

Citizens' Review Board for Children

(Formerly Foster Care Review Board)

CITIZENS' REVIEW BOARD FOR CHILDREN

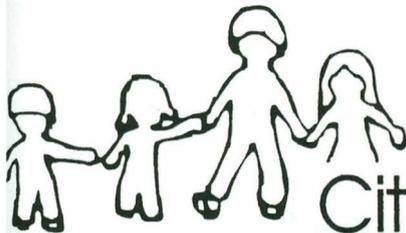
1999 ANNUAL REPORT

ONE UNIFIED VOLUNTEER VOICE FOR PERMANENCY, SAFTY, AND WELL-BEING



MARYLAND CITIZEN BOARD FOR REVIEW OF OUT-OF-HOME PLACEMENT OF CHILDREN
311 West Saratoga Street, 1st Floor • Baltimore, Maryland 21201-3521 • (410) 767-7794





Citizens' Review Board for Children

(Formerly Foster Care Review Board)

June 30, 2000

Dear Speaker Taylor and President Miller:

Enclosed is the 1999 Annual Report for the Citizens' Review Board for Children (CRBC). The report highlights CRBC's continued commitment to ensure that children in out-of-home placement are expeditiously placed in safe and stable permanent homes.

Maryland is still faced with many challenges in its efforts to promote permanency, safety, and well-being for its most vulnerable citizens. **High caseloads for child care workers and inadequate funding to support best practice initiatives have confronted the child welfare community for years. Another significant barrier is lack of treatment for parental substance abuse.** In the past three years, the General Assembly has been extremely responsive to the need to address these primary issues to enable our communities and public agencies to better protect children from abuse and neglect.

There have been critical gains in efforts to protect Maryland's children.

- The 1997 federal Adoption and Safe Families Act (ASFA) and HB 1093 (Chapter 539 of the Acts of 1998) have helped to strengthen the citizen review process for children in out-of-home placement.
- Chapters 355 and 356 of the Acts of 1998 (HB 958 and SB 464) gave CRBC the additional responsibility to assess how well State and local agencies are performing their child protection responsibilities.

We interpret both these new laws, first and foremost, as having the potential to improve how we balance safety with family preservation. Most children love their parents even when the parents are dysfunctional. Our enduring commitment to family ties is and should be stronger than pop sociology fads or political ideology. We should not permit intervention in families unless evidence shows a substantial threat to the child's safety or well-being within the family. At the same time, we must be ready to intervene rapidly and effectively when necessary.

This report documents many legislative and programmatic initiatives to promote permanency, safety, and well-being for children in out-of-home placement. Some central themes are evident in the new or enhanced strategies such as:



- Greater emphasis on measurements and outcomes;
- Automated data management to assist in evaluating outcomes; and
- Partnerships to connect public agencies as well as public/private partnerships. For example, CRBC is collaborating with the State Council on Child Abuse and Neglect and the State Child Fatality Review Team to develop Citizen Review Panels to complete local reviews of community systems for protecting children.

These strategies will be more likely to succeed if we minimize the underlying and consistent barriers to effective casework: high caseloads, lack of substance abuse assessment and treatment, and inadequate funding. Legislative activities have been promoted to address these problems.

- **HB 7/SB 671 *Integration of Child Welfare and Substance Abuse Treatment Services* was passed during the 2000 legislative session. The effectiveness of this law will now depend on the implementation effort and funding by the Administration.**
- **HB 903/SB 728 *Caseload Reduction* was not passed; however language was inserted in the budget bill requiring the Department of Human Resources and the Department of Budget and Management to report on their caseload reduction strategy by August 1, 2000. CRBC supports the plan to have one caseworker for each 12 child protective cases and one caseworker for each 15 out-of-home cases. The Child Welfare League of America has developed these caseload standards.**

As you review CRBC's 1999 Annual Report, you will note that these concerns are voiced by a variety of stakeholders.

The volunteers of CRBC acknowledge and appreciate the many bills and budget initiatives that the General Assembly has passed to improve our child welfare system. We look forward to a continued productive relationship with the General Assembly and the child welfare community as we jointly work in the best interest of Maryland's children.

Sincerely,



LaDean D. Barksdale
State Board Chairperson

Table of Contents

LETTER FROM STATE BOARD CHAIR

EXECUTIVE SUMMARY.....I

SECTION I: INTRODUCTION TO THE CITIZENS' REVIEW BOARD FOR CHILDREN.....1

- History of the Citizens' Review Board for Children
- Overview of the Citizen Review Process
- Terms Used in the Citizen Review Process and the Child Welfare System

SECTION II: CHILD WELFARE ACTIVITIES IN MARYLAND.....7

- Profile of Children in Maryland's Out-of-Home Placement System
- Initiatives to Improve Outcomes for Children in Out-of-Home Placement
- Achieving Permanence

SECTION III: IMPLEMENTATION OF THE ADOPTION AND SAFE FAMILIES ACT AND HOUSE BILL 1093.....25

- Laws to Protect Children in Out-of-Home Placement
- Citizen Review Activities for January – June 1999
- Summary

RECOMMENDATIONS.....43

- Recommendations for the 1999 Annual Report
- Status of Recommendations from the 1998 Annual Report

BIBLIOGRAPHY.....54

APPENDICES.....i

- Appendix A - Status Report on Implementation of Child Protection Citizen Review Panels
- Appendix B – Performance Measures for Adoption and Safe Families Act
- Appendix C - Responses to Questions on the Adoption and Safe Families Act

TABLE OF EXHIBITS

I.	Ten-Year Trend for Entries into Out-of-Home Placement.....	10
II.	Primary Reasons Children Entered Out-of-Home Placement during FY 98 and FY99.....	10
III.	Case Flow Statistics for July 1, 1998 – June 30, 1999.....	13
IV.	Case Flow Statistics for July 1991 – June 30, 1999.....	15
V.	Results of Citizen Review Votes on the Waiver of Reunification Services.....	29
VI.	Recommendations of Citizen Reviewers When Termination of Parental Rights Is Considered.....	30
VII.	Comparison of Permanency Plans for January – June 1998 and January – June 1999.....	31
VIII.	Permanency Plans by Jurisdiction for Reviews Conducted between January – June 1999.....	32
IX.	Concurrence Rates for 1998 and 1999.....	33
X.	Adequacy of Progress Rates for 1998 and 1999.....	34
XI.	Comparison of Concurrence Rates with Adequacy of Progress Rates for 1998.....	34
XII.	Comparison of Concurrence Rates with Adequacy of Progress Rates for 1999.....	34
XIII.	Relationship Between use of Protocols and Risk Assessments.....	36
XIV.	Status of Recommendations from the 1998 Annual Report.....	51

INTRODUCTION

AND

EXECUTIVE SUMMARY

ONE UNFIED VOLUNTEER VOICE FOR PERMANENCY, SAFTY, AND ADVOCACY

INTRODUCTON AND EXECUTIVE SUMMARY

For over twenty years, the Citizens' Review Board for Children (formerly the Foster Care Review Board) has been conducting citizen reviews for children in out-of-home placement (also known as foster care). Through 62 local boards staffed by approximately 400 volunteers, the Citizens Review Board for Children (CRBC) provides recommendations on where and with whom the child should permanently live and what activities need to be completed to achieve the permanency plan. The recommendations are submitted to the local department of social services (LDSS), courts, and other case related people.

During the 1990's, Maryland's out-of-home population grew from approximately 5,000 to slightly under 13,000. The average length of time that the child remained in out-of-home placement was also increasing. By 1999, children entering placement with 2 or more prior episodes had doubled. Parental substance abuse was a major factor contributing to the growth in the out-of home population.

Prior to 1997, reunification was the primary permanency plan pursued. Generally an alternative permanency plan such as adoption was not developed until the child had been in foster care for years and reasonable efforts to reunite the family had not been successful. This sequential permanency planning contributed to the child's extended length of stay in out-of-home placement.

In November 1997, the federal Adoption and Safe Families Act (ASFA) was signed into law. The major provisions of the law include:

- Waiver of reunification services which is an order by the court waiving the requirements that reasonable efforts be made to reunite the child with the parent(s) or guardian(s). Services such as mental heath and family counseling can be denied if certain aggravating circumstances exist in the mother's or father's history.
- Mandatory consideration of termination of parental rights (TPR) if the parents had abandoned an infant, had children in out-home placement 15 of the last 22 months, or the mother and/or father had been convicted of an applicable crime of violence.

In addition, ASFA created legal timelines for completing casework and elevated the consideration of safety in placement and permanency planning. Concurrent rather than sequential permanency planning was recommended.

Maryland responded to ASFA by enacting HB 1093 *Family Law-Children in Out-of-Home Placement*. In addition to codifying ASFA provisions listed above, this law:

- Mandates concurrent permanency planning;
- Requires a safety assessment to be completed at every court review; and
- Requires the 24 jurisdictions to develop a local plan with CRBC that outlines the policies for scheduling citizen reviews.

It is now 2 years since the landmark federal legislation was passed to promote permanency, safety, and well-being for children in out-of-home placement. Child welfare advocates are raising questions on its effectiveness. Are there measurable results? Does Maryland's child welfare system have the resources to implement, monitor, and evaluate the objectives of ASFA?

This report summarizes child welfare activities conducted in Maryland between July 1 1998 and June 30, 1999 as they relate to children in out-of-home placement. Information on legislative activities is presented through the end of the 2000 General Assembly session.

Section I "Introduction to the Citizens' Review Board for Children" provides an overview of CRBC with a summary of key activities over the last 22 years. Frequently asked questions about CRBC are answered. Relevant terms used in the citizen review process and the child welfare system are also included.

Section II "Child Welfare Activities in Maryland" presents a profile of the children in out-of-home placement for fiscal year 1999. This section is developed through national and local reports and CRBC's information system. The section shows that:

- 24% of the children have been in out-of-home placement for over 5 years;
- 29% of the children who entered placement during fiscal year 1999 had at least one prior episode;
- 72% of the children entering placement had parental substance abuse listed as a case factor; and
- 72% of the children who left placement during FY 99 were returned to parent(s) or guardians, placed with relatives, or adopted.

Major issues affecting the ability to ensure safety and well-being while expeditiously achieving permanency include:

- parental substance abuse;
- limited resources for children in kinship care and their families as compared to children living in the homes of non-relatives;

- lack of resources and delays in the adoption process;
- need for independent living services for older children;
- re-entries into out of home placement; and
- high DSS caseloads and workloads.

Maryland's child welfare community has responded to these barriers with:

- legislative initiatives;
- five-year demonstration projects funded by the U.S. Department of Health and Human Services to the Department of Human Resources through IV-E funds;
- programs to encourage community and family participation to assist in the permanency planning process;
- enhanced services to older children; and
- reports from public and private child welfare entities outlining progress and problems in the child welfare system with recommendations for improvements.

Section II concludes with a list of competing and conflicting priorities in the permanency planning process.

Section III "Implementation of the Adoption and Safe Families Act and HB 1093", is built upon the findings and recommendations from the citizen reviews held during January –June 1999. During the fall of 1998, Board Members were trained on the major provisions of ASFA and HB 1093. Procedures were developed to assess safety, and to evaluate the need for a waiver of reunification services and termination of parental rights. The review boards continue to vote on whether they agree or disagree with LDSS regarding permanency-planning activities. The report finds that:

- the review boards agrees with the LDSS not to pursue waiver of reunification in 89% of the reviews;
- the review boards recorded a finding of risk to the child in only 4% of reviews and safety protocols were used in 87.5% of case reviewed; and
- when compared with votes for reviews held between January – June 1998, the 1999 reviews showed a decrease in the percentage of time the review boards:
 - agreed with the permanency plan for reunification, and
 - found progress adequate for reunification and relative placement.

The decline in the boards' agreement with the permanency plans and adequacy of progress does not necessarily point to a decline in the performance of LDSS. The new procedures have strengthened the boards' ability to identify weaknesses in the child's permanency plan and recommend corrective actions. The review boards noted the same barriers in achieving permanency, safety, and well-being for children in out-of-home placement as discussed in Section II.

On July 27, 1999, CRBC and DHR co-sponsored a roundtable to respond to the focus question "To what extent has the implementation of ASFA/HB 1093 benefited children in Maryland". Participants from CRBC, DHR/ SSA, LDSS, and the judicial system attended the roundtable. ASFA and HB 1093 were described as promoting collaboration between child welfare professionals. Essentially, the roundtable supported the findings from the review boards. In addition, the participants expressed opinions on the:

- ability to adhere to timetables established by ASFA and HB 1093;
- need for resources to effectively implement and monitor ASFA related activities;
- lack of shared operational definitions for terms such as "safety" and "compelling reasons"; and
- availability and accuracy of data collection tools that can assist in tracking case management activities and in measuring outcomes.

A summary of ASFA and HB 1093's strengths as well as areas that require additional development concludes this section. A major advantage is that the laws focus attention on front-end activities and decision-making rather than having the child linger in out-of-home placement for years without progress towards permanency. A limitation is that it does not include provisions for overcoming key barriers to permanency such as treatment for parental substance abuse. This could result in an overrepresentation of parents with substance abuse problems having a waiver of reunification services and/or parental rights terminated.

Section IV "Summary/Recommendations" offers methods to improve outcomes for children in out-of-home placement. ASFA has moved the child welfare system into a new paradigm that is child-centered and evidence-driven. It is however, not a panacea for resolving all issues related to children in out of home placement.

The section advises that if we are to achieve improved outcomes for children in out-of-home placement, child welfare administrators must improve skills related to change management, strategic planning, cultural competency, and data management. The real measurement of whether the new federal and state laws are effective will ultimately be shaped by public opinion. Thus, child welfare advocates must collaborate with youth, families, and communities to integrate and implement state and federal mandates in accordance to local needs, resources, strengths, and interests.

SECTION I

INTRODUCTION TO THE

CITIZENS' REVIEW BOARD FOR CHILDREN

ONE UNIFIED VOLUNTEER VOICE FOR PERMANENCY, SAFETY, AND ADVOCACY

CITIZENS' REVIEW BOARD FOR CHILDREN

History

During the 1970's concern grew in Maryland about the number of children in foster care and the fact that many of these children drifted from one foster home to another. Often these children remained in care for an extended period of time. Most foster children were not returned to their families and were not adopted even when the local department of social services (LDSS) had guardianship. Ultimately, these children grew up without stability and with a sense that they did not belong anywhere or to anybody.

Increasingly, states began to develop systems to review cases and to encourage permanency planning for children in foster care. In Maryland the following activities were completed:

- 1978** - Legislation mandating the establishment of citizen review boards in Maryland was passed. Concern over federal guidelines regarding confidentiality delayed implementation of the system for a year.
- 1979** - A statewide Task Force for Foster Care Review Boards was appointed by the Secretary of the Department of Human Resources (DHR) and an administrator was hired.
- 1980** - The first eight review boards were appointed by the Governor and began conducting case reviews.
- 1984**- A statewide system of review boards was established.
- 1996** - The first one million hours of citizen services for children in foster care were celebrated.
- 1998**- The Foster Care Review Board was renamed the Citizens' Review Board for Children (CRBC). Historically, CRBC had focused on foster care, group care or residential care. In February, a formal Memorandum of Agreement (MOA) was signed between the DHR and CRBC. One element of the MOA charges CRBC with the responsibility for reviewing cases from the entire out-of-home care population including kinship care. The MOA was reinforced with the enactment of Chapter 539 of the Acts of 1998 (HB1093) "Family Law - Children in Out-of Home Placement".
- 1999** - Chapters 355 and 356 of the Acts of 1999 (HB 958 and SB 464) gave CRBC the additional responsibility to evaluate how well State and local agencies are discharging their child protection responsibilities. The State Board, the State Council on Child Abuse and Neglect, and the State Child Fatality Review Team are working with the local jurisdictions to develop protocols for Citizen Review Panels to carry out local reviews. Additional information is in Appendix A.

Legislative and Administrative Authority

The Citizens' Review Board for Children is mandated by §§ 5-535 through 5-549 of the Family Law Article. The system consists of one or more local review boards in each jurisdiction and a single statewide State Board that provides governance. The State Board is comprised of 10 volunteers, selected by the local members, and one gubernatorial appointee, who meet at least six times per year to guide and monitor the activities of the citizen review boards.

Program Mission

To review cases of children in out-of-home placement, to monitor child welfare programs, and to make recommendations for system improvement in order to enhance the management of individual children's cases as well as the administration of the system as a whole. 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

Overview of the Citizen Review Process

Who is responsible for reviewing cases of children in out-of-home placement?

CRBC has approximately four hundred volunteers representing all twenty-four jurisdictions in Maryland. The volunteers reflect a wide spectrum of educational, professional, and personal experiences related to child welfare. The volunteers are appointed to serve on the review board by the Governor after being recommended by a selection committee composed of other citizen reviewers, volunteers, and staff from the child welfare system. The appointment is for four years and members can be re-appointed every four years. After receiving training on the citizen review process, Board Members are assigned to a review board in their jurisdiction. The review board serves in an advisory capacity to the LDSS and the courts

When and where are the review boards held?

Statewide, there are 62 citizen review boards that meet monthly to review cases of children in out-of-home placement.¹ Reviews are held at the local department of social services of each jurisdiction; however some small jurisdictions share review boards.²

How does the review board receive information about the child?

The procedures for obtaining information about the child being reviewed are specified in State and national laws including the federal Adoption and Safe Families Act (ASFA) and the Code of Maryland Regulations (COMAR) 07.01.06 and in the 1998 Memorandum of Agreement between DHR and CRBC. There are two primary ways that the information is received:

¹ Some smaller jurisdictions meet less frequently

² The combined boards are Allegany and Garrett; Caroline and Talbot; Kent and Queen Anne's; and Somerset and Worcester

- LDSS submits a case plan to CRBC that has information on the child's education, health, family, placement, and permanency plans; and
- Interested persons are invited to the reviews to provide additional information. Interested persons include the caseworker, biological and foster families, educational or health providers, and the child if over ten.

What happens during the review?

The Board Members listen to presentations by the Interested Persons and ask questions to gather additional information. After the discussions, the Board Members make several findings and recommendations related to the child's permanency plan, current living situation, and safety. Throughout the review process, a Staff Assistant, who is an employee of CRBC, provide technical assistance to the review board.

Who receives the findings of the review board?

The findings are submitted to Interested Persons including the parents, LDSS, courts, and caregivers.

Terms Used in the Citizen Review Process and Child Welfare System

Adoption and Safe Families Act (ASFA) – the 1997 federal law which strengthens the child welfare's system's responsibilities in ensuring safety, permanency, and well being for children.

Average Length of Stay (Actual) – the average amount of time from entry into placement to exit from placement for a cohort of children who left placement during a specified period of time.

Average Length of Stay (Projected) – the average daily population divided by the number of exits from placement during a specified period.

Child – an individual younger than 18 years old, or between 18 and 21 years old if the court retains jurisdiction over the child.

Court – the circuit Court for a county sitting as a Juvenile Court, or in Montgomery County, the District Court sitting as a Juvenile Court.

CRBC – is the Citizens' Review Board for Children formerly the Foster Care Review Board (FCRB).

Episode – a continuous period of time that a child is in an out-of-home placement under the authority of a LDSS. One child could enter the system multiple times in one year, thus the number of episodes could be greater than the actual number of children entering.

DHR – is the Department of Human Resources, which has the responsibility for the Social Services Administration (SSA).

Foster Care- is continuous 24-hour care and supportive services provided for a minor child placed by a child placement agency in an approved family home.

Group Care- is continuous 24-hour care and supportive services provided for a minor child in a licensed group facility.

HB 1093 – was enacted as Chapter 539 of the Acts of 1998. In response to ASFA, HB 1093 mandates that child welfare entities consider safety and the best interest of the child when making determinations on TPR, waiver of reunification services, and permanency planning.

HB 1133 – was enacted as Chapter 544 Acts of 1998. This law requires DHR to end practices of hiring contractual child welfare workers and supervisors and to develop lower caseload ratios as recommended by the Child Welfare League of America.

Interested Persons – people invited to the review board to provide information about the child such as the adoptive and biological parents, health providers, and caregiver(s).

Kinship Care – is continuous 24-hour care and supportive services provided for a minor child placed in the home of a relative related by blood or marriage within the 5th degree of consanguinity or affinity under civil law rule.

Local Department of Social Services (LDSS) – is the department of social services in a county or Baltimore City, or the Montgomery County of Department of Health and Human Services.

Local plan – the policy within each jurisdiction between the local board and the local department, and approved by the State Board and the Secretary of DHR, for the purpose of scheduling citizen reviews for children in out-of-home placement and for providing information to the local boards.

Out-of-Home Placement – the placement of a child into foster care, kinship care, group care, or residential treatment.

Parent – is the child's birth or adoptive mother or father.

Staff Assistant – an employee of the CRBC responsible for attending the local board meetings and assisting the Board Members in the review process.

Residential treatment care – continuous 24-hour care and supportive services for a minor child placed in a facility that provides formal programs of basic care, social work, and health care services.

Termination of Parental Rights (TPR) – a court has legally terminated the parents' rights and responsibilities and has awarded guardianship to LDSS or a child placement agency with the right to consent to adoption or long-term care.

SECTION II

**CHILD WELFARE ACTIVITIES IN
MARYLAND**

ONE UNIFIED VOLUNTEER VOICE FOR PERMANENCY, SAFETY, AND ADVOCACY

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

Trends In Out-Of-Home-Placement

Case flow statistics come from the CRBC database, which is fed by reports from local departments to the DHR mainframe.³ All forms of out-of-home placement are included – kinship care, foster family care, group care, and residential treatment care.

Children in Out-of-Home Placement as of June 30, 1999

As of June 30, 1999, approximately 13,000 children were in out-of-home placement as shown on page 13. Data from CRBC show that:

- Nineteen percent were under 5 years of age and 23% were 15 years of age and older; and
- Forty-two percent of the children have been in out-of-home placement for less than two years, 34% for 2-4 years, and 24% for over 5 years.

Entry Data

During FY 99, there were about 4,400 episodes of children entering out-of-home placement with 71% being the first episode. Over the last ten years, the number of episodes per year has fluctuated from a low of approximately 3,700 (FY 90) to a high of over 5,000 (FY 97). The number of children entering care with a history of 3 or more episodes has steadily doubled from 4% in FY 90 to 8% in FY 99 (Exhibit I).

The three major reasons for entering out-of-home placement were neglect (59%), physical abuse (12%), and abandonment (8%). Other reasons include parents' illness (6%), child's behavior and special needs (3%), and sexual abuse (2%). The reasons for entry into out-of-home placement reflect minimal changes when compared with entry reasons for FY 98 as shown in Exhibit II.⁴

³ Casework staff update and correct the databases, therefore, statistics for any given time period are continually subject to revision.

⁴ 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 sexually abused, but just the percentage who entered care for sexual abuse.

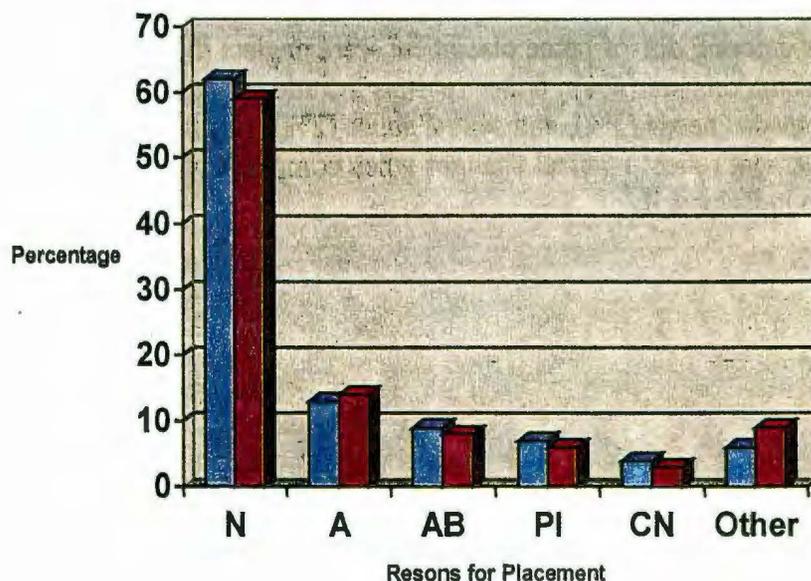
Exhibit I

Ten-Year Trend for Entries into Out-of-Home Placement

Fiscal Year	Number of Entries	% with 1 st Episode	% with 2 nd Episode	% with 3 or More Episodes
FY 90	3737	75	20	4
FY 91	4096	75	20	4
FY 92	4427	73	21	5
FY 93	4514	73	21	5
FY 94	5149	73	22	5
FY 95	4832	70	24	6
FY 96	4764	72	21	7
FY 97	5219	72	21	7
FY 98	4296	68	23	8
FY 99	4443	71	21	8

Exhibit II

Primary Reasons Children Entered Out-of-Home Placement for FY 98 and FY 99



Abbreviations

N- neglect

A- abuse (including physical and sexual abuse)

AB - abandonment

PI - parents illness

CN- child's special needs including behavior problems

Other -which includes death or incarceration of parent(s) or caregiver(s)

Exit Data

A goal of the out-of-home program is to expeditiously place children in safe permanent homes. The four primary permanency plans achieved during 1999 were:⁵

Return Home – the child is returned to parents or guardians.

Relative Placement - the child is placed with a relative by a child welfare agency and the relative accepts legal responsibility (adoption, guardianship, or custody) for the child. The local department of social services' custody is rescinded.

Adoption - the legal proceeding by which an individual becomes a child of an adoptive family and the child has all the legal rights and privileges to which a child born to the family is entitled.

Independent Living – the child aged 18-21 is legally responsible for him/herself and LDSS custody if rescinded.

During FY 99, over 4,000 children left out-of-home placement. Seventy-one percent of the children left placement for the four major reasons listed below:

- 39% were returned home;
- 21% were placed with relatives;
- 12% were through subsidized adoptions;⁶ and
- 7% existed through independent living

The ability to achieve a permanency plan involves many factors including the age of the child at entry into out-of-home placement.

- 41% of the children who were placed with relatives entered out-of-home placement 4 years old or younger; for children who entered at the ages of 15 and above, relative placement was 9%.
- 79% of the subsidized adoptions occurred for children who entered out-of-home placement 4 years old or younger; less than 1% of the teenagers who entered at the ages of 15 and above were adopted.
- 49 % of the children who left with a plan of independent living were between the ages of 15 and 17 when they entered care.

⁵ For full hierarchy of permanency plans see Section III, page 28.

⁶ Because of confidentiality concerns, reports of finalized adoptions reach CRBC through a manual (rather than an automated) process. SSA, relying on reports from courts show, about 16% of cases closed by adoption rather than the figure shown here.

Actual Average Length of Stay⁷

The actual average length of stay measures how long children who left placement during a specified period (e.g., FY 99) had been in out-of-home placement. This measurement tells more about the past performance of the child welfare system over a period of several years.

For children who exited care during FY 99, the actual average length of stay in out-of-home placement has increased from 24 months in FY 98 to 28 months in FY 99.

Projected Average Length of Stay

The projected average length of stay is another indicator for evaluating permanency planning. In order to address how current performance in the child welfare system will impact on length of stay, the projected length of 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 has increased from 34 months in FY 98 to 37 months in FY 99.

Summary of Case Statistics for FY 99 by Jurisdictions

Exhibit III shows the variation between the jurisdictions regarding case flows as well as actual and projected average length of stays for July 1, 1998 – June 30, 1999. The chart reflects that statewide, more children entered out-of-home placement than left placement.

The data show a substantial decline in the growth in out-of-home care population after nearly a decade during which the population rose by 400-800 children per year. The results for Baltimore City are particularly striking in that the population fell slightly. The City had been the source of most of the growth in the population during the 1990's. The decline in entries into care between FY 1997 and FY 1998 occurred primarily in the City.

Considering the decline in the entry rate, it is particularly disappointing to note the increase in an already high projected average length of stay (from 34 months to 37 months). This is caused by a low exit rate. Since children are not leaving the placement system, we can expect very long lengths of stay. This, in turn, leads to high program expenses, and, more importantly, the risk that children will grow up without family attachments. Throughout the report we discuss the barriers to permanent placement such as high caseloads which lead to longer lengths of stays.

⁷ Either method of measuring length of stay discussed here is subject to wide variation when the population size is small. See, for example, the Somerset County results in Exhibit III.

Exhibit III

Case Flow Statistics for July 1, 1998 – June 30, 1999

Jurisdiction	# of Cases on 7/1/98	# of Cases Entered Placement During FY 99	Cases Left Placement during FY 99	# of Cases in Care on June 30, 1999	Projected Average Length of Stay (months)	Actual Average Length of Stay (months)
Allegany	98	46	42	102	29	26
Anne Arundel	197	108	79	226	32	27
Baltimore County	573	410	330	653	23	15
Calvert	50	39	18	71	43	32
Caroline	23	13	16	20	18	29
Carroll	104	59	52	111	25	19
Cecil	148	85	108	125	15	14
Charles	65	31	22	74	36	34
Dorchester	63	21	29	55	24	19
Frederick	177	70	65	182	42	15
Garrett	45	32	20	57	28	8
Harford	203	107	88	222	29	18
Howard	136	34	50	120	31	30
Kent	11	1	4	8	27	20
Montgomery	661	227	230	658	38	32
Prince George's	810	253	253	810	37	30
Queen Anne's	23	5	6	22	44	32
St. Mary's	72	42	28	86	33	24
Somerset	38	17	5	50	105	15
Talbot	30	13	12	31	27	50
Washington	207	111	72	246	37	17
Wicomico	101	54	29	126	49	19
Worcester	34	33	18	49	25	15
Baltimore City	8941	2632	2723	8850	40	26
State-wide	12810	4443	4299	12954	37	24

Comparison of one-year and eight-year case-flow data

Exhibit IV shows the total case flow in out-of-home placement for an eight-year period ending with fiscal year 1999. The number of children in placement grew by 6,108 (90%) in eight years. Growth was 153% in Baltimore City and 68% in Baltimore County. Together, the two jurisdictions accounted for 92% of statewide growth. Other jurisdictions with high growth include Allegany (42%), Calvert (84%), Carroll (31%), Dorchester (93%), Frederick (94%), Garrett (50%), Howard (103%), Somerset (85%), Washington (68%), Wicomico (193%), and Worcester (96%). Anne Arundel showed a 25% decline while several counties, including Montgomery and Prince George's, showed little change.

The annual growth rate for the eight-year period was 8.4%, but in 1999 the growth rate was only 0.7%.

The projected average length of stay for the eight-year period was 31 months, 3 months lower than the 1999 figure. Meanwhile, the actual average length of stay (of the cohort of children leaving placement) rose by 4 months from 21 to 25. These data emphasize the long-term build-up of children in placement over an extended period. The projected length of stay is high because of a low rate of exit. The children who did exit tended to be those who spent a shorter stay in placement. The children who remained in placement will have to leave the system sometime between their 18th and 21st birthdays. This will build up over the next five to ten years, and the actual average length of stay will likely rise towards three years. Also the percentage of children leaving placement for the reasons of "independence" or "maturation" will rise rapidly.

Over the long term, several counties had lower-than-average projected lengths of stay: Baltimore County, Caroline, Carroll, Cecil, Saint Mary's, and Worcester. For the most part, the actual average length of stay is a few months lower than the projected figure. Note also, that counties with extreme results during fiscal 1999 (Garrett, Queen Anne's, Somerset, Talbot, and Wicomico) tend to have results decidedly closer to the median over eight years.

Exhibit IV

Case Flow Statistics for July 1, 1991 – June 30, 1999

Jurisdiction	# of Cases on 7/1/91	# of Cases Entered Placement (7/1/91-6/30/99)	Cases Left Placement (7/1/91 to 6/30/99)	# of Cases in Care on June 30, 1999	Projected Average Length of Stay (months)	Actual Average Length of Stay (months)
Allegany	72	402	372	102	23	20
Anne Arundel	301	988	1063	226	24	28
Baltimore County	386	2782	2521	647	20	16
Calvert	38	265	233	70	23	18
Caroline	18	104	102	20	19	18
Carroll	85	404	378	111	21	20
Cecil	115	820	810	125	15	14
Charles	67	278	271	74	26	22
Dorchester	28	201	175	54	26	22
Frederick	94	567	479	182	28	21
Garrett	38	177	158	57	22	25
Harford	217	867	861	223	24	21
Howard	59	402	341	120	28	20
Kent	3	37	31	9	25	17
Montgomery	660	1929	1932	657	30	33
Prince George's	782	2935	2907	810	28	24
Queen Anne's	14	71	63	22	25	20
St. Mary's	74	472	460	86	18	18
Somerset	27	144	121	50	24	19
Talbot	32	118	119	31	26	23
Washington	146	776	677	245	25	19
Wicomico	43	318	235	126	29	22
Worcester	25	204	180	49	17	18
Baltimore City	3488	23073	17737	8824	36	22
State-wide	6812	38334	32226	12920	31	21

Issues facing Children in Out-of-Home Placements

State and national reports on children in out-of-home placement suggest several issues that negatively impact on the ability to ensure permanency, safety, and well-being in accordance to legal and policy requirements.

Parental Substance Abuse

According to CRBC data, 72% of children entering out-of-home placement in FY 1999 had parental substance abuse as a case factor.⁸ Neglect is their primary reason for entering care. These children remain in out-of-home placement longer than children without parental substance abuse as a case factor.⁹ Parental substance abuse is also responsible for doubling the out-of-home care population during the "90s". The limited resources regarding treatment and support for parents with substance abuse problems, and their families, as well as complexities in working with the substance abusing population, create the need for out-of-home placement and impede or eliminate the ability to achieve reunification.

- Substance abuse treatment for parents is usually not coordinated with child welfare activities. Often childcare workers are not aware of the treatment and recovery process related to substance abuse;
- Children are not always provided counseling on substance abuse and recovery; they may also have co-dependency issues;
- Caregiver(s) may not have training in substance abuse issues and are not familiar with the behaviors associated with children who have been in the care of substance abusers. This lack of training is evident across the spectrum of foster care providers including kinship, foster family, and group care; and
- Treatment resources tailored to the needs of mothers are limited and often male dominated.

The task is not only to have treatment available, but also to either mobilize the parent to respond to treatment or, failing that, move quickly to another permanency plan.

Limited Resources for Children in Kinship Care

Legal mandates require children to be placed in the least restrictive environment and to make placement with relatives a priority. The Kinship Care Program (formerly called Services to Extended Families and Children) places children who are under the LDSS with relatives who have not been approved as foster parents. A 1997 report published by Chapin Hall Center for Children at the University of Chicago¹⁰, concluded that:

⁸ 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.

⁹ U.S. Department of Health and Human Services, *Blending Perspective and Building Common Ground, A Report to Congress on Substance Abuse and Child Protection*, p. ix-x

¹⁰ Hardin, Allen W. and et al, "Formal and Informal Kinship Care", U.S. Department of Health and Human Services, June 20, 1997, Executive Summary

- African-American children are more likely to live in kinship care settings than white non-Hispanic children and the gap between African American children and other ethnic groups has widened over the last 12 years.
- Approximately two-thirds of the kinship care providers are the children's grandparents.
- Formal kinship care arrangements largely exist in urban areas.

During FY 99, 90 % of the kinship care cases were in Baltimore City.¹¹ While kinship care has several advantages including placing children with people that they may be familiar with, it also has several system oriented deficiencies including but not limited to:

- Kinship care providers receive \$165 a month per child through temporary cash assistance (TCA) while foster parents receive a minimum of \$535 per month for each child.
- Kinship care providers go through the same application process for financial assistance as parents of the child. Often they have to supply personal data not relevant to the child under their care. Foster care providers do not have to undergo such a process.
- There are less stringent procedures for a child to be placed in the home of a relative than for a child to be placed in a non-relative foster home. The relative is not required to receive training to assist in caring for the child.
- Children in kinship may have a greater chance of being exposed to the parent(s) who had been involved in the abuse or neglect. This could create an unsafe environment despite DHR's efforts to ensure safety.
- The kinship care caseload is 27:1.

Lack of Resources and Delay in the Adoption Process

A national goal, established by President Clinton in 1997, is to double the number of adoptions by 2002. Financial incentives have been attached to this goal. Maryland has made commendable progress towards this goal, however, significant problems continue to plague the adoption process.

- While the relative's home will qualify for out-of-home placement, the home may not pass the more rigorous test for adoption such as meeting financial standards and passing the home study. Since the alternative of being adopted by a non-relative is usually considered unacceptable, children are often allowed to stay in the home of relatives without any possibility for permanency.

¹¹ Department of Human Resources, Social Services Administration, *Monthly Management Report*, Social Services Administration, July 1999, p.36

- Adoption is delayed by the termination of parental rights (TPR) process. It takes approximately 22 months after the child enters out-of- placement for the TPR process to start. The process from the beginning of TPR to adoption takes an additional 24 months.¹² This means that it takes approximately 4 years for a child to be adopted, compared to the length-of-stay standard of two years established by the federal Department of Health and Human Services.
- There are limited adoptive homes especially for teenagers and children with special needs.

Need for Independent Living Skills

Children 15 years or older in out-of-home placement face a special set of difficulties. As children age the likelihood of them being adopted or being placed with relatives declines. This places grave importance on assisting the child in acquiring independent living skills. SSA's Monthly Management Report for July 1999, reports an average of 1,856 children qualified for independent living services between August 1998 and July 1999.¹³ Fifty-one percent of the children resided in Baltimore City and the remaining children were located throughout the 23 counties. It is often the responsibility of the over-burdened caseworker to provide the child with independent living skills or to link the child with available resources that vary according to the jurisdiction.

Re-entries into Out-Of Home Placement

Twenty-nine percent of the children who entered placement during FY 99 had at least one prior episode with 8% having two or more episodes. The re-entry rate calls into question the effectiveness of the permanency plans. The reduction of the re-entry rate, however, should not focus on a statistical goal. In some cases, re-entry is in the best entry of the child.

High DSS Caseloads and Workloads

In January 1997, the Child Welfare League of America (CWLA) recommended a 15:1¹⁴ caseload to staff ratio for out-of-home placement caseworkers. This recommendation was included in Chapter 544 Acts of 1998 (HB 1133) which required a plan to achieve these CWLA-recommended caseload ratios. The General Assembly and child advocates are working with DHR and the Department of Budget and Management to reduce caseloads which remains a critical area to be improved. During FY 99, 18 counties had higher caseloads than recommended by CWLA.¹⁵

The problems associated with maintaining a high caseload are exacerbated by caseworkers having to complete most of the documentation manually. The availability and accessibility of automated resources are limited. This practice also results in delays in the development and achievement of permanency plans.

¹² Operating Budget Analysis for Child Welfare, Department of Human Resources, p.3

¹³ Maryland Department of Human Resources, Social Services Administration, *Monthly Management Report*, p.51

¹⁴ The 15:1 ratio refers to the number of families that the caseworker has and not the number of children.

¹⁵ Department of Human Resources, NB.00 Child Welfare, "Operating Budget Analysis" p. 16

INITIATIVES TO IMPROVE OUTCOMES FOR CHILDREN IN OUT-OF-HOME PLACEMENT

Initiatives to promote permanency, safety, and well-being for children in out-of-home placement are advocated through legislation, the Social Services Administration, the Citizens' Review Board for Children, and private child welfare programs.

Legislative Activities

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

While the child welfare system and substance abuse services providers share some of the same clients and related problems, a formalized process to integrate the services has not been developed. HB 7/SB 671, introduced at the request of the Coalition to Protection Maryland's Children, would:

- provide increased funding for assessment, testing and treatment slots;
- place addiction counselors in child welfare offices;
- provide cross training for addiction and child welfare workers; and
- require an interagency protocol for managing child welfare cases when parental substance abuse is suspected or confirmed.

While **this bill was passed**, amendments to the funding language require the Governor to budget "up to" \$ 16 million. The effectiveness of the new law may be greatly reduced without substantial new funding. DHR and Health and Mental Hygiene have stated their intent to work with child advocates in implementing the bill.

HB 937/SB 527 Criminal History Records Checks

This CRBC initiated bill authorizes local departments to get FBI/State Police records checks on parent/guardian when reunification is the permanency plan. DHR would pay for all these records checks. **This bill was passed.**

HB 903/SB 728 Caseload Reduction

This bill would have required the Governor to fund major caseload reduction for caseworkers by adding staff. The plan was to have one caseworker for each 12 child protective cases and one for each 15 out-of-home placement cases. The estimated cost for this bill was \$17,000,000. **This bill did not pass.**

DHR and the Department of Budget and Management are preparing to present a plan for reduction by 8/1/2000 as required by the budget bill.

Social Services Administration

A summary of the activities and accomplishments for children in out-of-home placement are outlined in Social Services Administration's 1999 annual report "Preventing, Protecting, and Assisting Maryland's Children and Families". Three of their major initiatives are five-year demonstration projects funded through the U.S. Department of Health and Human Services (U.S. DHHS) with IV-E funds¹⁶. These projects require an experimental group who will receive increased services and a control group who will not receive the expanded services. To meet the terms set by DHHS, these projects must be cost-neutral over a five-year period.

Child Welfare Substance Abuse Demonstration Projection

This five-year project focuses on substance abusing mothers of children who are in out-of-home placement or who are at risk of being removed from the home. One hundred thirty women residing in Baltimore City, Baltimore County, and Prince George's County are eligible to participate in the project. Three treatment modalities will be used including residential treatment with children residing with their mothers; 28-day inpatient treatment; and 90-day out-patient treatment. The case management team will consist of a certified addictions counselor, a LDSS case manager, in-home aide, and a mentor who is a recovered addict. The purpose of this project is to prevent unnecessary out-of-home placements and to reduce the length of stay for children in out-of-home placements.

Child Welfare Managed Care Demonstration Project

Managed care in the child welfare system means that services traditionally under the domain of the public sector will be contracted to the private industry under a prospective payment arrangement. In January 1999, the federal government approved a child welfare managed care pilot project for 1,000 children currently in paid out-of-home placement and committed to the Baltimore City Department of Social Services. The project will contract with one or more licensed child placement agencies to provide case management services for the children and their families. The goal is to improve the outcomes for children in the target group as compared to children in the control group. The objectives are to:

- improve permanency outcomes;
- reduce the time spent in out-of-home placement;
- ensure the safety of the children during placement and after leaving placement;
- promote innovative practices; and
- reduce congregate care for children under six year of age.

¹⁶ Title IV-E funds are normally used only to pay costs of out-of-home care and associated costs of casework and administration. This categorical funding may create an incentive to use placement when less restrictive options are more appropriate. Congress established the waiver process to test efficacy of using funds in a less categorical fashion.

Subsidized Guardianship Project

The intent of this five-year project is to reduce instances of children entering or remaining in long-term foster care with relatives. Children eligible for the subsidized guardianship project are unable to return to either parent and adoption is not an option. Through the project the relative becomes the legal guardian. Participation in the project is voluntary. A total of 1500 children will be served during the five-year period. The project will be divided into a control group who will not receive subsidy payments of \$300 per month and an experimental group who will be eligible to receive the subsidy. Maryland applied for this waiver in July 1995. It was approved by U.S. Department of Health and Human Services in April 1997 and was implemented in May 1999. During the first year of implementation, about 60 children left foster care to remain with their relative as their legal guardian.

Other SSA initiatives include:

Family-to-Family Project

This project places a child who is removed from the home in the home of a community member. A service intervention team provides intensive services to the child and the birth family. The foster parents are an important part of the service intervention team. They assist in mentoring the birth parents. This teamwork creates an emotional environment for the child with the goal of expediting reunification or other permanent living arrangements. During FY 99, the project was implemented state-wide.

Independent Living Preparation Program

Children 16-21 are eligible to participate in a variety of skill development activities provided by the LDSS in conjunction with DHR/SSA. The children receive assistance in educational, vocational, social, and personal development. Maryland's out-of-home placement program served as a model for the nation in that it provides financial services for children 18-20 as long as they are in school or engaged in other allowed programs. Plans are underway in Maryland to serve younger children and to include more children in the program regardless of the permanency plan.

Kinship Care Program

DHR has public and privately funded projects to improve services for children in kinship care and to promote permanency such as the Subsidized Guardianship Demonstration Project. Another initiative is the Kinship Care Resource Center operated through Coppin State College. The center has a hotline for information and referral services. A resource directory for grandparents and other relatives caring for children was developed in collaboration with the Maryland Department of Aging.

Maryland Children's Electronic Social Services Information Exchange (MD CHESSIE)

MD CHESSIE, which DHR expects to be operational statewide by 2003, is an automated case management system that will be used by all LDSS caseworkers. Through MD CHESSIE there will be an automated case record and a reduction in case management activities that are completed manually. It will also provide a more effective and efficient

way to transmit data rapidly and improve tracking related to permanency planning activities.

Court Improvement Project

Through a federal grant, the Maryland Judiciary has been working to improve its response to cases involving Children in Need of Assistance (CINA) and related termination of parental rights and adoption cases. Key initiatives include:

- A new data system (Maryland Automated Judicial Information for Children – MAJIC) is being implemented to assist with case management, timely scheduling, and statistics. It is hoped that the system will promote uniform application of good practice and enable accurate workload measurements.
- The Project has drafted rules and guidelines for legal representation of children and is evaluating Maryland's system for contracting for these services.
- New training requirements for judges and masters who preside over CINA matters have been adopted, and increased training opportunities have been created.
- A subcommittee is crafting two bills, 1) a simplified CINA statute which would separate abuse and neglect from delinquency law and 2) a revision of the termination of parental rights and adoption statutes.

Recommendations from Advocates for Children and Youth

In its report Protecting Our Children, 1999 Report on Maryland's Child Welfare System, Advocates for Children and Youth evaluates the results of child welfare activities from pre-placement to post-placement¹⁷. Several improvements in child welfare are noted including increasing the number of families receiving services to prevent out-of-home placement and substantially increasing the number of children adopted and ready for adoption.

The report recommends that DHR:

- Measure the extent to which adoptions are disrupted;
- Develop a plan to recruit additional adoptive parents, particularly those that are willing to adopt older children;
- Assess the effectiveness and safety of kinship care placements; and
- Evaluate whether the Subsidized Guardianship Demonstration Project should be expanded state-wide before the end of the five-year project.

¹⁷ Advocates for Children and Youth, Protecting Our Children, 1999 Report on Maryland's Child Welfare System. Baltimore Maryland, executive summary

ACHIEVING PERMANENCE

The ability to achieve permanency plans for children in out-of-home placements will be affected by a variety of factors including the:

- age of child at time of entry;
- complexity of the problems that severed the family, especially issues pertaining to substance abuse.
- availability and accessibility of reunification services and a broad spectrum of health, mental health, employment, housing, and other services;
- degree and quality of linkage between LDSS and the spectrum of family services;
- quality and quantity of the child welfare workforce;
- judicial training, temperament, and caseloads;
- availability of adoptive homes especially for special needs children and teenagers;
- adherence to federal and State guidelines regarding casework and legal practices; and
- quality of management throughout the child welfare system.

The achievement of permanency plans is also challenged by competing and conflicting priorities such as:

- The requirement to expeditiously place children in permanent homes has to be balanced with other aspects of protecting the child's safety and best interests. This may delay achievement of permanency. Also, inappropriate placements or the lack of after care services can result in increasing the re-entry rates and jeopardizing the child's safety.
- The mandate to place children in the least restrictive environment may inadvertently increase the average length of stay. Priority is given to relatives, but the relative may not qualify for adoption. Children often remain in the homes of relatives for an extended period of time without expectation of permanency.

- As a by-product of federal requirements, demonstration projects provide expanded services to the experimental group while intentionally denying the expanded services to similar children and their families in the control group. The demonstration projects are very limited in scope in terms of the number of children and families served. Although a goal is to eventually provide the services to all that qualify if the project is found to be effective, the immediate result may:
 - reduce the opportunity for permanency to be expeditiously achieved by the control group; and
 - provide differential levels of services to siblings if one or more are in a project and other siblings are not included because they are in a different service category.
- Preserving confidentiality may inhibit involving the community in the permanency planning process.
- The focus on acquiring adequate resources including funding dilutes the time and energy needed for effective and efficient permanency planning.
- The financial incentives to states to increase finalized adoptions may redefine success and priorities. To meet national goals and receive financial incentives, attention and resources for ensuring reasonable efforts to reunite the families may be compromised.

Section III "Implementation of the Adoption and Safe Families Act and HB 1093", continues to examine the challenges and progress of moving children into safe and permanent homes. This report is built upon observations and documentation from CRBC's citizen review boards held during January –June 1999. The Board Members findings on whether they agree with the permanency plans and the adequacy of progress toward the achievement of the permanency plan are discussed. Also included are data management activities implemented by DHR/SSA to monitor ASFA's progress and outcomes. The July 27, 1999 roundtable on ASFA and HB 1093 which included participants from DHR, LDSS, CRBC, and the judicial system is summarized.

SECTION III

**IMPLEMENTATION OF THE ADOPTION
AND SAFE FAMILIES ACT**

And

HOUSE BILL 1093

ONE UNIFIED VOLUNTEER VOICE FOR PERMANENCY, SAFETY, AND ADVOCACY

LAWS TO PROTECT CHILDREN IN OUT-OF-HOME PLACEMENT

Adoption and Safe Families Act

On November 18, 1997, the President signed the *Adoption and Safe Families Act (ASFA)*. This law attempts to strengthen the child welfare system's response and responsibilities in ensuring safety, permanency, and well being for children. Some major provisions of the law are:

Waiver of Reunification Services - an order by the court waiving the requirements that reasonable efforts be made to reunite the child with the child's parents or guardian. Under Maryland law, time limited reunification services may be denied if the mother or father had:

- Subjected child to chronic and life threatening neglect, chronic abuse, torture, or sexual abuse;
- Had been convicted of an applicable crime of violence against certain family members or household residents; or
- Involuntarily lost parental rights of a sibling

Waiver of reunification services does not mean that the child cannot be returned to parents. It limits the State's and the LDSS's responsibility in providing certain types of support services.

Consideration of Termination of Parental Rights (TPR) - Under Family Law Article 5-525.1, filing of a petition for TPR is required if:

- During the previous 22 months, a child has spent at least 15 months in an out-of-home placement excluding the first 30 days from an initial entry into out of home placement;
- The parents had abandoned an infant; and/or
- The mother or father had been convicted of an applicable crime of violence.

TPR must be filed and granted against both parents in order for rights to be terminated. TPR does not have to be pursued if:

- The child is placed with relatives;
- The LDSS failed to provide required reunification services; or
- The local department has documented in the case plan, which shall be available for court review, a compelling reason why termination of parental rights would not be in the child's best interest.

Concurrent Permanency Planning – is the process of simultaneously taking concrete steps to implement both a primary and a secondary permanency plan. For example, LDSS may provide time-limited reunification services while at the same time exploring relatives as resources.

In addition to the above provisions, ASFA has also:

- created legal timelines for completing casework and legal requirements such as filing TPR and holding permanency planning hearings;
- established requirements for more frequent case reviews;
- elevated the consideration of safety in placement and permanency planning; and
- required that interested persons be invited to all reviews.

The federal government has published objectives that are to be achieved by each state. The objectives are listed in Appendix A.

HB 1093 and the Local Plans

In response to ASFA, the Maryland General Assembly passed House Bill 1093 *Family Law-Children in Out- of Home Placement*” in April 1998. The following changes were created through this law:

- Safety is a major consideration in establishing the permanency plan and in the court’s decision on a petition for adoption or termination of parental rights (TPR). A safety assessment must be completed at every review.
- Concurrent permanency planning is specifically described and mandated.
- DSS may ask the court in the original Child in Need of Assistance (CINA) petition or any time thereafter to waive efforts toward reunification. If the court finds that certain circumstances apply to a parent, then the court **must** grant a waiver and hold a permanency planning hearing within 30 days.
- Each jurisdiction is required to develop a local plan that outlines the policies for scheduling citizen reviews. CRBC and twenty-three LDSS have developed local plans.¹⁸ The plans adhere to the procedures and minimum parameters stated in the 1998 Memorandum of Agreement between CRBC and DHR that includes a provision for reviewing siblings together. Statewide, the local plans were implemented in January 1999. Prior to the local plans, reviews were scheduled every six months.¹⁹ Implementation of the local plans has reduced the number of reviews required for each child and as extended the time frames between the reviews. It has also broadened CRBC’s coverage in that more children are included in the review population.

¹⁸ A plan for Frederick County has not been submitted.

¹⁹ While six-month reviews were conducted for most children, staff capacity was lacking to review all children that frequently. Therefore, many older children received no citizen reviews. Under the new system, all eligible children are reviewed.

CITIZEN REVIEW ACTIVITIES FOR JANUARY – JUNE 1999

Between January 1999 and June 1999, 4,326 reviews were conducted as compared to 5,719 reviews for January –June 1998. This represents a decline of 24% over a one-year period. The decline is attributed to the expanded time required to make the additional findings and recommendations as mandated by HB 1093.

Traditionally, the reviews boards made three votes for each review: 1) the appropriateness of the permanency plan, 2) the adequacy of progress to achieve permanent placement, and 3) the appropriateness of the current living arrangement or any changes in placement. With the implementation of the local plans and HB 1093, the boards are also required to make findings and recommendations about actions regarding waiver of reunification; termination of parental rights; permanency planning for both primary and secondary plans; and the child's safety.

A summary of the new votes is discussed within this section. Where applicable, the January –June 1999 results are compared with the results from January – June 1998.

Waiver of Reunification Services

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. Of the 4,326 reviews conducted, 26% of the children did not qualify for consideration of these services because 1) the child was 18 years of age or over, 2) the parents were dead, or 3) the parental rights had already been terminated. Exhibit V shows the results of the citizens' votes on the waiver of reunification services when the waiver was considered.

Exhibit V

Results of Citizen Reviewers Findings on the Waiver of Reunification Services

Status	Percentage of Reviews
Waiver Used	1%
Waiver not used and the Board Disagrees	10%
Waiver not used and the Board Agrees	89%

Termination of Parental Rights

Twenty-eight percent of the children reviewed did not qualify for consideration of TPR because of reasons cited under the waiver of reunification. Of the remaining 3,120 reviews, the new TPR law applied to 60% and did not apply to 40%. Exhibit VI shows the major decision by the review board is not to file for TPR regardless of whether the law is applicable. Generally, the board finds 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.

Exhibit VI

Recommendations of Citizen Reviewers When Termination of Parental Rights Is Considered

	TPR Law Does not Apply	TPR Law Applies
Board says do not file	30%	33%
Board says file petition	7%	23%
Board says grant petition	3%	4%
Total	40%	60%

Permanency Plans

A permanency plan specifies when and with whom the child shall live and the proposed legal relationship between the child and the caregiver(s). There are seven types of permanency plans that are structured within a hierarchy. The first four plans were discussed in Section II – return home (RH), relative placement (RP), adoption (A), and independent living (IL). The other three plans are:

Guardianship (G) – is when the court awards to an individual, custody of a child and the authority to decide on the child’s care, welfare, education, and health and rescinds custody to the LDSS..

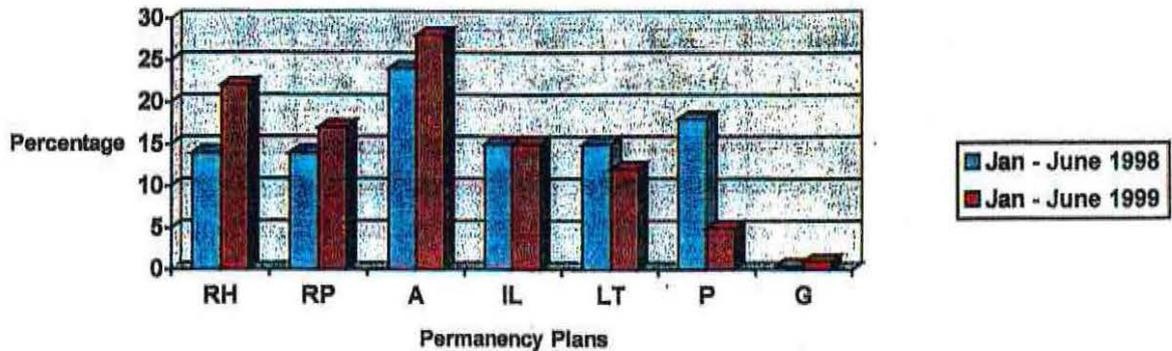
Permanent Foster Care (P)- is when the court recognizes a specific, identified foster family for the child, and it is intended that the child live with that foster family until becoming an adult.

Long-Term Foster Care (LT) – a plan in which a child remains in foster care with no plan for permanency. This is the least favored option for a child.

Between January – June 1998 and January – June 1999, there was an increase in permanency plans for return home, relative placement, and adoption and a decline in long-term foster care and permanent foster care (Exhibit VII). Statewide, adoption remains the most dominant permanency plan. It is important to note that these findings represent the reviews that were conducted and not necessarily all the permanency plans for the jurisdictions.

Exhibit VII

Comparison of Permanency Plans for Children Reviewed Between January – June 1998 and January – June 1999



There were similarities and differences between the jurisdictions regarding permanency plans. Some of the variations in the permanency plans may be explained by:

- Terms of the local plan;
- Size of the jurisdictions;
- Resources available to the jurisdictions; and
- Demographics of the children in the jurisdictions.

Exhibit VIII shows the use of permanency plans for each jurisdiction.

Exhibit VIII

Permanency Plans by Jurisdiction for Reviews Conducted
Between January – June 1999

Jurisdiction	# of Reviews	% RH	% RP	% A	% IL	% G	% P	% LT
Allegany	58	28	7	14	29	0	10	12
Anne Arundel	119	28	3	9	31	0	19	10
Balto. County	358	22	6	22	23	0	7	21
Calvert	42	48	0	7	36	0	7	2
Caroline	11	27	0	55	9	0	9	0
Carrol	34	29	0	35	21	0	3	12
Cecil	93	45	3	11	19	0	9	13
Charles	31	26	3	26	19	0	10	16
Dorchester	23	43	4	26	9	0	13	4
Frederick	86	22	4	34	14	0	0	12
Garrett	26	35	0	31	15	0	12	8
Harford	138	19	0	22	28	0	12	20
Howard	43	37	12	33	12	0	0	7
Kent ²⁰	8	25	0	25	25	0	25	0
Montgomery	229	37	6	26	15	0	5	11
Prince Georges	417	12	2	30	33	0	5	18
Queen Anne	12	8	0	25	25	0	0	42
St. Mary's	45	9	2	51	27	0	7	4
Somerset	35	31	20	37	6	0	0	6
Talbot	19	16	0	32	21	0	16	16
Washington	99	41	2	31	10	0	2	13
Wicomico	64	36	14	31	3	0	9	6
Worcester	17	18	18	18	35	0	0	12
Baltimore City	2319	19	28	29	8	3	3	9
State-wide	4326	28	6	27	19	0	8	11

Legend: Return Home (RH), Relative Placement (RP), Adoption (A), Independent Living (IL), Guardianship (G), Permanent Foster Care (P), and Long-term Foster Care (LT).

The bold shows the three major plans used in the jurisdiction. In instances where there is a tie, more than three plans are in bold.

²⁰ Kent does not have a top permanency plan

Concurrence Rates

The concurrence rate is the percentage of times the reviewers agree with the permanency plan. Exhibit IX compares the concurrence rate for reviews held in 1998 and 1999.

Exhibit IX

Concurrence Rates for 1998 and 1999

Time Frame	RH	RP	A	IL	G	P	LT	Average Rate
Jan- June 1998	78%	93%	100%	100%	98%	96%	99%	94%
Jan -June 1999	78%	82%	98%	99%	86%	99%	86%	88%

Between 1998 and 1999, the average concurrence rate declined by 8%. The major decline was in relative placement (11%) and long-term foster care (13%). For both years, the lowest rate of concurrence was for plans to return home. The low rate of concurrence reflects the limited feasibility of return home being achieved.

Adequacy of Progress

The board may find that progress to achieve a permanent placement since the child entered out-of-home placement or since the previous review is adequate or inadequate. A vote for inadequate progress indicates that one of the responsible agencies failed to act in a reasonable and timely fashion to promote permanent placement. A responsible agency could be the local department of social services, the courts, or a private child placement agency. The finding is not an assessment of progress by the parents or the child. The board's evaluation of progress by family members is implicit in the findings and recommendations the board makes regarding the waiver of reunification services, termination of parental rights, the permanency plan, and the living arrangement.

Exhibit X shows the relationship of the rate of adequacy of progress for each permanency plan for 1998 and 1999.

Exhibit X

Adequacy of Progress Rates for 1998 and 1999

Time Frame	RH	RP	A	IL	G	P	LT	Average Rate
Jan- June 1998	95%	99%	83%	99%	100%	100%	99%	94%
Jan – June 1999	81%	84%	84%	98%	72%	95%	98%	88%

There has been a 12 percent decline in the adequacy of progress from 1998 – 1999. The greatest decline was in guardianship (28%), relative placement (15%), and return home (14%). Adoption, independent living, and long-term foster care experienced less than a one percent change.

When comparing adequacy of progress with the concurrence rate for each permanency plan, adoption is the only plan where the reviewers consistently agreed more with the plan than they did with the rate of progress.

Exhibit XI

Comparison of Concurrence Rates with Adequacy of Progress Rates for 1998

	RH	RP	A	IL	G	P	LT	Average
Concurrence Rate	78%	93%	100%	100%	98%	96%	99%	94%
Adequacy of Progress	95%	99%	83%	99%	100%	100%	99%	94%

Exhibit XII

Comparison of Concurrence Rates with Adequacy of Progress Rates for 1999

	RH	RP	A	IL	G	P	LT	Average
Concurrence Rate	78%	82%	98%	99%	86%	99%	86%	88%
Adequacy of Progress	81%	84%	84%	98%	72%	95%	98%	88%

Board Members and Staff Assistants have noted several factors that may have influenced a state-wide decline in the concurrence rate and adequacy of progress rate.

- Implementation of the new voting procedures involved more detailed questioning, more time given to each review, and better training of board members.
- Continuances granted by the courts result in difficult decisions being postponed too long; social workers making multiple court appearances for the same child; and more paper work being completed.
- A need for closer cooperation between the LDSS and the Attorney General's office regarding cases when LDSS disagrees with the judge's permanency plan.
- Long delays in contested TPR trials.
- High caseloads and caseworker vacancies.
- Under new procedures, developed in response to ASFA and HB 1093, more cases are being reviewed at an earlier time in the child's entry into out-of-home placement. At this point, multiple and competing activities may reduce the ability to meet deadlines and to determine the most appropriate permanency plans.
- The new review schedules have created longer time frames for subsequent reviews. This has reduced the ability of the review boards to consistently monitor the progress towards permanency.
- The increase in non-agency affiliated Interested Persons (e.g., biological parents and caregivers) attending the reviews has resulted in the review board receiving information that may not have been available and may provide a different perspective than that offered by caseworkers and other case related personnel.

Concerns related to adoption include:

- The need for an increased emphasis on an early search for relatives.
- The need for full disclosure on the agreement so legal risk families know that a child may be placed with either parent(s) or relatives.

Safety

There are two votes that the review boards make regarding safety:

1. Whether all applicable safety assessment and child protection protocols have been used which includes but are not limited to a completed home study, an inventory of people living in the house, a completed risk/safety assessment, and a current reconsideration for the foster home; and

2. Whether there are indicators of risk which may include but are not limited to parental visits that may subject the child to risk, domestic violence, suspected or confirmed substance abuse for the caregiver(s), and/or household members with a history of violence, child abuse, or child neglect.

Of the 4,326 cases reviewed, the safety protocols were used in 87.5% of reviews; protocols were not used in 6.5%; and 6% of the reviews did not have information recorded. The relationship between the use of protocols and findings of risk is shown in Exhibit XIII.

Exhibit XIII

Relationship Between Use of Protocols and Risk Findings

	Protocols Used	Protocols Not Used	Protocols Use Not Recorded	Total
Risk Found	1.9%	2.2%	0.1%	4.2%
Risk Not Found	85.2%	3.1%	0.4%	88.7%
Risk Finding not Recorded	0.5%	1.1%	5.5%	7.1%
Total	87.5%	6.5%	6.0%	100.0%

Review boards in several jurisdictions have raised concerns regarding:

- Criminal background checks not being required for parents when there is a plan of return home even if the parent has a criminal history and there is no knowledge of why the parent is incarcerated. This raises concerns for safety and compromises voting for the reunification waiver.
- Foster parents not always informed of a child's history even when the history suggests that the child could be a threat to self or others.
- Caseworkers not consistently aware if safety protocols were used.

Additional Resources Needed to Support Children and Families

Observations and documentation by the Board Members and Staff Assistants expand upon the findings generated from the votes. Three major barriers were high caseloads, incomplete case records, and the need to increase the availability and accessibility of resources for children in out-of-home placement and for their biological, foster, and adoptive families. Needed resources fell within three categories:

Resources for Kinship Care Providers

- Children placed with relatives are sometimes not receiving needed medical coverage.
- Relatives receive less consideration in regard to services available unless the relative becomes a restricted foster home. This has included assistance with housing and referrals for health and mental health services.
- Subsidized guardianship program should be available to all children.

Resources for Teenagers

- The independent living services programs do not provide all children over 16 with a plan of long-term care or permanent foster care with skills needed for independence. Often foster care workers are relied upon to provide these skills and they may not have the expertise or experience.
- Independent living plans are often not individualized to reflect the specific needs, interests, and strengths of the teenager.
- Placements could be prevented or shortened if more effort was directed toward resolving conflict between parents and teenagers. Certain aspects of the independent living program give teenagers an incentive to stay in care.
- There is a lack of placements especially for teenagers.

Resources for Medical Treatment

- There is a need for psychiatric hospital beds for children in out-of-home placements.
- Some managed care organizations have blocked children's access to medical treatment for serious medical symptoms.
- Children who are sexual offenders are not receiving needed treatment if criminal charges have not been filed. There is also a lack of inpatient services for female sexual offenders.
- Substance abuse treatment for parents and children is often unavailable and/or inaccessible.

Case Review and System Improvements Resulting from the New Laws and Policies

The new laws and policies have also fostered an environment that is conducive to expanding partnerships and developing a more uniform approach to child welfare activities.

- More Interested Persons are attending the reviews sessions, which has benefits for the Interested Person and the review process.

1. For the Interested Person, the review process is a vehicle to raise questions about the process and progress towards permanency and to collaborate on strategies to promote permanency.
 2. For the review boards, more information is received about the child and the biological and current caregivers. Board Members have the opportunity to interact with people directly affected by the out-of-home experience.
- The new guidelines establish standard timeframes to help schedule casework and legal activities. This allows standard measurements on adequacy of progress.
 - The implementation of the new laws resulted in a set of procedures to evaluate safety, permanency, and well-being for children in out-of-home placements.

The more intensive review procedure has contributed to a decline in the concurrence rate and in findings of adequacy of progress. This does not necessarily indicate a decline in performance by local agencies; rather it has enabled the review boards to identify more accurately the need for additional resources and it has focused attention on effective case management practices.

In response to ASFA, the Social Services Administration has developed or enhanced data management activities and has allocated additional funding to the LDSS to help implement and monitor these federal requirements.²¹

- To assure the filing of TPR petitions, a tracking system has been developed to identify children in care of the local department for 15 of the eligible 22 months.
- To monitor and measure compliance with the major provisions of ASFA (safety, well-being, permanency), a performance review system was developed which is called "CAPS" (Child Welfare and Adult Services Performance System).
- To assist local departments in matching adoptive parents with children eligible for adoption, Maryland Adoption Resource Exchange (MARE) was enhanced and is being tested in 12 local departments of social services.
- To evaluate the safety needs of children in out-of-home placement, the Maryland Risk Assessment is being modified. Traditionally this tool has been used for the Child Protection Services.
- To provide time-limited reunification services and adoption promotion activities, the 24 local departments were allocated \$719,000 from the federal Promoting Safe and Stable Families Program.

²¹ Maryland Department of Human Resources, Social Services Administration, Preventing, Protecting, & Assisting Maryland's Children and Families, 1999 Annual Report, pp. 15-20.

Roundtable Discussion on ASFA

On July 27, 1999, thirty members of the child welfare community attended the conference "Teamwork to Improve Outcomes for Children". Participants represented Social Services Administration, local departments of social services, Citizens Review Board for Children, and the Maryland Judiciary. The purpose of the conference was to discuss the implementation of the Adoption and Safe Families Act (ASFA)/ HB 1093, including the provision mandating local plans for the review of children in out-of-home placements. The roundtable was co-sponsored by the Department of Human Resources and the Citizens' Review Board for Children.

Through roundtable discussions, participants responded to the focus question "To what extent has the implementation of ASFA/ HB 1093 benefited children in Maryland?" The conference was expected to conclude with results-based measurements that can be used to formally evaluate the effectiveness of HB 1093 as it relates to reviews and practices.

Essentially, the report supports the data and observations from the citizen review boards as well as state and national reports discussed in Section II. Key findings are highlighted below. Statements in the report reflect individual opinions and experiences and are not meant to convey that there was consensus reached on the various topics. Responses to some of the questions are discussed in Appendix C.

Local Plans

Questions were raised regarding the impact of having fewer reviews and whether reviews were occurring according to the local plans. The local plans were described as:

- Being more thorough which results in fewer reviews being completed;
- Being good for children new to care but more challenging in applicability to older kids;
- Having more interested parties attending in some jurisdictions;
- Enabling review boards to get more specific information;
- Having an energizing effect on caseworkers; and
- Placing priority on the child's well-being

Permanency/Stability

Waiver of Reunification

The reunification waiver came up in the discussions repeatedly. There were many questions and issues regarding the criteria and process for using the waiver as well as the delivery of reunification services. The discussions highlighted that there is still reluctance to use the waiver.

Permanency Planning

Central issues regarding developing and achieving permanency plans were the:

- role of the court; and
- relationship of DSS and the judicial system.

Termination of Parental Rights

This discussion focused on:

- whether HB 1093 has created the potential for “legal orphans”;
- whether the perspective of the child (especially teenagers) is considered for TPR and adoption;
- the impact HB 1093 has had on the increase in the adoption caseload, backlog in TPR hearings; and
- when the 15-22 month time clock starts ticking.

Safety

The participants noted:

- There has been a shift in the philosophy regarding safety;
- Written instructions or protocols used by social workers to assess safety would be useful for judges to see; and
- That the unavailability of respite care, particularly for kinship care families, is a constraint.

Judicial Review

HB 1093 was described as promoting coordination and collaboration between attorneys and the courts. Some concerns voiced were:

- TPR hearings are not taking place at the next 6-month hearing;
- Object of local plans is to coordinate timing of reviews, but some courts are nevertheless reviewing the cases every six months;
- In Baltimore City the kinship care population is large and the review docket has increased; and
- Too many priorities established for the judiciary by the legislature. HB 1093 as established by the legislature is not a priority for the judiciary..

Evaluating the Effectiveness of ASFA and HB 1093

This discussion suggested that while participants were generally aware of what activities needed to be measured, there were questions about how to measure the activities. Competing priorities, limited resources, and data management problems were cited as major constraints to evaluating the effectiveness of HB 1093 and the local plans.

CONCLUSIONS

The federal Adoption and Safe Families Act and HB 1093 have created a new paradigm for conducting case management activities to improve outcomes for children in out-of-home placement. Jointly the new laws emphasize a child-centered approach that is guided by legally mandated time frames. Early experiences in implementing the laws suggest a need for a state-wide framework to guide, monitor, and evaluate ASFA related activities. While it is currently difficult to assess ASFA effectiveness, available primary and secondary data provide an understanding of its strengths and unresolved questions and issues.

Advantages

- The laws focus attention on front-end activities and decision-making rather than having the child linger in out-of-home placement for years without progress towards permanency.
- The laws offer a framework to confront issues and engage in new dialogue.
- An emphasis is placed on including more members in the permanency planning process including parents and the community.
- ASFA has developed new results-based monitoring procedures that will allow uniformed evaluations across agencies.

Issues

- There is a need for resources to manage the objectives of ASFA and HB 1093.
- ASFA has resulted in unintended consequences such as the backlog in TPR cases.
- The laws require new or enhanced skills in case management and data management that may be costly and time consuming. The development of case management practices and data management activities may not be fully integrated. Multiple and unconnected agencies have implemented various data collection tools that may result in an ineffective paper work process for case workers.
- While ASFA is considered family centered with emphasis on family preservation, resources and national objectives are placed on adoption
- ASFA lacks a response to parental substance abuse and kinship care. Data show that children with parental substance abuse as a case factor remain in out-of-home placement longer. With the focus on expedited permanency planning, these children and their families may become victims rather than recipients.

A Framework to Structure ASFA Related Activities

Through new procedures, Board Members have been able to raise questions that altered their findings and recommendations. As Maryland continues to respond to the mandates of ASFA and HB 1093, a framework to guide the development of new procedures could include the following types of questions:

- Does a memorandum of agreement need to be developed between child welfare agencies and other service providers such as Department of Aging, the Department of Health and Mental Hygiene, and the State Board of Education?
- Are there definitions that need to be operationalized such as safety? Does the focus on clarification of definitions postpone full implementation and evaluation of the laws?
- How do issues related to implementation differ from issues related to achieving long-term objectives?
- Are sufficient resources available, and if not, how will goals and objectives be achieved?
- What is the role of children, families, and communities in the development, implementation, and evaluation of ASFA related activities?
- How are policies and procedures evaluated regularly and corrective action implemented?
- Have on-going collaboration activities among DHR, CRBC, judicial system and other child welfare advocates been established?

ASFA and HB 1093 may be more about managing change including change in partners, language, and expectations. In response to a new model of legally mandated child welfare practices, it is important that we do not place compliance efforts before the best interest of the child.

Since ASFA is in its developmental stages, it is difficult to determine if progress is directly linked to the new law. Also, the lack of progress could be a result of adjustments to the new activities rather than a prediction of long-term outcomes. For example, improved and consistent use of concurrent planning may eventually reduce the length of stay.

Ultimately factors that influence ASFA outcomes will take place outside the out-of-home placement arena. Changes in the child protection system may reduce or increase the number of children entering the system and hopefully will result in more effective casework. Public sentiment will also influence ASFA related outcomes.

SECTION IV

SUMMARY

AND

RECOMMENDATIONS

ONE UNIFIED VOLUNTEER VOICE FOR PERMANENCY, SAFETY, AND ADVOCACY

RECOMMENDATIONS FOR FISCAL YEAR 1999 REPORT

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.

Recommendation

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.
 - 1.1. Training and cross-training for child welfare and substance abuse providers;
 - 1.2. Placement of addictions specialist in all children welfare offices;
 - 1.3. Substance abuse assessment for parents and children, including court-ordered assessment and testing when appropriate;
 - 1.4. Procedures for exchange of information between LDSS and substance abuse providers; and
 - 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.
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.

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

Recommendation

3. The Governor should allow \$16 million for the purposes of this statute in the FY 2002 budget request.
4. The General Assembly should approve the funds and closely monitor progress by the department in developing the required protocol

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.

Recommendations

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:

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

This could be achieved through a survey conducted during the visits to complete the reconsideration process. Include in the report the use of the services provided by Coppin State College.

6. Issue an interim report to the public on the Subsidized Guardianship waiver program.

Adoption

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.

Recommendations

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:

- 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.

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.

Recommendations

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

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.

Recommendation

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.

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.

Recommendation

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.
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.

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.

Recommendation

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

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.

Recommendation

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.

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.

Recommendation:

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.
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.

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.

Recommendations

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 U.S. DHHS; and
- 17.4. A plan for communicating policy, procedures, and progress to casework staff, caregivers, reviewers, and legal system personnel.

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.

Recommendation:

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

Caseload Reductions

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

Recommendation

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

Judicial Workloads

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

Recommendation

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.

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.

Recommendation

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.

STATUS OF RECOMMENDATIONS FROM THE 1998 ANNUAL REPORT

Section I "Summary of Child Welfare Activities in Maryland" reported on the changes in the review process with a brief overview of relevant laws and policies and concluded with recommendations for system improvements.

1998 Recommendations	Status	Comments/Follow-up
1. SSA must follow through to thoroughly train local staff on new procedures flowing out of <i>ASFA</i>	I	Although initial training was completed, follow-up and refresher training is needed. Case reviews show gaps in workers' understanding of the waiver of reunification services and of safety protocols.
2. SSA must monitor the implementation of the new procedures using data provided by CRBC and other sources. The evaluation design must ensure that all components of <i>ASFA</i> (TPR, safety assessments, concurrent planning, and waiver of reunification services) have measurements that are assessed comprehensively and continuously at regular intervals (e.g., quarterly).	I	Data included in this report will be provided to SSA in the hope of establishing a quarterly assessment process.
3. CRBC should be provided with two additional professional staff and one clerical position in order to fulfill new, more complex duties.	A	This recommendation was accepted through the FY 2001 budget process.
4. The Governor and General Assembly should provide funding to reduce caseloads over a three – to – five-year period in accordance with the DHR model or a similar model.	I	The Governor included funds for Montgomery County only in FY 2001 budget. A pilot project is underway. Full implementation should occur by 2003.

Legend

A – Achieved, D- Deferred, I- In Progress, N- Not Started

1998 Recommendations	Status	Comments/Follow-up
5. DHR should utilize additional casework staff to assure the quality of child protective service investigations and proper implementation of new safety and permanency planning procedures flowing from <i>ASFA</i> .	D	Reduction of caseloads and application of new measures must be in place before progress can be assessed.
6. Caseworkers need more training about subsidized adoptions so that relative caregivers can make more fully informed choices.	N	No action has been taken.
7. Eligibility for substance abuse treatment for parents should be modified to provide better accessibility to drug treatment when child is removed.	I	The General Assembly and Governor have taken a major step with the passage of HB 7/SB 671. The Secretaries of DHR and Health/Mental Hygiene should move expeditiously to provide new funding and implement the required protocols.
8. DHR and the Department of Health and Mental Hygiene should work together to integrate child welfare and substance abuse treatment services.	I	See recommendation 7, immediately above
9. SSA should revise and apply staff allocation formulas to account for caseloads, indicators of need, and indicators of performance.	N	No action has been taken
10. SSA, the local departments, and the courts must continue to place a high priority on efforts to reduce length of stay by expediting safe, permanent placement.	I	High child welfare and judicial caseloads continue to be the main barrier to achieving the desired outcomes.

Legend

A – Achieved, D- Deferred, I- In Progress, N- Not Started

1998 Recommendations	Status	Comments/Follow-up
11. The General Assembly and the Governor should enact companion bills 464 and HB 958. This legislation would improve oversight for the Child Protective Services system by creating citizen review panels as required by federal law and strengthening the system reviewing child deaths.	A	The bills were signed by the Governor. CRBC, the State Council on Child Abuse and Neglect, the State Child Fatality Review Team, and local governments are working to implement citizen review panels.

Section II was on managed care. This section focused on the possibilities and implications for privatizing child welfare functions in Maryland that have been the domain of the public sector. It was recommended that standards, outcomes, goals, and measures be adopted regardless of whether child welfare services remain under the State or are privatized.

Status: The Managed Care Project for Baltimore City was implemented as recommended by 1998 Report. SSA has continued to incrementally improve its measurement systems in response to federal requirements; however much remains to be done. The implementation of MD CHESSIE should be instrumental in improving management capabilities.

Legend

A – Achieved, D- Deferred, I- In Progress, N- Not Started

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APPENDICES

ONE UNIFIED VOICE FOR PERMANENCY, SAFETY, AND ADVOCACY

APPENDIX A

STATUS REPORT ON IMPLEMENTATION OF CHILD PROTECTION CITIZEN REVIEW PANELS

Legislation Establishing the Citizen Review Panels for Child Protection

In April 1999, Maryland enacted Chapters 355 and 356 of the Acts of 1999 (HB 958 and SB 464) which established the Child Protection Citizen Review Panels. The purpose of the citizen review panels is to evaluate the extent to which state and local child protection agencies are protecting children from abuse and neglect. These citizen review panels are required as a result of Congress' 1996 revisions to the Child Abuse Prevention and Treatment Act. Each state is required to have at least three panels made of volunteer citizen reviewers.

Maryland's Implementation of Chapters 355 and 356

Three agencies will be responsible for the Citizen Review Panels:

- The State Board of the Citizen Review Board for Children;
- The State Council on Child Abuse and Neglect (SCCAN); and
- The State Child Fatality Review Team (SCFRT).

An Initial Planning Group (IPG) has been formed to assist in implementing this new law. Along with representatives from the State Board, SCCAN, and SCFRT, the IPG is composed of members from the Department of Human Resources, the Department of Health and Mental Hygiene, the Office for Children, Youth, and Families, and the Maryland Association of Social Services Directors.

Duties Authorized by Law

Local governments are given discretionary authority to appoint local citizen review panels to monitor child protection operations under guidelines established by the State Board (Family Law 5-539.2).

The State Board may designate these local citizen review panels to conduct case reviews and report results to the State Board (Family Law 5-539.1(b)(2)(ii)).

The State Council may request that the local citizens review panel conduct a review and reports its findings to the Council (Family Law 5-7A-06(b)).

Both the State Board and State Council have the authority for each to appoint one member to the local panel (Family Law 5-539.2(c)).

The State Board must develop protocols that govern the scope of activities of the local citizen review panels in consultation with the State Council on Child Abuse and Neglect, local governments, and the local citizen review panels²² (Family Law 5-539.2(c)).

The State Board must provide training for the citizen review panels (Family Law 5-538(b)(1)).

The main purpose of the local citizen review panels is to assist and advise the State Board and State Council (Family law 5-539.2(a)(1)). Other duties of the panels are:

- To evaluate the extent to which state and local agencies are effectively meeting their child protection responsibilities;
- To submit reports on its findings to the State Board and State Council who issue respective annual reports to the public and to the Governor; and
- To carry out other duties as requested by the State Board and State Council (Family Law 5-593.2(d)).

During FY 2000, the State Board along with SCCAN will meet with local jurisdictions to establish procedures for conducting the citizen reviews of the child protection systems.

²² The Administration for Children and Families program instruction ACYF-PI-CB-98-01 states membership criteria:

"The statute directs States to establish panels that are composed of volunteer members who are broadly representative of the community in which the panel is established and include members with expertise in the prevention and treatment of child abuse and neglect. Accordingly, Statewide panels should include membership from across the State; regional and local panels should include membership reflective of those geographic communities.

"We encourage States to give special attention to the goal and purpose of the panels and duties of the members to ensure that panelists have the necessary qualifications to review the complex issues presented by child maltreatment. It is recommended that panel membership include a balance among children's attorneys, child advocates, CASA volunteers, parent/consumer representatives and health/mental health professionals who are familiar with the intricacies of the CPS system. Since States are allowed to use certain standing panels for this purpose and some of those panels may be composed of some welfare/child protection staff, staff of the public agency are not prohibited from serving on these panels so long as the majority of the panel's membership is comprised of volunteer members from other disciplines."

APPENDIX B

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[Notices]
[Page 45552-45554]
From the Federal Register Online via GPO Access [wais.access.gpo.gov]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Final List of Child Welfare Outcomes and Measures

SUMMARY: Section 203 of the Adoption and Safe Families Act (ASFA), signed into law in November 1997, requires that the Secretary of the Department of Health and Human Services (DHHS), in consultation with Governors, State legislatures, State and local public officials responsible for administering child welfare programs, and child welfare advocates, develop a set of outcome measures (including length of stay in foster care, number of foster care placements, and number of adoptions) that can be used to assess the performance of States in operating child protection and child welfare programs. In addition, the law requires that to the maximum extent possible, the outcome measures should be developed from data available from the Adoption and Foster Care Analysis and Reporting System (AFCARS). Section 203 of ASFA also directs the Secretary to prepare and submit to the Congress an Annual Report on the performance of each State on each outcome measure.

To meet these requirements, the Children's Bureau, the Federal agency charged with the task of implementing ASFA, engaged in a consultation process with State officials, advocates and other experts in the field. As a result of this process, the Children's Bureau published a preliminary list of child welfare outcomes and measures in the Federal Register for public comment on February 2, 1999. Comments were received from 31 State child welfare agencies including the District of Columbia, 14 representatives of national organizations, nine members of a congressional coalition, one local child and family services agency, one tribal organization, four child welfare researchers, four Federal staff and one unaffiliated individual. Based on an analysis of the comments, numerous changes were made to the preliminary list of outcomes and measures.

This notice announces the final list of child welfare outcomes and measures and the data elements that will be used to compute each State's performance on each measure. The notice also describes additional data about each State system's characteristics that will be used in the Annual Report to provide context for interpreting State performance on the outcome measures. Finally, the notice provides general information about the steps that will lead to publication of the first Annual Report to the Congress on the performance of each State on each outcome measure.

FOR FURTHER INFORMATION CONTACT: Marianne Rufty, Children's Bureau, 330 C Street, SW, Washington, DC 20447.

SUPPLEMENTARY INFORMATION: The Nation's child welfare systems are designed to protect children who have suffered maltreatment, who are at risk for maltreatment, or who are under the care and placement responsibility of the State because their families are unable to care for them. These systems also focus on securing permanent living arrangements for children who are unable to return home. The Children's Bureau is the agency within the Federal Government that is responsible

APPENDIX B

for assisting State child welfare systems by promoting continuous improvement in the delivery of child welfare services.

The Adoption and Safe Families Act (ASFA) unequivocally established that our national goals for children in the child welfare system are safety, permanency, and well-being. To help achieve these goals, the ASFA requires the Department of Health and Human Services (DHHS), in consultation with States and experts in the field, to identify outcome measures to gauge State and national progress in reaching these goals, and to report on these outcomes in an annual report to the Congress.

The Children's Bureau formed a consultation group comprised of representatives from State, Tribal and county child welfare agencies; State

[[Page 45553]]

Governor's offices; State legislatures; family and juvenile courts; local advocacy organizations; the research community; private nonprofit child and family services agencies; and a public employee organization. Representatives of national organizations such as the American Public Human Services Association, the Child Welfare League of America, and the National Council of Juvenile and Family Court Judges also were asked to participate in the consultation process.

The Children's Bureau wishes to thank these individuals for sharing their time and expertise in the development of the preliminary set of child welfare outcomes and measures, which were published in the Federal Register for comment on February 2, 1999. We also would like to thank the many individuals who responded to that notice. Based on the comments received, the Children's Bureau has made a number of changes to the list of outcome measures, as detailed below.

What Data Sources Will Be Used To Measure State Performance

To avoid additional reporting by the States, the first Annual Report to the Congress will include outcome measures that are based on data already available through the National Child Abuse and Neglect Data System (NCANDS), and the Adoption and Foster Care Analysis and Reporting System (AFCARS). For the first Annual Report to the Congress, the Children's Bureau will use calendar year 1997 data for NCANDS, and fiscal year 1998 data for AFCARS. The specific data elements that will be used from these databases are listed below under each outcome measure. Please note that one of the consequences of focusing on outcomes that can be measured through AFCARS and NCANDS is that the outcomes to be included in the first Annual Report do not address child-well being measures and procedures for collecting data pertaining to those outcomes in the future.

In addition to displaying data on State performance on the outcome measures, the Annual Report will provide additional data about each State and its child welfare system in order to provide context for interpreting performance on the outcome measures. For the most part, these data also will be derived from the calendar year 1997 NCANDS and fiscal year 1998 AFCARS databases. Some examples include: the number of children under age 18; the number of children found to be victims of child maltreatment; the number of child fatalities due to maltreatment; the number of children entering foster care at the beginning of the reporting year, the number exiting at the end of the same year and their median length of stay in care; the number of children waiting to be adopted; and the number of children adopted. It also will include age and race/ethnicity data for children in these categories.

Steps Leading to Publication of the Annual Report

The Children's Bureau will mail a letter to each State Child Welfare Director that will transmit the State's own data pages for

<http://www.acf.dhhs.gov/programs/cb/special/frcwoutc.htm>

05/21/2000

APPENDIX B

review and comment prior to their being published and submitted to the Congress. State agencies will have the opportunity to provide comments that clarify their data or identify factors that may have affected their performance on the outcome measures. Since States' comments will be included in the Annual Report to the Congress, the Children's Bureau will need to require that the comments be limited due to space restrictions. In addition, State Child Welfare Directors will be asked to return their comments to the children's bureau by a specified date. No response by the due date will indicate that the State chooses not to submit comments. The transmittal letter will provide detailed information about the procedures for reviewing and submitting comments on the data.

Final List of Child Welfare Outcomes and Measures

The following outcome measures will be used as the basis for the first and subsequent Annual Reports to the Congress on the performance of each State in meeting the goals and objectives of the child welfare system. The data elements that will be used to compute the measures are also listed. Additional outcomes and measures may be added in future years as reporting capacities develop. This is particularly true for outcomes addressing child safety and well-being.

Child Welfare Outcome 1: Reduce Recurrence of Child Abuse and/or Neglect

Measure 1.1: Of all children who were victims of substantiated or indicated child abuse and/or neglect during the reporting period, what percentage had another substantiated or indicated report within a 12-month period?

Data Elements: NCANDS, DCDC record

Element 3: Report ID

Element 4: Child ID

Element 8: Report disposition

Element 9: Report disposition date

Child Welfare Outcome 2: Reduce the Incidence of Child Abuse and/or Neglect in Foster Care

Measure 2.1: Of all children who were in foster care during the reporting period, what percentage was the subject of substantiated or indicated maltreatment by a foster parent or facility staff?

Data Elements: NCANDS, DCDC record

Element 80: Perpetrator-1 Relationship

Element 93: Perpetrator-2 Relationship

Element 106: Perpetrator-3 Relationship

AFCARS

Element 21: Date of latest removal

Element 41: Current placement setting

Child Welfare Outcome 3: Increase Permanency for Children in Foster Care

Measure 3.1: For all children who exited the child welfare system, what percentage left either to reunification, adoption, or legal guardianship?

Measure 3.2: For children who exited the system and were identified as having a diagnosed disability, what percentage left either to reunification, adoption, or legal guardianship?

Measure 3.3: For children who exited the system and were age 12 or older at the time of their most recent entry into care, what percentage

APPENDIX B

left either to reunification, adoption, or legal guardianship?

Measure 3.4: For all children who exited the system, what percentage by racial/ethnic category left either to reunification, adoption, or legal guardianship?

Measure 3.5: Of all children exiting the system to emancipation, what percentage was age 12 or younger at the time of entry into care?

Data Elements: AFCARS

Element 6: Date of birth

Element 8: Race

Element 9: Hispanic origin

Element 10: Child diagnosed with disabilities

Element 21: Date of latest removal

Element 56: Date of discharge from foster care

Element 58: Reasons for discharge

Child Welfare Outcome 4: Reduce Time in Foster Care to Reunification Without Increasing Re-entry

Measure 4.1: Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in the following time periods?

- (1) Less than 12 months from the time of latest removal from home
- (2) At least 12 months, but less than 24 months

[[Page 45554]]

- (3) At least 24 months, but less than 36 months
- (4) At least 36 months, but less than 48 months
- (5) 48 or more months

Measure 4.2: Of all children who entered foster care during the reporting period, what percentage re-entered care within 12 months of a prior foster care episode?

Data Elements: AFCARS

Element 19: Total number of removals

Element 20: Date of discharge from last episode

Element 21: Date of latest removal

Element 56: Date of discharge from foster care

Element 58: Reason for discharge

Child Welfare Outcome 5: Reduce Time in Foster Care to Adoption

Measure 5.1: Of all children who exited care to a finalized adoption, what percentage exited care in the following time periods?

- (1) Less than 12 months from the time of latest removal from home
- (2) At least 12 months, but less than 24 months
- (3) At least 24 months, but less than 36 months
- (4) At least 36 months, but less than 48 months
- (5) 48 or more months

Measure 5.2: Of all children who exited care to a finalized adoption and who were age 3 or older at the time of entry into care, what percentage exited care during the following time periods?

- (1) Less than 12 months from the time of latest removal from home
- (2) At least 12 months, but less than 24 months
- (3) At least 24 months, but less than 36 months
- (4) At least 36 months, but less than 48 months
- (5) 48 or more months

Data Elements: AFCARS

Element 6: Date of birth

Element 21: Date of latest removal

Element 56: Date of discharge from foster care

Element 58: Reasons for discharge

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05/21/2000

APPENDIX B

Child Welfare Outcome 6: Increase Placement Stability

Measure 6.1: Of all children served who had been in care for the time periods listed below, what percentage had no more than two placement settings during that time period?

- (1) Less than 12 months from the time of latest removal from home
- (2) At least 12 months, but less than 24 months
- (3) At least 24 months, but less than 36 months
- (4) At least 36 months, but less than 48 months
- (5) 48 or more months

Data Elements: AFCARS

Element 21: Date of latest removal

Element 24: Number of previous settings in episode

Element 56: Date of discharge from foster care (needed only if child exited during the year.)

Child Welfare Outcome 7: Reduce Placements of Young Children in Group Homes or Institutions

Measure 7.1: For all children who entered care during the reporting period and were age 12 or younger at the time of their most recent placement, what percentage was placed in a group home or an institution?

Data Elements: AFCARS

Element 6: Date of birth

Element 21: Date of latest removal

Element 23: Placement date in current setting

Element 41: Current placement setting

Dated: August 13, 1999.

Patricia Montoya,

Commissioner, Administration on Children, Youth and Families.

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APPENDIX C

RESPONSES TO QUESTIONS RAISED DURING ROUNDTABLE DISCUSSION ON HOUSE BILL 1093

The Social Services Administration and the Citizens' Review Board for Children have studied the questions raised during the Roundtable discussion. Though we cannot provide answers for all the questions, we were able to agree on the following responses:

- Q: Is there a protocol for DSS workers to screen for circumstances that would trigger a waiver?
- A: *Circular letter #99-7 addresses compelling reasons to request a waiver.*
- Q: Does the reunification waiver apply to people who were convicted of a crime or other circumstances before July 1, 1998?
- A: *Yes.*
- Q: Will we ensure appropriate, adequate resources to evaluate and treat substance abuse including local programs responding to DSS parents?
- A: *Some initiatives to promote and provide adequate resources to evaluate and treat substance abuse include but are not limited to:*
- *DHR/SSA and DHMH are constantly working to strengthen the programs for new mothers established in conjunction with SB 512. This program provides resources in Baltimore City, Prince George's County, Washington County, and the Lower Eastern Shore. DHHS has granted DHR a waiver so that IV-E foster care funds can be used to provide substance abuse treatment services to 100 families - 70 in Baltimore City and 30 in Prince George's County.*
 - *DHMH has sanctioned managed care organizations within the HealthChoice program for failing to make referrals for drug treatment.*
- Q: What happens if your case for TPR is weak when you get to the 12-month permanency planning hearing?
- A: *The court selects the permanency plan it considers most appropriate. This does not excuse DSS from its concurrent planning responsibilities. Therefore, the DSS may need to simultaneously provide services to parents, work with relatives, and document the case for TPR in preparation for the 18-month permanency planning hearing.*

- Q: If a sibling has been involuntarily terminated in the past and family has now changed – what happens?
- A: *DSS has full authority not to request a waiver of reunification services and to work toward reunification. This is a judgment that DSS must make.*
- Q: The influx of cases to the Adoptions Unit has reduced the workers' ability to respond.
- A: *Hopefully, the budget will provide additional caseworkers as part of the implementation of the Child Welfare Workforce Initiative of 1998 (HB 1133) and the budget language adopted in 1999.*
- Q: Is the court findings re: permanency plan the final word? DSS has to document "good faith" efforts to follow permanency plan ordered by the Court. Can DSS also follow the concurrent plan?
- A: *Yes. This is required by Family Law Article 5-525(b):*
"In establishing the out-of-home placement program the Administration shall:
provide time-limited family reunification services . . . ; and concurrently develop and implement a permanency plan that is in the best interests of the child."

The essence of concurrent permanency planning is engaging in activities which constitute implementing the plan. The local department must implement the court's plan but may also actively pursue other plans to expedite permanency for the child if the court's plan cannot ultimately be implemented. The local department could not, however, take actions which undermine the court's permanency plan.

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

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Representing Baltimore City

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