Final Report
Maryland Child and Family Services Review
June 9, 2004
Final Report: Maryland Child and Family Services Review
Executive Summary

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Maryland. The CFSR assesses State performance on seven child welfare outcomes pertaining to children’s safety, permanency, and well being and on seven systemic factors related to the State’s capacity to achieve positive outcomes for children and families. The Maryland CFSR was conducted the week of November 17, 2003 (in Federal fiscal year 2004). The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the State child welfare agency – the Maryland Department of Human Resources (DHR), Social Services Administration.
- The State Data Profile, prepared by the Children’s Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 2000 through 2002;
- Reviews of 49 cases at three sites (Anne Arundel County, Allegany County, and Baltimore City) in the State; and
- Interviews or focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, and attorneys.

A key finding of the Maryland CFSR was that the State is not in substantial conformity with the seven child welfare outcomes assessed through the CFSR. An area of particular concern pertains to Permanency Outcome 1 (Children have permanency and stability in their living situations). This outcome was determined to be substantially achieved in only 26.7 percent of the foster care cases reviewed and each indicator for the outcome was rated as an Area Needing Improvement. CFSR case review findings demonstrated that DHR is not consistent in preventing foster care re-entries, ensuring placement stability for children in foster care, establishing appropriate
permanency goals in a timely manner, achieving permanency for children (through adoption, reunification, guardianship, or permanent placement with relatives) in a timely manner; or ensuring that older children in long-term foster care receive appropriate services to assist them in making the transition from foster care to independent living.

Several barriers were identified with regard to achieving permanency for children in a timely manner. Stakeholders expressed the opinion that the primary philosophy of the Maryland court system is to keep children in the home or reunify children. This results in courts maintaining the goal of reunification for long periods of time even when the prognosis for reunification is low and the agency recommends a change in goals. Several stakeholders suggested that too much time is spent working toward reunification when it is not a realistic goal. They also noted that the waiver allowed by the Adoption and Safe Families Act to permit expedited termination of parental rights (TPR) is not being used when it is apparent that it would be appropriate. In addition, most stakeholders reported that a significant barrier to attaining timely adoptions is the TPR appeals process, which can take from 6 to 12 months to reach resolution. Other identified barriers to timely adoptions were (1) delays in scheduling TPR hearings, (2) the granting of continuances in many cases, (3) a reluctance to seek an adoptive home until after TPR, (4) a lack of adoptive resources for children with behavioral and special needs, and (5) delays in completing the paperwork to finalize an adoption. Some stakeholders, however, expressed the opinion that when mediation services are implemented early on in a case, the barriers to a timely adoption often are resolved.

Another area of concern pertained to Well-Being Outcome 1 (Families have enhanced capacity to provide for their children’s needs). This outcome was determined to be substantially achieved in 61.2 percent of the cases reviewed. CFSR findings for this outcome indicate that DHR is not consistent in meeting the services needs of children, parents, and foster parents; involving children and parents in the case planning process; and ensuring that agency social workers have sufficient contact with the parents of children in their caseloads. However, the CFSR case reviews did find that the frequency and quality of DHR caseworker contacts with children were sufficient to meet the children’s needs and to promote attainment of case goals in 86 percent of the cases.

With regard to the systemic factors, the CFSR determined that the State is in substantial conformity with the factors of Training; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing, Recruitment, and Retention. The State did not achieve substantial conformity with the systemic factors of Statewide Information System, Case Review System, Service Array, and Quality Assurance.

The overall findings with regard to the State’s performance on the safety and permanency outcomes are presented in table 1 at the end of the Executive Summary. Findings regarding well-being outcomes are presented in table 2. Table 3 presents the State’s performance
relative to the national standards and table 4 provides information pertaining to the State’s substantial conformity with the seven systemic factors assessed through the CFSR. A summary of major findings is presented below.

I. KEY FINDINGS RELATED TO OUTCOMES

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Safety Outcome 1 incorporates two indicators. One pertains to the timeliness of initiating a response to a child maltreatment report (item 1), and the other relates to whether children experience a recurrence of substantiated or indicated maltreatment (item 2).

Maryland did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- The outcome was determined to be substantially achieved in 87.2 percent of the applicable cases, which is less than the 90 percent required for substantial conformity.
- The State did not meet the national standard for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period.

However, the State did meet the national standard for the percentage of children maltreated while in foster care.

Performance on this outcome varied substantively (i.e., by more than 20%) across CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Baltimore City cases and 82 percent of Allegany County cases, compared to 71 percent of Anne Arundel County cases.

A key finding of the CFSR case reviews was that DHR is consistent in responding to maltreatment reports in accordance with agency-established timeframes. In 88 percent of applicable cases, DHR established contact with the child victim in a timely manner. Another finding was that, although the State’s fiscal year 2002 data did not meet the national standard for the incidence of maltreatment recurrence within 6 months, case reviewers found no maltreatment recurrence (as it is measured for that item) in 87 percent of the cases. However, in 6 of the 16 cases reviewed in which there was at least one substantiated report during the period under review, there was another substantiated report within a 6-month period.

Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate
Performance on Safety Outcome 2 is assessed through two indicators. One indicator (item 3) addresses the issue of the child welfare agency’s efforts to prevent children’s removal from their homes by providing services to the families that ensure children’s safety while they remain in their homes. The other indicator (item 4) pertains to the child welfare agency’s effectiveness in reducing risk of harm to children.

Maryland did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 81.3 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity.

A key finding of the CFSR case reviews was that although in many cases DHR was effective in addressing risk of harm and providing services to families to prevent placement, performance on these indicators was inconsistent. Concerns were identified in cases where the agency had not made diligent efforts to assess or reduce risk and where the agency did not provide appropriate services to ensure safety or prevent removal of the child.

Permanency Outcome 1: Children have permanency and stability in their living situations.

There are six indicators incorporated in the assessment of permanency outcome 1, although not all of them are relevant for all children. The indicators pertain to the child welfare agency’s effectiveness in preventing foster care re-entry (item 5), ensuring placement stability for children in foster care (item 6), and establishing appropriate permanency goals for children in foster care in a timely manner (item 7). Depending on the child’s permanency goal, the remaining indicators focus on the child welfare agency’s success in achieving permanency goals (such as reunification, guardianship, adoption, and permanent placement with relatives) in a timely manner (items 8 and 9), or whether children who have “other planned living arrangements” as a case goal are in stable placements and adequately prepared for eventual independent living (item 10).

Maryland did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 26.7 percent of the cases, which is less than the 90 percent required for a determination of substantial conformity.
- Fiscal year (FY) 2002 data reported in the State Data Profile indicate that the State did not meet the national standards for (1) the percentage of children who achieved reunification within 12 months of entry into foster care, or (2) the percentage of children who achieved a finalized adoption within 24 months of entry into foster care.
However, FY 2002 data indicate that the State met the national standards for (1) the percentage of children entering foster care in FY 2002 who were re-entering within 12 months of a prior foster care episode; and (2) the percentage of children in foster care in FY 2002 for 12 months or less who experienced no more than 2 placement settings.

Although performance on this outcome was low in all CFSR sites, there was variation across localities. The outcome was determined to be substantially achieved in 56 percent of Anne Arundel County cases, compared to 25 percent of Allegany County cases and 8 percent of Baltimore City cases.

The results of the case reviews suggest that DHR is not consistently effective with regard to (1) preventing re-entry into foster care, or (2) ensuring children’s placement stability while in foster care, although the State Data Profile indicates that the State meets the national standards for these measures. With regard to re-entry into foster care, the case reviews found that in 29 percent of the applicable cases, children entering foster care during the period under review had a prior foster care episode within 12 months of entry. With regard to placement stability, in 21 percent of the cases, reviewers determined that children experience placement changes that were not necessary to achieve their permanency goals or meet their service needs. Case review findings also indicate that DHR is inconsistent in its efforts to (1) establish appropriate permanency goals in a timely manner, and (2) achieve children’s permanency goals in a timely manner.

**Permanency Outcome 2. The continuity of family relationships and connections is preserved for children.**

Permanency Outcome 2 incorporates six indicators that assess the child welfare agency’s performance with regard to (1) placing children in foster care in close proximity to their parents and close relatives (item 11); (2) placing siblings together (item 12); (3) ensuring frequent visitation between children and their parents and siblings in foster care (item 13); (4) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); (5) seeking relatives as potential placement resources (item 15); and (6) promoting the relationship between children and their parents while the children are in foster care (item 16).

Maryland did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 64.3 percent of the cases, which is less than the 90 percent required for substantial conformity. Ratings for this outcome varied across CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Allegany County cases, compared to 67 percent of Anne Arundel County cases and 42 percent of Baltimore City cases.
A key CFSR case review finding is that DHR makes concerted efforts to place children in close proximity to their parents and communities whenever appropriate (item 11). However, other case review findings indicate that DHR is not consistent in its efforts to (1) place siblings together in foster care whenever appropriate (item 12); (2) provide for sufficient visitation between children and their parents and siblings in foster care (item 13); (3) preserve children’s primary connections while they are in foster care (item 14); (4) search for and assess relatives as potential placement resources (item 15); and (5) support and strengthen the parent-child relationship of children in foster care (item 16).
Well Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.

Well Being Outcome 1 incorporates four indicators. One pertains to the child welfare agency’s efforts to ensure that the service needs of children, parents, and foster parents are assessed and that the necessary services are provided to meet identified needs (item 17). A second indicator examines the child welfare agency’s effectiveness with regard to actively involving parents and children (when appropriate) in the case planning process (item 18). The two remaining indicators examine the frequency and quality of caseworker’s contacts with the children in their caseloads (item 19) and with the children’s parents (item 20).

Maryland did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 61.2 percent of the cases reviewed, which is less than the 90 percent required for substantial conformity.

Performance on this outcome varied across CFSR sites. The outcome was determined to be substantially achieved in 92 percent of Allegany County cases, compared to 57 percent of Anne Arundel County cases and 48 percent of Baltimore City.

A key CFSR finding is that caseworkers are in frequent face-to-face contact with the children in their caseloads. However, the other three indicators for this outcome were rated as areas needing improvement. Case review findings indicate that DHR is not consistently effective with regard to (1) assessing needs and providing services to children, parents, and foster parents; (2) involving children and parents in case planning; and (3) establishing face-to-face contact with parents with sufficient frequency and quality to ensure children’s safety and/or promote attainment of case goals. One concern identified pertained to the lack of involvement of fathers in case planning and in service assessments.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

There is only one indicator for Well-Being Outcome 2. It pertains to the child welfare agency’s effectiveness in addressing and meeting the educational needs of children in both foster care and in-home services cases (item 21).

Maryland did not achieve substantial conformity with Well-Being Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 86.5 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity. Ratings for this outcome varied across CFSR sites. The outcome was determined to be substantially achieved
in 100 percent of Allegany County cases and 91 percent of Anne Arundel County cases, compared to 73 percent of Baltimore City cases.

A key CFSR finding was that DHR is not consistent in its efforts to assess children's educational needs and provide appropriate services to meet those needs, although in many of the cases reviewed, children’s educational needs were effectively assessed and addressed.

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

This outcome incorporates two indicators that assess the child welfare agency’s efforts to meet children’s physical health (item 22) and mental health (item 23) needs.

Maryland did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 80.4 percent of the cases, which is less than the 90 percent required for substantial conformity.

Performance on this outcome varied across the CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Allegany County cases, compared to 77 percent of Anne Arundel County cases and 73 percent of Baltimore City cases.

The CFSR found that although DHR makes concerted efforts to meet children’s physical health needs, the agency is less consistent in its efforts to meet children’s mental health needs. A key concern identified is that children are being assessed for mental health needs, but not receiving the services recommended to address identified needs.
II. KEY FINDINGS RELATED TO SYSTEMIC FACTORS

Statewide Information System

Substantial conformity with the systemic factor of Statewide Information System is determined by whether the State is operating a statewide information system that can identify the status, demographic characteristics, location, and goals for children in foster care (item 24).

Item 24 is rated as an Area Needing Improvement. Although Maryland’s existing data systems have the technical capability to identify the status, demographic characteristics, and goals for most children in foster care, the location of children in foster care who are placed by a private nonprofit agency under contract with the State is not recorded in the State’s data system. Only the name of the private agency is recorded. In addition, the CFSR found that information on children in foster care with the State agency is not readily accessible on a consistent basis. Many of the cases included in the “population” sample for the onsite CFSR could not be selected for the review sample because of inaccurate information.

Case Review System

Five indicators are used to assess the State’s performance with regard to the systemic factor of Case Review System. The indicators examine the development of case plans and parent involvement in that process (item 25), the consistency of 6-month case reviews (item 26) and 12-month permanency hearings (item 27), the implementation of procedures to seek termination of parental rights (TPR) in accordance with the timeframes established in the Adoption and Safe Families Act (ASFA) (item 28), and the notification and inclusion of foster and pre-adoptive parents and relative caregivers in case reviews and hearings (item 29).

Maryland was not in substantial conformity with the systemic factor of Case Review System. The CFSR determined that DHR does not involve parents in the case-planning process on a consistent basis, that permanency hearings are not being held in a timely manner, and that foster parents are not consistently notified of hearings and reviews, or given an opportunity to have input into court hearings. In addition, the CFSR found that although DHR has established procedures to achieve TPR in accordance with the provisions of ASFA, there are multiple barriers to achieving TPR in a timely manner. These included the following: (1) a lack of effort on the part of DHR to identify absent parents, particularly fathers, early on in the case; (2) frequent court continuances; (3) a lengthy TPR appeals process; (4) a lack of sufficient legal and judicial personnel (e.g., there are waiting lists for parents to access public defenders or pro bono attorneys); and (5) a requirement that TPR must be granted for both parents at the same time.
However, the CFSR found that periodic 6-month case reviews are being held in a timely manner.

**Quality Assurance System**

Performance with regard to the systemic factor of Quality Assurance System is based on whether the State has developed standards to ensure the safety and health of children in foster care (item 30), and whether the State is operating a statewide quality assurance system that evaluates the quality and effectiveness of services and measures program strengths and areas needing improvement (item 31).

Maryland is not in substantial conformity with the systemic factor of Quality Assurance System. The CFSR determined that although the State has developed and implemented standards for the provision of services that protect the safety and health of its children in foster care, the State is not operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

**Training**

The systemic factor of Training incorporates an assessment of the State’s new caseworker training program (item 32), ongoing training for child welfare agency staff (item 33), and training for foster and adoptive parents (item 34).

Maryland achieved substantial conformity with the systemic factor of Training. The CFSR found that the State operates a staff development and training program that supports the title IV-B and IV-E goals (as set forth in the CFSP) and provides initial training for staff who delivers these services. The CFSR also determined that the State provides for and requires ongoing training for staff that addresses the skills and knowledge needed to carry out their duties as related to services included in the CFSP and provides both initial and ongoing training for foster and adoptive parents and for staff of State-licensed or approved facilities that care for children receiving assistance under title IV-E.
Service Array

The assessment of the systemic factor of Service Array addresses three questions: (1) Does the State have in place an array of services to meet the needs of children and families served by the child welfare agency (item 35)? (2) Are these services accessible to families and children throughout the State (item 36)? (3) Can services be individualized to meet the unique needs of the children and family served by the child welfare agency (item 37)?

Maryland did not achieve substantial conformity with the systemic factor of Service Array. The CFSR determined that the State has critical gaps in its service array, particularly in the areas of mental health services and substance abuse treatment, and has insufficient bilingual services. In addition, services are not consistently accessible to children and families on a statewide basis. The Statewide Assessment reports that urban communities have a wider array of services than rural communities, but that even in urban communities there are significant service gaps, particularly with regard to dental and mental health services. Despite these findings, the CFSR determined that DHR makes concerted efforts to individualize services to children and families.

Agency Responsiveness to the Community

Performance with regard to the systemic factor of Agency Responsiveness to the Community incorporates an assessment of the State’s consultation with external stakeholders in developing the Child and Family Services Plan (items 38 and 39), and the extent to which the State coordinates child welfare services with services or benefits of other Federal or federally-assisted programs serving the same population (item 40).

Maryland is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. The CFSR determined that the State engages in ongoing consultation with stakeholders and uses their input in developing the State 5-year plan. However, the CFSR also found that some stakeholders, including representatives of Native American populations, are not consulted on a consistent basis in the State’s development of the Annual Progress and Services Report. In addition, the CFSR determined that the State child welfare agency has implemented or is part of a number of efforts to coordinate and integrate services for the children and families that are served by various agencies.
Foster and Adoptive Parent Licensing, Recruitment, and Retention

The assessment of this systemic factor focuses on the State’s standards for foster homes and child care institutions (items 41 and 42), the State’s compliance with Federal requirements for criminal background checks for foster and adoptive parents (item 43), the State’s efforts to recruit foster and adoptive parents that reflect the ethnic and racial diversity of foster children (item 44), and the State’s activities with regard to using cross-jurisdictional resources to facilitate permanent placements for waiting children.

Maryland is in substantial conformity with the systemic factor pertaining to Foster and Adoptive Parent Licensing, Recruitment and Retention. The CFSR determined that the State has implemented comprehensive standards for licensing foster family homes and child care institutions and that these standards are consistently applied to all foster homes and child care institutions receiving title IV-E and IV-B funds. In addition, criminal background checks are consistently completed for prospective foster and adoptive parents. The CFSR also determined that the State’s recruitment and retention efforts are meeting the need for an adequate stable pool of foster and adoptive homes that reflect the ethnic and racial diversity of the children in foster care. However, the CFSR found that although the State has some cross-jurisdictional resources in place to facilitate timely adoptive or permanent placements for waiting children, the agreement with the District of Columbia had expired and was not renewed, out-of-State adoptive resources for waiting children are not actively pursued until after Maryland families are recruited, delays occur in the ICPC process, and the State is experiencing financial constraints which mitigate against implementation of ICPC stipulations with neighboring jurisdictions.
Table 1. Maryland CFSR Ratings for Safety and Permanency Outcomes and Items

<table>
<thead>
<tr>
<th>Outcomes and Indicators</th>
<th>Outcome Ratings</th>
<th>Item Ratings</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>In Substantial Conformity?</td>
<td>Percent Substantially Achieved*</td>
</tr>
<tr>
<td>Safety Outcome 1-Children are first and foremost, protected from abuse and neglect</td>
<td>No</td>
<td>87.2</td>
</tr>
<tr>
<td>Item 1: Timeliness of investigations</td>
<td></td>
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<tr>
<td>Item 2: Repeat maltreatment</td>
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<tr>
<td>Safety Outcome 2 - Children are safely maintained in their homes when possible and appropriate</td>
<td>No</td>
<td>81.3</td>
</tr>
<tr>
<td>Item 3: Services to prevent removal</td>
<td></td>
<td></td>
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<tr>
<td>Item 4: Risk of harm</td>
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<tr>
<td>Permanency Outcome 1-Children have permanency and stability in their living situations</td>
<td>No</td>
<td>26.7</td>
</tr>
<tr>
<td>Item 5: Foster care re-entry</td>
<td></td>
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<td>Item 6: Stability of foster care placements</td>
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<td></td>
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<td>Item 7: Permanency goal for child</td>
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<td></td>
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<tr>
<td>Item 8: Reunification, guardianship and placement with relatives</td>
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<tr>
<td>Item 9: Adoption</td>
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<td></td>
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<td>Item 10: Other planned living arrangement</td>
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<tr>
<td>Permanency Outcome 2 - The continuity of family relationships and connections is preserved</td>
<td>No</td>
<td>64.3</td>
</tr>
<tr>
<td>Item 11: Proximity of placement</td>
<td></td>
<td></td>
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<tr>
<td>Item 12: Placement with siblings</td>
<td></td>
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<tr>
<td>Item 13: Visiting with parents and siblings in foster care</td>
<td></td>
<td></td>
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<td>Item 14: Preserving connections</td>
<td></td>
<td></td>
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<td>Item 15: Relative placement</td>
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<td>Item 16: Relationship of child in care with parents</td>
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</table>

*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

**Items may be rated as a Strength or an Area Needing Improvement (ANI).
Table 2. Maryland CFSR Ratings for Child and Family Well Being Outcomes and Items

<table>
<thead>
<tr>
<th>Outcomes and Indicators</th>
<th>Outcome Ratings</th>
<th>Item Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Substantial Conformity?</td>
<td>Percent Substantially Achieved*</td>
</tr>
<tr>
<td>Well Being Outcome 1 - Families have enhanced capacity to provide for children's needs</td>
<td>No</td>
<td>61.2</td>
</tr>
<tr>
<td>Item 17: Needs/services of child, parents, and foster parents</td>
<td></td>
<td></td>
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<tr>
<td>Item 18: Child/family involvement in case planning</td>
<td></td>
<td></td>
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<tr>
<td>Item 19: Worker visits with child</td>
<td></td>
<td></td>
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<tr>
<td>Item 20: Worker visits with parents</td>
<td></td>
<td></td>
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<tr>
<td>Well Being Outcome 2 - Children receive services to meet their educational needs</td>
<td>No</td>
<td>86.5</td>
</tr>
<tr>
<td>Item 21: Educational needs of child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Being Outcome 3 - Children receive services to meet their physical and mental health needs are met</td>
<td>No</td>
<td>80.4</td>
</tr>
<tr>
<td>Item 22: Physical health of child</td>
<td></td>
<td></td>
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<tr>
<td>Item 23: Mental health of child</td>
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</table>

*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

**Items may be rated as a Strength or an Area Needing Improvement (ANI).
Table 3: Maryland Performance on the Six Outcome Measures for Which National Standards have been established

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>National Standard</th>
<th>Maryland Data FY 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of all children who were victims of a substantiated or indicated maltreatment report in the first 6 months of CY 2001, what percent were victims of another substantiated or indicated report within a 6-month period?</td>
<td>6.1% or less</td>
<td>8.0%</td>
</tr>
<tr>
<td>Of all children who were in foster care in the first 9 months of CY 2001, what percent experienced maltreatment from foster parents or facility staff members?</td>
<td>0.57% or less</td>
<td>0.52%</td>
</tr>
<tr>
<td>Of all children who entered foster care in FY 2001, what percent were re-entering care within 12 months of a prior foster care episode?</td>
<td>8.6% or less</td>
<td>8.3%</td>
</tr>
<tr>
<td>Of all children reunified from foster care in FY 2001, what percent were reunified within 12 months of entry into foster care?</td>
<td>76.2% or more</td>
<td>53.2%</td>
</tr>
<tr>
<td>Of all children who were adopted from foster care in FY 2001, what percent were adopted within 24 months of their entry into foster care?</td>
<td>32.0% or more</td>
<td>14.7%</td>
</tr>
<tr>
<td>Of all children in foster care during FY 2001 for less than 12 months, what percent experienced no more than 2 placement settings?</td>
<td>86.7% or more</td>
<td>94.5%</td>
</tr>
</tbody>
</table>
### Table 4: Maryland CFSR Ratings for the Seven Systemic Factors

<table>
<thead>
<tr>
<th>Systemic Factors</th>
<th>In Substantial Conformity?</th>
<th>Rating**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IV. Statewide Information System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care</td>
<td>No (2)</td>
<td>ANI</td>
</tr>
<tr>
<td><strong>V. Case Review System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 25: Process for developing a case plan and for joint case planning with parents</td>
<td>No (2)</td>
<td>ANI</td>
</tr>
<tr>
<td>Item 26: Process for 6-month case reviews</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td>Item 27: Process for 12-month permanency hearings</td>
<td></td>
<td>ANI</td>
</tr>
<tr>
<td>Item 28: Process for seeking TPR in accordance with ASFA</td>
<td></td>
<td>ANI</td>
</tr>
<tr>
<td>Item 29: Process for notifying caregivers of reviews and hearings and for opportunity for them to be heard</td>
<td></td>
<td>ANI</td>
</tr>
<tr>
<td><strong>VI. Quality Assurance System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 30: Standards to ensure quality services and ensure children’s safety and health</td>
<td>No (2)</td>
<td>Strength</td>
</tr>
<tr>
<td>Item 31: Identifiable QA system that evaluates the quality of services and improvements</td>
<td></td>
<td>ANI</td>
</tr>
<tr>
<td><strong>VII. Training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 32: Provision of initial staff training</td>
<td>Yes (4)</td>
<td>Strength</td>
</tr>
<tr>
<td>Item 33: Provision of ongoing staff training that addresses the necessary skills and knowledge</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td>Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td><strong>VIII. Service Array</strong></td>
<td></td>
<td></td>
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<tr>
<td>Item 35: Availability of array of critical services</td>
<td>No (2)</td>
<td>ANI</td>
</tr>
<tr>
<td>Item 36: Accessibility of services across all jurisdictions</td>
<td></td>
<td>ANI</td>
</tr>
<tr>
<td>Item 37: Ability to individualize services to meet unique needs</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td><strong>IX. Agency Responsiveness to the Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td>Item 39: Develops annual progress reports in consultation with stakeholders</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td>Item 40: Coordinates services with other Federal programs</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td><strong>X. Foster and Adoptive Parent Licensing, Recruitment and Retention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 41: Standards for foster family and child care institutions</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td>Item 42: Standards are applied equally to all foster family and child care institutions</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td>Item 43: Conducts necessary criminal background checks</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td>Item 44: Diligent recruitment of foster and adoptive families that reflect children’s racial and ethnic diversity</td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td>Item 45: Uses cross-jurisdictional resources to find placements</td>
<td></td>
<td>ANI</td>
</tr>
</tbody>
</table>

*Systemic factors are rated on a scale from 1 to 4. A rating of 1 or 2 indicates “Not in Substantial Conformity.” A rating of 3 or 4 indicates Substantial Conformity

**Items may be rated as Strength or an Area Needing Improvement (ANI).
INTRODUCTION

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Maryland. The CFSR was conducted the week of November 17, 2003. The findings were derived from the following documents and data collection procedures:

- The statewide assessment, prepared by the State child welfare agency – the Maryland Department of Human Resources (DHR), Social Services Administration.
- The State Data Profile, prepared by the Children’s Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 2000 through 2002;
- Reviews of 49 cases at three sites (Anne Arundel County, Allegany County, and Baltimore City) in the State; and
- Interviews or focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, and attorneys.

The key characteristics of the 49 cases reviewed are the following:

- Twenty-three cases were reviewed in Baltimore City, 12 in Allegany County, and 14 in Anne Arundel County.
- All 49 cases were open cases at some time during the period under review.
- Thirty cases were “foster care cases” (cases in which children were in the care and/or custody of the State child welfare agency and in an out-of-home placement at some time during the period under review), and 19 were “in-home services cases” (cases in which families received services from the child welfare agency while children remained with their families and no child in the family was in out-of-home care during the period under review).
- Of the 30 foster care cases, 15 children (50%) were younger than age 10 at the start of the period under review; 5 (17%) children were at least 10 years old, but not yet 13 years old; and 10 children (33%) were 13 years of age or older at the start of the period under review.
- All children in the family were Black in 19 cases (39%), White in 23 cases (47%), and of two or more races in 6 cases (12%). In one case, the race/ethnicity of the child was not identified.
• Of the 49 cases reviewed, the primary reason for the opening of a child welfare agency case was the following:
  - Neglect (not including medical neglect) – 21 cases (43%)
  - Physical abuse – 9 cases (18%)
  - Substance abuse by parents – 9 cases (18%)
  - Medical neglect – 4 cases (8%)
  - Sexual abuse – 3 cases (6%)
  - Abandonment – 1 case (2%)
  - Mental/physical health of child – 1 case (2%)
  - Voluntary relinquishment at birth – 1 case (2%)

• Of the 49 cases reviewed, the most frequently cited of all reasons for children coming to the attention of the child welfare agency were the following:
  - Neglect (not including medical neglect) – 30 cases (61% of all cases)
  - Substance abuse by parents – 15 cases (31% of all cases)
  - Physical abuse – 14 cases (29% of all cases)

• In 23 (77%) of the 30 foster care cases, the children entered foster care prior to the period under review and remained in care during the entire period under review.

The first section of the report presents CFSR findings relevant to the State’s performance in achieving seven outcomes for children in the areas of safety, permanency, and well-being. For each outcome, there is a table presenting key findings, a discussion of the State’s status with regard to the outcome, and a presentation and discussion of each item (indicator) assessed. Differences among sites are identified for outcome and item ratings. The second section of the report provides an assessment and discussion of the findings regarding seven systemic factors relevant to the child welfare agency’s ability to achieve positive outcomes for children.
**SECTION 1: OUTCOMES**

**I. SAFETY**

Safety Outcome 1

Outcome S1: Children are, first and foremost, protected from abuse and neglect.

| Number of cases reviewed by the team according to degree of outcome achievement: |
|-------------------------------------------------|-----------------|-----------------|--------|--------|
| Substantially Achieved:                        | Anne Arundel | Allegany | Baltimore City | Total | Total Percentage |
| Substantially Achieved:                        | 10           | 9        | 22               | 41     | 87.2             |
| Partially Achieved:                            | 2            | 2        | 0                | 4      | 8.6              |
| Not Achieved or Addressed:                    | 2            | 0        | 0                | 2      | 4.2              |

Conformity of Statewide data indicators with national standards:

<table>
<thead>
<tr>
<th>National Standard (percent)</th>
<th>State’s Percentage</th>
<th>Meets Standard</th>
<th>Does Not Meet Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat maltreatment</td>
<td>6.1 or less</td>
<td>8.0</td>
<td>X</td>
</tr>
<tr>
<td>Maltreatment of children in foster care</td>
<td>0.57 or less</td>
<td>0.52</td>
<td>X</td>
</tr>
</tbody>
</table>

**STATUS OF SAFETY OUTCOME 1**

Maryland did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- The outcome was determined to be substantially achieved in 87.2 percent of the applicable cases, which is less than the 90 percent required for substantial conformity.
- The State did not meet the national standard for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period.

However, the State did meet the national standard for the percentage of children maltreated while in foster care.
Performance on this outcome varied substantially (i.e., by more than 20%) across CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Baltimore City cases and 82 percent of Allegany County cases, compared to 71 percent of Anne Arundel County cases.

A key finding of the CFSR case reviews was that DHR is consistent in responding to maltreatment reports in accordance with agency-established timeframes. In 88 percent of applicable cases, DHR established contact with the child victim in a timely manner. Another finding was that, although the State’s fiscal year 2002 data did not meet the national standard for the incidence of maltreatment recurrence within 6 months, case reviewers found no maltreatment recurrence (as it is measured for that item) in 87 percent of the cases. However, in 6 of the 16 cases reviewed in which there was at least one substantiated report during the period under review, there was another substantiated report within a 6-month period.

Findings pertaining to the specific items assessed under Safety Outcome 1 are presented below.

**Item 1. Timeliness of initiating investigations of reports of child maltreatment**

__X__ Strength  ____  Area Needing Improvement

*Review Findings:* The assessment of item 1 was applicable for 17 of the 49 cases. Thirty-two cases were not applicable because they did not involve reports of child maltreatment during the period under review. In assessing item 1, reviewers were to determine whether the response to a maltreatment report occurring during the period under review had been initiated in accordance with the timeframes established by the State child welfare agency. In Maryland, the local child welfare agency and/or the appropriate law enforcement agency are required to make face-to-face contact with the alleged child victim within 24 hours after receiving a report of suspected physical or sexual abuse, and within 5 days after receiving a report of suspected neglect or suspected mental injury. The results of the case review assessments were the following:

- Item 1 was rated as a Strength in 15 (88%) of the 17 applicable cases (4 of the 15 cases were foster care cases).
- Item 1 was rated as an Area Needing Improvement in 2 (12%) of the 17 applicable cases (1 of the 2 cases was a foster care case). Both of the cases rated as an Area Needing Improvement for this item were in Anne Arundel County.

Item 1 was rated as a Strength when a response to a maltreatment report was initiated and face-to-face contact established with the child in accordance with DHR-established timeframes. The item was rated as an Area Needing Improvement in two cases because the...
agency did not establish face-to-face contact with the child in a timely manner. These cases involved three maltreatment reports. Two of these reports involved allegations of physical or sexual abuse and face-to-face contact with the child was required to take place within 24 hours of receipt of the report. However, case reviews found that face-to-face contact was not made for several days after the agency received the report.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that the agency responds in a timely manner to maltreatment reports. However, some Baltimore City stakeholders noted that the lack of bilingual caseworkers is a barrier to timely investigations, as there are sometimes delays in establishing face to face contact with non English speaking families within 24 hours. Some stakeholders expressed concern that there are inconsistencies in the screening process across county departments, noting that reports are not always accepted for investigation. Some Baltimore City stakeholders also expressed concern about screening practices. They reported that sexual abuse cases are often screened out, and that corroborating information is not sought. They also noted instances where reports of abuse and neglect in kinship care are not reported.

_Determination and Discussion_: Item 1 was assigned an overall rating of Strength because in 88 percent of the applicable cases the agency had initiated a response to a maltreatment report in accordance with required timeframes.

According to the Statewide Assessment, investigating maltreatment allegations is the responsibility of the local child welfare agency and/or the appropriate law enforcement agency.

**Item 2. Repeat maltreatment**

_____ Strength  _____X____ Area Needing Improvement

_Review Findings:_ The assessment of item 2 was applicable for 47 of the 49 cases. Two cases were not applicable because there was never a substantiated maltreatment report on the family. In one case, parents voluntarily relinquished the child for adoption shortly after the child’s birth; in the other case, the mother abandoned the child. In assessing this item, reviewers were to determine whether there had ever been a substantiated maltreatment report on the family. Reviewers also were to determine if there was at least one substantiated maltreatment report during the period under review, and if so, if another substantiated or indicated report occurred within 6 months of that report. The results of the assessment were the following:

- Item 2 was rated as a Strength in 41 (87%) of the 47 applicable cases (24 of the 41 cases were foster care cases).
Item 2 was rated as an Area Needing Improvement in 6 (13%) of the 47 applicable cases (4 of the 6 cases were foster care cases).

Ratings for this item varied across CFSR sites. The item was rated as a Strength in 100 percent of Baltimore City cases and 82 percent of Allegany County cases, compared to 71 percent of Anne Arundel County cases. Four of the 6 cases in which a substantiated maltreatment report occurred within 6 months of a prior report were in Anne Arundel County.

Item 2 was rated as a Strength under the following circumstances:
- There was a substantiated maltreatment report involving the family prior to the period under review, but no substantiated or indicated report during the period under review (31 cases).
- There was a substantiated maltreatment report involving the family during the period under review, but there was no substantiated or indicated report within 6 months of that report (10 cases).

The item was rated as an Area Needing Improvement in 6 cases in which 2 or more substantiated reports occurred within 6 months of each other and involved the same perpetrator and/or similar circumstances. This represents 37.5 percent of the 16 cases in which at least one report occurred during the CFSR period under review. In 4 of these cases, there were 3 or more substantiated reports within 6 months of one another.

Findings for all 49 cases with respect to the frequency of maltreatment reports on the family prior to and during the period under review were the following:
- In 2 cases, there were no maltreatment reports over the life of the case.
- In 22 cases, there was 1 maltreatment report over the life of the case.
- In 18 cases, there were between 2 and 5 maltreatment reports over the life of the case.
- In 7 cases, there were more than 6 maltreatment reports over the life of the case – in one of these cases, there were 20 maltreatment reports.

It is not known how many of these reports were substantiated. However, the data indicate that in 14 percent of the cases reviewed, the family was the subject of 6 or more maltreatment reports from the time of their initial contact with the agency.

Many stakeholders commenting on this issue during the onsite CFSR expressed the opinion that maltreatment recurrence is a problem in some areas of the State. Various stakeholders attributed maltreatment recurrence to (1) the scarcity of services available for families, and (2) a frequent agency practice of closing cases without addressing all of the maltreatment issues. Several stakeholders
voiced concern that DHR often does not address the underlying issues in the family that contribute to maltreatment, such as substance abuse and domestic violence. In one county, some stakeholders indicated a belief that lack of agreement between the courts and the agency on when it was safe to return children home may be contributing to the recurrence of maltreatment.

**Determination and Discussion:** Item 2 was assigned an overall rating of Area Needing Improvement. Although the item was rated as a Strength in 87 percent of the applicable cases, the State's rate of maltreatment recurrence for 2002 (8.0%), as reported in the State Data Profile, does not meet the national standard of 6.1 percent or less. The criteria and standards for both indicators must be met for the item to be rated as a Strength.

According to the Statewide assessment, all new allegations or suspicions of child abuse or neglect that are received on open cases must be reported to the local screening unit. If they are accepted as a new report, the procedure for investigation is the same as it is for reports on families who do not have ongoing cases in the agency. The Statewide Assessment also notes that the State’s safety assessment instrument requires child protective services to convene a multidisciplinary team review process for cases that have multiple maltreatment referrals regardless of the disposition of those referrals.

As indicated in the Statewide Assessment, the State has three possible dispositions of investigations of child abuse and neglect – Indicated, Unsubstantiated, and Ruled Out. State statute requires that when a report is “Ruled Out,” it must be expunged from the database within 120 days of receipt. The Statewide assessment notes, however, that unsubstantiated cases may be maintained for 5 years and indicated records may be maintained indefinitely.

Information in the Statewide Assessment indicates that until recently, the State was unable to report a Child File (i.e., a child-specific file) to the National Child Abuse and Neglect Data System (NCANDS) because of a State statute prohibiting the identification of alleged child maltreatment victims and perpetrators. However, a recent change in State statute permitted the State to begin submitting a Child File to NCANDS in 2003. Consequently, the data on maltreatment recurrence provided for 2002 are from an alternate data source approved by the Administration for Children and Families rather than from NCANDS.
Safety Outcome 2

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Number of cases reviewed by the team according to degree of outcome achievement:

<table>
<thead>
<tr>
<th></th>
<th>Anne Arundel</th>
<th>Allegany</th>
<th>Baltimore City</th>
<th>Total</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantially Achieved:</td>
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<td>9</td>
<td>20</td>
<td>39</td>
<td>81.3</td>
</tr>
<tr>
<td>Partially Achieved:</td>
<td>2</td>
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<td>0</td>
<td>4</td>
<td>8.3</td>
</tr>
<tr>
<td>Not Achieved or Addressed:</td>
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<td>0</td>
<td>3</td>
<td>5</td>
<td>10.4</td>
</tr>
<tr>
<td>Not Applicable:</td>
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<td>1</td>
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</tr>
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</table>

STATUS OF SAFETY OUTCOME 2

Maryland did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 81.3 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity.

A key finding of the CFSR case reviews was that DHR was effective in addressing risk of harm and providing services to families to prevent placement but performance on these indicators was inconsistent. Concerns were identified in some cases where the agency had not made diligent efforts to assess or reduce risk and did not provide appropriate services to ensure safety or prevent removal of the child.

Findings pertaining to the specific items assessed under Safety Outcome 2 are presented and discussed below.

Item 3. Services to family to protect child(ren) in home and prevent removal

_____ Strength    _____ X Area Needing Improvement

Review Findings: There were 29 cases for which an assessment of item 3 was applicable. Twenty cases were excluded from this assessment because the children entered foster care prior to the period under review and/or there were no substantiated or indicated maltreatment reports or identified risks of harm to the children in the home during the period under review. For this item, reviewers assessed whether, in responding to a substantiated maltreatment report or risk of harm, the agency made diligent efforts to provide
services to families to prevent removal of children from their homes while at the same time ensuring their safety. The results of the assessment were the following:

- Item 3 was rated as a Strength in 24 (83%) of the 29 applicable cases (8 of the 24 cases were foster care cases).
- Item 3 was rated as an Area Needing Improvement in 5 (17%) of the 29 applicable cases (3 of the 5 cases were foster care cases).

Ratings for item 3 varied across CFSR sites. The item was rated as a Strength in 100 percent of Allegany County cases and 85 percent of Baltimore City cases, compared to 67 percent of Anne Arundel County cases.

Item 3 was rated as a Strength when reviewers determined the following:
- Appropriate services were provided to the parents and child to prevent removal (22 cases).
- The children were appropriately removed from the home to ensure their safety (2 cases).

Services provided to the families included, but were not limited to, the following: medical services, intensive family preservation services, parenting education, housekeeping services, assistance in obtaining medical insurance, child care assistance, mental health assessment and treatment, medications, housing assistance, drug and alcohol treatment and assessment, individual and family counseling or therapy, credit counseling, crisis counseling, concrete supports (helping families with utility bills, beds, children’s clothing, and other living expenses), and ongoing monitoring by the child welfare agency caseworker.

The item was rated as an Area Needing Improvement when reviewers determined the following:
- The agency removed the children without attempting to provide services to maintain the child in the home (2 cases).
- The agency did not conduct necessary assessments or offer services to ensure that children could be safely maintained in the home (1 case).
- The agency offered services, but they were not appropriately matched to the family’s needs and therefore could not ensure the safety of the children in the home (2 cases).

Many stakeholders commenting on this item during the onsite CFSR noted that there are a variety of family preservation services that range in intensity and that are available to ensure children’s safety while they remain in their homes. Stakeholders also noted that DHR has access to funds to provide concrete services to families when that is necessary to keep the family together. However, several stakeholders expressed concern about a lack of consistency in following up with families receiving preventive services. Stakeholders
reported that there are many instances in which comprehensive risk and safety assessments are conducted, but no services are provided to address identified needs.

Anne Arundel County stakeholders reported that post-reunification services are provided to families to prevent re-entry into foster care. They said that the county has an “aftercare” program that includes weekly visits with the family for 2 months after reunification and then every other week for the next 2 months. Allegany County stakeholders, however, reported a lack of post-reunification services in that county.

**Determination and Discussion:** Item 3 was assigned an overall rating of Area Needing Improvement based on the finding that in 17 percent of the applicable cases, reviewers determined that DHR had not made diligent efforts to provide the necessary services to maintain children safely in their own homes.

According to the Statewide Assessment, decisions to open a case for services are made by the caseworker and the supervisor and are based on the information collected during the investigation and through the safety and risk assessments. However, the Statewide Assessment also reports that there is no “risk score” threshold that automatically triggers the opening of a case for ongoing services, although cases that are most frequently opened for services are “Indicated” cases with relatively high risk scores.

Information in the Statewide Assessment identifies the following as some of the services provided to families to prevent children’s removal from their homes.

- **Intensive Family Services.** These are services for families whose children are at risk of out-of-home placement. The services are time-limited, intensive home-based (up to 20 hours per week), and family centered. The caseload is limited to six families per caseworker.

- **Families Now.** This program provides services at varying levels of intensity. It is designed for families who are in crisis or whose children are at risk of out-of-home placement. The caseload is limited to no more than 12 families per caseworker.

- **In-Home Intervention Program.** This program provides services to high-risk parents. The goal is to positively influence the quality of parent, child and family interactions and extend service to “hard-to-reach” families by offering services in their homes.

- **Drug Exposed Infants Program.** This program provides an appropriate level of substance abuse treatment to mothers who have a positive toxicology for heroin, crack and/or cocaine upon admission to a hospital, or at the birth of a child with a positive toxicology.
**Item 4. Risk of harm to child**

___  Strength  __X__  Area Needing Improvement

*Review Findings:* An assessment of item 4 was applicable for all 49 cases. In assessing item 4, reviewers were to determine whether the agency had made, or was making, diligent efforts to reduce the risk of harm to the children involved in each case. The assessment resulted in the following findings:

- Item 4 was rated as a Strength in 41 (84%) of the 49 cases (25 of the 41 cases were foster care cases).
- Item 4 was rated as an Area Needing Improvement in 8 (16%) of the 49 cases (5 of the 8 cases were foster care cases).

Item 4 was rated as a Strength when reviewers determined the following:

- The risk of harm to children was appropriately managed by removing the children from home either prior to or during the period under review and providing services to the family (19 cases).
- The risk of harm to children was appropriately managed by providing services to families to address risk concerns while the children remained in the home (14 cases).
- The risk of harm to children was appropriately managed by removing the children from the home either prior to or during the period under review and seeking termination of parental rights (TPR) (6 cases).
- The risk of harm was appropriately managed by placing children voluntarily with relatives to prevent foster care placement (1 case).
- The risk of harm to children was appropriately managed by preventing contact between the child and the perpetrator (1 case).

The item was rated as an Area Needing Improvement when reviewers determined the following:

- The agency made no effort to reduce existing risk (3 cases).
- Services offered by the agency were insufficient to reduce the risk of harm to the child (2 cases).
- Ongoing safety assessments to assess risk and to monitor service participation were never conducted and risk of harm to the child remained (2 cases).
- Unsupervised visits with a parent were permitted without an assessment of potential risk (1 case).
Several stakeholders commenting on this item during the onsite CFSR expressed concern about the ability of many DHR caseworkers to assess risk and develop an effective service plan to reduce risk. State-level stakeholders reported that DHR is working with the National Resource Center on Child Maltreatment to develop a new risk-assessment process to address this concern.

Most stakeholders commenting on this item during the onsite CFSR also expressed the opinion that DHR is effective in ensuring the safety of children who are in foster homes in the State. However, Anne Arundel County stakeholders voiced concern about the safety of children placed in a group homes. These stakeholders noted that DHR caseworkers are not visiting group home facilities with the required frequency and that often children in group home facilities are not sufficiently supervised, due to young and inexperienced staff.

**Determination and Discussion:** Item 4 was assigned an overall rating of Area Needing Improvement because in 16 percent of the cases, reviewers determined that DHR was not effective in addressing the risk of harm to children. Concerns identified by case reviewers were that the agency had not made diligent efforts to address risk, finding that no efforts were made in some cases or that safety assessments were not conducted to assess risk of harm in other cases.

According to the Statewide Assessment, DHR currently uses the Safety Assessment for Every Child (SAFE-C) assessment tool, which alerts staff to situations that pose an imminent danger requiring immediate intervention by a caseworker to protect a child, identifies risk, evaluates potential severity, assesses a child’s vulnerability, and determines potential protective capacities. As indicated in the Statewide Assessment, all child welfare caseworkers in the State are trained to use the SAFE-C tool.
II. PERMANENCY

Permanency Outcome 1

Outcome P1: Children have permanency and stability in their living situations.

Number of cases reviewed by the team according to degree of outcome achievement:

<table>
<thead>
<tr>
<th>Substantially Achieved:</th>
<th>Anne Arundel</th>
<th>Allegany</th>
<th>Baltimore City</th>
<th>Total</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partially Achieved:</td>
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<td>2</td>
<td>1</td>
<td>8</td>
<td>26.7</td>
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</tr>
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<td>10.0</td>
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</table>

Conformity of Statewide data indicators with national standards:

<table>
<thead>
<tr>
<th>National Standard (percentage)</th>
<th>State’s Percentage</th>
<th>Meets Standard</th>
<th>Does Not Meet Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care re-entries</td>
<td>8.6 or less</td>
<td>8.3</td>
<td>X</td>
</tr>
<tr>
<td>Length of time to achieve reunification</td>
<td>76.2 or more</td>
<td>53.2</td>
<td>X</td>
</tr>
<tr>
<td>Length of time to achieve adoption</td>
<td>32.0 or more</td>
<td>14.7</td>
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</tr>
<tr>
<td>Stability of foster care placements</td>
<td>86.7 or more</td>
<td>94.5</td>
<td>X</td>
</tr>
</tbody>
</table>

STATUS OF PERMANENCY OUTCOME 1

Maryland did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 26.7 percent of the cases, which is less than the 90 percent required for a determination of substantial conformity.
- Fiscal year (FY) 2002 data reported in the State Data Profile indicate that the State did not meet the national standards for (1) the percentage of children who achieved reunification within 12 months of entry into foster care, or (2) the percentage of children who achieved a finalized adoption within 24 months of entry into foster care.

However, FY 2002 data indicate that the State met the national standards for (1) the percentage of children entering foster care in FY 2002 who were re-entering within 12 months of a prior foster care episode; and (2) the percentage of children in foster care in FY 2002 for 12 months or less who experienced no more than 2 placement settings.
Although performance on this outcome was low in all CFSR sites, there was variation across localities. The outcome was determined to be substantially achieved in 56 percent of Anne Arundel County cases, compared to 25 percent of Allegany County cases and 8 percent of Baltimore City cases.

The results of the case reviews suggest that DHR is not consistently effective with regard to (1) preventing re-entry into foster care, or (2) ensuring children’s placement stability while in foster care, although the State Data Profile indicates that the State meets the national standards for these measures. With regard to re-entry into foster care, the case reviews found that in 29 percent of the applicable cases, children entering foster care during the period under review had a prior foster care episode within 12 months of entry. With regard to placement stability, in 21 percent of the cases, reviewers determined that children experience placement changes that were not necessary to achieve their permanency goals or meet their service needs. Case review findings also indicate that DHR is inconsistent in its efforts to (1) establish appropriate permanency goals in a timely manner, and (2) achieve children’s permanency goals in a timely manner.

Findings pertaining to the specific items assessed under Permanency Outcome 1 are presented below.

**Item 5. Foster care re-entries**

<table>
<thead>
<tr>
<th>Strength</th>
<th>Area Needing Improvement</th>
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<td>___</td>
<td>__<em>X</em></td>
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**Review Findings:** Seven of the 30 foster care cases were applicable for an assessment of foster care re-entries because they involved children who entered foster care at some time during the period under review. In assessing this item, reviewers determined whether the entry into foster care during the period under review occurred within 12 months of discharge from a prior foster care episode. The assessment resulted in the following findings:

- Item 5 was rated as a Strength in 5 (71%) of the 7 applicable cases.
- Item 5 was rated as an Area Needing Improvement in 2 (29%) of the 7 applicable cases.

Item 5 was rated as a Strength when the child’s entry into foster care during the period under review did not take place within 12 months of discharge from a prior episode. The item was rated as an Area Needing Improvement when a child’s entry into foster care occurred within 12 months of a prior foster care episode. In one case, the child entered foster care four times during the CFSR period.
under review, and in another case, the child entered foster care three times during the period under review. Both of these cases were in Allegany County.

Stakeholders commenting on this issue during the onsite CFSR, noted that foster care re-entry usually is due to substance abuse relapse or to mental health concerns of parents that are not adequately addressed. Some stakeholders suggested that adolescents often re-enter foster care because of behavioral problems. They noted that these problems might be more effectively addressed by intensive family preservation services rather than removal from the home. Although Anne Arundel County stakeholders reported that court-ordered services provided to families after reunification help prevent foster care re-entry, Allegany County stakeholders indicated that post-reunification services were lacking in that county.

_Determination and Discussion:_ Item 5 was assigned an overall rating of Area Needing Improvement. Although the State's rate of foster care re-entries for FY 2002 (8.3%), as reported in the State Data Profile, meets the national standard of 8.6 percent or less, the case reviews found that in 29 percent (2) of the 7 applicable cases, children had multiple entries into foster care during the period under review that were within 12 months of one another. The criteria and standards for both indicators must be met for the item to be rated as a Strength. Due to a discrepancy between the state data and onsite review findings, the state initially requested a review of additional cases to resolve this difference. Based on the submission of subsequent data reflecting the case review findings, however, this request was retracted by the state.

**Item 6. Stability of foster care placement**

___ Strength  ___X Area Needing Improvement

_Review Findings:_ Twenty-nine of the 30 foster care cases were applicable for an assessment of item 6. One case was not applicable because the child was incarcerated during the entire CFSR period under review. In assessing this item, reviewers were to determine whether the child experienced multiple placement settings during the period under review and, if so, whether the changes in placement settings were necessary to achieve the child's permanency goal or meet the child's service needs. Reviewers also were to determine whether the child’s current placement was stable. The findings of this assessment were the following:

- Item 6 was rated as a Strength in 23 (79%) of the 29 applicable cases.
- Item 6 was rated as an Area Needing Improvement in 6 (21%) of the 29 applicable cases.
Ratings for this item varied across CFSR sites. The item was rated as a Strength in 100 percent of Allegany County cases and 89 percent of Anne Arundel County cases, compared to 58 percent of Baltimore City cases.

Additional findings of the case review were the following:
- Children in 18 cases experienced only 1 placement during the period under review.
- Children in 5 cases experienced 2 placements during the period under review.
- Children in 4 cases experienced 3 placements during the period under review.
- Children in 2 cases experienced 4 placements during the period under review.

Item 6 was rated as a Strength when reviewers determined either that the child did not experience a placement change during the period under review (17 cases), or that the placement changes experienced were in the child's best interest (6 cases), such as moving to a relative’s home, to an adoptive placement, or to a therapeutic foster home. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:
- The child’s current placement (at the time of the onsite review) was not stable (4 cases, including one case in which the child did not experience a placement change during the period under review, but the current placement was about to disrupt and the agency had not taken any measures to prevent the disruption).
- Placement changes were the result of inappropriate matching of children with placement resources (2 cases).
- The agency did not provide sufficient services or support to the foster or pre-adoptive family when there was a threat of a placement disruption (2 cases).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that many children in foster care do not experience placement stability. They suggested that children placed with relatives tend to experience greater placement stability than children placed in non-relative foster homes, group homes, or shelters. Many stakeholders expressed concern about the number of children in shelter care who move from shelter to shelter because there are not enough placement resources.

Stakeholders attributed placement instability to the following: (1) an insufficient number of foster families and group home providers; (2) poor matching of children (particularly older children and teens) with placement resources; (3) lack of training of foster parents to parent children with behavior problems effectively; (4) lack of availability of respite care for foster parents; (5) too many children in a foster home; and (6) lack of services to support foster parents when placement stability is threatened. Anne Arundel County
stakeholders, however, noted that concerted efforts are made in that county to prevent placement changes, particularly for older children. They noted that staff of the Independent Living Program will go to the foster home to provide in-home therapy every 2 weeks to support a placement, if necessary.

**Determination and Discussion:** Item 6 was assigned an overall rating of Area Needing Improvement. Although FY 2002 data from the State Data Profile indicate that the percentage of children experiencing no more than 2 placements in their first 12 months in foster care (94.5%) exceeds the national standard of 86.7 percent or more, in 21 percent of the applicable cases, reviewers determined that children experienced placement changes that did not promote attainment of their goals or meet their treatment needs, or were in unstable placements and no efforts were being made to prevent a placement disruption.

According to the Statewide Assessment, there has been an increase in the percentage of children who had three or more placements in foster care from 2000 to 2003. The Statewide Assessment reports findings relevant to placement stability using both a point-in-time sample (the number of children in foster care at any given time) and a cohort sample (children entering foster care in the last three years). The findings for the point-in-time analysis were that the percentage of children who had 3 or more placements while in foster care increased from 30.5 percent in FY 2000 to 33.8 percent in FY 2003 (point in time). The findings for the cohort analysis were that the percentage of children entering foster care for the first time in the last 3 years who experienced 3 or more placements increased from 6.60 percent for the FY 2000 cohort to 7.3 percent for the FY 2002 cohort.

**Item 7. Permanency goal for child**

_____ Strength  ____X__ Area Needing Improvement

**Review Findings:** Twenty-nine of the 30 foster care cases were applicable for an assessment of item 7. One case was not applicable because the child had been in foster care for less than 60 days and the State allows up to 60 days before a permanency goal for a child must be established. In assessing this item, reviewers were to determine whether the agency had established an appropriate permanency goal for the child in a timely manner. The results of this assessment were the following:

- Item 7 was rated as a Strength in 10 (34%) of the 29 applicable cases.
- Item 7 was rated as an Area Needing Improvement in 19 (66%) of the 29 applicable cases.
Although ratings for this item were low in all CFSR sites, there was variation across localities. Item 7 was rated as a Strength in 56 percent of Anne Arundel cases compared to 29 percent of Allegany County cases and 23 percent of Baltimore City cases.

The case review found that children in the 29 foster care cases had the following permanency goals:
- 8 children had a goal of adoption.
- 4 children had a goal of reunification.
- 3 children had a goal of guardianship.
- 4 children had a goal of long-term foster care or emancipation.
- 1 child had a goal of permanent placement with relatives.
- 3 children had concurrent goals of adoption and long-term foster care.
- 4 children had concurrent goals of reunification and permanent placement with relatives.
- 1 child had concurrent goals of reunification and long-term foster care.
- 1 child had concurrent goals of adoption and permanent placement with relatives.

At the time of the onsite review, 20 (68%) of the 30 children in the foster care cases had been in foster care for 15 of the most recent 22 months. TPR had been filed in 12 of the 20 cases. Reasons for not filing for TPR were provided in the case files for six of the eight cases for which TPR had not yet been sought.

Item 7 was rated as a Strength when reviewers determined that the child's permanency goal was appropriate and had been established in a timely manner. The item was rated as an Area Needing Improvement when reviewers determined the following:
- The goal is not appropriate given the needs of the child and the circumstances of the case (9 cases).
- The goal is appropriate, but there was a delay in establishing the goal (10 cases).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that appropriate permanency goals are not being established in a timely manner. Stakeholders noted that court practices is a key barrier to timely and appropriate permanency goals. They reported that there is no system of reminder “ticklers” to identify children who have been in foster care for 15 of the most recent 22 months. In addition, stakeholders said that the primary philosophy of the Maryland court system is to keep children in the home or reunify children. This results in courts maintaining the goal of reunification for long periods of time even when the prognosis for reunification is low and the agency recommends a change in goals. Several stakeholders suggested that too much time is spent working toward reunification when it is not a realistic goal. They also noted that the waiver allowed by the Adoption and Safe
Families Act to permit expedited termination of parental rights (TPR) is not being used when it is apparent that it would be appropriate.

Stakeholders also noted that concurrent planning exists in form but not in function. There was general agreement that even when a child has two permanency goals, caseworkers rarely focus on them concurrently. Instead, they work toward one goal, and if that cannot be achieved, they switch to the other goal. Stakeholders noted that many caseworkers do not understand how to implement concurrent planning. This perception was expressed in all CFSR sites, even in Baltimore City where concurrent planning was noted to have been in practice for a long time. Baltimore City stakeholders suggested that the more experienced caseworkers tend to be more effective than other caseworkers in implementing true concurrent planning.

Finally, stakeholders voiced concern that too many children are being assigned a case goal of long-term foster care inappropriately. Several stakeholders suggested that young children are being assigned this goal, especially when they are placed with relatives and the relatives do not want to adopt. This is consistent with the finding that in one of the cases reviewed, the child was assigned the goal of long-term foster care at the age of 4.

**Determination and Discussion:** Item 7 was assigned an overall rating of Area Needing Improvement based on the finding that in 66 percent of the applicable cases, reviewers determined that DHR had not established an appropriate goal for the child in a timely manner. A key concern identified was that the agency was establishing a goal of long-term foster care “by default” because insufficient efforts had been made to achieve permanency goals.

According to the Statewide Assessment, Maryland statute prioritizes permanency plans in the following (descending) order: reunification, placement with kin for adoption, guardianship or care and custody; adoption, permanent care in a court-approved foster home, independent living or long-term care. The Statewide Assessment reports that time-limited services are provided to families, using concurrent permanency planning, to either reunify the family or develop an alternate permanent plan within 15 months of placement.

**Item 8. Reunification, Guardianship, or Permanent Placement with Relatives**

_____ Strength  ____X__ Area Needing Improvement
**Review Findings:** Item 8 was applicable for 13 of the 30 foster care cases. In assessing these cases, reviewers were to determine whether the agency had achieved the goals of reunification, guardianship, or permanent placement with relatives in a timely manner or, if the goals had not been achieved, whether the agency had made, or was in the process of making, diligent efforts to achieve the goals in a timely manner. The results of this assessment were the following:

- Item 8 was rated as a Strength in 5 (38%) of the 13 applicable cases.
- Item 8 was rated as an Area Needing Improvement in 8 (62%) of the 13 applicable cases.

Only three cases were applicable for an assessment of this item in Anne Arundel and Allegany Counties, while 7 cases were applicable in Baltimore City. Six of the seven applicable cases in Baltimore City were rated as an Area Needing Improvement, and two of the three cases in Allegany County were rated as an Area Needing Improvement. All three cases in Anne Arundel County were rated as a Strength.

Of the 13 applicable cases, 4 children had a permanency goal of reunification, 3 children had a goal of guardianship, 4 children had concurrent goals of reunification and permanent placement with relatives, 1 child had concurrent goals of reunification and long-term foster care, and 1 child had concurrent goals of permanent placement with relatives and adoption.

The child’s goal was achieved in 5 cases (4 reunifications and 1 guardianship), and in 4 of those cases (all with the goal of reunification), the goal was achieved within 12 months from the time of the child’s entry into foster care. In six cases, the child had been in foster care for 12 months or longer at the time of the onsite CFSR.

Item 8 was rated as a Strength when reviewers determined that DHR had made, or was making, diligent efforts to achieve the child’s permanency goal in a timely manner (5 cases). The item was rated as an Area Needing Improvement when reviewers determined that the agency had not made adequate efforts to achieve the goal in a timely manner. Reviewers identified the following barriers to achieving the goals of reunification, guardianship, or permanent placement with relatives in a timely manner: (1) a lack of agency effort to address issues that hinder timely attainment of goals; (2) a court practice of maintaining a goal of reunification when the prognosis for attaining that goal is very low (e.g., parents exhibit no effort to comply with service requirements); (3) confusion regarding what is involved in concurrent planning, with goals being addressed sequentially rather than concurrently; and (4) lack of attention to or awareness of the strategies necessary to achieve specific goals, particularly permanent placement with relatives and guardianship.
Stakeholders commenting on this item were in general agreement that reunifications are not taking place in a timely manner. Several stakeholders attributed this to the fact that parents cannot always get the help they need to make the changes required for reunification. For example, stakeholders said that parents cannot get substance abuse treatment services, mental health services, or services for developmental disabilities and that, even when these services are available, the treatment often requires more time than is allowed by the Adoption and Safe Families Act. Stakeholders also noted that delays in reunifications often are due to insufficient housing in the community (there can be a 7- to 8-year wait for Section 8 housing), and a lack of transportation and child care services to permit parents to access services.

Stakeholders reported that the State’s IV-E waiver to provide subsidized guardianship was effective in achieving permanency for some children, but that the waiver program is ending. However, these families will continue to receive subsidized guardianship payments through State dollars until the children reach the age of majority. Stakeholders noted that without the subsidized guardianship program, there are two options available to relative caregivers. They can become licensed foster homes and receive the foster home board rate, or they can receive financial assistance through the Temporary Assistance to Needy Families (TANF) “child-only” program. Stakeholders noted that the foster home board rate is considerably higher than the TANF assistance rate.

**Determination and Discussion:** Item 8 was assigned an overall rating of Area Needing Improvement based on the following findings:

- In 62 percent of the applicable cases, case reviewers determined that the agency had not made diligent efforts to attain the goals of reunification or guardianship in a timely manner.
- FY 2002 data from the State Data Profile indicate that the percentage of reunifications occurring within 12 months of entry into foster care (53.2%) did not meet the national standard of 76.2 percent or more.

According to the Statewide Assessment, in most foster care cases, reunification is the preferred permanent plan, with placement with relative being the next priority. The Statewide Assessment notes that 74.7 percent of the children in foster care have a permanency goal of reunification, and 11.6 percent have a permanency plan of permanent placement with a relative. The Statewide Assessment notes that efforts are made to reunify the family or find a permanent placement with relatives for a child within 15 months of the time of removal from home.
Item 9. Adoption

___ Strength  __X__ Area Needing Improvement

Review Findings: Twelve of the 30 foster care cases were applicable for an assessment of item 9. In assessing this item, reviewers were to determine whether diligent efforts had been, or were being, made to finalize adoptions in a timely manner. The results were the following:

- Item 9 was rated as a Strength in 5 (42%) of the 12 applicable cases.
- Item 9 was rated as an Area Needing Improvement in 7 (58%) of the 12 applicable cases.

Ratings for this item differed across CFSR sites. The item was rated as a Strength in 60 percent of Anne Arundel County cases (3 of 5 applicable cases), 50 percent of Allegany County cases (2 of 4 applicable cases), and none of the Baltimore City cases (3 of 3 applicable cases).

Additional findings were the following:

- In 3 of the 12 applicable cases, the adoption was finalized during the period under review,
- In 2 of these 3 cases, the adoption was finalized within 24 months of the child’s entry into foster care.
- Children in 3 of the remaining 9 applicable cases were in adoptive placements at the time of the onsite CFSR.
- In 7 cases, DHR had not found an adoptive placement for the child.

Item 9 was rated as a Strength when reviewers determined that the goal of adoption had been achieved in a timely manner (2 cases) or that DHR was making concerted efforts to achieve adoption within 24 months of the child’s entry into foster care (3 cases). The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- DHR is not making, or did not make, concerted efforts to achieve adoption in a timely manner (5 cases).
- Delays in the adoption process were due to a lengthy TPR appeals process (2 cases).
- There were unnecessary delays in filing for TPR (2 cases).
- DHR had not found an appropriate adoptive placement for the child (2 cases).
- In 5 of the cases rated as an Area Needing Improvement for this item, the child had been in foster care for more than 5 years.
Stakeholders commenting on this item during the onsite CFSR were in agreement that although the number of adoptions has increased over the past 5 years, adoptions are not being finalized in a timely manner. Most stakeholders reported that a significant barrier to attaining timely adoptions is the TPR appeals process, which can take from 6 to 12 months to reach resolution. However, stakeholders identified other barriers to timely adoptions, such as (1) delays in notifying parents, (2) delays in scheduling TPR hearings, (3) the granting of continuances in many cases, (4) a reluctance to seek an adoptive home until after TPR, (5) a lack of adoptive resources for children with behavioral and special needs, (6) delays in completing the paperwork to finalize an adoption, and (7) a common court practice of extending the goal of reunification for long periods of time even when the prognosis is low. State-level stakeholders, however, expressed the opinion that when mediation services are implemented early on in a case, the barriers to a timely adoption often are resolved. Some stakeholders also suggested that the dual licensure of families as foster and adoptive resources, when used, has expedited the adoption process.

Several stakeholders suggested that DHR has not taken advantage of the provision in ASFA to waive the “reasonable efforts” requirement of providing services toward reunification. They noted that there are instances in which the family situation would permit a waiver, and the agency is not requesting this action.

**Determination and Discussion:** This item was assigned an overall rating of Area Needing Improvement based on the following findings:

- In 58 percent of the applicable cases, reviewers determined that the agency had not made concerted efforts to achieve a finalized adoption in a timely manner.
- FY 2002 data from the State Data Profile indicate that the State's percentage of finalized adoptions occurring within 24 months of removal from home (14.7%) does not meet the national standard of 32.0 percent or more.
- The State Data Profile indicates that from FY 2000 to FY 2002 the median number of months to achieve adoption declined from 52.3 months to 49.0 months.

According to the Statewide Assessment, there are delays in achieving finalized adoptions for children in the foster care system. As noted in the Statewide Assessment, the median number of months from entry into foster care to the beginning of the TPR process has increased from 21.1 months in FY 1998 to 28.6 months in FY 2002. Also, the median number of months between TPR and adoption finalization also increased from 24.0 months to 25.1 months during the same time period. The Statewide Assessment reports that the State engaged the services of the National Resource Center on Special Needs Adoption (NRCSNA) to identify the barriers to achieving adoptions in a timely manner. The following barriers are among those identified by the NRCSNA: (1) delays by the attorneys in filing TPR, delays by the courts in scheduling TPR hearings; (2) inconsistent use of dual licensure for foster/adopt
parents; (3) provision of reasonable efforts in cases meeting standards for exemption; and (4) lack of effective tracking mechanisms, such as a tickler system. The Statewide Assessment also reports that the NRCSNA identified key efforts in the State as effective in addressing adoption issues. These included (1) revising the out-of-home case plan, (2) establishing kinship care policies, (3) conducting diligent searches to locate absent parents, and (4) using the Interstate Compact for the Placement of Children (ICPC) to find appropriate adoptive placements.

**Item 10. Permanency goal of other planned permanent living arrangement**

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<th>Strength</th>
<th>X Area Needing Improvement</th>
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**Review Findings:** Nine foster care cases were applicable for an assessment of item 10. In assessing these cases, reviewers were to determine if the agency had made, or was making, diligent efforts to assist children in attaining their goals related to other planned permanent living arrangements. The results were the following:

- Item 10 was rated as a Strength in 5 (56%) of the 9 applicable cases.
- Item 10 was rated as an Area Needing Improvement in 4 (44%) of the 9 applicable cases.

Three of the four cases rated as an Area Needing Improvement for this item were in Baltimore City, which had six applicable cases.

Item 10 was rated as a Strength when reviewers determined that the child was close to emancipation, was in a stable and positive living situation, and was receiving appropriate services to make the transition from foster care to independent living or to meet special needs (4 cases). One case was rated as a Strength because the child has a concurrent goal of long-term foster care and adoption and the agency was working toward adoption with the foster family who is interested but has not yet committed. The item was rated as an Area Needing Improvement when reviewers determined that (1) the goal is inappropriate given the child’s age or situation (2 cases), or (2) DHR had not provided sufficient services or supports to help the child make the transition from foster care to independent living (2 cases).

Stakeholders were in general agreement that too many children in the system have a goal of long-term foster care. Some stakeholders suggested that this is due in part to the reluctance of many relative caregivers to adopt the children in their care.

In addition, some stakeholders commenting on this item during the onsite CFSR reported that older youth who will be transitioning from foster care to independent living often do not get the services they need to meet their need. Other stakeholders, said that the
majority of older children in foster homes receive the independent living services that they need, but that adolescents in group homes
do not get adequate independent living services and there is little focus on permanency for these children. One stakeholder reported
that there is a tuition waiver for children in foster care, but that children in group care are not eligible for the tuition waiver due to a
quirk in the wording of the law.

**Determination and Discussion:** Item 10 was assigned an overall rating of Area Needing Improvement because in 44 percent of the
applicable cases, reviewers determined that DHR had not made concerted efforts to assist the child in achieving appropriate long-term
goals.

Information in the State Data Profile indicates that the percentage of children in foster care with a goal of long-term foster care has
increased from 16.6 percent in FY 2000 and 16.7 percent in FY 2001 to 19.1 percent in FY 2002.

### Permanency Outcome 2

**Outcome P2:** The continuity of family relationships and connections is preserved for children.

<table>
<thead>
<tr>
<th>Number of cases reviewed by the team according to degree of outcome achievement:</th>
<th>Anne Arundel</th>
<th>Allegany</th>
<th>Baltimore City</th>
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<th>Total Percentage</th>
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**STATUS OF PERMANENCY OUTCOME 2**

Maryland did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the
outcome was rated as substantially achieved in 64.3 percent of the cases, which is less than the 90 percent required for substantial
conformity. Ratings for this outcome varied across CFSR sites. The outcome was determined to be substantially achieved in 100
percent of Allegany County cases, compared to 67 percent of Anne Arundel County cases and 42 percent of Baltimore City cases.
A key CFSR case review finding is that DHR makes concerted efforts to place children in close proximity to their parents and communities whenever appropriate (item 11). However, other case review findings indicate that DHR is not consistent in its efforts to (1) place siblings together in foster care whenever appropriate (item 12); (2) provide for sufficient visitation between children and their parents and siblings in foster care (item 13); (3) preserve children’s primary connections while they are in foster care (item 14); (4) search for and assess relatives as potential placement resources (item 15); and (5) support and strengthen the parent-child relationship of children in foster care (item 16).

Findings pertaining to the specific items assessed under Permanency Outcome 2 are presented below.

**Item 11. Proximity of foster care placement**

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<th>X</th>
<th>Strength</th>
<th>Area Needing Improvement</th>
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**Review Findings:** Twenty-three of the 30 foster care cases were applicable for an assessment of item 11. Cases determined to be not applicable were those in which (1) TPR had been attained prior to the period under review, (2) contact with parents was not considered to be in the child's best interest, and/or (3) parents were deceased or whereabouts were unknown. In assessing item 11, reviewers were to determine whether the child's most recent foster care setting was in close proximity to the child's parents or close relatives. The assessment resulted in the following findings:

- Item 11 was rated as a Strength in 22 (96%) of the 23 applicable cases.
- Item 11 was rated as an Area Needing Improvement in 1 (4%) of the 23 applicable cases.

Item 11 was rated as a Strength when the child was placed in the same county or community as the family of origin (18 cases), or when reviewers determined that an out-of-county placement was necessary to meet the child’s treatment needs of the child (3 cases), or to place a child with a relative (1 case).

Stakeholders commenting on this item noted that DHR usually is effective in placing children in close proximity to parents and their communities of origin. However, these stakeholders reported that older children, children with behavior problems, and children with special needs tend to be placed outside their communities because of a lack of resources. Some stakeholders also reported that there is a lack of foster homes and residential facilities in some rural areas of the State, which can result in children being placed outside of their counties of origin.
**Determination and Discussion:** Item 11 was assigned an overall rating of Strength because in 96 percent of the cases, reviewers determined that DHR had made diligent efforts to ensure that children were placed in foster care placements that were in close proximity to the family and community of origin or that were necessary to promote the child’s well-being or permanency.

According to the Statewide Assessment, DHR makes concerted efforts to place children with a foster family in their own neighborhood, if possible. According to data provided in the Statewide Assessment, there was an increase from FY 2000 (70.3%) to FY 2002 (75.3%) in the number of children placed in a family-like setting and there was a corresponding decrease in the percentage of children placed in congregate care from 21.5 percent to 15.4 percent. The Statewide Assessment indicates that the State has experienced a “dramatic” reduction in the number of placements of children in other States.

**Item 12. Placement with siblings**

___  Strength  ___X___  Area Needing Improvement

**Review Findings:** Seventeen of the 30 foster care cases involved a child with siblings who were in foster care. In assessing item 12, reviewers were to determine whether siblings were, or had been, placed together and, if not, whether the separation was necessary to meet the needs (service or safety needs) of one or more of the children. This assessment resulted in the following findings:

- Item 12 was rated as a Strength in 12 (71%) of the 17 applicable cases.
- Item 12 was rated as an Area Needing Improvement in 5 (29%) of the 17 applicable cases.

Ratings for this item varied across CFSR sites. The item was rated as a Strength in 100 percent of Allegany County cases, compared to 75 percent of Anne Arundel County cases and 50 percent of Baltimore City cases.

In 5 of the 17 applicable cases, the child was in a placement with at least 1 other sibling, and in 2 of those cases, the child was in a placement with all siblings.

Item 12 was rated as a Strength when the child was in placement with all siblings (2 cases), or when reviewers determined that the separation of siblings was necessary to meet at least one child’s safety or treatment needs (10 cases). The item was rated as an Area
Needing Improvement when reviewers determined that siblings were separated because DHR did not have adequate resources (3 cases) or did not make concerted efforts to place the children together (2 cases).

Stakeholders commenting on this item during the onsite CFSR were in general agreement that siblings are not consistently placed together. This was attributed to a lack of resources, particularly the scarcity of foster homes that can accept large sibling groups. Some stakeholders noted that even relatives are resistant to accepting large sibling groups.

**Determination and Discussion:** Item 12 was assigned an overall rating of Area Needing Improvement based on the finding that in 29 percent of the applicable cases, reviewers determined that DHR had not made diligent efforts to place siblings together in foster care whenever possible.

**Item 13. Visiting with Parents and Siblings in Foster Care**

____ Strength    ____X Area Needing Improvement

**Review Findings:** An assessment of item 13 was applicable for 24 of the 30 foster care cases. Cases were not applicable for assessment if TPR had been established prior to the period under review, the parents were no longer involved in the child’s life, and the child had no siblings in foster care. In assessing this item, reviewers were to determine (1) whether the agency had made, or was making, diligent efforts to facilitate visitation between children in foster care and their parents and siblings in foster care; and (2) whether these visits occurred with sufficient frequency to meet the needs of children and families. The findings of this assessment were the following:

- Item 13 was rated as a Strength in 16 (67%) of the 24 applicable cases.
- Item 13 was rated as an Area Needing Improvement in 8 (33%) of the 24 applicable cases.

Ratings for this item varied across CFSR sites. The item was rated as a Strength in 100 percent of Allegany County cases, compared to 71 percent of Anne Arundel County cases and 40 percent of Baltimore City cases.
Typical visitation between children and their mothers for the 19 cases in which visitation with mother was applicable was the following:

- Weekly visits – 7 cases.
- Twice a month visits - 1 case.
- Monthly visits – 3 cases.
- Less than monthly visits - 6 cases.
- No visits – 2 cases.

Reviewers determined that the agency had made concerted efforts to promote more frequent visitation in three of the eight cases in which there were no visits between children and their mothers or visits occurred less frequently than once a month.

Typical visitation between children and their fathers for the 10 cases for which this assessment was applicable was the following:

- Weekly visits – 2 cases.
- Monthly visits – 2 cases.
- Less than monthly visits – 3 cases.
- No visits – 3 cases.

Reviewers determined that the agency had made concerted efforts to promote more frequent visitation in two of the six cases in which there were no visits between children and their father or in which visits occurred less frequently than once a month.

Visitation between siblings was applicable in 13 cases. Typical visitation between siblings was the following:

- Weekly visits – 2 cases.
- Twice a month visits – 3 cases.
- Monthly visits – 3 cases.
- Less than monthly visits – 3 cases.
- No visits – 2 cases.

Reviewers determined that the agency had not made concerted efforts to promote more frequent visitation in two of the five cases in which there were no visits between siblings or visits occurred less frequently than once a month.

Item 13 was rated as a Strength when reviewers determined that the frequency of visitation with parents and siblings met the needs of children and parents, or that, when visitation was less frequent than needed, the agency had made diligent efforts to promote more frequent visitation. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:
• Visitation with parents was not sufficient to meet the child’s needs and the agency did not promote more frequent visitation (7 cases).
• Visitation with siblings was not sufficient to meet the children’s needs and the agency did not promote more frequent visitation (5 cases).

Allegany County stakeholders commenting on this item during the onsite CFSR were in agreement that children in foster care have sufficient visitation with both their parents and siblings in foster care. Baltimore City and Anne Arundel County stakeholders, however, expressed concern about the lack of sufficient visitation in some cases. Baltimore City stakeholders were particularly concerned about sibling visits. They noted that each child in a family may have a different caseworker and there is no agency protocol or procedure for caseworkers to follow to ensure sufficient visitation among siblings. Baltimore City stakeholders also noted that when children are placed in facilities on the Eastern Shore or western part of the State, Baltimore parents have no transportation to visit the child and DHR does not provide transportation or pay for parents to travel to the facilities. Anne Arundel County stakeholders reported that DHR attempts to make sure that visits with parents occur on a weekly basis, but that lack of transportation and supervision are barriers to ensuring frequent visitation. Stakeholders also noted that due to budget cuts, DHR no longer reimburses foster parents for transportation costs if they transport children to visits. As a result, foster parents have been less willing to facilitate visitation by providing transportation for the children.

**Determination and Discussion:** Item 13 was assigned an overall rating of Area Needing Improvement because in 33 percent of the applicable cases, reviewers determined that DHR had not made concerted efforts to ensure that visitation between parents and children and between siblings was of sufficient frequency to meet the needs of the child.

According to the Statewide Assessment, DHR regulations require that visitation plans be developed for each child in foster care to ensure adequate visitation with parents and siblings, if relevant. The Statewide Assessment notes that the visitation plans are to support the continuity of relationships among the parents and siblings, describe the place and frequency of visits, identify the participants in the visits, and protect the child’s safety.

The Statewide Assessment also notes that 39 percent of the children in out-of-home care are part of a sibling group. The State provides for an annual Foster Care Sibling Camp for children who have siblings placed in separate foster homes and those with siblings remaining with birth parents. The purpose is to provide additional opportunities for enriching sibling bonding. The June 2003 camp was planned to host 60 children from around the State.
Item 14. Preserving connections

___ Strength  __X__ Area Needing Improvement

**Review Findings:** Item 14 was applicable for assessment in 28 of the 30 foster care cases. One case was not applicable because the child was in foster care for only 2 days before being reunified. The other case was not applicable because the parents had voluntarily relinquished the child at birth. In assessing item 14, reviewers were to determine whether the agency had made, or was making, diligent efforts to preserve the child's connections to neighborhood, community, heritage, family, faith, and friends while the child was in foster care. The assessment resulted in the following findings:

- Item 14 was rated as a Strength in 20 (71%) of the 28 applicable cases.
- Item 14 was rated as an Area Needing Improvement in 8 (29%) of the 28 applicable cases.

Ratings for this item varied across CFSR sites. The item was rated as a Strength in 100 percent of Allegany County cases, compared to 63 percent of Anne Arundel County case and 61 percent of Baltimore City cases.

Reviewers indicated that in 19 of the 28 cases, children's primary connections had been “significantly” preserved while they were in foster care; in 6 of the 25 cases, children’s primary connections had been “partially” preserved; and in 3 cases, children’s primary connections had been “not at all” preserved. There was one Native American child in the sample. Reviewers determined that DHR had not notified the Tribe of the child’s placement in accordance with the Indian Child Welfare Act.

Item 14 was rated as a Strength when reviewers determined that the agency had made diligent efforts to preserve the child’s primary connections with siblings, extended family, and/or former foster parents. In two cases, reviewers noted that the agency also made efforts to preserve the child’s school connections. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- No efforts were made to preserve child’s relationships with extended family (6 cases).
- No efforts were made to preserve child’s relationship with parents and siblings (2 cases).
- No efforts were made to preserve child’s cultural heritage and/or religion (3 cases).

Stakeholders commenting on this item during the onsite CFSR noted that, although the agency philosophy is to preserve connections, there is inconsistency among caseworkers with regard to efforts in this area and there are insufficient resources to support this effort. Stakeholders noted that youth often do not have good experiences in being allowed to preserve their connections to their church,
relatives, and siblings not in foster care. In addition, although there is a protocol to follow when the child is a Native American, it is not clear that the protocol is implemented on a consistent basis in accordance with the Indian Child Welfare Act (ICWA).

Stakeholders suggested that because there are no recognized Tribes in the State, there is little dialogue around the issue of ICWA compliance.

Several stakeholders voiced concern that caseworkers often do not seem to know who the father is or make any effort to find the father. Stakeholders reported that when efforts are made, usually the father is located, but that these efforts rarely are made.

**Determination and Discussion:** Item 14 was assigned an overall rating of Area Needing Improvement because in 29 percent of the cases, reviewers determined that DHR had not made diligent efforts to preserve children's connections.

As indicated in the Statewide Assessment, DHR has implemented the following practices to ensure that children’s connections are preserved: (1) foster parent training modules focusing on strategies that foster parents can use to support a child’s identity, cultural heritage, and self-esteem, or to ensure that children are connected to important family members during times of change; (2) efforts to place children in their own neighborhood if possible, thereby, maintaining a child’s connection to his/her home community; and (3) an assisted guardianship program that allows youth to be placed with relatives or individuals who comprise the family support system.

Also, according to the Statewide Assessment, the State has established policy requiring that regional and national Indian organizations be consulted when a Native American child is placed in foster care. The policy focuses on the determination of a child’s Tribe, the identification of family, and contacting the tribal organization.

**Item 15. Relative placement**

_____ Strength  __X__ Area Needing Improvement

**Review Findings:** Twenty-nine of the 30 foster care cases were applicable for an assessment of item 15. One case was not applicable because the parents voluntarily relinquished parental rights for the child and requested that the child not be placed with anyone known to them. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to locate and assess relatives (both maternal and paternal relatives) as potential placement resources for children in foster care. The results of this assessment were the following:
Item 15 was rated as a Strength in 21 (72%) of the 29 applicable cases. Item 15 was rated as an Area Needing Improvement in 8 (28%) of the 29 applicable cases.

Ratings for item 15 varied across CFSR sites. The item was rated as a Strength in 86 percent of Allegany County cases, compared to 78 percent of Anne Arundel County cases and 62 percent of Baltimore City cases.

Item 15 was rated as a Strength when the child’s current (at the time of the onsite CFSR), or most recent, placement was with a relative (8 cases), or when reviewers determined that the agency had made diligent efforts to search for and evaluate both maternal and paternal relatives when appropriate (13 cases). The item was rated as an Area Needing Improvement when reviewers determined that DHR had not made diligent efforts to search for either maternal or paternal relatives (2 cases); had sought maternal but not paternal relatives (3 cases), or had sought paternal but not maternal relatives (2 cases). The item was rated as an Area Needing Improvement in one case because reviewers determined that DHR had not made sufficient efforts to support a relative placement that disrupted.

Stakeholders commenting on this item during the onsite review were in agreement that DHR routinely seeks relatives as placement resources for children in foster care or as resources to prevent the placement children in foster care. However, stakeholders also were in agreement that DHR does not make concerted efforts to identify or search for absent fathers. They noted that often no effort is made to identify absent fathers until TPR is sought.

**Determination and Discussion:** Item 15 was assigned an overall rating of Area Needing Improvement because in 28 percent of the cases, reviewers determined that DHR had not made diligent efforts to locate and assess relatives as potential placement resources.

According to the Statewide Assessment, DHR policy requires (1) that relatives be contacted as potential placement resources and, (2) that when reunification is not possible, relatives be considered as potential permanent placements for the child.

**Item 16. Relationship of child in care with parents**

_____ Strength  __X__ Area Needing Improvement

**Review Findings:** An assessment of item 16 was applicable for 22 of the 30 foster care cases. Cases were considered not applicable if parental rights had been terminated prior to the period under review and parents were no longer involved with the child. In assessing
this item, reviewers were to determine whether the agency had made diligent efforts to support or maintain the bond between children in foster care and their mothers and fathers. The results of this assessment were the following:

- Item 16 was rated as a Strength in 14 (64%) of the 22 applicable cases.
- Item 16 was rated as an Area Needing Improvement in 8 (36%) of the 22 applicable cases.

Ratings for this item varied across CFSR sites. The item was rated as a Strength in 100 percent of Allegany County cases, compared to 67 percent of Anne Arundel County cases and 45 percent of Baltimore City cases.

Item 16 was rated as a Strength when reviewers determined that DHR made concerted efforts to promote the relationship between the child and his or her parents. The item was rated as an Area Needing Improvement when reviewers determined that DHR had not made diligent efforts to promote the child’s relationship with parents.

Baltimore City stakeholders commenting on this item noted that if a child’s plan is for reunification, the agency encourages parents to attend the child’s medical appointments, therapy sessions, and school meetings.

**Determination and Discussion:** Item 16 was assigned an overall rating of Area Needing Improvement because reviewers determined that, in 36 percent of the applicable cases, DHR had not made concerted efforts to support the parent-child relationships of children in foster care.

### III. CHILD AND FAMILY WELL-BEING

**Well-Being Outcome 1**

**Outcome WB1:** Families have enhanced capacity to provide for their children’s needs.

<table>
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<th>Baltimore City</th>
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STATUS OF WELL-BEING OUTCOME 1

Maryland did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 61.2 percent of the cases reviewed, which is less than the 90 percent required for substantial conformity.

Performance on this outcome varied across CFSR sites. The outcome was determined to be substantially achieved in 92 percent of Allegany County cases, compared to 57 percent of Anne Arundel County cases and 48 percent of Baltimore City.

A key CFSR finding is that caseworkers are in frequent face-to-face contact with the children in their caseloads. However, the other three indicators for this outcome were rated as areas needing improvement. Case review findings indicate that DHR is not consistently effective with regard to (1) assessing needs and providing services to children, parents, and foster parents; (2) involving children and parents in case planning; and (3) establishing face-to-face contact with parents with sufficient frequency and quality to ensure children’s safety and/or promote attainment of case goals. One concern identified pertained to the lack of involvement of fathers in case planning and in service assessments.

Findings pertaining to the specific items assessed under Well-Being Outcome 1 are presented and discussed below.

Item 17. Needs and services of child, parents, foster parents

_____ Strength  _____X_____ Area Needing Improvement

Review Findings: An assessment of item 17 was applicable for all 49 cases. In assessing this item, reviewers were to determine whether the agency had (1) adequately assessed the needs of children, parents, and foster parents; and (2) provided the services necessary to meet those needs. The results were the following:

- Item 17 was rated as a Strength in 31 (63%) of the 49 cases (17 of the 31 cases were foster care cases).
- Item 17 was rated as an Area Needing Improvement in 18 (37%) of the 49 cases (13 of the 18 cases were foster care cases).
Ratings for this item varied as a function of type of case. The item was rated as a Strength in 57 percent of the foster care cases compared to 74 percent of the in-home services cases. Ratings also varied across CFSR sites. The item was rated as a Strength in 92 percent of Allegany County cases, compared to 57 percent of Anne Arundel County cases and 52 percent of Baltimore City cases.

Item 17 was rated as a Strength when reviewers determined that the needs of children, parents, and foster parents had been adequately assessed and that identified service needs had been met. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Children’s needs were not assessed (6 cases).
- Needed services were not provided to children (8 cases).
- Services were provided to children but were not appropriate to the child’s needs (8 cases).
- Mother’s needs were not assessed (4 out of 44 applicable cases).
- Needed services were not provided to mothers (9 out of 44 applicable cases).
- Father’s needs were not assessed (10 out of 28 applicable cases).
- Needed services were not provided to fathers (10 out of 28 applicable cases).
- Foster parent’s needs were not assessed (4 out of 23 applicable cases).
- Needed services were not provided to foster parents (6 out of 23 applicable cases).

Stakeholders’ comments with regard to this item varied across the CFSR sites. Allegany stakeholders reported that DHR has the ability to assess the needs of families and provide services to address those needs. They also noted that DHR routinely makes concerted efforts to locate absent parents to assess their needs and engage them in services. In comparison, Baltimore City and Anne Arundel County stakeholders voiced concern about the quality of assessments and the availability of resources to meet service needs. These stakeholders noted that assessments often do not capture the family’s underlying problems, particularly mental health, substance abuse, and domestic violence issues. However, these stakeholders also reported that there are not enough mental health and substance abuse treatment services to meet the needs of families.

Most State-level stakeholders expressed the opinion that caseworkers are effective in assessing service needs, but that services are not always available to meet those needs, particularly mental health services. However, some State-level stakeholders suggested that the quality of assessments of children entering foster care needs to be improved.
Determination and Discussion: Item 17 was assigned an overall rating of Area Needing Improvement because in 37 percent of the cases, reviewers determined that DHR had not adequately assessed and/or addressed the service needs of children, parents, and foster parents. A key concern identified pertained to inconsistent efforts with regard to assessing fathers’ needs and providing services to fathers.

According to the Statewide Assessment, DHR recently developed a revised risk assessment tool that is designed to help a caseworker determine the extent of interventions needed for the child and to delineate the specific services necessary. The Statewide Assessment notes that agency policy requires that the results of this risk assessment be included in the child’s case plan for all foster care cases. Agency policy also requires that the case plan include a description of the service needs of each of the family members.

Item 18. Child and family involvement in case planning

_____ Strength    _____ Area Needing Improvement

Review Findings: An assessment of item 18 was applicable for all 49 cases. In assessing this item, reviewers were to determine whether the agency had made concerted efforts to involve parents (including pre-adoptive parents or permanent caregivers) and children (if age-appropriate) in the case planning process, and if not, whether their involvement was contrary to the child's best interest. A determination of involvement in case planning required that a parent or child had actively participated in identifying the services and goals included in the case plan. This assessment produced the following findings:

- Item 18 was rated as a Strength in 35 (71%) of the 49 cases (19 of the 35 cases were foster care cases).
- Item 18 was rated as an Area Needing Improvement in 14 (29%) of the 49 cases (11 of the 14 cases were foster care cases).

Ratings for this item varied as a function of type of case. The item was rated as a Strength in 63 percent of foster care cases compared to 84 percent of in-home services cases. Ratings also varied across CFSR sites. The item was rated as a Strength in 92 percent of Allegany County cases and 79 percent of Anne Arundel County cases, compared to 57 percent of Baltimore City cases. Item 18 was rated as a Strength when reviewers determined that all appropriate parties had actively participated in the case-planning process. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:
• Mothers who should have been involved in case planning were not involved (11 [27%] out of 41 applicable cases).
• Fathers who should have been involved in case planning were not involved (9 [36%] out of 25 applicable cases).
• Children who were old enough to have been involved in case planning were not involved (5 [19%] out of 26 applicable cases).

Most stakeholders commenting on this issue during the onsite CFSR expressed the opinion that caseworkers rarely involve the child in the case planning process, even when the child is old enough to participate. With regard to parent involvement, some stakeholders said that parents are routinely involved in case planning and are knowledgeable about what is in their case planes. However, other stakeholders voiced concern that although parents receive the plan, there is not a lot of collaboration in the planning process. Baltimore City stakeholders reported that the caseworker usually creates the goals and develops the plan and then presents it to the parents for review and signature.

**Determination and Discussion:** Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 29 percent of the cases, reviewers determined that DHR had not made diligent efforts to involve parents and/or children in the case planning process. A key concern is that fathers were not involved in case planning in 36 percent of the cases in which father involvement was applicable.

According to the Statewide Assessment, DHR policy requires that caseworkers develop a case plan with input from the family and child, when appropriate. The caseworker is to work with parents and guardians to establish the service agreements and plans, including the visitation plan.

**Item 19. Caseworker visits with child**

___X___  Strength  _____  Area Needing Improvement

**Review Findings:** All 49 cases were applicable for an assessment of item 19. In conducting this assessment, reviewers were to determine whether the frequency of face-to-face contact between caseworkers and children was sufficient to ensure adequate monitoring of the child's safety and well-being, and whether visits focused on issues pertinent to case planning, service delivery, and goal attainment. The results of the assessment were the following:
• Item 19 was rated as a Strength in 42 (86%) of the 49 cases (26 of the 42 cases were foster care cases).
Item 19 was rated as an Area Needing Improvement in 7 (14%) of the 49 cases (4 of the 7 cases were foster care cases).

Ratings for item 19 did not differ substantively as a function of type of case. The item was rated as Strength in 87 percent of foster care cases and 84 percent of in-home services cases. There was some variation across CFSR sites. The item was rated as a Strength in 93 percent of Anne Arundel cases and 92 percent of Allegany County cases, compared to 78 percent of Baltimore City cases.

Reviewers noted the following with respect to frequency of caseworker contacts with children.
• In 12 cases (5 foster care cases), visits typically occurred weekly.
• In 11 cases (4 foster care cases), visits typically occurred twice a month.
• In 22 cases (19 foster care cases), visits typically occurred once a month.
• In 4 cases (2 foster care cases), visits typically occurred less than monthly.

Item 19 was rated as a Strength when reviewers determined that the frequency and quality of visits between caseworkers and children was sufficient to ensure adequate monitoring of the child's safety and well-being and promote attainment of case goals. In all 42 cases rated as a Strength, caseworker visits with children occurred at least monthly.

This item was rated as an Area Needing Improvement when reviewers determined the following:
• The frequency of caseworker visits was not sufficient to meet the needs of the child, but when visits did occur, they focused on issues pertinent to case planning, service delivery, and goal attainment (3 cases).
• The frequency of caseworker visits was not sufficient to meet the needs of the child, and visits did not focus on issues pertinent to case planning, service delivery, and goal attainment (2 cases).
• The frequency of caseworker visits was sufficient to meet the needs of the child, but the visits did not focus on issues pertinent to case planning, service delivery, and goal attainment (2 cases).

Allegany and Anne Arundel County stakeholders were in general agreement that caseworkers visit the children in their caseloads at least monthly. However, Baltimore City stakeholders noted that monthly contacts are not occurring consistently across caseworkers. They attributed this to caseworker turnover, high caseloads, and budget reductions.

**Determination and Discussion:** Item 19 was assigned an overall rating of Strength based on the finding that in 86 percent of the cases, reviewers determined that caseworker visits with children were of sufficient frequency and/or quality. A key finding was that
caseworkers were in frequent contact with the children in their caseloads, with 77 percent of the children having face-to-face contact with their caseworkers weekly or every two weeks.

According to the Statewide Assessment, DHR policy regarding caseworker contact with children in foster care includes the following requirements:

- The caseworker must visit with the child within one week of the child’s initial or new placement.
- The caseworker must establish face-to-face contact with the child at least monthly (although contact could be more frequent if the caseworker believes that this is necessary).
- The face-to-face contact with the child must occur in the placement setting at least once every quarter.
- The caseworker must establish face-to-face contact with a child placed in a residential treatment facility at least once every 3 months.

The Statewide Assessment also notes that DHR requires that caseworkers must conduct face-to-face interviews with out-of-home service providers at least once every 3 months.

**Item 20. Caseworker visits with parents**

___ Strength   X___ Area Needing Improvement

**Review Findings:** An assessment of item 20 was applicable for 47 of the 49 cases. One case was not applicable because both parents were deceased. The other case was not applicable because parental rights were terminated before the CFSR period under review and parents were no longer involved in the child’s life. Neither of these children was in an adoptive placement. Reviewers were to assess whether the caseworker’s face-to-face contact with the children’s mothers and fathers was of sufficient frequency and quality to promote attainment of case goals and/or ensure the children's safety and well being. The results of this assessment were the following:

- Item 20 was rated as a Strength in 32 (68%) of the 47 applicable cases (17 of the 32 cases were foster care cases).
- Item 20 was rated as an Area Needing Improvement in 15 (32%) of the 47 applicable cases (11 of the 15 cases were foster care cases).
There was some variation in ratings for this item as a function of type of case. The item was rated as a Strength in 61 percent of the foster care cases compared to 79 percent of the in-home services cases. Ratings for this item exhibited greater variation across CFSR sites. The item was rated as a Strength in 83 percent of Allegany County cases, compared to 71 percent of Anne Arundel County cases and 57 percent of Baltimore City cases.

Typical patterns of caseworker visits with mothers were the following (43 applicable cases):
- Weekly visits – 12 cases (5 of which were foster care cases).
- Twice a month visits – 7 cases (1 of which was a foster care case).
- Monthly visits – 10 cases (7 of which were foster care cases).
- Less than monthly visits – 10 cases (9 of which were foster care cases).
- No visits – 4 cases (3 of which were foster care cases).

Typical patterns of caseworker visits with fathers were the following (25 applicable cases):
- Weekly visits – 1 case (which was not a foster care case).
- Twice a month visits – 5 cases (1 of which was a foster care case).
- Monthly visits – 6 cases (4 of which were foster care cases).
- Less than monthly visits – 7 cases (2 of which were foster care cases).
- No visits – 6 cases (5 of which were foster care cases).

Item 20 was rated as a Strength when reviewers determined that caseworkers established face-to-face contact with parents with sufficient frequency to meet the needs of parents and children and that during these contacts, caseworkers focused on issues pertinent to case planning, service delivery, and goal attainment. The item was rated as an Area Needing Improvement when reviewers determined the following:
- The caseworker’s face-to-face contact with parents was not occurring with sufficient frequency, but when it did occur, the caseworker focused on substantive issues pertaining to the case (7 cases).
- The caseworker’s face-to-face contact with parents was not occurring with sufficient frequency, and when it did occur, the caseworker did not focus on substantive issues pertaining to the case such as case planning, service delivery, and goal attainment (5 cases).
- The caseworker did not establish face-to-face contact with one or both parents (3 cases).
Baltimore City stakeholders commenting on this item suggested that caseworkers do not have frequent contact with parents and that parents have to initiate the contact. Anne Arundel County stakeholders voiced concern that when caseworkers do visit parents, the focus is on the needs of the children and not on the needs of the parents. However, State-level stakeholders expressed the opinion that caseworkers often visit families.

**Determination and Discussion:** Item 20 was assigned an overall rating of Area Needing Improvement because in 32 percent of the applicable cases, reviewers determined that the frequency and quality of caseworker’s face-to-face contact with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals. A key concern identified pertained to the lack of sufficient face-to-face contact between caseworkers and fathers. In 52 percent of the 25 applicable cases, caseworkers had minimal or no contact with the fathers of the children in their cases.

According to the Statewide Assessment, DHR policy requires that caseworkers establish monthly face-to-face contact with the parents of the children in their caseloads.

### Well-Being Outcome 2

| Outcome WB2: Children receive appropriate services to meet their educational needs. |
|---------------------------------|----------------|----------------|----------------|
| Number of cases reviewed by the team according to degree of outcome achievement: | Anne Arundel | Allegany | Baltimore City | Total | Total Percentage |
| Substantially Achieved: | 10 | 11 | 11 | 32 | 86.5 |
| Partially Achieved: | 0 | 0 | 1 | 1 | 2.7 |
| Not Achieved or Addressed: | 1 | 0 | 3 | 4 | 10.8 |
| Not Applicable: | 3 | 1 | 8 |

**STATUS OF WELL-BEING OUTCOME 2**

Maryland did not achieve substantial conformity with Well-Being Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 86.5 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity. Ratings for this outcome varied across CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Allegany County cases and 91 percent of Anne Arundel County cases, compared to 73 percent of Baltimore City cases.
A key CFSR finding was that DHR is not consistent in its efforts to assess children's educational needs and provide appropriate services to meet those needs, although in many of the cases reviewed, children’s educational needs were effectively assessed and addressed.

The findings for the item assessed for Well Being Outcome 2 are presented below.

**Item 21. Educational needs of the child**

____  Strength  ______ X  Area Needing Improvement

**Review Findings:** An assessment of item 21 was applicable for 37 of the 49 cases reviewed. Cases that were not applicable for assessment included those in which the children were not of school age or in-home cases in which children did not have needs pertaining to education-related issues. In assessing this item, reviewers were to determine whether children's educational needs were appropriately assessed and whether services were provided to meet those needs. The results of this assessment were the following:

- Item 21 was rated as a Strength in 32 (86%) of the 37 applicable cases (22 of the 32 cases were foster care cases).
- Item 21 was rated as an Area Needing Improvement in 5 (14%) of the 37 applicable cases (4 of the 5 cases were foster care cases).

Item 21 was rated as a Strength when reviewers determined that all educational needs were assessed and addressed as appropriate. The item was rated as an Area Needing Improvement when reviewers determined that educational needs were not assessed and educational services were not provided.

Stakeholders’ comments on this item varied across CFSR sites. Allegany County stakeholders reported that DHR makes concerted efforts to meet the educational needs of children in foster care and that the local schools and the local DHR work collaboratively to ensure that the needs of this population are met. Anne Arundel County stakeholders also expressed the opinion that the local DHR makes efforts to ensure that the educational needs of children in foster care in that county are being met. However, a few Anne Arundel County stakeholders suggested that some children in foster care who need to have an Individual Education Plan (IEP) are not getting that service.

In contrast to stakeholders in Anne Arundel and Allegany Counties, Baltimore City stakeholders expressed the opinion that DHR does not make concerted efforts to meet the educational needs of many of the foster care children in the city. These stakeholders noted that no efforts are made to keep children in the same school, and sometimes children are not getting into school for days or weeks after a
placement. These stakeholders also reported that report cards are not always in the case file, IEPs are not being done, schools are resistant to agency and foster parent efforts to advocate for children, and caseworkers are not trained on how to get children the educational services they need.

**Determination and Discussion:** Item 21 was assigned an overall rating of Area Needing Improvement. Although for most items, a finding of 86 percent of cases rated as a Strength would result in an overall rating of Strength for the item, because there is only one item/indicator for this outcome, the overall item rating is based on the requirements for substantial conformity for the outcome. Consequently, although 86 percent of the cases were rated as a Strength, this does not meet the substantial conformity requirement that 90 percent of applicable cases are rated as having substantially achieved the outcome.

According to the Statewide Assessment, DHR policy requires that children’s educational needs be assessed on all open cases and that documentation of educational services and evaluations must be maintained in the child’s case plan; copies of report cards and other educational communications are to be included in the case record. Agency policy also specifies that children in out-of-home care must be enrolled in school within 5 days of placement, that local departments must request school evaluations for all children who may have special needs, and that the department must request appropriate assessments from the Maryland Infant and Toddlers Program or local pre-school program for all children under the age of 5. The Statewide Assessment notes that caseworkers are expected to participate in the development of the child’s education plan (such as an IEP). If a parent or guardian is unable or inappropriate to advocate for the educational needs of the child, the local department may request the State Department of Education to appoint an educational surrogate to help ensure that the child’s needs are met. Report card and other educational communications are received from the school by the foster parent or caregiver.

**Well-Being Outcome 3**

<table>
<thead>
<tr>
<th>Outcome WB3: Children receive adequate services to meet their physical and mental health needs.</th>
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<tbody>
<tr>
<td><strong>Number of cases reviewed by the team according to degree of outcome achievement:</strong></td>
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<tr>
<td>Substantially Achieved: &amp; 10 &amp; 11 &amp; 16 &amp; 37 &amp; 80.4</td>
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<td>Not Achieved or Addressed: &amp; 1 &amp; 0 &amp; 3 &amp; 4 &amp; 8.7</td>
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<td>Not Applicable: &amp; 1 &amp; 1 &amp; 1</td>
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STATUS OF WELL-BEING OUTCOME 3

Maryland did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 80.4 percent of the cases, which is less than the 90 percent required for substantial conformity.

Performance on this outcome varied across the CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Allegany County cases, compared to 77 percent of Anne Arundel County cases and 73 percent of Baltimore City cases.

The CFSR found that although DHR makes concerted efforts to meet children’s physical health needs, the agency is less consistent in its efforts to meet children’s mental health needs. A key concern identified is that children are being assessed for mental health needs, but not receiving the services recommended to address identified needs.

Findings pertaining to the specific items assessed under Well-Being Outcome 3 are presented and discussed below.

Item 22. Physical health of the child

___X___ Strength    ___ Area Needing Improvement

Review Findings: An assessment of item 22 was applicable for 46 of the 49 cases reviewed. Cases that were not applicable for this assessment were in-home services cases in which physical health concerns were not an issue. In assessing this item, reviewers were to determine whether (1) children's physical health needs had been appropriately assessed, and (2) the services designed to meet those needs had been, or were being, provided. The findings of this assessment were the following:

- Item 22 was rated as a Strength in 42 (91%) of the 46 applicable cases (27 of the 42 cases were foster care cases).
- Item 22 was rated as an Area Needing Improvement in 4 (9%) of the 46 applicable cases (3 of the 4 cases were foster care cases).

Three of the four cases rated as an Area Needing Improvement were in Baltimore City.

Item 22 was rated as a Strength when reviewers determined that children's health needs were routinely assessed and services provided as needed. The item was rated as an Area Needing Improvement when reviewers determined that the child did not receive appropriate
screenings and preventive health or dental care while in foster care (3 cases), or that a child in an in-home services case did not receive services to address lack of preventive medical services (1 case).

Stakeholders commenting on this item reported that DHR generally makes diligent efforts to ensure that children receive adequate physical health and dental services. Stakeholders also noted that the State has a Rare and Expensive Medical care (REM) program that is effective in ensuring that children with significant medical needs receive services.

However, stakeholders identified several barriers to providing physical health and dental services. Stakeholders noted that one barrier is the lack of dentists and eye doctors who are willing to accept Medicaid payments. Another barrier is that there is no coordinated, centralized health care system for children. Finally, several stakeholders reported that parents must sign for any physical health services provided to children in foster care; DHR can provide these services without consent only if parental rights have been terminated. Stakeholders noted that if parents refuse to approve services, DHR cannot provide the services unless they go to court and obtain a court order.

Some stakeholders noted that a further strain on the child welfare agency in Anne Arundel County is the abandonment of children in emergency rooms and other health care facilities care in order to access health services. Stakeholders reported that parents are starting to do this because insurance companies will not pay for the medical services that the child needs or because the parents do not have insurance. If the child is “abandoned,” the State will provide the services. In these cases, the child welfare agency usually arranges for an immediate staffing to arrange for medical services and reunify the child with the family or arrange for a voluntary placement.

**Determination and Discussion**: Item 22 was assigned an overall rating of Strength based on the finding that in 91 percent of the applicable cases, reviewers determined that DHR had made concerted efforts to address children’s health needs.

According to the Statewide Assessment, children who are placed in out-of-home care must have an initial health screening within 5 days of placement and a comprehensive health assessment (EPSDT) within 60 days of placement. In Baltimore City, under the terms of an existing consent decree, the comprehensive assessment must be completed within 60 days of entry into care. The decree also requires that all foster care children be referred for a comprehensive health assessment within 30 days of placement. The Statewide Assessment also notes that children in out-of-home care are mandated to have annual physical exams and that all children in out-of-home care are eligible for health care insurance through the Maryland Medicaid Program. Information in the Statewide Assessment indicates that a child’s health history is shared with the child’s foster parent and maintained in the child’s medical passport that remains with the foster parent. Copies of the passport are kept in the case record. Children with special needs may receive services
under various programs. The Statewide Assessment indicates that, although dental services are provided through the managed care program, there is a shortage of dentists who are willing to accept Medicaid fees.

**Item 23. Mental health of the child**

| _____ Strength | X Area Needing Improvement |

**Review Findings:** An assessment of item 23 was applicable for 26 of the 49 cases reviewed. Cases that were not applicable were those in which the child was too young for an assessment of mental health needs, or in-home cases in which mental health needs were not relevant to agency contact with the child. In assessing this item, reviewers were to determine whether (1) mental health needs had been appropriately assessed, and (2) appropriate services to address those needs had been offered or provided. The findings of this assessment were the following:

- Item 23 was rated as a Strength in 18 (69%) of the 26 applicable cases (16 of the 18 cases were foster care cases).
- Item 23 was rated as an Area Needing Improvement in 8 (31%) of the 26 applicable cases (all of the 8 cases were foster care cases).

Only two in-home services cases were rated for this item and both were rated as a Strength. Ratings for the item varied across CFSR sites. The item was rated as a Strength in 100 percent of Allegany County cases, compared to 67 percent of Anne Arundel County cases and 50 percent of Baltimore City cases.

Reviewers determined that children’s mental health needs were “significantly” assessed in 15 cases, “partially” assessed in 8 cases, and “not at all” assessed in 2 cases. Reviewers determined that mental health service needs were “significantly met” in 12 cases, “partially met” in 6 cases, and “not at all met” in 5 cases.

The item was rated as an Area Needing Improvement when reviewers determined the following:

- No mental health needs assessment was conducted, although reviewers determined that an assessment was warranted (2 cases).
- Children with identified mental health service needs did not receive the services to meet those needs (6 cases).

Stakeholders commenting on this item during the onsite CFSR reported that although mental health assessments usually are conducted when a child enters foster care, there are not enough mental health services for children to ensure that service needs are met. Stakeholder also noted that parents must give consent for the delivery of mental health services and they often refuse. One
stakeholder reported that a legislative audit found that in 28 percent of the cases reviewed, the child had an identified mental health need, but did not receive services to meet that need.

Some stakeholders reported that children with serious mental health needs are being abandoned by parents so that they can get mental health services and that parents are being told that they have to give up their child to get these services. However, State-level stakeholders reported that the Governor issued an executive order that parents do not have to give up custody of their child to receive mental health services. Under this order, DHR will voluntarily assume control, but parents retain custody and DHR is charged to work across agencies to determine which one should assume case management responsibility. State-level stakeholders noted that this process does not work as intended because the State has a limited capacity to meet mental health needs.

**Determination and Discussion:** Item 23 was assigned an overall rating of Area Needing Improvement based on the finding that in 31 percent of the applicable cases, reviewers determined that DHR was not effective in addressing the children’s mental health needs. A key concern pertained to a lack of service provision to address identified mental health needs.

According to the Statewide Assessment, the comprehensive assessment that children receive when they enter foster care includes a mental health assessment. If indicated, a formal mental health assessment is provided. The Statewide Assessment notes that ongoing mental health services are provided according to the diagnosis and recommendations of the mental health professional. Mental health services are documented in the case record using the child’s health passport and any mental health reports provided by the therapist. Child placement agencies that provide mental health services are required to submit quarterly reports which are maintained in the child’s record.
SECTION 2: SYSTEMIC FACTORS

IV. STATEWIDE INFORMATION SYSTEM

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Maryland is not in substantial conformity with the systemic factor of Statewide Information System. Information pertaining to the item assessed for this factor is provided below.

Item 24. State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding months, has been) in foster care.

_____ Strength    _X_ Area Needing Improvement

Item 24 is rated as an Area Needing Improvement. Although Maryland’s existing data systems have the technical capability to identify the status, demographic characteristics, and goals for most children in foster care, the location of children in foster care who are placed by a private nonprofit agency under contract with the State is not recorded in the State’s data system. Only the name of the private agency is recorded. In addition, the CFSR found that information on children in foster care with the State agency is not readily accessible on a consistent basis. Many of the cases included in the “population” sample for the onsite CFSR, for example, could not be selected for the review sample because of inaccurate information.

According to the Statewide Assessment, Maryland’s existing data system is the Client Information System (CIS). A subset of this system is the Foster Care and Adoption Tracking System (FACTS). FACTS is the primary source of data reported to the Federal
Adoption and Foster Care Analysis and Reporting System (AFCARS). The CIS allows staff to view data relating to clients, conduct a Statewide search for clients known to any of the subsystems (which includes Adult Services and Child Care), and update client service information. The Statewide Assessment notes that Maryland’s Statewide Automated Child Welfare Information System (SACWIS) is scheduled for implementation in FY 2007. This system is known as the Children’s Electronic Social Services Information Exchange (CHESSIE).

As indicated in the Statewide Assessment, the CIS provides data that are used to generate statistical and case management reports. However, the Statewide Assessment also identified the following concerns regarding CIS:

- Social workers do not have direct access to the system and must submit carbonized paper forms to data entry staff. This process results in delays in data entry and may contribute to data errors.
- The system does not have a “user-friendly” query capability for executive staff, managers, or supervisors at the local and State office level.
- The data are available for only one child at a time.

Stakeholders commenting on the statewide information system during the onsite CFSR reported that CIS can track demographics, location, goals, and legal status of children placed in DHR foster homes and provide individual case data. However, a major concern identified by stakeholders is that the location of children in foster care provided through private nonprofit agencies is not recorded in CIS, only the name of the private agency. Therefore, the CIS cannot readily identify the location of all children in foster care. In addition, many stakeholders expressed concern about the accuracy of foster care information and suggested that child protective services data are more accurate than foster care data.

Stakeholders also identified the following additional concerns:

- The counties have their own individual systems, which makes it difficult to share information.
- Data are not entered in a timely manner due to delays in data entry.
- Data are manually updated by batch entry with no online capability. (Baltimore City stakeholders reported that not all caseworkers have computers and they must go through a clearance process to access basic information.)
- Data are coded and caseworkers must be skilled in interpreting the data.
- Summary or aggregate data are not available and must be compiled by the central office.
- Although CIS generates reports regarding caseload status, most of the reports are not useful for making decisions or as a guide for case practice.
V. CASE REVIEW SYSTEM

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The State of Maryland is not in substantial conformity with the systemic factor of Case Review System. Information pertaining to the items assessed for this factor is provided below.

**Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions.**

___ Strength ___X___ Area Needing Improvement

Item 25 was rated as an Area Needing Improvement. Although the vast majority of children in the system have a case plan, the CFSR found that DHR does not consistently involve parents in the case-planning process.

According to the Statewide Assessment, Maryland DHR policy requires that a written case plan must be developed with the child’s parent or guardian within 2 months of placement in foster care. The plan is to incorporate the following information:

- The concurrent permanency plan,
- The service agreement,
- A description of the changes in the caregiver’s behavior or circumstances that must occur to ensure the child’s safe return home,
- The services that have been identified to address the child’s and caregiver’s needs,
- A description of how the caseworker intends to carry out the court order,
- The assessments and identified outcomes with projected timeframes for achievement of the outcomes.
Information in the Statewide Assessment indicates that there has been a decrease in the percentage of children in foster care without an established case plan from 3.1 percent to 1.7 percent from Federal FY 2000 to Federal FY 2002, based on the point-in-time permanency profile. A similar decrease was found using a cohort analysis. The Statewide Assessment reports that the 2002 CAPS case review findings show that 92 percent of cases have a completed, signed, and dated service agreement with parents.

The Statewide Assessment notes that the case plan is reassessed within 120 days of the initial plan and every 180 days thereafter. Plans are amended as necessary to reflect the child’s situation as well any court orders that affect the child.

Stakeholders commenting on this item during the onsite CFSR were in general agreement that children have case plans. However, many stakeholders reported that DHR is not consistent in involving parents in the case-planning process. This is consistent with case review findings that 27 percent of mothers and 36 percent of fathers in the applicable cases were not involved in the case-planning process. In addition, some Allegany County stakeholders reported that caseworkers in that locality are unable to involve parents in case planning because case plan goals and objectives are dictated by the courts. Baltimore City stakeholders expressed concern that case plans are not routinely developed for children who are placed with relatives.

Stakeholders reported different CAPS data than that reported in the Statewide Assessment. They noted that the CAPS study found that 22 percent of foster care cases were without a signed service agreement in 2002.

**Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.**

___ Strength ___ Area Needing Improvement

Item 26 was rated as Strength because the CFSR determined that periodic reviews of the status of each child are held by the Citizen’s Review Board for Children or by an Administrative Review Panel no less frequently than once every 6 months.

According to the Statewide Assessment, Maryland statutorily mandates periodic reviews for all children in out-of-home placement. Reviews are held by the courts, by an Administrative Review Panel, or by the Citizens’ Review Board for Children (CRBC).
Most stakeholders commenting on this issue during the onsite CFSR reported that the CRBC reviews cases at 6 months and then 6 months after each judicial review. Most also expressed the opinion that these reviews are held in a timely manner on a consistent basis. Stakeholders noted that if the CRBC cannot do a review, it is done by an internal Administrative Review Panel. Some stakeholders reported that the courts accept the review board’s recommendations and use them in the hearings. However, other stakeholders reported that reports from the CRBC are not taken into consideration by the courts. Several stakeholders reported that the court conducts a review every 6 months as well as the CRBC, and this limits the influence of the CRBC review. Baltimore City stakeholders said that court reviews are held every 6 months, and CRBC reviews are held at 6, 15, 26, and 36 months.

**Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

_____  Strength  ___X___  Area Needing Improvement

Item 27 was rated as an Area Needing Improvement because the CFSR determined that permanency hearings are not being held in a timely manner on a consistent basis due to frequent granting of postponements or continuances by the courts. Furthermore, in Baltimore City, due to problems that occurred in transferring cases from one court to another in 1997, approximately three to four percent of the children in this jurisdiction who have had parental rights terminated still have not had permanency hearings.

According to the Statewide Assessment, Maryland State law requires that a permanency hearing be held for each child in out-of-home placement no later than 12 months after placement and every 6 months thereafter. Exceptions are children placed in court-sanctioned permanent placements, for which proceedings occur every 12 months, and children awaiting finalization of adoption for which proceedings occur every 12 months. The Statewide Assessment also notes that after each permanency hearing, the date of the next scheduled hearing is entered into the tracking system to ensure that the 6-month timeframe is tracked. As indicated in the Statewide Assessment, the State’s Court Improvement Project has focused on improving permanency hearings through expanding the training for judges, masters, and attorneys; developing a child welfare bench book; revising the Child in Need of Assistance (CINA) statute; expanding the Court Appointed Special Advocate (CASA) program; and establishing guidelines for attorneys representing children.

Most stakeholders commenting on this item during the onsite CFSR were in general agreement that permanency hearings are scheduled at 12 months and every 6 months thereafter. However, while some stakeholders reported that the hearings are held in a
timely manner, others indicated that despite timely scheduling, the hearings are not actually being held in a timely manner due to frequent continuances or postponements. While some stakeholders attributed continuances and postponements to requests by the attorneys for the children or for the parents, others said that some postponements are due to DHR caseworkers being unprepared for court hearings.

**Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA).**

___  Strength  ___X___  Area Needing Improvement

Item 28 is rated as an Area Needing Improvement. Although the CFSR found that DHR has established procedures to achieve TPR in accordance with the provisions of ASFA, there are multiple barriers to achieving TPR in a timely manner.

Stakeholders commenting on this item during the onsite CFSR were in general agreement that TPR is not being achieved in a timely manner on a consistent basis. They identified the following barriers to achieving TPR in a timely manner: (1) a lack of effort on the part of DHR to identify absent parents, particularly fathers, early on in the case; (2) frequent court continuances; (3) a lengthy TPR appeals process; (4) a lack of sufficient legal and judicial personnel (e.g., there are waiting lists for parents to access public defenders or pro bono attorneys); and (5) a requirement that TPR must be granted for both parents at the same time. Stakeholders also noted that DHR often requests exceptions to filing for TPR and that the time necessary to review the request for exceptions further delays the TPR process. Stakeholders noted that the Court Improvement Project has attempted to address some of these barriers by: (1) employing a TPR coordinator for the court improvement project; (2) hiring a permanency planning liaison for each circuit court to assist in case management and reviewing case files to identify and address case specific barriers; (3) funding a paternity testing program to assist in the early identification of father; and (4) implementing Alternate Dispute Resolution (ADR) programs to mediate TPR on a local basis.

Stakeholders’ opinions varied with respect to whether DHR files for TPR in a timely manner. While some stakeholders expressed the opinion that filing is timely, others noted that filing is delayed due to an agency and court focus on reunification and a practice of extending the timeframe allotted to parents to achieve their case goals. One stakeholder reported that according to a 2003 CAPS report, only 48 percent of children in care for over 15 months had TPR petitions filed.
Item 29. Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

___ Strength ___X Area Needing Improvement

Item 29 is rated as an Area Needing Improvement because, although Maryland statute provides a process for notifying parents and other caregivers of hearings and reviews, the onsite CFSR finding is that the process is not implemented consistently in the State.

According to the Statewide Assessment, State statute establishes that DHR caseworkers are responsible for notifying parents, resource families, and foster parents’ attorneys of hearings and reviews. The Statewide Assessment notes that for all court proceedings, notice is to be given seven (7) days prior to the hearing or review. In addition, the local CRBC is required by regulation to invite caregivers to reviews. Caseworkers are required to include documentation of notice of hearings and reviews to foster parents in the case record. Information in the Statewide Assessment indicates that the revised Resource Parent Handbook and a pre-service training module for foster parents provide foster parents with information about their participation in reviews and hearings.

Stakeholders interviewed during the onsite CFSR expressed differing opinions regarding the notification of foster parents and other caregivers of hearings and reviews and the ability of these caregivers to provide input in the review process or during a court hearing. While some stakeholders reported that foster parents and relative caregivers are notified of hearings and 6-month reviews on a routine basis, others said that foster parents are not consistently provided with formal notification of hearings. Some stakeholders reported that two findings of several judicial forums held by the Court Improvement Program were (1) that caseworkers did not realize that they were obliged by law to serve notice to foster parents and (2) that the courts did not realize that foster parents had the right of notification and also the right to be heard.

Stakeholders suggested that the ability of foster parents to provide input into court proceedings varies across courtrooms. Many judges will not allow foster parents in their courts and many others will not allow them to speak during the proceedings. Stakeholders noted that foster parents have an opportunity to provide input in the CRBC reviews.
VI. QUALITY ASSURANCE SYSTEM

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Maryland is not in substantial conformity with the systemic factor of Quality Assurance System. Information pertaining to the items addressed for this factor is provided below.

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

__X__   Strength  ______ Area Needing Improvement

Item 30 is rated as Strength because the State has developed and implemented standards for the provision of services that protect the safety and health of its children in foster care.

According to the Statewide Assessment, State regulations require that children in out-of-home placements receive services that include somatic and mental health assessments as well as follow-up on any recommendations and dental services. The Statewide Assessment notes that difficulty has been encountered in ensuring that children receive dental and specialty medical care, which appears to be related primarily to the inadequacy of Medicaid reimbursement rates.

As noted in the Statewide Assessment, the title IV-E review of July 2002 established that Maryland was in compliance with safety provisions as related to caregivers and their homes as well as provisions regarding child-care facilities. The Statewide Assessment also reports that DHR is in the process of pursuing accreditation of all 24 local agencies by the Council on Accreditation.

Stakeholders commenting on this issue during the onsite CFSR were in general agreement that the State has established standards to ensure that children in foster care are provided quality services. They noted that residential facilities must follow Code of Maryland
Regulations (COMAR) guidelines and foster parents must be trained on discipline. One stakeholder also reported that eight Maryland counties have achieved Council on Accreditation (COA) accreditation.

Stakeholders also reported that the SAFE-C instrument is being used by DHR to assess immediate danger to youth in families as well as in out-of-home placements. According to stakeholders, this tool has been expanded to be used for foster youth at the time of an initial placement and at the time of a replacement in a foster home. Stakeholders noted that the instrument has also been piloted for use with youth in congregate care to ensure their continued safety.

**Item 31.** The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

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Item 31 is rated as an Area Needing Improvement because the States primary quality assurance system (CAPS) only monitors for compliance with certain requirements and does not provide feedback on the quality of services and outcomes. In addition, at the time of the onsite review severe understaffing in the CPS unit limited the agency’s ability to carry out its functions. Moreover, there is not a mechanism in place to monitor and enforce the implementation of the attendant Corrective Action Plans.

According to the Statewide Assessment, Maryland has an extensive quality assurance process that involves both internal and external review of the practices of local departments. As indicated in the Statewide Assessment, CAPS is the primary DHR quality assurance program. Based on a Managing for Results model, CAPS focuses on key outcomes and compliance indicators of all child welfare programs. CAPS employs a review process for cases selected through sampling and assesses outcomes and outputs for each local department. Local departments that do not achieve certain standards are required to submit a performance improvement plan to focus on the areas most in need of improvement. The Statewide Assessment indicates that compliance measures are calculated by conducting record reviews in the local departments.

The Statewide Assessment also notes that the CRBC and local child protections panels conduct approximately 7000 reviews of out-of-home cases annually focusing on critical elements of each case. In addition, the Office of Legislative Audits was directed in FY 2001 to conduct a performance audit of out-of-home placements. The results of that audit were that DHR was found to be making
concerted efforts to protect children from child abuse and neglect, but that there was a number of unmet service needs. A follow-up audit in the summer of 2003 established improvement in the areas cited. This audit examined casework practice and services and identified dental services, mental health services, educational services, equipment and technology and resources (manageable caseload size, transportation aides, etc.) as being needed. The study noted deficiencies in service delivery documentation in regard to these areas as well as the need to enforce the use of the State’s Foster Care Supervisory Checklist.

Stakeholders commenting on this item noted that CAPS reviews are conducted in each county, and that Baltimore City has a local quality assurance unit as a result of a Consent Decree. Several stakeholders expressed concern that CAPS reviews are primarily compliance reviews rather than quality reviews.

Other concerns identified by stakeholders with regard to CAPS were the following: (1) the current unit responsible for this process is not staffed (however, it was noted that DHR plans to staff it in time for the next review process); (2) the quality of the submitted performance plans was not always substantive and sometimes focused on review of policy as corrective action; (3) there is no mechanism in effect to monitor and enforce the performance improvement plan; and (4) there is no process in place to ensure staff accountability. One stakeholder noted that the legislative audit of the CAPS program recommended that the performance improvement plan component be strengthened.

### VII. TRAINING

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Maryland is in substantial conformity with the systemic factor of Training. Information pertaining to the items assessed for this factor is provided below.
Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

__X__ Strength ______ Area Needing Improvement

Item 32 is rated as a Strength because the State operates a staff development and training program which supports the title IV-B and IV-E goals which are set forth in the CFSP and provides initial training for staff who delivers these services.

According to the Statewide Assessment, Maryland law requires that all staff providing child welfare services must meet specified minimum qualifications, receive training, and pass a competency test. DHR partners with the University of Maryland in Baltimore (UMB) for child welfare competency-based training and a certification program for line and supervisory staff.

The Statewide Assessment indicates that new direct-service staff members are required to complete 9 days of pre-service training and pass a competency-based test. The Statewide Assessment also notes that supervisors of the involved staff are required to pass the competency-based test.

Stakeholders commenting on this item during the onsite CFSR reported all staff must receive initial core training through UMB and pass a rigorous competency exam in the basic competencies. They noted that the core training is 9 days and must be completed within the first 6 months of being hired. Most stakeholders described the initial training as effective in providing basic knowledge to caseworkers. However, many stakeholders also expressed the opinion that additional training is needed on assessing the needs of biological and foster families and supporting foster families. Stakeholders also indicated that some areas of the State require that new staff participate in additional training. Anne Arundel County stakeholders, for example, reported that some caseworkers must complete a 6-week training program prior to receiving a caseload. As part of this training program, at the end of 4 weeks, a new staff member is assigned a case with an experienced caseworker and shadows that caseworker.

Stakeholders noted that there is training for new supervisors, although several stakeholders expressed concern that it is not mandatory. Stakeholders also expressed concern that supervisory training is not offered frequently enough to meet the need.
Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

___X_ Strength  ____ Area Needing Improvement

Item 33 is rated as a Strength because the State provides for ongoing training for staff that addresses the skills and knowledge needed to carry out their duties as related to services included in the CFSP.

According to the Statewide Assessment, DHR partners with the University of Maryland at Baltimore (UMB) to meet the training needs of the agency. The Statewide Assessment notes that this partnership has resulted in the establishment of training regions, a training liaison network to assess training needs, a training advisory group to plan course offerings, and the availability of 40 workshops offered on a quarterly basis.

The Statewide Assessment indicates that staff must complete 12 hours of continuing education courses annually as part of the Maryland Performance Planning and Evaluation process. As noted in the Statewide Assessment, in order to meet the ongoing training needs of DHR staff, the University of Maryland Training Department implemented the Individual Training Needs Assessment (ITNA) to assist in planning and enrolling for training. The ITNA form lists the competencies (awareness, knowledge, and skills) that will be developed at various workshops. The employee and supervisor review the employee’s level of competence before participation in the training event. A post-training assessment is completed which addresses the effectiveness of the training and identifies additional training needs. In addition, the State provides opportunities for its child welfare personnel to pursue BSW and MSW degrees.

Stakeholders commenting on ongoing staff training during the onsite CFSR noted that DHR mandates ongoing staff training on an annual basis and that ongoing training opportunities are available and accessible to staff. While most stakeholders expressed the opinion that ongoing training opportunities are valuable for staff, a few reported that there is little specific training geared toward the caseworkers’ specific job performance. In addition, some Baltimore City and Anne Arundel County stakeholders reported that the availability of ongoing training has been reduced due to budget cuts.
Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

___X___ Strength ___ Area Needing Improvement

Item 34 was rated as a Strength because the State provides training for foster and adoptive parents as well as for staff of State licensed or approved facilities that care for children receiving assistance under title IV-E.

According to the Statewide Assessment, Maryland uses PRIDE (Parent Resource for Information, Development and Education) as the pre-service training curriculum for foster/adoptive families, who are referred to as resource families. The PRIDE training emphasizes the family team approach in permanency planning. The training focuses on foster care and adoption and is provided by local department staff and resource parents specifically trained on PRIDE. The Statewide Assessment notes that Baltimore City offers PRIDE through a contract with Associated Catholic Charities.

Information in the Statewide Assessment indicates that new resource parents receive 27 hours of per-service training over a 9-week period. Once approved, resource parents are required to receive a minimum of 6 hours of in-service training annually. Both pre-service and in-service training are evaluated to determine whether the training has met the needs of the resource parents and to plan for more training as indicated. The Statewide Assessment indicates that “treatment” resource parents must receive 20 hours of in-service training on an annual basis.

The Statewide Assessment also notes that all group care in Maryland is provided through contracts with private agencies. These agencies are required by regulations governing their licensure to address certain topics in training. DHR monitors personnel records to assure that staff members are receiving mandated training.

Many stakeholders commenting on this item during the onsite CFSR expressed the opinion that PRIDE is effective in training foster parents for their roles. A few stakeholders, however, suggested that PRIDE does not address issues relevant to parenting children with severe behavioral or emotional problems. Baltimore City stakeholders expressed concern about the waiting list for foster parents to attend training due to the contracting process with Catholic Charities. They note that this may result in the city losing potential foster parents.
VIII. SERVICE ARRAY

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Maryland is not in substantial conformity with the systemic factor of Service Array. Information on the items assessed for this factor is presented below.

Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

____ Strength ___X__ Area Needing Improvement

Item 35 is rated as an Area Needing Improvement because the CFSR determined that there are critical service gaps that impede the State’s ability to attain positive outcomes for children. The services identified as not generally available for children and families were bilingual services, mental health services, services for children who are leaving residential facilities, substance abuse services, and services to address the needs of youths, particularly youth who are co-committed to DHR and Department of Juvenile Services (DJS).

According to the Statewide Assessment, Maryland has in place a broad spectrum of services that address children’s safety and promote and support stable families, family reunification, permanency, and child and family well-being. Many of the services are community-based. Some are, or have been, demonstration services, such as kinship care/guardianship.

The Statewide Assessment also discusses a comprehensive service array related to kinship care, intensive family care (short term family preservation intervention), and a CINA-Drug Exposed Infants Program which provides substance abuse treatment to mothers who have a positive toxicology upon admission to the hospital or at the time of the birth of a child with a positive toxicology.
The Statewide Assessment indicates that Maryland's Kinship Care permits informal kinship care for families who are not in the child welfare system. This program places youth in the home of a relative or an individual who comprise the family support system such as family friends or other individuals with whom a child has a strong bond. These families are able to access services related to health, mental health, education, case management, and flexible funds. Among the identified resources for kinship care are a Kinship Resource Center with its own website; the Kinship Care Multidisciplinary Committee whose function includes advocacy; kinship support groups; training; telephone hotline; a Kinship Care Back to School Project to purchase uniforms for kinship care children in Baltimore City, and a kinship care school supplies fund for children Statewide.

Information in the Statewide Assessment indicates that DHR provides independent living services to youth between the ages of 14 and 21. However, as noted in the Statewide Assessment, only 2200 of 4,387 eligible youth were receiving independent living services at the time of the State’s self-assessment process. The Statewide assessment reports that, under the auspices of the Maryland Youth Development Project, the State is pursuing community partnerships to develop an umbrella of comprehensive services for transitioning youth that will incorporate services in easily accessible neighborhood centers. The services will include educational/vocational assessment, life skills training, mentoring services, mental health services, medical care, substance abuse treatment, and housing service and employment services.

Most stakeholders commenting on service array during the onsite CFSR expressed the opinion that services are available to address some needs of children and families. For example, stakeholders noted that the Independent Living (IL) and Transitional Living Programs provide many services to youth and programs such as Drug Courts, Family Crisis Centers, and Family Preservation that are effective resource for families. However, there was agreement among stakeholders that there are significant service gaps in the State, particularly with regard to mental health services; fosters homes for youth and special needs children; substance abuse treatment services; and bilingual services for Hispanic, Asian, and African families. Stakeholders reported that services are needed for children discharged from residential care facilities to assist them in transitioning to a less-restrictive form of care.

Stakeholders also expressed concern about the lack of services provided to children co-committed to DHR and DJS. Stakeholders noted that these agencies do not coordinate service provision to ensure appropriate services for these youth.
Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State’s CFSP.

___ Strength ___X___ Area Needing Improvement

Item 36 is rated as Area Needing Improvement because of a paucity of dental providers and child psychiatrists in the rural areas and the limited availability of these same services in the urban areas where many providers do not accept Medicaid reimbursement.

According to the Statewide Assessment, each local DHR provides core services such as Child Protection, In-Home Family Preservation, Kinship Care, Foster Care, and Adoption. However, there is a statewide contract for placement services. DHR uses a continuous quality review process to identify service gaps for children needing placements and jurisdictions in need of additional placement resources on a statewide basis.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that the availability of some services varies across the State. Several stakeholders reported that there are a lack of dental providers and child psychiatrists in the more rural areas of the State. However, stakeholders also noted that even in the urban areas, access to dental providers and child psychiatrists is difficult because many providers will not accept Medicaid payments. There also is extensive variation across the State with regard to bilingual or culturally appropriate services. Stakeholders suggested that the wealthier counties tend to have more services than poorer counties.

Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

__X___ Strength ____ Area Needing Improvement

Item 37 is rated a Strength because the State is able to individualize services to meet the unique needs of children and families.

According to the Statewide Assessment, the case plan is individualized and based on the child’s mental and physical health, education, and other care needs; the family’s needs; and the identification of services to address the individual child’s and caregiver’s needs.
Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that there is a high degree of individualization of services. Stakeholders noted that the capacity of the agency to individualize services is enhanced by the availability of flexible funds to assist with concrete needs such as rent, furniture, clothes, diapers, and other necessities. The use of these funds to assist families also was apparent in the cases reviewed. Some stakeholders also noted that DHR is able to provide wrap around services to families to ensure that the unique needs of individual families are addressed. State-level stakeholders said that the case plan was recently revised with assistance from the National Resource Centers and it now focuses on unique outcomes and individualized services. Stakeholders voiced concern, however, about the lack of individualization of parenting classes. They noted that the standard parenting classes available are not meeting the needs of parents with low reading skills, and parents who have special needs or are parenting children with special needs.

IX. AGENCY RESPONSIVENESS TO THE COMMUNITY

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Maryland is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Information on the items assessed for this factor is provided below.

Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

__X__  Strength  _____  Area Needing Improvement

This item is rated as a Strength because the CFSR found that the State engages in consultation with a wide variety of stakeholders and considers their input in developing the CFSP.
According to the Statewide Assessment, the Strategic Plan for Child Welfare for 2002-2004 employed a planning group that included over 250 persons representing a wide variety of stakeholders, especially those external to the agency. An initial step involved determining what the larger community valued for children and families, what they thought the contribution of the child welfare agency was in attaining that vision and barriers to achieving the vision. At a later point, these same stakeholders were reconvened to give feedback on the documents developed based on the first session with them. Another effort to consult external stakeholders occurred in March 2002 when Maryland residents were convened in five focus groups to better understand their perceptions about services for children who are at risk of abuse or neglect. In May 2003, in preparation for the Child and Family Services Review, community stakeholder groups were brought together to give input regarding the Child Welfare Strategic Plan. These groups represented child welfare, juvenile justice, child advocacy organizations, mental health providers, community providers, law enforcement and other interested parties.

As noted in the Statewide Assessment, Maryland has no federally recognized Native American Tribes. However, when placing a Native American child, State policy requires determination of the child’s tribe, identification of relatives, and contact with the regional or national Tribal organizations regarding placement. The Statewide assessment reports that at the end of 2002, there were 11,276 children in out-of-home care in Maryland. Of these children 17 or 0.15 percent identified themselves or were identified as Native American.

Most stakeholders commenting on this item during the onsite CFSR were in general agreement that the agency engages in ongoing consultation with other agencies and organizations in the development of the CFSP. Stakeholders commented on the positive impact of the use of Local Management Boards (LMBs) in the development of the plans. They noted that the LMB meets monthly to develop local goals and objectives and to identify gaps in services. However, stakeholders report that DHR does not engage in ongoing consultation with Native American Tribe. Some stakeholders were of the opinion that the exclusion of Tribal groups is not an issue because Maryland has no Federally-recognized Tribes. Stakeholders also expressed concern that although DHR collaborates with the Court Improvement Project (CIP), the agency has not invited a representative of the CIP to Child Welfare Advisory Committee meetings.

Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

__X__  Strength  _____  Area Needing Improvement
This item is rated as a Strength because the CFSR determined that the State has consulted with various agencies and organizations in the development of the annual progress reports that relate to the CFSP.

Most stakeholders commenting on this item during the onsite CFSR were in general agreement that the agency historically consults with other agencies and organizations in developing the annual reports of progress and services. Stakeholders from education, juvenile justice, and mental health reported that they have input into the State plan. However, stakeholders noted that the CIP is not involved in the State plan and is not provided with a copy of the State plan. Other stakeholders report that the Lumbi Indian Center in Baltimore is not involved in the State’s planning process.

**Item 40. The State’s services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.**

___X___ Strength _____ Area Needing Improvement

Item 40 is rated as a Strength because the CFSR found that DHR coordinates services or benefits provided under the CFSP with other Federal or Federally-assisted programs serving the same population.

According to the Statewide Assessment, the State has a long-standing cabinet level committee that strives to coordinate services to children and families. The Committee has representatives of the Department of Human Resources, Department of Education, Department of Health and Mental Hygiene, Department of Juvenile Services and the Governor’s Office of Children, Youth and Families participate. Results have included a dramatic reduction in the number of children placed out of State, increased local involvement in identifying needed services for children and families as well as measures of effectiveness for all child-serving agencies in Maryland. DHR also has memoranda of agreement with the Departments of Juvenile Justice and the Department of Health and Mental Hygiene which provide a framework for the coordination of services for families and youth who are involved in both systems.

Stakeholders commenting on this issue during the onsite CFSR cited several instances of DHR’s efforts to coordinate services with other agencies including the Multi-Agency Taskforce and the Departments of Health, Mental Health, Housing, and Education. Stakeholders reported that the LMBs are responsible for disseminating funds from the Children’s Cabinet to ensure effective services for children and families aids in the coordination efforts. Stakeholders also noted that DHR works closely with the Governor’s Office on Disabilities and the Governor’s Office of Children, Youth and Families to combine training efforts and provide family preservation
and family support services. However, several stakeholders noted that there is little coordination between DHR and DJS in serving children co-committed to these agencies.

X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

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Maryland is in substantial conformity with the systemic factor pertaining to Foster and Adoptive Parent Licensing, Recruitment and Retention. Information on the items assessed for this factor is provided below.

**Item 41. The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.**

_X_ Strength _____ Area Needing Improvement

Item 41 is rated as a Strength because the State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.

According to the Statewide Assessment, the State regulations include approval standards for foster homes. Those standards are reviewed and revised every 8 years or after significant statutory changes. Among the requirements for approval of foster/adoption homes are dual approval for foster care and adoption, physical examinations for all those living in the household, health, safety and fire safety clearance of the residence, 27 hours of pre-service training, and CPR certification. Local departments must conduct an annual reconsideration of each foster/adopt home that includes at least one home visit to determine compliance with the appropriate regulations. Additionally, there are standards for resource parents that were developed for use by local DHR. Kinship caregivers are
required to meet the same approval standards as foster parents. However, if approved, the home will be restricted solely to placement of the related child and the relative will receive Maryland’s foster care rate.

Residential Child Care Programs (group homes) are licensed by the Department of Human Resources, Department of Juvenile Services, and the Department of Health and Mental Hygiene. Facilities are visited quarterly for monitoring purposes. Facilities which are experiencing problems may be monitored more frequently. Re-licensure is conducted every 2 years.

Stakeholders commenting on this issue during the onsite CFSR affirmed that standards for licensure are in place and must be reassessed regularly. However, some stakeholders reported that the licensure process for foster families may take anywhere from 4 to 14 months to complete. Stakeholders in Allegany County attributed delays to paperwork and limited access to training classes. In addition, some stakeholders expressed concern regarding the monitoring of placements, lack of adequate space, and poor living conditions of children in foster care (e.g., inadequate space for clothes, too many children).

Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

__X__ Strength

___ Area Needing Improvement

Item 42 is rated as a Strength because the standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or title IV-E funds.

According to the Statewide Assessment, licensing standards for foster/adoptive homes are the same regardless of the relationship of the caregiver with the child. This is an item that is reviewed in the CAPS process. Similarly, child care agencies which are approved to provide group care are licensed under regulations that are uniform regardless of the agency issuing the license.

Stakeholders commenting on this issue during the onsite CFSR indicated that none of the licensing standards are waived except those pertaining to the number of children that may be placed in a home to accommodate large sibling groups. They noted that the standards are applied equally to relatives and non-relatives. However, stakeholders reported that relative caregivers in Baltimore City may obtain provisional approval prior to licensure in response to the Consent Decree. In addition, a State level stakeholder reported that
when unapproved Maryland homes are found to house foster children from Washington D.C., the Maryland agency requires those families to become licensed in Maryland.

**Item 43.** The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

___X___ Strength ___ Area Needing Improvement

Item 43 is rated as a Strength because the State conducts criminal background clearances as related to licensing or approving foster care and adoptive placement. The State has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

According to the Statewide Assessment, a foster/adoptive home applicant and all household members age 18 or older must apply for a State and Federal criminal background investigations prior to approval. In addition, whenever there are new household members age 18 or older, they must also undergo the same investigations within 30 days of joining the household. The Department may not approve or continue to approve any home in which an adult in the household has certain felony or other convictions or has an indicated child abuse or neglect finding.

As noted in the Statewide Assessment, CAPS data for 2002 indicates that a criminal background check was completed on all members of the prospective resource household aged 18 or older 97 percent of the time.

Stakeholders commenting on this issue during the onsite CFSR noted that local, State, and FBI criminal background checks and fingerprinting are completed for all household members over aged 18 in foster/adoptive and relative placements. Stakeholders reported that the agency is notified when there are changes in those criminal records. However, stakeholders also indicated that FBI checks take 6 to 12 weeks to complete, which delays licensure of families.

**Item 44.** The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.
Item 44 is rated as a Strength because the CFSR determined that the State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in its jurisdiction for whom foster and adoptive homes are needed.

According to the Statewide Assessment, each local department has a comprehensive recruitment plan to actively recruit on an ongoing basis a diverse group of prospective adoptive parents who have the potential for meeting the needs of Maryland’s children who are or will be awaiting adoption. Recruitment plans include but are not limited to specific strategies to reach all parts of the community, strategies for training staff to work with diverse cultural, racial and economic communities, as well as procedures for the timely search for prospective adoptive parents for a waiting child. The State contracts with private adoption agencies to recruit prospective adoptive families to match with children in the Maryland Adoption Resource Exchange (MARE).

Stakeholders commenting on this issue during the onsite CFSR indicated that the agency has initiated several efforts to recruit ethnically diverse foster families, including match parties, foster parent “teas,” media advertisements, fairs, One Church/One Child, and other targeted recruitment efforts. Stakeholders noted several efforts to retain foster parents such as work with Foster Parent Associations, caseworkers assigned specifically to foster parents in Baltimore City, foster parent coordinators assigned to local high schools in Anne Arundel County; and Foster Parent Appreciation Ceremonies. However, several stakeholders expressed concern that financial constraints have and will continue to impact foster parent recruitment and retention adversely. Stakeholders reported that the agency is no longer able to provide foster parents with supportive services such as funding for child care and has decreased provision of respite care. Baltimore City stakeholders reported that the agency is no longer able to hold its annual Foster Parent Appreciation Gala due to budget cuts and that the recruitment staff in the agency has been downsized to only one manager. However, stakeholders reported that this manager was highly effective in implementing recruitment activities despite the limited budget.
Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

______ Strength  __X__ Area Needing Improvement

Item 45 is rated as an Area Needing Improvement because, although the State has some cross-jurisdictional resources in place to facilitate timely adoptive or permanent placements for waiting children, the agreement with the District of Columbia had expired and was not renewed, out-of-State adoptive resources for waiting children are not actively pursued until after Maryland families are recruited, delays occur in the ICPC process and the State is experiencing financial constraints which mitigate against implementation of ICPC stipulations with neighboring jurisdictions.

Although the Statewide Assessment indicates that Maryland ensures that ICPC policies were followed for children placed from other states, there was an acknowledged problem with the District of Columbia.

According to stakeholders, there are “serious” problems with Washington children being placed in Maryland homes without the prior knowledge or consent of DHR. This precludes the State from providing the necessary safeguards for these placements. Stakeholders indicated that the previous agreement with the District had expired and there was no current agreement. Stakeholders emphasized the need for a formalized agreement to address the issue.

Stakeholders commenting on this issue during the onsite CFSR noted that the agency is effective in using cross-jurisdictional resources in neighboring States, such as Delaware, Virginia and West Virginia. Stakeholders report use of MARE, the National Exchange and Adopt US Kids. Stakeholders indicated that the State does not, however, actively recruit out-of-state families and that out of state families are not considered until after families in Maryland are pursued for several months. It was noted that the internet site did attract some out-of-State families. The Department has increased the staff in the ICPC office to move cases more quickly and efficiently. ICPC training has been given to the staff of local departments and to private adoption agencies to increase their understanding of the ICPC regulations. They noted that the State has little capacity to allow pre-placement visits and on-going supervision necessary for adoptions in States further away. There were no identified internal barriers which negatively impacted the placement of Maryland children with identified families in other states. In 2003, Maryland enacted legislation that allows children placed in Maryland for adoption to attend Maryland’s schools without paying tuition. This legislation eliminated one of the barriers to the adoptive placement of children from other States. Maryland encourages cross-county activities that promote placement of children across county lines. These activities include matching parties or joint recruitment activities.