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Citizens' Review Board for Children

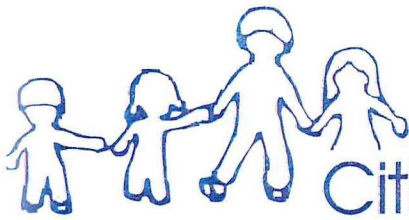
Annual Report

Children in Out-of-Home Placement

2000



One Unified Volunteer Voice For Permanency, Safety and Well-Being



Citizens' Review Board for Children

(Formerly Foster Care Review Board)

June 7, 2001

Dear Speaker Taylor and President Miller:

CRBC's fiscal year 2000 annual report on children in out-of-home placement shows considerable progress toward implementation of the recommendations we made in our 1999 report. This reflects considerable hard work and collaboration with the Governor, General Assembly, Department of Human Resources, local departments of social services, and our advocacy partners in the Maryland Children's Action Network.

Most of all, I am proud of our volunteer reviewers who work year round to assure that children are safe and that they can live with a loving family. Our members spend countless hours conducting case reviews and working with local officials, judges, and legislators to advance children's best interests.

As you read this annual report, please keep both the children and our citizen volunteers at the forefront of your thoughts.

Sincerely,

LaDean D. Barksdale
State Board Chairperson



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INTRODUCTION AND EXECUTIVE SUMMARY

Since 1980, over 2,000 citizens have volunteered with the Citizens' Review Board for Children (CRBC) to review individual cases and make recommendations regarding permanency for about 30,000 children in out-of-home placement. On November 12, 2000, CRBC celebrated 20 years of working to ensure safety, permanence, and well-being for Maryland's children and their families. The occasion was marked by recognizing the contributions of volunteer reviewers as well as citizens and organizations who have partnered with CRBC to advocate for changes in laws, policies, and programs. Currently CRBC has approximately 350 volunteers serving on 62 review boards throughout Maryland.

The Code of Maryland Regulations (COMAR) .07.06.01 requires CRBC to annually report on the status of children in out-of-home placement and to make recommendations for system improvement. This 2000 Annual Report includes:

- a brief statistical profile and trend analysis of children in out-of-home placement during FY 2000;
- a summary of Maryland's major legislative activities related to children in out-of-home placement that occurred during the 2001 legislative session; and
- an update on the status of CRBC's recommendations to improve Maryland's child welfare system that were presented in its 1999 annual report.

The statistical profile of children in Maryland's out-of-home system during FY 2000 shows:

- Maryland's out-of-home placement population has remained relatively stable over the last three fiscal years;
- Neglect remains the primary reason children enter placement with parental substance abuse as a case factor;
- Most children who left out-of-home placement were returned home, placed with relatives, or adopted; and
- The age of the child when entering out-of-home placement and the length of time a child remains in placement will have an impact on whether permanence will be achieved. Younger children have a greater opportunity for permanence than children who enter placement as teenagers. Over one-third of children will leave for permanent homes during their first year of placement. About 12% of children will be placed in permanent homes during their third year of placement.

During the 2001 legislative session, CRBC collaborated with child welfare advocates to support laws that improve services for children and their families. Efforts remained concentrated on influencing budgetary allocations for FY 2002 in order to fully implement HB 1133 – Child Welfare Workforce of 1998 and HB7/SB671 – Integration of Child Welfare and Substance Abuse Treatment Services. Some gains have been achieved. CRBC as well as

other child welfare advocates will continue to monitor progress on these and other legislative initiatives.

Improvement is still needed in data management activities. Federal law requires children in out-of-home placement to receive an administrative review (court, citizen, or panel) every six months. As of June 30, 2000, an administrative review was documented on 59.8% of the children in out-of-home placement. Failure to complete and document the reviews accurately and timely resulted in Maryland being assessed a penalty of more than \$200,000. Data errors and omissions also impact the number of adoptions reported through the Foster and Adoption Case Tracking System (FACTS). Maryland loses federal incentive payments for each adoption not reported through FACTS. The Social Services Administration's (SSA) annual report shows the number of reported adoptions in Maryland has increased each fiscal year since 1996.

Almost 8,000 citizen reviews were conducted during FY 2000. Adoption was the most frequently reviewed permanency plan (27%) followed by return home (22%), and relative placement (19%). The boards found consistent barriers that impeded ability to expeditiously achieve permanency including parental substance abuse, delays in the adoption process, limited services for independent living, and high caseloads and workloads at the local departments of social services (LDSS). These barriers were also noted in CRBC's 1999 Annual Report.

CRBC's recommendations for system improvements (as listed in the 1999 Annual Report) were updated through collaborations with the Department of Human Resources/Social Services Administration (DHR/SSA) and other child welfare advocates, data from CRBC's information system and FACTS, and observations and findings from the review boards. The update shows:

- CRBC findings and recommendations listed in its 1999 Annual Report were consistent with key issues, recommendations, and initiatives documented in DHR/SSA's published reports;
- DHR/SSA has a variety of diverse partnerships and committees working towards implementing legal and program initiatives. The committees have developed a wide range of recommendations; and
- CRBC's major recommendation for FY 2001 is for DHR/SSA to document and publish the progress of recommendations and initiatives reported by its various units and committees.

This report illustrates that Maryland's child welfare community is making some progress in its efforts to address barriers to permanence, safety, and well-being for children in out-of-home placement. Progress may be enhanced with emphasis placed on strategic planning, data management, evaluation, documentation, and continued partnerships comprised of diverse members of the child welfare community, including youth and their families. CRBC's 2001 and 2002 annual reports will continue reporting on progress towards its 1999 recommendations to improve child welfare services in Maryland.

CITIZENS' REVIEW BOARD FOR CHILDREN

HISTORY OF THE CITIZENS' REVIEW BOARD FOR CHILDREN

During the 1970's, many children in foster care drifted from one foster care placement to another without any chance for permanence. In 1978, Maryland became the third state in the country to establish a citizen review system for children in foster care. Citizen reviewers function in an advisory capacity to the local department of social services (LDSS) and the courts regarding permanency planning. The Citizens' Review Board for Children (CRBC) is mandated by §§ 5-535 through 5-549 of the Family Law Article.

Review boards, composed of 5-7 volunteers, meet on a regular schedule to review individual cases of children in out-of-home placement. Currently, there are approximately 350 citizens serving on 62 citizen review boards throughout Maryland. Reviews are held at the LDSS. Ten volunteers elected by the local members and one gubernatorial appointee serve on the State Board which meets up to 10 times per year to set policy and monitor CRBC's activities.

During the last twenty years, about 2000 volunteers have reviewed the individual cases of over 30,000 children in out-of-home placement. Data from the case reviews also serve as a tool to analyze the child welfare system and advocate for changes. As system advocates, citizen reviewers are involved in changing laws, programs, and policies so that children's best interests are served. The Children's Legislative Action Committee (CLAC), a committee of CRBC volunteers, makes recommendations to the State Board on major policy issues and supports or opposes legislation that impacts children and their families through testimonies and other legislative activities.

CRBC also partners with other child welfare advocates to create, monitor, and/or report on initiatives to reduce child abuse and maltreatment. In 1996, CRBC founded the Coalition to Protect Maryland's Children, an alliance of 15 child welfare organizations and agencies. CRBC is also a founding member of the Maryland Children's Action Network (MD CAN), a state-wide grassroots movement focused on improving safety and well-being for children.

Chapters 355 and 356 of the Acts of 1999 (HB 958 and SB 464) gave CRBC, the State Council on Child Abuse and Neglect (SCCAN) and the State Child Fatality Review Team responsibility to evaluate how well State and local agencies are discharging their child protection responsibilities. The first annual report on child protection is due to be published in June 2001. It will provide a summary of the similarities, differences, strengths, and needs of the local child protection systems in Maryland as reported by the local jurisdictions.

PROGRAM MISSION

By monitoring child welfare programs and reviewing cases of children in the system, volunteer reviewers are able to make recommendations to improve the administration of the system and the management of individual cases. As a result, children will be safe; be placed in stable, permanent living arrangements without undue delay; enjoy continuity of relationships; and have the opportunity to develop their full potential.

PROFILE OF MARYLAND'S CHILDREN IN OUT-OF-HOME PLACEMENT

SUMMARY OF THE OUT-OF-HOME POPULATION AS OF JUNE 30, 2000

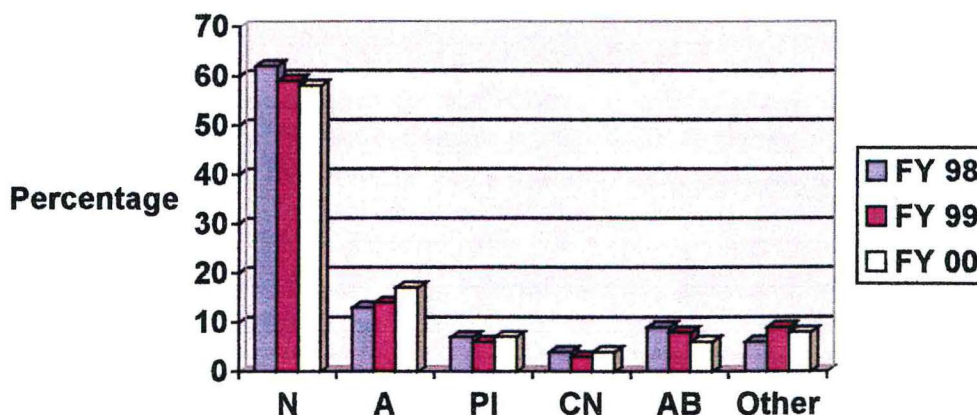
Over the last three fiscal years, the number of children in Maryland's out-of-home placement system has remained relatively stable. On June 30, 1998 and June 30, 1999, there were approximately 12,800 children in placement and on June 30, 2000, there were approximately 12,900 children.¹ The stability of the total population does not appear to have been affected by the decline in the number of children entering care. This suggests that the average length of stay has increased or will increase.

ENTRY ACTIVITY BETWEEN JULY 1, 1997 AND JUNE 30, 2000

During FY 98, there were 4,970 episodes of children entering out-of-home placement; 4,443 episodes in FY 99; and 4,333 episodes in FY 00 resulting in a three-year average of 4,581 episodes. For the prior three fiscal years (FY 95, 96, & 97) the average number of new episodes was 4,938 which represents over 350 more new episodes than during FY 98 –FY 00. Exhibit I shows the documented entry reasons for children during FY 98, FY 99, and FY 00.²

Exhibit I

**Primary Reasons Maryland's Children Entered
Out-of-Home Care During FY 98, FY 99, and FY 00**



Abbreviations

N – neglect

A – abuse including physical and sexual abuse

PI – parental illness

CN – child's special needs including behavior problems

AB – abandonment

Other – includes death or incarceration of parent or caregiver

¹ Case flow statistics come from the CRBC database, which is fed by reports from LDSS to the DHR mainframe. Casework staff update and correct the databases, therefore, statistics for any given time period are continually subject to revision.

² After the child enters out-of-home placement, additional information may reveal that the child was subjected to other child abuse and neglect activities. For example, the percentages do not represent all of the children in care who have been abused, but just the percentage who entered care for abuse.

Impact of Parental Substance Abuse on Entry Reasons

Parental substance abuse has been documented as a case factor for many children entering care. It is considered to have doubled the out-of-home population during the "90s" with neglect being the primary reason for entering care. Parental substance abuse is a documented case factor for 62% of children entering care in FY 98, 63% in FY 99, and 59% of the children in FY 00.³ These children remain in out-of-home placement longer than children without parental substance abuse as a case factor.⁴ They also have more siblings in care.

Re-entries into Out-of-Home Placement

The percentage of first episodes into out-of-home placement shows a gradual increase over the last three fiscal year – 68% in FY 98; 71% in FY 99, and 72% in FY 00. The percentage of children entering with 3 or more episodes remains stable with FY 98 and FY 99 having 8% and FY 00 having 7%. During FY 00, 12.2% of the children who exited care in FY 99 had re-entered within 12 months of their leaving placement.

Age of Children When Entering Care

Thirty-eight percent of the children were 4 years of age or younger; forty-nine percent were between the ages of 5-15 or mandatory school-aged children; and thirteen percent were 16 years of age or older. This pattern is relatively consistent with FY 99.

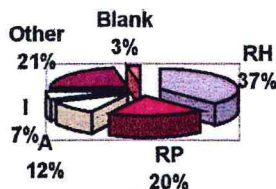
EXIT ACTIVITY BETWEEN JULY 1, 1997 AND JUNE 30, 2000

The number of children exiting placement between FY 98 – FY 00 was a yearly average of 4,135 exits. The number of exits for FY 00 (4,328) showed a less than one percent increase over FY 99 (4,299) and a 5% increase over FY 98 (4,116).

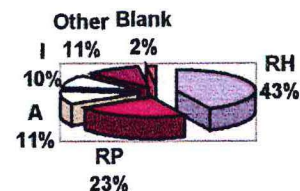
A goal of the out-of-home placement program is to expeditiously place children in safe permanent homes. The four major reasons children left Maryland's out-of-home placement were: returned home (RH), followed by relative placement (RP), subsidized adoption (A), and independence (I).⁵ Exhibit II shows exit reasons for FY 99 and FY 00.

Exhibit II

**Maryland's Exit Reasons for Fiscal Year
1999**



**Maryland's Exit Reasons for Fiscal Year
2000**



³ Children with no identified parental factors are excluded. It is assumed that complete absence of parental factors constitutes failure to report data rather than an absence of such factors.

⁴ U.S. Department of Health and Human Services, *Blending Perspectives and Building Common Ground, A Report to Congress on Substance Abuse and Child Protection*, p. ix-x.

⁵ Other closing reasons include guardian supports child under 18, runaway, and transferred to another jurisdiction.

Impact of Length of Stay on Exit Reasons

According to Exhibit II, the majority of children exiting care will be placed with family (RH or RP); 57 % in FY 99 and 66 % in FY 00. One reason is that about 1 out of 3 children will exit care within 6 months of entry with many returning home or being placed with relatives.

The potential for a child to be placed in a permanent home through reunification, relative placement, or adoption declines over time. For example, of the children who entered care in 1997, 36.9% were placed in a permanent home within 12 months; within 24 months an additional 15.5% or a total of 52.4% were placed in a permanent home; and within 36 months, an additional 12.2% or a total of 64.6% of the children were placed in a permanent home.

Impact of Age at Entry on Exit Reasons

Among children leaving care, the probability of being placed in a permanent home through reunification, relative placement, or adoption is also affected by age of entry.

- For children who entered placement under two years of age, 71% of those who exited, were placed in permanent homes with 30% returned home. This age group had the highest percentage of exits through adoptions (19%).
- For children who entered out-of-home placement between the ages of two- four, 92% were placed in permanent homes with 47% being returned home
- For children who entered out-of-home placement at fifteen years or older, 37% were placed in permanent homes of whom 30% were returned home.

Impact of Data Management Problems on Measuring Finalized Adoptions

CRBC's information management system shows 499 children adopted during FY 00 while the Social Services Administration (SSA) reported 682 adoptions in its 2000 annual report. The discrepancy is due in part to how the data are received. In its annual report, SSA used data from the courts while CRBC relies on manual reports from LDSS. The Foster Care and Adoption Child Tracking System (FACTS) is the system used to report adoption statistics to the federal government. The case workers are responsible for entering adoption data into FACTS which also has different statistics than what is reported in SSA's annual report and CRBC's data. Omissions and errors in FACTS result in lower reported adoptions and a loss of federal adoption incentive payments for every child not reported.

LENGTH OF STAY IN OUT-OF-HOME PLACEMENT

Actual Average Length of Stay

The actual average length of stay measures how long children who left placement during a specified period had been in out-of-home placement. In FY 98 the actual average length of stay for Maryland was 24 months, 24 months for FY 99, and 25 months for FY 00.

Projected Average Length of Stay

The projected average length stay is based on a comparison of the number of children in placement to those leaving placement during the fiscal year. If the ratio of these two numbers remains constant over several reporting periods, the actual average length of stay

will approach the projected average length of stay. The projected average length of stay was 34 months in FY 98, 37 months in FY 99, and 36 months FY 00.

Exhibit III shows the variation between the jurisdictions regarding case flows as well as actual and projected average length of stays. The table shows Baltimore City continues to have at least 67% of the children in out-of-home placement. Most of the jurisdictions' case flow were similar to fiscal year 1999.

Exhibit III
Case Flow Statistics for July 1, 1999 – June 30, 2000

Jurisdiction	# of Cases on 7/1/99	# of Cases Entered Placement in FY 00	Case Left Placement During FY 00	# of Cases in Care on June 30, 2000	Projected Average Length of Stay (months)	Actual Average Length of Stay (months)
Allegany	102	73	41	134	35	8
Anne Arundel	226	67	81	212	32	24
Baltimore County	648	377	379	646	20	17
Calvert	70	31	43	58	18	14
Caroline	20	23	14	29	21	20
Carroll	110	29	43	96	29	21
Cecil	125	77	88	114	16	12
Charles	75	43	21	97	49	23
Dorchester	54	26	17	63	41	29
Frederick	180	91	86	185	25	17
Garrett	57	37	32	62	22	13
Harford	220	136	109	247	26	20
Howard	120	42	40	122	36	18
Kent	9	2	2	9	54	20
Montgomery	659	263	228	694	36	23
Prince George's	807	277	292	792	33	33
Queen Anne's	22	18	12	28	25	21
St. Mary's	86	40	43	83	24	16
Somerset	49	18	14	53	44	14
Talbot	31	18	15	34	26	18
Washington	245	149	118	276	26	18
Wicomico	125	47	33	139	48	15
Worcester	47	21	22	46	25	11
Baltimore City	8714	2428	2465	8677	42	29
State-wide	12801	4333	4238	12896	36	25

LEGISLATIVE INITIATIVES TO IMPROVE OUTCOMES FOR CHILDREN

CLAC and other child welfare advocates supported several budget initiatives and bills to improve child welfare services for children and their families as shown in this abbreviated list.

HB 1133 – Child Welfare Workforce Initiative of 1998

Implementation of HB 1133 has brought substantial improvements in training and compensation for casework staff and caseload reduction pilot programs. It has not yet achieved the goal of bringing caseloads into line with recommendations from the Child Welfare League of America (CWLA) which includes a 15:1 caseload to staff ratio for out-of-home placement. The Governor's fiscal 2002 budget contains \$4.3 million for 109 new caseworkers and supervisors with a promise to meet standards by fiscal year 2003. The General Assembly received the request favorably. Child welfare advocates pointed out that after care and foster parent services were omitted in calculating the number of staff needed. CRBC believes that there is support in the General Assembly for addressing these omissions in future years.

HB 7/SB 671 Integration of Child Welfare and Substance Abuse Treatment Services

HB 7/SB 671 were enacted unanimously in 2000. As a result DHR and the Department of Health and Mental Hygiene (DHMH), in consultation with local agencies, court experts, and child advocates, developed a protocol for substance abuse screening, assessment, testing, referral, and treatment for families involved in the child welfare system. The FY 2002 budget includes \$4 million for new substance abuse treatment slots tailored to the needs of families with children. There is an additional \$18 million for other treatment expansion. Child welfare advocates were successful in inserting language in the budget bill to ensure that integration of child welfare and substance abuse treatment services becomes statewide.

SB 660/HB 754 Child in Need of Assistance

For three years, CRBC and other child welfare advocates have been supporting the Child in Need of Assistance (CINA) reform bill initiated by the Courts. The bill contains several much-needed reforms with the most controversial being the repeal of the religious exemption from the definition of neglect. Under the current law, the exemption excludes a parent who practices Christian Science prayer instead of obtaining needed medical care for child from being subject to CINA proceedings. There was a full hearing on the religious exemption issues and the bill passed overwhelmingly without amendment.

SB 171 Education-Kinship Care

Tens of thousands of children live with relatives (mostly grandparents) because of parental substance abuse or incapacitation. Approximately 5,000 of these children are in the out-of-home placement system. Sometimes kinship caregivers are forced to ask DSS to take custody of a child because of barriers to school enrollment. Under SB 171, a caregiver could enroll a child in school or access medical care by filing an affidavit stating that the child lives with the caregiver due to extreme family hardship (such as drug addiction). CLAC made supporting this Bill a priority. The Bill was referred for an interim study because of intense opposition from local boards of education especially Baltimore County's.

ADMINISTRATIVE REVIEWS FOR MARYLAND'S CHILDREN IN OUT-OF-HOME PLACEMENT

ADMINISTRATIVE REVIEWS

Title IVB-Social Security Act section 422(b) (10)(ii) requires children in out-of-home placement to have an administrative review every six months. This may be achieved through a court review, a panel review (conducted by LDSS), or a citizen review. Failure to document the review will result in a state receiving a financial penalty. As of June 30, 2000, a timely administrative review was documented for 59.8% of children in care which resulted in an assessed penalty of more than \$200,000 for Maryland. Three major problems affected the number of documented administrative reviews:

- 1) failure of some LDSS to consistently submit accurate and timely case materials to CRBC in order to schedule citizen reviews;
- 2) failure of some LDSS to enter accurate and timely data on administrative reviews especially in Baltimore City which has more than 90% of cases with no court review data; and
- 3) technological problems that interrupted the transfer of data between CRBC and Department of Human Resources (DHR). There has been improvement in this area.

OVERVIEW OF THE CITIZEN REVIEW PROCESS

The LDSS is required to submit a case plan to CRBC that has information on the child's education, health, family, placement, and permanency plans. Additional information is received from Interested Persons (including child's caseworker, biological and foster families, educational or health providers, and the child if over ten) who are invited to the review. Siblings are reviewed together to ensure continuity and coordination of services to a family that may have multiple caseworkers and services providers. After the discussion, the Board Members make several findings and recommendations related to the child's permanency plan, current living situation, and safety. A Staff Assistant, who is an employee of CRBC, provides technical assistance to the review boards including recording the votes and findings. A summary of the findings and the recommendations is mailed to parents, LDSS, the juvenile court, and caregivers approximately 3 weeks after the review is held.

COMPLIANCE WITH REQUIREMENTS OF THE CITIZEN REVIEW PROCESS

Jurisdictions are required by Code of Maryland Regulations 07.06.01 (COMAR) to submit case plans within 3 weeks of the review, make verbal presentations at the review, and respond in writing to the recommendations and findings from the review within 10 working days of receiving the report from CRBC. During FY 00, eight local departments of social services demonstrated excellent compliance with the submission of timely and accurate case material. These jurisdictions are: **Allegany, Baltimore, Calvert, Carroll, Harford, Howard, Talbot, and Wicimico counties.**

SUMMARY OF FINDINGS AND RECOMMENDATIONS MADE DURING THE REVIEW PROCESS

The following findings represent the 7,960 citizen reviews that were conducted and not the status of all children in Maryland's out-of-home system. In rare instances, a child may have had a citizen review more than once in a year.

Waiver of reunification services is the denial of time-limited services to parents or guardians to assist in returning the children home.⁶ The boards must decide if they agree with LDSS' decision to pursue or not pursue a waiver of reunification services against the mother, father, or both. Generally this finding is made at the first review. Seventy-three percent or 5,817 of cases reviewed were eligible for consideration of waiver of reunification services.

LDSS sought a waiver in 11 of the 5817 eligible cases. The Boards found that in 7 of the 11 cases the waiver should not be used and in 269 cases the waiver should have been used and LDSS did not seek a waiver.

Termination of parental rights is when a court has legally terminated the parent' rights and responsibilities and awarded guardianship to LDSS or a child placement agency. Seventy-three percent or 5,833 of cases reviewed qualified for consideration of TPR. The Board may find that there is a compelling reason not to pursue TPR that includes the child is with relatives, parents are making progress, or the child is a teenager and does not want to be adopted.

The Boards voted not to file for TPR in 36% of the eligible cases.

The Board must consider the *safety* of the child while living in the out-of-home placement. This includes whether all applicable safety assessments and child protection protocols have been used, such as whether DSS has completed an inventory of people living in the home. The Board must also consider whether there are *indicators of risk* that may include but are not limited to parental visits that may subject the child to risk; domestic violence; and/or a household member with a history of violence, child abuse, or child neglect.

All protocols were used in 94% of reviews with less than 2% showing a risk factor. Of the 337 cases when protocols were not documented, Boards found risk factors in 68% of cases.

A permanency plan specifies when and with whom the child shall live and the proposed legal relationship between the child and the caregiver(s). The following represents the 7,447 reviews with information on the permanency plans. Adoption was reviewed most frequently (27%), followed by return home (22%), relative placement (19%) independent living (16%), long-term foster care (13%), permanent foster care (4%), and guardianship (1%).

Adoption was the most frequently reviewed permanency plan. Guardianship was the least frequently reviewed plan with 38 out of 41 cases in Baltimore City.

⁶ For the waiver of reunification services and termination of parental rights, votes may not be taken if the 1) the child was 18 years of age or over, 2) the parents were dead, or 3) the parental rights had already been terminated.

Two votes are taken regarding the permanency plan.

- *The concurrence rate is the percentage of times the reviewers agree with the permanency plan.*
- *A vote for adequate progress indicates that the responsible agencies acted in a reasonable and timely fashion to promote permanent placement. A responsible agency includes LDSS, the courts, or a private child placement agency.*

Exhibit IV shows the results of the votes for FY 99 and FY 00.

Exhibit IV
Summary of Permanency Plans by Concurrence Rates and Adequacy of Progress
For Fiscal Year 1999 and Fiscal Year 2000

Permanency Plan	July 1, 1998 – June 30, 1999				July 1, 1999 – June 30, 2000			
	# of Plans and % of Total		Concurrence Rate	Progress Adequate	# of Plans and % of Total		Concurrence Rate	Progress Adequate
	#	%			#	%		
Return Home	1743	19%	77%	82%	1609	22%	77%	83%
Relative Placement	1533	16%	85%	83%	1427	19%	87%	85%
Adoption	2546	27%	96%	85%	1999	27%	96%	86%
Independent Living	1353	15%	98%	96%	1177	16%	99%	96%
Long-term Foster Care	1157	12%	93%	94%	867	12%	93%	94%
Permanent Foster Care	874	9%	97%	97%	327	4%	99%	99%
Guardianship	95	1%	85%	75%	41	1%	83%	83%
TOTAL	9301		91%	88%	7447		91%	88%

There was a 20% decrease in the number of reviews completed during FY 00 as compared to FY 99. This was partially a result of the implementation of the Adoption and Safe Families Act (ASFA) and HB 1093 which required more extensive review of cases including consideration of waiver of reunification services, termination of parental rights, and safety and risks assessments. The additional time needed to complete reviews reduced the number of reviews that could be completed.

The findings for concurrence and adequacy of progress are relatively stable over the two-year review period with the exception of adequacy of progress for guardianship which shows an 8% increase.

BARRIERS TO ACHIEVING PERMANENCY

Board Members and other child welfare advocates have noted consistent barriers that impact on the ability to expeditiously achieve permanency.

Parental Substance Abuse

There is a critical need for treatment slots for parents and caregivers of children in out-of-home placement, especially for women with children. There is also a demonstrated need for the community of child welfare providers, including DSS caseworkers, healthcare providers and educators to receive on-going training in working collaboratively with families that have a substance abuse history. Children of substance abusers may also need counseling on substance abuse and recovery. The influence of their parent's substance abusing lifestyle may result in behaviors that are in conflict with being placed in a permanent home.

Delays in the Adoption Process

On June 30, 2000, there were approximately 1,111 children with a plan of adoption and legally free to be adopted.⁷ Significant adoption delays occur in permanency planning, termination of parental rights (TPR), and placement phases of the process. On average, it takes about two years to initiate TPR and two more years for final adoption. Problems associated with the long delays in the adoption process are: need for more lawyers and judges to process TPRs; granting of continuances during the TPR process; lack of adoptive homes, especially for teenagers and special needs children; and slow adoptive home approval process even for current foster parents who would like to adopt the child.

Kinship care providers are major resources for the out-of-home placement system in providing both temporary and permanent homes. There are however less stringent procedures for a child to be temporarily placed in the home of a relative. These same relatives may not pass the more rigorous home study procedures needed for adoption. Thus the child may remain in the home of a relative without the opportunity for permanence.

Limited Independent Living Services

Thirteen percent of the children who entered care in FY 00 were 16 years of age or above. Data show that these children will likely exit care through independent living. It is critical that these children and other teenagers in out-of-home placement are provided skills needed to successfully transition into adulthood. Often independent living services focus on a small number of children or are restricted to a specific profile (e.g. college-bound children).

High DSS Caseloads and Workloads

As of March 2001, DHR reported there was a shortage of 218 casework and supervisory positions to meet CWLA's recommended caseload to staff ratio. High caseloads also impact the ability to complete timely and accurate data management activities, of which most are completed manually. Omissions and errors in data entry result in underreporting statistics on activities such as administrative reviews and adoptions that may have dire consequences on achieving permanence as well as financial cost and loss to the State.

⁷ Maryland Department of Human Resources, Social Services Administration's Annual Report, p. 30.

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CRBC's 1999 Annual Report presented barriers to permanency, safety, and well-being for children in out-of-home placement.⁸ Recommendations for improvement were provided. This section provides an update on the status of the recommendations.

Developing and Updating 1999's Recommendations

The recommendations in the 1999 Annual Report were developed and updated through:

- national and local reports;
- data from CRBC's and the State's information systems including FACTS;
- observations and findings from review boards; and
- collaborations with other child welfare advocates including DHR/SSA.

Interpreting Results

An update on the 1999 recommendations is presented in a table format on pages 12 –27.

- Column 1 "Issues and Recommendations" lists the issues as stated in the 1999 Annual Report.
- Column 2 "Update on Recommendations from CRBC's 1999 Annual Report" provides a brief summary of progress and barriers towards responding to the recommendations.
- Column 3 "Recommended Follow-up Activities for Fiscal Years 2001 and 2002" has information on upcoming and recommended activities.

The table should be reviewed with some caution. While it reflects the best information available during the development of the report, other child welfare advocates may have additional information that could alter the reported findings.

⁸ Citizens Review Board for Children, 1999 Annual Report, pp.43-53

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Parental Substance Abuse

Issue: 72% of children entering Maryland's Out-of-Home Placement Program have at least one parent for whom alcohol or drug use is an identified factor contributing to the child's placement

<p>1. The Department of Human Resources and the Department of Health and Mental Hygiene should develop a substance abuse treatment policy that implements the following elements of House Bill 7/Senate Bill 671.</p>	<p>On December 15, 2000, the Secretaries of DHR and DHMH filed a report with the General Assembly on the progress of implementing House Bill 7/Senate Bill 671.⁹</p>	<p>The Secretaries of DHR and DHMH should develop a formal policy statement and disseminate it to all appropriate frontline staff in child welfare and substance abuse treatment services.</p>
<p>1.1. Training and cross-training for child welfare and substance abuse providers;</p>	<p>A curriculum has been designed for training child welfare staff and addiction specialists at LDSS.</p>	<p>The training plan must be revised to include treatment personnel in substance abuse programs.</p>
<p>1.2. Placement of addictions specialist in all child welfare offices;</p>	<p>DHR and DHMH have indicated a need for 152 addiction specialists to meet needs in family investment and child welfare programs. There are 76 positions allocated to local health departments for deployment in LDSS. The funds are in the budget for the Family Investment Administration (FIA) rather than child welfare. According to FIA, these positions are primarily allocated to provide</p>	<p>The Secretaries of DHR and DHMH should widely disseminate a joint statement regarding the deployment of addiction specialist positions to family investment and child welfare programs. The statement should clarify that integrated service to families in child welfare and family investment should have equal importance.</p>

⁹ December 15, 2000 report to the General Assembly from Secretary Lynda G. Fox, Department of Human Resources and Secretary Georges C. Benjamin, Department of Health and Mental Hygiene.

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substance abuse assessment and referral services to family investment customers. SSA and FIA are in discussion regarding the role of the Addiction Specialists regarding child welfare functions. In some jurisdictions where family investment and child welfare services are co-located, agreement has been reached that the Addiction Specialists will perform child welfare responsibilities. Discussions within the workgroups show that there is significant confusion about control of these positions. DHMH, DHR, local departments and LDSS have not demonstrated a common understanding of the policy on deployment and job responsibilities of the addictions specialists.

1.3. Substance abuse assessment for parents and children, including court-ordered assessment and testing when appropriate;

The report to the General Assembly describes a policy for this; however implementation awaits a written policy, training, and hiring of the addiction specialists.

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<p>1.4. Procedures for exchange of information between LDSS and substance abuse providers; and</p>	<p>This is also described in general terms in the report; but no specific written policies and procedures exist.</p>	<p>Due to the sensitivity of substance abuse treatment information, very clear written procedures must be promulgated.</p> <p>DHR and DHMH should work with the Office for Children, Youth, and Families to provide automated support for information sharing among child welfare, substance abusers, and perhaps other appropriate human services workers. Issues of consent to release information and information security should be integral to the system.</p>
<p>1.5. Greatly increased number of in-patient and intensive out-patient treatment slots tailored to the long-term treatment needs of parents and children.</p>	<p>The fiscal year 2002 budget contains \$4 million to create new treatment slots.</p>	<p>Future budgets should include additional funds up to the \$16 million suggested in HB7/671</p>
<p>2. DHR and DHMH should work with the higher education community and appropriate state agencies to assure an adequate supply of trained, qualified addictions personnel.</p>	<p>There is difficulty filling the 76 addiction specialist positions because of labor market conditions.</p>	<p>The Secretaries of DHMH and DHR or their designees should work with the community colleges and other appropriate higher education officials to develop a workforce plan for addiction treatment personnel.</p>

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Issue: House Bill 7 and Senate Bill 671 have been passed and signed by the Governor

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| 3. The Governor should allow \$16 million for the purposes of this statute in the FY 2002 budget request. | See 1.5 above. |
| 4. The General Assembly should approve the funds and closely monitor progress by the department in developing the required protocol. | Language has been included in the FY 2002 budget requiring a more detailed plan to implement this entire initiative statewide. |

Kinship Care

Issue: 40 % of children in out-of-home placement live with relatives, with 90% of the cases in Baltimore City. Length of stay under State supervision for these children tends to be much longer than for children in traditional foster care. While there are many programs and services to promote safety, well-being, and permanency for these children, there is a lack of data to demonstrate whether relatives are aware of and are using these services.

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| 5. The Department of Human Resources should evaluate the effectiveness of communication with kinship care providers regarding available services and implement corrective plans as needed. Specifically examine whether the relatives are aware of: | Members of the Kinship Care Multidisciplinary Team represent a wide range of child welfare advocates as well as relative care givers. In June 1999, the Committee issued the report "Strengthening and Preserving Family Ties." Throughout the report, assessing needs and providing adequate and consistent information and support to kinship care providers are emphasized. | The Kinship Care Multidisciplinary Team should issue a progress report on recommendations listed in its 1999 Annual Report. |
| 5.1. Their rights and responsibilities as kinship care providers; | | |

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- 5.2. The availability of resources including flex funds and subsidized adoption; and
- 5.3. The availability of support services such as respite care and the information and referral hotline

The report recommends surveying kinship care providers on service needs and policy issues. It is also recommended that a summary of findings from the survey be distributed to legislative representatives, state and local agencies, and community organizations that service the kinship care population.¹⁰

In the 2000 Annual Report, SSA lists other activities to evaluate services to kinship care providers including Kinship Care Regional Focus Groups that were implemented in May 2000. The focus groups, a collaboration between DHR and the Child Welfare League of America, provide staff the opportunity to discuss issues and concerns related to services to the kinship care populations. Information from the focus groups will be used to enhance staff training, assess policies, and connect with community resources.

A summary of findings from the Kinship Care Regional Focus Groups should be included in the SSA 2001 annual report and/or other published reports.

The findings and recommendations from the Kinship Care Regional Focus Groups and the survey recommended by the Kinship Care Multidisciplinary Team could be compared to review similarities and differences regarding perceptions of needs, strengths, and resources of kinship care providers and casework staff.

¹⁰ Maryland Department of Human Resources, Social Services Administration, Kinship Care Multidisciplinary Committee, Strengthening and Preserving Family Ties, Final Report, June 1999.

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6. Issue an interim report to the public on the Subsidized Guardianship waiver program.	Implementation of the Kinship Care Guardianship Demonstration Project is listed as a strategy for best practices in SSA's 2000 report "Strategic Planning for the Future". ¹¹ In its 2000 Annual Report, SSA states that 160 children are benefiting from subsidized guardianship. ¹²	SSA should include in the 2001 annual report a statistical update on the Subsidized Guardianship Waiver Program..
<p><u>Adoption</u> Issue: While there is an increase in the number of adoptions finalized, there a greater increase in the number of children for whom parental rights have been terminated and a still greater increase in the number of children with permanency plans of adoption.</p>		
7. The Department of Human Resources, the Office of Children, Youth, and Families, the Judiciary and the private sector should develop and implement a "Marshall Plan" in order to counteract the alarming trend for children to remain in long-term care after TPR. The plan should address the following:	Data in SSA's 2000 annual report show more children were adopted during fiscal year 2000 than in previous fiscal years. ¹³ Maryland has received monetary awards for its achievements related to adoptions. ¹⁴ However, the number of children waiting for adoption continues to grow rapidly.	DHR, CRBC, the Judiciary, the Office of Children, Youth and Families, and the private sector should develop a comprehensive plan to evaluate and address issues listed in 7.1 – 7.3.

¹¹ Department of Human Resources, Social Services Administration, Strategic Planning for the Future, January 2000, pp. 9-10

¹² Maryland Department of Human Resources, Social Services Administration, Achieving Harmony for Maryland's Children and Families through Safety, Permanence, and Well-being, 2000 Annual Report, pp. 7-8.

¹³ SSA 2000 Annual Report, p. 30

¹⁴ IBID p. 10

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- 7.1. The reasons adoptions take years to move through termination to finalization, including high judicial workloads;
- 7.2. A greatly enhanced effort to recruit, train, and approve families who will adopt the older and special needs children who are languishing in the out-of home placement system;
- 7.3. The barriers that deter kinship care providers from adopting children in their care.

The child welfare community has jointly and separately discussed a wide range of strategies and activities to address remaining barriers to expeditiously finalizing adoptions. Unfortunately, methods to establish measurements, track progress, and report results are not consistently and collaboratively developed and/or implemented. A comprehensive or "Marshall Plan" would incorporate these activities.

SSA should also investigate and report on why the court reports more adoptions than can be documented in FACTS. Improved reporting through FACTS could garner substantial additional federal incentive payments

Resources and Services to Teenagers

Issue: 23% of the children in out-of-home placement are 15 years of age and older, and this population is expected to increase. Older teens are less likely to be placed in a stable environment that provides skills for independent living.

8. Design and implement an on-going evaluation process of the long-term outcomes from the Independent Living Program.

In February 2001, representatives from CRBC's State Board and the Administrator met with Secretary Emelda P. Johnson and proposed a study be conducted to evaluate the long-term outcomes of foster care and after care services.

CRBC will request another meeting with the Secretary of the Department of Human Resources to discuss the proposal in detail.

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9. Include in annual report of the Independent Living Program:

- an analysis of the eligible children who were not in the program and the reason these children were not served. Compare this group with children who are served by the Independent Living Program;
- efforts to recruit foster homes; and
- a description of training provided to social workers related to independent living skills.

The SSA 2000 Annual Report provides demographics on children in the Independent Living Program and services provided to some of the children.¹⁵ The report does not link the demographics with the services provided.

Since January 2001, a committee representing a broad spectrum of SSA staff including adoption, kinship care, and out-of-home placement as well as other child welfare advocates (including CRBC) have been meeting to implement the requirements of the John H. Chafee Foster Care Independence Act of 1999. Subcommittees will concentrate on training of foster parents and child welfare workers, mentoring programs, outcome measurements, and service eligibility. Local plans that reflect the youth, needs, and resources of the jurisdiction will be developed.

Findings and progress from the Independent Living Committee should be included in SSA's 2001 annual report and/or a report released by the Committee. The report should include a statistical profile of the children in need of independent living services linked with the specific types of services being received.

¹⁵ IBID pp. 14-15

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Re-entries into Out-of-Home Placement

Issue: 29% of the entries into placement during FY 99 were re-entries with 8% having at least two prior episodes.

10. DHR should commission a high-level study of reunified families to assess the quality of after-care services and the well-being of children one year after reunification.

CRBC has initiated preliminary discussions on this topic with Secretary Johnson of DHR. See 8 above.

CRBC will request another meeting with the Secretary of the Department of Human Resources to discuss the proposal in detail.

Case Management

Issue: Despite HB 1133, it is still very difficult to attract qualified people to casework. While the pay is better, high caseloads and working under stressful conditions are still disincentives.

11. The Department of Human Resources and the Department of Budget and Management should find a way to pay newly-recruited caseworkers and supervisors for prior experience.

When faced with recruitment difficulties, DHR may recruit at a higher step; this higher pay, however, is not based on the individual experience of the applicant.

In the 2000 annual report, SSA reported accomplishments in 6 areas in response to House Bill 1133 including salary compensation and salary upgrades and new classifications for child welfare workers. It does not specify how new recruits are compensated for prior experience.

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12. Improve linkages with schools of social work and other related human services fields to encourage and prepare students to work with these unique populations.

DHR's HB 1133 Recruitment, Retention, and Marketing Subcommittee developed 10 recommendations in response to issues affecting caseworkers. A more coordinated recruitment approach with in-state and nearby out-of-state schools has been recommended. The Human Resource Development Team is actively working on developing a plan of action to implement this approach.¹⁶

The findings and progress on recommendations from the HB 1133 Recruitment, Retention, and Marketing Subcommittee should be included in SSA's 2001 annual report and/or other published documents.

Issue: Children in out-of-home placement, their families, and their communities represent diverse populations. Knowledge and respect for cultural differences may help to development permanency plans that acknowledge strengths and integrate these strengths into strategies.

13. The Department of Human Resources should develop a policy that all caseworkers and their supervisors shall have training on cultural sensitivity and competency at least every three years.

SSA in partnership with the University of Maryland has developed a training program for staff which includes cultural competency.

¹⁶ HB 1133 Recruitment/Retention Subcommittee Meeting, December 19, 2000, p. 3

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Issue: High caseloads and time consuming work activities caused by a lack of automation result in delays in the development and achievement of permanency plans.

14. The Department of Human Resources should focus attention on available data management resources and reduce the percentage of cases with omissions and/or errors.

Implementation of Maryland CHESSIE is proceeding, which will automate and coordinate many manual and repetitive tasks performed by child welfare workers.

SSA uses the Child Welfare and Adult Services Performance System (CAPS) to evaluate the LDSS' compliance with documentation on services provided. Results of the documentation are included in SSA's 2000 annual report.¹⁷

CRBC and SSA are working jointly to reduce errors and omissions in citizen administrative and court reviews.

City DSS should follow through on providing court review data and SSA should incorporate available data in AFCARS submission.

¹⁷ DHR/SSA Annual Report, pp. 33- 36

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Issue: The five-year federal demonstration projects work with a limited number of children and their families to test services and initiatives. They may produce unintended consequences such as providing different levels of services to siblings if one is in the project and others are not.

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| <p>15. The Department of Human Resources should discuss in annual reports on the demonstration projects provisions that are made to ensure that the projects do not contribute to family disruption between siblings.</p> | <p>This issue was not discussed in DHR/SSA 2000 Annual Report.</p> | <p>SSA and CRBC should jointly investigate the extent to which the demonstration projects have resulted in family disruption between siblings in publish findings in respective 2001 annual reports. Any future demonstration projects or expansion efforts should include provisions to eliminate sibling disruption.</p> |
| <p>16. The U. S. Department of Health and Human Services should determine at what point evidence is sufficient so that services provided in the waiver projects should be universally available.</p> | <p>Information on progress in this area was not available.</p> | <p>CRBC will approach Representative Cardin to discuss this issue.</p> |

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ASFA Related Outcomes

Issue: ASFA and HB 1093 have introduced measurements to promote safety, well-being and permanency for children in out-of-home placements. Changes needed to achieve these state and federal mandates will require collaborative efforts between DHR/SSA, CRBC, the judicial system, private child welfare agencies, and communities.

17. The Social Services Administration under the direction of the Department of Human Resources, should develop a strategic plan with CRBC and the judicial system to monitor progress towards achieving the child welfare outcomes and measurements established by the Department of Health and Human Services (DHHS). Jointly collaborate on:

17.1. The meaning of terms such as "safety" and "well-being";

17.2. How to resolve issues related to TPR and the waiver of reunification;

17.3. The priority for addressing and achieving objectives established by USDHHS; and

SSA's 2000 Strategic Plan includes as a strategy for quality assurance: "To standardize output, process, and outcome measurements for child welfare programs throughout the state".¹⁸ These performance measurements will assess the effectiveness of Maryland's child welfare programs.

The first section of DHR/SSA's 2000 Annual Report lists some activities related to safety, permanency, and well-being. The report concludes with data that compares Maryland's data on child welfare performance measures with federal standards.

CRBC's annual reports for FY 99 and FY 00 also describe citizen review activities related to safety, TPR, and

¹⁸ SSA 2000 Strategic Plan, p. 11

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17.4. A plan for communicating policy, procedures, and progress to casework staff, caregivers, reviewers, and legal system personnel

waiver of reunification services.

While CRBC and DHR share similar goals and objectives related to child welfare outcomes established by USDHHS, an on-going process to plan, track progress, and report results to a broad child welfare audience has not been established.

CRBC would like to continue to work with SSA in developing, tracking, and reporting shared goals and objectives related to child welfare outcomes. A structured system to engage in on-going collaborations needs be developed.

DHR is planning to engage staff and community partners in a strategic planning process through which issues may be included.

CRBC would like to participate in DHR's strategic planning activities.

Community Relations

Issue: Children live in communities and the communities will develop their own definitions of safety and well-being for children. The Family-to-Family program has demonstrated that community involvement has the ability to mobilize the community to support children and their families. Communities must be provided information, assistance, and an invitation to participate in child advocacy activities.

18. The local departments of social services should develop, implement, and/or evaluate a public awareness plan to update community residents and other child-focused agencies and organizations on issues related to children in out-of-home placements. Include at a minimum public and private school systems:

A task force was set up in 1999 to improve cooperation between public schools and DSS child protection functions. However, little follow through has occurred.

The Maryland State Department of Education has worked to improve the

CRBC and other child welfare advocates should work with the Budget Committee to

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recreational and social programs; health programs; and law enforcement.

response of public schools when children in out-of-home placement enter a new jurisdiction due to a change of living arrangement. However, it is clear that some school systems, particularly Baltimore County's delay or deny enrollment.

assess the school systems' responsiveness to children in out-of-home placements.

SSA has set up a kinship care committee that has active participants of kinship care providers. SSA also reports having diverse stakeholders engaged in multiple-agency initiatives focused on education, substance abuse, and safety assessment.

SSA should include an update of these initiatives in their 2001 annual report.

Caseload Reductions

Issue: Plans to reduce caseloads to levels recommended by the Child Welfare League of America have not been implemented.

19. The General Assembly should hold a public hearing after receiving a scheduled joint report from DHR and the Department of Budget and Management on August 1, 2000.

A hearing was held on June 20, 2000. Budget language requiring full compliance with CWLA caseload standard was included in FY 2002 budget.

20. The Governor should assure that funds are included in the budget plan for fiscal year 2002 to fully implement caseload reduction.

The Governor requested funds for 109 caseworkers and stated that this meets half of the need. The budget indicated the intent of the Governor to request

Child welfare advocates should monitor progress and work toward full implementation during the 2002 General Assembly.

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sufficient funds for fiscal year 2003 to meet standards.

Critical services such as after care and foster parent services were not included in the calculation. CRBC recommends these services be included in the caseload formula.

Judicial Workloads

Issue: The TPR and adoption processes are delayed by high judicial caseloads.

21. The budget committees of the General Assembly should request information from the Judiciary on delays in the TPR and adoption and should assess the need for additional masters, judges, and support staff.

A report was requested by the Appropriations Committee and a hearing is set for Fall 2001.

Child welfare advocates should monitor and request Chief Judge Bell to request sufficient resources in 2003 budget to eliminate delays in TPR.

Issue: A bill simplifying and reforming CINA law has been under consideration during the past two General Assembly sessions. The House Judiciary Committee has yet to vote on the bill. This year, consideration was scuttled by a dispute about a provision that would remove the religious exemption in the definition of neglect for parents who refuse to get medical attention for their children.

22. The statute should be passed by the General Assembly. The issue of a religious exemption should come to a vote before the Judiciary Committee.

The General Assembly has passed this legislation during the 2001 session in a form that deletes the existing religious exemption.

SSA and the court must train child welfare staff, lawyers, and judges on the new law.

SUMMARY OF PROGRESS ON 1999 RECOMMENDATIONS

The update on the recommendations listed in CRBC's 1999 Annual Report highlights a variety of partnerships as well as progress and potential services to help ensure safety, well-being, and permanence for Maryland's children living in out-of-home placement.

- There is consistency between key CRBC findings and recommendations listed in column 1 "Issues and Recommendations" with recommendations and activities documented by DHR/SSA in its meetings and reports as referenced in column 2 "Update on CRBC's Recommendations from the 1999 Annual Report".
- The update documents many internal and external partnerships such as SSA's Kinship Care Multidisciplinary Committee that also included kinship care providers; DHMH and DHR collaboration on the substance abuse policy; and CRBC and SSA working together to reduce errors in data necessary to improve and to document services to children and their families and also meet legal requirements.
- The legal mandates (e.g., HB 7 and HB 1133) and planned technological improvements (MDCHESSIE) have provided child welfare advocates opportunities to collaboratively plan for resources to support human service workers and their supervisors which will ultimately improve services to children and their families.
- The update shows DHR is interested in strategic planning. CRBC would like to participate in DHR's strategic planning activities.
- There is expressed interest in evaluating the outcome of services as suggested by the Kinship Care Multidisciplinary Committee's recommendation to survey kinship care providers and CRBC's proposal to Secretary Johnson to evaluate long-term outcomes of child welfare.

Column 3 "Recommended Follow-Up Activities for Fiscal Years 2001 and 2002" consistently suggests that DHR/SSA track, document, and report progress on initiatives and recommendations made through their various committees and activities. It is also important to evaluate the fit between goals and objectives developed within the various committees to minimize conflicting and competing goals and share resources (including data) for similar goals. DHR's proposed strategic planning activities should address these issues.

The update on CRBC's 1999 recommendations shows Maryland is making progress in its efforts to address barriers to permanence, safety, and well-being for children in out-of-home placement. Many challenges to achieving these outcomes remain, but emphasis on strategic planning, data management, evaluation, documentation, and partnerships will help strengthen the State's efforts. The Citizens' Review Board for Children's 2001 and 2002 annual reports will update progress in these areas.

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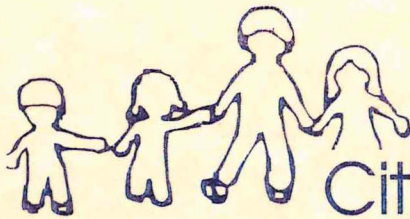
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Citizens' Review Board for Children

(Formerly Foster Care Review Board)

The State Board of the Citizens' Review Board for Children (CRBC) completed this report.
The State Board is the governing body for CRBC.

STATE BOARD MEMBERS

LaDean Barksdale, Chair

Representing Anne Arundel, Carroll, and Howard Counties

Iris Gordon, Vice Chair

Representing Baltimore City

Nettie Anderson-Simmons

Representing Allegany, Garrett and Washington Counties

Cameron Carter

Representing Baltimore City

Dawn Flythe

Representing the Governor's Office

Gary Frye

Representing Dorchester, Somerset, Wicomico, and Worcester Counties

Richard Hall

Representing Baltimore and Harford Counties

Ted Kirk

Representing Frederick and Montgomery Counties

James Trent

Representing Calvert, Charles, Prince George's, and Saint Mary Counties

Theresa Wood

Representing Caroline, Cecil, Kent, Queen Anne's and Talbot Counties

STAFF

Charles R. Cooper, Administrator

