Child & Family SERVICES REVIEWS

Child and Family Services Reviews

Maryland Statewide Assessment

August 1, 2025

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ADMINISTRATION FOR CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Background

One of the ways in which the Children's Bureau (CB) helps states achieve positive outcomes for children and families is monitoring state child welfare services through Child and Family Services Reviews (CFSRs). The CFSR process[1] is designed to meet the statutory requirement to provide federal oversight of states' compliance with title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables CB to:

1) Ensure conformity with federal child welfare requirements
2) Determine what is happening to children and families receiving child welfare services
3) Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being

For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.

Purpose of the Statewide Assessment

The CFSR is a two-phase process. The first phase is a statewide assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities. The second phase of the review process is an onsite review. The onsite review includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews to further inform the assessment of systemic factors. Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States determined not to be in substantial conformity with one or more of the seven outcomes and seven systemic factors are required to develop a Program Improvement Plan (PIP) to address all areas of nonconformity.

States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves a state:

- Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors.
- Analyzing and explaining its Risk-Standardized Performance (RSP) relative to the national performance for the CFSR statewide data indicators.
- Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration.

[1] Procedures for the review. 45 CFR § 1355.33.

- Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors.
- Communicating about the child welfare system's performance with the communities the systems served.
- Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its continuous quality improvement (CQI) change and implementation process.
- Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes.
- Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable.
- Using assessment results to inform planning for the onsite review and to provide a foundation for the state PIP.

Stakeholder Involvement

The statewide assessment is to be completed in collaboration with, and reflective of perspectives and feedback obtained from, state child welfare system partners and stakeholders pursuant to 45 CFR § 1355.33 (a–b). CB recommends that states assemble a statewide assessment team (as described below) while also consistently soliciting feedback and perspectives from key stakeholder groups, including parents, caregivers, and youth, throughout the CFSR process. Individuals on the statewide assessment team need to include representatives from those with whom the child welfare agency was required to consult in developing its title IV-B state plan. The statewide assessment team members are selected by the child welfare agency in collaboration with CB. CB recommends that states ensure family and youth representation on the statewide assessment team, as well as other key partners (e.g., members of the legal and judicial communities, including state courts, the Court Improvement Project, and stakeholders). Examples of other partners and stakeholders who might serve on the statewide assessment team include frontline workers; foster, adoptive, and relative caregivers; the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee; service providers; faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, and Temporary Assistance for Needy Families (TANF).

The statewide assessment team of internal and external stakeholders engage in the CFSR statewide assessment process by:

- Empowering families and youth to participate in ongoing conversations about system-level improvement needs by recognizing and honoring their lived experiences and expertise, soliciting from them their perceptions and experiences, and acting on their recommendations about what families need to be strong and healthy[2]
- Collecting and analyzing data from selected partner and stakeholder groups through surveys, interviews, and/or focus groups
- Using partners' administrative data (may require data-sharing agreements with contracted service providers and other agencies providing services to the same populations) in the assessment process and to provide evidence of performance and systemic functioning

[2] As outlined in the CB Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. States are encouraged to integrate parents and youth throughout the CFSR process as they have lived expertise that provides critical context and information to identify and make child welfare system improvements.

- Involving stakeholders in the review and analysis of data to help identify contributing factors, underlying causes of performance challenges, and possible solutions
- Discussing findings, recommended changes, and implications of proposed interventions, and obtaining stakeholder feedback regarding implemented solutions
- Systematically providing feedback to stakeholders regarding whether and how their input was used to change policy, processes, practice, or service provision

Capacity to Complete a Quality Statewide Assessment

States are encouraged to consider the following questions as they prepare to complete the statewide assessment:

- Does the statewide assessment team reflect the family and youth the system serves, as well as partners, stakeholders, and providers involved in the state child welfare system?
- Are team members committed to remaining involved, and is there a process to support them throughout the statewide assessment process, potential involvement in the onsite review, and development, implementation, and evaluation of the PIP?
- Do the state's infrastructure and information systems provide needed administrative and case record review data? What data is already collected and can be used, and what new data may be needed (e.g., resource family surveys, staff training participation and feedback)?
- To what extent do system partners collect data and make it available for the purposes of the statewide assessment? Are data-sharing agreements needed, and in place?
- Do some team members have expertise and experience in quantitative and qualitative measurement, data collection, data analytics, and technical writing?
- Are team members able to communicate the results of quantitative and qualitative analyses effectively to the range of stakeholders and partners who are part of the statewide assessment team?
- Do team members have knowledge and skills with the CQI change and implementation process (e.g., identifying root causes of performance challenges, developing and testing theories of change)?
- In what way do organizational cultures and climates support the activities necessary for system partners to conduct and complete a quality assessment?
- Are there recent or future organizational changes that may affect the state's child welfare system, programs, and/or service delivery (e.g., leadership change)?
- Are there organizational resources and infrastructure in place to support the assessment process?
- What changes in organizational capacity will be needed to complete a quality statewide assessment (i.e., resources, infrastructure, knowledge and skills, culture and climate, engagement and partnership)?

Availability and Use of Quality Data and Information

The statewide assessment represents a compilation of observations made about the state's child welfare system that is grounded in evidence. "Evidence is information that is used to support an observation, claim, hypothesis, or decision. Evidence may be qualitative or quantitative and can be found in or derived from a number of sources."[3] Gathering and exploring data evidence begins during problem exploration and continues over the course of implementing, assessing, and sustaining change. The statewide assessment process entails looking at past, updated, and new data to strengthen the team's understanding of state child welfare system performance and to identify the combination of data evidence used to determine:

- Strengths and opportunities for improvement
- Areas and factors influencing strong practice
- Nature of the problem and affected populations
- Variation in outcomes among populations served
- Contributing factors and underlying root cause(s) of the problem

This systematic development of evidence related to child welfare system performance may point to areas where change, innovation, and/or replication of certain practices, procedures, or policies may be warranted. This evidence then sets the stage for states to consider:

- Hypotheses that are rooted in theories of change (predictions about how and why needed change(s) will achieve the desired outcome)
- Selection of and lessons learned from implemented strategies/interventions
- Reasons to continue, modify, or discontinue the selected intervention, or revisit the original understanding of the problem and the hypothesis for change

Data sources states should consider using, as available, for the statewide assessment process include but are not limited to:

- CFSR state data profiles and supplemental context data; CFR 45 § 1355.33(b)(2)
- State child welfare agency information system data (e.g., SACWIS/CCWIS)
- Administrative data from partner agencies (public-, private-, and community-based)
- Information included in the CFSP and Annual Progress and Services Report (APSR), e.g., National Youth in Transition Database
- Annual Court Improvement Project reports, legal and judicial information systems, and other data collected by the courts (e.g., quality hearing observation data)
- Case record reviews
- Child welfare studies (research, evaluation reports)
- Surveys, stakeholder interviews, focus groups

Effective CQI change and implementation processes rely on high-quality and reliable evidence from data to provide accurate information. Consider the following when assessing the quality of evidence used for the statewide assessment and note this information where relevant:

- Data source (see examples in section above)
- Methods used to generate measures and analyze data (e.g., application of sound measurement principles, process/individuals involved in analysis of data)
- Relationship between the analysis produced and the questions asked (e.g., how results of analysis are responsive to questions raised about performance; how they raised more questions that are the focus of additional inquiry)
- Scope of the data (e.g., geographic, population)
- Representativeness of the population served or the subpopulation of interest (e.g., universe, random sample of records, selected sites or population, response rate)
- Time period represented in the data, included in citations for the data source (e.g., CY2020, FFY2020; point in time (9/30/2020); or multiple years: CY2018–2020)
- Completeness, accuracy, and reliability of the data (e.g., data quality tests performed and the accuracy of results confirmed; same measure used over time; results consistent with other data sources)
- Other known limitation(s) of the data (e.g., an array of stakeholders reported data integrity concerns; measure adjusted over time)
- Policy decisions/practices that affect the quality and consistency of the data (e.g., implementation of new information system; timeframes to respond to CPS reports changed; requirements for staff and/or provider training changed recently; new program recently implemented)

[3] Source: https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-Principles-Language-and-Shared-Meaning_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf

The Statewide Assessment Template

The Statewide Assessment is completed by states and submitted to CB at least 2 months before the case review (federal onsite or state-led review). The assessment follows a structured template designed to provide the most current and relevant information on state performance related to the child welfare outcomes assessed through the Child and Family Services Review (CFSR), as well as evidence demonstrating the routine, statewide functioning of systemic factors. For detailed guidance on completing the Statewide Assessment, please refer to the **CFSR Procedures Manual**.

The sections of the Statewide Assessment template include:

Section I: Provide general information about the state child welfare agency; a list of the stakeholders involved in completing the statewide assessment; and a description of how state child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Section II: Briefly describe the state's vision and organizational structure for the state's child welfare system, cross-cutting issues, factors affecting overall performance, and other statewide drivers (e.g., consent decrees, transformation projects) that are not addressed in the outcomes and systemic factor sections of this assessment.

Section III: Provide an updated assessment of state performance on safety, permanency, and well-being outcomes and supporting practices. Include recent performance data, highlights of strengths and opportunities for improvement, a brief summary of observations, priority focus areas and results of problem exploration, and related CQI change and implementation activities, as applicable.

Section IV: Provide a combination of the sources of evidence needed to determine whether the state is in substantial conformity with the seven systemic factors. The systemic factors encompass items associated with select CFSP requirements and seven systems within the state that have the capacity, if routinely functioning statewide, to support child safety, permanency, and well-being outcomes.

Appendix: Attach a copy of the CB-generated CFSR state data profile transmitted to the state to use in completing the statewide assessment. The Statewide Assessment template is available electronically on the CB website at https://www.acf.hhs.gov/cb.

Preparation

As states prepare for the statewide assessment, CB recommends that states:

- Review the CFSR Procedures Manual, "Statewide Assessment" section (available on the CB website at https://www.acf.hhs.gov/cb, which provides guiding principles and a framework for completing the statewide assessment.
- Review the Capacity Building Center for States' "Change and Implementation in Practice" series.4 The series is a collection of research-informed and user-friendly resources (e.g., briefs, guides, videos) to help agencies achieve meaningful changes in child welfare practice to improve outcomes and systemic functioning.
- In collaboration with the CB Regional Office, identify and invite individuals to be members of the statewide assessment team. Review information on stakeholder involvement in the state's assessment of the child welfare system.
- Review the most recent versions of the following documents, which provide information and past assessments of state performance on child and family outcomes and supporting practices, and statewide routine functioning of the systemic factors:

  - PIP and PIP progress reports
  - CFSP and APSR
  - Court Improvement Project self-assessment and strategic plan
- Review the following additional recent and relevant data:
  - Most recent CFSR state data profile and supplemental context information, providing performance information on the CFSR statewide data indicators
  - State administrative data and aggregate performance information and measures
  - Case record review results
  - Other available statewide data, e.g., learning management system reports,
  - administrative data from partner agencies and contracted service providers, CIP data, research and evaluation reports, surveys, stakeholder interviews, focus groups
- Review the *CFSR Procedures Manual*, "Capacity Building Collaborative Data Support Services" section, available on the CB website at https://www.acf.hhs.gov/cb, and determine the need for additional guidance and technical support with any step of the statewide assessment process, and request assistance as needed.

Instructions

State child welfare agencies, in collaboration with families and youth, the judicial and legal communities, Tribes, and other key partners and stakeholders, complete an updated statewide assessment of the state's child welfare system and the state's ability to achieve desired safety, permanency, and well-being outcomes.

- Develop the set of questions that when answered will provide the necessary information to assess the state's child welfare systems' processes, programs, and practices.
- Build on past work, including results of data exploration, progress made, lessons learned, and adjustments from development, implementation, and monitoring of the state's most recent CFSR/PIP, CFSP/APSR, and CQI activities in completing this section.
- Determine whether other relevant quality data are available and/or needed to provide a more recent and/or deeper understanding of state performance on the outcomes and systemic factor functioning. Use current (or the most recent available) data and/or information.
- Assess the agency's investment in the quality of programs and services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity.
- Determine which quality data and information are the most compelling and why they provide the best evidence to support the state's assessment of (a) strengths and areas needing improvement, and (b) statewide routine functioning of systemic factor items. Include data/measure descriptions, the sources of data and/or information used, time periods represented, and other information needed to understand the scope and quality of data used.
- Summarize the results of the assessment by responding to the questions that are designed to solicit the most notable information about state performance, evidence of key strengths and areas needing improvement, observations, results of data exploration, and related CQI change and implementation activities, as applicable. CB recommends that states concisely articulate the state's observations and supporting evidence in no more than 100 pages, beginning with Section I of this template.

[4] Capacity Building Center for States' "Change and Implementation in Practice" series, available at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

Statewide Assessment
Section I: General Information

Name of State Child Welfare Agency: Maryland Department of Human Services Social Services Administration

State Child Welfare Contact Person(s) for the Statewide Assessment

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List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Name	Affiliation	Role in Statewide Assessment Process
Dr. Alger Studstill	SSA	Executive Leadership
Tennille Thomas	SSA	Executive Leadership
Angelique Salizan*	SSA	Executive Leadership
Remonte Green	SSA	Executive Leadership
Lolita Adjei	SSA	Senior Leadership
Geneva Warren	SSA	SWA Leadership; SWA Core Team Member
Valerie Douglas	SSA	SWA Committee Co-Chair
Kim Williams	University of Maryland – School of Social Work	SWA Committee Co-Chair; SWA Core Team Member; SWA Technical Writer; CFSR Round 4 Support Contract Partner
Danielle Hinton	SSA	SWA Committee Note-Taker
Shawna Hicks	SSA	SWA Core Team Member; SF3 Lead
William Willoughby	SSA	SF1 Contributor
Maria Tillman	SSA	SWA Core Team Member; Administrative Data Team; SF1 Lead
Frank McGough	SSA	SWA Committee Member; Administrative Data Team; SF1 Contributor
Jeffrey Lynne	SSA	SWA Committee Member; SF4 Lead
Keisha Peterson	SSA	SWA Committee Member
Terri Lowther	SSA	SWA Committee Member; SF2 Lead; SF4 Lead; SF7 Lead
Jillian Jasper	SSA	SWA Committee Member; SF2 Lead; SF4 Lead; SF7 Lead
Charles Gentemann	SSA	SWA Committee Member; SF7 Lead
Gloria Moyer	SSA	SWA Committee Member; SF7 Contributor
Harry Morgan	SSA	SWA Committee Member; SF6 Contributor
Marcia Morris	SSA	SWA Committee Member; SF5 Contributor; SF6 Contributor
Sharon Pilachowski	SSA	SWA Committee Member; SF5 Lead; SF6 Lead
Tramaine Thaxton	SSA	SWA Committee Member; SF5 Contributor
Susan Fisher*	SSA	SWA Committee Member; SF5 Contributor; SF6 Contributor
Tawanda Epps	SSA	SWA Committee Member; SF6 Contributor
Trina Townsend*	SSA	SWA Committee Member; SF6 Contributor
Amanda Beatty	SSA	SWA Committee Member; Audit and Compliance Data Team Member; SF1 Contributor; SF3 Contributor
Denise Tillery	SSA	SWA Committee Member; SF6 Contributor
Nalicia Goods	OLM	SWA Committee Member; SF4 Contributor; SF7 Contributor
Helen Murray-Miller	OLM	SWA Committee Member; SF4 Lead; SF7 Lead

Name	Affiliation	Role in Statewide Assessment Process
Robin Harvey	OLM	SWA Committee Member; SF4 Contributor; SF7 Contributor
Cecilia Partee	OLM	SWA Committee Member; SF4 Contributor; SF7 Contributor
Richard Lichenstein	SSA	SWA Committee Member; SF4 Contributor; SF7 Contributor
Lisa Horne	SSA	SWA Committee Member; SF4 Contributor; SF7 Contributor
Nicole Cameron	SSA	SWA Committee Member
Cortney Carey	SSA	SWA Committee Member
Tawana Nolan	LDSS Frontline Staff	SWA Committee Member
Hope King	LDSS Frontline Staff	SWA Committee Member; LDSS Representative
Lisa Beeman	LDSS Leadership	SWA Committee Member; LDSS Representative
Carrie Vincent	LDSS Leadership	SWA Committee Member; LDSS Representative
Hope Gary	Administrative Office of the Courts	SWA Committee Member; Legal/judicial partner; SF2 Contributor
Joanne Kerr	Administrative Office of the Courts	SWA Committee Member; Legal/judicial partner; SF2 Contributor
Haksoon Ahn	University of Maryland – School of Social Work	SWA Committee Member; Administrative Data Team Member; CFSR Round 4 Support Contract Partner
Terry Shaw	University of Maryland – School of Social Work	SWA Committee Member; Administrative Data Team Member; CFSR Round 4 Support Contract Partner
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Yvonne Fox	Chapin Hall	SWA Core Team Member; CFSR Round 4 Support Contract Partner
Syeda Naqvi	Chapin Hall	SWA Core Team Member; CFSR Round 4 Support Contract Partner
Jennifer Kelman	University of Maryland – School of Social Work	SWA Committee Member; Training Partner
Paul Brylske	Kennedy Krieger Institute – Therapeutic Foster Care	SWA Committee Member; Community Provider Representative
Ralph Belk	National Center for Children and Families	SWA Committee Member; Community Provider Representative
Joanna Abruscato*	Maryland Resource Parent Association	SWA Committee Member; External Stakeholder - ILE Representative
Laura Edwards	Maryland CASA	SWA Committee Member; Community Provider Representative
Pam Hoehler	Paths for Families	SWA Committee Member; Community Provider Representative
Melanie Geddings	Paths for Families	SWA Committee Member; Community Provider Representative
Kimberly Shoe	Maryland Coalition for Families	SWA Committee Member; Community Provider Representative
Kenneth Wardlaw	Office of the Public Defender	SWA Committee Member; Community Provider Representative

Description of Stakeholder Involvement in Statewide Assessment Process

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Maryland's Statewide Assessment planning process officially began with a CFSR Round 4 Kick-Off meeting in October 2024. Stakeholders from SSA, the LDSSs, legal/judicial partners, and community providers were invited to attend this meeting and learn about the CFSR Round 4 process and Maryland's plan for creating three committees (Statewide Assessment Committee, Onsite Review and Stakeholder Interview Committee, Program Improvement Plan Committee) to support the process. The first committee established was the Statewide Assessment Committee which began meeting in November 2024, and meetings were scheduled to occur monthly for an hour and a half. This committee originally consisted of stakeholders from SSA, the LDSSs, legal/judicial partners, and community providers. The first Statewide Assessment Committee meeting consisted of an overview of the committee's purpose and main goals for the committee. During this meeting, members were asked to provide additional individuals who should be included in the committee to ensure representation from all groups.

Over the course of several months, the Statewide Assessment Committee meetings were used to complete the systemic factor worksheets, for each systemic factor the individuals from SSA who have been identified as leads and contributors for that systemic factor were required to attend, and the remaining committee members (i.e., LDSS representatives, legal/judicial partners, and community providers) were also encouraged to attend to provide input on the completion of the worksheets. In some instances, leads and contributors were unable to attend the committee meeting and additional meetings were held with these individuals to support the completion of the worksheets.

Data related to Safety, Permanency, and Well-Being was presented in a Statewide Assessment Committee Meeting in April 2025. This meeting provided an opportunity for committee members to review pertinent data, discuss performance, and provide insight into the story behind the numbers. The information collected during this meeting was used to inform completion of the Statewide Assessment.

Section II: State Context Affecting Overall Performance

In this section, describe the vision and core components of the child welfare system, and how the state is organized to produce the desired child welfare outcomes. Briefly outline cross-cutting issues not specifically addressed in the outcomes and systemic factor sections of the statewide assessment, and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.
We recommend dividing this brief summary into three parts:

Part 1: Vision and Tenets
Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

The Maryland Department of Human Services /Social Services Administration is building a new era of child welfare that improves family and child well-being with family-centered, child-focused, and community-based services.

Maryland's 24 LDSS employ strategies to prevent child abuse and neglect, protect children, and preserve and strengthen families by collaborating with state and community partners. Maryland is building a system that improves family and child well-being with family-centered, child-focused, community-based services. We are honored to serve the people of Maryland. We are guided in this work by a commitment to equity and opportunity, leaving no one behind, the Moore-Miller Administration values and the following Moore-Miller Administration values:

1. **Be Responsive:** We work for you; when you reach out to us, you can expect a response within 48 hours
2. **Be Everywhere:** Marylanders are across the state, and so will be our administration
3. **Be Data-Driven, Heart-Led:** We rely on data and experiences to inform our decisions
4. **Follow Through:** We are committed to completing all services
5. **Move Urgently:** We move quickly and diligently with a purpose
6. **Over-Communicate:** We are transparent, honest, and open
7. **Be Innovative:** We collaborate across agencies to identify and implement bold solutions
8. **Be Audacious:** We encourage taking risks and implementing bold solutions
9. **Move with Integrity:** We are honest and maintain strong moral principles
10. **Be Courageous:** Lead with confidence to tackle hard problems
11. **Challenge the Status Quo:** It's okay to disagree and offer a new viewpoint
12. **Outcomes-Focused:** We will spend each day focused on leaving no one behind

As we work to improve services and outcomes for Maryland children and families, we are focusing intensively on five key areas:

- Expanding our array of community supports to meet family needs upstream and prevent unnecessary child welfare involvement, particularly for families with young children (ages 0-5);
- Advancing well-being and connections for youth in foster care;
- Creating a kin first culture in Maryland to improve child and family well-being and permanency outcomes;
- Fully implementing and leveraging federal funding for FFPSA to build a robust prevention continuum and reduce removals; and
- Developing a robust placement provider network designed to provide high quality care and positive outcomes for children and families.

Maryland currently has a very low rate of children entering foster care; however, we are working within DHS and with other state agencies to explore opportunities to identify and serve families further upstream. We are extremely excited to expand our utilization of FFSPA, increasing access to key Evidence Based Practices (EBPs) and developing and implementing Community Pathways that can meet families' needs and avoid unnecessary reports to the CPS hotline. DHS has specifically been working with the Maryland Department of Health (MDH) to build a stronger continuum of care and an integrated system of care to ensure child well-being. By implementing a systems integration approach, we will work together to reach permanency.

Maryland has work to do to improve its permanency outcomes and particularly its services and outcomes for older youth in foster care. Moving forward, we will be implementing targeted strategies to improve permanency outcomes for all children and families, including specific strategies to work towards the goal of ending youth aging out of foster care. A key strategy for improving well-being and permanency outcomes for children and families is supporting kin through Maryland's Kinship Action Plan.

Our efforts to create a robust placement provider network include initiatives to significantly reduce the number of children in out-of-home care. Recognizing that youth requiring out-of-home placement often have complex symptoms and clinical needs, DHS is working to establish in-state treatment services. Over the next two years, DHS will implement targeted, data-driven regulatory changes to our placement provider rate structure to increase the number of placement providers across Maryland and provide services to reduce the number of removals. Implementing the new rate structure will help align services with the actual cost of care, provide flexibility for specialized services and leverage federal funding. These reforms will enable children and families to benefit from streamlined and faster placement processes, as well as higher quality services tailored to meet their needs.

Across all of this work, we are focused on reducing disproportionality and improving equity outcomes for Maryland children and families. Maryland will utilize a multifaceted approach to identify and address disparities in our child welfare system. This includes developing and implementing policies at the state level that explicitly address disproportionality and equity; collecting and analyzing data on outcomes for different demographic groups to identify disparities and inform decision-making; involving community members, including parents, caregivers, and advocacy groups in planning and implementing initiatives; providing training to the workforce; and implementing targeted interventions to address specific areas of disparity that impact the safety, permanency, and well-being of children, youth, and families.

Part 2: Cross-System Challenges

Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload). Maryland's system is facing a few cross-system challenges, outlined below, that should be considered in the context of the Statewide Assessment.

Workloads, Burnout, & Staff Turnover

Feedback collected from caseworkers and supervisors through CQI Focus Groups suggest that the needs of children and families involved with the agency have increased in recent years, particularly in areas related to substance use and mental health for parents and caregivers and behavioral needs of children. Frontline staff report that due to these increased needs, caseloads have become more complex and challenging to manage. This is further exacerbated by a lack of placement providers equipped to manage the unique needs of children entering foster care. For some smaller local departments, children and youth are placed in larger metropolitan areas

which increases the commute time for caseworkers to complete monthly visits, transport children to appointments, and coordinate family visits.

The increased needs of children entering foster care along with the increased needs of parents and caregivers related to substance use and mental health has contributed to cases being more complex to manage. Managing such complex caseloads can lead to increased burden for caseworkers and contributes to staff burnout. As staff become burnout, the changes of staff turnover increase. Focus group feedback indicates that this staff turnover is being experienced system-wide, in the child welfare system, judicial system, and in community providers. These staffing challenges impact practice at every level. When caseworkers or providers leave, progress for children and families is often delayed due to the need to reestablish rapport.. Additionally, turnover within community provider agencies can lead to delays in service provision. At the agency-level, staffing disruptions across all areas of the system can hinder collaboration. Finally, as noted in Items 21 and 22, a shortage of panel attorneys in Maryland has been noted to contribute to delays in concluding court hearings.

Community Conditions

Focus groups held by Maryland's CQI team suggest that many of the situations that are bringing children and families to the attention of the child welfare system are intergenerational and are further exacerbated by systemic issues, such as lack of housing and adequate resources in communities. The intergenerational nature of child welfare involvement, where families have extensive histories of child welfare involvement over the course of several generations, can complicate worker's ability to develop a safety plan that arranges for children to live with relatives, both through alternate caregiving arrangements and as a formal foster care placement. Maryland's updated Kinship policy, released in December 2024, is a key step in attempting to mitigate this challenge by providing additional guidance on licensing of kinship providers who have a CPS history. Additionally, for individuals involved with the child welfare system, larger systemic issues tend to impact involvement and ability to successfully reunify. Housing has been identified as a major barrier to achieving permanency through reunification, including a lack of housing resources as well as long waitlists and complex requirements for obtaining state-subsidized housing. Often, the challenges faced by families are interconnected and it is difficult to address one challenge without addressing others first/simultaneously.

The quote below from the most recent focus group implementation highlights these challenges:

> If part of the housing isn't just finding affordable housing, it's being able to maintain an income stream that can support that housing. While we say that homelessness isn't enough to cause CINA, when you're worried about losing your housing, then you have other issues. Then for people who are really struggling to maintain sobriety, it may cause them to relapse. For those with mental health issues, they stress more. It's a cycling effect. Any domino going down in our family's lives when they're holding it together pretty tenuously at best, then I think it's all of these service gaps, they all impact each other. If you're worried about housing, you may be not making time to handle your mental health because you've got to get a second job. If you don't have a job, then you're at risk of losing your housing. Then, again, they're all so interrelated. I don't have an answer for it. I just know what part of the problem is. – Attorney, September 2024 Focus Groups

Consent Decree

In October of 2009, the L.J. v. Massinga Modified Consent Decree (MCD) was approved which requires the ongoing monitoring of performance by Maryland Department of Human Services (DHS) and the Baltimore City Department of Social Services (BCDSS). As such, the consent

decree contributes to increased examination of practice and performance in BCDSS. Updates reported in semi-annual Court Reports suggest that BCDSS continues to make performance improvements in the areas of safety, family preservation, and child well-being since the approval of the L.J. v. Massinga Modified Consent Decree (MCD). As Baltimore City is Maryland's largest metropolitan area and is the most densely populated area of the state, continued performance improvement in Baltimore City is likely to impact Maryland's overall performance on key indicators.

Part 3: Current Initiatives
Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

Family Matters

Maryland is taking strides towards becoming a "kin-first" state. Maryland's Kinship Action Plan has three major goals:

- Increase support and resources for families and kinship families in the community;
- When children do need to enter foster care, the goal is to place the majority of children with kin and provide support that kinship families need to enable children to thrive; and
- Partner with kin to achieve permanent families for children in foster care through reunification whenever possible or through kinship guardianship or adoption.

In support of Maryland's kin-first practice, SSA and the Casey Foundation are partnering to engage agency leaders and staff, young people and communities to develop strategies that ensure that young people who exit foster care do so in the context of family connections and with the resources needed to thrive.

This agreement was formalized in a 2023 partnership agreement, where the Casey Foundation committed a team of experts and resources for an assessment process and facilitation of work with state, local, young people, and community leaders in support of the initiative. DHS agreed to provide access to managers and staff, stakeholders, data, and documents as needed to complete the scope of work, which must be done in partnership. To guide this work internally at DHS, the Implementation Team, also known as the "Leads Team," was formed to partner with the Casey team in completing this shared work. The purpose of this team is to align implementation to achieve DHS's shared goals and performance measures. The 2023 Implementation team supported successful completion of phase one of the work, which was a landscape analysis that has been shared with DHS.

In 2024, the Implementation Team developed workplans and led strategies for communications and messaging, kinship and building a kin-first culture within DHS, data and performance management, emerging adults engagement, practice and structure, and leadership development. Family Matters hopes to achieve the following:

- DHS and Casey team work collaboratively to execute 2025 workplans in alignment with project scope.
- DHS and Casey team partner with young people to norm the Family Matters messaging and communications work throughout the system and with relevant partners.
- DHS and Casey team has a defined and implemented performance management framework to support accountability and the alignment of the work.

- More young people will be placed with kin and fewer will exit care without permanent/supportive connections.
- There is an increase in the percentage of licensed kin providers.
- There is a decrease in the number/percentage of young people in care.
- There is an increase in the number of young people engaged in DHS policy/practice decisions that shape their future.

In further effort to reach Maryland's kinship goals, DHS introduced a bill during the 2024 legislative session to expand the definition of kinship caregiver for youth in out-of-home care. The bill was passed and signed into law on October 1, 2024. Further, Maryland has updated its policies to improve the accessibility of kinship care and expand the support available to our kinship providers. These new policies were released on 12/16/2024. In addition to releasing a kin-specific policy related to licensing, the state also developed a new Chapter of COMAR regulations, 07.02.09 Kinship Care Program, which went into effect on 12/12/2024. To support the local departments in implementing the new policies and regulations, the state conducted 18 kin-first training sessions and trained over 1,200 staff across the state. The Communications team at SSA has also developed a "tool kit" with documents related specific to the shift in kinship practice and SSA provided four TA sessions to the LDSSs to support staff with the transition in CJAMS.

Baltimore City, the state's largest metropolitan region, is the only jurisdiction who has been piloting kinship work prior to the updates to policy around kin-first. Baltimore City's pilot program was initiated in October 2018 and consists of several key strategies:

1. Frontline staff are doing screening to start the process of identifying family members for children who may end up needing to enter foster care
2. Ensuring effective communication across programs so that once a child enters foster care, the foster care workers are aware of what efforts have been made in CPS/In-home services relevant to family finding.

Baltimore City has set the goal of having 50% of their children placed with kin, as of a report from them during a CQI Network Meeting in June 2024, they had 35% of children placed with kin and were trending in the right direction to reach their 50% goal. Baltimore City has also identified the goal of having an identified kinship provider licensed within 90 days. To work towards this goal, they hold weekly case staffings with foster care, in-home and resource home workers present, to discuss challenges with home study approvals. They are also working together, across programs, through joint visits to ensure that everyone is clear of their roles and responsibilities in the process of licensure. Lastly, to ensure that kinship providers receive the support necessary, their In-home services program provides 2 weeks of tangible support and their OOH provides 4 weeks of tangible support. This allows kinship providers to begin receiving necessary support in the time it takes for their stipend to be issued. Baltimore City is also receiving technical assistance from Second Chance Inc., including training for all kin to learn how to appropriately care for children in foster care. It will be important to consider all of the work that Baltimore City has done with their kinship pilot during the review period to determine the effectiveness of these strategies as Maryland rolls out kinship policy across the state and other jurisdictions begin implementing these and other strategies.

In addition to Baltimore City's pilot program, Anne Arundel County, Washington County, Harford County, and Prince George's County were all selected to participate in Kinship Cohorts, where they received support from SSA and consultants with the Annie E. Casey Foundation. As part of this process, SSA staff along with representatives from each of the cohorts attended a learning journey to Pittsburgh to learn about a premier kinship program.

Sobriety Treatment and Recovery Teams (START) Program

Maryland is also currently implementing the Sobriety Treatment and Recovery Teams (START) Program in six local jurisdictions: Anne Arundel, Caroline, Carroll, Frederick, Kent, and Washington. The START program may be expanded to additional counties in the future. START is a child welfare-based intervention that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders (SUDs). The START model is specifically designed to transform the system of care within and between child welfare agencies and SUD treatment providers; it also engages the judicial system and other family-serving agencies. The broad goals of START are to keep children safely with their parents whenever possible and to promote parental recovery and capacity to care for their children.

Permanency Enhancement Sessions

SSA's Out of Home Care unit, in collaboration with Chapin Hall, University of Maryland, and Casey Family Programs, has designed and launched a monthly Permanency Enhancement series providing direct support to LDSSs in evaluating their current permanency performance outcomes, and implementing research-based best practices to enhance timely permanency achievement for children and families. Permanency topics for each of the 12 sessions are selected in advance based on state and LDSS data on reunification, guardianship, and adoption. Beyond LDSS participants, additional partners (for example, Maryland's Permanency Liaisons) are invited to the session series to also clarify their roles in enhancing timely permanency achievement across Maryland's child welfare system. Following each of the sessions, LDSSs are required to implement or enhance at least one permanency best practice addressed in-session, identify a metric to evaluate their implementation or enhancement progress, and report back their progress in the peer-to-peer learning portion of the subsequent permanency enhancement session. In addition, outside of the main Permanency Enhancement series, the Out of Home Care unit and partners offer supplemental targeted technical assistance sessions based on LDSS request. Following the conclusion of the Permanency Enhancement series, SSA will continue to monitor short-term and long-term outcome measures to ascertain the impact of the series on statewide rates of timely permanency achievement.

State and Local Youth Advisory Boards (YAB)

Maryland offers opportunities for collaboration with youth with lived experience through participation in both local and statewide Youth Advisory Boards. The State Youth Advisory Board convenes virtually on a monthly basis and is composed of youth with lived experience in out-of-home care, SSA staff facilitators and policy analysts focused on improving outcomes for older youth in foster care. Through the State Youth Advisory Board, youth have had the opportunity to participate in focus groups and listening sessions implemented across SSA programs to identify areas for improvement within the child welfare system. Additionally, the State Youth Advisory Board recently attended a community event for youth focused on social skills building and networking skills. SSA, with the support of the State Advisory Board, will host additional youth-centered activities in the spring and summer of 2025.

In addition to the State Youth Advisory Board; the need was identified to increase focus on the inclusion of older youth throughout all local jurisdictions. As a result, the state has seen an increase in local Youth Advisory Boards from only 3 jurisdictions to a majority of local jurisdictions across the state. Baltimore City, Carroll County, Caroline County, Garrett County, and Prince George’s County all have local youth advisory boards established as of late 2024. As such, these local departments are still in the early phases of implementation and are focused on establishing robust recruitment efforts. Maryland has a goal for these local departments to have

fully functioning and active Youth Advisory Boards in place by July of 2025. To support these efforts and help address any identified barriers, the state will be providing ongoing technical assistance during the first and second quarters of 2025. With an increased focus on the inclusion of older youth, the state is hoping to increase youth participation in conversations around kinship care, permanency planning, and the use of FTDMs.

Maryland Judiciary's Foster Care Court Improvement Program (FCCIP)

The Maryland Judiciary's Foster Care Court Improvement Program (FCCIP) Reporting, Analysis, and Data Work Group (RAD) is responsible for child welfare data continuous quality improvement (CQI) and statewide child welfare data reports. The work group includes information systems staff, court researchers, permanency planning liaisons, other judiciary staff, and Department of Social Services Administration representatives. RAD meets quarterly to review the child welfare data reports and conducts a frontline analysis of the statewide data. RAD primarily reviews the Timeliness Statistics and the Court Performance Measures reports. The Timeliness Statistics reports are time standards for open cases in fifteen categories designed to help courts minimize the time required to bring litigation to a close and reduce the time that families must endure the ongoing stress of litigation. The Court Performance report measures permanency outcomes in closed Child in Need of Assistance (CINA) and Termination of Parental Rights (TPR) cases during defined reporting periods.

Permanency Planning Liaisons (PPL)

The Maryland Court PPLs serve as court liaisons and assist the juvenile courts in monitoring the child welfare cases and defining systemic issues to be addressed by the Family Division; identifying systemic barriers to permanency in the court process and implementing reforms; and supporting the implementation and administration of the Foster Care Court Improvement Program (FCCIP) recommendations and priorities. Additionally, PPLs collaborate with FCCIP and child welfare stakeholders, including local departments of social services, to address or identify solutions to improve the barriers to timely permanency in their respective jurisdictions. In an effort to improve collaboration between Maryland's child welfare and court systems, Maryland has emphasized the importance of using Permanency Planning Liaisons in all 24 local jurisdictions.

Local Care Team (LCT)

In an effort to support collaboration with community providers, as well as to ensure that families are being provided with the necessary services, several local departments throughout the state use a LCT approach. In these jurisdictions, the LCT meets on a regular basis and consists of staff from the local department as well as staff from community providers in the area. During the LCT meetings, current child welfare cases are discussed to ensure that all appropriate services have been put into place and that no additional services or support are able to be identified.

Maryland Resource Parent Association (MRPA)

Lastly, the Maryland Resource Parent Association (MRPA) is a key support to resource parents throughout the state. The MRPA provides resource parents with information about policies and programming that impact them along with information about upcoming training available to them. The MRPA also works closely with partners at DHS, including the foster parent ombudsman, to advocate on behalf of the resource parents in the state to ensure that their needs are being met. The MRPA is open to resource parents from across the state.

Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (1) children are, first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their own homes whenever possible and appropriate.

1. **Performance Data Highlights**
   Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Examples of relevant data: references to safety indicators in recent CB-generated state data profile, case record review results, and administrative data such as state-generated performance on the statewide safety data indicators and timeliness of face-to-face contact with children who are subjects of screened-in CPS reports. Include a description of state-produced measures (denominator and numerator), data periods represented, and methodology.

2. **Brief Analysis**
   Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state RSP compares to national performance on the CFSR safety data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.
   - What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
   - What information do other related data sources provide to inform state observations?
   - What does performance data from the legal and judicial communities show with respect to the impact of court processes on safety outcomes?
   - What does performance data show with respect to the impact of prevention efforts on safety outcomes?
   - What does the performance data identify as areas of strength?
   - What does the performance data identify as areas in need of improvement?
   - Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. **Results of Deeper Data Exploration for Priority Focus Areas**
   Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or challenge?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. **Information Regarding CQI Change and Implementation Activities, As Applicable**
Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

State Response:

Performance Data Highlights

Maryland uses Headline Indicator reports to routinely track performance on key performance indicators related to safety. These key performance indicators are measured using data from the state's administrative data system Child, Juvenile and Adult Management System (CJAMS). The table below presents the key performance indicators related to safety from the three most recent Headline Indicators reports from our CFSR Periods (April through March). Maryland's performance targets are indicated next to each key performance indicator.

Key Performance Indicator	Maryland Performance		
	March 2023 (CFSR Period: April 2022 - March 2023)	**March 2024 (CFSR Period: April 2023 - March 2024)**	**March 2025 (CFSR Period: April 2024 - March 2025)**
Children with maltreatment recurrence (< 9.7%)	7% (799/11,607)	7% (810/11,132)	8% (799/10,507)
Children with maltreatment after Alternative Response (< 5%)	6% (677/11,328)	6% (702/10,983)	6% (634/10,201)
Children with maltreatment after Family Preservation (< 4%)	5% (273/5,805)	5% (232/5,089)	6% (281/4,987)
Children with maltreatment after Assessment (< 3%)	4% (183/4,942)	4% (195/5,263)	4% (197/5,350)
Victimizations in care per 100,000 days (< 9.07)	9.1 (113/1,239,678)	11.15 (129/1,157,268)	9.69 (107/1,103,803)

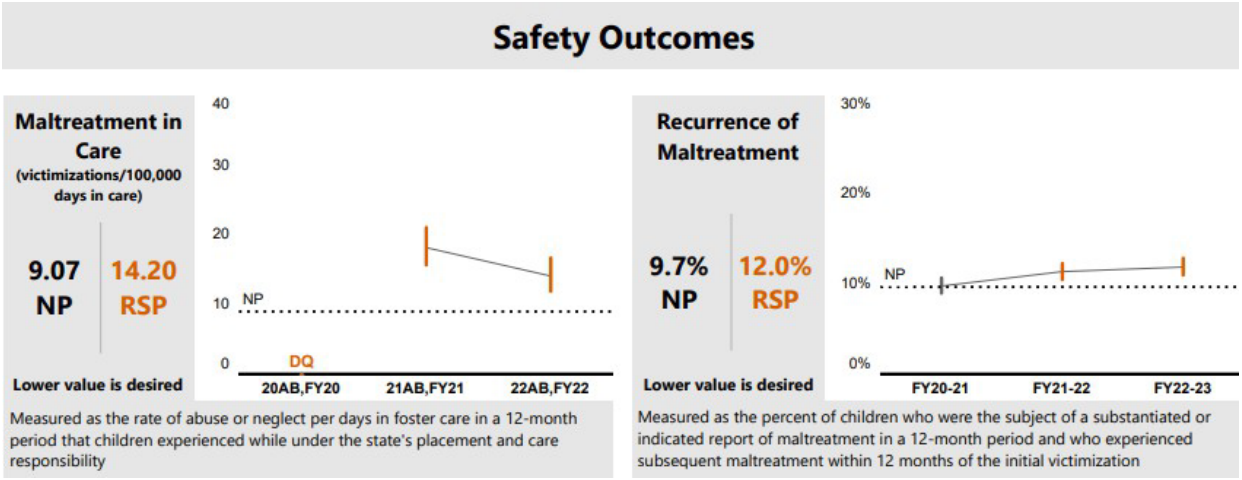
In addition to Headline Indicator data, Maryland monitors performance on the safety outcomes included in the Onsite Review Instrument (OSRI) as part of Maryland's ongoing Continuous Quality Improvement (CQI) process. Each month a different local department is reviewed, with the exception of Baltimore City which is the largest metropolitan region and, therefore, reviewed 4 months each year (April, May, October, and November). The state's process ensures that all 24 jurisdictions are reviewed within the 3-year cycle. The tables below highlight Maryland's

performance on the two safety outcomes and the three safety items for the period of time consistent with the Headline Indicator reports presented above. The table presents the data for the Period Under Review (PUR) which is the year preceding the onsite review data collection (i.e., PUR April 2022 - March 2023 are onsite reviews conducted from April 2023 - March 2024). Upon reviewing the onsite review data, it is important to note that Maryland switched from using the Round 3 OSRI to the Round 4 OSRI in January 2024 (PUR January 2023).

Safety Outcome	PUR	Maryland Performance			
		Substantially Achieved	Partially Achieved	Not Achieved	Applicable Cases
Children are, first and foremost, protected from abuse and neglect.	April 2022 - March 2023	52 (92.9%)	0 (0.0%)	4 (7.1%)	56
	April 2023 - March 2024	33 (91.7%)	0 (0.0%)	3 (8.3%)	36
Children are safely maintained in their homes whenever possible and appropriate.	April 2022 - March 2023	110* (86.6%)	6* (4.7%)	11 (8.7%)	127
	April 2023 - March 2024	115* (90.6%)	3* (2.4%)	7 (5.5%)	127
*Note: These numbers do not match the OSRI report as an error was identified with the rating of 1 case, resulting in the outcome being Substantially Achieved instead of Partially Achieved					

Safety Item	PUR	Maryland Performance			
		Strength	Area Needing Improvement	Not Applicable	Applicable Cases
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	April 2022 - March 2023	53 (93.0%)	4 (7.0%)	71	57
	April 2023 - March 2024	33 (91.7%)	3 (8.3%)	91	36
Item 2: Services to Family to Protect Child(ren) in the Home and Present Removal or Re-Entry Into Foster Care	April 2022 - March 2023	34 (91.9%)	3 (8.1%)	90	37
	April 2023 - March 2024	41* (95.3%)	2* (4.7%)	84	43
Item 3: Risk and Safety Assessment Management	April 2022 - March 2023	112* (88.2%)	15* (11.8%)	0	127
	April 2023 - March 2024	118 (92.9%)	9 (7.1%)	0	127
*Note: These numbers do not match the OSRI report as an error was identified with the rating of 1 case, the case was rated an ANI but the narrative was written as a Strength					

Finally, Maryland considers the State Data Profile data provided by the Children's Bureau in the monitoring of safety outcomes. These State Data Profiles are developed by the Children's Bureau using AFCARS data submitted by Maryland to provide a comparison of Maryland's performance against national performance.



Brief Analysis

Based on the data highlighted above, Maryland's overall performance related to Safety Outcomes 1 and 2 has remained relatively steady. Maryland's headline indicator data for maltreatment in foster care mirrors State Data Profiles that suggest a steep decline in this indicator for the most recent reporting period. Despite this performance improvement, Maryland is not yet meeting identified targets for this indicator.

Data from the OSRI indicate that performance on timely response to maltreatment reports has remained relatively steady and continued to meet federal targets for this item throughout the reporting periods. Maryland has seen an increase in performance related to Safety Outcome 2 (86.6% to 90.6%) and evaluation of item-specific data shows that this increase is a result of a substantial performance improvement on Item 3 (88.2% to 92.9%) and a slight improvement to Item 2 performance (91.9% to 95.3%).

Despite these performance improvements, Maryland's headline indicator data for maltreatment recurrence mirrors State Data Profiles that suggest a slight increase in the most recent reporting period. Maryland's headline indicator data provides greater context to these findings by reporting on maltreatment recurrence by case type. This data suggests that the increase was seen in maltreatment recurrence following a Family Preservation Services (FPS) case; maltreatment recurrence following an alternative response (AR) and after an assessment response (SFC-I) remained steady across reporting periods.

Results of Deeper Data Exploration Related to Safety Outcomes 1 and 2

Over the reporting periods, Maryland has shown a decrease in maltreatment in foster care. Through conversations with local departments in their Continuous Improvement Planning (CIP) process, it was reported that as youth build rapport with their caseworkers and other team members they may feel more comfortable discussing incidents of abuse or neglect that occurred in their past that are then being captured in this indicator. As a result, several local departments made changes to how these past incidents were captured in CJAMS, which could contribute to the improvements in performance. However, these changes have not been made statewide, which could contribute towards Maryland not yet meeting performance targets.

Maltreatment recurrence remains an area of focus for improvement. During a recent Continuous Quality Improvement (CQI) Network meeting, practice-focused network participants (i.e., frontline staff, supervisors) were engaged in a breakout room discussion related to this key performance indicator. Participants shared that the addition of new family members, such as a

new significant other or a new baby, can contribute to changing family dynamics and creating new issues that lead to maltreatment recurrence. Maryland's data suggests that maltreatment recurrence is most commonly seen following a Family Preservation Services (FPS) case, as opposed to an alternate response or SFC-I/assessment case. This finding is important because it allows Maryland to further explore the potential reasons behind this recurrence and develop solutions for addressing performance in this area. It is possible that maltreatment recurrence is most common following FPS because FPS services are voluntary, which could lead to families choosing to end their involvement with the agency before the issues that initiated their engagement with the agency have been fully addressed. It is also important to consider that the maltreatment recurrence performance indicator does not consider the context of the reports, only whether a subsequent report was received. Conversely, Item 3 of the OSRI more narrowly defines maltreatment recurrence by requiring that the circumstances of the subsequent report (i.e., allegation, perpetrator) are similar to that of the first report. A review of the cases reviewed using the OSRI show that only 2 cases out of 127 reviewed during PUR April 2022 - March 2023 and only 1 case out of 127 cases reviewed during PUR: April 2023 - March 2024 met OSRI criteria for maltreatment recurrence.

Maryland's implementation of Family First Evidence-Based Practices (EBPs) are likely to have contributed to the increase in performance on Item 2 of the OSRI. This is echoed in the data related to entries provided in the Permanency section of this report. Maryland has made concerted efforts across the state to ensure that adequate services are provided when a family is first engaged with the system. The provision of these services are then contributing to less children entering foster care.

Further, Maryland's focus on becoming a kin-first state further contributes to this performance. Statewide, Maryland has focused on identifying relative and kinship providers who are able to serve as a resource to prevent children from entering into foster care. Maryland is also utilizing Kinship Navigation services to provide kinship providers with resources to support their ability to continue providing care to children in their home.

In addition to increasing performance on Item 2 of the OSRI, Maryland has also demonstrated an increase in performance on Item 3. In reviewing the cases that were rated an ANI across both periods, the number of cases rated an Area Needing Improvement due to the agency not assessing the safety and risk of children remaining in the home dropped from 8 cases (PUR: April 2022 - March 2023) to only 3 cases (PUR: April 2023 - March 2024). Across the reporting period, Maryland had targeted conversations with local departments during Continuous Improvement Planning (CIP) meetings (further described in Item 25) about the importance of assessing safety and risk of children remaining in the family home, which likely contributes to this improvement in performance.

Information Regarding CQI Change and Implementation Activities

In CFSR Round 3, Maryland was not in substantial conformity with Safety Outcomes 1 or 2. Safety Outcome 1 was substantially achieved in 90% of the 29 applicable cases reviewed and Safety Outcome 2 was substantially achieved in 69% of the 65 cases reviewed, 78% of the foster care cases reviewed (n = 40), 55% of the in-home services cases reviewed (n = 22), and 67% of the in-home services alternative response cases reviewed (n = 3).

Based on the data from Maryland's ongoing CQI process presented above, our performance on Safety Outcome 1 has remained relatively consistent with our performance in Round 3, with an average performance of 92.3% of applicable cases being in substantial conformity across the two reporting periods, although this does not meet the Children's Bureau's requirement of 95% to be in substantial conformity.

Our performance on Safety Outcome 2 has seen marked improvement since Round 3 in 2018, with an average performance of 88.6% of applicable cases being in substantial conformity across the two reporting periods above. Although the overall outcome performance does not meet the Children's Bureau's benchmark of 90% to be in substantial conformity, the average performance on Item 2 (93.6%) and Item 3 (90.6%) do.

Following the Round 3 CFSR, CFSR Items 1, 2, and 3 were identified as targets for Maryland's Round 3 PIP. During the PIP measurement period, the PIP targets for all three identified safety items (1, 2, and 3) were achieved based on data collected through our ongoing CQI process, which includes the review of cases on a monthly basis using the Federal Onsite Review Instrument (OSRI). The Children's Bureau determined that the PIP target for Item 2 was met on 3/17/2020 and the PIP target for Item 3 was met on 10/15/2020. Maryland initially did not have enough cases to evaluate performance on the PIP for Item 1; however, after conducting a review of Item 1-only cases, the Children's Bureau determined that the PIP target for Item 1, which was updated to be 90%, was met on 5/23/2023.

Maryland also identified recurrence of maltreatment and maltreatment in foster care as key performance indicators to target in our PIP.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Examples of relevant data: references to permanency indicators in recent CB-generated state data profiles, case record review results, and administrative data such as time to permanency by permanency goal, percentage of children placed with relatives/kin, percentage of children in foster care placed with some or all siblings; court performance measures; and quality hearing review project results. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state RSP compares to national performance on the CFSR permanency data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on permanency outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

What meaningful differences were identified for sub-populations, including specific groups of children (e.g., children entering foster care, children in foster care for longer periods of time, child age and race/ethnicity) and geographic location in the state?

What events, conditions, or factors contribute to or lead to the strength or problem? What supporting evidence is provided by key stakeholders (e.g. caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?

- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress

been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

State Response:

Performance Data Highlights

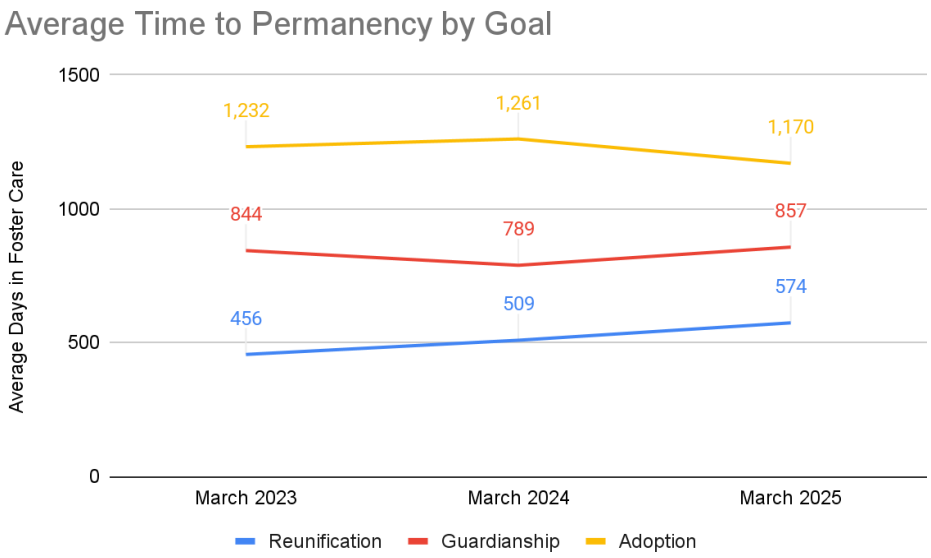
Maryland uses Headline Indicator reports to routinely track performance on key performance indicators related to permanency. These key performance indicators are measured using data from the state's administrative data system (Maryland Child, Juvenile and Adult Management System, CJAMS). The table below presents the key performance indicators related to permanency from the three most recent Headline Indicators reports from our CFSR Periods (April through March). Maryland's performance targets are indicated next to each key performance indicator.

Key Performance Indicator	Maryland Performance		
	March 2023 (CFSR Period: April 2022 - March 2023)	**March 2024 (CFSR Period: April 2023 - March 2024)**	**March 2025 (CFSR Period: April 2024 - March 2025)**
Entry rate per 1,000 children (1.5)	1.1 (1,413/1,333,919)	1.0 (1,352/1,333,919)	1.0 (1,383/1,333,919)
Re-entry from reunification or guardianship (5.6%)	9% (97/1,116)	8% (84/1,021)	9% (80/890)
Permanency in 12 months (entries; 35.2%)	28% (422/1,496)	25% (328/1,332)	25% (326/1,288)
Permanency in 12 months (12-23 months; 43.8%)	31% (227/733)	32% (269/840)	35% (268/763)
Permanency in 12 months (24+ months; 37.3%)	25% (369/1,467)	34% (449/1,323)	34% (423/1,235)
Placement stability (moves/1k days; 4.48)	7.08 (1,617/228,285)	5.58 (1,182/211,925)	7.09 (1,521/214,391)

Maryland was able to pull additional data from CJAMS to evaluate performance related to permanency, including average time to permanency achievement, placement with siblings, and placement with relatives/kin. The table below displays the data related to time to permanency achievement. Administrative data was pulled for all children in foster care who are younger than 18 and who achieved permanency during each of the three data periods. The total number of children achieving permanency through each of the three permanency goals is provided along with the minimum and maximum lengths of time a child had spent in foster care before achieving that permanency goal, the mean length of time, along with the median length of time. For this data, all children who were considered to have "short stays," those who were in foster care for 8 days or less, were removed from the dataset.

Period	Time to Achieve Reunification	Time to Achieve Guardianship	Time to Achieve Adoption
April 2022 - March 2023	n = 553 Min: 9 Max: 4,604 Mean: 456 Median: 308	n = 368 Min: 16 Max: 2,885 Mean: 844 Median: 780	n = 257 Min: 236 Max: 2,872 Mean: 1,232 Median: 1,220
April 2023 - March 2024	n = 484 Min: 8 Max: 3,633 Mean: 509 Median: 397	n = 324 Min: 26 Max: 3,066 Mean: 789 Median: 678	n = 378 Min: 327 Max: 4,076 Mean: 1,261 Median: 1,249
April 2024 - March 2025	n = 474 Min: 8 Max: 3,607 Mean: 574 Median: 434	n = 344 Min: 8 Max: 2,784 Mean: 857 Median: 730	n = 293 Min: 267 Max: 2,857 Mean: 1,170 Median: 1,039

The graph below shows a visual representation of the data reported in the table above. This graph shows the average time to permanency for each of the three permanency goals across all three reporting periods.



The table below displays data on placement with siblings. Because placements can change throughout the life of a case, the data presented below is presented as a point in time estimate for three reporting periods. This data shows the number of children in foster care, younger than 18, who have siblings who are also in foster care at each point in time. Of these children, the number and associated percent who are placed with all of their siblings, some of their siblings, and none of their siblings is then presented.

Point in Time	Children in Foster Care With Siblings in Foster Care	Children in Foster Care Placed With all Siblings	Children in Foster Care Placed With Some Siblings	Children in Foster Care Not Placed With Siblings
March 31, 2023	1,589	597 (37.6%)	551 (34.7%)	441 (27.8%)
March 31, 2024	1,523	640 (42.0%)	467 (30.7%)	416 (27.3%)
March 31, 2025	1,524	691 (45.3%)	465 (30.5%)	368 (24.2%)

Similar to the table above, the data on placement with relatives is also presented as a point in time estimate for each of the reporting periods. The table below displays the total number of children in foster care, younger than 18, at each point in time along with the number and associated percent of those children who, at that point in time, were placed with relatives. For the purposes of this report, relative placements include placements identified in CJAMS as relative kinship care and restricted relative foster care.

Point in Time	Number of Children in Foster Care	Children in Foster Care Placed With Relatives
March 31, 2023	3,265	885 (27.1%)
March 31, 2024	3,096	901 (29.1%)
March 31, 2025	3,040	1,028 (33.8%)

In addition to Headline Indicator data and administrative data, Maryland monitors performance on the permanency outcomes included in the Onsite Review Instrument (OSRI) as part of Maryland's ongoing Continuous Quality Improvement (CQI) process. Each month a different local department is reviewed, with the exception of Baltimore City which is the largest metropolitan region and, therefore, reviewed 4 months each year (April, May, October, and November). The state's process ensures that all 24 jurisdictions are reviewed within the 3-year cycle. The tables below highlight Maryland's performance on the two permanency outcomes and all 8 of the permanency items for the period of time consistent with the Headline Indicator reports presented above. The table presents the data for the Period Under Review (PUR) which is the year preceding the onsite review data collection (i.e., PUR April 2022 - March 2023 are onsite reviews conducted from April 2023 - March 2024). Upon reviewing the onsite review data, it is important to note that Maryland switched from using the Round 3 OSRI to the Round 4 OSRI in January 2024 (PUR January 2023).

Permanency Outcome	PUR	Maryland Performance			
		Substantially Achieved	Partially Achieved	Not Achieved	Applicable Cases
Children have permanency and stability in their living situations.	April 2022 - March 2023	24 (30.4%)	50 (63.3%)	5 (6.3%)	79
	April 2023 - March 2024	18 (22.5%)	52 (65%)	10 (12.5%)	80
The continuity of family relationships and connections is preserved for children.	April 2022 - March 2023	55 (69.6%)	20 (25.3%)	4 (5.1%)	79
	April 2023 - March 2024	57 (72.2%)	21 (26.6%)	1 (1.3%)	79

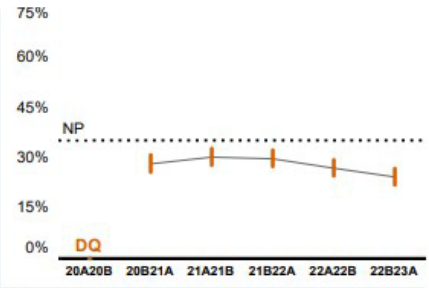
Permanency Item	PUR	Maryland Performance			
		Strength	Area Needing Improvement	Not Applicable	Applicable Cases
Item 4: Stability of Foster Care Placement	April 2022 - March 2023	64 (81.0%)	15 (19.0%)	0	79
	April 2023 - March 2024	62 (77.5%)	18 (22.5%)	0	80
Item 5: Permanency Goal for Child	April 2022 - March 2023	46 (58.2%)	33 (41.8%)	0	79
	April 2023 - March 2024	41 (51.3%	39 (48.8%)	0	80
Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement	April 2022 - March 2023	33 (41.8%)	46 (58.2%)	0	79
	April 2023 - March 2024	22 (27.5%)	58 (72.5%)	0	80
Item 7: Placement With Siblings	April 2022 - March 2023	29 (90.6%)	3 (9.4%)	47	32
	April 2023 - March 2024	30 (81.1%)	7 (18.9%)	43	37
Item 8: Visiting With Parents and Siblings in Foster Care	April 2022 - March 2023	48 (76.2%)	15 (23.8%)	0	63
	April 2023 - March 2024	51 (79.7%)	13 (20.3%)	16	64
Item 9: Preserving Connections	April 2022 - March 2023	56 (70.9%)	23 (29.1%)	0	79
	April 2023 - March 2024	61 (78.2%)	17 (21.8%)	2	78
Item 10: Relative Placement	April 2022 - March 2023	51 (75.0%)	17 (25.0%)	11	68
	April 2023 - March 2024	57 (79.2%)	15 (20.8%	8	72
Item 11: Relationship of Child in Care With Parents	April 2022 - March 2023	43 (68.3%)	20 (31.8%)	16	63
	April 2023 - March 2024	43 (74.1%)	15 (25.9%)	22	58

Finally, Maryland considers the State Data Profile data provided by the Children's Bureau in the monitoring of permanency outcomes. These State Data Profiles are developed by the Children's Bureau using AFCARS data submitted by Maryland to provide a comparison of Maryland's performance against national performance.

Permanency in 12 Months (entries)

35.2%	24.6%
NP	RSP

Higher value is desired

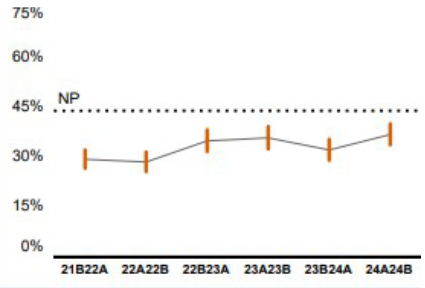


Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry

Permanency in 12 Months (12-23 mos)

43.8%	37.0%
NP	RSP

Higher value is desired

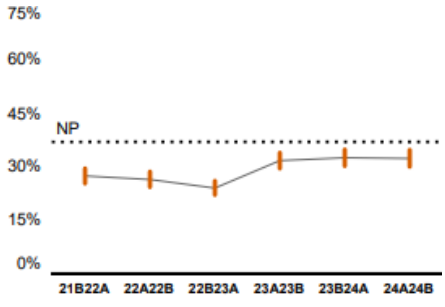


Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months

Permanency in 12 Months (24+ mos)

37.3%	32.7%
NP	RSP

Higher value is desired

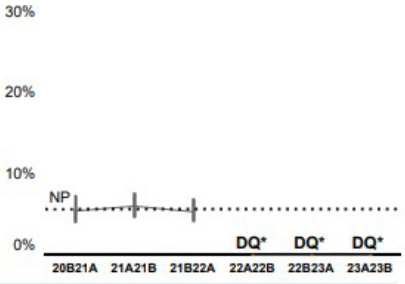


Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

Reentry to Foster Care

5.6%	DQ*
NP	RSP

Lower value is desired

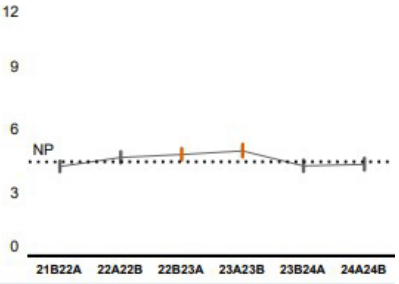


Among children who discharged to permanency (excluding adoption) in a 12-month period, the percent who reentered care within 12 months of exit

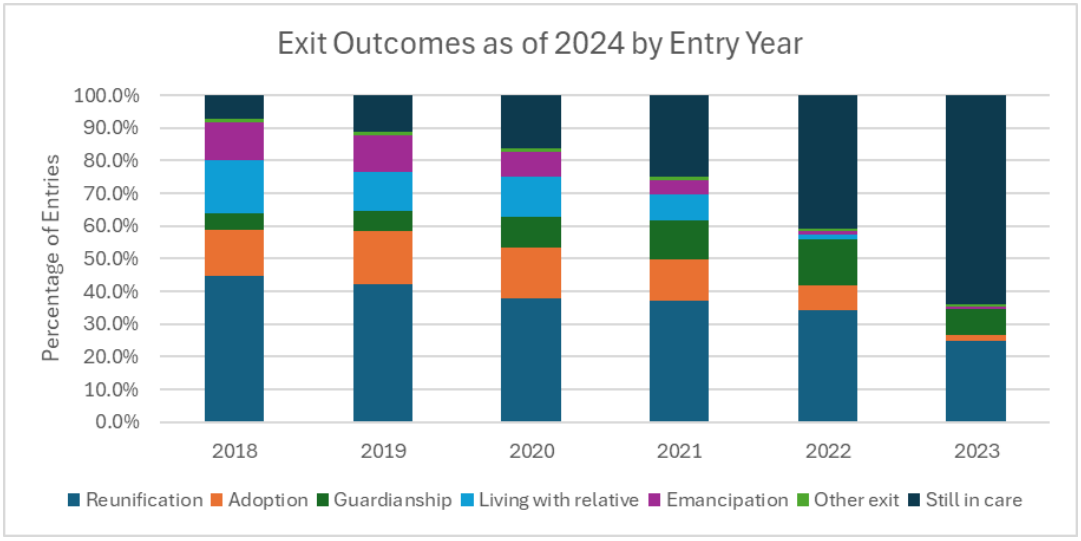
Placement Stability (moves/1,000 days in care)

4.48	4.39
NP	RSP

Lower value is desired



Among children who entered care in a 12-month period, the number of placement moves per day they experienced during that year



Brief Analysis

Based on the data highlighted above, Maryland's overall performance related to permanency has remained relatively steady, with some areas showing improvement and other indicators showing a decline in performance. Notably, although not yet meeting performance targets, Maryland's headline indicator data and State Data Profile show an increase in performance related to achieving permanency within 12-23 months over the reporting period. Maryland's headline indicator data and State Data Profile also show steady performance for achieving permanency for those in care 24+ months. Maryland's headline indicator data shows steady performance for permanency within 12 months of entry; however, State Data Profiles show a slight decrease in performance related to this indicator over the reporting period. Maryland's administrative data was analyzed to provide context to these findings. This data suggests a steady increase in the average length of time to achieve reunification across the three reporting periods. Average time to achieve guardianship declined slightly from 2022 to 2023 but increased in 2024 to a rate similar to 2022. Further, average length of time to adoption showed a decline from 2023 (1,261 days) to 2024 (1,170 days).

Maryland's data related to re-entry has not been reported during recent State Data Profiles due to data quality issues; however, headline indicator data suggests that it has remained relatively steady but is not yet meeting identified performance targets. Headline indicator data also shows that entry rates have remained relatively steady and have continued to meet performance targets over the reporting period. Further, although Maryland has yet to achieve our internal performance target for placement stability, State Data Profiles show that Maryland is currently performing well compared to national performance.

Data from the OSRI for permanency outcome 1 mirrors the headline indicator and State Data Profile. Overall, Maryland's performance on permanency outcome 1 has decreased over the reporting periods (30.4% to 22.5%). Decreases were seen across all three items related to permanency outcome 1 (Items 4, 5, and 6). The largest decline in performance was noted for Item 6 (41.8% to 27.5%).

Despite the decline in performance on permanency outcome 1, Maryland's OSRI data indicates a slight increase in performance on permanency outcome 2 over the reporting periods (69.6% to 72.2%). Items 8, 9, 10, and 11 have all seen slight increases in performance over the reporting periods, the largest increase in performance was seen for Item 9 (70.9% to 78.2%). The increase in performance on Item 10 is consistent with Maryland's administrative data, which suggest a steady increase in placement with relatives over the last three years. Although performance on permanency outcome 2 showed an overall increase in performance, performance on Item 7 decreased across the reporting periods (90.6% to 81.1%). The decrease in performance on Item 7 needs to be considered in the context of Maryland's administrative data, which suggest a steady increase in placement with siblings over the last three years.

Results of Deeper Data Exploration Related to Permanency Outcomes 1 and 2

Maryland has demonstrated an increase in performance related to achieving permanency for children in care between 12-23 months. There are likely several contributing factors to this increase in performance. First, during the reporting period SSA's Out of Home Care unit, in collaboration with Chapin Hall, University of Maryland, and Casey Family Programs, has designed and launched a monthly Permanency Enhancement series providing direct support to LDSSs in evaluating their current permanency performance outcomes, and implementing research-based best practices to enhance timely permanency achievement for children and families. In conjunction with these efforts, Maryland focused on achieving permanency through guardianship for children placed with relatives. Further, data from Continuous Quality

Improvement (CQI) focus groups suggests that many local departments struggle to achieve reunification within 12 months due to the length of time it takes for parents and caregivers to successfully address issues related to substance use and mental health issues. Feedback from local departments is that the 12-23 month timeframe is more realistic for achieving reunification in these cases and ensuring that reunification is successful.

Although Maryland is performing well on placement stability compared to national performance, Maryland has yet to meet internal performance targets for this indicator and data from the OSRI shows a decrease in performance on Item 4. Headline indicator data looks only at placement moves, regardless of whether the move was considered positive, which could contribute to an artificially inflated numerator. However, Maryland also had a decrease in performance on Item 4 in the OSRI which does take into consideration whether placement moves were made in the child's best interest or to achieve case goals. Data from CQI focus groups suggest that locals are struggling with a lack of appropriate placement resources to meet children's needs. This lack of placement can contribute to placement instability, it can also contribute to Maryland's struggles with achieving permanency timely. Focus group participants reported that the lack of appropriate placements often lead to children being placed out-of-county which adds additional challenges, such as travel time for caseworker and family visits and increased difficulty identifying appropriate services in the area where the child is placed due the caseworker's lack of knowledge of services in the area.

Despite Maryland's continued struggles with achieving timely permanency, Maryland's data suggests that the number of children being placed with siblings and with their relatives has steadily increased over the reporting period. Maryland has emphasized the importance of placing children with relatives and is working towards becoming a Kin-First state. This data suggests that the efforts Maryland has made are effective and it is likely that more recent changes, such as the release of a new COMAR policy for kinship caregivers in December 2024, will lead to even greater improvement in performance in this area. Despite Maryland's CJAMS data suggesting a steady increase in placement with siblings, performance on OSRI Item 7 decreased across the reporting periods (90.6% to 81.1%). It is possible that the difference in performance is due to the way this data is captured. CJAMS data looks at placement during a single point in time, whereas Item 7 data looks at placement with siblings over the entire PUR. In some instances, children are not placed together initially but are ultimately able to be placed together once a placement is identified for them together. This would be considered an ANI for the purposes of the OSRI but would be captured as siblings placed together based on the administrative data.

Information Regarding CQI Change and Implementation Activities

In CFSR Round 3, Maryland was not in substantial conformity with Permanency Outcomes 1 or 2. Permanency Outcome 1 was substantially achieved in 35% of the 40 applicable cases reviewed and Permanency Outcome 2 was substantially achieved in 45% of the 40 cases reviewed. Based on the data presented above, our ongoing CQI process shows that performance on Permanency Outcome 1 has decreased from our observed performance in Round 3, with an average performance of 26.5% of applicable cases being in substantial conformity across the two reporting periods above.

Our performance on Permanency Outcome 2, however, has seen marked improvement since Round 3 in 2018, with an average performance of 70.9% of applicable cases being in substantial conformity across the two reporting periods above. CFSR Items 4, 5, and 6 were identified as targets for Maryland's Round 3 PIP. During the PIP measurement period, the PIP target for Item 4 was met, as determined by the Children's Bureau, on 10/15/2020. Maryland did not meet the PIP targets for Items 5 or 6.

Additionally, Maryland identified permanency in 12 months (entries), permanency in 12 months (12-23 months), permanency in 12 months (24+ months), re-entry into foster care, and placement stability in the Round 3 PIP as key performance indicators to target.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Examples of relevant data: case record review results, administrative data such as participation in family team meetings, caseworker visits with children and parents, children receiving timely well-child visits; service utilization rates. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on child well-being outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or problem?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable
Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

State Response:

Performance Data Highlights

Maryland uses Headline Indicator reports to routinely track performance on key performance indicators related to child well-being. These key performance indicators are measured using data from the state's administrative data system. The table below presents the key performance indicators related to well-being from the three most recent Headline Indicators reports from our CFSR Periods (April through March). Maryland's performance targets are indicated next to each Key Performance Indicator.

Key Performance Indicator	Maryland Performance		
	March 2023 (CFSR Period: April 2022 - March 2023)	**March 2024 (CFSR Period: April 2023 - March 2024)**	**March 2025 (CFSR Period: April 2024 - March 2025)**
Initial Health Assessment within 5 days of entry (90%)	93% (1,233/1,322)	92% (1,201/1,304)	95% (1,268/1,338)
Comprehensive Health Assessment within 60 days of entry (90%)	79% (1,163/1,469)	87% (1,174/1,349)	85% (1,122/1,314)
Annual Health Assessment within 1 year (90%)	69% (1,969/2,847)	75% (1,987/2,643)	73% (1,823/2,487)
Dental assessment within 1 year (90%)	40% (1,147/2,847)	69% (1,820/2,643)	74% (1,836/2,487)
Enrolled in school within 5 days of entry (85%)	85% (521/614)	82% (512/625)	83% (478/574)

In addition to Headline Indicator data, Maryland monitors performance on the well-being outcomes included in the Onsite Review Instrument (OSRI) as part of Maryland's ongoing Continuous Quality Improvement (CQI) process. Each month a different local department is reviewed, with the exception of Baltimore City which is the largest metropolitan region and, therefore, reviewed 4 months each year (April, May, October, and November). The state's process ensures that all 24 jurisdictions are reviewed within the 3-year cycle. The tables below highlight Maryland's performance on the three well-being outcomes and the well-being items for the period of time consistent with the Headline Indicator reports presented above. The table presents the data for the Period Under Review (PUR) which is the year preceding the onsite review data collection (i.e., PUR April 2022 - March 2023 are onsite reviews conducted from April 2023 - March 2024). Upon reviewing the onsite review data, it is important to note that Maryland switched from using the Round 3 OSRI to the Round 4 OSRI in January 2024 (PUR January 2023).

Well-Being Outcome	PUR	Maryland Performance			
		Substantially Achieved	Partially Achieved	Not Achieved	Applicable Cases
Families have enhanced capacity to provide for their children's needs.	April 2022 - March 2023	66 (52.0%)	57 (44.9%)	4 (3.2%)	127
	April 2023 - March 2024	70 (55.1%)	54 (42.5%)	3 (2.4%)	127
Children receive appropriate services to meet their educational needs.	April 2022 - March 2023	64 (91.4%)	6 (8.6%)	0 (0.0%)	70
	April 2023 - March 2024	76 (95.0%)	3 (3.8%)	1 (1.3%)	80
Children receive adequate services to meet their physical and mental health needs.	April 2022 - March 2023	93 (79.5%)	17 (14.5%)	7 (6.0%)	117
	April 2023 - March 2024	88 (76.5%)	18 (15.7%)	9 (7.8%)	115

Well-Being Item	PUR	Maryland Performance			
		Strength	Area Needing Improvement	Not Applicable	Applicable Cases
Item 12: Needs and Services of Child, Parents, and Foster Parents	April 2022 - March 2023	68 (53.5%)	59 (46.5%)	0	127
	April 2023 - March 2024	71 (55.9%)	56 (44.1%)	0	127
Item 13: Child and Family Involvement in Case Planning	April 2022 - March 2023	81 (65.9%)	42 (34.2%)	4	123
	April 2023 - March 2024	83 (68.0%)	39 (32.0%)	5	122
Item 14: Caseworker Visits with Child	April 2022 - March 2023	121 (95.3%)	6 (4.7%)	0	127
	April 2023 - March 2024	123 (96.9%)	4 (3.2%)	0	127
Item 15: Caseworker Visits with Parents	April 2022 - March 2023	69 (59.0%)	48 (41.0%)	10	117
	April 2023 - March 2024	69 (59.5%)	47 (40.5%)	11	116
Item 16: Educational Needs of the Child	April 2022 - March 2023	64 (91.4%)	6 (8.6%)	57	70
	April 2023 - March 2024	76 (95%)	4 (5%)	47	80
Item 17: Physical Health of the Child	April 2022 - March 2023	91 (86.7%)	14 (13.3%)	22	105
	April 2023 - March 2024	85 (83.3%)	17 (16.7%)	25	102

Well-Being Item	PUR	Maryland Performance			
		Strength	Area Needing Improvement	Not Applicable	Applicable Cases
Item 18: Mental/Behavioral Health of the Child	April 2022 - March 2023	59 (85.5%)	10 (14.5%)	58	69
	April 2023 - March 2024	62 (82.7%)	13 (17.3%)	52	75

In addition, Maryland, in partnership with the University of Maryland School of Social Work, evaluates compliance with holding FTDMs at key policy-identified intervention points. The five intervention points examined are: separations, placement changes, permanency plan changes, youth transition plans, and VPAs. The tables below present data collected from CJAMS to assess compliance with the FTDM policies for each intervention point.

For separations, Maryland assesses whether a Separation or Considered Separation FTDM was held within 30 days before or after a separation. For Voluntary Placement Agreements (VPAs), Maryland assesses whether an FTDM was held within one year prior to the separation. The table below displays the number of separations that occurred between July 1st and June 30th of the reporting period and compliance with FTDM timeframe expectations for those separations. The table provides a breakdown of the following:

- The number of Separation/Considered Separation FTDMs held within the designated timeframe
- The number of VPA FTDMs held within the designated timeframe
- The number of separations that had an FTDM type other than a Separation/Considered Separation FTDM
- The number of separations with any type of FTDM held

The final row shows the number of separations that occurred without any associated FTDM.

Separations		
	SFY23	SFY24
Children entering foster care	1,326	1,294
Separations where a Separation/Considered Separation FTDM took place	733 (55.3%)	753 (58.2%)
Separations where a Voluntary Placement Agreement FTDM took place	2 (0.2%)	2 (0.2%)
Separations where a non-Separation/Considered Separation FTDM took place	27 (2.0%)	30 (2.3%)
Separations where any FTDM type took place	762* (57.5%)	785* (60.7%)
Separations where no FTDM took place	564 (42.5%)	509 (39.3%)
*Frequency is the sum of Separation/Considered Separation FTDMs, Voluntary Placement Agreement FTDMs, and non-Separation/Considered Separation FTDMs.		

Maryland's assessment of FTDM compliance for placement changes evolved over two reporting periods. In SFY23, compliance was defined as a Placement Change FTDM occurring within 7 days before or after a placement change. In SFY24, the timeframe was updated to require that a Placement Change FTDM must occur within 3 weeks prior to, or up to six weeks following a change in placement. The table below displays the number of placement changes that occurred between July 1st and June 30th of the reporting period and compliance with FTDM timeframe expectations. It includes the following data:

- The number of Placement Change FTDMs held within the timeframe

- The number of placement changes that had a non-Placement Change FTDM
- The number of placement changes with any type of FTDM held.

The final row shows the number of placement changes that occurred without any associated FTDM.

Placement Changes		
	SFY23	**SFY24**
Children with a placement change	4,282	3,645
Placement changes where a Placement Stability FTDM took place	323 (7.5%)	527 (14.5%)
Placement changes where a non-Placement Stability FTDM took place	407 (9.5%)	670 (18.4%)
Placement changes where any FTDM type took place	730* (17.0%)	1,197* (32.8%)
Placement changes where no FTDM took place	3,552 (83.0%	2,448 (67.2%)
*Frequency is the sum of Placement Stability FTDMs and non-Placement Stability FTDMs.		

For permanency plan changes, Maryland assesses FTDM compliance by determining whether a Placement Change FTDM occurred within three months prior to the plan change or between six months and one year of a child entering foster care. The table below presents the number of permanency plan changes that occurred between July 1st and June 30th of the reporting period and compliance with FTDM timeframe expectations. The table includes the following:

- The number of Permanency Plan Change FTDMs held within the timeframe
- The number of permanency plan changes that had a non-Permanency Plan Change FTDM
- The number of permanency plan changes with any type of FTDM held.

The final row shows the number of permanency plan changes that occurred without any associated FTDM.

Permanency Plan Changes		
	SFY23	**SFY24**
Children with a change in permanency plan	684	685
Permanency plan changes where a Permanency Planning FTDM took place	258 (37.7%)	325 (47.4%)
Permanency plan changes where a non-Permanency Planning FTDM took place	84 (12.3%)	75 (10.9%)
Permanency plan changes where any FTDM type took place	342* (50.0%)	400* (58.4%)
Permanency plan changes where no FTDM took place	342 (50.0%)	285 (41.6%)
*Frequency is the sum of Permanency Planning FTDMs and non-Permanency Planning FTDMs.		

In Maryland, a transitional youth is defined as youth in care who is at least 14 years old. Maryland's process for assessing compliance with Youth Transition Plan FTDMs changed over two reporting periods. In SFY23, Maryland assessed transitional youth in care between July 1st and June 30th and compliance was defined as a Youth Transition Plan FTDM occurring within one year for all youth who are at least 14 years old and have been in foster care for at least one year. In SFY24, transitional youth were all youth in care who were 14 years or older on June 30th of the reporting period. Compliance was changed to having a Youth Transition Plan FTDM occurring within six months for all youth who are at least 14 years old and have been in foster care for at least 6 months. The table below displays how many transitional youth were in foster care based on the above timeframes and compliance with FTDM timeframe expectations for

those transitional youth. The table provides data on the following:

- The number of Youth Transition Planning FTDMs held within the timeframe
- The number of non-Youth Transition Planning FTDMs
- The number of transitional youth that had an FTDM of any type.

The final row shows how many transitional youth did not have any FTDMs.

Youth Transition Plans		
	SFY23	**SFY24**
Transitional youth	1,875	1,353
Transitional youth who had a Transition FTDM	859 (45.8%)	319 (23.6%)
Transitional youth who had a non-Transition FTDM	312 (16.6%)	109 (8.1%)
Transitional youth who had any FTDM type	1,171* (62.5%)	428* (31.6%)
Transitional youth who had no FTDM	704 (37.5%)	925 (68.4%)
*Frequency is the sum of Transition FTDMs and non-Transition FTDMs.		

For Voluntary Placement Agreements (VPAs), Maryland assesses compliance based on whether a Separation/Considered Separation FTDM was held within 30 days before or after the separation, or whether a VPA FTDM was held within one year prior to the separation. The table below displays the number of VPAs that occurred between July 1 and June 30 of the reporting period, along with compliance rates based on FTDM timeframe expectations. The table provides a breakdown of:

- The number of Separation/Considered Separation FTDMs held within the required timeframe.
- The number of VPA FTDMs held within the required timeframe.
- The number of VPAs that had an FTDM of another type.
- The number of VPAs that had an FTDM of any type.

The final row reflects the number of VPAs that occurred without any associated FTDM.

Voluntary Placement Agreements (VPAs)		
	SFY23	**SFY24**
Children entering foster care via a VPA	61	71
Separations where a Separation/Considered Separation FTDM took place	4 (6.6%)	4 (5.6%)
Separations where a Voluntary Placement Agreement FTDM took place	4 (6.6%)	7 (9.9%)
Separations where a non-Separation/Considered Separation FTDM took place	6 (9.8%)	10 (14.1%)
Separations where any FTDM type took place	14* (23.0%)	21* (29.6%)
Separations where no FTDM took place	47 (77.1%)	50 (70.4%)
*Frequency is the sum of Separation/Considered Separation FTDMs, Voluntary Placement Agreement FTDMs, and non-Separation/Considered Separation FTDMs.		

Brief Analysis

Based on the data highlighted above, Maryland's overall performance related to well-being has shown an increase over the reporting period. OSRI data suggests that performance on Well-Being Outcome 1 has increased slightly from 52.0% to 55.1%. Both Item 12 (53.5% to

55.9%) and Item 13 (65.9% to 68.0%) showed increases in performance. Item 14 showed a slight increase in performance from 95.3% to 96.9% and performance on Item 15 remained relatively steady (59.0% to 59.5%).

Performance on Outcome 2 also increased from 91.4% to 95.0%. This data is further supported by headline indicator data that suggests that enrolling children in school within 5 days has remained relatively steady.

Finally, performance on Outcome 3 decreased from 79.5% to 76.5%. Slight decreases were seen for both items within Outcome 3, Item 17 (86.7% to 83.3%) and Item 18 (85.5% to 82.7%). Despite this drop in performance, data from Maryland's Headline Indicators suggests that Maryland is currently meeting our target of 90% of children receiving their initial health assessment within 5 days of entry. Maryland has also seen marked improvement in children receiving their dental exams, with an increase in performance from 40% in CFSR Period April 2022 - March 2023 to 74% in CFSR Period April 2024 - March 2025.

Further, Maryland's data on completion of Family Team Decision Meetings (FTDMs) at key policy-identified intervention points (PIIPs) suggests that Maryland has shown an improvement in performance for holding FTDMs at all PIIPs, except for Youth Transition Plans (YTP). The most marked improvement was seen for Placement Changes with an increase from 17% to 32% of placement changes having any associated FTDM.

Results of Deeper Data Exploration Related to Well-Being Outcomes 1, 2, and 3

Over the reporting period, Maryland has demonstrated an overall increase in performance on Items 12 and 13. A deeper dive into the Item 12 data revealed that, specifically, performance increased for Item 12B (55.6% to 57.6%); whereas Item 12A performance remained stable (95.3%) and there was an overall decline in performance for Item 12C (85.7% to 81.7%). Further evaluating performance on Item 12B revealed that performance for foster care cases actually decreased (49.3% to 46.5%) but there was a large increase in performance for In-Home cases (64.6% to 74.5%). This is further supported by exploration of Item 13, which also revealed a slight decrease in performance for foster care cases (64.0% to 60.0%) and a large increase in performance for In-Home cases (68.8% to 80.9%). Although this could be due, in part, to changes in how parents are defined for In-Home cases in Round 4 compared to Round 3, it is important to recognize that over the reporting period Maryland has also made concerted efforts to ensure that caseworkers understand the value and necessity of including biological parents, and biological fathers specifically, in cases.

Maryland has made concerted efforts to ensure biological parent participation at the onset of cases through CPS, assessments, and Family Preservation Cases and this is reflected in our performance improvement. Specifically, Maryland's Kin-First approach highlights the importance of engaging all family members early and identifying supports that can decrease the need for children to enter foster care. It is interesting to note the performance improvements on Items 12 and 13 with the relatively stable performance on Item 15. This suggests that caseworkers are best able to engage in needs assessment and case planning with biological parents through telephone calls or other means that do not constitute a visit in the definition of Item 15 (i.e., during parent-child visitation). This suggests a need for Maryland to continue to emphasize the importance of face-to-face visits with both biological parents, in both foster care and in-home cases, to support further performance improvement in this area.

A primary driver of performance improvement on well-being items related to physical and dental health is the development of Maryland's Audit, Compliance, and Quality Improvement (ACQI) unit (further described in Items 19 and 25) during the reporting period. The ACQI process allows

for frequent review of data related to well-being indicators to ensure that all appointments are being documented timely. The support that ACQI provides in ensuring this data is entered timely has been highlighted as useful throughout focus group implementations by staff at all levels of the agency:

> Our quality control person will send us milestone reports so that we can check and keep balance of when this is due. When it's completed, it will be green, if it's not, it's red, so it helps us to try to stay on task. If we miss something, then we know that we need to get that done. Also, it's like a checklist for us. – *Caseworker, September 2023 Focus Group*

> It's helping me to be accountable for my work. Again, everyone knows that there are timelines and mandates that we have to make. It is a lot and each time I try my best to do better than I did the last time. That's all I can do is to try my best. – *Caseworker, September 2023 Focus Group*

> We had a technical assistance meeting to talk about some things that we could do to correct some of the things we were doing, which helped. We weren't thinking in the way that SSA was thinking about some things. That helped us get some things fixed, and so our numbers looked better after that. We did use our SSA partners to help us out on that. – *Supervisor, September 2023 Focus Group*

> I think first, because we are so small, staff sees the data information. I think that that does motivate them to want – it's not like a report card, but it is like a report card. It shows data and whether or not it's complete or not. When they see that something's not complete, that is not something that they enjoy seeing. It's almost just their own self-motivation to want to make sure things are in there. Actually, I think it's a helpful thing. When you're managing multiple cases, it's always a good reminder to see what needs to be added in there. I think just engaging them directly makes an impact on how we perform. – *Director/Assistant Director, September 2024 Focus Group*

Maryland has also demonstrated improvement over the reporting period related to the adherence to the majority of Policy Identified Intervention Points (PIIPs). This performance improvement is likely attributed to the ongoing efforts made by the state of Maryland to provide data and support to FTDM facilitators. Maryland holds a quarterly FTDM Facilitator Meeting with FTDM facilitators from across the state. During this meeting, FTDM facilitators are engaged in discussions around FTDM performance data, including data from the administrative data system (CJAMS), self-reported data from the local departments, and FTDM feedback survey data. This meeting also offers a space for FTDM facilitators to ask questions about policy, discuss barriers experienced, and share practice strategies contributing to performance improvement.

Information Regarding CQI Change and Implementation Activities

In CFSR Round 3, Maryland was not in substantial conformity with Well-Being Outcomes 1, 2, or 3. Well-Being Outcome 1 was substantially achieved in 31% of the 65 cases reviewed, 20% of the foster care cases reviewed (n = 40), 45% of the in-home services cases reviewed (n = 22), and 67% of the in-home services alternative response cases reviewed (n = 3). Well-Being Outcome 2 was substantially achieved in 79% of the 43 applicable cases reviewed. Well-Being Outcome 3 was substantially achieved in 58% of the 57 applicable cases reviewed, 58% of the foster care cases reviewed (n = 40), 60% of the in-home services cases reviewed (n = 15), and 50% of the in-home services alternative response cases reviewed (n = 2). Based on our ongoing CQI process, our performance on all three Well-Being Outcomes has improved since CFSR Round 3. Well-Being Outcome 1 has improved from our observed performance in Round

3, with an average performance of 53.6% of applicable cases being in substantial conformity across the two reporting periods above. Our performance on Well-Being Outcome 2 has also improved since Round 3 in 2018, with an average performance of 93.2% of applicable cases being in substantial conformity across the two reporting periods above. Performance on Well-Being Outcome 3 has also seen improvement since CFSR Round 3, with an average performance of 78.0% of applicable cases being in substantial conformity across the two reporting periods above.

CFSR Items 12, 13, 14, and 15 were identified as targets for Maryland's Round 3 PIP. During the PIP measurement period, the PIP targets for all identified well-being items (12, 13, 14, and 15) were achieved based on data collected through our ongoing CQI process, which includes the review of cases on a monthly basis using the Federal Onsite Review Instrument (OSRI). The Children's Bureau determined that the PIP target for Item 13 was met on 3/17/2020. The PIP targets for Items 12, 14, and 15 were all determined to be met on 10/15/2020.

Section IV: Assessment of Systemic Factors

The statewide assessment includes a review of 18 items associated with 7 systemic factors that are used to determine the CFSR ratings for substantial conformity for each factor. For CFSR Round 4, the expectation is that the statewide assessment team will use relevant, well-constructed, valid, and defensible evidence that speaks to how well each systemic factor requirement functions across the state.

The Children's Bureau recognizes that in many states the information systems that house data submitted to the federal government for AFCARS and NCANDS also contain a wealth of administrative data that could be considered when evaluating the systemic factors. Where possible, we recommend that states make use of these and other available data sets to demonstrate systemic factor functionality.

Whether quantitative or qualitative evidence is used to demonstrate the functionality of systemic factor items, states are strongly encouraged to use systematic processes to assess state performance, include explanations regarding how well the data and/or information characterizes statewide functioning, and provide information regarding the scope of the evidence used. If the federal review team determines that the statewide assessment does not conclusively demonstrate substantial conformity, the team may collect additional information through stakeholder interviews during the onsite phase of the CFSR. Stakeholder interviews on the Service Array and Case Review systemic factors, jointly conducted by the federal-state team, will be held in all states.

States are encouraged to review the CFSR Round 3 Systemic Factors report for examples of the combination of evidence used to demonstrate systemic factor functioning in Round 3, and the CB information briefs developed for each systemic factor (https://www.acf.hhs.gov/cb/report/systemic- factors-results-cfsrs-2015-2018) that provide additional ideas and suggestions for demonstrating functionality.

A. Statewide Information System

Item 19: Statewide Information System

For this item, provide evidence that answers this question:

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to how end users experience the statewide information system?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 19 based on information from the statewide assessment that showed that Maryland did not have an identified process to confirm the accuracy of data or timeliness of data entry on an ongoing basis. Since Round 3 in 2018, Maryland has transitioned to a new comprehensive child welfare information system (CCWIS), the Child, Juvenile and Adult Management System (CJAMS), as part of the multiprogram implementation of a shared health and human services platform. At this time, Maryland has processes in place to ensure timely data entry; however, Maryland does not have a comprehensive process for monitoring and addressing data accuracy. As a result, Item 19 is believed to be an Area Needing Improvement in Maryland at this time.

Overview of Statewide Information System

Maryland's Comprehensive Child Welfare Information System (CCWIS) is the Maryland Child, Juvenile and Adult Management System, referred to as CJAMS. The CJAMS system is a cloud-based application with permission rights access that allows over 4,000 staff for Child Welfare, Adult Services, IV-E, Contracts, Finance, and Provider management to conduct their work in office, remotely and in the field.

Maryland began transitioning from the previous CCWIS, MD CHESSIE, in 2019 beginning with a pilot program in a single county (Washington) before expanding across the State in June 2020. All Child Welfare programs and services were operating in CJAMS across all 24 jurisdictions by July 2020. The data previously stored in MD CHESSIE has been migrated to CJAMS to ensure data continuity.

The system is broken down into three environments within the CJAMS application:

- **production:** the live application;
- **training environment:** allows for system trainers to educate staff on key elements of the system as well as train on new functionality; and
- **staging environment:** incorporates the functionality of production with updated data sets, but is not considered real-time. Using the staging environment, users can test defect resolutions within the system using near-current data.

Data Points of Interest

Maryland is currently collecting data in CJAMS for all of the data points of interest identified by the Children's Bureau: status; demographic characteristics (DOB, sex, race, ethnicity, disability, medical condition); placement location; and permanency goal(s). All of these data points are required to be entered in the system.

Maryland reviewed data captured in CJAMS for a specific period (April 1, 2024 through March 31, 2025) along with the immediately preceding 12-month period (April 1, 2023 through March 31, 2024) to assess missing data for data points identified by the Children's Bureau related to foster care status and child demographics. Foster care status refers to whether the child is in foster care or no longer in foster care. Location is defined as the child having a placement recorded in CJAMS. The table below presents the amount of missing data for each of these data points. Data is not able to be provided for disability and medical conditions because, although this data is captured in the CJAMS system, Maryland needs to improve our ability to report on these data points.

Data Point	Cases Missing Data (N = 6,746)
Foster Care Status	0 (0.0%)
Date of Birth	0 (0.0%)
Sex	0 (0.0%)
Race	32 (0.5%)
Ethnicity	11 (0.2%)
Location	0 (0.0%)

Maryland also examined AFCARS data submission files to further assess missing data on the key data points identified by the Children's Bureau. The time periods represented in the table include AFCARS submissions 2022B, 2023A, 2023B, 2024A, 2024B, and 2025A. The AFCARS submissions have timestamps for entries and exits as part of the file, and compliance is determined based on the difference in days between the entry/exit date and entry/exit date time stamp. Missing data would be determined by looking for blank values in those respective fields in the submissions. In the AFCARS submission, data for disability and medical condition are combined into a single data point. The Permanency Goal row in the table below is measured based on values missing in the Permanency fields in the AFCARS submissions.

Data Point	Cases Missing Data		
	April 2022 - March 2023	April 2023 - March 2024	April 2024 - March 2025
Foster Care Status	0/5604 (0%)	0/5309 (0%)	0/5163 (0%)
Date of Birth	0/5604 (0%)	0/5309 (0%)	0/5163 (0%)
Sex	0/5604 (0%)	0/5309 (0%)	0/5163 (0%)
Race	25/5604 (.004%)	11/5309 (.002%)	4/5163 (.001%)

Data Point	Cases Missing Data		
	April 2022 - March 2023	**April 2023 - March 2024**	**April 2024 - March 2025**
Ethnicity	38/5604 (.007%)	16/5309 (.003%)	6/5163 (.001%)
Disability or Medical Condition	21/5604 (.004%)	6/5309 (.001%)	2/5163 (.0003%)
Permanency Goals	839/5604 (15%)	646/5309 (12%)	479/5163 (9%)

This data suggests that the largest category of missing data is observed for permanency goals. There are two main reasons why this data might be missing from the AFCARS submission file: the worker has not entered or updated the permanency goals for the child, or what they have entered has dates that fall out of range for the removal episode (e.g. the child entered care on 7/17/25, but the worker put a permanency plan in with a start date of 7/16/25) and are shown as blank instead.

In the spring of 2023, Maryland's data team took a wide scale effort to work with local departments to address missing information identified in the AFCARS cases. The main areas that were targeted were health conditions, circumstances of removal, and placement/living arrangement demographic data. It is likely that these efforts contribute to the low number of missing data in these data fields. At the time, Maryland did not specifically target permanency data. However, Maryland has been actively working with our partners at Chapin Hall to review and improve permanency data through regular meetings with the local departments as part of the state's Permanency Enhancement Sessions (described in more detail in Section II of this Statewide Assessment)

Monitoring of Data Quality

The State of Maryland believes that CJAMS has standards designed to reduce errors and improve security, protection, and privacy of data to support data quality. DHS Social Services Administration works closely with its technical partners such as Maryland Benefits, previously known as Maryland Total Human-Services Integrated NetworK (MD THINK) and its Data Governance Council. Through collaboration with both business and technical stewards at DHS, its Local Departments of Social Services, and partners, the State of Maryland can continue its efforts in improving data quality while ensuring CJAMS functions for the ultimate goal of protecting its youth, adults, and families being served.

The State of Maryland, Department of Human Services has been working in partnership and collaboratively with executive leadership, agency leadership, IT staff, program staff, and end users throughout the state to establish, confirm, manage, and advance its data governance around CJAMS. Our data governance structure & data quality framework aims to cover business rules and policies, the quality and integrity of data, security of data and compliance with rules and regulations, audits, and controls, and much more. Since the implementation of CJAMS in 2020, within SSA there have been several initiatives and processes to address data governance and decision making for the CCWIS data categories and standards. Some of these are regularly scheduled, standing meetings and others occur as needed.

Our Data Quality Standards are broken down by Data Categories; for each there is a prescribed minimum required guideline:

- Accessibility
- Completeness
- Conformity
- Validity
- Integrity

- Auditability
- Security Classification
- Protection

The standards apply to all Maryland Benefits platform architecture components (mission specific applications and the entire data layer) and Business use components, which Maryland's CJAMS is a part of.

The agency engages the Maryland Benefits team weekly to address Data Quality Priorities and the Solutions Roadmap related to the CCWIS Data Quality Plan. During Calendar Year 2023 the agency improved understanding of documenting efforts in CJAMS (where, how frequently, and multiple places to enter the same information) and identified issues. Having more than one place to document information leads to inconsistencies in documentation across the local departments. Enhancement stories have been written to address key focus areas such as contact notes, court documents, medical appointments, and service plans that affect all programs and data quality. These enhancement stories directly impact and increase quality assurance.

Child welfare caseworkers across all 24 jurisdictions in Maryland are responsible for updating the child/case record. CJAMS is the system of record, and all data entry and documents are housed in this system. Each entry uses a date stamp to record the trail of work completed within the system. The system incorporates ticklers and reminders for staff to complete certain required activities This process of ticklers and reminders for staff serve to notify an individual social worker of an action they need to complete to help ensure that data is entered into the system timely. For example, when a youth re-enters foster care from a disrupted guardianship, the assigned worker gets an alert to complete a task, e.g. a task to send a Notification of intent letter to Terminate Guardianship.

In addition to the individual-level reminders described above, Maryland utilizes an application interfaced within CJAMS called QLIK (Quality-Learning-Interactions and Knowledge). QLIK is the main reporting tool used to report on data points from the CJAMS application, including identifying the child's foster care removal status, demographic characteristics, placement and location, and permanency goals for every child who is within foster care. The reports in QLIK include AFCARS reports and Milestone Reports. Milestone Reports are run as a daily point-in-time measure to provide the most up-to-date information on the data points of interest. Additionally, QLIK included both Entry and Exit data reports that are used to monitor data related to entries into and exits from foster care. These reports provide data on what the most common exit types are (1: Reunification, 2: Guardianship, and 3: Adoption are the top three in the past year). For entries, these reports track the circumstances of removal (i.e., physical abuse, caretaker drug abuse, abandonment, etc).

Finally, Maryland uses the "Working Copy of Quick Facts" which is a spreadsheet that is comprised of data pulled from QLIK that provides information on missing living arrangements / TFC CPA homes. The Working Copy of Quick Facts alerts jurisdictions to areas where this data to ensure data the necessary data is entered into the system. The Working Copy of Quick Facts is updated Monday, Wednesday, and Friday using the Foster Care Milestone for missing data. Maryland also uses the DHS Data Dashboard to visually present data that is pulled directly from CJAMS. Both the Working Copy of Quick Facts and the DHS Data Dashboard are available to individuals in each of the 24 local jurisdictions to ensure they have access to data reporting and to support them in data monitoring efforts.

Assessment of Systemic Factor Functioning

At this time, Item 19 is believed to be an Area Needing Improvement. Although opportunities to discuss missing and inaccurate data exist, Maryland does not currently have a comprehensive mechanism in place to track what issues are impacting the missing and inaccurate data. Additionally, Maryland does not currently have any comprehensive mechanisms in place to

evaluate the accuracy of the data that is entered into the system.

The SSA data team highlighted the following potential issues related to missing and inaccurate data:

Reasons Data May Be Missing:
1. Data is not entered in the system at all.
2. Original data may be overwritten, due to updated information entered.
3. Information may be deleted erroneously.

Reasons Data May Be Inaccurate:
1. Data is entered inaccurately.
2. Data may not be mapped correctly in the system (logic).

To help address Maryland's inability to comprehensively track the reasons for missing and inaccurate data Maryland plans to collect this data and other data about the functioning of the statewide information system from caseworkers, supervisors, the data team at SSA, and partners who support data reporting in the annual CQI Focus Groups beginning in Fall 2025.

Further, Maryland is currently in the process of developing CJAMS data dictionaries which includes running data validations and developing rules to make sure that the data being pulled by the system is the data we are intending to capture. This process will help to support accuracy of Maryland's data as the data dictionary will help make sure the reporting logic and specifications are accurate and consistent. The data dictionary will help with transparency of what each variable means, what the expected values are, the data type, whether it's a primary key, and if the field should be protected/public. The DHS data team and their data partners are meeting on a regular basis to ensure that these rules have been developed for all variables and that they are being implemented across reporting sources. The DHS team also has ongoing meetings to discuss data quality and identify any issues or concerns with the functioning of the CJAMS system to support timely and accurate data entry.

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question:

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the three components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to families' experience with the case planning process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 20 based on information from the statewide assessment and stakeholder interviews. At the time, parental involvement in case planning was inconsistent across local jurisdictions and the extent of parental involvement was found to be dependent on the workers skill level and ability to develop rapport with parents. Additionally, the frequency and effectiveness of Family Involvement Meetings (FIMs), now Family Team Decision Meetings (FTDMs), was also found to vary by jurisdiction. Based on the data we have collected regarding parent involvement in case planning, we believe that Item 20 continues to be an Area Needing Improvement for Maryland in CFSR Round 4.

Performance Data

To determine how many children who were in foster care for at least 60 days had a written case plan, data was pulled from Maryland's administrative data system (Maryland Child, Juvenile and Adult Management System, CJAMS). This report looks at point in time data to determine how many children, who were younger than 18 and were in foster care for more than 60 days, had a case plan documented in CJAMS. This data is displayed in the table below.

Point in Time Data as of:	Number of Children in Care More Than 60 Days	Children With a Documented Case Plan
March 31, 2023	3,062	2,928 (95.6%)
March 31, 2024	2,879	2,826 (98.2%)
March 31, 2025	2,781	2,594 (93.3%)

Maryland's ongoing onsite review process can also be used to assess the inclusion of parents in case planning by examining performance on Onsite Review Instrument (OSRI) Item 13, which is Child and Family Involvement in Case Planning. The table below presents Item 13 data for the Period Under Review (PUR) which is the year preceding the onsite review data collection (i.e., PUR April 2022 - March 2023 are onsite reviews conducted from April 2023 - March 2024). The data below is for foster care cases only. Upon reviewing the onsite review data, it is important to note that Maryland switched from using the Round 3 OSRI to the Round 4 OSRI in January 2024 (PUR January 2023).

OSRI Item 13	PUR	Maryland Performance			
		Strength	Area Needing Improvement	Not Applicable	Applicable Cases
Child and Family Involvement in Case Planning	April 2022 - March 2023	48 (64.0%)	27 (36.0%)	4	75
	April 2023 - March 2024	45 (56.3%)	30 (37.5%)	5	80

A review of narratives for the cases rated an Area Needing Improvement reveal that of the 57 cases rated an ANI across both periods, biological fathers were highlighted most often as the reason for the item being rated an ANI. The table below shows the frequency for which biological fathers and biological mothers were identified as the reason for the ANI in the written narrative, noting that the total does not equal 81 as multiple individuals can be identified for one case and for some cases the reason for an ANI was the child or another guardian/caregiver besides the biological parent.

Participant	Frequency Identified in FC Cases as Reason for ANI Rating
Biological Father	28
Biological Mother	21

In addition to data from the OSRI, Maryland evaluates the use of Family Team Decision Meetings (FTDMs), through a partnership with the University of Maryland School of Social Work. As part of this evaluation, the University of Maryland School of Social Work implements a FTDM Feedback survey to collect feedback from FTDM participants about their experience with the meeting. During the reporting period, FTDM Feedback surveys were implemented bi-annually, in March and October. FTDM Feedback surveys are distributed to all meeting participants at the conclusion of the meeting during the two implementation months by the FTDM facilitator and data is collected from youth/family members, professionals, and DSS professionals. Additionally, upon completion of each FTDM, the facilitator also completes a survey to provide context to the meeting. The FTDM facilitator survey asks the facilitator to indicate how many biological mothers and biological fathers were invited to participate in the meeting and the number who actually participated in the meeting, allowing Maryland to analyze participation rates in FTDMs. It is important to note that the LDSS caseworker is also responsible for inviting individuals to participate in the meeting; therefore, the facilitator may not always be aware if someone was invited to the meeting. In SFY22, a total of 239 facilitator surveys were completed and in SFY24, a total of 209 facilitator surveys were completed. Data related to meeting invitations and participation collected from facilitator surveys across both reporting periods is provided in the table below.

	SFY23			SFY24		
Participant's Role	Number Invited	Number Participated	Participation Rate	Number Invited	Number Participated	Participation Rate
Biological Mother	148	125	84.5%	131	111	84.7%
Biological Father	103	70	68.0%	88	57	64.8%

Maryland is also able to utilize feedback data provided by other meeting participants to assess FTDM practice. For the purposes of Item 20, the data presented below is only for those individuals who identified themselves on the survey as either the biological mother or biological father. The FTDM feedback survey asks participants to answer each of the following questions on a five-point Likert type scale (1 = Strongly Disagree, 5 = Strongly Agree). The data was collapsed so that "*Strongly Disagree*" and "*Disagree*" were combined to "*Disagree*" and "*Strongly Agree*" and "*Agree*" were combined to "*Agree*". In SFY23, 47 participants identified as the biological mother or father and in SFY24, 35 participants identified as the biological mother or father.

Question	Period	Disagree	Neutral	Agree	Total
I felt comfortable sharing my thoughts at the meeting	SFY23	5 (10.6%)	5 (10.6%)	37 (78.7%)	47 (100.0%)
	SFY24	2 (5.9%)	0 (0.0%)	32 (94.1%)	34 (100.0%)
My family and I were given the opportunity to share our goals.	SFY23	3 (6.7%)	7 (15.6%)	35 (77.8%)	45 (100.0%)
	SFY24	1 (2.9%)	4 (11.4%)	30 (85.7%)	35 (100.0%)
My family and I helped make decisions at the meeting.	SFY23	7 (15.6%)	10 (22.2%)	28 (62.2%)	45 (100.0%)
	SFY24	2 (5.7%)	5 (14.3%)	28 (80.0%)	35 (100.0%)
My family's strengths were discussed at the meeting.	SFY23	6 (13.6%)	5 (11.4%)	33 (75.0%)	44 (100.0%)
	SFY24	2 (5.7%)	4 (11.4%)	29 (82.9%)	35 (100.0%)
My family's needs were discussed at the meeting.	SFY23	7 (15.2%)	6 (13.0%)	33 (71.7%)	46 (100.0%)
	SFY24	3 (8.8%)	3 (8.8%)	28 (82.4%)	34 (100.0%)
The team discussed services that could help meet my family's needs.	SFY23	3 (6.7%)	10 (22.2%)	32 (71.1%)	45 (100.0%)
	SFY24	1 (2.9%)	4 (11.4%)	30 (85.7%)	35 (100.0%)
The plan addresses what is important to my family.	SFY23	6 (12.8%)	8 (17.0%)	33 (70.2%)	47 (100.0%)
	SFY24	2 (5.7%)	3 (8.6%)	30 (85.7%)	35 (100.0%)
I believe that the plan created will help us achieve our goals as a family	SFY23	7 (15.2%)	10 (21.7%)	29 (63.0%)	46 (100.0%)

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Question	Period	Disagree	Neutral	Agree	Total
	SFY24	2 (5.7%)	4 (11.4%)	29 (82.9%)	35 (100.0%)
Overall, I am satisfied with the FTDM.	SFY23	6 (13.3%)	12 (26.7%)	27 (60.0%)	45 (100.0%)
	SFY24	2 (5.7%)	6 (17.1%)	27 (77.1%)	35 (100.0%)

Maryland has also collected qualitative data from youth and biological parents regarding their involvement in case planning along with their experience teaming with the local department through CQI Focus Groups. Since April 2022 four focus group implementations have been conducted and 23 out of Maryland's 24 local jurisdictions have been included. Biological parent participation across these focus groups is presented in the table below.

Participant group	Number of participants				
	April 2022	October 2022	September 2023	September 2024	Total
Biological Parents	3	3	2	9	17

Analysis of the focus group data over all four implementations reveals that overall youth and biological parents feel involved in the development of their case plans and identifying case goals. A few highlighted quotes are provided below:

> "I do feel like they support a lot. I feel like they do try really hard from a standpoint of not just my caseworker, but looking at it from the standpoint of it even being their children that, okay-- you know what I'm saying? What do you need to do? What's appropriate? If you've set things that are appropriate for your age or you're doing things that are appropriate. I do think that she takes that vested interest in them and what they're doing to make sure that they're doing things that are beneficial for them and not just things that just come up at the moment. If that makes sense. – Biological Parent, September 2024

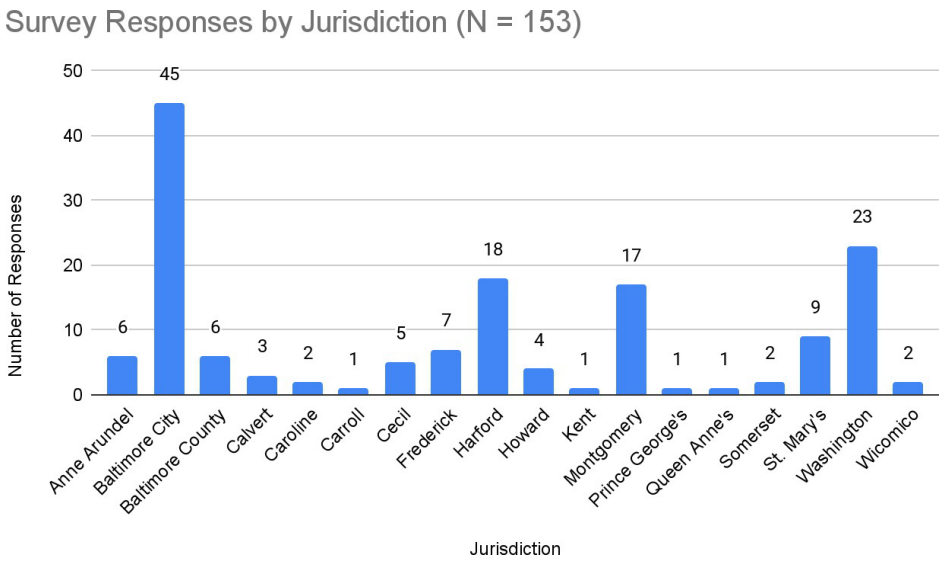
> It was mainly things we wanted. It's like, we set up goals, kind of things that we wanted to accomplish with our family while with the services that we know if we didn't have the help, we wouldn't have been able to fully get it done the way we wanted it to. So, we kind of sat down and talked about things that we wanted to get done and accomplish, and to see from the social worker herself on trying to help us close the case and things like that. So, it was basically, yeah, just talking about what we wanted to see done. – Biological Parent, April 2022

Despite the overall positive experiences, some participants expressed that they did not feel involved in case planning and reported that the goals were already identified for them, oftentimes based on the court order.

> "Boom. There you go. They don't give you a chance to make your own goals. That's the goals that the state is requiring you to do to get your kid back or they want you to see happen." – Biological Parent, September 2024

Prior to completing the Statewide Assessment, Maryland implemented an online survey to evaluate parent involvement in case planning. The survey link was sent to all 24 local

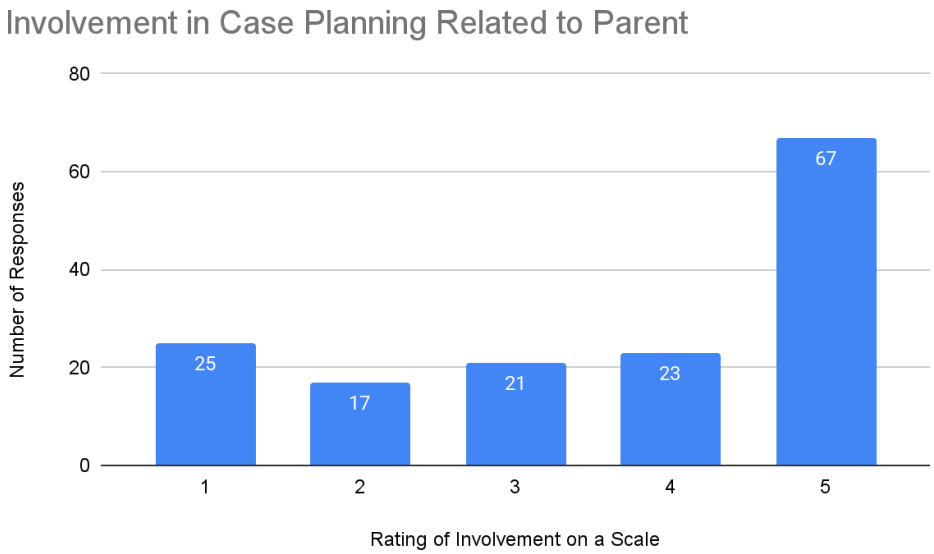
jurisdictions who were asked to send the link via email and/or text message to parents/guardians who currently have children in foster care. A total of 153 biological mothers and fathers responded to the survey, with at least one parent from 18 of the 24 local jurisdictions represented. The graph below displays the breakdown of responses by jurisdiction:



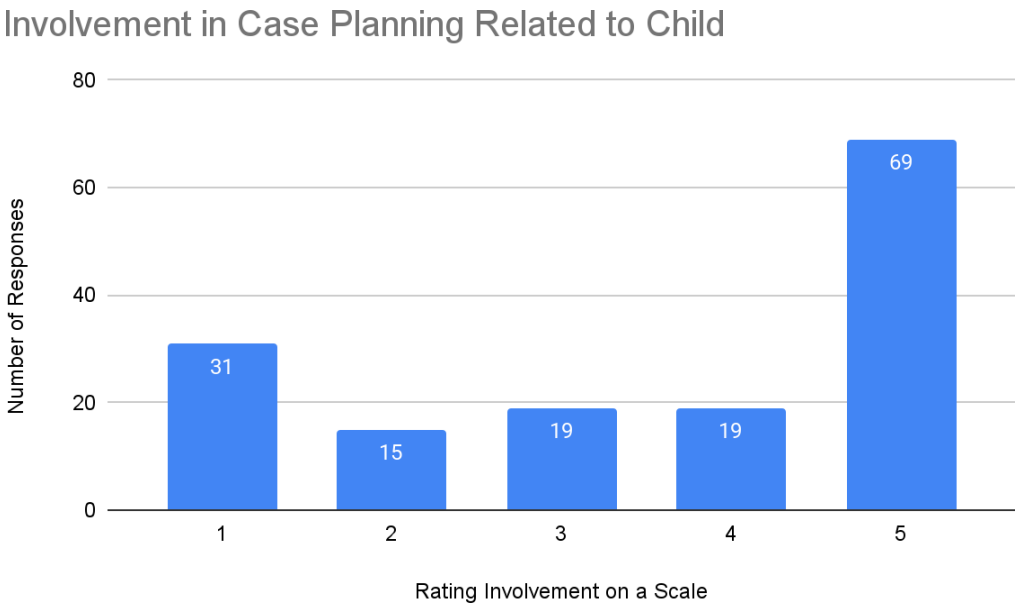
A breakdown of each biological parent participant type is provided below:

Caregiver Survey Respondent Relationship to Child	Number	Percent
Biological Mother	113	74%
Biological Father	40	26%

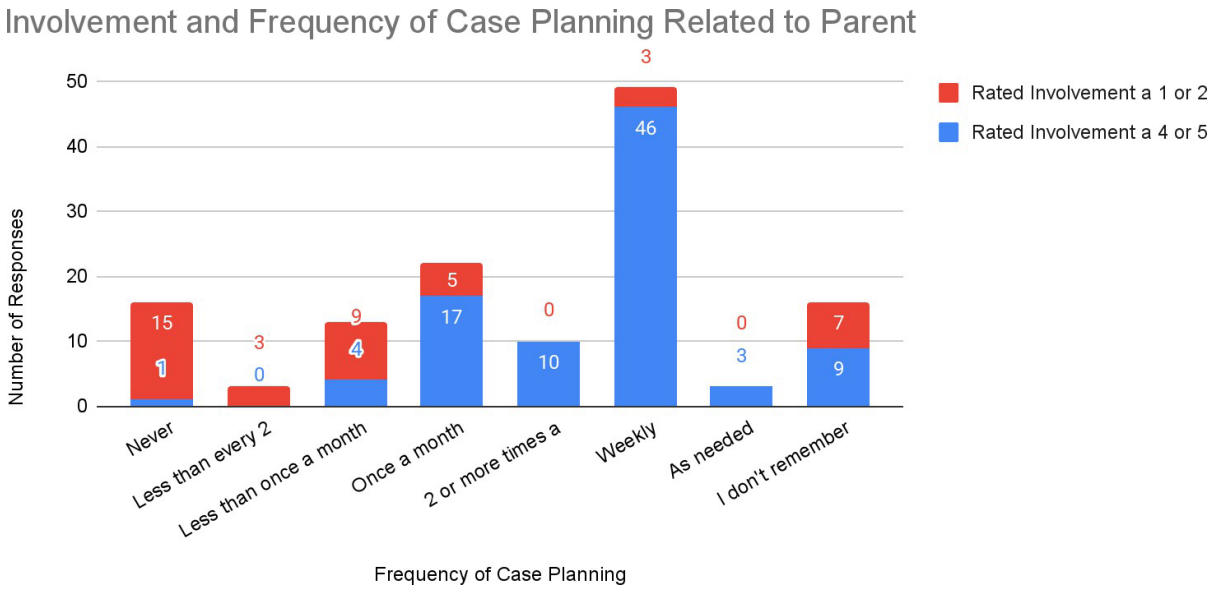
To gain a comprehensive understanding of biological parent involvement in case plan, survey participants were asked about how involved they felt in case planning for themselves and in case planning for their children in care. Although there are not separate case plans completed, we wanted to ensure that there were no differences in how involved biological parents felt in these two aspects of case planning. In the survey, parents were asked to rate how involved they felt in case planning for themselves, on a scale of 1 to 5, with 1 being “not at all” and 5 being “very involved.” A visual display of responses is provided below:

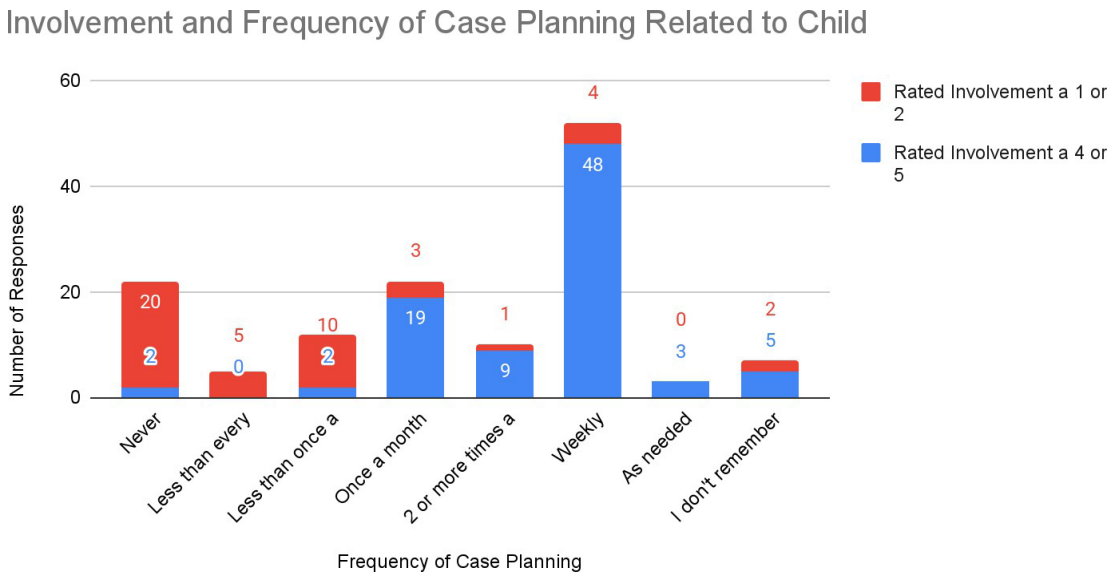


Parents were also asked to rate how involved they felt in case planning for their children, using the same scale as above (1- “not at all” to 5- “very involved”). A visual display of responses is provided below:

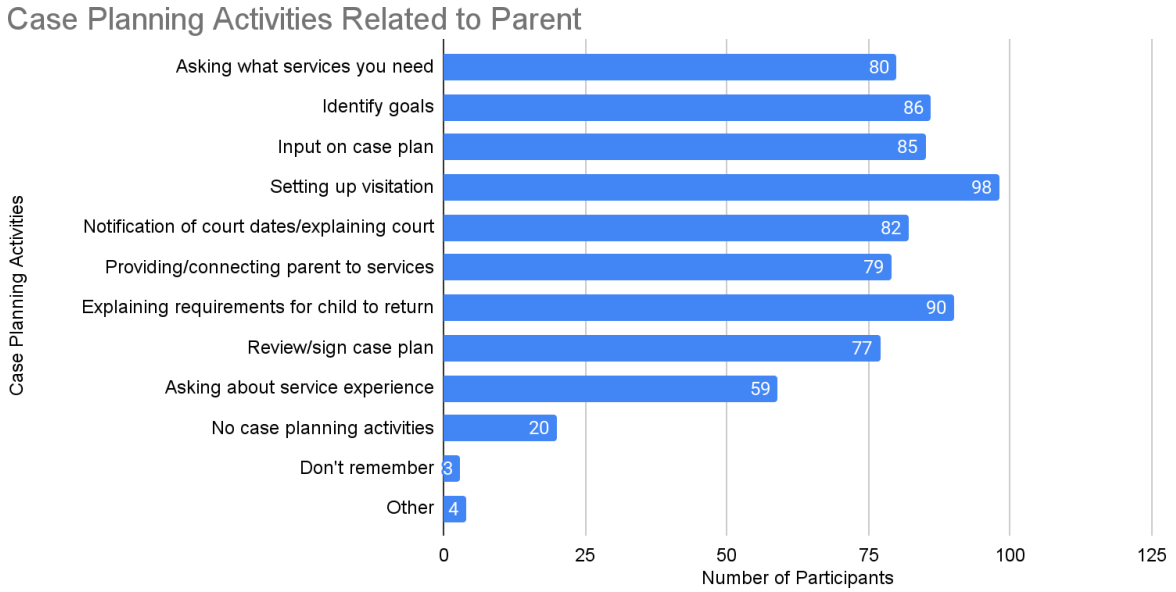


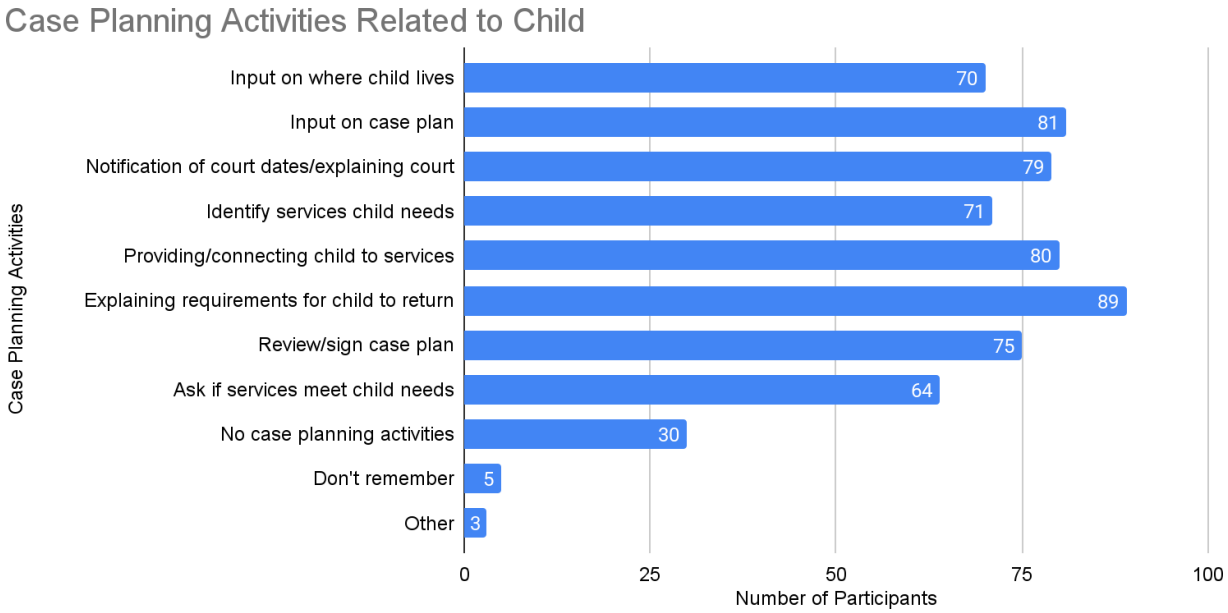
Parents were also asked to provide the frequency of their involvement in case planning. The graph below shows how often participants reported being included in case planning for themselves, along with their responses to the previous question about how involved they felt.





Parents were also provided with a list of potential case planning activities, both for themselves and for their children, and asked to indicate all that they remembered participating in. For both of these questions participants were able to select all that applied; therefore, the total number of responses is greater than the number of surveys completed. Participants who selected “other” were able to write-in additional case planning activities they were involved in. Written responses included: virtual visits, setting up mediation, compassion and empathy, and proactive communication, helping me run errands, notification of appointments and asking for permission.





Assessment of Systemic Factor Functioning

Although Item 20 is considered to be an Area Needing Improvement in Maryland, there are several strengths to note. To begin, the administrative data shows relatively high compliance with the federal expectation of having a case plan documented for children who have been in foster care for at least 60 days. Additionally, feedback from biological parents in CQI focus groups and FTDM Feedback Surveys suggest overall positive feedback. FTDM Feedback Survey data also shows that parent's feedback improved from SFY23 to SFY24.

Despite the strengths noted above, data from the OSRI on Item 13 suggests that case planning is still an area needing improvement in the state. This is especially true as it relates to the inclusion of biological fathers in the case planning process. This is further supported by the low participation rates of biological fathers in FTDM's. This has been an area of focus for Maryland

and continues to be an area of needed focus. Additionally, despite the overall positive feedback received from biological parents related to case planning from the focus groups, FTDM feedback surveys, and case planning survey, the sample sizes for these data sources were relatively low which limits the generalizability of these findings to biological parents across the state. Maryland will continue to make concerted efforts to improve participation of biological parents in focus groups and FTDM feedback surveys moving forward.

Item 21: Periodic Reviews

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

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the periodic reviews process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 21 based on information from the statewide assessment and stakeholder interviews. During CFSR Round 3, it was found that not all periodic review hearings are held in a timely manner. This was especially true in some of the smaller jurisdictions that lacked dedicated children's counsel and/or permanency planning liaisons (PPL). In the largest metropolitan area, the hearings were found to be scheduled timely but were not held consistently within the 6-month period due to postponements or continuations when adjudication or disposition is not addressed or cases are contested. Based on the data presented, Item 21 is believed to be an Area Needing Improvement in Maryland at this time.

Performance Data

To examine how many children met the requirements of having a periodic review every 6 months, Maryland used data from the state's administrative data system CJAMS to complete the tool provided by the Children's Bureau to assess performance on Item 21. Based on this worksheet, Maryland's performance is presented in the table below:

Hearing Type	Count of Children (denominator)	Count of Valid Hearings (numerator)	Percentage of Children who Received a Timely Hearing
Initial	2,014	847	42%
Subsequent	9,578	5,429	57%
All	11,592	6,276	54%

Maryland conducted spot-checks of data in the Children's Bureau tool of cases that were in the denominator and not the numerator and found several instances where periodic reviews were held just outside of the six-month window calculated in the tool. Further analysis revealed that there were 119 instances where a periodic review occurred between 6 and 7 months after the previous review.

In addition, Maryland received data from the Administrative Office of the Court related to periodic review data. It is important to note that the data provided by the court system may not account for the full docketed cases in three of Maryland's local jurisdictions: Baltimore City, Montgomery and Prince George's Counties, because these jurisdictions transitioned to the Maryland Electronic Courts (MDEC) case management system during the requested periods under review. The table below presents the number of open cases along with how many of those cases had a periodic review every 6 months during the period of review.

Period	Number of Cases	Compliance with Periodic Reviews (every 6 months)
April 1, 2022 - March 31, 2023	473	379 (80.1%)
April 1, 2023 - March 31, 2024	444	374 (84.2%)
April 1, 2024 - March 31, 2025	523	376 (71.9%)

Maryland also captures qualitative data related to the timeliness of periodic reviews through the CQI Focus Groups. Over the course of the reporting period, 23 of Maryland's 24 local jurisdictions participated in the CQI Focus Groups. During these groups, data is collected from attorneys, judges/magistrates, caseworkers, supervisors, and directors and assistant directors of LDSSs. The specific questions asked have changed slightly across implementations; however, several questions asked were designed to elicit feedback from key stakeholders about scheduling of periodic reviews and barriers to holding them within the 6 month timeframe. The total number of participants from each key stakeholder group is provided below, followed by a summary of findings across implementation related to scheduling of periodic reviews.

Participant group	Number of participants				
	April 2022	October 2022	September 2023	September 2024	Total
Judges and Magistrates	3	1	2	3	9
Attorneys	3	5	13	12	33
Directors & Assistant Directors of LDSS	5	2	5	13	25
Caseworkers	8	10	7	21	46
Supervisors	6	6	13	17	42

Over the course of the focus group implementations, participants overall reported that Maryland holds court hearings routinely. Throughout the state, jurisdictions do not always refer to hearings distinctly as periodic review versus permanency hearings but court is reported to be held at least every 6 months. In many jurisdictions included in the focus groups, participants reported that court hearings are often scheduled early, at 3 or 4 months, to ensure that they are held timely. When asked about barriers, participants often noted scheduling conflicts as being a primary barrier to holding court hearings. In the most recent implementation, participants also highlighted a lack of panel attorneys as further contributing to the scheduling difficulties experienced.

Assessment of Systemic Factor Functioning

At this time Item 21 is believed to be an Area Needing Improvement in Maryland. Although Item 21 is an area requiring improvement, Maryland's practice related to compliance with periodic reviews is supported by proactive scheduling practices in several jurisdictions that support timely reviews. Specifically, some courts strategically conduct periodic review hearings before the 6-month requirement, and others schedule hearings well in advance of the deadline to accommodate potential delays due to contested hearings or scheduling conflicts.

Despite the strengths in practice, Maryland identified several challenges that continue to affect the timeliness of periodic reviews occurring every 6 months. To begin, the data suggests that when considering the six-month timeframe, individuals responsible for scheduling hearings may not be calculating exactly six-months to the day, as indicated by hearings occurring just outside of this specific six-month window. Additionally, as highlighted in stakeholder discussions during the Placement and Permanency Implementation meeting and CQI Focus Groups, attorney scheduling, contested hearings, delays in attorney assignments for parents, and court findings contribute to delays in timely hearings. Further, another challenge identified by a panel attorney is that, along with the lack of panel attorneys, they are not permitted to attend hearings remotely which can lead to further delays.

Additionally, Maryland's performance from CFSR Round 3 (2018) related to periodic reviews appears to have decreased. However, Maryland transitioned from CHESSIE to CJAMS in 2020 which may contribute to changes in performance data. It is important for Maryland to examine the potential impact that this new administrative data has on capturing accurate data related to the court process. Further, over the reporting period, Maryland's court system transitioned to the Maryland Electronic Courts (MDEC) system. Baltimore City, the largest metropolitan region, was the last jurisdiction to transition to this new system during CY 2024. At the time of this report, all Maryland Circuit Courts are now using the same case management system which will support tracking and monitoring of court hearings moving forward.

Item 22: Permanency Hearings

For this item, provide evidence that answers this question:

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the permanency hearing process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received a Strength for Item 22 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that permanency hearings for children in foster care were held no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. Practice throughout the state, was to schedule permanency hearings at 10 or 11 months to account for possible continuances or scheduling conflicts. The average and median time to conduct a subsequent permanency hearing was within 6 months of the prior initial permanency hearing and ongoing permanency hearings were being held every 4 to 6 months. Based on the data presented below, Item 22 is believed to be a Strength in Maryland.

Performance Data

To examine how many children met the requirements of having a permanency review hearing every 12 months, Maryland used data from the state's administrative data system (Maryland Child, Juvenile and Adult Management System, CJAMS) to complete the tool provided by the Children's Bureau to assess performance on Item 22. Based on this worksheet, Maryland's performance is presented in the table below:

Hearing Type	Count of Children (denominator)	Count of Valid Hearings (numerator)	Percentage of Children who Received a Timely Hearing
Initial	2,474	842	34%
Subsequent	3,152	1,868	59%
All	5,626	2,710	48%

It is important to note that the data presented above only captures court hearings entered into CJAMS as a "Permanency Plan Review," and "Permanency Planning." As a result, the data could be under-reporting Permanency Review Hearings if they were not entered into CJAMS under these categories by caseworkers responsible for entering this information into the system.

Maryland also received data from the Administrative Office of the Court related to permanency hearing data. It is important to note that the data provided by the court system may not account for the full docketed cases in three of Maryland's local jurisdictions: Baltimore City, Montgomery and Prince George's Counties, because these jurisdictions transitioned to the Maryland Electronic Courts (MDEC) case management system during the requested periods under review.

Period	Number of Cases	Compliance with Permanency Hearings (every 12 months)
April 1, 2022 - March 31, 2023	557	433 (77.7%)
April 1, 2023 - March 31, 2024	515	426 (82.7%)
April 1, 2024 - March 31, 2025	679	562 (82.8%)

In addition, Maryland captures data related to the timeliness of permanency hearings through the CQI Focus Groups. Data is collected from attorneys, judges/magistrates, caseworkers, supervisors, and directors and assistant directors of LDSSs. The specific questions asked have changed slightly across implementations; however, several questions asked were designed to elicit feedback from key stakeholders about scheduling of permanency hearings and barriers to holding permanency hearings within the 12 months time frame. The total number of participants from each key stakeholder group is provided below, followed by a summary of findings across implementation related to scheduling of permanency hearings.

Participant group	**Number of participants**				
	April 2022	**October 2022**	**September 2023**	**September 2024**	**Total**
Judges and Magistrates	3	1	2	3	9
Attorneys	3	5	13	12	33
Directors & Assistant Directors of LDSS	5	2	5	13	25
Caseworkers	8	10	7	21	46
Supervisors	6	6	13	17	42

Over the course of the focus group implementations, participants overall reported that Maryland holds court hearings routinely. Throughout the state, jurisdictions do not always refer to hearings distinctly as periodic review versus permanency hearings. Similar to periodic reviews, many jurisdictions included in the focus groups reported that court hearings are held more frequently than required by policy to ensure that there are no court-related delays. Participants reported that this frequency also provides more frequent check-ins on progress towards permanency. When asked about barriers, participants often noted scheduling conflicts as being a primary barrier to holding court hearings. In the most recent implementation, participants also highlighted a lack of panel attorneys as further contributing to the scheduling difficulties experienced.

Assessment of Systemic Factor Functioning

At this time, Item 22 is believed to be a Strength in Maryland. Maryland's practice related to compliance with permanency review hearings is supported by proactive scheduling practices in several jurisdictions that support timely reviews. As described in Item 21, some courts strategically schedule permanency review hearings to occur prior to the 12-month requirement to ensure that they are held timely. This allows the court to accommodate potential delays due to contested hearings or scheduling conflicts. Despite the strength in performance related to Item 22, it is important to note that during CY 2024, Baltimore City was the last of Maryland's 24 local jurisdictions to transition to the Maryland Electronic Courts (MDEC) system. At the time of this report, all Maryland Circuit Courts are now using the same case management system which will support tracking and monitoring of court hearings moving forward.

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question:

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the TPR process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 23 based on information from the statewide assessment and stakeholder interviews. The process for filing a petition for TPR was found to vary across the state and was not uniformly tracked. The timely filing of TPR was found to vary by worker. There was no indication that the state tracks compelling reasons not to file, and the practice around the use of compelling reasons is inconsistent. Maryland continues to struggle with tracking data related to TPR. As a result, Item 23 continues to be an Area Needing Improvement.

Performance Data

Maryland used administrative data (Maryland Child, Juvenile and Adult Management System, CJAMS) to determine the number of children in foster care, younger than 18, who had been in care for at least 15 of the most recent 22 months for three points in time (3/31/23, 3/31/24, 3/31/25). This data is presented in the table below.

Point in Time	Children in Foster Care	Children in Care for at least 15 out of 22 months
March 31, 2023	3,261	1,936 (59.4%)
March 31, 2024	3,096	1,805 (58.3%)
March 31, 2025	3,031	1,661 (54.8%)

At this time, Maryland is unable to comprehensively track, using administrative or court data, how many children meet the other Adoption and Safe Families Act (ASFA) provisions for TPR (aggravated circumstance), how many had a documented exception to filing or a compelling reason that TPR would not be in the child's best interest, and what percentage had a TPR filed timely.

Despite the lack of administrative and court data, Maryland can assess all three of these data points for a random sample of cases using data collected through the ongoing CQI onsite case reviews. The table below highlights Maryland's performance on the related Item 5 sub-items. The tables present the data for the Period Under Review (PUR) which is the year preceding the onsite review data collection (i.e., PUR April 2022 - March 2023 are onsite reviews conducted from April 2023 - March 2024). Upon reviewing the onsite review data, it is important to note that Maryland switched from using the Round 3 OSRI to the Round 4 OSRI in January 2024 (PUR January 2023). Percentages may not total 100.0% due to rounding.

	PUR			
Sub-Item Question	**April 2022 - March 2023**		**April 2023 - March 2024**	
Does the child meet other Adoption and Safe Families Act criteria for termination of parental rights?	Yes	0 (0.0%)	Yes	1 (1.3%)
	No	33 (41.8%)	No	23 (28.8%)
	Not Applicable	46 (58.2%)	Not Applicable	56 (70.0%)
	Total Cases	79 (100.0%)	Total Cases	80 (100.1%)
Did an exception to the requirement to file or join a termination of parental rights petition exist?	Yes	16 (20.3%)	Yes	21 (26.3%)
	No	18 (22.8%)	No	23 (28.8%)
	Not Applicable	45 (57.0%)	Not Applicable	36 (45.0%)
	Total Cases	79 (100.1%)	Total Cases	80 (100.1%)

In addition, Maryland captures data related to Termination of Parental through the CQI Focus Groups. Data is collected from attorneys, judges/magistrates, caseworkers, supervisors, and directors and assistant directors of LDSSs. The specific questions asked have changed slightly across implementations; however, several questions asked were designed to elicit feedback from key stakeholders about barriers experienced in meeting federal TPR timelines. The total number of participants from each key stakeholder group is provided below, followed by a summary of findings across implementation related to TPR.

Participant group	**Number of participants**				
	April 2022	**October 2022**	**September 2023**	**September 2024**	**Total**
Judges and Magistrates	3	1	2	3	9
Attorneys	3	5	13	12	33
Directors & Assistant Directors of LDSS	5	2	5	13	25
Caseworkers	8	10	7	21	46
Supervisors	6	6	13	17	42

Across focus group implementations, when asked what the barriers are to filing TPR within the federal timelines, participants report that TPR is not being filed timely when parents, and sometimes children, need more time to work towards case goals in an effort to give them more time to meet these goals before making the decision to file TPR. Specifically, parents who are experiencing substance use disorder often take longer than 15 months to identify their

substance use issues, enter and successfully complete treatment. Similarly, parents and children who have mental/behavioral health issues that have contributed to entry into foster care may take longer to be ready for successful reunification. In addition to these barriers, focus group findings across implementations point to contention between the child welfare system and the court system in Maryland when it comes to filing TPR. Participants from the local departments (caseworkers, supervisors, directors, and assistant directors) often reported that even when they are recommending a goal change to adoption and moving towards TPR, these requests are not being granted by the judicial system. When the plan is changed, participants report that the TPR process is often drawn out due to contested hearings.

Assessment of Systemic Factor Functioning

Maryland's ability to track performance related to TPR is currently limited by what information is captured by the state's administrative data system along with variations in how this data is entered. Currently, the state's administrative data system has a court tab that allows workers to enter the date in which TPR has been granted, but other components such as the application of ASFA and presence of exceptions are not captured here. Additionally, this data is not currently being tracked by the court system in any capacity. This is an area of focused identified in the CFSP 2025-2029:

- CJAMS enhancements will be made to track the filing of the TPR.

Despite the limits to tracking using the administrative data system, Maryland is able to report how many children meet the 15 out of 22 months time frame and, of those children, how many have had TPR granted. This data suggests that the number of TPR completed in accordance with this timeframe is generally low, around 9% across all three reporting periods. Data from the onsite review process supports these findings, with only 12 applicable cases having a TPR completed. The onsite review data also provides additional context to TPR through the collection of data on ASFA and exceptions. This data shows that of the cases reviewed, no cases met ASFA requirements. Applicable cases were relatively split on whether an exception existed (n = 16) or not (n = 18). Qualitative data from Maryland's CQI focus groups suggest that across both the child welfare system and judicial system there is a reluctance to begin the process of TPR in accordance with this timeframe due to the length of time that it takes to successfully address the issues faced by families involved with the system

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address both components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with the hearing and review notification process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 24 based on information from the statewide assessment and stakeholder interviews. At the time, the state did not have a consistent process for notifying resource parents of review hearings and the right to be heard. Maryland's performance on this item is similar to the performance observed in 2018. As such, Item 24 continues to be an Area Needing Improvement in Maryland.

Process for Notification

COMAR 07.02.25.12(C) requires that resource parents be notified of hearings as well as their right to be heard in the court process. This regulation outlines the following:

Except for meetings covered by attorney-client privilege, or meetings when confidential information about the parents or legal guardians is discussed, the worker shall advise the resource parent of:

1) The date and time of, and when applicable, right to participate in, family team decision meetings and educational or mental health team meetings regarding a child in care placed in the resource home;
2) Unless waived for good cause, at least 10 days before scheduled court proceedings, the date and time of any scheduled court hearing;
3) The right to be heard at court hearings;
4) Recommendations the local department will make in court regarding the child in care's permanency plan, placement, or visitation; and
5) Decisions made by the local department and court regarding a child in care placed in the resource home.

This guidance does not specify how the notice must be provided. As such, each local department has their own way of notifying caregivers. Jurisdictions may utilize postal mail notification, an electronic notification or in person.

Performance Data

Maryland is currently unable to use CJAMS to track whether or not foster and pre-adoptive parents and relative caregivers are made aware of reviews and hearings with respect to the child(ren) in their care.

However, the Maryland Resource Parent Association conducted a survey of resource parents in 2023 to collect feedback on various areas of the child welfare system. This survey was sent to resource parents via posting on the Maryland Resource Parent Association facebook pages, sent via email to the Maryland Resource Parent Association listserv, and the local departments of social services were asked to distribute the survey to all of their licensed resource homes. Due to the method of survey distribution, it is not possible to determine how many resource parents received the survey link. However, a total of 213 resource parents responded to the survey, 174 were licensed through a local department and 39 were licensed through a Therapeutic Foster Care agency. In this survey, participants were asked whether or not they were notified of court hearings. A little over half (52%, n = 107) of participants reported that they are notified of court hearings, 27% (n =55) reported that they are not notified consistently, and the remaining 21% (n = 43) reported that they are not notified of court hearings. Participants who indicated that they were notified of court hearings reported that they are notified in the following ways (participants were able to select more than one option):

Court Notification Method	Frequency
In writing from agency	29
By email from agency	65
Verbally from agency	94
By text message	7
Other	24

Participants who selected “other”, were able to write in a response. Responses included being told by the child’s attorney or CASA volunteer and learning about the next court date when it is scheduled in court. Participants of the survey were also asked if they have been informed of their right to speak to the judge in court, 54% (n = 109) responded no and 46% (n = 94) responded yes.

In addition to the above survey data, resource parents are asked questions about their experience in court during Maryland’s CQI Focus groups. Specifically, resource parents are asked the following questions:

- Do you receive notice of all court hearings?
- How do you receive the notice, is it through a phone call, email, letter, or some other way?
- When you are informed about an upcoming court hearing, what information is typically included in the notice?
- Have you been made aware of your right to participate and be heard in the court process?
- If you are unable to attend a court hearing, are you given any other options to allow you to voice your opinion?

The table below provides the participation of resource parents across all implementations.

Participant group	Number of participants				
	April 2022	October 2022	September 2023	September 2024	Total
Resource Parents	12	2	9	19	42
Judges and Magistrates	3	1	2	3	9
Attorneys	3	5	13	12	33
Caseworkers	8	10	7	21	46
Supervisors	6	6	13	17	42

In general, feedback from resource parents across all focus group implementations suggests that practice around receiving notifications of court reviews and hearings is inconsistent across workers and across jurisdictions. Similar to the survey results above, participants discussed various ways in which they are notified of court hearings that included letters, being told verbally, and electronic communication via text or email. Additionally, during the COVID-19 pandemic when court was held virtually, many resource parents shared that their notification came in the form of the calendar invite/link to the hearing being shared with them. Notifications were reported to come from a variety of individuals, including the caseworker, child's attorney, and CASA.

When asked about their right to participate in hearings, although many participants reported being informed of this right, their involvement in hearings varied and often depended upon the jurisdiction they were in and the judge/magistrate who was hearing the case.

Participants in other relevant stakeholder groups (caseworkers, supervisors, attorneys, and judges/magistrates) were also asked about notifying resource parents of court hearings and their right to be heard in court. Attorneys and judges/magistrates were consistent in reporting that the onus for sharing court notifications is on the local departments; however, they acknowledged that in some instances resource parents may also receive notifications from the legal system. On the other hand, caseworkers and supervisors shared mixed experiences. Most caseworkers and supervisors discussed that notification is sent via letter or shared verbally; however, many acknowledged that this can be inconsistent.

Assessment of Systemic Factor Functioning

At this time, Item 24 remains an Area Needing Improvement for Maryland. Currently, notifying caregivers of hearings and their right to be heard is the responsibility of the local departments. Additionally, the data suggests that this practice varies both within and across jurisdictions. As such, Maryland does not currently have a system in place to track the consistency with which notifications are being made. This is an area of focus identified in the CFSP 2025-2029:

- Develop a unified process in CJAMS for hearing notifications either via an electronic notification process, emails sent to resource parents, or by having a clear documentation label for uploaded notifications
- Develop and implement the identified unified process in CJAMS
- Develop a monitoring report for hearing notifications

Despite the lack of ability to monitor with consistency, since the CFSR Round 3 in 2018 Maryland has begun implementing CQI focus groups with resource parents to collect feedback on their experiences, including their receipt of notification of court hearings and their right to be heard in court.

C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question:

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the five components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the QA/CQI process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 25 based on information from the statewide assessment. Maryland's previous statewide assessment showed that Maryland had not implemented the quality assurance process for a sufficient period of time to demonstrate its operability across the state. Maryland's quality assurance process has been in place since 2018 and is fully operational in all 24 of Maryland's local jurisdictions. Maryland's quality assurance process consists of the state's Continuous Quality Improvement (CQI) cycle, CQI Focus Groups, Audit, Compliance, and Quality Improvement (ACQI) Unit, Headline Indicator data, and CQI Network Meetings. As such, Maryland asserts that Item 25 is a Strength.

Maryland's Quality Assurance System

Maryland's Quality Assurance System consists of the state's Continuous Quality Improvement (CQI) cycle, CQI Focus Groups, Milestone Reports, Quality Assurance Review Tool, Headline Indicator data, and CQI Network Meeting. Each of these components is currently functioning statewide.

Maryland's CQI Cycle, which has been in place since 2018, was designed to complement the federal Child and Family Services Review (CFSR) and to align with SSA's strategic vision and effective utilization of comprehensive assessments and expanded/aligned service array. Maryland's CQI cycle, which is carried out in all 24 of Maryland's jurisdictions, includes

monitoring of data and information, technical assistance, and solution-focused conversation. The CQI process in Maryland consists of three separate components: the Orientation and Practical Data (O & PD Meeting), the onsite review, and the development and monitoring of the Continuous Improvement Plan (CIP). Maryland's CQI process follows a three-year cycle to ensure that each jurisdiction is reviewed at least once every three years. To ensure the sample of cases is representative of the population, the number of cases being reviewed is determined based on the size of the local jurisdiction. 18 cases (11 FC, 7 IH) are reviewed in large jurisdictions, 13 cases (8 FC, 5 IH) are reviewed in medium jurisdictions, and 10 cases (7 FC, 3 IH) are reviewed in small jurisdictions. Baltimore City, because it is the state's largest metropolitan region, is reviewed for two months in a row. Across both months, a total of 20 cases are reviewed (13 FC, 7 IH). The total number of cases reviewed during each of the two most recent CFSR data periods is provided in the table below:

Review Dates	PUR	In-Home Cases Reviewed	Foster Care Cases Reviewed	Total Cases Reviewed
April 2023 - March 2024	April 2022 - March 2023	49	79	128
April 2024 - March 2025	April 2023 - March 2024	47	80	127
Totals		96	159	255

Across both years, 17 out of Maryland's 24 local jurisdictions were reviewed. Including the following local jurisdictions: Allegany County, Anne Arundel County, Baltimore City, Baltimore County, Calvert County, Caroline County, Carroll County, Charles County, Harford County, Kent County, Prince George's County, Queen Anne's County, Somerset County, St. Mary's County, Talbot County, Washington County, and Worcester County.

Maryland also began conducting CQI Focus Groups in 2020 to collect data from key stakeholders to measure performance on systemic functioning of Maryland's child welfare system. Focus groups were initially held twice per year (April and October) and the local jurisdictions who completed their onsite review in the months leading up to the focus group implementation were included. Implementation was switched to annually in 2023, in an effort to improve participation. Jurisdictions included in the annual implementation are all jurisdictions who participated in the onsite review process since the previous focus group implementation. This process ensures that each local jurisdiction is represented in the focus group process within the three-year cycle. Since April 2022 we have conducted four focus group implementations and 23 out of Maryland's 24 local jurisdictions have been included. Participant group breakdown is provided in the table below for each implementation:

Participant group	Number of participants					
	April 2022	October 2022	September 2023	September 2024	Total	Percent
Youth	5	2	10	8	25	8.7%
Biological Parents	3	3	2	9	17	5.9%
Resource Parents	12	2	9	19	42	14.7%
Service Providers	7	4	17	13	41	14.3%
Judges and Magistrates	3	1	2	3	9	3.1%
Attorneys	3	5	13	12	33	11.5%
Directors & AD of LDSS	5	2	5	13	25	8.7%

Participant group	Number of participants					
	April 2022	October 2022	September 2023	September 2024	Total	Percent
Caseworkers	8	10	7	21	46	16.1%
Supervisors	6	6	13	17	42	14.7%
OLM	2	*	2	2	6	2.1%
Total	**54**	**35**	**80**	**117**	**286**	**100.0%**

In 2021 Maryland created the Audit, Compliance, and Quality Improvement (ACQI) Unit at SSA to monitor and support data compliance. The ACQI unit is responsible for providing local departments with their Milestone Reports (described under Quality Assurance Related Reports) and providing technical assistance to local departments regarding various data procedures, including data entry and data compliance.

The ACQI unit also oversees the Quality Assurance (QA) Review Tool, which was first implemented in 2021. The QA Review Tool is an online-based, electronic case record review tool that is used to conduct comprehensive reviews of a random sample of cases in the electronic record keeping system (CJAMS) across all 24 jurisdictions in Maryland. Child Protective Services (CPS) cases are reviewed quarterly and Out-of-Home (OOH), Substance Exposed Newborn (SEN), Family Preservation Services (FPS), and Resource Homes (RH, placement provider) case records are reviewed bi-annually. Initially, questions related to SENs cases were included within the FPS section of the QA tool; however, in 2024 a new section was developed exclusively for SENs cases. Cases are reviewed in all 24 jurisdictions by staff within each local department. There is a process in place to ensure that staff are not reviewing any cases that they were associated with, as either a caseworker or a supervisor.

Implementation Dates	Type	CPS	FPS	SENS	OOH	RH	Implementation Total
12/2021 – 3/2022	Full	333	65	*	250	*	**648**
3/2022 – 5/2022	CPS	310	*	*	*	*	**310**
10/2022 – 1/2023	Full	335	158	*	367	140	**1000**
1/2023 – 3/2023	CPS	353	*	*	*	*	**353**
12/2023 – 2/2024	Full	409	188	*	444	178	**1219**
2/2024 – 4/2024	CPS	407	*	*	*	*	**407**
4/2024 – 7/2024	Full	393	173	53	421	173	**1213**
7/2024 – 9/2024	CPS	405	*	*	*	*	**405**
10/2024 – 1/2025	Full	388	139	33	411	153	**1124**
TOTALS		**3333**	**723**	**86**	**1893**	**646**	**6681**

In addition, the CQI Network Meeting is held monthly and led by the CQI Manager. While participation may vary, it typically includes members of the CQI Unit at SSA and representatives from several local departments. An invitation is extended to at least one representative from each of Maryland's 24 local jurisdictions. Contract partners, the University of Maryland School of Social Work and Chapin Hall—also attend these meetings and support the CQI Manager with meeting preparation. Additional participants are invited as needed, depending on the meeting's focus. These participants have included individuals from other SSA units (e.g., Permanency, Well-Being) as well as court partners, such as the Administrative Office of the Courts and Permanency Planning Liaisons.

Identifying the Strengths and Needs of the Service Delivery System

The CQI Cycle is one mechanism that allows for identification of the strengths and needs of the service delivery system through the comprehensive cycle. The cycle begins with the Orientation and Practical Data (O & PD) meeting. During this meeting, Headline Indicator data is reviewed and discussed. The LDSS has an opportunity to share the "story behind the curve" for indicators they deem to be the highest priority. This is an opportunity for the LDSS to explore and share with SSA the drivers and root causes of performance trends based on practice, policies, case characteristics or other variables. The O & PD meeting takes place approximately 60 days prior to the local department's onsite review and includes staff from SSA, LDSS staff, and stakeholders from the community (i.e., service providers, attorneys). Following the O & PD meeting, the lead CQI analyst begins holding weekly check-in meetings with the local department's site coordinator, identified during the O & PD meeting. These check-in meetings allow SSA and the local department to discuss the interview participants required, progress on scheduling interviews, and any challenges the local department may be experiencing as it relates to preparing for their onsite review. Following the onsite review, the LDSS is provided a detailed report outlining their strengths and areas needing improvement for all 18 items reviewed in the onsite case review. This information is then used to guide program improvement through the use of Continuous Improvement Plan (CIP) Meetings (described in more detail below).

The CQI Focus Groups are another mechanism for assessing needs and strengths. The focus groups are held with the following stakeholder groups: youth, biological parents, resource parents, caseworkers, supervisors, directors and assistant directors, attorneys, judges/magistrates, community service providers, and staff from SSA's Office of Licensing and Monitoring (OLM). Separate focus groups are held for each stakeholder category to improve comfortability for participants to share their experiences openly. During focus groups, which are led by trained research staff from University of Maryland School of Social Work and CQI analysts, participants are asked a series of questions relevant to their stakeholder group. Question topics are guided by the systemic factors measured by the Children's Bureau and include: case planning with families, ongoing staff and provider training, the quality assurance system, periodic reviews and permanency hearings, termination of parental rights, service array, and use of cross-jurisdictional home studies. Participants are also asked a series of questions related to engagement, teaming, and authentic partnership practices.

A third mechanism for assessing needs and strengths of the system are through the monthly CQI Network Meetings. These meetings are used to support the Quality Assurance process by providing a space for targeted discussions around performance data. Typically, each network meeting begins with a discussion of performance data. This data includes statewide headline indicator data, OSRI data, and CQI focus group findings. Following the presentation of data, meeting participants are often placed into breakout rooms to have discussions about the data presented. This portion of the meeting is referred to as the Peer-to-Peer Learning Community as it is designed to allow individuals from the local departments to discuss challenges or barriers they are experiencing related to the data presented and to share their practice strategies.

Quality Assurance Related Reports

Several Quality Assurance related reports are developed to support ongoing quality assurance systems in Maryland. One such report is the CFSR Results Report which is developed by the lead analyst at SSA following the onsite review. This report outlines the local department's performance on the 18 CFSR items measured in the OSRI. For each item, the report provides a

breakdown of the number of cases rated a Strength. The report also provides a summary of the practice that was observed during the case review that contributes to the local department's Strengths and Areas Needing Improvement. Further, SSA provides recommendations for performance improvement.

Following the CQI Focus Groups, which are recorded to allow for accurate transcription, the transcripts are analyzed by trained research staff from University of Maryland School of Social Work. This data is used to develop a comprehensive report of the focus group findings. This report summarizes the findings related to each of the systemic factor areas of focus, along with direct quotes from participants. In addition to the identified systemic factor areas of interest, the report also summarizes key findings related to other areas that arose organically through data analysis. The focus group report is provided to SSA and used to support program evaluation and informs the APSR. Additionally, focus group findings are presented in the CQI Network Meeting.

The ACQI unit develops Milestone Reports for all 24 local jurisdictions from data that is pulled from the administrative data system (CJAMS). The performance indicators measured in the Milestone Reports vary by program type and are as follows:

CPS:
- Initial Face-to-Face Contact (target: 95%)
- Number of Days Open (target: 90%)

SEN:
- Initial Face-to-Face Contact (target: 90%)
- Completion of Safety Assessment For Every Child (SAFE-C; target: 90%)
- Completion of Maryland Initial Formal Risk Assessment (MFIRA; target: 90%)

Foster Care:
- Caseworker Visitation (target: 95%)
- Education Records (target: 90%)
- Initial Health Assessments for New Removals (target: 90%)
- Comprehensive Health Assessment for Entries into Foster Care (target: 90%)
- Annual Health Exams for all Children in Foster Care (target: 90%)
- 90 Day Dental Exams for New Removals (target: 90%)
- 6-Month Dental Exams for all Children in Foster Care (target: 90%)

The final quality assurance related report is the Headline Indicator data reports. These reports are generated using data pulled from the state's electronic case management system (CJAMS) on a quarterly basis:

- **CFSR** - April to March of the following year (i.e., April 2023 - March 2024)
- **SFY** - July to June of the following year (i.e., July 2023 - June 2024)
- **FFY** - October to September of the following year (i.e., October 2023 - September 2024)
- **CY** - January to December of the same year (i.e., January 2024 - December 2024)

For each of these reporting periods, Headline Indicators are developed to track performance across the state, as a whole. Additionally, individual reports are developed for each of the local departments to allow them to monitor their performance. This headline indicator data is discussed with local departments during their O & PD meeting and in CIP monitoring meetings. Additionally, headline indicator data is also discussed during CQI Network Meetings. These headline indicator reports provide performance data for a series of key performance indicators for safety, permanency, and well-being. The reports also include storylines that present data on

racial and age makeup and how it impacts certain outcomes. This data includes foster care entries, a breakdown of permanency achievement, and visual presentation of placement stability all by age and race. In conjunction with the Headline Indicator reports, local departments are provided with their detailed data files, upon request, allowing them to review which cases are being captured in the numerator for each of their key performance indicators.

Evaluation of Implemented Program Improvement Measures

A key mechanism for evaluating implemented program improvement measures is through the CQI cycle. Once the CFSR Results Report is complete, the lead analyst schedules a Continuous Improvement Plan (CIP) Meeting with the local department to discuss the findings outlined in the report. During this meeting, the lead analyst and local department engage in a conversation about the findings of the review and how these findings, along with Headline Indicator data, can be used to identify areas for performance improvement. Based on this conversation, the local department develops their CIP following the CIP meeting and submits the completed version to their lead analyst at SSA within 30 days. Once the CIP is developed, it is reviewed at least every six months during CIP Monitoring Meetings, and revisions are made as needed. The purpose of the CIP is to guide the LDSS's improvement efforts between reviews. This process continues until the local department's next review cycle is initiated.

Another mechanism for program improvement measures is the ACQI process. When a local department has a case that is determined to be out of compliance based on the Milestone Report, they can request an exemption (example: tried 3 times to see one person but could not make initial contact). If the exception is granted, the case that is out of compliance is no longer treated as such. If a local department continues to be out of compliance on an indicator, they are tasked with developing a Corrective Action Plan (CAP). This CAP asks them to highlight any systemic factors that may be impacting their performance, support needed, and strategies identified to improve performance and reach compliance. A CAP target is considered met when a local department is found to be in compliance for two months in a row. To support the local departments in meeting the compliance targets, the ACQI Unit provides weekly Technical Assistance in which the recent data is discussed, including which cases are not currently in compliance and if any exemptions may be appropriate. The ACQI Unit also develops an overview of performance on each of the indicators across all local departments along with an average performance for Maryland overall.

Finally, the CQI Network Meetings provide a space for individuals from across the state to discuss implemented program improvement measures. As stated previously, this meeting is used to discuss relevant performance data as well as strategies being implemented by local departments to support performance improvement. The network meetings offer the opportunity for peer-to-peer learning and sharing of strategies that have been found successful in supporting program improvement, as well as a space to share barriers and areas where further support is needed.

Assessment of Systemic Factor Functioning

<u>CQI Cycle:</u>
Maryland's CQI Cycle demonstrates significant strengths. To begin, the cycle ensures that the CQI system is functioning across the state, in all 24 local jurisdictions. All jurisdictions are reviewed using the onsite review process, at minimum, every 3 years and participate in routine CIP monitoring meetings in between reviews. This process creates opportunities for collaboration between LDSS, SSA, legal partners, and community providers to discuss challenges and strategies to target improvement within each local department. Further, the onsite review process allows for the in-depth review of a random sample of cases, including

qualitative feedback directly from key case participants. Additionally, the onsite review component of Maryland's CQI process is further strengthened by Maryland's ongoing collaboration and partnership with the Children's Bureau, whereby the Children's Bureau has continued to provide secondary oversight review for a subset of reviewed cases, past the PIP measurement period. Maryland has a running document to collect feedback and technical assistance provided by the Children's Bureau which supports the teams in applying standards consistently and quality assurance in providing consistent feedback across cases. This information is also used to develop additional training for peer reviewers and quality assurance staff, as needed, to ensure that all members of the team are considering and applying the feedback provided.

Despite its strengths, feedback from stakeholders collected during the annual focus group implementation does indicate a few areas of concern that should be noted. Participants in caseworker and supervisor focus groups shared that the distribution of results from the CFSR process is inconsistent across jurisdictions. Although all Directors and Assistant Directors receive and review the CFSR results, this information is not always passed down to supervisors and frontline workers. Additionally, participants shared that some CFSR findings are the result of larger, systemic issues (i.e., lack of affordable housing, lack of placement resources) that cannot be targeted through the local department's CIP alone.

Focus Groups:
Similar to the CQI cycle, the focus groups demonstrate significant strengths. The focus group implementation is designed to ensure that feedback is collected from all 24 local jurisdictions on the rolling three-year cycle. Further, in addition to collecting feedback from individuals from within the local departments themselves, focus groups collect feedback from a diverse set of stakeholders from across the entire system, including individuals with lived experience with the system, legal/judicial partners, and community providers. Further, the collection of qualitative data can be used in conjunction with the state's administrative data to provide context to the state's performance across key performance indicators.

Despite the strengths, it is important to highlight that the state has continued to struggle with focus group participation from youth, biological parents, and judges/magistrates (see table above for focus group participation). Despite these struggles, Maryland has continuously made adjustments to the focus group implementation protocol to support participation from these key groups, including the distribution of $50 electronic gift cards to participants from the youth, biological parent, and resource parent focus groups. In the upcoming implementation, scheduled to begin in August 2025, Maryland plans to adjust the recruitment process and utilize an online survey approach. Distribution of an online survey link will be easier for caseworkers and Maryland is hoping the online survey link will also make it easier for participants to register for their desired group date/time. Further, Maryland plans to work closely with the Administrative Office of the Courts for upcoming implementation to try and increase participation from judges/magistrates.

ACQI Unit:
There are several strengths of the ACQI unit. To begin, the unit is currently functioning statewide to support all 24 local jurisdictions. The ACQI unit is designed to provide real-time feedback to locals around data compliance along with support in identifying and implementing strategies to improve practice related to data entry. The QA Review Tool, specifically, allows for a comprehensive case review of a random sample of cases across the state to allow Maryland to measure data entry compliance on key indicators across all case types.

Despite the significant strengths of the ACQI Unit, data from focus groups suggest that frontline workers are often concerned about the heavy emphasis on compliance and how it can detract

from their ability to do quality work with families and children involved in the system. Similarly, the additional tasks involved, including reviewing case records and responding to Corrective Action Plans (CAPs), can be seen as an increased burden, especially on local departments who are already struggling with understaffing and staff burnout.

Headline Indicator Reports:
Similar to the other Quality Assurance systems previously outlined, the Headline Indicator reports are functioning on a statewide basis. The reports are distributed to all 24 local jurisdictions on a quarterly basis. Further, the CQI team discusses the local department headline indicator data with them throughout the CQI cycle and are also available to have technical assistance calls with local departments regarding this data in between these meetings. The inclusion of storylines related to race and age provide information that local departments can use to contextualize their child welfare population.

While the Headline Indicator reports demonstrate significant strengths, it is important to note that as with any reports relying on administrative data, the accuracy of these reports is dependent upon the accuracy of data entry. Although this does provide a limitation to this data, this limitation is mitigated by providing the local departments with the detailed data files that allows them to identify any discrepancies between case circumstances and cases being pulled in the numerator for a key performance indicator. When errors are noted, SSA and the local department work together to identify the problem and strategize a solution. This process allows for correction of local specific data, along with identification of potential state-wide data accuracy issues.

CQI Network Meetings:
There are key strengths of Maryland's monthly CQI Network Meeting. To begin, this meeting is one setting in which performance and data is presented to a diverse set of stakeholders, including representation from local departments throughout the state. Data and performance trends are shared during most network meetings and are then used to guide discussion. This discussion provides the opportunity for peer-to-peer learning, which is built into the meeting structure. During most network meetings, participants are separated into breakout rooms to discuss practice strengths and challenges related to the data presented during the meeting. These breakout rooms allow local departments to learn strategies from one another. A survey of CQI network members (N = 16) supports this as a strength, as multiple participants highlighted the opportunities for peer sharing as one of the benefits they get from participating in the network meeting. Survey participants also shared that the network meeting builds data literacy and helps participants connect data to practice.

The CQI Network meeting has many strengths. The limitations of this meeting is that although individuals from all 24 local jurisdictions are invited to participate, actual participation across local departments varies from month-to-month. Additionally, the CQI Network has identified the need for increased representation from frontline workers and supervisors to support conversations around practice challenges experienced in relation to performance trends. Despite concerted efforts to increase participation from these groups, directors, assistant directors, and QA/QI staff still comprise the largest proportion of meeting participants each month.

D. Staff and Provider Training Item 26: Initial Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with initial training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 26 based on information from the statewide assessment and stakeholder interviews. Although the state had a robust training curriculum and several training evaluation processes, Maryland was not able to provide information concerning the quality of training and whether the training provides caseworkers with the skills and knowledge required to perform their job responsibilities. Since Round 3 in 2018, Maryland has increased collaboration among local jurisdictions, the Child Welfare Academy (CWA), and the DHS Learning Office regarding both the current structure and proposed revamp of pre-service training. DHS SSA maintains its partnership and contract with the CWA while continuing to monitor the pre-service training through the IOTTA survey feedback, regular meetings, and continued collaboration with stakeholders. As a result, Maryland believes Item 26 to be a Strength.

Staff Initial Training Requirements

In Maryland, Pre-Service training is mandatory for all case-carrying staff. Maryland has an existing contract with the Child Welfare Academy (CWA), housed at the University of Maryland Institute for Innovation and Implementation, to provide pre-service training for staff. Maryland's SSA supports pre-service training by providing training specific to the state's administrative data system (Maryland Child, Juvenile and Adult Management System, CJAMS). The current pre-service training program was launched in September 2020, it is an 8-week training program comprised of 8 modules:

1. Foundations of Child Welfare Practice
2. Complicating Factors Impacting Child Abuse and Neglect
3. Authentic Partnership, Engagement, and Teaming
4. Conducting Family Centered Assessments
5. Field Week
6. Family-Driven Planning, Intervening, Monitoring, and Adapting
7. CJAMS Training
8. Partnering with the Court to Achieve Safety, Permanency, and Well-Being

The CWA provides pre-service training for five to seven cohorts per calendar year, and each cohort is capped at 35 individuals. Once pre-service training is complete, staff are required to pass the competency exam with a 70% or higher score. There is a study guide and review prior to the exam. Staff have three (3) attempts to pass the exam. Students have one month in order to pass the Competency Exam, with options given for those attempts. The only time an individual does not complete pre-service within the mandated timeframe is if they resign from the position for which they were hired.

In addition to pre-service training, each local jurisdiction also offers shadowing opportunities for new hires. The process for assigning cases varies by local department. Some local jurisdictions require students to carry cases during the initial pre-service training while others assign cases following completion of pre-service. There is currently no statewide policy around the carrying of cases during pre-service.

Tracking & Monitoring Training Completion

DHS previously used the HUB and later, in 2024, transitioned to Workday to track training participation.

Additionally, at the conclusion of the pre-service training the Child Welfare Academy administers a competency exam to signify completion of pre-service training. CWA provides data related to passing of the competency exam in an annual report provided to Maryland. The table below displays the total number of individuals hired for the job classifications that are typically assigned to individuals who have case management responsibilities (i.e., foster care caseworkers, CPS caseworkers, adoption caseworkers), including contractual workers. Data is also provided to reflect the total number of pre-service participants along with how many individuals passed the competency exam, which indicates successful completion of pre-service. Although newly hired supervisors are required to take pre-service, this is a rare occurrence as most supervisors are promoted from within. Maryland is not currently able to determine if any supervisors participated in the pre-service data reported below.

Period	Number of New Hires	Total Pre-Service Participants	Passed Exam on First Attempt	Passed Exam on Second Attempt	Did Not Pass Exam
CY22	173	139	129 (92.8%)	8 (5.8%)	2 (1.4%)
CY23	171	108	107 (99.1%)	1 (0.9%)	0 (0.0%)
CY24	184	241	232 (96.3%)	7 (2.9%)	2 (0.8%)

It is important to note that the data on the number of new hires was obtained from the state's central office Human Resources department. The number of new hires is presented based on the specific classification series requested, this data reflects all new hires in those classifications, regardless of whether they're actually assigned a caseload. Additionally, employees of the local departments and the central office are able to enroll in pre-service at any time during their tenure which could lead to more individuals enrolled in pre-service than were hired during a specific timeframe. Further, individuals included as new hires include individuals who were previously working with a local department as a caseworker through the Title-IV-E program and these individuals are not required to take pre-service upon completion of their MSW program which could lead to fewer individuals enrolled in pre-service than were hired during a specific timeframe.

Pass rates for the competency exam have historically been relatively high with very few participants unable to pass. The relatively high pass rates over the reporting period can likely be attributed to more intensive and targeted exam preparation, refinement/enhancement of training content based on participant feedback and facilitator observations/experience, and exclusion and/or revision of poorly performing exam questions and questions determined to be biased based on review and analysis by the Child Welfare Academy.

Both the HUB and now Workday require the completion of an evaluation for the assessment of training and the issuance of CEU (Continuing Education Units) through the State of Maryland, Board of Social Work.

Evaluating Training

In order to evaluate pre-service training, Maryland relies on data collected by the Child Welfare Academy. CWA utilizes the Impact of Training and Technical Assistance (IOTTA) survey to evaluate and identify potential improvements to the initial pre-service training. The IOTTA survey helps to determine the effectiveness of the initial pre-service training and the overall results were that students felt both trainers and the training adequately prepared them to do their job.

Period	Total Pre-Service Participants	Staff satisfaction with quality and content of training	Staff satisfaction with trainer knowledge and expertise	Staff belief that training is relevant to their work	Staff belief that they will consistently apply knowledge and skills learned
FY22	139	9.4/10	9.5/10	9.4/10	9.1/10
FY23	108	9.3/10	9.6/10	9.4/10	9.2/10
FY24	243	9.4/10	9.5/10	9.2/10	9.1/10
*All items were rated on a scale of 1 to 10, with higher scores indicating more positive ratings. There is a standard deviation ranging between 1 and 1.6 for these measurements.					

In addition to the IOTTA survey data, both the HUB and now Workday require the completion of an evaluation for the assessment of training and the issuance of CEU (Continuing Education Units) through the State of Maryland, Board of Social Work.

Assessment of Systemic Factor Functioning

Item 26 is believed to be a Strength, Maryland demonstrates strong performance in pre-service completion rates. Additionally, results of the pre-service competency exam suggest that pre-service training is adequate in preparing individuals to successfully pass this exam. Further, the IOTTA evaluation suggests that pre-service participants are satisfied with the pre-service training experience.

Despite the strengths, there are some areas of improvement to note. To begin, Maryland could benefit from additional data sources, such as a follow-up post training assessment, to ensure that as participants begin carrying a caseload they still feel that the pre-service training was adequate in preparing them for their role. Additionally, Maryland does not currently have a statewide policy related to case assignment. As a result, this practice varies across local jurisdictions.

It is important to note that recent feedback from both the IOTTA survey and local jurisdictions indicated that a change was needed in the initial pre-service training. In response, a proposal was developed collaboratively with the CWA, SSA, and local jurisdictions to restructure pre-service training into two phases: Phase 1 would consist of four weeks, and Phase 2 would extend over six months. However, the pilot implementation of this revamped Pre-Service was halted due to contract constraints and insufficient time to properly evaluate its effectiveness. In addition, SSA has determined a need for a broader follow-up evaluation to determine effectiveness of training beyond the completed training date. Moving forward, SSA will work collaboratively with the CWA to develop and implement that evaluation process.

Finally, Maryland has added a series of questions to the semi-structured interview guide for the CQI Focus Groups to collect feedback from newly hired staff (hired within 1 year) on their experience with pre-service training. These questions will be implemented beginning in Fall 2025 and will support further monitoring of pre-service training moving forward.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:

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

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

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

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required staff as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with ongoing staff training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 27 based on information from the statewide assessment and stakeholder interviews. In Maryland, continuing education hours were not required statewide except for those required for social work licensure. Since workers are able to attend training external to the agency, there was no method for ensuring that ongoing training addresses the skills and knowledge needed for caseworkers or supervisors to perform their duties. Other statewide training was being tracked through the HUB, Maryland's learning management system; however, Maryland could not provide information on the number of staff who participated in ongoing statewide training, each jurisdiction's training requirements, or data on staff compliance with training requirements in each jurisdiction. Since 2018, there was increased collaboration among the DHS Learning

Office, SSA, and the local jurisdictions to more effectively evaluate and identify staff training needs. During this time, DHS also transitioned its Learning Management System (LMS) from the HUB to Workday to improve access and enhance tracking of all training activities. Since 2018, Maryland began holding routine Continuous Quality Improvement (CQI) focus groups to evaluate staff's perceptions and feedback related to ongoing staff training to ensure that the training staff are receiving are adequate in meeting their needs and supplying them with the knowledge and skills necessary to perform their duties. As a result, Maryland asserts that Item 27 is a Strength.

Staff Ongoing Training Requirements

In Maryland, there are no requirements for ongoing staff training. The exception to this is for positions in which a social work license is required. Individuals in this position are required to obtain the necessary number of training required to maintain their licensure. Additionally, in 2024, a mandatory staff training was developed and held in response to a policy-related concern. This training was related to the monitoring of psychotropic medications. Participation in this training was tracked by the state's central office to ensure that all staff who were required to complete this training were in compliance. No other mandatory training sessions were held.

Ongoing staff training is determined based on identified needs and requests, policy updates, changes in SSA priorities, legislative mandates, and/or enhancements to the state's administration data system (Maryland Child, Juvenile and Adult Management System, CJAMS). Maryland has an existing contract with the Child Welfare Academy (CWA) at the University of Maryland's Institute for Innovation and Implementation to provide opportunities for ongoing staff training. Additionally, the DHS Learning Office works closely with the CWA to assess training needs and implement staff training.

When an individual is hired externally as a Supervisor, they are required to complete Pre-Service training as outlined in Item 26; however, this is a rare occurrence as the majority of supervisors are hired internally. Maryland is not currently able to extract supervisor-specific data for pre-service. Additionally, the Child Welfare Academy offers a standing course: "Supervision Matters", in which local jurisdictions can enroll new supervisors (within six months of hire) or experienced supervisors in need of training. The Supervision Matters training is not mandatory for all supervisors. Participation in Supervision Matters over the reporting period is as follows: 36 individuals (FY22), 14 individuals (FY23), and 19 individuals (FY24). The Supervision Matters training in FY23 was intentionally capped at 15 individuals as it was a newly developed, revamped version of Supervision Matters.

Tracking & Monitoring Training Completion

Individual jurisdictions are responsible for tracking training hours that staff participated in. In addition, the DHS Learning Management Systems (previously the HUB, currently Workday) are used to track training attendance and the issuance of State of Maryland Board of Social Work approved Continuing Education Units (CEU) certificates, when applicable. Additionally, the CWA provides a quarterly and annual report that provides completion rates for all training offered. The table below provides the number of trainings offered for each fiscal year along with how many individuals completed trainings during that fiscal year. Please note that this is a duplicated count due to the potential for a single individual to be counted multiple times as a result of taking multiple trainings during the fiscal year.

Period	Trainings Offered	Number of Individuals who Completed Trainings (duplicated count)
FY22	185	3,044
FY23	128	1,973
FY24	131	3,088

Evaluating Training

Following participation in training, each participant is required to complete a mandatory evaluation. This evaluation is required in order for CEU certificates to be issued. The feedback from these evaluations are also used to inform additional training requests and guide modifications to existing training sessions.

In addition, the CWA utilizes the Impact of Training and Technical Assistance (IOTTA) survey to evaluate and determine the effectiveness of all training offered. These surveys are also used to guide modifications and enhancements to training. Data from CWA's IOTTA surveys is provided in the table below:

Data Period	Number participating in In-Service	Staff satisfaction with quality and content of training	Staff satisfaction with trainer knowledge and expertise	Staff belief comprehensive scope conducive to diverse training needs	Staff belief that training is relevant to their work	Staff belief that they will consistently apply knowledge and skills learned
FY2022	3,044	93%	91%	90%	88%	89%
FY2023	3,125	95%	91%	90%	88%	89%
FY2024	2,574	95%	92%	96%	92%	91%

In addition to the post-training evaluations conducted by the CWA presented above, LDSS staff (directors, assistant directors, supervisors, and caseworkers) who participate in the ongoing CQI Focus Groups are asked a series of questions to elicit feedback about the ongoing training they receive. The table below displays participation from the key stakeholder groups relevant to ongoing staff training:

Participant group	Number of participants				
	April 2022	October 2022	September 2023	September 2024	Total
Directors & Assistant Directors of LDSS	5	2	5	13	25
Caseworkers	8	10	7	21	46
Supervisors	6	6	13	17	42

Across all focus group implementations, feedback on ongoing staff training was relatively consistent. Participants shared positive feedback regarding the number of training opportunities available to them, including training provided by the local department, the Child Welfare Academy, and community training opportunities. Participants highlighted several specific trainings that they felt were beneficial to them and provided them with helpful information that can be applied to their practice. The main feedback received across implementations was the need for training, in general, to provide more "realistic" examples that highlight situations that caseworkers actually face in practice as opposed to more "ideal scenarios." Further, feedback

from directors and assistant directors highlight challenges with covering caseloads to allow caseworkers time to participate in training without distraction and funding for training as barriers they experience related to ongoing staff training.

As it relates to training for supervisors, specifically, focus group participants in the supervisors group reported an overall positive experience with the Supervision Matters training offered by DHS/SSA. Participants felt that this training provided them with information that was helpful in supporting them to be effective supervisors for their staff. Supervisors reported that it would be helpful if additional training geared specifically towards supervisors were offered.

In addition, as it relates to supervisors, specifically, CWA provides annual reports that provide results of pre- and post- training assessments for the Supervision Matters training. Participants are asked to rate their level of knowledge before and after training on 32 key areas that correspond to the training's learning objectives. In FY23, of the 14 individuals who completed the training, 11 successfully completed all required components of the program, and of those 11, 9 provided both pre- and post- surveys that were able to be matched. The results of these surveys show that mean scores of knowledge in all 32 areas increased at post-test. On average, participants rated themselves 2.78 points higher after the training, and the largest increase (4.00 points) was seen for "Impact of DEI on workplace safety culture" and "Relevance of DEI to job duties/performance." In FY24, 4 participants provided both pre- and post- surveys that were able to be matched. The results of these surveys show that mean scores of knowledge in all 32 areas increased at post-test. On average, participants rated themselves 3.07 points higher after the training, and the largest increase (4.75 points) was seen for "Stages of organizational change."

The Supervision Matters report also asks participants to rate their level of skill before and after training in 22 key supervisory task areas. In FY23, 9 participants provided both pre- and post- surveys that were able to be matched. The results of these surveys show that mean scores of knowledge in all 22 skill areas increased at post-test. On average, participants rated themselves 2.00 points higher after the training, and the largest increase (3.34 points) was seen for "Use huddles." In FY24, 4 participants provided both pre- and post- surveys that were able to be matched. The results of these surveys show that mean scores of knowledge in all 22 skill areas increased at post-test. On average, participants rated themselves 1.82 points higher after the training, and the largest increase (4.25 points) was seen for "Use huddles" and "Use of 360 feedback in performance results."

Assessment of Systemic Factor Functioning

Maryland has several mechanisms in place to evaluate ongoing training offered to staff, including supervisors. The Child Welfare Academy's ongoing trainings are available to all staff and during the reporting period all trainings were offered virtually to support accessibility to individuals across the state. The Child Welfare Academy has participants complete the IOTTA survey evaluations at the end of each training to provide information to the state as to whether the trainings offered are meeting the needs of staff and the overall satisfaction with the training itself. During the period of 2022-2025, quarterly survey results from each session consistently indicated that participants were satisfied with the training received, found the trainers knowledgeable, and felt better equipped to perform their job duties. The feedback collected through the IOTTA evaluations is monitored and is routinely used to guide modifications and adjustments to training, including the development of additional training opportunities to ensure that staff are provided with training to meet their needs and ensure they have the knowledge and skills necessary to meet the duties of their positions. This data is further supported by feedback received from CQI Focus Groups regarding staff perceptions of ongoing training including accessibility, comprehensiveness, applicability, etc. During the CQI Focus Groups,

separate groups are held with caseworkers and supervisors which allows a comprehensive mechanism to collect feedback from these two groups separately about their training experience and needs.

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required trainees as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with foster and adoptive parent training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 28 based on information from the statewide assessment and stakeholder interviews. At the time, data showed that despite the adequate number of training offered to resource parents, more than half of resource parents were not meeting the 10 hour annual training requirement. Maryland has made substantial improvements in ensuring that resource parents receive necessary training as mandated to obtain and maintain licensure. Maryland also has mechanisms in place to ensure that the training being provided to foster and adoptive parents, including Child Placement Agencies and Residential Child Care Program/Childcare Institutions, is sufficient in meeting their needs and providing them with the knowledge and skills necessary to perform their duties. At this time, Item 28 is believed to be a Strength in Maryland.

Training Requirements

Current/Prospective Foster & Adoptive Parents

Foster and adoptive parent training requirements can be found in COMAR 07.02.25.07, this policy outlines the following requirement for both pre-service on ongoing training:

A. Pre-service Training.

1) Each resource parent applicant shall complete a pre-service training program approved by the Administration. This training shall cover the following:
    a) Role and relationships between local department personnel, the resource parent, the child in care's parents or legal guardians, and the child in care;
    b) Developmental needs of children in out-of-home care;
    c) Attachment, separation, grief, and loss;
    d) Trauma-related behaviors and trauma-informed parenting;
    e) Confidentiality;
    f) Behavior management;
    g) Reasonable and prudent parenting;
    h) Co-parenting with parents and legal guardians;
    i) Supporting a child in care's relationship with their parents or legal guardian;
    j) Maintaining a child in care's connections;
    k) Reunification and permanency plans;
    l) Effective communication;
    m) Conflict resolution;
    n) Cultural and religious differences between the resource parent and the child in care's family
    o) Issues faced by individuals who identify as LGBTQIA+2;
    p) Caring for children in care with medical, mental health, and behavioral needs;
    q) Recognizing and responding to signs of depression, anxiety, and other mental health conditions;
    r) Administration and storage of medications;
    s) Recognizing and reporting signs of child abuse and neglect; and
    t) Services available for children in care and resource parents.
2) The local department may consider another nationally recognized pre-service training program completed within the prior 3 years as meeting the pre-service training requirement.
3) If a resource parent applicant completes the pre-service training, the training is valid for 3 years from the date of completion.
4) Resource parents who relocate to Maryland and have had an active resource home license in another state within the prior 3 years may be exempt from pre-service training requirements at the discretion of the local department.

B. Continuing Training.

1) Each resource parent shall complete at least 10 hours of training approved by the local department annually, including 2 hours of behavior management training, every 2 years.
2) The training may cover the areas listed in §A(1) a-t of this regulation and any additional topics as needed.

C. CPR & First Aid Training. Prior to a local department licensing a resource parent and at 2-year intervals thereafter, each resource parent shall complete cardiopulmonary resuscitation (CPR) and first aid training.

Kinship Caregivers are not required to participate in training per regulation and policy released in December 2024, but training can be strongly encouraged.

<u>Child Placement Agencies</u>

Child placing agencies follow COMAR 07.05.02.12 in regard to training of foster parents licensed through these agencies. This regulation requires Child placement agencies to provide 24 hours of pre-service training to all prospective foster parents. Additionally, to maintain certification as a treatment foster parent, foster parents must complete 20 hours of training annually as outlined in COMAR 07.02.21.10B. The pre-service training offered by CPAs is the Parent Resources for Information, Development, and Education (PRIDE) training program.

Residential Child Care Program/Childcare Institutions

Training requirements for group home staff are outlined in COMAR 14.31.06.05(F) and vary based on staff roles:

- **Residential Child Care (RCC) Direct Care Staff:** Must complete 40 hours of initial training and 40 hours of annual training. Additionally, staff must pass a written examination approved by the Residential Child & Youth Care Practitioner (RCYCP) Board.
- **RCYCP Certification Requirements:** As specified in COMAR 10.57.03.03(A)(2), certification requires 30 hours of initial training and 30 hours of annual training.
- **RCC Program Administrators:** Must obtain certification and complete ongoing training. For recertification, administrators are required to complete 40 hours of training every two years, per COMAR 10.57.02.05(C)(3).

All staff training curricula must be approved by the licensing agency, as outlined in COMAR 14.31.06.05(F)(3).

Tracking & Monitoring Training Completion

Current/Prospective Foster & Adoptive Parents

The electronic system of record (Maryland Child, Juvenile and Adult Management System, CJAMS) allows LDSS staff to record and track all completed training within each foster or adoptive parent's provider record. The system prevents approval of an initial application if preservice training requirements have not been fulfilled. At this time, data related to the number of applicants and how many individuals completed pre-service is unable to be accurately assessed. Practice across local jurisdictions varies related to what stage of the process an interested individual is entered into the administrative data system. However, the table below shows data from the state's administrative data system, CJAMS, including the number of new providers approved for each calendar year and how many completed 27 or more hours of required pre-service training.

Period	Total Number of Newly Licensed Providers	27 or more training hours
CY22	501	244 (48.7%)
CY23	170	169 (99.4%)
CY24	237	237 (100.0%)

As it relates to ongoing training requirements, at the time of a provider's annual reconsideration all continuing training hours must be entered into the system and must meet the requirements outlined in COMAR for the home to be approved for an additional year. The table below shows data from the state's administrative data system, CJAMS, including the number of providers for each calendar year and how many completed the required 10 hours, or more, of training. In 2022, SSA met with LDSS representatives weekly and identified enhancements needed in CJAMS to ensure that resource parent training data was available and could be pulled accurately. The subsequent data report was not able to be accurately produced until 2023. As a result, data is not able to be reported for CY2022.

Period	Total Number of Providers	10 or more training hours
CY22	408	Not Available
CY23	722	673 (93.2%)
CY24	678	650 (95.9%)

Additionally, the CWA provides an annual report that provides a list of all of the training offered to resource and adoptive parents throughout the year along with completion rates for all training. Please note that this is a duplicated count due to the potential for a single individual to be counted multiple times as a result of taking multiple trainings during the fiscal year.

Period	Trainings Offered	Number of Individuals who Completed Trainings (duplicated count)
FY22	64	2,231
FY23	75	2,277
FY24	78	1,579

Maryland also received data from Foster Parent College (FPC) for CY 2024 (1/1/24-12/31/24). During this reporting period, 2,767 individuals participated in online training through FPC across 14,422 courses.

As part of Maryland's ongoing Continuous Quality Improvement (CQI) process, the state has developed the Quality Assurance (QA) Review Tool to monitor compliance in case record documentation. The QA Review Tool is an online-based form that guides individuals through a series of questions related to their ability to locate necessary documentation in the electronic record system. Cases are randomly selected to be reviewed. Reviews are completed by individuals within each local department. Reviewers are not able to review cases for which they were a worker or a supervisor, and this must be confirmed at the start of the QA Review Tool before proceeding with the review. Since 2022, the state has conducted 4 reviews of a random sample of Resource Homes case records (N = 644). Cases that were not applicable for each question were removed from the dataset. The majority of cases that were found to be not applicable were not applicable due to the provider being on hold or not accepting new placements. Beginning in April 2024 the question related to pre-service was changed from 24 to 27 hours due to an error in the previous iteration of the question. Data from these record reviews pertaining to the presence of pre-service and ongoing training documentation is provided in the table below. The question related to ongoing training asks whether documentation is provided for the current or previous year because each foster home's annual reconsideration is based on their date of initial approval; therefore, the time of the case record review may not align with where the record is within that re-approval year.

Question:	Implementation	Yes (%)	No (%)	Missing (%)	Total
"There is documentation of 24-hour pre-service training in the electronic record."	10/2022-1/2023	106 (85%)	17 (14%)	1 (1%)	124
	12/2023-2/2024	135 (91%)	14 (9%)	0 (0%)	149
"There is documentation of 27-hour pre-service training in the electronic record."	4/2024-7/2024	129 (98%)	3 (2%)	0 (0%)	132
	10/2024-1/2025	133 (98%)	3 (2%)	0 (0%)	136
Total Meeting Pre-Service Training Requirement	TOTAL	503 (93%)	37 (7%)	1 (0%)	541
"There is documentation of Continuing Education Training Opportunities (10 hours in-service) for current or previous year."	10/2022-1/2023	98 (79%)	14 (11%)	3 (2%)	124
	12/2023-2/2024	124 (83%)	9 (6%)	1 (1%)	149
	4/2024-7/2024	119 (90%)	6 (5%)	0 (0%)	132
	10/2024-1/2025	115 (85%)	8 (6%)	0 (0%)	136
	TOTAL	456 (84%)	37 (7%)	4 (1%)	541

Child Placement Agencies

Semi-annually, a random sample (10+10% with max 20) of CPA home records is reviewed by Licensing Specialists, including interviews with foster parents licensed through CPA homes. In CY 2023, OLM implemented intensified monitoring practices, resulting in a 100% review of CPA foster parent records for CJIS and CPS clearances, as a result additional records were also reviewed for training compliance compared to previous years.

Program Managers and Licensing Specialists regularly schedule meetings with providers to review and evaluate Corrective Action Plans (CAPs). Program Managers ensure that CAPs are comprehensive, detailed, and aligned with COMAR requirements. Licensing Specialists monitor provider compliance through periodic site visits, document reviews, and interviews, to verify that the issues leading to the CAP have been fully addressed.

Providers are not eligible for license renewal if any deficiencies remain unresolved, reinforcing accountability and driving continuous improvement in service delivery.

The following data was based on the OLM monitoring visits for the past three calendar years (2022, 2023 & 2024).

Period	# of CPA Home Records Reviewed	Compliant for Training	Non-Compliant for Training
CY2022	371	359 (97%)	12 (3%)
CY2023	555	531 (95%)	24 (5%)
CY2024	327	317 (96%)	10 (4%)

Residential Child Care Programs

To ensure compliance with certification requirements, the Department of Human Services' (DHS) Office of Licensing and Monitoring (OLM) reviews certification records submitted by the RCYCP Board to confirm that all direct care staff working with youth are properly certified. All staff training curricula must be approved by the licensing agency per COMAR 14.31.06.05 F (3). To ensure that Residential Child Care Program Professionals (RCCPP) meet the certification requirement DHS's Office of Licensing and Monitoring (OLM) reviews the list of certified RCCPP provided by the Board to ensure that all direct care staff working with youth are certified. The OLM Licensing Specialists review these records semi-annually to ensure documentation of all completed training is maintained in each employee's personnel file. During semi-annual monitoring, OLM reviews a minimum of 10 records, plus an additional 10% of the total records selected. Additionally, as part of the semi-annual reviews, OLM Licensing Specialists conduct interviews with a randomly selected sample of RCC staff. Interview questions assess whether staff have received the necessary training to perform their job duties and whether the training was perceived as effective.

The following data was based on the OLM monitoring visits for the past three calendar years (2022, 2023 & 2024). In 2023 In CY 2023, OLM implemented intensified monitoring practices, resulting in a 100% review of RCC staff and CPA foster parent and staff CJIS and CPS clearances, as a result additional records were also reviewed for training compliance compared to previous years. Further, in 2024, OLM completed a full review of all staff records.

Period	# of RCC Employee Records Reviewed	Compliant for Training	Non-Compliant for Training
CY2022	382	259 (68%)	123 (32%)
CY2023	575	515 (90%)	60 (10%)
CY2024	737	701(96%)	36 (4%)

Evaluating Training

Current/Prospective Foster & Adoptive Parents

In 2024, Maryland began to switch from the PRIDE pre-service training curriculum to the National Center for Training and Development Curriculum for Foster and Adoptive Parents (NTDC) to ensure that foster and adoptive parents across the state are receiving adequate training to develop the skills and knowledge needed to carry out their duties with regard to caring for foster and adoptive children. This training program was funded through a five-year cooperative agreement with the Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Ongoing training provided to resource parents across the state of Maryland through the Child Welfare Academy is evaluated through completion of the Impact of Training and Technical Assistance (IOTTA) survey following all ongoing training. These survey results are presented in a report developed by CWA annually and used to evaluate and determine the effectiveness of all ongoing training offered as well as to guide modifications and enhancements to training. Results of the IOTTA surveys are provided below:

Questions	Average Scores (1 = lowest to 10 = highest)		
	FY22	FY23	FY24
Were all of the learning objectives of this training met?	9.26 (n = 1,162)	9.35 (n = 821)	9.34 (n = 729)
Before today's training, what level of competence did you have with the information described in the training goals?	7.11 (n = 1,182)	7.22 (n = 826)	7.18 (n = 735)
Given what you learned in the training, what do you think your level of competence with the information presented in the training is now?	8.49 (n = 1,183)	8.59 (n = 829)	8.62 (n = 739)
In your current role, how important is it for you to master the information described in the training goals?	8.93 (n = 1,170)	9.11 (n = 826)	9.12 (n = 736)
Overall, how well organized and coherent was the training?	9.25 (n = 1,179)	9.34 (n = 828)	9.32 (n = 737)
Overall, how well did the training hold your attention?	8.94 (n = 1,177)	9.14 (n = 824)	9.05 (n = 732)
What level of impact do you think this training will have on your parenting over the coming months?	8.48 (n = 1,157)	8.79 (n = 811)	8.68 (n = 719)
How different is what you learned in today's training from how you currently approach your parenting?	6.51 (n = 1,149)	6.97 (n = 798)	6.80 (n = 697)
How confident are you that you will be able to integrate what you learned from today's training into your parenting within the next two months?	8.59 (n = 1,148)	8.74 (n = 810)	8.69 (n = 706)

In addition to the IOTTA Reports provided by CWA, participants who take online training through FPC complete a course evaluation at the conclusion of the training. A report received by FPC for CY 2024 provided the following feedback:

Evaluation Item	Average Score (1 = lowest to 5 = highest) N = 10,921
This course added to my knowledge about caring for children.	4.44
I liked the presentation of the training material.	4.37
I would recommend this course to others.	4.39
I feel the training was worth the time spent.	4.38

During the ongoing CQI Focus Groups, resource parents are asked to provide feedback on the ongoing training available to them. The table below provides the participation of resource parents across all implementations. Across all implementations, 23 of Maryland's 24 local jurisdictions were included.

Participant group	Number of participants				
	April 2022	October 2022	September 2023	September 2024	Total
Resource Parents	12	2	9	19	42

Across all focus group implementations, feedback on ongoing resource parent training was relatively consistent. Participants shared positive feedback regarding the number of training opportunities available to them. Participants noted training offered by the local department, the Child Welfare Academy, Foster Parent College, and other community/conference training opportunities. The main feedback received across implementations was the need for training that applies to the vast situations experienced by foster parents, including training for all stages of development and a variety of needs.

Child Placement Agencies/Residential Child Care Programs

During OLM's reviews of both Child Placement Agencies and Residential Child Care Programs, interviews are conducted with staff and providers at all contracted programs. During these interviews, staff and providers are asked for their feedback about the training they receive, including whether the training relates to their role within the program. The information collected through these interviews is used in OLM's assessment of the program's compliance and is considered in determining if a Corrective Action Plan (CAP) is needed.

Assessment of Systemic Factor Functioning

Item 28 is believed to be a Strength as Maryland is demonstrating strong performance in ensuring that training is being provided to foster and adoptive parents, including Child Placement Agencies and Residential Child Care Program/Childcare Institutions. On all data points presented above, Maryland's performance has continued to show improvements over the three year reporting period. Based on the case reviews that were conducted, 85% or more of provider cases in the electronic system of record have the completion of preservice training documented. The number of providers with the required initial pre-service training documented in their provider record increased to 98% in 2024 and remained at that rate through the beginning of 2025.

Since 2018 the Social Services Administration (SSA) released SSA/CW #21-09 Resource Home Licensing Standards and has updated COMAR 07.02.25 LDSS Resource Home Requirements.

SSA has developed an updated policy related to Resource Home Licensing Standards that is currently under review with the Children's Bureau. The updates ensure that the requirements for training and licensing are more clearly defined. SSA also released COMAR 07.02.09 Kinship Care Program in December 2024 which outlines kin specific licensing requirements. These requirements do not include mandatory training for initial or ongoing licensure for kinship caregivers. SSA/CW #24-06 Kinship Care Licensing Standards was released in support of the new regulations.

Further, based on the data reviewed, Child Placement Agencies remain consistent in staff and foster parent training compliance and an improvement in Residential Child Care Program staff training compliance was observed. Although COMAR does not mandate semi-annual monitoring of private providers, the data presented above suggests that OLM's increased and consistent monitoring directly correlates with higher rates of compliance. In addition to increased (semi-annual monitoring), OLM has made other changes since 2018 which are believed to contribute to the strong practice demonstrated. Specifically, OLM's quarterly meeting with all providers was changed to focus on providing technical assistance and interpreting guidance outlined in COMAR to support compliance with expectations. Further, the Provider Portal in CJAMS has a Resource tab that has COMAR guidance and eLearning guides.

Despite Maryland's strong performance, there remains room for improvement. The primary feedback received from resource parents in Maryland is that increased training topics are needed to ensure that there is applicable training for the various needs of the children served by the system. Maryland will need to continue to collaborate with the contracted partner, the Child Welfare Academy at the University of Maryland Institute for Innovation and Implementation, to ensure that resource parent feedback is being considered and applied on an ongoing basis.

E. Service Array and Resource Development Item 29: Array of Services

For this item, provide evidence that answers this question:

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

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the availability, accessibility, and delivery of services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. CFSR Round 3 found that services were not consistently available and accessible in all parts of the state. Identified gaps included housing, transportation, substance abuse treatment services, and quality mental health services, including a lack of child psychiatrists and trauma-informed therapy. Although Maryland has made significant strides in ensuring an adequate array of services, Maryland continues to identify gaps in specific service areas including mental health, specialized placement providers, and substance use disorder treatment. As such, Item 29 continues to be an Area Needing Improvement in Maryland.

Assessment of Needs and Strengths

One way that Maryland assesses the strengths and needs of children, youth, and families is by completing the Maryland Child and Adolescent Needs and Strengths (CANS) Assessment and the Maryland Child and Adolescent Needs and Strengths of Families (CANS-F). The CANS and CANS-F are formal tools that encourage caseworkers to collaboratively assess an individual or family's needs and strengths.

For children ages 5 and older in out-of-home care, Maryland's caseworkers complete the CANS every 6 months as part of their routine assessment process. For children younger than 5 who are not applicable to be assessed using the CANS, caseworkers complete informal assessments of strengths and needs and make referrals for formal evaluations as needed. The data table below shows the number of children that should have had a CANS assessment completed (denominator) along with how many did have a CANS assessment completed (numerator) and the associated percentage.

MD CANS Completion			
CY	**Numerator**	**Denominator**	**Percentage**
2022	2375	5674	42%
2023	2327	5249	44%
2024	2503	5073	49%

For families receiving in-home services through Family Preservation, caseworkers are expected to complete a CANS-F every 3 months. The data table below shows the number of families that should have had a CANS-F assessment completed (denominator) along with how many did have a CANS-F assessment completed (numerator) and the associated percentage.

MD CANS-F Completion			
CY	**Numerator**	**Denominator**	**Percentage**
2022	5554	7134	78%
2023	5898	7292	81%
2024	6012	7477	90%

Although not required by policy, Maryland's caseworkers are also able to use and document the following assessments to support their ability to identify strengths and/or needs of families:

- **Safety Assessment For Every child (Safe-C) and Safety Assessment for Every Child in Out-of-Home Placement (SAFE-C OHP):** A tool designed to alert staff to situations that pose an imminent danger to children. The SAFE-C form is used to assess the safety of children in Maryland's child welfare system that are at home with their caregivers. This assessment is meant to assess the safety of the living arrangement. The Safe-C OHP assesses safety of a child in Maryland's child welfare system in out-of-home placement. The SAFE-C OHP is required to be completed at minimum every 6 months, but is completed more frequently when a placement change occurs, anytime there is a safety risk identified, and at the time of permanency plan change.

- **Home Health Assessment:** Assessment of the home the youth will live in. It includes who lives in the home and where they sleep. It also includes a basic sanitation assessment of various items such as "exposed wires, things that are broken," and safety concerns such as peeling lead paint. The document will outline any needs that need to be met so the child can be safe in the home.

- **Maryland Formal Initial Risk Assessment (MFIRA) and Maryland Formal Risk Reassessment (MFRRA):** Assessment tools designed to help child welfare workers identify risk factors and determine the potential for further risk if services are not in place to help the family reduce risk to the child(ren).

- **Casey Life Skills Assessment:** Assessment completed every year for youth 14-20 to successfully prepare youth for the transition into adulthood which assesses individual

strengths and needs in the following life skill areas: daily living and self care activities; maintaining healthy relationships; work and study habits; using community resources and transportation; money management; computer literacy and on-line safety; housing; careers and education planning; civic engagement; and navigating the child welfare system.

- **Lethality Assessment (LAP) 2.0:** The LAP is a supportive assessment tool for screening clients to determine if they are in a potentially lethal situation and supplements the approved safety and risk assessment tools workers use in all cases. Assesses risk of individuals being served by CW and AS and their risk level of experiencing lethal Domestic Violence (DV) or Intimate Partner Violence (IPV).

- **The Quick Youth Indicators for Trafficking (QYIT):** Assess a youth's need for further services to address trafficking experiences.

Services to Create a Safe Home Environment

Maryland provides a multitude of services to families and children to create a safe home environment and keep children safely with their parents when reasonable. Some specific services are food assistance, transportation, parent mentoring through Sobriety Treatment and Recovery Teams (START), temporary housing assistance, summer camp and daycare assistance. In addition, referrals to resources include: therapeutic support, mentoring, tutoring, mother-baby substance abuse programs, Narcotics Anonymous, Healthy Families America, Multisystemic Therapy, Family Functional Therapy, Parent-Child Interaction Therapy, Tree House in Montgomery County, Family Recovery Program in Baltimore City, and Empowering Minds in Harford County.

According to the State's electronic system of record, since 2018, on average 96.4% of children served through Family Preservation were able to remain with their families. Within the same timeframe, an average of 98.3% of children remained in their homes and avoided out-of-home placement and 95.3% of children remained free from indicated maltreatment findings for up to 12 months after completing in-home services**.** This data suggests that, overall, the services being provided are successful in creating a safe home environment where children are able to remain safely with their parents.

Services to Support Permanency Achievement

When it is necessary for children to enter out-of-home care, the state provides services to help children in foster and adoptive placement achieve permanency. The Social Services Administration (SSA) provides funding to pre-adoptive and pre-guardianship families through Adoption and Guardianship Incentive Funds. These funds are intended to remove barriers and support the stability of families working toward achieving permanency for children. Family Team Decision Making (FTDM) meetings remain a central strategy for caseworkers to plan for permanency and facilitate family visitation, given the essential function that family visitation has in supporting successful reunification. In addition, referrals to resources to support permanency include: therapeutic support, mentoring, tutoring, mother-baby substance abuse programs, Narcotics Anonymous, Family Recovery Program in Baltimore City, as well as any additional support the child or family may need to achieve permanency through reunification, guardianship, or adoption. For adoptive and guardianship families, both pre- and post-permanency support may include referrals to organizations such as Wendy's Wonderful Kids (WWK), the Center for Adoption Support and Education (C.A.S.E.), and Paths for Families (formerly Adoptions Together). Finally, as of late 2024, Maryland has formally adopted a kin-first approach, prioritizing the placement of children with relatives whenever possible. To support this

shift, licensing requirements for kinship caregivers have been revised to be more family-centered and accessible.

Service Gaps

Despite the above outlined services for creating safe home environments and supporting the achievement of permanency, service availability remains a key challenge in Maryland, and the state persistent disparities..

To inform efforts in building a more responsive service array, Maryland utilized findings from the 2022 Community Partnership and Services Summary (CPSS) Report, along with insights from annual CFSR focus groups and interviews.

The CPSS was distributed to all 24 jurisdictions across Maryland. Each Local Department of Social Services assembled a team to thoroughly and accurately complete the survey, which focused on assessing the strength of their partnerships with various community providers and identifying service needs. One consolidated response per jurisdiction was submitted through an online survey platform. The CPSS Report provides data from the 2021 survey of Maryland's 24 local jurisdictions, this report highlighted the top five unmet needs:

1. **Mental health/psychiatric services** – identified by 22 jurisdictions
2. **Housing** – identified by 14 jurisdictions
3. **Out-of-home (OOH) providers** – identified by 11 jurisdictions
4. **Transportation** – identified by 8 jurisdictions
5. **Substance use disorder treatment (for parents and youth)** – identified by 7 jurisdictions

Focus groups conducted for the most recent CFSR confirmed these gaps and also identified additional gaps including: autism services, child care, insurance, and culturally competent providers. Despite these gaps, the CPSS survey found that 88% of Local Departments of Social Services (LDSSs) reported having adequate access to: medical/pediatric practices for children and youth, employment assistance/job training for adults, and services for victims of domestic violence. However, significant service gaps persist in other areas. Only 21% of jurisdictions reported sufficient access to substance use disorder treatment for youth. Additionally, just 25% reported having adequate availability of fatherhood engagement services and supports for unaccompanied homeless youth.

SSA is also tracking the needs of children in out-of-home placement who experience hospital overstays due to a lack of appropriate and available treatment and care settings. This information is being used to support strategic planning for prevention services and to guide the work of SSA's Placement Services Unit in collaboration with the Local Departments of Social Services, Local Care Teams, Maryland Department of Health's Behavioral Health Administration and Developmental Disabilities Administration. The goal is to identify service gaps and develop more tailored programming for children with specialized treatment needs and their families, in order to prevent out-of-home placement or promote permanency.

One of the most significant challenges facing families and children is the limited availability of timely mental health and substance use treatment services. Another critical gap involves facilitating family visitation, which is often hindered by barriers such as lack of transportation and scheduling conflicts, making consistent and meaningful contact difficult to maintain.
Maryland is a very diverse state, not only in terms of culture, race, and socio-economic background, but also in its geographic landscape and the distribution of rural and urban communities. Service gaps across the state vary widely and are often shaped by these factors.

Jurisdictions experiencing higher rates of poverty, substance use, or domestic violence may require services that are specifically tailored to address their unique challenges. Meanwhile, areas with diverse populations may need a broader array of services to accommodate cultural and linguistic differences, yet not all regions are adequately equipped to meet these needs. Although urban areas often have greater availability of services, they face the challenge of serving larger populations. In contrast, rural areas may benefit from serving fewer people, but often struggle with limited access due to a shortage of providers, distance and transportation barriers, and infrastructure limitations.

While services are available in some jurisdictions, actual accessibility depends on a range of factors including geographic proximity, transportation, language, and other criteria. As previously noted, several of Maryland's unmet needs stem from gaps in service availability; however, others are the result of accessibility challenges. In addition to issues related to availability, there are services—such as parenting support, mentoring, disability services, specialized health and dental care, childcare, and individualized family services—that, while present in some areas, remain difficult to access for many families due to logistical, economic, or systemic barriers. These barriers limit the ability of children and families to fully utilize the supports that exist.
In conjunction with accessibility challenges, waitlists can also pose a challenge to service accessibility in Maryland. In 2023 the Maryland Resource Parent Workgroup launched a survey of foster parents in the state of Maryland. At the conclusion of the data collection, 213 foster parents had responded to the survey. The majority of foster parents were licensed by the local department (81.7%, n = 174) and the remainder were licensed by a private agency. In this survey, participants were asked: "Has your foster child had to wait an extended period for therapy or other appointments?" On this survey question, 42.4% (n = 84) of participants responded "Yes," and 57.6% (n= 114) responded "No." Of the 84 respondents who reported they have had to wait for services, they reported the following when asked, "How long did you wait?"

Length of Wait for Services	Frequency	Percent
Less than 1 week	2	2.4%
1-2 weeks	3	3.6%
1-2 months	6	7.1%
3-4 months	27	32.1%
5-6 months	15	17.9%
6 months - 1 year	15	17.9%
1 year or more	4	4.8%
Never Received	9	10.7%
Missing	3	3.6%
Total	84	100.0%

Participants were also asked to provide context as to what services they had to wait for. Of the 84 participants who had to wait for services, the most common service reported was therapy. Other services reported included: medical appointments, psychiatry services (including inpatient and emergency), Infants and Toddlers or other developmental therapies, and Psychiatric Rehabilitation Program (PRP) services.

Assessment of Systemic Factor Functioning

The Service Array is an area needing improvement for Maryland. Overall, the agency performs well at assessing the strengths and needs of families; however, some assessment tools are utilized more appropriately than others. Identified gaps in assessment completion are often related to workforce challenges, including staffing shortages and high caseloads, as well as a lack of sufficient community resources to adequately support families.

While progress has been made in some areas related to service availability, there continues to be persistent and systematic service gaps in some areas. Maryland's data suggests that service gaps persist in the following areas: mental health services, housing, specialized placement providers, transportation, substance use disorder treatment, and specialty providers (i.e., services for individuals with autism). Maryland needs to increase availability and accessibility of these resources.

Despite the challenges, there are strengths related to the service array in Maryland. One of Maryland's key strengths is low entry rate into foster care. Four main factors can be attributed to low-entry rates. These include strong community partnerships, quality casework practice, meaningful family engagement, and access to adequate and available services. Maryland's strength in this area can be partially attributed to Maryland's Prevention Plan, developed in response to the Family First Prevention Services Act (FFPSA, 2018), which was approved in 2019. This plan includes four evidence-based programs (EBPs):

Healthy Families America: an evidence-based home visiting program dedicated to supporting new and expectant families, particularly those at risk for adverse childhood experiences such as child maltreatment;

Parent-Child Interaction Therapy (PCIT): evidence-based, behavioral therapy designed to help young children (ages 2 to 7) with emotional and behavioral issues by improving the quality of the parent-child relationship and changing parent-child interaction patterns. This can be offered in-home or in an office setting;

Multisystemic Therapy (MST): intensive, evidence-based treatment program designed for adolescents (usually ages 12–17) with serious behavioral problems. MST empowers caregivers to take the lead in addressing the youth's problems, with support from trained therapists;

Functional Family Therapy (FFT): short-term, evidence-based family intervention aimed at adolescents (usually 11–18 years old) who are experiencing behavioral and emotional problems. FFT focuses on the entire family and aims to improve family communication and relationships which have proven to improve problem behaviors in youth and reduce recidivism.

It is important to note that the availability of each Evidence-Based Program (EBP) varies by jurisdiction; some jurisdictions offer a particular EBP, while others do not.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:

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

Services that are tailored to individual developmental needs, responsive to disabilities and special needs, or accessed through flexible funding are examples of how the agency meets the unique needs of children and families.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations, including strengths and areas needing improvement, and findings by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with accessing and participating in individualized services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. Maryland was unable to demonstrate that service individualization was occurring consistently across the state. Since the Federal CFSR Round 3 in 2018, minor enhancements have been made to various policies to strengthen the individualization of services. As noted in Item 29, Maryland's Prevention Plan developed in response to the Family First Prevention Services Act (FFPSA, 2018), received approval in 2019. This plan incorporates four evidence-based programs: Healthy Families America, Parent-Child Interaction Therapy, Multi-Systemic Therapy, and Functional Family Therapy. These programs were selected by local jurisdictions to align with the specific needs of their populations and help to ensure availability of individualized services.

Further, the Social Services Administration (SSA) continues to expand collaboration with a wide range of community partners to further enhance the individualized delivery of services. Some of the specific meetings that involve discussions about the individualization of services are:

- **Tribal Reps:** although Maryland does not have a large population of youth who are members of federally recognized tribes, meetings are held on a bi-monthly basis to discuss data on tribal youth in care.

- **Local Management Boards (LMBs):** the LMBs are comprised of representatives from all child-serving agencies in the community, including directors, and serve as a forum for analytical discussions.

    - **Local Care Teams (LCTs):** operating under the LMB, these are interagency groups that examine community support and services for children and families, focusing on reasonable efforts to prevent removal and are highly case-specific.

- **Governor's Family Violence Council (GFVC):** this council meets quarterly to evaluate various service initiatives for victims and survivors. GFVC conducted a focus group with intimate partner violence (IPV) survivors to: strengthen engagement, amplify their voices, and ensure community partners have the necessary tools to address the physical and behavioral health challenges associated with IPV. GFVC completed seven abuse intervention program (AIP) site visits and conducted several AIP certifications/recertifications. Lastly, the GFVC focused on several key areas of study and established dedicated committees for each, including abusers failing to meet court-ordered conditions, access to benefits for immigrant survivors, stalking prevention, and the development of a survivor advisory council.

- **State Interagency Coordinating Council (SICC):** holds quarterly meetings to enhance early intervention services for infants and toddlers with disabilities. Data from the Office of Special Education Programs (OSEP) indicated that nearly two-thirds of children receiving early intervention services closed the developmental gap with peers. The Maryland Infants and Toddlers Program (MITP) launched a revamped referral website, mditp.org, to better support parents. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs expanded across Maryland, offering support to pregnant individuals and families with children under 3. The Judy Center network planned to add 18 new sites, expanding the existing 86 to promote school readiness for children under 5. The Maryland Family Network (MFN) and 19 subrecipients received funding to run Patty Centers, providing free resources, early care and education, parenting classes, job readiness programs, and health services for families with children from birth to age 5.

- **Citizens Review Board for Children (CRBC):** consists of Governor appointed volunteers from state and local boards representing all 24 jurisdictions. In FY2024 alone, 693 individual out of home cases were reviewed and CRBC provided information on an individual case level about the adequacy and effectiveness of efforts to promote child safety and well-being, efforts to achieve or maintain permanency for children, and about plans and efforts to improve services.

- **Casey Family Programs:** Planning team comprising Casey Family Programs and child welfare leaders from across human services sectors participated in a series, *"Meeting the Needs of High Acuity Youth with Unmet Complex Needs.*" The convenings centered around three primary goals: (1) prioritizing addressing root cause issues; (2) responding to the immediate placement crisis; and (3) developing sustainable, long-term solutions.

Despite Maryland's efforts in this area, Item 30 is believed to be an Area Needing Improvement in Maryland.

Individualizing Services

Maryland assessment tools, including the Child and Adolescent Needs and Strengths (CANS) and Child and Adolescent Needs and Strengths – Family (CANS-F) assessments, are essential tools for identifying developmental and learning disabilities, as well as other specialized services that families may require. When these assessments are conducted accurately, they help ensure that children and families receive the necessary support and allow the opportunity for families to co-create specific service plans based on their strengths and needs. Once needs are identified, Maryland strives to provide individualized services to address the individual or family's identified

need(s).

Developmentally Responsive Services

Maryland is a highly diverse state. There is a broad spectrum of abilities and special needs in our population. Among the most commonly identified neurodivergent conditions is autism, alongside a significant number of youth and adults with mental health and/or behavioral challenges.

Individuals with disabilities in Maryland are protected under both federal and state laws, including the Americans with Disabilities Act (ADA), the ADA Amendments Act (ADAAA), and Maryland's State Government Article Title 20. These laws ensure access to reasonable accommodations intended to promote fair access to employment, public services, education, and the judicial system.

During the 2021–2022 school year, approximately 12% of students enrolled in Maryland public schools—from pre-kindergarten through high school—were identified as having a disability. According to the 2022 National Survey on Drug Use and Health (NSDUH), an estimated 876,000 Maryland residents aged 12 and older were identified as experiencing a substance use disorder (including both drug and alcohol use) within the past year. It is important to note that this figure is an estimate and may under-represent the true extent of the issue, as the survey does not include individuals who are incarcerated, unhoused, or otherwise not included in the household surveys.

As noted previously**,** assessment tools, including the Child and Adolescent Needs and Strengths (CANS) and Child and Adolescent Needs and Strengths – Family (CANS-F) assessments are structured decision-making tools that assess an individual or family's needs and strengths in several categories. This assessment allows caseworkers and families to collaboratively identify areas of strength that can continue to be built upon, along with areas of needs where additional services and support may be necessary. Specifically, the CANS and CANS-F can be used to identify developmental and learning disabilities, as well as other specialized services that families may require.

These assessments, along with further discussions with families, help ensure that children and families receive the necessary support to meet their individualized needs. Based on these assessments and ongoing conversations, caseworkers and families co-create specific service plans based on the families strengths and needs. These service plans are tailored to meet the needs of the individual family. Some specific services offered are food assistance, transportation, parent mentoring through Sobriety Treatment and Recovery Teams (START), temporary housing assistance, summer camp and daycare assistance. In addition, referrals to resources include: therapeutic support, mentoring, tutoring, mother-baby substance abuse programs, Narcotics Anonymous, Healthy Families America, Multisystemic Therapy, Family Functional Therapy, and Parent-Child Interaction therapy. Many of these services are specified for age groups (i.e. PCIT for youth aged 3-7 years or Multisystemic Therapy for youth aged 11-17 years). These services, although geared toward the specified age group, can also be modified to meet developmental needs.

Culturally Responsive Services

In order to assist with language barriers, Maryland has a contract with a Statewide Foreign Language Interpretation/Translation Services (FLITS). This service provides language translation services to minimize or eliminate language barriers in three ways:

1. By telephone
2. On-site at the specified location
3. Written document translation

These services are available 24/7/365.

Some of the referral resources Maryland uses have providers that are specified for particular languages, but when that is not an option, FLITS is helpful to bridge the gap.

Use of Flex Funding to Support Individualization of Services

The use of flexible funding (flex funds) also plays a critical role in helping to bridge existing service availability gaps. The Social Services Administration (SSA) allocates flex funds to all local departments of social services across the state to be used at their discretion. These flex funds allow for the individualization of services to families by supporting the local departments ability to provide a range of essential services for families that may not be able to be accessed otherwise. These services may include interpreter support for non-English-speaking families; services not covered by medical assistance; anger management programs; in-home aide services that teach and model parenting skills, life skills, and employment readiness; advocacy; play therapy; child care and summer camp assistance; rent assistance; and utility assistance.

Maryland analyzed the distribution of Flex Funds using administrative data entered into the administrative data system (Maryland Child, Juvenile and Adult Management System, CJAMS). The table below outlines the categories of services that Flex Funds have been used for across the three reporting periods (4/1/2022-3/31/2023, 4/1/2023-3/31/2024, and 4/1/2024-3/31/2025) along with how many payments were made, the total amount paid, and the categories' percentage of the total payments for that period. It is important to note that this information is entered into CJAMS by caseworkers, therefore, the way that funds are categorized could vary depending upon individual and agency-level practice (i.e., bus tokens to visits could be categorized as transportation assistance or visitation support).

Category	April 1, 2022 - March 31, 2023	April 1, 2023 - March 31, 2024	April 1, 2024 - March 31, 2025
Respite/Placement Support (i.e., respite care, hospital overstay)	1,624 payments $2,445,231.95 (4.3%)	1,438 payments $1,867,953.05 (2.5%)	1,030 payments $759,394.01 (0.9%)
Cultural Support Services (i.e., translation services)	147 payments $100,198.47 (0.2%)	135 payments $134,436.00 (0.2%)	219 payments $171,769.03 (0.2%)
Services to Address Medical Needs (i.e., eye care, family planning)	784 payments $958010.53 (1.7%)	827 payments $919,144.76 (1.2%)	845 payments $874,397.35 (1.1%)
Services to Address Mental/Behavioral Health Needs (i.e., one-on-one support, crisis counseling)	4,108 payments $18,526,599.36 (32.4%)	3,912 payments $42, 208,597.19 (43.2%)	4.096 payments $40,809,795.41 (49.5%)
Assessment Services (i.e., drug and alcohol counseling, psychiatric evaluation)	2,636 payments $1,117,027.81 (2.0%)	2,352 payments $1,304,724.42 (1.8%)	2,424 payments 1,299,153.37 (1.6%)
Social/Recreational Activities (i.e., summer camp, mentoring)	1,916 payments $6,921,442.65 (12.1%)	1,985 payments $7,800,756.43 (10.5%)	1,870 payments $7,018,623.82 (8.5%)

Category	April 1, 2022 - March 31, 2023	April 1, 2023 - March 31, 2024	April 1, 2024 - March 31, 2025
Adoption Support (i.e., adoption attorney fees)	105 payments $126,226.99 (0.2%)	136 payments $180,136.24 (0.2%)	114 payments $175,416.87 (0.2%)
Support for Obtaining Documentation (i.e., passport, birth certificate)	561 payments $31,234.10 (0.1%)	420 payments $21,075.13 (<0.0%)	503 payments $22,599.46 (<0.0%)
Disability Support Services	127 payments $588,824.74 (1.0%)	181 payments $1,012,320.55 (1.4%)	161 payments $651,413.03 (0.8%)
Child Care	10,154 payments $7,125,104.73 (12.5%)	9,745 payments $7,312,791.61 (9.8%)	8,270 payments $6,683,657.23 (8.1%)
Visitation Support (i.e., transportation)	16 payments $1,560.10 (<0.0%)	19 payments $3,639.50 (<0.0%)	7 payments $1,712.00 (<0.0%)
Legal Services (i.e., family and group conferencing)	85 payments $31,816.09 (0.1%)	105 payments $49,652.33 (0.1%)	119 payments $48,983.40 (0.1%)
Parenting Skills Training/Support	357 payments $165,700.00 (0.3%)	458 payments $391,785.11 (0.5%)	409 payments $323,981.70 (0.4%)
Education-Related Services/Support (i.e., GED program, tutoring)	2,188 payments $6,642,233.39 (11.6%)	2,251 payments $7,856,606.89 (10.5%)	1,969 payments $7,129,382.84 (8.7%)
Job-Readiness Services/Support (i.e., vocational support, employment services)	171 payments $34,690.36 (0.1%)	89 payments $29,008.59 (<0.0%)	65 payments $15,991.31 (<0.0%)
Financial Support for Tangible Items (i.e., clothing allowance, furniture, personal hygiene)	11,482 payments $2,840,356.04 (5.0%)	11,216 payments $3,043,487.80 (4.1%)	10,837 payments $3,476,017.77 (4.2%)
Transportation Assistance	7,804 payments $3,120,350.27 (5.5%)	8,424 payments $3,770,882.82 (5.1%)	9,696 payments $4,953,165.55 (6.0%)
Housing Services/Support (i.e., moving assistance, deposits)	2,098 payments $2,335,785.10 (4.1%)	2,322 payments $3,007,702.84 (4.0%)	2,428 payments $3,280,238.93 (4.0%)
Household Management Skills Training/Support (i.e., budget and financial management)	3,211 payments $2,973,653.98 (5.2%)	2,447 payments $2,048,620.41 (2.7%)	3,018 payments $2,076, 872.27 (2.5%)
Other (i.e., burial assistance)	2,354 payments $1,102,703.38 (1.9%)	2,496 payments $1,573,211.31 (2.1%)	3,245 payments $2,620,502.87 (3.2%)
Total	51,928 payments $57,188,750.04 (100.0%)	50,958 payments $74,536,532.98 (100.0%)	51,325 payments $82,393,068.22 (100.0%)

Assessment of Systemic Factor Functioning

Item 30 is believed to be an Area Needing Improvement in Maryland. Despite the need for improvement, Maryland demonstrates a strong commitment to individualized, family-centered care by co-creating service plans that are tailored to the unique needs and strengths of each family. The state upholds compliance with IEP and ADA regulations to ensure fair access to services for individuals requiring additional support. There are many community providers that can customize services to individualize their services to the family. Additionally, the state enhances accessibility and equity through the use of interpreter services and flexible funding (flex funds), helping to bridge service array gaps and promote inclusive support for all families. Although individualized services exist and are available for some, qualitative data from the CQI Focus Groups and Community Partnership and Services Summary (CPSS) indicates that when individualized services exist, there is not enough of the services to meet the need. There is a need for more certain individualized services that can be accessible throughout the state. Specifically, availability of services for individuals with autism, which have been identified as having very long waitlists.

Further, Child and Family Services systems have been failing to adequately support children and families with complex care needs, resulting in concerning outcomes such as children residing in hotels and commercial office buildings, frequent placement changes, and increased use of restrictive settings such as congregate care and out-of-state placements. A planning team comprising Casey Family Programs and child welfare leaders from across human services sectors participated in several convenings to discuss themes and solutions.

Maryland also experiences challenges regarding the availability of accurate child-specific data. This includes more specific data on the number and types of disabilities and special needs among the children served, as well as the ability to assess whether the identified services have been successfully delivered. Additionally, although Maryland utilizes the CANS and CANS-F tools to identify strengths and needs and plan for services, caseworkers struggle with accurate use of this assessment tool. SSA has been collaborating with technical assistance partners to enhance the use of CANS and CANS-F for assessing youth needs and services; however, further work is needed.

F. Agency Responsiveness to the Community
Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

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

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all elements of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the ongoing consultation process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 31 based on findings from the statewide assessment and stakeholder interviews. While Maryland successfully demonstrated collaboration with community partners in Round 3, it did not effectively demonstrate a connection between this collaboration and the establishment of the goals, objectives, and updates of the CFSP. Maryland has made significant improvements in the collaboration with stakeholders pursuant to the CFSP and APSR since 2018. Despite these improvement efforts, Maryland's practice in this area requires continued improvement. Specifically, within the state's collaborations, there is a need for increased intentionality around connecting data discussions and feedback back to the APSR/CFSP. Maryland, as outlined in the most recent APSR, also plans to continue to improve collaboration with families and youth with lived experience in our policy decisions on an ongoing and routine basis. Given these continuing challenges, it is believed that Item 31 remains an Area Needing Improvement in Maryland.

Current CFSP Goal Development

In December 2023 and January 2024, Maryland held five two-day regional meetings to ensure stakeholder involvement in the development of CFSP goals. A total of 200 SSA, LDSS, and external partners participated in these regional strategic planning meetings. There was representation from all 24 LDSS in these meetings.

Routine Engagement of Stakeholder Groups

Tribal Representatives: During the reporting period, meetings with the Maryland Commission on Indian Affairs (MCIA) were held bi-monthly to review data on tribal youth in care. The data that is discussed include any new entries into OOH care that identify as having ICWA status inquiry, placements, education and health needs for the youth.

Citizens Review Board: The Citizens Review Board reviews Out-of-Home (OOH) cases and provides recommendations regarding permanency needs within each case. Quarterly reports are generated and the administrative team from several local departments along with Citizens Review Board members meet on an ongoing basis to review the findings of the case review. Additionally, the annual report developed from the Citizens Review Board findings is utilized in the development of CFSP goals and in the writing of the APSR.

The SSA Steering Committee: This committee is overseen by the Executive Director of the Social Services Administration (SSA). During this meeting, representatives from six local departments of social services attend and are provided the forum to provide feedback directly to executive leadership at SSA. Additionally, during this meeting upcoming initiatives are discussed and feedback is provided.

Expanded Executive Leadership Meetings: These meetings are scheduled to occur bi-weekly; however, due to scheduling challenges they often take place monthly. These meetings provide an opportunity for leadership from SSA and the local departments to come together to discuss data, goals, strategies for improvement, and related matters.

Maryland Association of Social Services Directors (MASSD): MASSD is a meeting for directors from each of Maryland's 24 local jurisdictions to come together. This meeting convenes virtually on a weekly basis and in-person monthly. During this meeting, participants discuss data and related practice, especially as it relates to timely achievement of permanency and lengths of stay in foster care.

Provider Advisory Council (PAC): PAC meets at least quarterly, and is overseen by a staff member at SSA. This meeting brings together representations from Maryland's private providers (including Therapeutic Foster Care Programs, Group Homes, etc.). In addition, three local directors attend PAC meetings and report back to all directors in MASSD (Maryland Association of Social Services Directors) meetings. Individuals from SSA's Office of Licensing and Monitoring (OLM) also participate in this meeting. The PAC serves as a forum to discuss data, placement needs, service provision, and CFSP goals.

Foster Care Court Improvement Project (FCCIP): Executive leadership from SSA attends FCIP sub-committee meetings (6-10 times per year). In addition, staff members with SSA attend meetings as needed to present information and data to this group. Almost every meeting includes discussion of headline indicators, permanency data, and goals for permanency. Data and information shared are utilized to inform courts, develop training, and confer with Permanency Planning Liaisons (PPLs) to determine how local practice impacts permanency and Termination of Parent Rights (TPR). In addition, the SSA team solicits data from the court system each year to support system evaluation and guide improvement efforts.

CQI Network Meeting: The CQI Network meeting is held monthly and brings together staff from SSA, legal/judicial representation, along with directors, assistant directors, and frontline staff from the local departments. These meetings are used to support Maryland's CQI cycle by regularly including discussion of CQI data (OSRI & headline indicators). These data discussions seek to identify barriers and strategies for success and promote peer-to-peer learning across local departments.

The Prevention and Child Safety Implementation Team: This team is led by SSA and meets quarterly. While specific CFSP/APSR discussions do not occur, feedback from this team has contributed to the development of CFSP goals, specifically through observation and evaluation of Family Team Decision Meeting (FTDM) practice in the state.

Permanency Enhancement Sessions: SSA has been holding monthly Permanency Enhancement Sessions that include representatives from the 24 local departments along with Permanency Planning Liaisons (PPLs) from the courts. These meetings review data factors and offer technical assistance to address questions arising from permanency data. The meeting is meant to assess and determine how the local departments can remove barriers and improve permanency outcomes. Permanency Planning Liaisons from the courts participate in these meetings as well.

Independent Living Coordinator Meeting: This meeting is held with Independent Living (IL) coordinators from across the state. The purpose of this meeting is to share data and new initiatives and policies related to independent living and provide IL coordinators the opportunity to identify barriers and needs of youth in Independent Living Programs (ILP).

Governor's Family Violence Council (GFVC): In 2024, the GFVC met quarterly. Throughout the year, the council evaluated various service initiatives for victims and survivors. GFVC conducted a focus group with intimate partner violence (IPV) survivors to strengthen engagement, amplify their voices, and ensure community partners have the necessary tools to address the physical and behavioral health challenges associated with IPV. GFVC completed seven abuse intervention program (AIP) site visits and conducted several AIP certifications/recertifications. Lastly, the GFVC focused on several key areas of study and established dedicated committees for each, including abusers failing to meet court-ordered conditions, access to benefits for immigrant survivors, stalking prevention, and the development of a survivor advisory council.

State Interagency Coordinating Council (SICC): In 2024, the SICC held quarterly meetings to enhance early intervention services for infants and toddlers with disabilities. Data from the Office of Special Education Programs (OSEP) indicated that nearly two-thirds of children receiving early intervention services closed the developmental gap with peers. The Maryland Infants and Toddlers Program (MITP) launched a revamped referral website, mditp.org, to better support parents. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs expanded across Maryland, offering support to pregnant individuals and families with children under 3. The Judy Center network planned to add 18 new sites, expanding the existing 86 to promote school readiness for children under 5. The Maryland Family Network (MFN) and 19 subrecipients received funding to run Patty Centers, providing free resources, early care and education, parenting classes, job readiness programs, and health services for families with children from birth to age 5.

Policy Network Groups Meetings (PNG): Recently developed, the PNG was designed to provide a framework for policy creation. This workgroup convenes to discuss policy updates on an as needed basis. There is one workgroup focused on child welfare services and another on adult services. The PNG group is in the process of being redesigned and will be implemented in a more topic focused manner when it is re-initiated.

FTDM Facilitator's Meetings: The FTDM Facilitator's Meetings are held quarterly with FTDM facilitators from across all 24 local jurisdictions and staff at SSA. These meetings are used to review data collected from FTDM feedback surveys, data entered into the state's administrative data system (Maryland Child, Juvenile and Adult Management System, CJAMS) related to FTDM compliance, and Self-Report data provided by the local departments related to FTDM

practice. These meetings are also used for peer sharing and provision of technical assistance. The discussions in this meeting are used to inform goal development and policy updates.

Youth Advisory Board (YAB): The YAB meets monthly and gathers follow-up surveys from youth after initiatives, along with feedback on policies and planned events affecting older youth. The Education and Emerging Adults specialists participate. SSA provides feedback and data regarding Maryland's IV-E prevention plan and the CFSP. Fenton Communications provides feedback/data after a virtual meeting with older youth concerning how foster care is portrayed in Maryland. AECF provides feedback/data from the Advancing Well-Being and Connections for Youth in Foster Care Conference.

Maryland Coalition of Families (MCF): Maryland partners with MCF in a variety of capacities to support inclusion of individuals with lived experiences. Input is gathered from MCF Caregiver Advisors on policies or documentation changes that are public-facing or impact individuals involved in child welfare. MCF Advisors also participate in pre-service trainings to share lived experiences and emphasize their importance in child welfare, and they join workgroups. Further, feedback is collected from the Maryland Coalition of Families (MCF) through focus groups with caregivers who have child welfare experience, though participation has been low. The information collected is used to inform the APSR and CFSP.

SSA Health Workgroup: This workgroup is led by SSA and meets monthly with managed care organizations, ombudsman representation, and a Maryland Department of Health (MDH) representative. Discussions focus on healthcare for children in out-of-home care, barriers to accessing healthcare, available benefits, SkyGen (dental provider), and the behavioral health contractor.

Kinship Navigator Family First Workgroup: This workgroup meets quarterly and serves as an opportunity for members to collaborate to enhance support for kinship families through resource provision, community outreach, and effective stakeholder engagement. Partnerships with stakeholders are strengthened, and insights are contributed to enhance Maryland’s Kinship Navigation program. Participants include the SSA Kinship Navigator Program Specialist, LDSS Kinship Navigators, MSDE liaison, Director of Clinical Services for The Center for Restorative Change, and SSA Program Manager Practice Innovation.

Kinship Navigator Peer Support Meeting: This peer support meeting is held monthly and facilitates the exchange of information, tackles practice challenges, and addresses emerging trends in supporting kinship families across all 24 Maryland jurisdictions through collaboration with LDSS Kinship Navigators. Peer-to-peer support is fostered among Kinship Navigators to effectively mitigate barriers. Participants include the SSA Kinship Navigator Program Specialist, LDSS Kinship Navigators or contract Kinship Navigators, and some LDSS supervisors.

Kinship Executive Governance: The Kinship Executive Governance meets every other week. This meeting involves Annie E. Casey, SSA, executive leadership staff, LDSS directors, Office of the Secretary Representatives, DHS Data team, and communications. This team ensures that the states' first goals continue to progress to improve overall outcomes for the children and families we serve. Additionally, feedback on Kinship Regulations was solicited through a workgroup consisting of SSA and local representatives. The regulations were released for public comment and elicited questions from multiple agencies, including CPAs, educational agencies, and attorneys. SSA met with these agencies to discuss the rationale and reasoning for the way the regulations were written and implemented.

Emerging Adults Workgroup: This workgroup meets monthly and is attended by a diverse set of stakeholders, including CASA, resource parents, DSS staff, independent living coordinators,

SSA representatives, and other state agencies. This workgroup strengthens services for older youth, improves permanency planning, education, mental health resources, and housing alternatives to address the needs of transitioning young adults.

Assessment of Systemic Factor Functioning

Item 31 is considered to be an Area Needing Improvement in Maryland. Despite the need for continued improvement, Maryland has demonstrated significant strengths. The Social Services Administration demonstrates extensive collaboration with a large group of stakeholders across the state on a regular basis. We engaged over 200 participants from all 24 LDSS during the 5, two day regional strategic planning meetings. Additionally, there was ongoing collaboration with youth through the Youth Advisory Board (YAB), caregivers with the Maryland Coalition of Families, tribal representatives, foster parents, and the courts.

Maryland has monthly or quarterly meetings with groups through the Provider Advisory Council, Permanency Enhancement Meeting, Local Management Boards, Kinship Navigator Peer Support Group, CQI Network, and Independent Living Coordinators. There are formal workgroups and councils focused on special populations and issues such as the Emerging Adults Workgroup, Substance Exposed Newborns Meetings, and the Foster Care Court Improvement Project.

Feedback from stakeholders directly informs SSA priorities which allows us to meet CFSP goals. We are receiving feedback from multiple boards annually and quarterly. These reports feed into APSR goal development. YAB surveys and focus groups, FTDM Facilitator feedback, as well as caregiver feedback (MCF), contribute to shaping policies and service delivery. Provider Advisory Council (PAC) meetings regularly discuss CFSP goals and performance measures.

Participation in the Governor’s Family Violence Council, State Interagency Coordinating Council (SICC), and Special Education State Advisory Committee, shows collaboration between child welfare, health, education, and judicial systems.

Multiple groups focus on reviewing and responding to performance data, including:

- CQI Network Meetings through peer learning and data sharing;
- Permanency Enhancement Meetings through the use of local data and technical assistance; Foster Care Court Improvement Project through data shared with courts to impact judicial decisions and training; and
- Regular meetings include data review from CJAMS, FTDM observations, and Headline Indicators, showing Maryland is using data feedback as an opportunity for improvement.

Despite these significant strengths in stakeholder engagement, the connection between this engagement and CFSP goals could be strengthened and better documented by the state. In some meetings, although data is being discussed and feedback is solicited, this information is not being linked back to CFSP goals. For example, the Tribal meetings, Prevention and Child Safety Implementation Team, and some health-related workgroups do not link their work to the impact it may have on CFSP goals. Additionally, at this time Maryland is not routinely collecting feedback from stakeholders as to their perceptions of how well the state is responding to the feedback they have provided.

Item 32: Coordination of CFSP Services With Other Federal Programs

For this item, provide evidence that answers this question:

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with service coordination between child welfare and other federal programs?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received a Strength for Item 32 based on information from the statewide assessment and stakeholder interviews. Maryland demonstrated coordination of federal services at both the state and local levels. Since Round 3 in 2018, Maryland has continued performing well in ensuring that services under the CFSP are coordinated with other federal and federally assisted programs. This is evident by the strong partnership and collaboration. Maryland continues to coordinate with local, state, and federal stakeholders and community-based prevention and other service providers to collaboratively support, intervene, and engage with families to meet their needs. As a result, Maryland asserts that this item, Coordination of CFSP Services with Other Federal Programs, is a Strength.

Maryland has demonstrated strong collaboration and coordination with several federal programs benefiting families and children provided by state, local and community-based agencies to support alignment of services serving the same population. Maryland currently coordinates with the following federal programs: Title IV-E Foster Care, Adoption, and Guardianship Assistance and Title IV-B, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, Family Investment Administration(FIA), Medicaid (Title XIX), Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health**,** Head Start and Early Head Start, and Individuals with Disabilities Education Act (IDEA) – Part C Early Intervention and State Interagency Coordinating Council (SICC). A brief description of Maryland's collaboration with each of these programs is described in more detail in the following sections.

Title IV-E Foster Care, Adoption, and Guardianship Assistance and Title IV-B: Title IV-E funds are used for prevention services (like mental health treatment, parenting support, and substance abuse services) that are part of our FFPSA/Title IV-E prevention plan. Title IV-E also funds foster care maintenance payments, adoption subsidies, and guardianship assistance.

Title IV-B programs complement Family First Prevention Services Act (FFPSA) by providing flexible funding for services that keep families together and reduce the need for foster care placements.

SSA has received award letters to fund these programs such as Kinship Navigation Funding. These funds have been used for working with 2-1-1 and helping kin caregivers meet the needs of the children in their care.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: SSA also collaborates with the Maternal, Infant and Early Childhood Home Visiting Program by attending cross agency committee meetings and workgroups. DHS currently has a Letter of Agreement with, MDH, Maternal and Child Health Bureau for reporting of the incidence of child maltreatment in homes visited by federally funded home visiting programs. This letter of agreement delineates the information and reports sharing that will occur between MDH and DHS that pertain to children and families served by both entities.

Family Investment Administration (FIA): The Family Investment Administration (FIA) plays a critical role in addressing the essential needs of families with children by providing income and food assistance through the Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Temporary Cash Assistance (TCA). These programs help ensure that families can access the necessary resources to maintain stability and meet their basic needs on both a temporary and ongoing basis. SSA and FIA have been collaborating to support families by optimizing resources, promoting self-sufficiency through work and personal responsibility, and strengthening family stability. This partnership has consistently aimed to create a safe and healthy environment for children, contributing to the well-being and resilience of communities.

Family Unification Program (FUP) funded through the Department of Housing and Urban Development (HUD):
Local Departments of Social Services identify and refer eligible families or youth to FUP when vouchers are available.

Eligibility usually includes:

- Families for whom the lack of adequate housing is a primary factor in the imminent placement of a child in out-of-home care or delaying reunification.
- Youth aging out of foster care who are at risk of homelessness.

The family's or youth's child welfare status is sometimes used to determine eligibility for FUP housing assistance.

The Maryland Department of Housing and Community Development, Maryland Department of Human Services, and Midshore Behavioral Health, Incorporated have an MOU in which they agree to cooperate with any program evaluation efforts undertaken by HUD, Health and Human Services (HHS), or a HUD or HHS-approved contractor, including compliance with evaluation protocols and data sharing requests. It also states what each entity’s responsibilities are and has shared forms to be used by people applying for FUP.

Medicaid (Title XIX): SSA partners with Medicaid which provides health coverage, including behavioral health, for our children in foster care.

Substance Abuse and Mental Health Services Administration (SAMHSA): Supports SSA collaboration on addressing parental substance use and child trauma. Maryland's Office of

Overdose Response and Maryland's Department of Health who both participate in health and substance use workgroups and meetings with SSA receive SAMHSA funding.

Department of Health: SSA partners specifically with Maryland Department of Health in many areas including workgroups, shared implementation of new legislation, and some other initiatives such as START (Sobriety Treatment and Recovery Teams). MDH and SSA have an Interagency Agreement (IAA) for some of these such as START in which local health departments are given letters of award to hire family mentors to work in local departments of social services to provide support in the implementation and administration of the START program.

Head Start and Early Head Start: SSA partners with and is an active member of the state's Special Education State Advisory Committee and MSDE Infants and Toddlers program. The SSA health policy ensures that children meeting criteria are referred to Infants and Toddler programs.

Individuals with Disabilities Education Act (IDEA) – Part C Early Intervention and SICC: Part C is the Infants and Toddlers Program aimed at identifying children with developmental disabilities and providing early intervention services. SSA continues to partner and meet with the State Interagency Coordinating Council (SICC) for Infants and Toddlers, quarterly to identify and discuss high-quality early intervention services and programs to address specific needs for children ages 0 to 5 and their families.

Assessment of Systemic Factor Functioning

Item 32 remains a Strength in Maryland given the strong partnerships with many federal agencies outlined above. These agencies are engaged with and have partnered with SSA through cross-agency workgroups, committees, councils and Interagency agreements. This allows for continuous feedback and helps identify service gaps and barriers and coordination of services. These agencies collaborated with Maryland in many initiatives including development of our CFSP goals. Maryland does not identify any areas of concern with our coordination and collaboration with federal partners. Further, Maryland was determined to be in substantial conformity with federal expectations for this systemic factor in Round 3 and no major changes have been made to our practice or policy around coordinating with federal partners since 2018.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention Item 33: Standards Applied Equally

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with state standards being applied equally?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 33 based on information from the statewide assessment and stakeholder interviews. At the time, more than half of Maryland's residential child care providers were noncompliant with the requirements for licensure. Each local department of social services was reported to be responsible for ensuring that resource family homes meet the Code of Maryland Regulations (COMAR) requirements, and the quality control mechanism for monitoring COMAR licensing standards was found to vary significantly across jurisdictions. At this time, Maryland's ability to comprehensively track consistent application of standards for foster, adoptive, and kinship homes remains limited. As a result, Item 33 remains an Area Needing Improvement for Maryland.

Standards and Regulations

Foster, Adoptive, and Kinship Homes
COMAR 07.02.25 LDSS Resource Home Requirements and SSA/CW #21-09 Resource Parent Home Standards policy provides direction to the LDSS on requirements for assessing, training, licensing, and supporting resource parents. The COMAR regulations and policy provide information and requirements related to: timelines for assessment and licensure, training requirements, background clearances, home, health and fire, safety requirements, the SAFE home study, rights and responsibilities of the resource parent and the local department, appropriate sleeping arrangements, education of children in out-of-home care, respite care, child care, behavior management, confidentiality, and annual reconsideration requirements. Released in December 2024, COMAR 07.02.09 Kinship Care Program and SSA/CW #24-06 Kinship Care Licensing Standards policy are meant to direct all Department of Human Services staff (DHS), including staff at the Local Departments of Social Services (LDSS) regarding to:

Maryland's preference for placing children in out-of-home care with kin; Requirements for assessing and licensing kinship caregivers; and Protocols and requirements for partnering with kin to achieve permanent families and lifelong connections for children while in out-of-home care. The COMAR regulations and policy provide information and requirements related to: timelines for assessment and licensure, background clearances, home, health and fire, safety requirements, rights and responsibilities of the kinship caregiver and the local department, appropriate sleeping arrangements, education of children in out-of-home care, respite care, behavior management, confidentiality, and annual review requirements.

Child Placement Agencies and Residential Child Care Programs (Group Homes)
The Department of Human Services, Office of Licensing and Monitoring (OLM) monitors Maryland's privately licensed Child Placement Agencies (CPA), for the recruitment and retention of regular foster homes, treatment foster homes, adoption agencies, and independent living programs. OLM also monitors Maryland licensed Residential Child Care Programs/Child Care Institutions. COMAR section 07.05.02, 14.31.06 outlines the requirements for the approval and licensure of foster family homes and childcare institutions. The monitoring of these licensing standards is described below.

Monitoring of Licensing and Consistent Application of Standards

Foster, Adoptive, and Kinship Homes
It is currently the responsibility of the local departments to monitor the licensing of foster, adoptive, and kinship homes and ensure that standards are being applied equally. The local departments complete an annual reconsideration of all licensed foster, adoptive, and kinship homes. During the reconsideration process, the safety of the home is re-evaluated along with any new household members over the age of 18 and the agency is responsible for ensuring that all necessary training hours have been completed to maintain licensure.

As part of Maryland's ongoing Continuous Quality Improvement (CQI) process, the state has developed the Quality Assurance (QA) Review Tool to monitor compliance in case record documentation. The QA Review Tool is an online-based form that guides individuals through a series of questions related to their ability to locate necessary documentation in the electronic record system. Cases are randomly selected to be reviewed and the number of cases reviewed varies by size of the jurisdiction. Reviews are completed by individuals within each local department. Reviewers are not able to review cases for which they were a worker or a supervisor, and this must be confirmed at the start of the QA Review Tool before proceeding with the review. Since 2022, the state has conducted 4 reviews of randomly selected Resource Homes case records (N = 644). Cases that were not applicable for each question were removed from the dataset. The majority of cases that were found to be not applicable were not applicable due to the provider being on hold or not accepting new placements. Beginning in April 2024 the question, "All required health and safety documentation (i.e., Fire Safety Checklist) is in the record." was split into two questions, separating out health documentation and home safety documentation, to provide greater accuracy. Data from these record reviews pertaining to the presence of clearances in the record are presented below:

Question:	Implementation	Yes (%)	No (%)	Missing (%)	Total
"Is the current Recon signed in the electronic record?"	10/2022 – 1/2023	98 (88%)	13 (12%)	0 (0%)	111
	12/2023 – 2/2024	120 (87%)	18 (13%)	0 (0%)	138
	4/2024 – 7/2024	125 (89%)	16 (11%)	0 (0%)	141
	10/2024 – 1/2025	120 (94%)	7 (6%)	0 (0%)	127
	TOTAL	463 (90%)	54 (8%)	0 (0%)	517

Question:	Implementation	Yes (%)	No (%)	Missing (%)	Total
"All required health and safety documentation (i.e. Fire Safety Checklist) is in the record."	10/2022 – 1/2023	111 (87%)	15 (12%)	2 (2%)	128
	12/2023 – 2/2024	154 (94%)	9 (6%)	0 (0%)	163
	TOTAL	265 (91%)	24 (8%)	2 (1%)	291
"All required current health documentation is in the record."	4/2024 – 7/2024	135 (91%)	13 (9%)	0 (0%)	148
	10/2024 – 1/2025	127 (93%)	10 (7%)	0 (0%)	137
	TOTAL	262 (92%)	23 (7%)	0 (0%)	285
"All required current home safety documentation is in the record."	4/2024 – 7/2024	139 (93%)	10 (7%)	0 (0%)	149
	10/2024 – 1/2025	131 (95%)	7 (5%)	0 (0%)	138
	TOTAL	270 (94%)	17 (5%)	0 (0%)	287

Child Placement Agencies and Residential Child Care Programs (Group Homes)
The Office of Licensing and Monitoring (OLM) assesses compliance through at least semi-annual monitoring. OLM consistently applies the regulations when reviewing for compliance and does not let other factors influence the monitoring of programs. Additionally, the data reflects that thorough and consistent monitoring is occurring in the private provider community. OLM conducts supportive technical assistance meetings with the provider community quarterly. Following the meeting, guidance documents are distributed to the providers with information and expectations to aid compliance with COMAR regulations. Private providers must enter required data elements related to RCC staff and CPA home certifications into the CJAMS portal. Semi-annually, a random sample (10+10% with max 20) of CPA home records is reviewed by Licensing Specialists. Monitoring elements include but are not limited to record reviews, interviews of staff, youth, and foster parents, and physical plant inspections. Non-compliant CPA and RCC programs are required to submit a Corrective Action Plan (CAP) to OLM to correct the areas of non-compliance. The Licensing Specialist reviews the CAP response and confirms the CAP implementation through documentation, assessment and follow-up visits. Providers are not able to renew their agency's license if any deficiencies are outstanding. If the non-compliant items are not corrected and require further action, then a sanction may be imposed.

The tables below for CY 2022, 2023 & 2024 provide data showing reviews completed to assess program compliance for RCCs and CPAs. OLM consistently applies the regulations when reviewing for compliance and does not let other factors influence the monitoring of programs. Additionally, the data reflects that thorough and consistent monitoring is occurring in the private provider community.

Period	Number of RCC Providers	Number of Site Visits	Number of Site Visits That Met Requirements	Number of Site Visits that Resulted in a CAP
CY2022	26	119	25 (21%)	98 (79%)
CY2023	26	101	32 (32%)	68 (68%)
CY2024	28	168	68 (40%)	100 (60%)

Period	Number of CPA Home Records Reviewed	Number That Met Requirements	Number Requiring a CAP
CY2022	371	333 (90%)	38 (10%)
CY2023	555	539 (97%)	16 (3%)
CY2024	327	304 (92%)	23 (8%)

Waivers and Variances

Current/Prospective Foster and Adoptive Parent Homes & Child Placement Agencies

Maryland's agency-licensed foster homes are able to receive waivers for CPS history. CPS clearances must be reviewed by the director of the agency who is able to grant the waiver, depending upon the circumstances of the CPS history. The waiver documentation is then uploaded to the state's administrative data system (Maryland Child, Juvenile and Adult Management System, CJAMS).

In addition to waivers for agency-licensed foster homes related to CPS history, agency-licensed foster homes and private therapeutic foster care (TFC) agencies may request a bed exception to be able to place more than two youth in the home. The bed exception request is reviewed by SSA staff and OLM for compliance. COMAR 07.02.21.09 Treatment Home Capacity Requirements; The number of children placed in one eligible treatment home may not exceed two without prior justification and approval in writing from the Administration.
Family Law statute 5-525.2 was amended in 2017 (TFC bed exceptions) to allow siblings to be placed together in excess of two if the local department makes a written finding and notifies SSA.

COMAR 07.02.25.05 B. Exception. The local department may permit a resource parent to care for up to eight children, including the resource parent's children:
(1) When necessary to keep a sibling group together;
(2) In the case of an emergency placement of up to 90 days; or
(3) In appropriate circumstances, if the local director or designee has given written approval.

Maryland is aware that these COMAR regulations are not consistent with federal requirements and is currently working with the Office of the Attorney General (OAG) to address this discrepancy.

Although waivers are uploaded to the system, at this time the data is unable to be extracted from the system for tracking purposes.

Residential Child Care Programs (Group Homes)
Providers request a variance or waiver according to COMAR 14.31.05.12A and B or COMAR 14.31.05.12C and D. OLM Licensing Specialists and Program Managers review waiver or variance requests based on the above COMAR.

Over the past three years, the following waivers were requested by Residential Child Care Programs and granted:

Provider	Date	Type of Variance or Waiver
Inner County Outreach	March 2024	Waiver request for staff's criminal history of physical assault conviction that was less than 5 years from his date of hire
Linwood Center	July 2024	Waiver request for RCYCP to mitigate the lack of properly credentialed staff in their group home.
Inner County Outreach	December 2024	Waiver request for step compliance as they were inadequate in tread depth as well as not uniform in their treads and heights constituting a safety hazard.

There were no waivers requested by Residential Child Care Programs in CY2022 or CY2023.

Assessment of Systemic Factor Functioning

Maryland demonstrates strong practice in consistently applying standards, particularly regarding Child Placing Agencies (CPAs) and Residential Child Care (RCC) Programs. Based on the data provided above, the Office of Licensing and Monitoring (OLM) conducts semi-annual monitoring of these providers, enabling comprehensive assessments of standards adherence. OLM also performs periodic site visits to ensure corrective action plans (CAPs) are implemented before CAP approval. The CAP report was developed to help OLM track deficiencies found in provider agencies. The data suggest that the number of RCC and CPA records requiring a corrective action plan has decreased over the reporting period: RCC providers requiring a CAP decreased from 79% in 2022 to 60% in 2024, and CPA homes requiring a CAP decreased from 10% in 2022 to 8% in 2024. Additionally, OLM holds quarterly technical assistance meetings that allow private providers to ask questions and receive guidance on interpreting regulations.

OLM's reviews reveal a high amount of non-compliance with RCC's because every type of COMAR deficiency is included in this review, with most of the deficiencies related to the physical plant, the physical infrastructure, including buildings and equipment, used to operate the RCC. This non-compliance is addressed by the development of a Corrective Action Plan (CAP) to correct the areas of non-compliance. The Licensing Specialist with OLM reviews the CAP response and confirms the CAP implementation through documentation, assessment and follow-up visits. OLM is continuously evaluating and developing the monitoring process to ensure COMAR compliance with the provider community. With the development of new reports in the state's administrative data system, CJAMS, OLM will be able to determine the breakdown of deficiencies by type to target specific noncompliance.

Regarding foster, adoptive, and kinship homes, the state's capacity to comprehensively monitor and track the application of standards is currently limited. The licensing and monitoring of foster, adoptive, and kinship homes remains the responsibility of each local department, and this data is not tracked at a state-level. To begin addressing this gap, questions related to this item will be added to the CQI Focus Groups starting in fall 2025.

Finally, it is important to note that in December 2024 Maryland updated the COMAR regulations related to resource homes and released new COMAR regulations for kinship caregivers. Monitoring the application of these updated regulations will be essential moving forward.

Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question:

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the criminal background check process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received a Strength for Item 34 based on information from the statewide assessment and stakeholder interviews. Maryland was compliant with federal requirements for criminal background checks for licensing or approving foster care and adoptive placements and the Office of Licensing and Monitoring reviewed compliance of homes licensed under child placement agencies and residential child care providers. Since Round 3 in 2018, Maryland has updated policies and practices related to criminal background checks, clearances, and ensuring safety of children in out-of-home care, as outlined below. Based on the processes and data reviewed for this statewide assessment, Item 34 is believed to remain a Strength in Maryland.

Criminal Background Clearance Requirements

Per COMAR 07.02.25, LDSS Resource Home Requirements, any applicant and any household member 18 years old or older shall apply for a state and federal fingerprint-based criminal background clearance. Any applicant and all household members 18 years old or older shall also provide sufficient information for a local department to conduct: Child protective services clearances; Motor Vehicle Administration driving records; a search of the Maryland Judiciary Case Search; and a search of the Maryland and National Sex Offender registries. The local department shall request information from the state-maintained child abuse and neglect registry in any state in which an applicant or household member 18 years old or older has lived within the prior 5 years to determine whether that individual has been found responsible for child abuse or neglect. A home cannot be licensed until the state and federal fingerprint-based

criminal background clearance and all other required clearances have been completed and reviewed and determined to be in compliance with federal requirements.

Further, a local department may not license or continue to license an individual as a resource parent if that individual or any household member 18 years old or older has a felony conviction for: (a) Child abuse or neglect; (b) Spousal abuse; (c) A crime against a child or children, including child pornography; (d) A crime of violence as enumerated in the Criminal Law Article, § 14-101, Annotated Code of Maryland, including rape, sexual assault, or homicide, but not including other physical assault or battery; or (e) Human trafficking. (5) A local department may not license or continue to license an individual as a resource parent if that individual or any household member 18 years old or older has a felony conviction within the prior 5 years, involving: (a) Physical assault; (b) Battery; or (c) Drug-related offense.the
If offenses are identified, the local director must review charges, investigations, convictions, or findings related to any other crimes of any household member. Through this review, the local director must determine the possible effect on the applicant's ability to execute the responsibilities of a resource parent and the ability of the LDSS to achieve its goals in providing services to children in care. Based on this review, the LDSS director has the authority to deny, suspend, or revoke resource home approval if an applicant or any household member has any of the above stated convictions.

SSA_CW #21-09 CW Resource Parent Home Standards provides additional information and guidance related to background clearances for potential resource parents and household members. Specifically, this guidance explains that the applicant must agree to and clear the following MD state clearances: Judiciary Case Search, Child Support, MD Sex Offender Registry and MVA driving record. For any household member 18 years or older must apply for state and federal criminal background investigation.

COMAR 07.02.25 and SSA_CW #21-09 outline the requirements for the annual reconsideration process. The annual reconsideration is a process that ensures that resource parents, household members, and the physical home itself continue to meet the license requirements to ensure ongoing safety of children in out of home care.

Kinship Caregiver Homes
COMAR 07.02.09.03 requires the kinship caregiver and all household members 18 years old or older to apply within 5 business days for a State and federal fingerprint-based criminal background clearance at location(s) provided by the local department and at no cost to the caregiver or other adults in the home. This guidance also stipulates that the following must be reviewed for any kinship caregiver or adult household member: Child protective services records; State and national sex offender registries; and Maryland Judiciary Case Search. The local department must ask if any adult in the home has lived out of state in the last 5 years, and if yes, the local department shall request documentation from the other state’s state-maintained child abuse and neglect registry; and as soon as they become available, review the results of: Child protective services clearances; State and federal fingerprint-based criminal background clearance; and Out-of-state CPS clearances from any state that a kinship caregiver or household member 18 years old or older has lived within the prior 5 years to determine whether that individual has been found responsible for child abuse or neglect.

The local department may not license any home in which an adult in the household has:

- A felony conviction for:
    - Child abuse or neglect;
    - Spousal abuse;
    - A crime against a child or children, including child pornography;

    - A crime of violence as enumerated in Criminal Law Article, § 14-101, Annotated Code of Maryland, including rape, sexual assault, or homicide, but not including other physical assault or battery; or
    - Human trafficking.
- Has had a felony conviction in the prior 5 years for:
    - Physical assault;
    - Battery; or
    - A drug-related offense.

SSA_CW #24-06 provides additional information related background clearances for kinship caregivers and household members. This information includes the requirements related to clearances being conducted when new household members join the kinship resource home or when household members turn 18 years old. Additionally, the policy discusses the requirements related to consents for background clearances.

For all resource homes licensed by the LDSS, Maryland's electronic system of record (Maryland Child, Juvenile and Adult Management System, CJAMS) has a required data field where criminal background clearances are documented at the time of assessment and licensing. The system ensures that the criminal background clearances are entered as a part of the application process and the application cannot be approved without the information being added. Additionally, an LDSS supervisor has to review and sign the final SAFE home study document that outlines what criminal background clearances have been completed, the date of the clearance, and the results of the clearance.

COMAR 07.02.09 and SSA_CW #24-06 outline the requirements for the annual review process. The annual review is a process that ensures that kinship caregivers, household members, and the physical home itself continue to meet the license requirements to ensure ongoing safety of children in out of home care.

Performance Data

As part of Maryland's ongoing Continuous Quality Improvement (CQI) process, the state has developed the Quality Assurance (QA) Review Tool to monitor compliance in case record documentation. The QA Review Tool is an online-based form that guides individuals through a series of questions related to their ability to locate necessary documentation in the electronic record system. Cases are randomly selected to be reviewed and the number of cases reviewed varies by size of the jurisdiction. Reviews are completed by individuals within each local department. Reviewers are not able to review cases for which they were a worker or a supervisor, and this must be confirmed at the start of the QA Review Tool before proceeding with the review. Since 2022, the state has conducted 4 reviews of randomly selected Resource Homes case records (N = 644). Cases that were not applicable for this question (n = 71) were removed from the dataset. The majority of cases that were found to be not applicable were not applicable due to the resource home choosing to be on hold, which means that they are not currently able to accept new placements at this time. The question in the QA Review Tool asks reviewers to ensure that all of the required clearance documentation is included in the record. Additionally, if waivers have been granted (discussed in more detail in Item 33) the reviewer is tasked with ensuring that this documentation is also in the record. The review tool question does not distinguish between types of documentation, so further detail into how frequently waivers were located in the record is unable to be extrapolated. Data from the QA Review Tool is used by the ACQI Unit at SSA to have targeted technical assistance discussions with local departments about the importance of ensuring necessary documentation is in the electronic case record. Data from these record reviews pertaining to the presence of clearances in the record are presented below:

Question:	Implementation	Yes (%)	No (%)	Total
"Are all clearances, including the Director's waiver, in the electronic record, if applicable?"	10/2022 – 1/2023	105 (86%)	17 (14%)	122
	12/2023 – 2/2024	158 (96%)	7 (4%)	165
	4/2024 – 7/2024	137 (92%)	12 (8%)	149
	10/2024 – 1/2025	130 (95%)	7 (5%)	137
	TOTAL	530 (92%)	43 (7%)	573

Child Placement Agencies (CPAs) and Residential Child Care (RCC) Facilities

All Child Placement Agencies (CPAs) and Residential Child Care (RCC) facilities in Maryland are required to obtain and review state and federal criminal background checks in accordance with the Code of Maryland Regulations (COMAR). Maryland is fully compliant with federal requirements regarding the receipt and use of criminal background check results.

Based on COMAR 14.31.06.05, all CPA and RCC facilities in Maryland:

1. may not appoint as an employee, a member of the board of directors, or a volunteer with unsupervised access to children any individual who:
    a. Refuses to submit to:
        i. A criminal background check in accordance with State law, including Family Law Article, §§5-560—5-568, Annotated Code of Maryland; or
        ii. A Child Protective Services clearance;
    b. Has an indicated child abuse or neglect finding; or
    c. Has a conviction for:
        i. Child abuse or neglect;
        ii. Spousal abuse;
        iii. Rape;
        iv. Sexual assault;
        v. Homicide; or
        vi. Any crime against children;
    d. Has a conviction within 5 years of applying for a job with the program for assault or a drug-related offense; or
    e. Has conviction within 5 years for a violation of the Courts and Judicial Proceedings Article, §3-838 or 3-8A-30, Annotated Code of Maryland.

CPA providers must ensure compliance with COMAR 07.05.02.11 E (7)(a). Specifically:

- Background checks are required to be completed and reviewed by the licensing agency to determine compliance with the requirement outlined in COMAR 07.02.25 (outlined above) before a CPA home can be certified.
- If a household member turns 18, the CPA must complete a criminal background check prior to the next annual certification.
- When a resource home provider transfers to another CPA, the receiving CPA must:
    - Immediately schedule a meeting with the foster parent.
    - Complete all necessary forms to begin the certification process, including the home study.
    - Obtain Child Protective Services (CPS) clearances and state and federal background checks for all household members aged 18 and older.
    - A notification is sent 30 days prior to a youth turning 18, reminding the CPA that a background check must be completed..

Maryland policy 19-13: Criminal Record and Child Protective Services Clearances for Residential Child Care Programs provides guidance to Residential Child Care Programs regarding the safety background requirement changes outlined in the Bipartisan Budget Act of 2018, Public Law 115-123, which became law on February 9, 2018. P.L. 115-123 includes the

Family First Prevention Services Act (FFPSA). FFPSA made a number of changes to titles IV-B and IV-E of the Social Security Act.

To ensure the safety of children placed in RCC facilities, all adults working in a RCC facilities shall undergo criminal background checks and CPS clearances prior to employment. The RCC facilities shall ensure that requests for a criminal background check in accordance with COMAR 12.15.02 and Child Protective Services clearances have been submitted for each prospective employee. The criminal records background check and CPS clearances shall be reviewed by the RCC facilities to exclude from employment any individual who has an indicated child abuse or neglect finding or has a conviction for any crime enumerated in COMAR 14.31.06.05, which includes: spousal abuse, rape, sexual assault, homicide, or any crime against children and those who have a conviction within 5 years of applying for a job with the program for assault or a drug-related offense, or has conviction within 5 years for a violation of the Courts and Judicial Proceedings Article, §3-838 or 3-8A-30, Annotated Code of Maryland.

Consistent with Maryland's above policy guidelines, RCC facilities must comply with COMAR 14.31.06.05 D(7) and COMAR 14.31.06.05 E(1)(e), which require:

- Personnel records to include documentation of the criminal background check request, initial outcomes, and any periodic updates.
- All adults working in RCC facilities have completed criminal background checks, as mandated by the Family First Prevention Services Act (FFPSA).

Oversight and Monitoring

The Office of Licensing and Monitoring (OLM) ensures compliance through semi-annual monitoring of provider records, including CPA and RCC staff and CPA licensed foster parent files. In addition, OLM facilitates Quarterly Provider Meetings, which offer an opportunity for providers to raise questions and discuss issues related to background checks and home study components. OLM staff also provide technical assistance and interpretation of COMAR regulations as needed.

To support regulatory compliance, CPA and RCC providers also utilize:

- CPS clearances;
- Maryland Sex Offender Registry;
- Maryland Judiciary Case Search;
- Child support clearance records; and
- Motor Vehicle Administration (MVA) driving records.

The Office of Licensing and Monitoring (OLM) has consistently verified compliance with federal requirements for completing criminal background checks in both Child Placing Agency (CPA) providers and Residential Child Care (RCC) facilities, as demonstrated by the compliance rates referenced above. In CY 2023, OLM implemented intensified monitoring practices, resulting in a 100% review of RCC staff and CPA foster parent and staff CJIS and CPS clearances. These efforts highlight OLM's ongoing commitment to protecting youth and upholding the integrity of provider operations through rigorous oversight and accountability.

Providers are not able to renew their agency's license if any safety related deficiencies are outstanding. If the non-compliant items are not corrected and require further action, then a sanction is imposed.

Data from OLM's monitoring of CPA home records is provided in the table below. Based on the data reviewed for 2022, 2023, & 2024, Child Placement Agencies remain consistent in staff and foster parent clearance compliance.

Period	# of CPA Home Records Reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
CY2022	371	345 (93%)	26 (7%)
CY2023	555	526 (94%)	29 (6%)
CY2024	327	314 (96%)	13 (4%)

Data from OLM's monitoring of RCC employee records is provided in the table below. Based on the data reviewed 2022, 2023, & 2024, Residential Child Care Programs remain consistent in staff clearance compliance. In 2024, OLM completed a full review of all staff records which included assessments of all CJIS and CPS background check results.

Period	# of RCC Employee Records Reviewed	Compliant for Federal Clearance	Non-Compliant for Federal Clearance
CY2022	367	358 (98%)	9 (2%)
CY2023	575	572 (99%)	3 (1%)
CY2024	737	723 (98%)	8 (2%)

Child Safety

Foster & Adoptive Parent Homes (including Kinship Caregiver homes)
Each staff member is required to meet with the parents to engage in the case planning process. Once a case plan is developed for the family, the parents, worker and supervisor have to sign the case plan and it must be entered in the electronic system of record as a document. The electronic system of record also has a milestone report that shows when case plans are due for each out of home case. This milestone report allows the worker and supervisor to ensure that case plans are completed timely.

The worker is also required to complete a Safety Assessment for Every Child in Out-of-Home Placement (SAFE-C OHP) at certain times in the life of a case. The SAFE-C OHP is Maryland's formal assessment tool that is used to assess the safety of the child in their current placement setting. The SAFE-C OHP is required to be completed at minimum every 6 months, but is completed more frequently when a placement change occurs, anytime there is a safety risk identified, and at the time of permanency plan change.

Maryland Policy 22-02 provides a framework for responding to CF/SPI/CI by clarifying the protocol for Child Protective Services (CPS), Family Preservation Services, and Placement and Permanency Services' staff, including updated practice guidance notification forms, timelines, and information about data collection. In addition, this policy addresses disclosure of information and offers guidance when responding to inquiries from the media or elected officials. At the time of this assessment, Maryland is in the process of updating this policy to remove COVID-related critical incident reports and critical incident reports related to runaway youth. This new policy has yet to be released.

In addition to Maryland Policy 22-02, COMAR 07.02.11.23 outlines procedures to be followed when abuse or neglect is suspected in an out-of-home placement. Specifically:

(1) The public or private child placement agency employee who receives a report, or makes a personal observation, of suspected abuse or neglect in an out-of-home foster care placement shall immediately:
    (a) Notify the following unit and staff of the local department in the jurisdiction in which the incident occurred:
        (i) Child welfare screening unit;
        (ii) The out-of-home placement caseworker or supervisor for each child in placement; and
        (iii) If applicable, the foster home caseworker or supervisor; and
    (b) Assess the level of safety for each child, and, if the child is not safe, remove the child and arrange for the child's protection and care.
(2) Within 5 working days, the local department shall provide notice of the report of suspected child abuse or neglect, and of the action taken in response to the report, to the:
    (a) Administration;
    (b) Child's parents or legal guardian, unless:
        (i) The child sustained an injury in which case notification must be made within 24 hours of the report; or
        (ii) Notification to the parents or legal guardian is contrary to the child's best interest;
    (c) Child's attorney;
    (d) Caseworkers for other children living in the out-of-home foster care placement;
    (e) Parties permitted by State law to receive notification upon request; and
    (f) Department's Office of Licensing and Monitoring if the child resides in a:
        (i) Private agency foster home;
        (ii) Group home, including a shelter; or
        (iii) Residential treatment program.

COMAR 07.02.11.23 also provides the following guidelines for the resulting investigation:
(1) The local department's child welfare screening unit shall respond to the complaint of abuse or neglect as required by Family Law Article, Title 5, Subtitle 7, Annotated Code of Maryland, and COMAR 07.02.07, except that the investigator may not be the caseworker for any child in the out-of-home foster care placement.
(2) Additional children may not be placed in the home pending the outcome of the investigation and the decision by the local department director or designee as to the continued use of the home.
(3) The local department shall complete a preliminary reassessment of the home within 2 working days of the complaint to determine whether the home still meets the standards for a foster home pursuant to COMAR 07.02.25 or 07.05.02.
(4) If foster children remain in the home, the appropriate local department staff shall visit the foster home weekly until the local department director or designee renders a written decision as to the continued use of the home.
(5) The investigator, the caseworkers for the children in the out-of-home placement, and the foster home worker shall remain in close communication throughout the investigation.

COMAR 07.02.11.23 provides the following guidance on processes to follow when a there is a critical incident in a foster home:
(1) Not later than 2 working days after the incident is reported, the local department shall, according to the Administration's Critical Incident Protocol, conduct a case conference which shall include the:

(a) Child protective services caseworker;
(b) Out-of-home placement caseworker and supervisor; and
(c) Foster home and private agency caseworker, if applicable.

(2) After considering the information provided, the case staffing team shall produce recommendations regarding continued use of the foster home for the local department director or designee.
(3) Within 5 working days of receiving the recommendations, the local department director or designee shall render a written decision.
(4) A copy of the local department director or designee's decision shall be placed in the foster home record and the child's record.

Further, within 5 working days of the staffing review, the local department shall mail a copy of the local department director or designee's written decision to the:
(1) Foster parent;
(2) Administration;
(3) Private child placement agency, if applicable;
(4) Child's attorney; and
(5) Parties permitted by State law to receive notification upon request.

Lastly, upon receipt of the disposition report for the investigation, the local department shall:
(1) Notify the:
(a) Foster parent;
(b) Child's parents, unless notification is contrary to the child's best interest;
(c) Child's attorney; and
(d) Parties permitted by State law to receive notification upon request; and
(2) Place a copy of the letters of notification in the child's record.

Following this guidance, DHS/SSA tracks all provider maltreatment reports via the 1080 reporting tool that is shared with SSA. LDSS are to report all provider maltreatment allegations. In CY2024, SSA began tracking all allegations of provider maltreatment received from local departments and responding by offering assistance and requesting attendance at the Rapid Response Report Team (RRRT) meeting. Collected data shows that in CY 2024, 24,328 reports were received that involved an allegation of provider maltreatment. It is important to note that “provider maltreatment” may include an allegation of abuse or neglect that is received when a child is with their parents on a trial home visit.

Child Placement Agencies and Residential Child Care Program/Child Care Intuitions
Alleged maltreatment incidents in CPA placements or RCC group homes must be reported to the Local Department of Social Services (LDSS)/CPS unit, OLM, and the private provider agency. CPA and RCC Providers are required to submit a Uniform Incident Report via CJAMS, Maryland’s reporting system. Reports are monitored daily by a Quality Assurance Specialist and forwarded to the Licensing Specialist for further review and follow-up. All CPS alerts are evaluated to determine if an alert qualifies as a complaint necessitating an OLM investigation for possible regulatory violations. Licensing Specialists are required to respond within 24 hours and may offer technical assistance or impose sanctions if needed.

Maltreatment Response:
- CPA homes:
  - All CPA homes are placed on hold during investigations, and youth may be removed based on the decision made jointly by the local placement worker, investigation worker, and CPA provider.
  - OLM receives and reviews indicated maltreatment findings to ensure appropriate provider response.

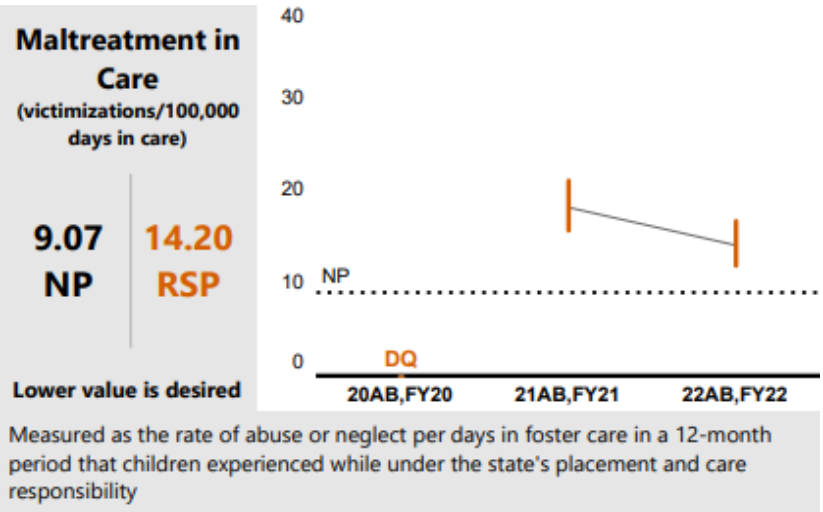
- RCC settings:
  - Providers must submit both an initial and final written plan outlining:
    - The circumstances of the incident.
    - Actions taken to ensure youth safety, including staff removal if warranted.
    - Any corrective action required for compliance.

Performance Data

Data from Maryland's headline indicators can be used to evaluate safety of children in out-of-home placement settings through the victimizations in care indicator. These indicators are measured using data from the state's administrative data system and include children across all placement types (agency-licensed homes, CPAs, RCCs). The table below presents the data on the victimizations in care indicator from the three most recent Headline Indicators reports from our CFSR Periods (April through March). Maryland's performance targets are indicated next to the Key Performance Indicator.

Key Performance Indicator	Maryland Performance		
	March 2023 (CFSR Period: April 2022 - March 2023)	March 2024 (CFSR Period: April 2023 - March 2024)	March 2025 (CFSR Period: April 2024 - March 2025)
Victimizations in care per 100,000 days (< 9.07)	9.1 (113/1,239,678)	11.15 (129/1,157,268)	9.69 (107/1,103,803)

Maryland's headline indicator data for maltreatment in foster care mirrors State Data Profiles, which suggest a steep decline in this indicator for the most recent reporting period.



To assess the timeliness of responses to victimizations in care, Maryland conducted a further evaluation of CJAMS data. The table below presents information on the timeliness of responses to all accepted maltreatment reports involving children and youth in foster care. Timeliness is defined as 0–24 hours for reports of physical or sexual abuse and 0–5 days for reports of neglect.

Performance Indicator	Maryland Performance		
	March 2023 (CFSR Period: April 2022 - March 2023)	**March 2024 (CFSR Period: April 2023 - March 2024)**	**March 2025 (CFSR Period: April 2024 - March 2025)**
Timely Response to Maltreatment Accepted for Youth in Foster Care	87.4% (90/103)	88.0% (95/108)	92.3% (96/104)

Maryland's ongoing onsite review process can also be used to assess performance related to safety for children in out-of-home care across all placement types (agency-licensed homes, CPAs, RCCs). Specifically, Items 1 and 3 of the Onsite Review Instrument (OSRI). The table below presents data for Items 1 and 3 data for foster care cases only during two Period Under Review (PUR) which is the year preceding the onsite review data collection (i.e., PUR April 2022 - March 2023 are onsite reviews conducted from April 2023 - March 2024). Upon reviewing the onsite review data, it is important to note that Maryland switched from using the Round 3 OSRI to the Round 4 OSRI in January 2024 (PUR January 2023).

Safety Item	PUR	Maryland Performance			
		Strength	**Area Needing Improvement**	**Not Applicable**	**Applicable Cases**
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	April 2022 - March 2023	23 (29.1%)	3 (3.8%)	53 (67.1%)	79 (100.0%)
	April 2023 - March 2024	20 (25.0%)	2 (2.5%)	58 (72.5%)	80 (100.0%)
Item 3: Risk and Safety Assessment Management	April 2022 - March 2023	67* (84.8%)	12* (15.2%)	0 (0.0%)	79 (100.0%)
	April 2023 - March 2024	72 (90.0%)	8 (10.0%)	0 (0.0%)	80 (100.0%)
*Note: These numbers do not match the OSRI report as an error was identified in 1 case, the case was rated an ANI but the narrative was written as a Strength					

Across both periods, only five foster cases were rated an ANI for Item 1. A deeper dive into this data revealed that for these five cases, only two cases involved a maltreatment report received for a child/children who were in foster care at the time the report was received. In two cases, the maltreatment reports rated in Item 1 were received prior to the child(ren)'s entry into foster care and in one case the maltreatment report was accepted for a child after their adoption had been finalized during the period under review. This data suggests that for the random sample of cases reviewed during the onsite review, only two of the 159 cases reviewed (1.3%) involved maltreatment reports for children in foster care.

Across both periods, 20 foster care cases were rated an ANI for Item 3. Qualitative analysis of the narratives for all cases rated an Area Needing Improvement reveal the concerns that most often contribute to this rating. The majority of these cases (n = 11) were rated an ANI due to the agency's lack of safety assessments for children who remained in the family home and three cases were rated an Area Needing Improvement due to maltreatment recurrence that took place prior to the foster care episode. Further, 1 case was rated an ANI due to an inaccurate assessment of safety for a child during the in-home portion of the case, prior to the child's entry into foster care. Thus, only 25% (n = 5) of the cases rated an ANI, were rated as such due to concerns related to a child in foster care. Of these five cases, two cases involved children on runaway whose safety was not assessed during the runaway episode, one case involved a lack of safety assessments where no barriers were able to be identified, and two cases involved

inaccurate assessments (1 related to risk, 1 related to safety).

In addition, Maryland used administrative data from CJAMS to evaluate the percentage of children in out-of-home care who had a completed SAFE-C OHP documented.

Period	Number of Children in Care	Number of Children with Completed SAFE-C OHP	Completion Rate (Percent)
CY22	4,822	3,072	63.7%
CY23	5,308	3,366	63.4%
CY24	5,035	3,008	59.7%

Assessment of Systemic Factor Functioning

Maryland demonstrates a comprehensive process, under the Office of Licensing and Monitoring (OLM), for monitoring compliance with background checks for CPAs/RCCs. Data from ongoing reviews conducted by OLM show a high rate of compliance with provider expectations for criminal background checks. Although COMAR does not mandate semi-annual monitoring of private providers, data from 2022, 2023, and 2024 demonstrate that the increased and consistent monitoring provided by OLM directly correlates with higher rates of compliance. Since Round 3 in 2018, changes have been made related to tools and resources for providers, which are believed to further support the compliance data:

- OLM has updated the structure of their quarterly provider meetings to center discussion around technical assistance and interpreting COMAR policies which is believed to further support the compliance data.
- The Provider Portal (CJAMS) now has a “Resource” tab that has COMAR Guidance and eLearning guides.
- An email was created for providers to request assistance with CJAMS.
- Since2022, a new process of identifying COMAR deficiencies that are safety related has been implemented.
- Providers cannot renew their agency's license if any safety related deficiencies are outstanding.

Additionally, Maryland policy clearly outlines expectations for criminal background checks and clearances for agency-licensed foster and adoptive homes, including kinship caregiver homes. Despite clear policy, Maryland does not currently have a comprehensive system to collect data on compliance with background checks and clearances for agency-licensed foster and adoptive homes. The Quality Assurance (QA) Review Tool does provide valuable insight related to compliance; however, this data represents only a random sample of the state’s provider records.

Maryland also demonstrates strong practice as it relates to monitoring and responding to safety concerns and reports of child maltreatment for children in foster care across all provider placement types. This is evidenced by the data provided above. Specifically, data from CJAMS shows continued improvement in both victimizations in care and timely response to maltreatment reports accepted for children in foster care, with timely performance exceeding federal expectations of 90% in the most recent reporting period (92.3%). Additionally, our ongoing case reviews for both Item 1 and Item 3 show that the majority of applicable cases are rated a Strength for these items. Furthermore, qualitative assessment of narrative responses for ANIs for Item 1 show that the majority of cases rated an ANI for this item were not maltreatment reports received for children in foster care. Similarly, qualitative assessment of narratives for Item 3 show that when cases are rated an ANI, it is primarily due to lack of safety assessments for children remaining in the home, and not related to safety concerns for children in out-of-home care.

Despite Maryland's strong practice related to monitoring and responding to safety concerns and reports of child maltreatment for children in foster care, there are a few concerns highlighted in the data.First, although the victimization rate in foster care decreased from 11.15 in March 2024 to 9.69 in March 2025, Maryland remains above the target rate of <9.07. Feedback from local departments suggest that these numbers may be skewed due to reports of past abuse. When caseworkers develop positive rapport with children and youth in foster care, they may feel more comfortable disclosing instances of past abuse and neglect that are then required to be reported which can artificially inflate this number. Additionally, improvements are needed to increase completion rates for SAFE-C Out-of-Home Providers (OHPs).

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question:

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with ensuring the diversity of foster and adoptive parent homes?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received a Strength for Item 35 based on information from the statewide assessment and stakeholder interviews. Maryland was found to engage in targeted recruitment based on the needs of each jurisdiction and recruitment plans were updated on an annual basis with state and local demographic data to ensure that families that reflect the ethnic and racial diversity of children in foster care are available. Based on the data and information outlined below, Item 35 is believed to remain a Strength in Maryland.

Recruitment Process

The state supports local departments in their recruitment efforts through a comprehensive, statewide recruitment and retention plan that outlines broad, strategic initiatives. For example, during the reporting period, Maryland also worked to update the logo, website, and recruitment materials to be more appealing and user-friendly to attract new resource parents. Meanwhile, the 24 local departments of social services conduct more targeted, micro-level assessments to understand the specific populations they serve in out-of-home care and to identify the types of families best suited to meet those children's needs. The state works closely with recruitment and retention specialists in each local department to collect information about the unique barriers different geographic areas face in recruiting and retaining resource families. This ongoing collaboration ensures that the statewide plan continues to evolve—particularly as Maryland expands its focus on kinship care.

Racial and Ethnic Recruitment Considerations

To assess the ethnic diversity of the foster care population, the state relies on data from the Child, Juvenile, and Adult Management System (CJAMS) to assess the ethnic diversity of

Maryland's population of children in out of home care compared to the ethnic diversity of foster and adoptive families across the state. The state uses this racial and ethnic data to determine where recruitment of targeted populations may be needed. Maryland has a Statewide Recruitment and Retention Plan that is informed, in part, by the data presented below. This plan includes plans to update regulations and policies to streamline the licensing process and increase incentives for families who are actively licensed. This includes incentives to resource parents for referring additional resource parents.

Additionally, local departments can use their own data to determine where additional recruitment efforts are needed. Local departments have done various activities based on this data, such as setting up recruitment tables at events that may attract specific racial or ethnic groups (i.e., Spanish heritage month event, black history month event, etc.). Additionally, local departments are provided with funds from the state to support their recruitment efforts. Data shows that in CY 2024, these funds were used for an advertising campaign, a recruitment event with the board of education, referral incentives, regional foster parent events to support retention, etc.

Using data from Maryland's administrative data system (CJAMS), the racial and ethnic composition of youth in foster care and placement providers is able to be examined and is presented in the table below for CY 2022, CY 2023, and CY 2024.

	CY22		**CY23**		**CY24**	
Race/ Ethnicity	**Youth in Care**	**Placement Providers**	**Youth in Care**	**Placement Providers**	**Youth in Care**	**Placement Providers**
Black	2,175 (55%)	2,058 (59%)	2,118 (57%)	3,973 (49%)	2,052 (57%)	1,932 (57%)
White	1,044 (26%)	1,029 (29%)	920 (25%)	2,098 (26%)	823 (23%)	846 (25%)
Hispanic	348 (9%)	281 (8%)	350 (9%)	86 (1%)	352 (10%)	324 (10%)
Asian	25 (1%)	21 (1%)	22 (1%)	7 (>.1%)	17 (1%)	13 (>1.%)
American Indian/Native Hawaiian Pacific	14 (>.1%)	7 (>.1%)	2 (>.1%)	4 (>.1%)	0 (0%)	0 (0%)
Non-Hispanic Multi-Racial	0 (0%)	0 (0%)	260 (7%)	142 (2%)	284 (8%)	225 (7%)
All other (Refused, Unable to Determine)*	5 (>1%)	0 (0%)	0 (0%)	41 (1%)	1 (>1%)	2 (>1%)
Missing**	112 (3%)	0 (0%)	70 (2%)	1,699 (21%)	61 (2%)	61 (2%)
Total	3,694 (100%)	3,491 (100%)	3,742 (100%)	8,050*** (100%)	3,599 (100%)	3,403 (100%)

*Refused, Unable to Determine is utilized if an individual doesn't want to indicate race or does not identify with the options provided.
**Missing/Unknown data indicates that data has not been entered.
*** This is the total number of resource parents, not the total number of homes.

Assessment of Systemic Factor Functioning

Based on the data provided above, the racial demographics of children in foster care and placement providers are closely aligned, with notable improvement in the past year. Maryland continues to use data to inform recruitment efforts in an effort to recruit potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state.

Although this Item is believed to be a Strength in Maryland, it is important to continue efforts to recruit families that reflect the population of children we serve across the state. Moving forward, it is important to consider feedback received from local departments that a lack of funding impacts their ability to recruit and retain families and strategize solutions to alleviate this burden. Additionally, it is important to note that Maryland released an updated kinship policy in December 2024 in-line with the state's Kin-First approach to support the prioritization of placement with kinship caregivers. Focusing on placement with kinship caregivers could lead to further improvements in Maryland's ability to place with individuals of their own racial/ethnic background.

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

For this item, provide evidence that answers this question:

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

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

Please include quantitative data that specify the percentage of all home study requests received to facilitate a permanent foster or adoptive care placement that are completed within 60 days.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the Interstate Compact on the Placement of Children process overall?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In CFSR Round 3, Maryland received an Area Needing Improvement for Item 36 based on information from the statewide assessment and stakeholder interviews. At the time, Maryland was not found to complete home studies timely. Additionally, the state had recently joined the National Electronic Interstate Compact Enterprise (NEICE) and was determining how best to utilize home study reports to complete the work. Maryland was also not effectively using the AdoptUSKids website. Maryland has made significant progress in Item 36 since CFSR Round 3 in 2018; however, there are some persisting challenges remaining. At this time Maryland does not have comprehensive data available to determine the effectiveness of using the tools and resources that are in place. Until this issue is resolved, Item 36 remains an Area Needing Improvement in Maryland.

Identifying Resource Within and Outside of Maryland

Maryland has several tools and resources that can be leveraged to facilitate timely adoptive or permanent placements both within the state and outside the state:

Grassroots Meeting: The state Grassroots group meets once a month, during this meeting individuals from the 24 local departments across the state (typically resource home staff) are

able to share social summaries of youth that are looking for pre adoptive placements to support identifying potential adoptive and permanent placement resources across the state.

Adopt US Kids: Adopt Us Kids is an online tool where profiles of children and youth who are available for adoption are able to be posted. This tool can be used to identify placement resources both within and outside the state of Maryland as this tool is available across the United States.

Heart Gallery: The Heart Gallery is another online tool where profiles of children and youth who are available for adoption are able to be posted. This tool can be used to identify placement resources both within and outside the state of Maryland as this tool is available across the United States.

Effectiveness of Processes, Tools, and Resources

In addition to being an avenue to present social summaries for youth awaiting adoption, the Grassroots meeting is also used to discuss new policies, share resources and discuss possible homes for specific recruitment efforts. Maryland has had success using Adopt US Kids in assisting with out-of-state placements; for example, a youth from Maryland was able to successfully be placed in Colorado, only after a contract was negotiated and signed.

Interstate Compact (ICPC) Home Study Requests

In Maryland, the NEICE - an electronic case management system - has been used to send and receive ICPC referrals since 11/6/2017. Currently, the ICPC referral system is not interfaced with our administrative data system (Maryland Child, Juvenile and Adult Management System, CJAMS), but is a stand alone app which the 24 MD LDSS as well as private partners (i.e., licensed adoption agencies, adoption attorneys) and private parties (i.e., parents with intact legal rights making Residential Treatment Center referrals) have access to in order to coordinate the Compact work out of the State of Maryland's central ICPC office. Maryland's SSA Policy Directive #87-7 has directed MD LDSS to use the Compact since MD's joining the ICPC Compact in 1975. SSA #13-16 and SSA #24-06 guide staff in ICPC Compact referral work utilizing the Interstate Compact's articles and regulations understood uniformly by all 50 USA States.

The ICPC Compact, FL 5-601-611, the COMAR regulations, and now primarily SSA #24-06, which outline the Kinship Care Licensing Standards, are used to facilitate timely placements for children both within and outside the state of Maryland. Based on these policy directives, the state of Maryland, consistent with federal expectation, strives to complete initial home study requests within 60 days whenever possible.

ICPC Performance Data

The table below provides the percentage of ICPC requests that were completed within 60 days for the last three calendar years based on data collected from the NEICE system. Maryland has seen continued increase in conformity with this federal expectation over the last three years.

Period	Completed within 60 days	Not completed within 60 days	Total
CY2022	134 (43%)	181 (57%)	315
CY2023	155 (70%)	66 (30%)	221
CY2024	171 (78%)	47 (22%)	218

Assessment of Systemic Factor Functioning

Maryland has access to several tools to support identifying adoptive or permanent placements both within the state and outside the state. As it relates to the ICPC, Maryland has seen continued improvement in the number of requests completed within 60 days over the last three calendar years, from 43% in 2022 to 78% in 2024. This increase can partially be attributed to lingering impacts of the COVID-19 pandemic and its impact on practice in CY2022. Additionally, the ICPC unit experienced understaffing in 2021 and regained full staffing in 2024 which could have contributed to increases in performance.

Despite the strengths, there are some areas of improvement to note. At this time, Maryland does not currently have data available to determine the effectiveness of using the tools and resources that are in place. Specifically, Maryland is unable to track the number of children who were listed on Adopt US Kids and the Heart Gallery, how many are matched, and the time to achieve the adoptive/permanent placement. Questions related to the use of these tools and resources will be implemented in annual CQI Focus Groups beginning in Fall 2025.

As it relates to the ICPC, Maryland continues to use the NEICE system to complete and track ICPC requests. Additional oversight into compliance could be provided by the state if the completion and tracking of ICPC requests were integrated into the state's administrative data system and tracked by the data team at SSA.

Further, Maryland's updated Kinship Care Licensing Standards Policy (SSA 24-06), which were released on 12/16/2024, are likely to contribute to further improvements in the state's ability to complete home studies within the 60-day timeframe.

Appendix: CFSR State Data Profile

The State Data Profile and appendices are available from the state or the Children's Bureau upon request.