide you with the attached 2013 Annual Report of the Social Services Administration. You will find that this year's report highlights the continued success of DHR's "Place Matters" Initiative, including the continued decline in the number of children in out-of-home care and group homes, and the implementation of the Alternative Response practice initiative.

DHR will continue to work collaboratively with the local departments to provide and improve essential services to Maryland's most vulnerable families. If you should have any further questions or require additional information, please contact me at 410-767-7109 or the Office of Government Affairs at 410-767-6586.

Sincerely,



Theodore Dallas
Secretary

Enclosure

SOCIAL SERVICES ADMINISTRATION
2013 ANNUAL REPORT

MARYLAND DEPARTMENT OF HUMAN RESOURCES

Completed pursuant to Human Services Article §4-205(f)

MSAR#6519

January 1, 2014

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1. INTRODUCTION

Mandate

The Maryland Department of Human Resources (DHR) is designated by the Governor of Maryland to administer the Social Services Block Grant (Title XX), Title IV-B and Title IV-E programs. Specifically, DHR's Social Services Administration (SSA) administers the IV-B, subpart two (*Promoting Safe and Stable Families Plan*) and supervises all services provided by the 24 local departments of social services, as well as those purchased through community service providers.

Vision

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

Mission

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

2. LEADERSHIP OF THE SOCIAL SERVICES ADMINISTRATION

Executive Director

The Executive Director of the Social Services Administration (SSA) oversees the entire Administration with support from two Deputy Directors (Programs and Operations). Furthermore, the Executive Director carries out the vision of the Administration in establishing an infrastructure to support service delivery and the capacity for ongoing sustainability of these systemic improvements across all 24 local departments of social services.

The Executive Director's scope of responsibility includes oversight for the provision of policy development, training, foster and adoptive home recruitment and approval, consultation and technical assistance, budgeting, data analysis, quality assurance and limited direct client services to children and families.

Coordination with the Secretary of the Department of Human Resources, Deputy Secretaries of DHR, the Office of the Attorney General, other Administration Directors, and the local directors of social services takes place on a regular basis. The Executive Director represents the Administration before other state and federal agencies, advisory groups, legislators, Governor's Office personnel and advocacy groups. In addition, there are five other offices or units within the Administration that provide the structure to support the overall child welfare mission.

Deputy Executive Director of Programs

The Deputy Executive Director of Programs is responsible for policy and program development for In-Home Services, Out-of-Home Placement, Organizational Development and Training and Resource Development and Placement Support Services. This position shares responsibility for the development of the budget and legislative agenda.

Deputy Executive Director of Operations

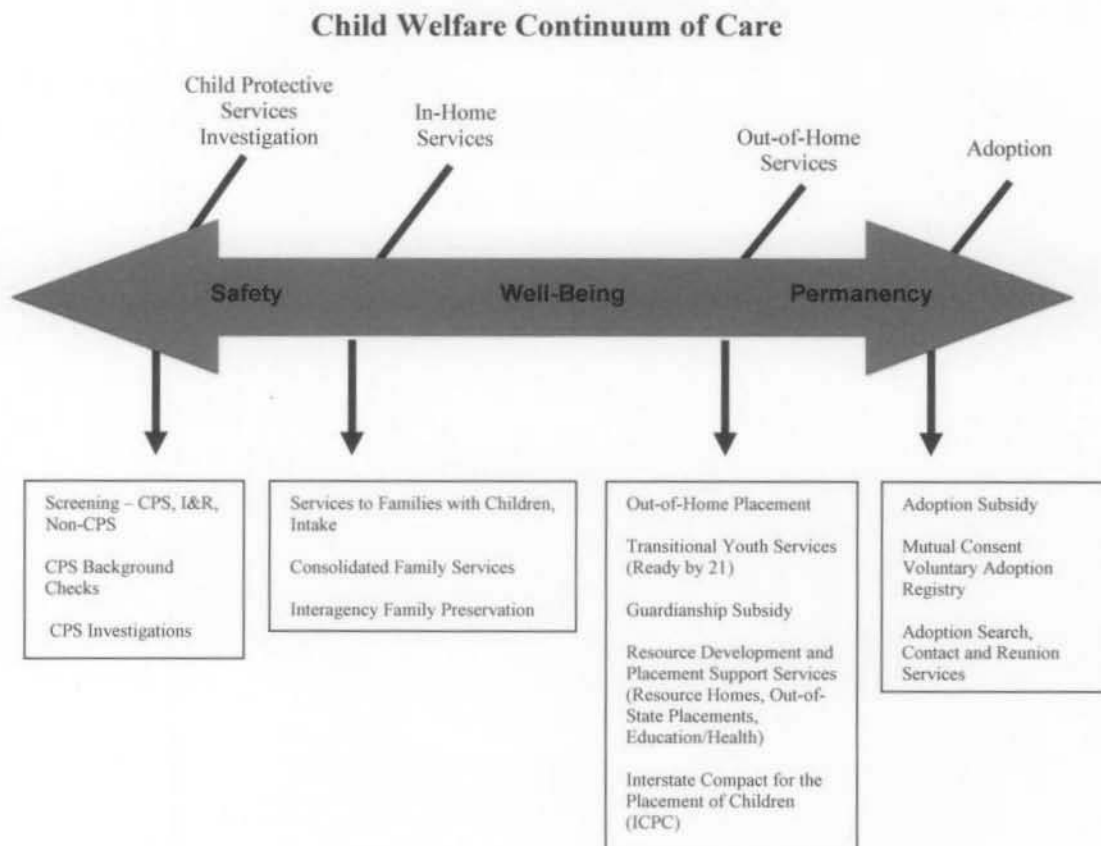
The Deputy Executive Director of Operations is responsible for the Offices of Management and Special Services, Research and Evaluation, Quality Assurance, Systems Development and Contracts and Monitoring. This position also shares responsibility for the development of the budget and legislative agenda. This position joined a national working group to discuss current issues regarding child welfare information systems: the Child Welfare Technical Working Group (CWTWG).

3. PROGRAMS - OVERVIEW

The Social Services Administration, under the direction of the Executive Director, has primary responsibility for administering the child welfare and social services programs as required by the Title IV-E plan and programs including:

- Independent Living Services;
- The Title IV-B Plan and programs for children and their families funded through the Social Services Block Grant; and
- The federal Child Abuse Prevention and Treatment Act (CAPTA).

The illustration below shows the *Child Welfare Continuum of Care* in Maryland. The large red arrow depicts the Safety, Well-Being and Permanency outcomes; above the red arrow are the State's programs that contribute to the desired outcomes. The program descriptions follow in Section 4 (Program Descriptions) of this Annual Report.



4. PROGRAM DESCRIPTIONS

In-Home Services

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

Last year, the Department restructured the ongoing services component of the program eliminating several categories of In-Home Services that developed over the past several years and combining them into Consolidated In-Home Services. Combining services simplifies on-going service policy and provides the local departments of social services with criteria for determining which families are most appropriate for an ongoing In-Home intervention based on the level of risk (likelihood of another maltreatment event) and safety (threats to a child's safety) concerns for a family. In addition to Consolidated In-Home Services, the Department maintains the Inter-Agency Family Preservation program that accepts referrals from other child serving departments where family dissolution is likely without a service intervention.

Child Protective Services (CPS) is a mandated program for the protection of all children in the State alleged to be abused and neglected. Child Protective Services screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. It also provides services designed to stabilize a family in crisis and to preserve the family by reducing threats to safety and risk factors. This program provides an array of prevention, intervention and treatment services including:

- Operating a local jurisdiction based telephone hotline for receiving child abuse/neglect (CAN) reports;
- Conducting CAN investigation, family assessment and preventive services screenings;
- Providing substance exposed newborn crisis assessment and services;
- Providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
- Preventive and increased protective capacity of families; and
- Family-centered services.

During the 2012 legislative session, the Maryland General Assembly passed landmark legislation (House Bill 834/Chapter 397) granting the Department the authority to plan for a CPS system that provides for traditional investigations and the creation of an alternative path for allegations appropriate for acceptance as a CPS response but where low risk and minor threats to a child's safety are received. This DHR initiative requires that the Department spend one year to plan for Alternative Response implementation and evaluation. This will be discussed in more detail under Section 8 (Alternative Response) of this Annual Report.

Out-of-Home Placement

Foster Care Services provide short-term care and supportive services for children that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm. Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives as the placement of choice. Attempts are made to keep the child in close proximity to their family; however, the child's placement is based on the treatment needs of the child and the availability of placement resources.

Time-limited reunification services are provided using concurrent permanency planning to reunite with the birth family or to pursue a permanent home for the child within 12 months of the placement. Permanency planning options that are considered, in order of priority, are:

- Reunification with parent(s);
- Permanent placement with relatives (includes guardianship or custody);
- Adoption (relative or non-relative);
- APPLA (Another Planned Permanency Living Arrangement); and
- Voluntary placement services because of the child's need for short-term placement to receive treatment services for mental illness or a developmental disability.

Adoption Services develops permanent families for children who cannot live with or be safely reunited with their birth parents or extended birth families. The Maryland Adoption Program is committed to assisting local departments of social services and other partnering adoption agencies in finding "Forever Families" for children in the care and custody of the State. Adoption services include the study and evaluation of children and their needs; adoptive family recruitment, training and approval; child placement; and post-adoption support.

Transitioning Youth Services provide independent living preparation services to older youth, ages 14-21 years of age, in any type of Out-of-Home placement (such as kinship care, family foster care or residential/group care). Maryland continues to provide services to help them prepare for self-sufficiency in adulthood.

Guardianship Assistance Program serves as another permanency option for relatives caring for children in Out-of-Home care. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the local department of social services by removing financial barriers.

Resource Development, Placement and Support Services

The **Resource Development and Retention** unit is responsible for services related to the recruitment and retention of resource families. They provide technical assistance to local departments of social services in the development of their local recruitment plans. The Maryland Foster Parent Association also receives technical assistance from this unit. The unit

is responsible for monitoring and coordination of the 24 local departments of social services' resource home development plans.

The ***Placement and Support Services*** unit is responsible for assisting the local departments of social services in addressing the discharge and placement plans for youths in State care from psychiatric hospitals in Maryland and offering suggestions to the local departments for applicable placements for youths in State care. Placement and Support Services is also responsible for representing the Department at committee meetings in order to maintain a rapport with various State agencies and both in-State and out-of-State providers and gather information regarding programs and initiatives. This information assists local departments of social services in ensuring that the youth in State custody are appropriately positioned at the recommended placement in their best interest. This unit works with stakeholders to identify and develop strategies to improve the array of services available to support children and families in achieving safety, permanence and well-being. The services include education, substance abuse treatment, and the provision of health care and mental health care services.

Moreover, the ***Interstate Compact on the Placement of Children (ICPC)*** ensures that children from other states in need of out-of-home placement in Maryland receive the same protections guaranteed to the children placed in care within Maryland. The law offers states uniform guidelines and procedures to ensure these placements promote the best interests of each child 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.

The ***Interstate Compact on Adoption and Medical Assistance (ICAMA)*** provides a framework for interstate coordination specifically related to adoption. The Compact works to remove barriers to the adoption of children with special needs and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states.

Child Welfare Training and Organizational Development

The Social Services Administration continuously offers staff up-to-date child welfare education and training, as well as promoting overall organizational development. This includes:

- ***Child Welfare Training*** oversees the training for all child welfare staff in the State of Maryland by monitoring the contract of, and coordinating training activities with, the University of Maryland School of Social Work and Child Welfare Academy. In conjunction with the Child Welfare Academy, this office coordinates the pre-service training for all new staff and continuing education opportunities for existing staff in addition to training the public foster care providers. This also includes oversight of the Title IV-E Education for Public Child Welfare Program at the University of Maryland School of Social Work.

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

5. OPERATIONS

Working in conjunction with the various support services units, SSA relies on other administrative units to assist in achieving its goals. SSA receives essential support from the following units:

Contracts and Monitoring

Contracts and Monitoring is responsible for the development and monitoring of contracts for Maryland's licensed child placement agencies and residential treatment facilities and other non-service contracts that SSA enters to support its work in various areas including but not limited to training, data management and reporting, and development of new policies and programs.

Research and Evaluation

Research and Evaluation is responsible for the collection and analysis of data for SSA and local departments of social services. They are responsible for reporting for SSA to StateStat. StateStat collects data from all of state agencies on outcomes and trends within their organizations and reports directly to the Governor. The Research and Evaluation unit also prepares federal reports such as the Adoption and Foster Care Analysis and Reporting System (AFCARS), Caseworker Visitation, the National Youth in Transition Database (NYTD) and the National Child Abuse and Neglect Data System (NCANDS).

Systems Development

Systems Development is responsible for assisting with the development, maintenance, training and support of MD CHESSIE, Maryland's State Administered Child Welfare Information System (SACWIS) system. This unit works with the Department's central office and local departments of social services staff to ensure accurate and reliable data is input into MD CHESSIE. The unit works with the MD CHESSIE software contractor on enhancements and troubleshoots any operational problems. This unit is also responsible for assisting public and private providers with troubleshooting issues with their payments that are to be received on behalf of the children in their care. Systems Development also provides support to the SSA Office of Adult Services for its database, the Client Information System (CIS).

Quality Assurance

Quality Assurance is responsible for regular on-site review and data analysis for each the 24 local departments of social services, and develops the reports for these reviews. This unit works closely with the federal government to provide input and receive guidance to coordinate improvements to Maryland's Continuous Quality Assurance process for child welfare, in order to position Maryland for the third round of the Child and Family Services Review.

6. PROGRAM UPDATES

Place Matters Initiative

The Social Services Administration made a deliberate and focused shift in its practice, policy and service delivery with the July 2007 statewide implementation of the “Place Matters” Initiative, which promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of Place Matters, designed to improve the continuum of services for Maryland’s children and families, places emphasis on preventing children from coming into care when possible, ensuring that children are appropriately placed when they enter care, and shortening the length of time youth are placed in out-of-home care.

The five major goals of the Place Matters Initiative are to:

- **Keep children in families first** - Place more children who enter care with relatives or in resource families as appropriate and decrease the numbers of children in congregate care.
- **Maintain children in their communities** - Keep children at home with their families and offer more services in their communities, across all levels of care.
- **Reduce reliance on out of home care** - Provide more in-home support to help maintain children with their families.
- **Minimize the length of stay** - Reduce length of stay in out-of-home care and increase reunification.
- **Manage with data and redirect resources** - Ensure that managers have relevant data to improve decision-making, oversight, and accountability. Shift resources from the back-end to the front-end of services.

In fact, since July 2007, the Place Matters Initiative has seen significant improvement in its outcomes, including:

- ✓ Reduced the number of children in out-of-home care by 41%;
- ✓ Decreased the proportion of youth in group home placements from 19% to 11%; and
- ✓ Increased the proportion of family home placements from 70% to 72%.

In addition, the proportion of children exiting to reunification, guardianship, and adoption has increased from 66% during state fiscal year 2008 to 75% for the partial state fiscal year 2013 (July 2012 – April 2013 data available). The graphs found in Appendix 1 of this Annual Report to this report further illustrate these achievements.

Family Centered Practice (FCP)

Family Centered Practice (FCP) is the statewide child welfare delivery service model. The model has evolved since its 2008 implementation and strategic emphasis is placed on sustaining and monitoring active engagement and teaming best practices to enhance the safety, permanency and well-being outcomes throughout the child welfare continuum. The goals are to reinforce learning objectives from training courses and highlight the relationship of practice initiatives, such as Youth Matter, Supervision Model and Alternative Response, to the overall child welfare continuum. The training and technical assistance efforts have been to expand the breadth of workshops, create transfer of learning opportunities, evaluate practice outcomes and reassess administrative policies and practice. The overall goal is to facilitate an ongoing quality improvement mechanism to monitor and execute the casework interactions with children and families at the practice level.

Supervision Matters Initiative

Maryland developed a Supervision Model which is called "*Supervision Matters*" in response federal Child and Family Reviews held in June 2009. A workgroup was established with representatives from local departments of social services, the Department's central office, and the Child Welfare Academy. This workgroup developed the standards and expectations to define effective supervisory practice. The conceptual framework delineated the following roles of the supervisor:

- Effective leadership
- Building the foundation for unit performance
- Building the foundation for staff performance
- Promoting the growth and development of staff
- Case consultation and supervision
- Supportive supervision
- Managing effectively in the organization

These standards and expectations provide a model of child welfare supervision, clarify what is expected of a supervisor, provide the foundation and focus of new and advanced supervisory training and provide the basis on which supervisory performance is evaluated.

One of the core components of Supervision Matters is training for supervisors both new and experienced. A comprehensive state-of-the-art training system was developed to prepare new supervisors for their role and to promote the ongoing growth and development of experienced supervisors. New supervisor training was built utilizing the Excellence in Supervision training offered by the Child Welfare Academy for new supervisors in Maryland. Other components of the model are coaching and mentoring, screening tool, ongoing support for supervisors, and performance appraisal system.

DHR piloted Supervision Matters in 7 local departments of social services (Anne Arundel, Charles, Frederick, Prince George's, Queen Anne's, Somerset and Worcester). Feedback regarding Supervision Matters was solicited from the supervisors who participated in the training and also from the pilot site administrators. The initial training of both the new and experienced supervisors was well received. Suggestions for future training and programming included:

- Reduce the amount of "academic" material and include more opportunities to bring real life scenarios to small and large group discussions
- Add an orientation for supervisors and their administrators
- Embed the topic of managing up throughout the entire training
- Re-arrange the order of some of the modules for better flow
- Begin the coaching relationship within a month of onset of training
- Increase the involvement of administrators

These suggestions will be considered as the State moves forward with the next phase of implementation. The Department plans to coordinate outreach to local directors and assistant directors to clarify the process and promote benefits for local child welfare staff and practice.

Safety and Risk Assessments: SAFE-C

In the 2012 Annual Progress and Services Report, DHR reported that the Signs of Safety (SoS) framework statewide as a practice model for improving the assessment and planning for safety and risk would be initiated. During the past year, Maryland implemented SoS through the University of Maryland Child Welfare Academy and has gone one step further with systematic improvements to the Maryland Safety Assessment and Risk Assessments.

Based on an evaluation conducted by the Children's Research Center (CRC), Maryland continues the development of more reliable and valid Safety and Risk assessment tools. Maryland's revised Safety Assessment for Every Child (SAFE-C) is an assessment tool designed to alert, inform and communicate to staff situations that pose an imminent danger to children involved with Child Protective Services investigations and service cases. It is a researched-based, reliable and valid assessment tool, intended to assist caseworkers in providing immediate interventions to assist families in safeguarding children. There are three possible outcomes to the Maryland SAFE-C: 1) a child is deemed safe; 2) the creation of a viable safety plan for children who are deemed conditionally safe; or 3) the removal of a child from an unsafe situation.

Maryland's revised SAFE-C is a systematic analysis of the child's vulnerabilities, danger influences and protective capacities of the family associated with the child. Maryland's Safe-C is portioned into:

- 1) Time Frame for Completion - varies depending on the trigger point in the case that requires a caseworker to complete a Safe-C.
- 2) Factors Influencing Child's Vulnerability - conditions resulting in the child or children's inability to protect him/herself.

- 3) Danger Influences - conditions that indicate immediate danger in the household and alert the worker that actions must be taken to address the issues of concern.
- 4) Protective Capacity - strengths-based section that caseworkers must use to identify the various strengths of the child, caregiver or community that may be used in protecting the child.
- 5) Safety Plan and the Safety Planning Process - Answers provided in the "Danger Influences" section will prompt the caseworker to develop a Safety Plan with the family, to mitigate all danger influences identified on the assessment. A Safety Plan will be created directly from each identified danger influence. The Safety Plan will: 1) restate the danger influence identified, 2) allow the caseworker to document specific issues that must be addressed, 3) name the child or children affected by the danger influence, 4) describe an action/intervention to be implemented to address the issue, 5) provide for a due date of the action/intervention, and 6) identify the responsible parties associated with each and every action. Each danger influence that is answered in the affirmative on the assessment MUST have a corresponding issue/action/intervention that addresses the issue on the Safety Plan.
- 6) Safety Decision - Three types of safety decisions on the revised Maryland Safe-C assessment: child is Safe, child is Conditionally Safe or child is Unsafe. The Safety Decision is automatically determined by how the caseworker answers each question on the assessment.
- 7) Supervisory Approval - The SAFE-C Assessment requires supervisory approval for completion. A supervisory signature on the Safe-C signifies approval of the assessment and the Safety Plan.

CANS Training Site

In partnership with the Praed Foundation and the Institute for Innovation and Implementation, the State of Maryland developed a web-based training site for the Child and Adolescent Needs and Strengths (CANS) that allows designated trainees in the State of Maryland to access training materials on the basic principles of the CANS, reviews the specific items of the Maryland CANS and the CANS comprehensive, allows practice test vignette review, and provides certification testing to indicate whether designated trainees can utilize the CANS reliably in their work. This site will be available to local agency staff and the staff of contracted programs serving DHR and Department of Juvenile Services (DJS) involved youth. The Institute for Innovation and Implementation will track the use of the CANS certification site by Maryland users and distribute information about the certification status of users to the Children's Cabinet.

Interagency Family Preservation Services

In addition to Consolidated In-Home Services, Maryland also offers Interagency Family Preservation Services (IFPS). Interagency Family Preservation Services provides intense services to families with a child at imminent risk of Out-of-Home Placement. Referrals can come from multiple sources and are served by workers with small caseloads who are able to provide more frequent and sustained contact. Each jurisdiction has the option to operate the program within the local department, with the Department as the vendor or to utilize outside

vendors. Currently the Department is the vendor in 18 jurisdictions, with the remaining 6 jurisdictions contracting with private vendors. Status of Interagency Family Preservation was discussed at each program specific regional meeting to include a review of policy as well as addressing any questions. Regional meetings were most recently held in March 2013 with plans to conduct the meetings twice a year, scheduled after the statewide Regional Supervisory Meetings are held.

7. PERMANENCY STRATEGIES

As stated previously, Maryland reduced the number of children in Out-of Home care by 33% since 2007. This reduction was a result of children leaving the system to reunification, adoption and guardianship. Maryland strongly believes that every child deserves to grow up in a permanent, safe, loving family. The Foster Care Program in the State of Maryland features a family centered approach that encourages foster parents to play an active role with the birth family in planning and carrying out the goals of the permanency plan. Using the Family Centered Practice model, foster children are placed in homes that are in their own community thereby keeping the children connected to their home school, friends and resources within their neighborhood.

Permanent Connections for Youth

The Transitioning Youth to Families (TYTF) initiative was developed to identify youth in congregate care settings who are ready to transition to families with an emphasis on biological families. The initiative provides a mechanism to standardize procedures for identifying and accessing the most appropriate placement consistent with the best interests and needs of the child. The TYTF initiative:

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

As a result of this policy the number of youth in group care setting continues to decrease. As stated earlier, Maryland reduced the percentage of youth in group homes by more than 50%.

As of April 2013, in 6 jurisdictions including Baltimore City, the percent of youth placed in group homes is 11% and below. In SFY 14, Maryland will continue its efforts to ensure youth are placed in family setting in accordance with the needs of the youth.

Family Finding

Family Finding promotes permanence and meaningful lifelong connections between youth and their families of origin. Family Finding is an extension of Place Matters and Family Centered Practice. Family Finding resources support case management services to assess family members or significant caring adults who would be willing to maintain a meaningful relationship with a youth and thereby increase the likelihood that youth will successfully transition from the child welfare system. Developing a stable caring relationship with an adult able to provide emotional support after emancipation increases the chances that the youth will transition successfully.

The initial Family Finding implementation was part of the Fostering Connections Demonstration project with Anne Arundel, Baltimore, Charles, Montgomery, Prince

George's, Washington counties and Baltimore City. Central staff facilitated orientation meetings with the Round 1 Fostering Connections Implementation Counties (Cecil, Dorchester, Harford, Somerset, Wicomico and Worcester) beginning in September 2012. The initial plan for statewide was to be completed by September 2013. However, the timeline will be extended until September 2014 to modify the proposed SFY14 fiscal resources to pay for the replication of Family Finding after the grant funding ends, to recruit an SSA policy analyst to oversee the programs and in consideration of other program implementations such as Alternative Response.

Although there are specialized Family Finding tasks, the expectation is that all child welfare staff understands the shared responsibility for making timely permanency a priority for all children in Maryland. The completion of the Family Finding policy is pending follow-up review by the Office of the Attorney General to issue an opinion about searching for biological relatives after adoption dissolution. A curriculum template for the specialized Family Finding training will be completed once the policy is finalized.

In the interim, a general Family Finding training to reinforce the practice expectations for identifying and assessing potential relative resources began in December 2012 and a total of 4 sessions have been held across Maryland. Beginning in July 2014, this training will be offered regionally on a quarterly basis.

The Family Finding efforts for SFY14 will include:

1. Finalization and statewide dissemination of Maryland's Family Finding Policy;
2. Finalize and begin offering specialized Family Finding Training curriculum;
3. Schedule quarterly regional general Family Finding Training; and
4. Resume statewide Family Finding Implementation activities.

Adoption

Adoption Services has the best interests of children waiting for permanent homes in foster care as the primary focus. The goal is to develop permanent families for children who cannot live with or safely be reunited with their birth parents. The state of Maryland's Adoption Program assists local departments of social services and other partnering adoption agencies in finding adoptive families for children in the care and custody of the State. The range of adoption services includes study and evaluation of children and their needs; resource parent recruitment, training and home study, child match and placement, and post-adoption support. Annotated Code of Maryland Regulations (COMAR 07.02.12) for Adoption were published in April 2012. Revisions to the regulations are planned for SFY14.

As of March 31, 2013, 530 children in Out-of-Home Placement had a plan of adoption. Maryland has steadily decreased the number of children in out-of-home care largely due to an increasing number of children leaving care through guardianship assistance, adoption and reunification. For the past five years nearly 68% of the youth with a plan of adoption were adopted each year. The reduction in the overall number of youth in care and the consistent

percentage of youth adopted each year are contributing factors to the reduction of the number of youth with a plan of adoption.

Of the 530 children with a plan of adoption, the 12 to 18 year old youth comprise the majority of the children in out-of-home care. In general, the majority of the children adopted from out-of-home care are adopted by their resource parents. Identifying adoptive families for youth not adopted by their resource parents continues to be a challenging task. The statewide implementation of the AdoptUSKids matching database service in April 2012 is a major recruitment tool caseworkers are using in an array of tools used to fit the needs of individual youth to identify adoptive families, relatives who might not adopt but provide support to youth, or mentors.

Supportive Services To Informal Kinship Providers

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

The Social Services Administration appointed a State Kinship Care Representative to provide direct technical assistance to relatives providing care to children belonging to family members. This representative answers telephone calls from these relatives and provides referrals to community resources. Many relative caregivers are unaware of the LDSS' role in kinship care services so a large amount of inquiries by telephone and email are received by the Department. DHR also provides and tracks kinship care affidavits for health care and education. The Department updated the "Kinship Care Facts Sheet" which outlines services and resources available to relatives. This publication was placed on the DHR internet web site and distributed to the local departments of social services.

The Department will continue to provide referral services to relative caregivers who inquire through telephone calls and emails. Central staff will provide training at a future quarterly regional Managers/Supervisors Out-of-Home Placement meeting about kinship care specifically relating to referring relatives for child benefits including medical assistance, child specific grants of temporary cash assistance, and food stamps.

8. ALTERNATIVE RESPONSE IMPLEMENTATION

On May 2, 2012, Governor Martin O'Malley signed into law a bill (House Bill 834/Chapter 397) authorizing DHR to implement a child protective services response to allegations of abuse and neglect that includes a traditional investigation and an alternative for allegations where safety concerns are low.

Recognizing the tremendous impact that the implementation of Alternative Response (AR) will have upon the child welfare system, the legislation created an Alternative Response Advisory Council to establish a plan for implementation of the program. The Council members include representatives from the Department of Health and Mental Hygiene, Maryland State Department of Education, legal counsel for children, local managing boards, American Academy of Pediatrics, Public Defender's Office, Children's Review Board, local departments of social services, State Council for Child Abuse and Neglect, the Courts and Casey Family Programs.

Beginning in July 2012, the Council met monthly to plan for the development and implementation of Alternative Response. The Council has four workgroups – Policy, Practice, Community Partners and Evaluation. These workgroups include DHR staff from the central and local offices, sister child serving agencies, law enforcement, parents, youth, members from advocacy groups and the legal community. Each of the four workgroups met on a regular basis to complete the necessary work to move forward on implementation of AR and the AR Advisory Council continued to meet monthly to provide oversight.

The Policy Workgroup worked with Casey Family Programs to review policy and implementation processes from other states, in particular, Florida, California, Minnesota, New York and Ohio and Illinois. The feedback from other states was helpful input in developing the policy, timelines and implementation plans and examples. After considerable deliberation, the Policy Workgroup completed a draft policy that was issued in May 2013. The Policy Workgroup's next phase is to update MD CHESSIE to support AR. MD CHESSIE updates were made in April and June 2013 to go into effect for Phase I jurisdictions only on July 1, 2013. As jurisdictions are phased in to AR, the application will be made available to them. The changes in MD CHESSIE incorporate the AR requirements as stated in the policy and ensure consistency in the adherence to the AR program requirements. A significant decision made by the Policy Workgroup was to continue the use of the state's Structured Decision-Making tool to determine if allegations of child abuse and neglect meet the criteria for a Child Protective Services response. Once screened-in, the screening supervisor will use the AR policy to determine which track, Investigative or Alternative, for assigning the allegation to a worker. Screened-out allegations will be handled as current policy directs.

The Community Partners Workgroup engaged stakeholders and reviewed existing community and statewide resources in order to assist in the development of community resource plans to support the implementation of Alternative Response. This workgroup also assisted in the organization of informational stakeholder meetings held across the state. Since August of 2012, this workgroup identified key partners and collaborated with the Practice Workgroup to identify roles of and engage community partners. Effective April 2013 the Community Partners workgroup merged with the Practice Workgroup to continue the collaboration and model the co-

lead design (local departments of social services staff and community partners) established for implementation of Alternative Response as it is phased in across the State.

The Practice Workgroup was given the task of determining how AR would be implemented, as well as the details of practice implementation such as staffing, training, sustainability, and how to best roll out AR. Early consultation with other states that implemented Alternative Response was initiated. As early as July 2012, conversations with Minnesota staff took place and in January 2013 the Child Welfare Academy at the University of Maryland, School of Social Work arranged a telephone consultation with staff implementing Alternative Response in Ohio. In addition, a consultant from National Resource Center (NRC) offered assistance as Maryland began its implementation. The consultant participated both in Advisory Council meetings and attended, as a consultant, each of the co-chairs meetings to answer questions and provide input. The consultant also continued to provide direct consultation to staff at DHR currently charged with the implementation of Alternative Response.

The Practice Workgroup developed a Local Implementation Plan for each Local Department of Social Services to complete. The Implementation Plan consists of five goals: 1) Build an Implementation Team and Sustaining Community Partners, 2) Develop a Communication Plan, 3) Local DSS Staffing Decision, 4) Practice Development to Sustain Knowledge and Skills and 5) Resource Development. Each of the five goals includes a list of activities that assists the implementation teams in moving toward successful implementation. Implementation in Minnesota and Ohio were both reviewed, though both used a pilot implementation, unlike Maryland, which used a Phase-In implementation. A Readiness Assessment Tool, used in Ohio was also adapted for use in Maryland. Statewide implementation will occur in five phases. The Phase I “kick-off” (five Western jurisdictions, Garrett, Allegany, Washington, Frederick and Montgomery Counties) was held on January 17, 2013 with 150 local department staff and community stakeholders in attendance.

Each of the five Phase I jurisdictions selected a local department and a community stakeholder to act as co-chairs of the local implementation team. Two meetings, thus far, were held with local co-chairs in February and March 2013. The February meeting consisted of a review of the Readiness Assessment Tool and the Local Implementation Plan as well as allowing time to review any questions regarding AR. Calls were made to each of the co-chairs after the February meeting to check on progress and offer any needed assistance. The March meeting allowed for checking in with each co-chair regarding progress made toward implantation, concerns and sharing of ideas and recommendations for further implementation.

In order to facilitate awareness of both LDSS staff and community stakeholders, the Child Welfare Academy in conjunction with the Practice Workgroup developed an “Overview Curriculum for Child Welfare Professions and Community Partners on Alternative Response: Keeping Children Safe by Engaging Families.” This curriculum presented as a train-the-trainer allowed for the training of co-chairs and a few chosen partners to be trained in a comprehensive overview of Alternative Response. The curriculum will then be used to train others in each of the jurisdictions on what AR is and what it means to each community.

In order to conduct a robust AR evaluation, Maryland signed a Memorandum of Agreement with the Institute of Applied Research (IAR) from St. Louis, Missouri, to assist with the evaluation process that began in April 2013. IAR has considerable experience with AR evaluation nationwide. The Evaluation Workgroup met with IAR to review the workgroup recommendations, finalize the evaluation work plan, and prepare for data collection and analysis. In addition to the process and outcome components, IAR will also conduct a systems impact analysis that will focus on community service providers and stakeholders. The AR evaluation will provide implementation feedback while Maryland phases in AR, an interim evaluation report in August 2014, and a final evaluation report in August 2015.

Two sources of data for the AR evaluation will be administrative and survey data. Administrative data will come from Maryland's SACWIS (MD CHESSIE) to conduct comparison group outcome analysis and to assess model fidelity (process measures). Surveys of workers, families, and community partners will also be collected before and during AR implementation for process evaluation and to support the outcome evaluation.

The work of all of the workgroups and the Advisory Council continues with the ongoing implementation activities. The Phase I Jurisdictions implemented the AR process in July 2013 with the other Phases to follow in 2014. Full implementation is expected by July 2014.

9. SUBSTANCE EXPOSED NEWBORNS LEGISLATION

In 2012, the Secretary of DHR convened a group of stakeholders from the MD Chapters of the American College of Obstetricians and Gynecologists and of the American Academy of Pediatrics, the Maryland Hospital Association, and other experts to review the draft and offer recommendations regarding legislation that would require health care practitioners to notify the local department of social services when they identify a newborn displaying the effects of prenatal controlled drug use or of a fetal alcohol spectrum disorder. Early intervention ensures that the local department can promptly assess safety and risk and develop a plan of safe care for the infant. In addition, families can be referred to community resources such as substance abuse treatment, parent education programs, and concrete supports.

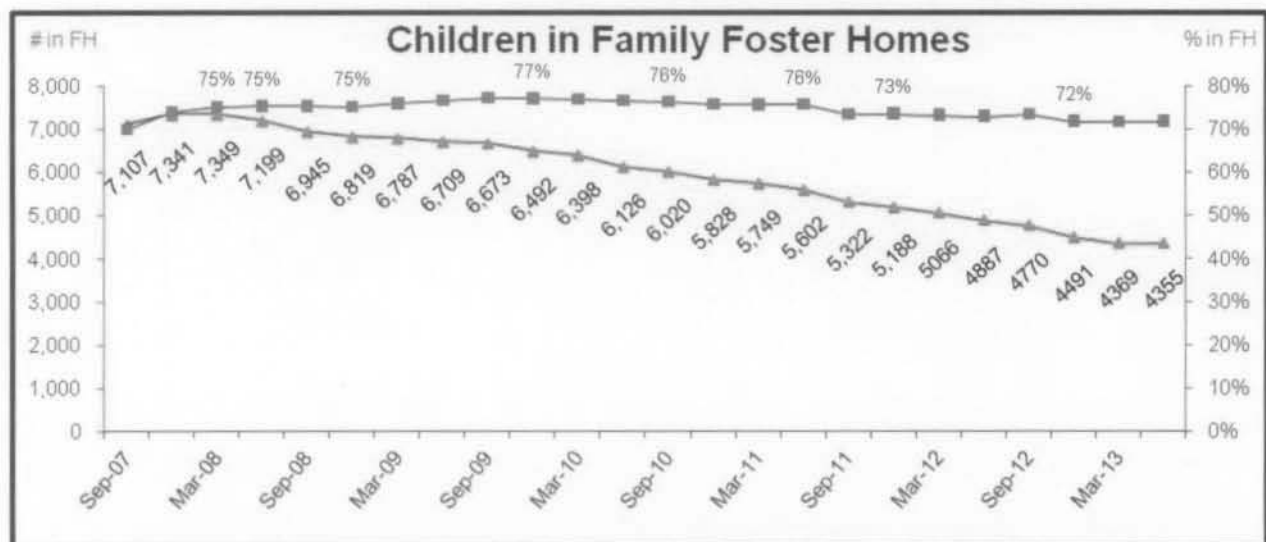
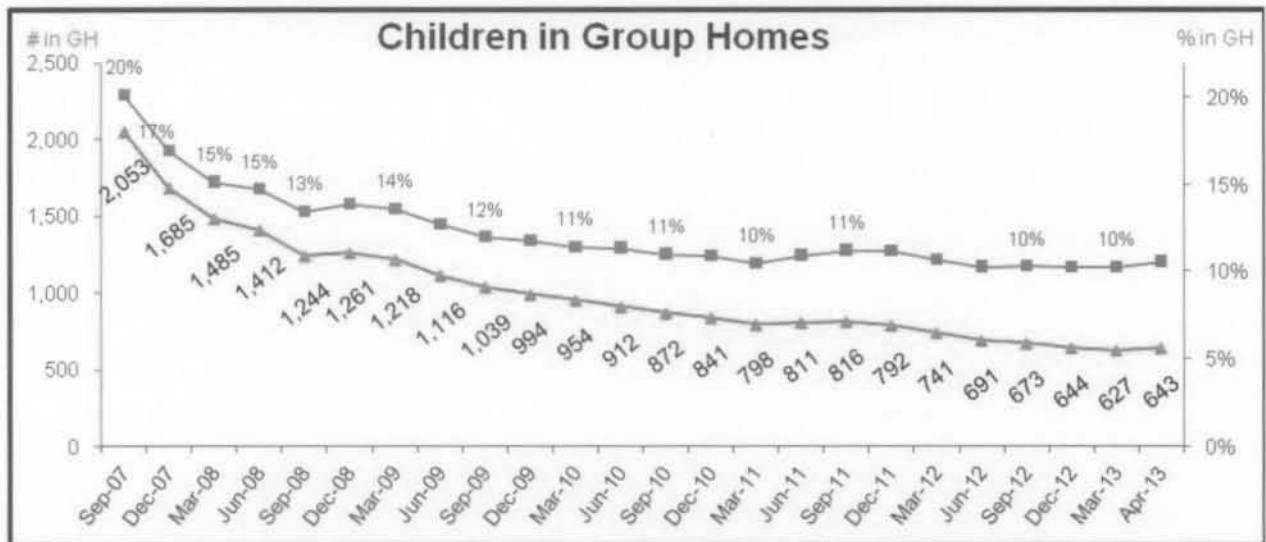
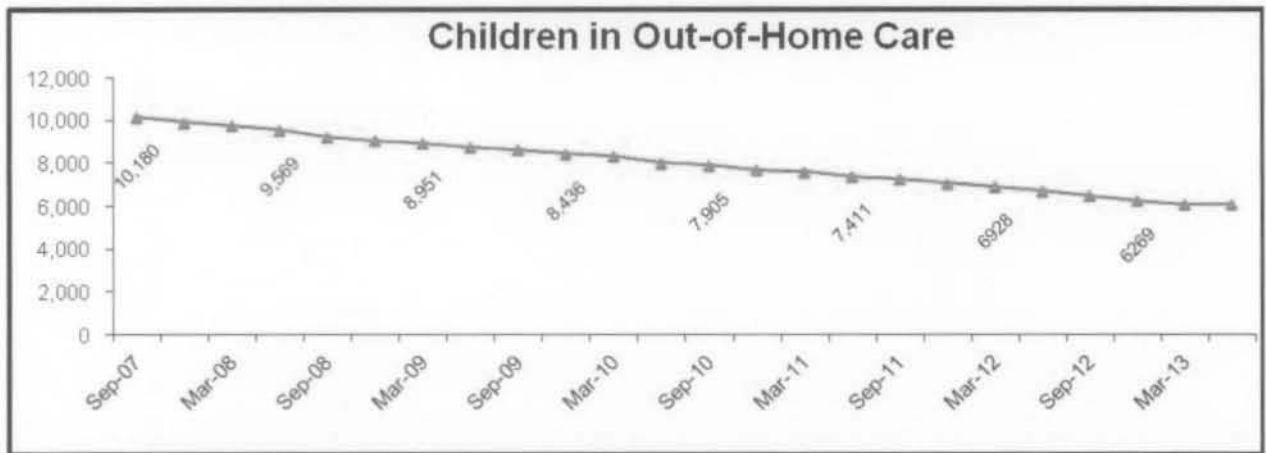
With strong support from the medical community, during the 2013 legislative session the Maryland General Assembly passed House Bill 245 (Chapter 90). The legislation was signed into law on April 9, 2013 and went into effect on October 1, 2013. Passage of this law codified the practice for reporting substance-exposed newborns that many hospitals in Maryland followed voluntarily. DHR will continue to work closely with LDSS staff to educate health care practitioners, hospital staff, and community service providers about the law and to ensure its implementation in a consistent manner.

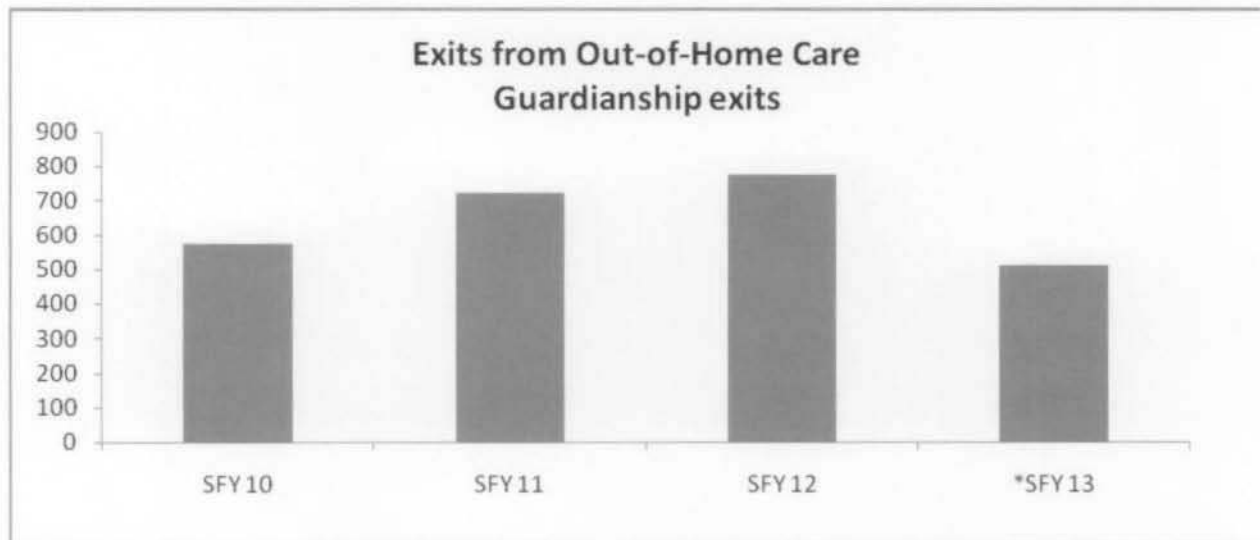
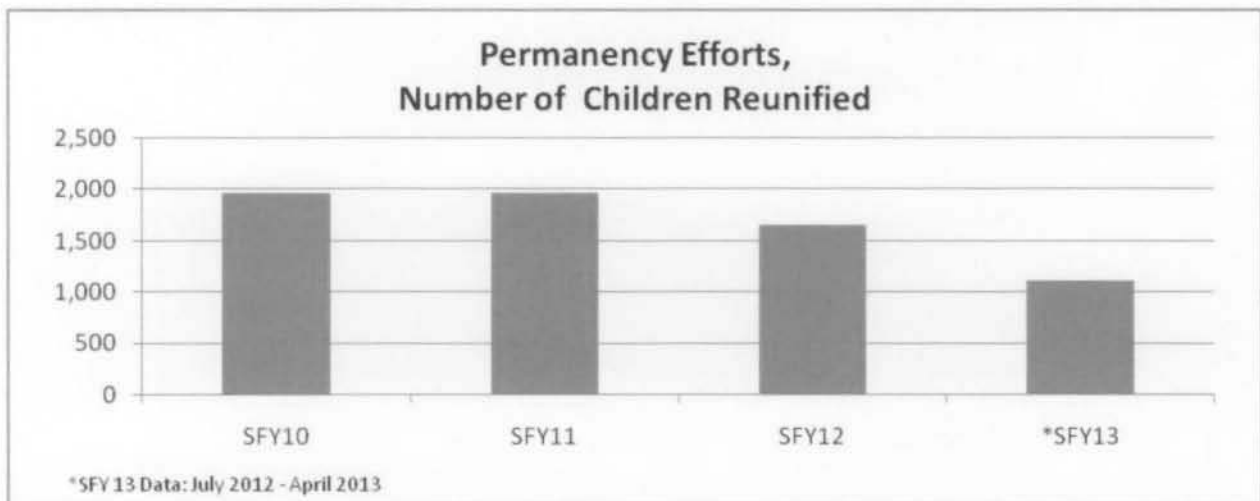
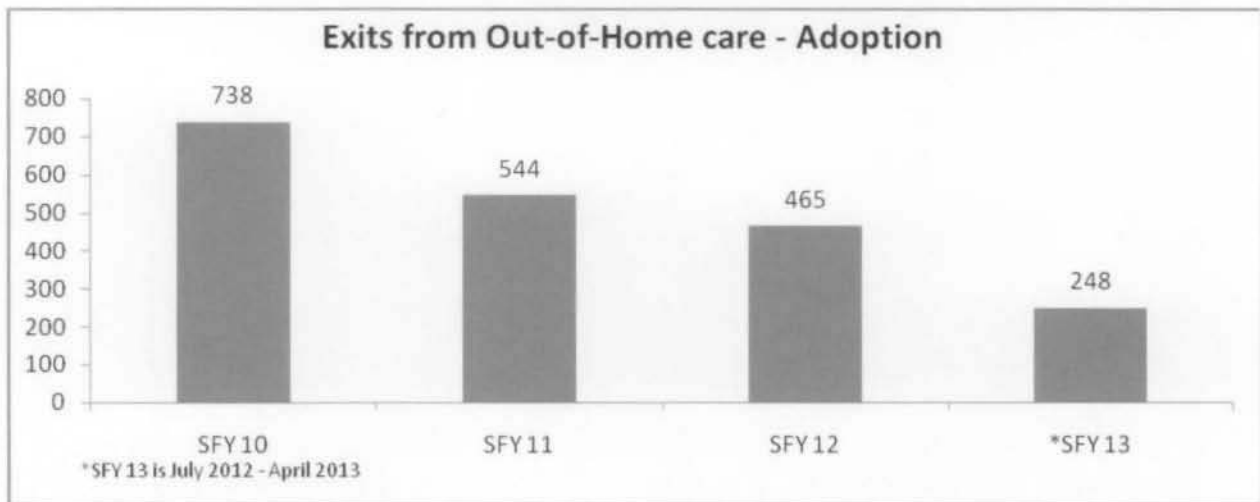
DHR also continues to track collaborative efforts led by the local health departments in the three counties on the Lower Shore, Carroll County and in Baltimore City to develop interventions to prevent substance-exposed pregnancies and to engage women in substance abuse treatment services prenatally. Since implementing the 4P's Plus program, known as SART (Screening, Assessment, Referral, and Treatment) in Carroll County in September 2010, a total of 2,630 pregnant women have been screened by their prenatal care providers using the 4P's Plus Questionnaire. The screen consists of four initial questions relating to whether either of the woman's parents or her partner had a problem with alcohol or drugs; whether the woman ever consumed beer/wine/liquor; and whether the woman smoked cigarettes, drank, or smoked marijuana in the month before she knew she was pregnant. Carroll County also includes two questions on domestic violence and on depressive symptoms.

There were a total of 1,474 positive screens, or about 56% of the total number of screens completed. The majority of the screens resulted in education about the harmful effects of tobacco, alcohol, and drug use on the fetus. Of the total positive screens, 60 brief interventions were given (4.1%). Among women with a positive screen, a total of 100 referrals were offered and 42 (42%) of those referrals were accepted.

Finally, the Department continues to work with the Regional Perinatal Advisory Group (RPAG) to develop a toolkit for all obstetrical care providers statewide on screening for and managing alcohol and drug use during pregnancy. DHR will provide a section in the toolkit to explain the new law and its mandate to report newborns affected by controlled drugs or a fetal alcohol spectrum disorder.

Appendix 1: Place Matters Initiative Accomplishments





Appendix 2: Acronyms

ACRONYMS

ACF	Administration for Children and Families
AFCARS	Adoption and Foster Care Analysis Reporting System
AFS	Automated Fiscal Systems
APPLA	Another Planned Permanency Living Arrangement
APSR	Annual Program Services Review
AR	Alternative Response
ARC	American Red Cross
ASCRS	Adoption Search, Contact and Reunion Services
MD CANS	Child and Adolescent Needs and Strength
CA/N	Child abuse/neglect
CANS-F	Child and Adolescent Needs and Strength - Family
CAPTA	Child Abuse Prevention and Treatment Act
CBCAP	Community-Based Child Abuse and Prevention
CFSR	Child and Family Services Review
CIS	Client Information System
CRBC	Citizens Review Board for Children
CRC	Children's Research Center
CME	Community Management Entities
COOP	Continuity of Operations Plan
CPS	Child Protective Services
DDA	Developmental Disabilities Administration
DEN	Drug-Exposed Newborn
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
DJS	Department of Juvenile Services
DOB	Date of Birth
EFT	Electronic Funds Transfers
EP	Emergency Preparation
ESF	Emergency Support Function
EPSDR	Early Periodic Screening, Diagnosis, and Treatment
FASD	Fetal Alcohol Spectrum Disorder
FAST	Family Advocacy and Support Tool
FBI-CJIS	Federal Bureau of Investigation reports
FSC	Family Support Center
FCCIP	Foster Care Court Improvement Process
FCP	Family Centered Practice
FCS	Foster Care to Success
FEMA	Federal Emergency Management Agency
FIM	Family Involvement Meetings FPL - Federal Poverty Level
FMIS	Financial Management Information System
GAP	Guardianship Assistance Program
GOC	Governor's Office for Children
ICPC	Interstate Compact on the Placement of Children
ICAMA	Interstate Compact on Adoption and Medical Assistance

IDEA	State Interagency Coordinating Council for the Individuals with Disabilities Education Act
LDSS	Local Department of Social Services
MCO	Managed Care Organizations
MD-CJIS	Maryland Criminal Justice Information System
MFN	Maryland Family Network, Inc.
MFPA	Maryland Foster Parent Association
MHA	Mental Health Access
MSDE	Maryland State Department of Education
NCANDS	National Child Abuse and Neglect Data System
NYTD	The National Youth in Transition Database
NRCPRFC	National Resource Center for Permanency and Family Connections
NRCCWDT	National Resource Center for Child Welfare Data and Technology
OLM	Office of Licensing and Monitoring
OFA	Orphan Foundation of America
PAC	Providers Advisory Council
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families
RFP	Request for Proposal
RTT-ELC	Race-to-the-Top Early Learning Challenge
SACWIS	Statewide Automated Child Welfare Information System Assessment Reviews
SAFE-C	Safety Assessment for Every Child
SAMHSA	Substance Abuse and Mental Health Services Administration
SARGE	State Automated Child Welfare Information System Review Guide
SCCAN	State Council on Child Abuse and Neglect
SCYFIS	State Children, Youth and Family Information System
SILA	Semi Independent Living Arrangements
SMO	Shelter Management/Operations
SoS	Signs of Safety
SSA	Social Services Administration
SSTS	Social Services Time Study
US DOJ, FBI-CJIS	United States Department of Justice, Federal Bureau of Investigation
VPA	Voluntary Placement Agreement
VPN	Virtual Private Network
WIC	Women, Children and Infants