

# Citizens Review Board For Children



ANNUAL REPORT

FISCAL 2017

(July 1<sup>st</sup> 2016 - June 30<sup>th</sup> 2017)

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## **Introduction**

Maryland's Citizens Review Board for Children (CRBC) is comprised of volunteer citizens and Department of Human Services (DHS) staff that provide child welfare expertise, guidance and support to the State and Local Boards.

CRBC is charged with examining the policies, practices and procedures of Maryland's child protective services, evaluating and making recommendations for systemic improvement in accordance with §5-539 and § 5-539.1 and the Federal Child Abuse and Treatment Act (CAPTA) (Section 106 (c)).

CRBC reviews cases of children and youth in out-of-home placement, monitors child welfare programs and makes recommendations for system improvements. Although CRBC is housed within the DHS organizational structure, it is an independent entity overseen by its State Board.

There is a Memorandum of Agreement (MOA) between DHR/DHS, the Social Services Administration (SSA) and CRBC that guides the work parameters by which CRBC and DHS function regarding CRBC review of cases.

The CRBC State Board reviews and coordinates the activities of the local review boards. The board also examines policy issues, procedures, legislation, resources and barriers relating to out-of-home placement and the permanency of children. The State Board makes recommendations to the General Assembly around ways of improving Maryland's child welfare system.

The local Boards meet at the local department of social services in each jurisdiction to conduct reviews of children in out-of-home placement. Individual recommendations regarding permanency, placement, safety and well being are sent to the local juvenile courts, the local department of social services and interested parties involved with the child's care.

This CRBC FY2017 Annual Report contains CRBC's findings from our case reviews, advocacy efforts, CPS panel activities and recommendations for systemic improvements.

On behalf of the State Board of the Maryland Citizens Review Board for Children (CRBC), it's staff and citizen volunteer board members, I present our Fiscal 2017 Annual Report.

Sincerely,

Nettie Anderson-Burrs  
State Board Chair

## Executive Summary

During fiscal year 2017, the Citizens Review Board for Children reviewed 1305 cases of children and youth in out-of-home placements which represented 18% of the total number of 7,211 children served in the state of Maryland. Reviews are conducted per a work plan developed in coordination with the DHR/DHS and SSA with targeted review criteria based on out-of-home placement permanency plans. This report includes out-of-home placement review findings and CRBC activities including legislative advocacy and recommendations.

Health and Education Findings for statewide reviews include:

- The local boards found that in 65% of the total cases reviewed the health needs of the children/youth had been met.
- The local boards found that there were completed medical records in 54% of the total cases reviewed.
- The local boards agreed that in 93% of the cases where the children/youth had mental health issues, the mental health issues were being addressed.
- Approximately 41% of the children/youth had been prescribed psychotropic medications.
- The local boards agreed that in 88% of the total cases reviewed the children/youth were being appropriately prepared to meet their educational goals.

Demographic findings for statewide reviews include:

- 61% of the children/youth were African American.
- 33% of the children/youth were Caucasian.
- 50% of the children/youth were male.
- 50% of the children/youth were female.

CRBC conducted 434 Reunification reviews. Findings include:

- 74 cases had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan in 97% of cases reviewed.
- The local boards agreed that appropriate services were being offered to children/youth in 99% of the cases reviewed. Appropriate services were being offered to birth families in 66% of cases and to the foster and kin providers in 26% of cases reviewed.
- The local boards found that service agreements were signed in 54% of cases reviewed.
- The local boards found that local departments made efforts to involve the family in case planning in 96% of cases.
- The local boards agreed that in 55% of the cases reviewed, the service

agreements where appropriate to meet the needs of the child.

CRBC conducted 251 Adoption reviews. Findings include:

- 47 cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan in 98% of the cases reviewed.
- The local boards identified the following barriers preventing the adoption process or preventing progress in the child's case:
  - Pre-adoptive resources not identified for the child
  - Appeal By Birth Parents
  - Child in Pre-adoptive Home but adoption not finalized

CRBC conducted 496 APPLA reviews. Findings include:

- 119 cases had a plan of APPLA for 3 or more years.
- The local boards agreed with the permanency plan of APPLA in 94% of the cases statewide. 448 of the cases reviewed with a permanency plan of APPLA were youth between the ages of 17-20.
- A permanent connection is an identified person that a youth can rely on for assistance with support, advice and guidance as they deal with the day to day life circumstances that adulthood can bring about on a regular basis. 72% (353) of the youth with a permanency plan of APPLA had a permanent connection identified and the local boards agreed that the identified permanent connection was appropriate in 96% (338) of the cases.

### Barriers to Permanency

The local boards found that barriers to permanency included the following:

- Pre-adoptive resources not identified
- Termination of Parental Rights(TPR) not granted
- Other court related barriers
- Provider unable or unwilling to meet youth's needs
- Youth needs more restrictive placement
- Youth refuses mental health treatment including therapy
- Youth engages in risky behavior
- Other child/Youth related barriers

### Ready By 21

Age of Youth (14 years and older = 830)

- 32% (263) of the youth reviewed were 14-16 years old, 43% (353) were 16-19 years old and 26% (214) were 20 years old.

#### Independent Living skills

- The local boards agreed that 71% (591) of the youth 14-20 years of age were receiving appropriate independent living skills. 19% (157) youth were not receiving appropriate skills and there were approximately 10% (82) youth for whom this was not applicable.

#### Employment

- The local boards found that 46% (341) of the 748 eligible youth (14-20 years old) were being appropriately prepared to meet employment goals.

#### Transitioning Youth

- The local boards found that 59% (127) out of the 216 eligible youth (17-20 years old) had a housing plan specified.

#### Concurrent Planning

Concurrent planning is an approach that seeks to eliminate delays in attaining permanent families for children in foster care. In concurrent planning, an alternative permanency plan or goal is pursued at the same time rather than being pursued after reunification has been ruled out. The Adoption and Safe Families Act (ASFA) of 1997 provided for legal sanctioning of concurrent planning in states by requiring that agencies make reasonable efforts to find permanent families for children in foster care should reunification fail and stating that efforts could be made concurrently with reunification attempts. At least 21 states have linked concurrent planning to positive results including reduced time to permanency and establishing appropriate permanency goals, enhanced reunification or adoption efforts by engaging parents and reduced time to adoption finalization over the course of two review cycles of the Federal Child and Family Services Review (Child Welfare Information Gateway, Issue Brief 2012, Children's Bureau/ACYF). DHS/SSA Policy Directive#13-2, dated October 12, 2012 was developed as a result of Maryland reviewing case planning policy including best practices and concurrent planning as part of Maryland's performance improvement plan.

CRBC supports concurrent planning when used in accordance with state policy to achieve goals of promoting safety, well-being and permanency for children in out of home placement, reducing the number of placements in foster care and maintaining continuity of relationships with family, friends and community resources for children in out-of home care.

According to SSA Policy Directive #13-2 a concurrent plan is required when the plan is reunification with parent or legal guardian, placement with a relative for adoption or custody and guardianship, and guardianship or adoption by a non relative (prior to termination of parental rights).

The local boards found the following in statewide reviews:

- A total of 139 cases had a concurrent permanency plan.
- Out of 434 cases with a plan of reunification only 21% (90) had a concurrent permanency plan.

## CRBC Recommendations to the Department of Human Services

1. Develop a system to track and verify that children and youth are receiving appropriate health and mental health services.
2. Ensure that MD Think collects health/mental health data including physical/dental/vision exams and recommended treatment and follow-up care.
3. Coordination of services across public agencies such as primary care, behavioral health, Medicaid, juvenile criminal systems, education, and public assistance in an effort to improve health needs being met and outcomes for children in out-of-home placement. (\*)
4. Increase the number of relative/kin placement and permanency resources.
5. Explore adoption counseling for children and youth that have not consented to adoption.
6. Ensure that concurrent planning occurs to increase the likelihood of establishing the appropriate permanency plan or goal and achieve permanency without undue delay.
7. Explore other permanency options at least every 6 months for children and youth with a permanency plan of APPLA.
8. Ensure that a housing plan is identified for older youth transitioning out of care at least 6 months prior to the anticipated date of discharge or youth's 21st birthday.
9. Ensure that youth are engaged in opportunities to use independent living skills obtained prior to transitioning out of care.
10. Increase opportunities for community partnerships to connect life/independent skills with employment, and to improve affordable housing options for older youth.

(\*) CRBC and SCCAN share concerns regarding the health care needs of children in out-of-home placement being met, and recommend coordination of services.



## **Acknowledgements**

CRBC would like to acknowledge the commitment, dedication, passion and service of all stakeholders on behalf of Maryland's most vulnerable children including:

- ★ CRBC Governor Appointed Volunteers
- ★ The Department of Human Services (DHS)
- ★ The Social Services Administration (SSA)
- ★ The Local Departments of Social Services (LDSS) and (DHHS) Montgomery County
- ★ The Coalition to Protect Maryland's Children (CPMC)
- ★ The State Council on Child Abuse and Neglect (SCCAN)
- ★ The State Child Fatality Review Team (SCFRT)
- ★ The Local Juvenile Courts of Maryland
- ★ All community partners

## **Program Description**

The Citizen Review Board for Children is rooted in a number of core values, which relate to society's responsibility to children and the unique developmental needs of children.

We have a strong value of believing that children need permanence within a family, and that their significant emotional attachments should be maintained. We know children develop through a series of nurturing interactions with their parents, siblings and other family members, as well as culture and environment. Therefore, a child's identity or sense of selfhood grows from these relationships.

In addition, we believe children grow and are best protected in the context of a family. If parents or kin are not able to provide care and protection for their children, then children should be placed temporarily in a family setting, which will maintain the child's significant emotional bonds and promote the child's cultural ties.

The CRBC review process upholds the moral responsibility of the State and citizenry to ensure a safe passage to healthy adulthood for our children, and to respect the importance of family and culture.

As case reviewers, CRBC values independence and objectivity, and we are committed to reporting accurately what we observe to make recommendations with no other interest in mind but what is best for children. In addition, CRBC provides an opportunity to identify barriers that can be eradicated and can improve the lives of children and their families; and improve the services of the child welfare system (CRBC, 2013).

The Citizens Review Board for Children consists of Governor appointed volunteers from state and local boards. In January 2017, as a result of a significant decrease in the foster care population from FY2008-FY2016 and vacancies on some CRBC local out-of-home review boards, CRBC combined boards in Montgomery County, Prince George's County and Baltimore City reducing the total number of local boards by six. Baltimore City was reduced from 10 to 6, Prince George's County from 3 to 2 and Montgomery County from 4 to 3 boards. Currently, there are 36 local review boards representing all 24 jurisdictions (23 counties and Baltimore City). CRBC reviews cases of children in out-of-home placement, monitors child welfare programs and makes recommendations for system improvements.

The State Board reviews and coordinates the activities of the local review boards. The State Board also examines policy issues, procedures, legislation, resources, and barriers relating to out-of home placement and the permanency of children. The State Board makes recommendations to the General Assembly around ways of improving Maryland's child welfare system.

The Citizens Review Board for Children supports all efforts to provide permanency for children in foster care. The State Board provides oversight to Maryland's child protection agencies and trains volunteer citizen panels to aid in child protection efforts.

### **Mission Statement**

To conduct case reviews of children in out-of-home care, make timely individual case and systemic child welfare recommendations; and advocate for legislative and systematic child welfare improvements to promote safety and permanency.

### **Vision Statement**

We envision the protection of all children from abuse and neglect, only placing children in out-of-home care when necessary; and providing families with the help they need to stay intact; children will be safe in a permanent living arrangement.

### **Goals**

Volunteer citizens review cases in order to gather information about how effectively the child welfare system discharges its responsibilities and to advocate, as necessary for each child reviewed in out-of-home care.

The Citizens Review Board for Children provides useful and timely information about the adequacy and effectiveness of efforts to promote child safety and well being, to achieve or maintain permanency for children and about plans and efforts to improve services.

The Citizens Review Board for Children makes recommendations for improving case management and the child welfare system, and effectively communicates the recommendations to decision makers and the public.

### **Discrimination Statement**

The Citizens Review Board for Children (CRBC) renounces any policy or practice of discrimination on the basis of race, gender, national origin, ethnicity, religion, disability, or sexual orientation that is or would be applicable to its citizen reviewers or staff or to the children, families, and employees involved in the child welfare system (CRBC, 2013).

## **Confidentiality**

CRBC local board members are bound by strict confidentiality requirements. Under Maryland Human Services Code § 1-201 (2013), all records concerning out-of-home care are confidential and unauthorized disclosure is a criminal offense subject to a fine not exceeding \$500 or imprisonment not exceeding 90 days, or both. Each local board member shall be presented with the statutory language on confidentiality, including the penalty for breach thereof, and sign a confidentiality statement prior to having access to any confidential information.

## **Fiscal Year 2017 Activities**

Recruitment of local out-of-Home placement review board members was a CRBC priority in order to ensure that reviews would be conducted in all 23 counties and Baltimore City. There were 34 selection interviews by local selection committees and appointments by the Governor statewide to CRBC local out-of-home placement review boards across the state.

CRBC conducted five new member orientation and pre-service training sessions. In addition CRBC conducted four In-service training sessions for existing members titled Permanency: It's Not A Catch Phrase during March-April, recognizing National Child Abuse Prevention Awareness and Volunteer Appreciation month. The trainings were held in Southern Maryland, Western Maryland, Central Maryland and on the Eastern Shore.

Members of CRBC attended and participated in meetings hosted by the Coalition to Protect Maryland's Children (CPMC) with Secretary Padilla, Department of Human Services (DHS) and members of DHS and SSA's Executive and Office of Technology Team. In addition CRBC participated in the Social Services Administration's (SSA) Advisory Board Meetings and Alternative Response Workgroup.

Members of CRBC met with Administrators and staff of the Local Department of Social Services Administration in Baltimore City, Baltimore, Carroll, Cecil, Dorchester, Frederick, Harford, Howard, Prince George's, Somerset, St. Mary's, Wicomico and Worcester counties to discuss the CRBC review process, local department stats, goals, initiatives, CRBC findings and reporting, recommendations for improvement and ways to work collaboratively to help improve outcomes for children in out-of-home placement.

In February 2017 members of CRBC's State Board and the Administrator met with Rebecca Jones Gaston, Executive Director of the Social Services Administration, members of the Executive Team of the DHS and SSA and a representative on behalf of the Local Department of Social Services Directors to discuss health findings including CRBC concerns regarding lack of documentation of health services such as needed physical, dental, vision and recommended follow up care/treatment by health care providers.

Members of CRBC attended the National Citizens Review Panel (NCRP) Conference hosted by the state of Alaska Citizen Review Panel in Anchorage, Alaska in May 2017. Representatives from citizen review panels from 25 states attended. The theme was: Citizen Participation in Protection Common Goals, Many Paths. The conference provided a forum for discussion of best practices and innovative ideas on enhancing public participation in protecting children. Activities included panel discussions, workshops and sessions led by individuals with expertise in various areas including child welfare, family law, legislation and advocacy. Debra Schilling Wolfe, founding Executive Director of the Field Center for Children's Policy, Practice & Research at the University of Pennsylvania was the keynote speaker. She oversees a multidisciplinary team of nationally recognized child welfare experts who work to improve child protection policy and practice as well as research, advocacy and education. She also was instrumental in developing the nationally recognized Family Builders model of community response to child abuse and neglect.

### **Promoting Well-Being and Prevention of Maltreatment**

In May 2017 members of CRBC joined Maryland's other CAPTA citizen panels, the State Council on Child Abuse and Neglect (SCCAN) and the State Child Fatality Review Team (SCFRT) on the existing Maryland Child Abuse & Neglect Fatalities (MCANF) Work Group. The purpose of the work group is to make recommendations to prevent future child abuse and neglect fatalities and near fatalities. Goals include:

- Reviewing child death cases in order to develop accurate, cross-system, aggregate data to understand causes (risk factors- substance abuse, domestic violence, mental illness, etc.) of child abuse and neglect fatalities.
- Develop recommendations to improve policies, programs, practices and training within child and family serving agencies (health care providers, hospitals, WIC, Early Care and Learning, parental mental health and substance abuse services, law enforcement, CPS, schools, etc.) to prevent child abuse and neglect and related fatalities and near fatalities.

CRBC and SCCAN share concerns about the lack of data or documentation regarding health services and coordination of care for children involved with child welfare.

## CRBC Legislative Activities

During the 2017 legislative session CRBC continued its legislative child welfare advocacy efforts by being an active organizational member of the Coalition to Protect Maryland's Children (CPMC). The State Board's Children's Legislative Advocacy Committee (CLAC) weighs in on legislation and makes recommendations to the State Board. During 2017 session, CLAC reviewed 61 pieces of legislation; 35 House Bills and 26 Senate bills, with 35 cross filed. CLAC recommended the following actions be taken:

- Support with written testimony (6)
- Support via Coalition to Protect Maryland's Children (29)
- Support with Amendments via Coalition (4)
- Oppose via Coalition to Protect Maryland's Children (2)
- No Action (20)

Outcome of bills:

- No Vote In Committee (9)
- Unfavorable Report/Withdrawn (17)
- Passed 1 chamber (House or Senate) (8)
- Vetoed by Governor (4)
- Signed by Governor (23)

Significant Bills:

- *HB 462/SB 701: Higher Education - Tuition Waivers for Foster Care Recipients and Unaccompanied Homeless Youth-Alterations*  
Altering the definition of "foster care recipient" for specified tuition waivers and clarifies that tuition includes fees for credit and non credit courses.
- *HB 616: Education-Pregnant and Parenting Students - Attendance Policy*  
Specifying that a student's absence from school due to pregnancy or parenting needs is a lawful absence. Requires each county board of education to develop a written attendance policy for pregnant and parenting students.
- *HB 1207/SB 85: Family Law – Treatment Foster Care Homes – Siblings*  
Permits LDSS to place more than 2 children in a treatment foster home in order to place siblings in home together. LDSS has to make a finding that it is in the children's best interest and notify Social Services Administration.
- *SB 272: Guardianship and Child In Need of Assistance Proceedings – Jurisdiction and Authority of Juvenile Court*

Authorizes juvenile court to direct the provision of services needed for a specified child under specified provisions of the law. The juvenile court retains jurisdiction for as long as the order is effective and for specified purposes. For example after the Court's jurisdiction ends (youth turns 21) for a child with a developmental disability. The order is effective until the child is transitioned to adult guardianship care; Dept of Health and Mental Hygiene (DHMH) enters into an agreement to provide or obtain ordered services; or if DHMH challenges the necessity of the ordered services, the administrative or judicial review is concluded.

- *HB 632: Child Abuse Sex Trafficking(Protecting Victims of Sex Trafficking Act of 2017)*  
Alters the definition of "sexual abuse" in provisions of law relating to child abuse to include the sex trafficking of a child; defining the terms "sexual molestation or exploitation" and "sex trafficking" in provisions of law relating to child abuse.
- *HB 1263: Family Law-Child abuse and Neglect –Definitions*  
Altering the definition of "abuse" for the purpose of specified child abuse and neglect statutes to include the physical or mental injury of a child by a person who because of the person's position or occupation, exercises authority over the child under specified circumstances. "Abuse" does not include accidental injury. Alters the definition of "mental injury" for the purpose of specified child abuse and neglect statutes.

## Child Welfare Data: Source (SSA Child Welfare Services Data FY17)

<u>Out of Home Placement</u>	<u>(FY17)</u>	<u>(FY16)</u>
New Removals	2516	2491
Closed Cases	2550	2432
Total Served	7211	7141
In Care last day of Fiscal Year	4661	4709

### Discussion

There was a slight increase in removals during FY17, which resulted in 70 more children being served. Maryland still ended the fiscal year with 48 less children than a year prior, continuing the downward trend in foster care placement. It appears that the removal rate had a slight upwards tick during FY17 with a median removal rate of 212 vs. 208 for FY16. Maryland has experienced significant decreases in the foster care population since 2008. It is possible that a plateau has been reached. In order to continue to reduce foster care placements, new strategies should be developed.

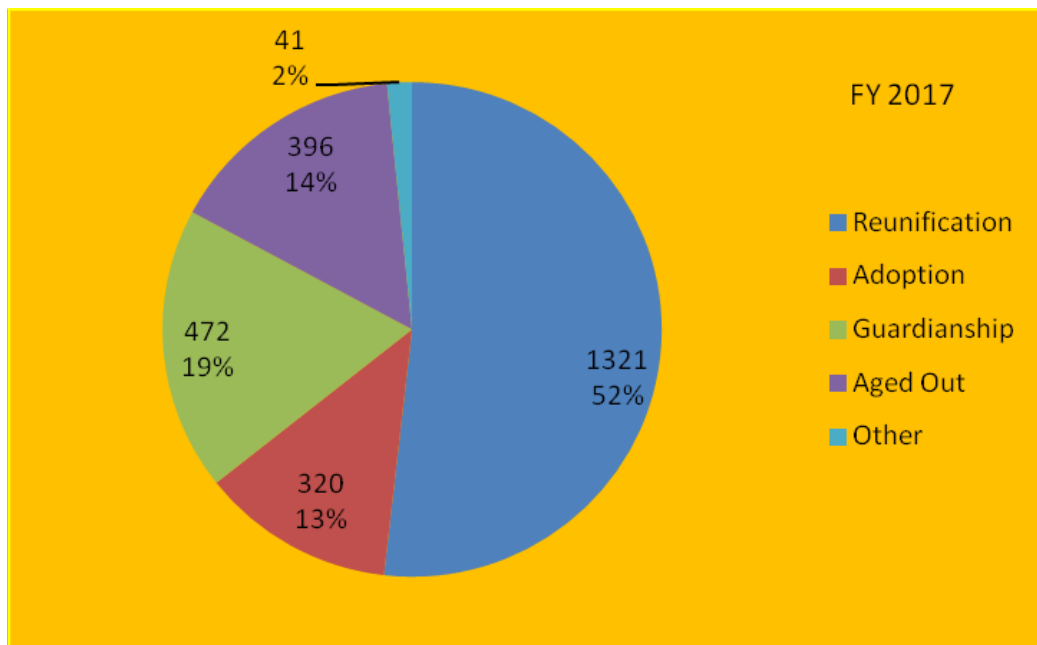
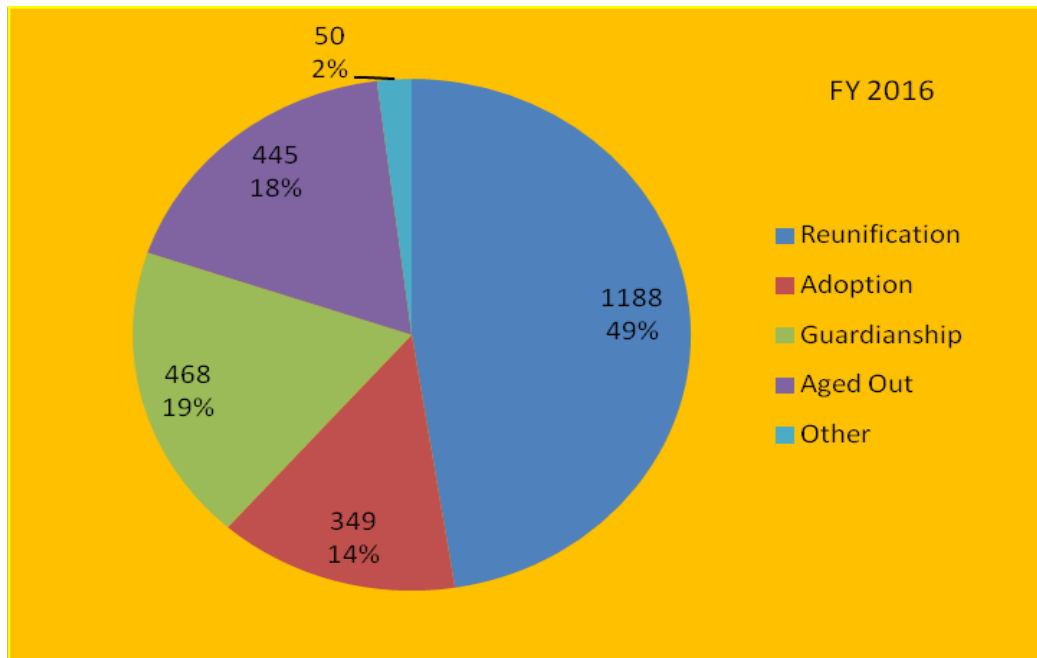
<u>Placement (as of last day of Fiscal Year)</u>	<u>(FY17)</u>	<u>(FY16)</u>
Family Homes	3392 (71%)	3378 (70%)
Formal Kin	690 (20%)	600 (18%)
Restricted	273 (8%)	292 (9%)
Public Foster Home	1022 (30%)	1040 (31%)
TFC- Private	1227 (36%)	1287 (38%)
TFC- Public	23 (.6%)	16 (.4%)
Pre-Adoption	43 (1%)	21 (.6%)
Group Homes	480 (10%)	493 (10%)
Residential Treatment Center (RTC)	100 (2%)	143 (3%)
Independent Living	154 (3%)	181 (4%)
Other (AWOL, College, Incarcerated, Own Home)	535 (11%)	539 (11%)
Trial Home Visit	114 (2%)	122 (3%)
<u>Foster Home Licensing</u>		
New Homes	482	514
Closed Homes	505	515
Open at end of FY	1751	1775
<u>Formal Kinship</u>		
New	181	166
Closed	157	180
Open at end of FY	199	172



## Discussion

Where children are placed remained relatively stable over the fiscal year, with a slight decrease in Private Therapeutic Foster Care (TFC) utilization and a slight increase in kinship care. The overall number of children placed in congregate care (group homes) continues to drop. The reduction in the RTC placements may be due to the closure of 2 residential centers in Maryland, Good Shepherd and Adventist Health, during FY17. The percentage of children placed in formal kinship vs. restricted homes should be further examined to ascertain if families are not choosing licensure or if they are not meeting the criteria for restricted licensure. There is a significant difference in the financial support available to families who are approved for restricted licensure vs. kinship care.

Exit Data (Comparison for Fiscal Years 2016 and 2017)



Discussion

Children continue to exit to reunification at a high rate, 52% of all exits during FY17 and 49% in FY16. As the overall number of youth over 18 in foster care declines, the percentage of youth aging out of the system, rather than exiting via permanency, should continue to decline.

Exit to Reunification - Reentry within 12 months (national median = 15.0%)

<u>Foster Care Reentry Data:</u>	<u>(FY17)</u>	<u>(FY16)</u>
Maryland	17.3%	17%
Baltimore City	21.3%	24.1%
Baltimore County	16.5%	10.2%
Montgomery	8.1%	13.6%
Prince Georges	16.9%	7.3%
Remainder of Counties	12.3%	8.7%

Discussion

Maryland has been higher than the national median on this metric since FY12. Between FY07 and FY11, the reentry rate was between 10-12%. Baltimore City's reentry rate increased more than 10 percentage points, which is largely responsible for Maryland's increased rate. Additional study is needed in order to ascertain the contributing factors for the noted increases. Trial home visit utilization and ensuring services are in place to support the families after case closure are key factors in keeping children from reentering foster care.

## Out-of-Home Placement Reviews

### Targeted Review Criteria

The Department of Human Resources (DHR/DHS), Social Services Administration (SSA) and the Citizens Review Board for Children (CRBC) together have created a review work plan for targeted reviews of children in out-of-home-placement. This work plan contains targeted review criteria based on out-of-home-placement permanency plans.

#### Reunification:

- Already established plans of Reunification for youth 10 years of age and older. CRBC will conduct a review for a child 10 years of age and older who has an established primary permanency plan of Reunification, and has been in care 12 months or longer.

#### Adoption:

- Existing plans of Adoption. CRBC will conduct a review of a child that has had a plan of Adoption for over 12 months. The purpose of the review is to assess the appropriateness of the plan and identify barriers to achieve the plan.
- Newly changed plans of Adoption. CRBC will conduct a review of a child within 5 months after the establishment of Adoption as a primary permanency plan. The purpose is to ensure that there is adequate and appropriate movement by the local departments to promote and achieve the Adoption.

#### Another Planned Permanent Living Arrangement (APPLA):

- Already established plans of APPLA for youth 16 years of age and younger. CRBC will conduct a full review of a child 16 years of age and younger who has an established primary permanency plan of APPLA. The primary purpose of the review is to assess appropriateness of the plan and review documentation of the Federal APPLA requirements.
- Newly established plans of APPLA. CRBC will conduct a review of a child within 5 months after the establishment of APPLA as the primary permanency plan. Local Boards will review cases to ensure that local departments have made adequate and appropriate efforts to assess if a plan of APPLA was the most appropriate recourse for the child.

#### Older Youth Aging Out

- Older youth aging-out or remaining in the care of the State at age 17 and 20 years old. CRBC will conduct a review of youth that are 17 and 20 years of age. The primary

purpose of the review is to assess if services were provided to prepare the youth to transition to successful adulthood.

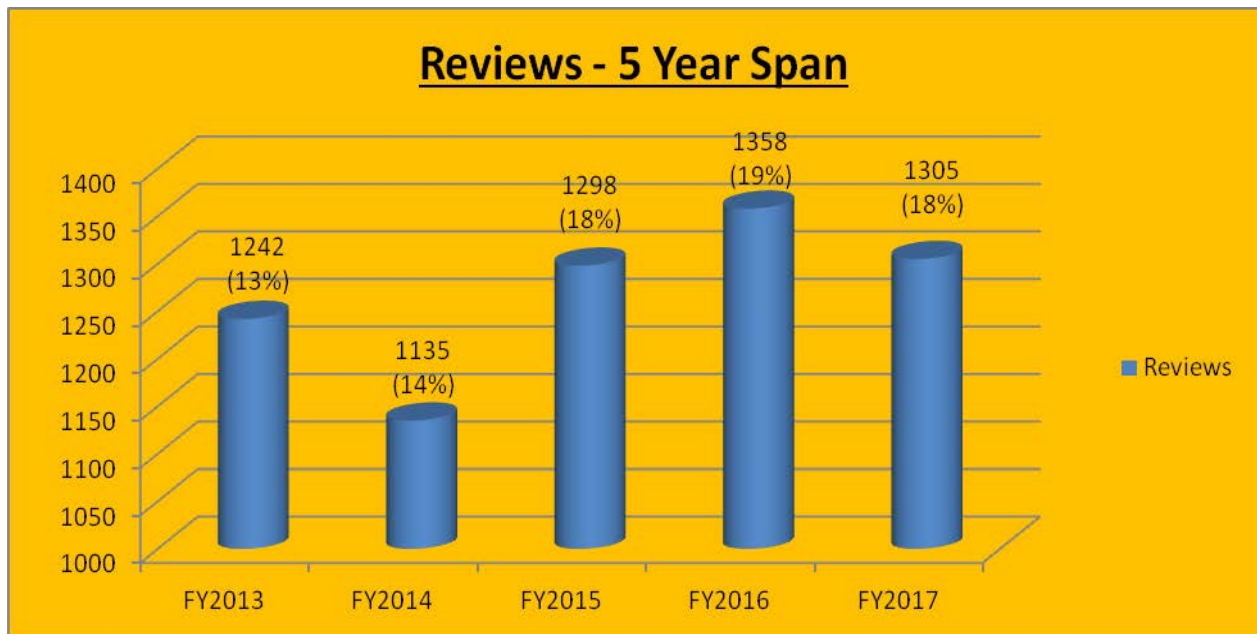
Re-Review Cases:

- Assessment of progress made by LDSS. CRBC will conduct follow-up reviews during the fourth quarter of the current fiscal year of any cases wherein the Local Board identified barriers that may impede adequate progress. The purpose of the review is to assess the status of the child and any progress made by LDSS to determine if identified barriers have been removed.

## Review Findings

For FY2017 CRBC reviewed 1305 cases of children in Foster Care Out-of-Home placements, which represented 18% of the 7,211 children served by the state. The total number of children served decreased from (9,313) in FY2013, to (7,211) in FY2017. However the percentage of CRBC reviews consistently increased from FY2013 (13%) to FY2017 (18%).

### Out-of-Home Case Review Comparisons 5 year span

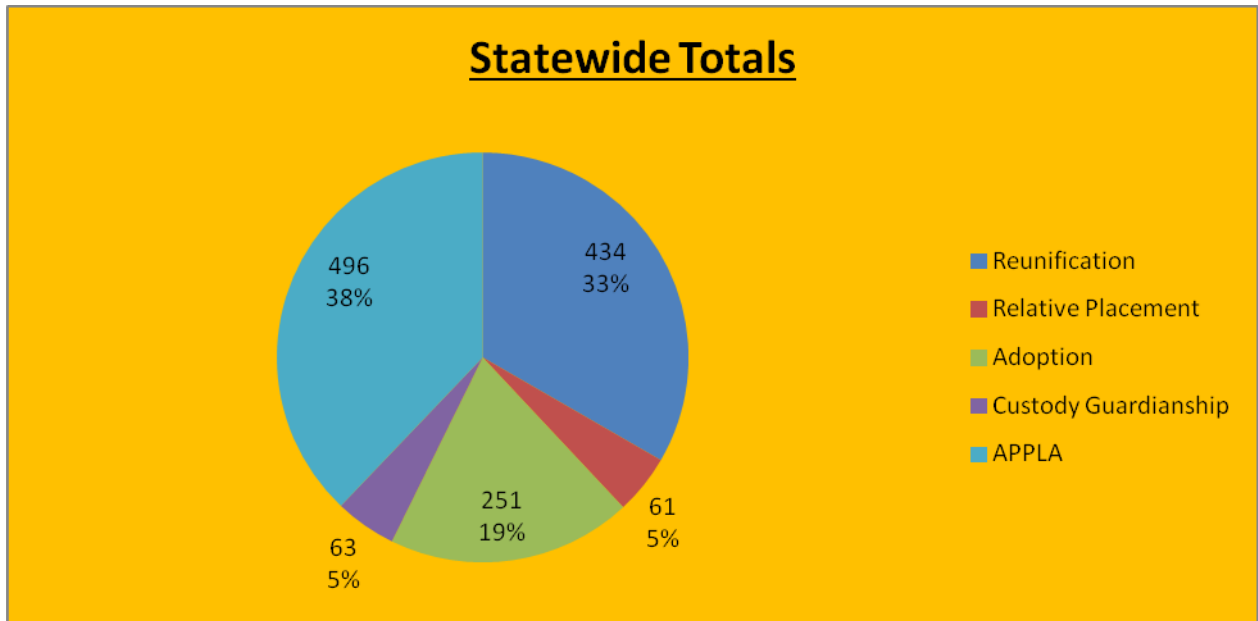


(Number of reviews and percentage of children served by fiscal year)

CRBC reviewed cases of youth in out-of-home placements that met the identified permanency plan criteria of reunification, adoption and APPLA. CRBC also reviewed cases in out-of-home placements with permanency plans of relative placements for custody and guardianship or adoption, and permanency plans of guardianship to a non relative.

The majority of the cases reviewed had a permanency plan of APPLA (38%). In addition, CRBC also reviews advocacy cases where the local juvenile courts determined that reasonable efforts were not made, cases requested by interested parties, and cases requested by the local boards.

## Percentages by Permanency Plan



### Gender Totals (1305)

Male	Female
651 (49.9%)	654 (50.1%)

#### Male (651)

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
224 (34%)	27 (4%)	142 (22%)	30 (5%)	228 (35%)

#### Female (654)

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
210 (32%)	34 (5%)	109 (17%)	33 (5%)	268 (41%)

\*(Note: Relative Placement is the combined total of Relative Placement for Adoption and Relative Placement for Custody/Guardianship)

## Ethnicity Overall (1305)

African American	Caucasian	Asian	Native American	Other
801 (61%)	429 (33%)	6 (1%)	0 (< 1%)	69 (5%)

## Case Reviews by Jurisdiction

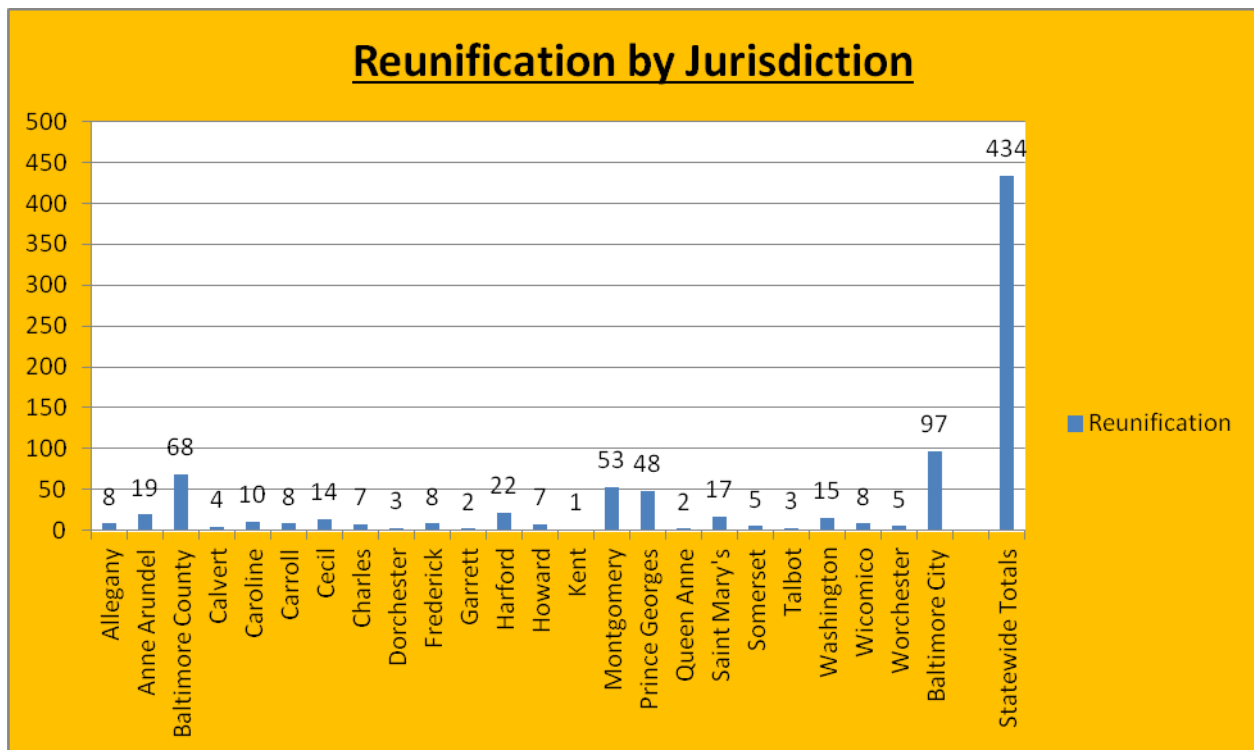
Jurn #	County	Reunification	Relative Placement	Adoption	Custody Guardianship	APPLA	TOTAL
01	Allegany	8	0	7	0	3	18
02	Anne Arundel	19	3	15	1	18	56
03	Baltimore County	68	1	21	9	39	138
04	Calvert	4	3	7	0	8	22
05	Caroline	10	0	1	0	3	14
06	Carroll	8	0	1	1	5	15
07	Cecil	14	0	5	3	6	28
08	Charles	7	4	5	4	6	26
09	Dorchester	3	1	0	0	1	5
10	Frederick	8	5	19	0	10	42
11	Garrett	2	0	4	0	2	8
12	Harford	22	0	15	3	18	58
13	Howard	7	0	2	1	14	24
14	Kent	1	0	0	2	0	3
15	Montgomery	53	6	25	4	40	128
16	Prince Georges	48	0	9	7	69	133
17	Queen Anne	2	0	0	0	1	3
18	Saint Mary's	17	0	4	0	2	23
19	Somerset	5	2	2	0	2	11
20	Talbot	3	0	6	0	3	12
21	Washington	15	0	9	0	22	46
22	Wicomico	8	0	5	2	9	24
23	Worchester	5	2	6	0	2	15
49	Baltimore City	97	34	83	26	213	453
24	Statewide Totals	434	61*	251	63	496	1305
24	Percentages	33%	5%	19%	5%	38%	100%

\*(Note: Relative Placement is the combined total of Relative Placement for Adoption = 21; Relative Placement for Custody/Guardianship = 40)



## Reunification Case Reviews

The permanency plan of Reunification is generally the initial goal for every child that enters out- of-home placement and appropriate efforts should be made to ensure that the child/youth is receiving the services that are necessary to reunite with their family and have permanency. It is equally as important to make sure that reasonable efforts have been made with the identified parent or caregiver to promote reunification without undue delay.



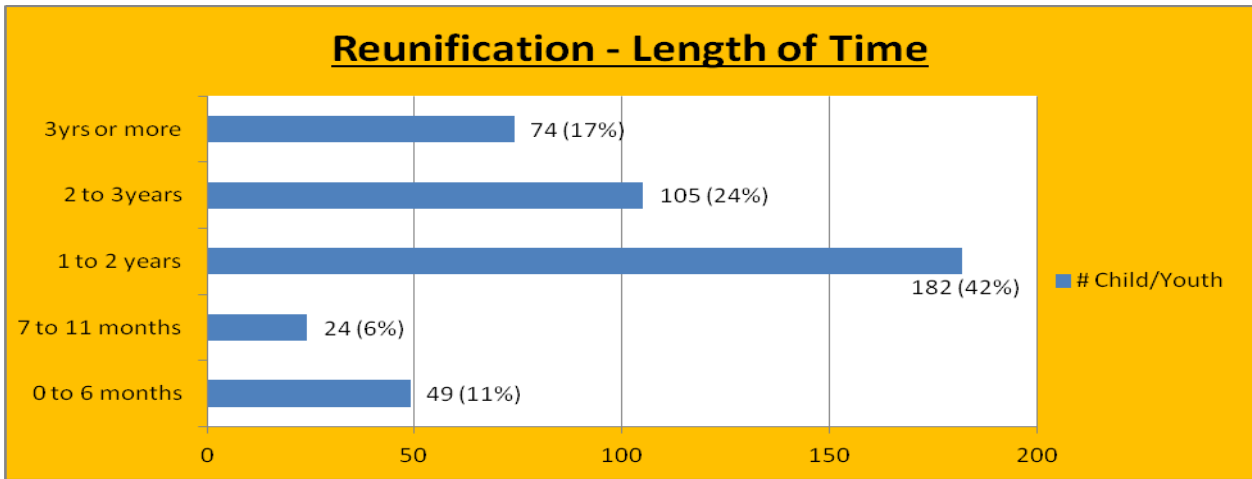
### Permanency

The local boards agreed with the permanency plan of reunification in 332 (76%) of the 434 cases reviewed.

The local juvenile court identified a concurrent permanency plan for 21% of the cases reviewed. The concurrent plans identified were Relative Placement for Adoption (3%), Relative Placement for Custody & Guardianship (44%), Non Relative Adoption (9%), Non Relative Custody & Guardianship (36%), and APPLA (8%).

### Length of Time a Child/Youth had a plan of Reunification

Of the 434 Reunification cases reviewed the local boards found that the length of time the child/youth had a plan of Reunification were as follows:



### Placement

The local boards agreed with the departments' placement plan in 423 out of the 434 cases reviewed. The majority of placements were in Private Treatment Foster Care (31%), Treatment Foster Care (12%), Regular Foster Care (11%), and Residential Treatment Centers (10%).

Number of Cases	Placement
15	Formal Kinship Care
1	Intermediate Foster Care
49	Regular Foster Care
27	Restricted (Relative) Foster Care
53	Treatment Foster Care
134	Treatment Foster Care (Private)
1	Alternative Living Unit
12	Residential Group Home
1	Teen Mother Program
36	Therapeutic Group Home
9	Independent Residential Living Program
45	Residential Treatment Center
1	Own Dwelling
8	Other
42	None

## Placement Stability

The local boards found that in 62% of the cases reviewed, the children/youths were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The board also found that in 59% of the cases reviewed there was a change in placement within the 12 months prior to the review. 25% of the cases reviewed had 1 placement change, 63% had 2 placement changes, 7% had 3 placement changes and 4% had 4 or more placement changes.

The following levels of care were found for the most recent placement change:

- 50% had the same level of care
- 31% were in less restrictive placements
- 18% were in more restrictive placements
- 1% unknown, information not available

## Services

The local boards looked at services offered to the child/youth, the birth family and the foster/kin family in the following areas:

- Housing
- Medical
- Mental health
- Education
- Employment
- Special needs
- Substance abuse treatment
- Visitation with family or referrals to needed resources

The local boards found that appropriate services were being offered to the children/youths in 99% of the cases reviewed, the birth family in 66% of the cases, and to the foster/kin family in 26% of the cases.

## Child Visits with Parents/Relatives

The local boards found that in 321 cases (74%) of the children/youths reviewed had visits with their parents and/or relative. 299 (93%) of the cases were with the parent, 22 (7%) were with a relative.

43% of the visits were supervised and 57% were unsupervised. The visits occurred in the following locations:

- Parent Home – 95 (30%)
- Visitation Center – 32 (10%)
- Relative Home – 29 (9%)
- Public Area – 61 (19%)
- Other – 104 (32%)

#### The Frequency of Caseworker visits

Frequency	Cases
Daily	
Once a week	11
More than once a week	7
Less than once a week, but at least twice a month	22
Less than twice a month, but at least once a month	380
Less than once a month	6
Quarterly	7
LDSS reports visits but undocumented	
Never	

#### Health/Mental Health

The local departments reported that in 98% of the cases reviewed the children/youths received comprehensive health and mental health assessments. Completed medical records were found in 64% of the cases. The local boards agreed that 73% of the children/youths had health care needs met and 64% of the children/youths had mental health care needs addressed.

Psychotropic medication was prescribed to address mental health issues in 49% of the cases and was being monitored at least on a quarterly basis in 48% of the cases.

In 7% of the cases reviewed, the children/youths had substance abuse issues and the local boards agreed that the substance abuse issues had been addressed in 5% of the cases. The local boards found that 43% of the children/youths had behavioral issues and 39% of the children/youths had their behavioral issues addressed. In 22% of the cases, the child/youth had developmental or special needs.

The local boards found that 84% of the children/youths had a current physical, 72% had a current vision exam and 73% had a current dental exam.

#### Education

In 368 (85%) of the cases reviewed the children/youths were enrolled in school or another education/vocational program.

5 youths had already graduated, 11 refused to attend school and 50 were under age 5.

The local boards agreed that 359 (98%) of the children/youths enrolled in school or another education/vocational program were being appropriately prepared to meet educational goals.

#### Ready by 21

Age of Youth (14 years and older = 218)

- Employment (age 14 and older)

The local boards found that 10% of the children/youths were participating in paid or unpaid work experience. The local boards agreed that 26% of the children/youths were being appropriately prepared to meet employment goals.

- Independent Living Services (age 14 and older)

The local boards found that 63% of the children/youths aged 14 years and older were receiving appropriate services to prepare them for independent living. Less than 1% were medically fragile or in juvenile facilities. The local boards also found that 11% of the children/youths had mental health concerns and were unable to attain independent living skills.

#### Risk and Safety

The local boards found that 2% of the cases reviewed had risk indicators and safety protocols were followed.

#### Case Planning

Service Agreements: The local boards found that in 54% of the cases reviewed, a signed service agreement was in place. The local boards agreed that 55% of the service agreements were appropriate.

Family Involvement: The local boards found that in 96% of the cases reviewed an effort was made to include the family in the case planning process.

CASA (Court Appointed Special Advocate): The local boards found that in 31% of the cases reviewed the children/youths had a court appointed special advocate.

#### Barriers/Issues

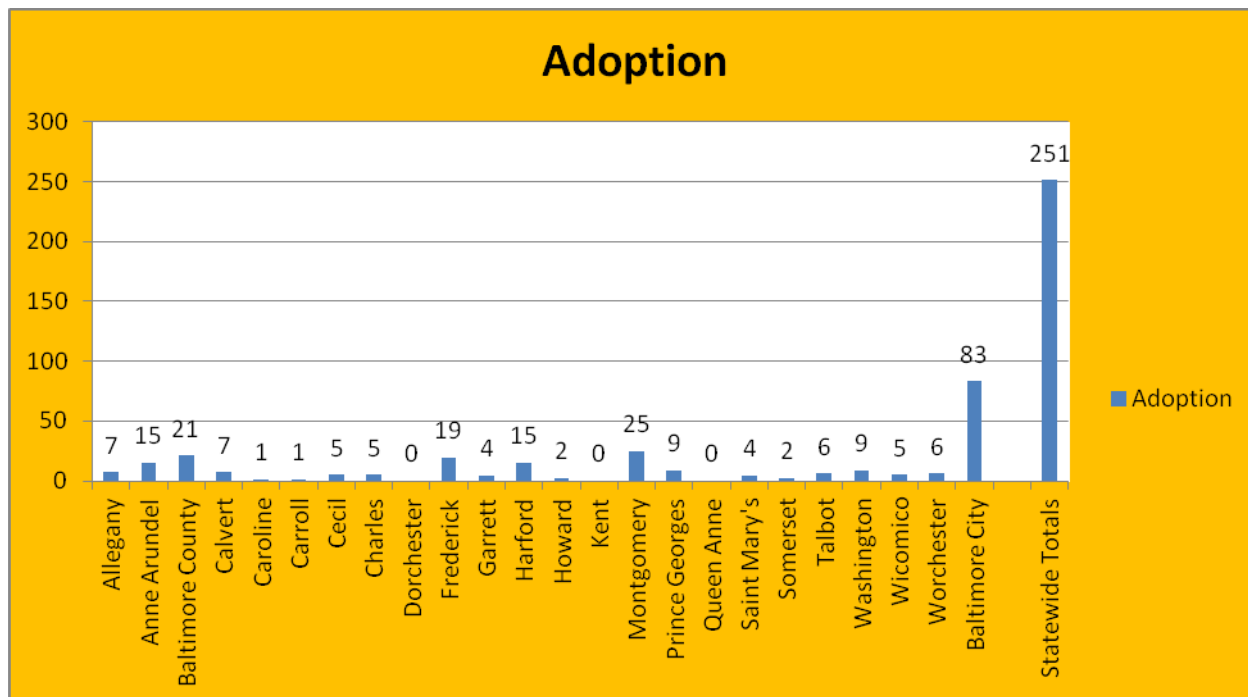
The local boards identified the following barriers to permanency/issues:

- No service agreement with parents
- No service agreement with youth
- Board does not agree with current permanency plan
- Annual physical exams not current
- Dental exams not current

- Vision exams not current
- Youth Placed Outside Of Home Jurisdiction
- Other Placement Barrier
- Other Family Related Barrier
- Lack Of Local Residential Treatment Facilities

## Adoption Case Reviews

When parental rights are terminated (TPR) Adoption becomes the preferred permanency plan. There are a number of factors to consider when a plan of adoption has been established, ranging from the termination of parental rights to what post adoption services are made available to the adoptive families. Reasonable efforts should be made to identify adoptive resources and provide appropriate services identified to remove barriers to adoption and achieve permanency for the child/youth in a timely manner.



### Permanency

The local boards agreed with the permanency plan of adoption in 242 (96%) of the 251 cases reviewed.

### Termination of Parental Rights (TPR)

The local boards found that (TPR) was filed in a timely manner in 77% of the cases reviewed, and was appealed in only 10%.

### Child's Consent to Adoption

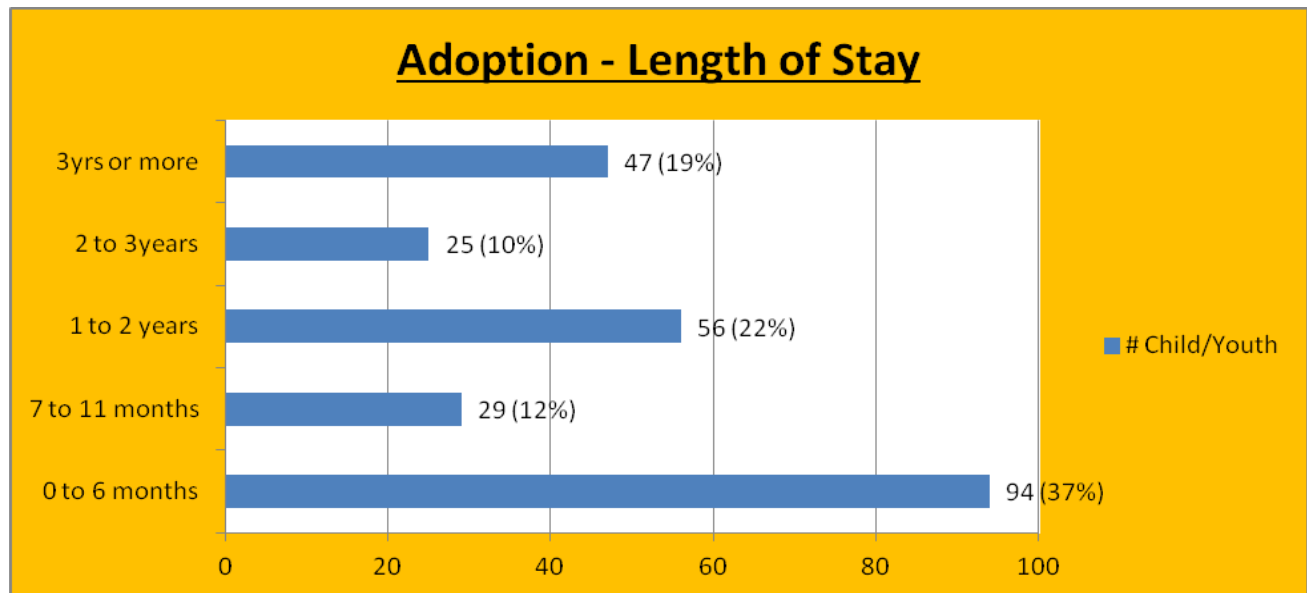
The age of consent for adoption in the State of Maryland is ten. Children 10 and older must consent to be adopted. Local boards found that 63 children/youths consented to adoption and an additional 21 children/youths consented to adoption with conditions.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child's Consent to Adoption	Cases
Yes	63
Child did not want to be Adopted	20
N/A under age of consent	126
Unknown	7
Medically Fragile/Mental Health	5
Yes, with conditions	21
No, mental health reasons	8
No, relative placement	1

Length of time Child/Youth had a plan of Adoption

Of the 251 Adoption cases reviewed the local boards found that the length of time the child/youth had a plan of Adoption were as follows:



Placement

The local boards agreed with the departments' placement plan in 98% of the cases reviewed. The majority of placements were Pre- Finalized Adoption (41%), Treatment Foster Care/Private (24%), and Regular Foster Care (22%).



Number of Cases	Placement
1	Emergency Foster Care
1	Formal Kinship Care
1	Intermediate Foster Care
103	Pre-Finalized Adoption
55	Regular Foster Care
6	Restricted (Relative) Foster Care
8	Treatment Foster Care
61	Treatment Foster Care (Private)
2	Residential Group Home
10	Therapeutic Group Home
3	Residential Treatment Center

### Placement Stability

The local boards found that in 65% of the cases reviewed the children/youths were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The boards found that in 26% of the cases reviewed there was a change in placement within the 12 months prior to the review. 18% of the cases reviewed had 1 placement change, 65% had 2 placement changes, 8% had 3 placement changes and 9% had 4 or more placement changes.

The following levels of care were found for the most recent placement change:

- 71% had the same level of care
- 22% were in less restrictive placements
- 7% were in more restrictive placements

### Services

The local boards looked at services offered to the child/youth, the birth family and the foster/kin family in the following areas:

- Housing
- Medical
- Mental health
- Education
- Employment
- Special needs
- Substance abuse treatment
- Visitation with family or referrals to needed resources

The local boards found that appropriate services were offered to the children/youths in 100% of the cases reviewed, the birth family in 30% of the cases, and the foster/kin family in 36% of the cases.

Child Visits with Parents/Relatives

The local boards found that in 98 cases (39%) of the children/youths reviewed had visits with their parents and/or relatives. 77 (79%) of the cases were with the parent, and 21 (21%) were with relatives.

75 (77%) of the visits were supervised and 23 (23%) were unsupervised. The visits occurred in the following locations:

- Parent Home – 8 (8%)
- Visitation Center – 25 (26%)
- Relative Home – 6 (7%)
- Public Area – 40 (41%)
- Other – 19 (19%)

The Frequency of Caseworker visits

Frequency	Cases
Daily	
Once a week	1
More than once a week	1
Less than once a week, but at least twice a month	10
Less than twice a month, but at least once a month	238
Less than once a month	
Quarterly	1
LDSS reports visits but undocumented	
Never	

Health/Mental Health

The local departments reported that in 96% of the cases reviewed the children/youths received comprehensive health and mental health assessments. Completed medical records were found in 65% of the cases. The local boards agreed that 74% of the children/youths had health care needs met and 67% of the children/youths had mental health care needs addressed.

Psychotropic medication was prescribed to address mental health issues in 36% of the cases and was being monitored at least on a quarterly basis in 35% of the cases. In 3% of the cases reviewed, the children/youths had substance abuse issues and the local boards agreed that substance abuse issues had been addressed in 2% of the cases.

The local boards found that 31% of the children/youths had behavioral issues and 39% of the children/youths had behavioral issues addressed. In 24% of the cases, the children/youths had developmental or special needs.

The local boards found that 87% of the children/youths had a current physical, 76% had a current vision exam and 74% had a current dental exam.

### Education

In 157 (63%) of the cases reviewed the children/youths were enrolled in school or another education/vocational program.

2 youths had already graduated, 1 refused to attend and 91 were under the age of 5.

The local boards agreed that 152 (96%) of the children/youths enrolled in school or another education/vocational program were being appropriately prepared to meet educational goals.

### Ready by 21

Age of Youth (14 years and older = 49)

- Employment (age 14 and older)

The local boards agreed that 12% of the children/youths were participating in paid or unpaid work experience. The local boards agreed that 22% of the children/youths were being appropriately prepared to meet employment goals.

- Independent Living Services (age 14 and older)

The local boards agreed that 69% of the children/youths aged 14 years and older were receiving appropriate services to prepare them for independent living. 6% of the children/youths were medically fragile and less than 1% had mental health issues and were unable to attain independent living skills.

### Risk and Safety

There were no indicators of risk in any of the cases reviewed and safety protocols were followed.

### Case Planning

Service Agreements: The local boards found that in 20% of the cases reviewed a signed service agreement was in place. The local boards agreed that 22% of the service agreements were appropriate.

Family Involvement: The local boards found that in 88% of the cases reviewed an effort was made to include the family in the case planning process.

CASA (Court Appointed Special Advocate): The local boards found that in 22% of the cases reviewed the child/youth had a court appointed special advocate.

## Pre-Adoptive Services/Placement/Resources

### Services

The local boards found that appropriate services and supports for the pre-adoptive family were in place to meet identified needs in 96% of the cases reviewed. The local boards found that a social summary had been given to the pre-adoptive family in 42% of the cases reviewed.

### Placement

The local boards agreed that the pre-adoptive placements were appropriate in 98% of the cases reviewed.

### Resources

The local boards agreed with the following pre-adoptive resources:

- 93 were Foster Parent/Non-Relative
- 79 were Foster Parent/Relative
- 10 were Foster Parent/Fictive Kin

### Post Adoptive Services

The local boards found that post adoptive services were needed in 81% of the cases reviewed. These services included medical, mental health, educational, respite, special needs and DDA services.

### Barriers/Issues

The local boards identified the following barriers to permanency/issues:

- Pre-Adoptive resources not identified for child
- Appeal by birth parents
- Child in Pre-Adoptive home, but adoption not finalized
- Annual physical exams not current
- Dental exams not current
- Vision exams not current
- TPR not granted

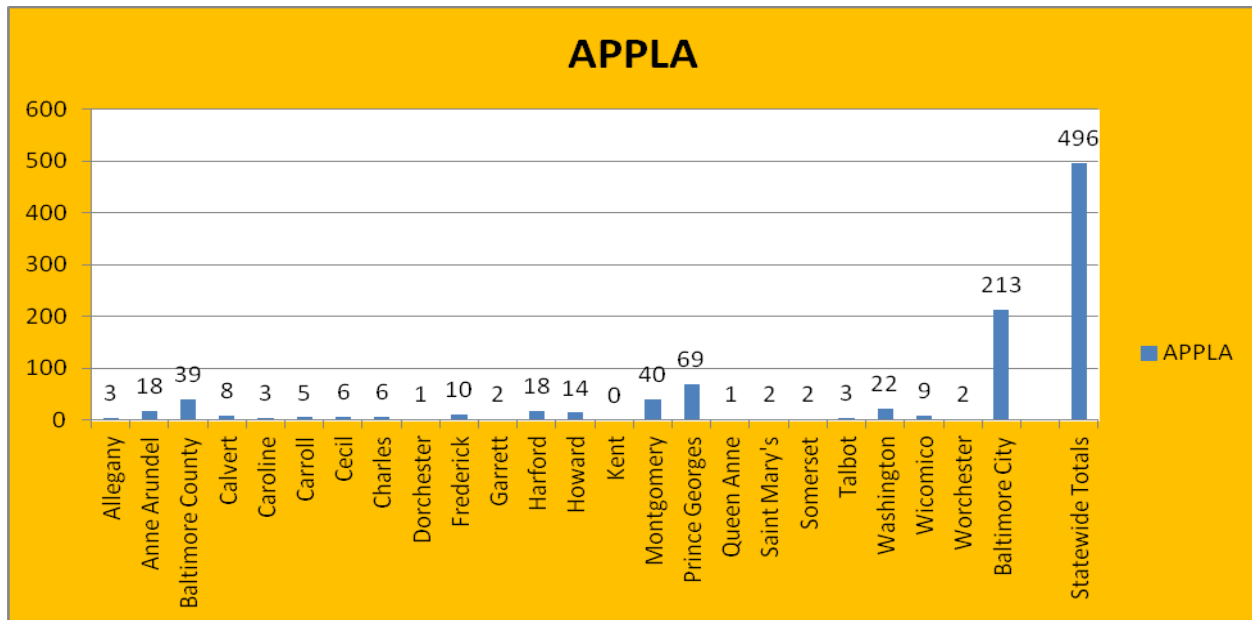
- Disrupted Pre-Adoption placement
- No current Safe-C/G

## APPLA Reviews

### (Another Planned Permanent Living Arrangement)

APPLA is the least desired permanency plan. All efforts should be made to rule out all other permanency plans including reunification with birth family, relative placement for custody and guardianship or adoption, adoption to a non-relative and guardianship to a non relative before a child/youth's permanency plan is designated as APPLA.

Out of the total number of cases reviewed 38% of the cases had a plan of APPLA. Baltimore City had the most (213 cases) 40%, Prince George's County (69) 14%, Montgomery County (40) 8% and Baltimore County (39) 8%. All other counties had five percent or less. Many of the cases reviewed were cases of older youth, between 17 and 20 years of age who are expected to remain in care until they age out on their 21st birthday.



### Permanency

The local boards agreed with the permanency plan of APPLA in 491 (99%) of the 496 cases reviewed.

### Category of APPLA plan

The local boards found the following categories of the APPLA plan:

- Emancipation/Independence: 453 cases
- Placement in Long Term Facility pending Adult Facility: 19 cases
- Other: 24 cases

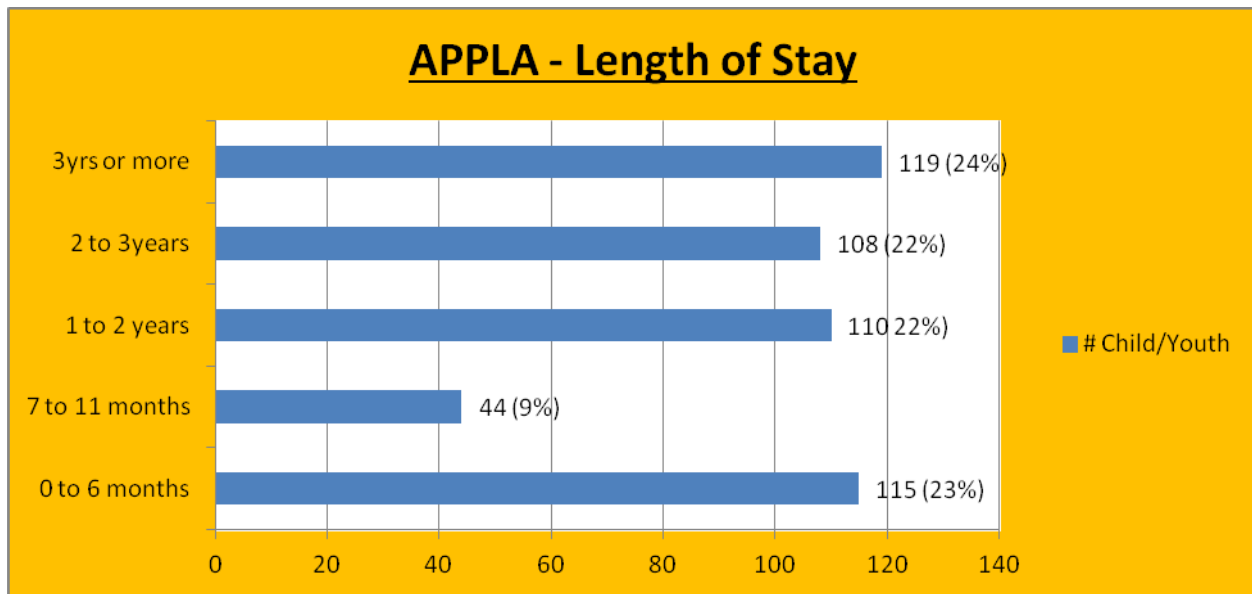
## Permanent Connections

A permanent connection is an identified person that a youth can rely on for assistance with support, advice and guidance as they deal with the day to day life circumstances that adulthood can bring about on a regular basis.

The local boards found that in 353 of the 496 cases reviewed, a permanent connection had been identified for the children/youths by the local departments and that the identified permanent connection was appropriate in the 353 cases.

## Length of time Child/Youth had a plan of APPLA

Of the 496 APPLA cases reviewed the local boards found that the length of time the child/youth had a plan of APPLA were as follows:



## Placement

The local boards agreed with the departments' placement plan in 94% of cases reviewed. The majority of placements were in Private Treatment Foster Care (29%), Independent Living Residential Program (15%), Therapeutic Group Homes (10%), Treatment Foster Care (6%), Residential Treatment Centers (3%), Teen Mother Program (3%) and Restricted Relative Foster Care (2%).

Number of Cases	Placement
4	Formal Kinship Care
9	Regular Foster Care
11	Restricted (Relative) Foster Care
31	Treatment Foster Care
146	Treatment Foster Care (Private)
3	Alternative Living Unit
1	Emergency Group Shelter Care
13	Residential Group Home
14	Teen Mother Program
52	Therapeutic Group Home
73	Independent Living Residential Program
15	Residential Treatment Center
11	Relative
13	Non-Relative
44	Own Dwelling
15	Other
41	None

### Placement Stability

The local boards found that in 61% of the cases reviewed the child/youth were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The boards also found that in 52% cases reviewed there was a change in the placement in the last 12 months prior to being reviewed. 26% of the cases reviewed had 1 placement change, 59% had 2 placement changes, 8% had 3 placement changes and 7% had 4 or more placement changes.

The following levels of care were found for the most recent placement change:

- 32% had the same level of care
- 49% were in less restrictive placements
- 13% were in more restrictive placements
- 6% were unknown, information not available

### Services

The local boards looked at services offered to the children/youth, the birth family and the foster/kin family in the following areas:



- Housing
- Medical
- Mental health
- Education
- Employment
- Special needs
- Substance abuse treatment
- Visitation with family or referrals to needed resources

The local boards found that appropriate services were offered to the children/youth in 98% of the cases reviewed the birth family in 24% of the cases, and the foster/kin family in 14% of the cases.

#### Child Visits with Parents/Relatives

The local boards found that in 250 cases (50%) of the children/youths reviewed had visits with their parents and/or relatives. 185 (74%) of the cases were with the parent and 65 (26%) were with relatives.

29 (12%) of the visits were supervised and 221 (88%) were unsupervised. The visits occurred in the following locations:

- Parent Home – 115 (46%)
- Visitation Center – 17 (7%)
- Relative Home – 47 (19%)
- Public Area – 30 (12%)
- Other – 41 (16%)

#### The Frequency of Caseworker visits

Frequency	Cases
Daily	3
Once a week	4
More than once a week	6
Less than once a week, but at least twice a month	52
Less than twice a month, but at least once a month	416
Less than once a month	12
Quarterly	1
LDSS reports visits but undocumented	1
Never	1

#### Health/Mental Health

The local departments reported that in 92% of the cases reviewed the child/youth received comprehensive health and mental health assessments. Completed medical records were found in 40% of the cases. The local boards agreed that 55% of the children/youths had

health care needs met and 69% of the children/youths had mental health care needs addressed.

Psychotropic medication was prescribed to address mental health issues in 35% of the cases, and was being monitored at least on a quarterly basis in 34% of the cases. In 17% of the cases reviewed, the children/youths had substance abuse issues and the local boards agreed that the substance abuse issues had been addressed in 6% of the cases.

The local boards found that 39% of the children/youths had behavioral issues and 27% of the children/youths had behavioral issues addressed. In 21% of the cases, the children/youths had developmental or special needs.

The local boards found that 61% of the children/youths had a current physical, 54% had a current vision exam and 51% had a current dental exam.

### Education

In 285 (57%) of the cases reviewed, the children/youths were enrolled in school or another education/vocational program.

138 had already graduated, and 73 refused to attend.

The local boards agreed that 267 (94%) of the children/youths currently enrolled in school or another education/vocational program were being appropriately prepared to meet educational goals.

### Ready by 21

Age of Youth (14 years and older = 495)

- Employment (age 14 and older)

The local boards found that 39% of the children/youths were participating in paid or unpaid work experience. The local boards agreed that 51% of the children/youths were being appropriately prepared to meet employment goals.

- Independent Living Services (age 14 and older)

The local boards found that 75% of the children/youths aged 14 years and older were receiving appropriate services to prepare them for independent living.

2% of the children/youths were medically fragile as well as the same percentage of youths were housed in juvenile facilities. The local boards found that 3% of the children/youths had mental health concerns and were unable to attain independent living skills.

- Housing (Transitioning Youth age 17 and older)

The local boards found that 74% (103) of the eligible (140) youths transitioning out of care had housing specified and the local boards agreed with the transitional housing plan for the youths.

### Risk and Safety

The local boards found that 4% of the cases reviewed had risk indicators and safety protocols were followed.

### Case Planning

Service Agreements: The local boards found that in 56% of the cases reviewed a signed service agreement was in place. The local boards agreed that 59% of the service agreements were appropriate.

Family Involvement: The local boards found that in 83% of the cases reviewed an effort was made to include the family in the case planning process.

CASA (Court Appointed Special Advocate): The local boards found that in 22% of the cases reviewed the child/youth had a court appointed special advocate.

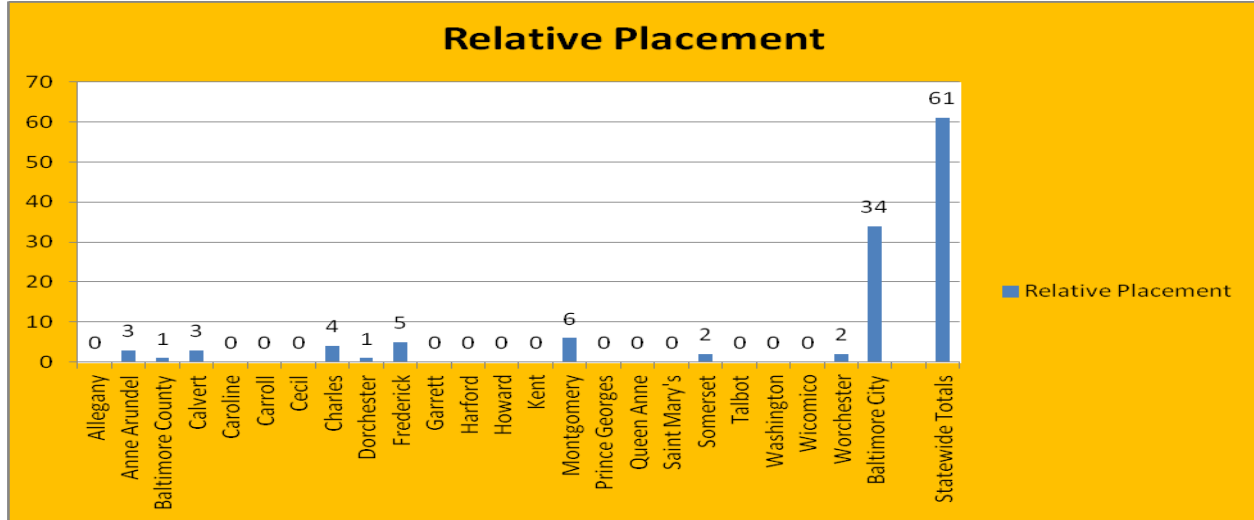
### Barriers/Issues

The local boards identified the following barriers to permanency/issues:

- No service agreement with youth
- Non-compliant with service agreement
- Youth placed outside of home jurisdiction
- Annual physical exams not current
- Dental exams not current
- Vision exams not current
- Inadequate preparation for independence (general)
- Youth not employed and transitioning out of care
- Youth refuses mental health treatment including therapy
- Youth Non-compliant with medication
- Transitional housing has not been identified
- Other independence barrier
- Not following up on referrals
- Youth not attending school or in a GED program
- No current IEP
- Child has behavior problems in the home
- Issues related to substance abuse
- No current Safe-C/G

## Relative Placement Case Reviews

It is the responsibility of the local departments to seek out opportunities for placement with a blood relative or explore other permanency resources when reunification is not possible.



### Permanency

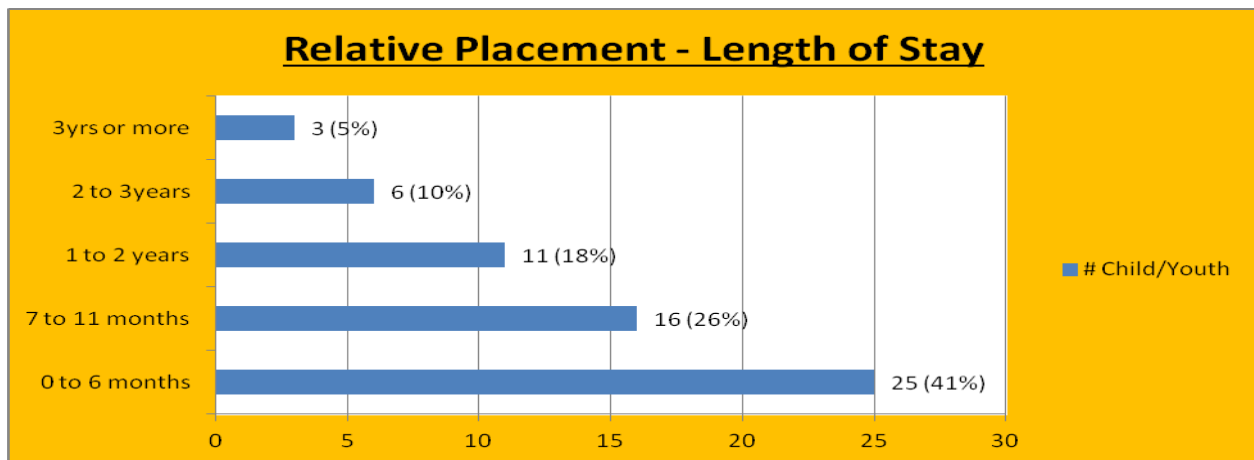
The local boards agreed with the permanency plan of relative placement for custody/guardianship or adoption in 44 (72%) of the 61 cases reviewed.

### Category of Relative Placement

- Relative placement for Adoption: 21 cases
- Relative placement for Custody/Guardianship: 40 cases

### Length of time child/youth had a plan of Relative Placement

Of the 61 cases reviewed the local boards found that the length of time the child/youth had a plan of Relative Placement for custody/guardianship or adoption were as follows:



## Placement

The local boards agreed with the placement plan in all of the cases reviewed. The majority of placements were with a Relative (31%), Treatment Foster Care (23%), and Formal Kinship Care (11%).

Number of Cases	Placement
5	Pre-Finalized Adoptive Home
7	Formal Kinship Care
1	Regular Foster Care
19	Restricted (Relative) Foster Care
3	Treatment Foster Care (Private)
14	Therapeutic Group Home
6	Residential Treatment Center
1	Teen Mother Program
2	Therapeutic Group Home
1	Other
2	None

## Placement Stability

The local boards found that in 52% of the cases reviewed the children/youths were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The boards found that in 52% cases reviewed there was a change in placement within the 12 months prior to the review. 19% of the cases reviewed had 1 placement change, 63% had 2 placement changes, 16% had 3 placement changes and 3% had 4 or more placement changes.

The following levels of care were found for the most recent placement change:

- 59% had the same level of care
- 22% were in less restrictive placements
- 16% were in more restrictive placements
- 3% unknown, information not available

## Services

The local boards looked at services offered to the children/youths, the birth family and the foster/kin family in the following areas:

- Housing
- Medical
- Mental health
- Education
- Employment
- Special needs
- Substance abuse treatment
- Visitation with family or referrals to needed resources

The local boards found that appropriate services were offered to the children/youths in 100% of the cases reviewed, the birth family in 31% of the cases, and the foster/kin family in 31% of the cases.

#### Child Visits with Parents/Relatives

The local boards found that in 37 cases (61%) of the children/youths reviewed had visits with their parents and/or relatives. 28 (76%) of the cases were with the parent, and 9 (24%) were with relatives.

24 (65%) of the visits were supervised and 13 (35%) were unsupervised. The visits occurred in the following locations:

- Parent Home – 6 (16%)
- Visitation Center – 4 (11%)
- Relative Home – 16 (43%)
- Public Area – 4 (11%)
- Other – 7 (19%)

#### The Frequency of Caseworker visits

Frequency	Cases
Daily	
Once a week	1
More than once a week	
Less than once a week, but at least twice a month	2
Less than twice a month, but at least once a month	53
Less than once a month	1
Quarterly	4
LDSS reports visits but undocumented	
Never	

#### Health/Mental Health

The local departments reported that in 97% of the cases reviewed the children/youths received comprehensive health and mental health assessments. Completed medical records were found in the cases records in 54% of the cases. The local boards agreed that 62% of

the children/youths had health care needs met and 87% of the children/youths had mental health care needs addressed.

Psychotropic medication was prescribed to address mental health issues in 36% of the cases and was being monitored at least on a quarterly basis in 36% of the cases.

In 7% of the cases reviewed, the children/youths had substance abuse issues and the local boards agreed that the substance abuse issued had been addressed in 3% of the cases. The local boards found that 46% of the cases the children/youths had behavioral issues and 43% of the children/youths had behavioral issued addressed. In 18% of the cases, the children/youths had developmental or special needs.

The local boards found that 74% of the children/youths had a current physical, 62% had a current vision exam and 67% had a current dental exam.

### Education

In 44 (72%) of the cases reviewed, the children/youths were enrolled in school or another education/vocational program.

1 youth had already graduated, 1 refused to attend and 15 were under the age of 5.

The local boards agreed that 43 (98%) of the children/youths currently enrolled in school or another education/vocational program were being appropriately prepared to meet educational goals.

### Ready by 21

Age of Youth (14 years and older = 25)

- Employment (age 14 and older)

The local boards found that 8% of the children/youths were participating in paid or unpaid work experience. The local boards agreed that 28% of the children/youths were being appropriately prepared to meet employment goals.

- Independent Living Services (age 14 and older)

The local boards found that 64% of the children/youths aged 14 years and older were receiving appropriate services to prepare them for independent living. Less than 1% had mental health concerns and were unable to attain independent living skills.

### Risk and Safety

There were no indicators of risk in any of the cases reviewed and safety protocols were followed.

## Case Planning

Service Agreements: The local boards found that in 31% of the cases reviewed a signed service agreement was in place. The local boards agreed that 39% of the service agreements were appropriate.

Family Involvement: The local boards found that in 89% of the cases reviewed an effort was made to include the family in the case planning process.

CASA (Court Appointed Special Advocate): The local boards found that in 16% of the cases reviewed, the children/youths had a court appointed special advocate.

## Barriers/Issues

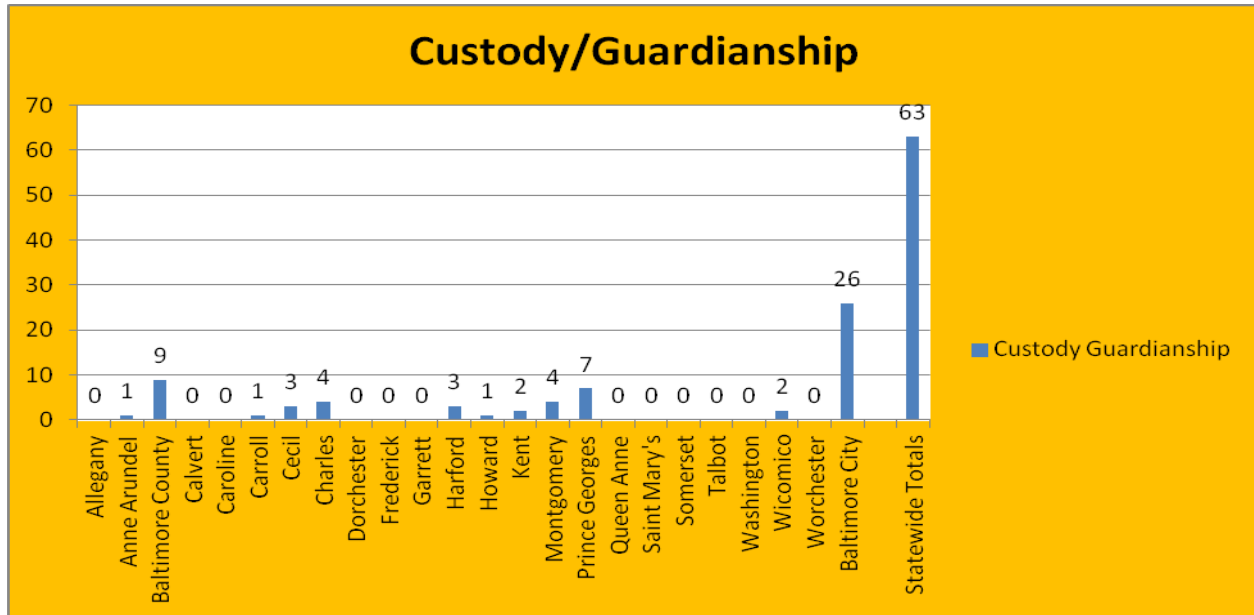
The local boards identified the following barriers to permanency/issues:

- No service agreement with youth
- Board does not agree with current permanency plan
- Annual physical exams not current
- Dental exams not current
- Vision exams not current
- Other court related barrier



## Custody/Guardianship (Non-Relative) Reviews

Custody and guardianship is another option that local departments can explore for permanency, and that is made available to a caregiver that would like to provide a permanent home for a child/youth, without having the rights of the parents terminated. This plan allows the child/youth to have a connection with their external family members.

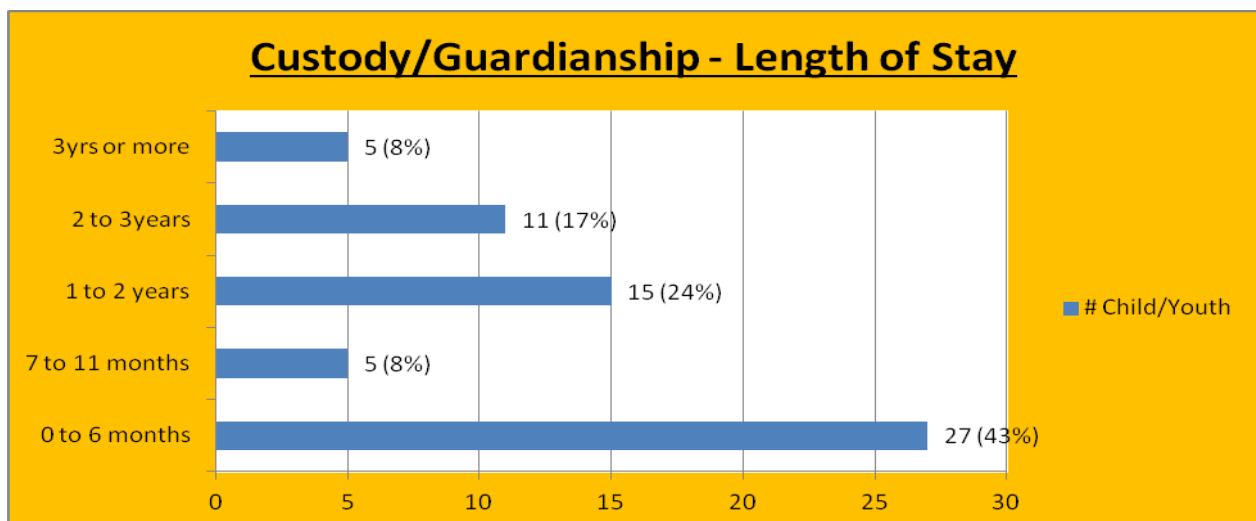


### Permanency

The local boards agreed with the permanency plan of custody/guardianship in 50 (79%) of the 63 cases reviewed.

### Length of time a Child/Youth had a plan of Custody/Guardianship

Of the 63 cases reviewed the local boards determined that the length of time the children/youths had a plan of Guardianship were as follows:



## Placement

The local boards agreed with the departments' placement plan in 97% of cases reviewed. The majority of placements were in Private Treatment Foster Care (41%), Treatment Foster Care (11%) and Therapeutic Group Homes also (11%) .

Number of Cases	Placement
2	Alternative Living Units
6	Regular Foster Care
5	Restricted (Relative) Foster Care
7	Treatment Foster Care
26	Treatment Foster Care (Private)
1	Teen Mother Program
7	Therapeutic Group Home
5	Residential Treatment Center
3	Residential Group Home
1	None

## Placement Stability

The local boards found that in 54% of the cases reviewed the child/youth were placed in settings that were in close proximity to their communities which allowed for the continuity of services.

The boards also found that in 46% of the cases reviewed there was a change in the placement in the last 12 months prior to being reviewed. 14% of the cases reviewed had 1 placement change, 62% had 2 placement changes, 14% had 3 placement changes, and 10% had 4 or more placement changes.

The following levels of care were found for the most recent placement change:

- 55% had the same level of care
- 14% were in less restrictive placements
- 31% were in more restrictive placements

## Services

The local boards looked at services offered to the children/youth, the birth family and the foster/kin family in the following areas:

- Housing
- Medical

- Mental health
- Education
- Employment
- Special needs
- Substance abuse treatment
- Visitation with family or referrals to needed resources

The local boards found that appropriate services were offered to the children/youths in 98% of the cases reviewed, the birth family in 35% of the cases, and the foster/kin family in 24% of the cases.

#### Child Visits with Parents/Relatives

The local boards found that in 31 cases (49%) of the children/youths reviewed had visits with their parents and/or relatives. 25 (81%) of the cases were with the parent, and 6 (19%) were with relatives.

16 (52%) of the visits were supervised and 15 (48%) were unsupervised. The visits occurred in the following locations:

- Parent Home – 2 (6%)
- Visitation Center – 2 (6%)
- Relative Home – 5 (16%)
- Public Area – 13 (42%)
- Other – 9 (30%)

#### The Frequency of Caseworker visits with child/youth

Frequency	Cases
Daily	
Once a week	
More than once a week	1
Less than once a week, but at least twice a month	1
Less than twice a month, but at least once a month	60
Less than once a month	
Quarterly	
LDSS reports visits but undocumented	1
Never	

#### Health/Mental Health

The local departments reported that in 98% of the cases reviewed the child/youth received comprehensive health and mental health assessments. Completed medical records were found in 57% of the cases. The local boards agreed that 62% of the children/youths had health care needs met and 92% of the children/youths had mental health care needs addressed.

Psychotropic medication was prescribed to address mental health issues in 60% of the cases and was being monitored at least on a quarterly basis in 60% of the cases.

In 5% of the cases reviewed, the children/youths had substance abuse issues and the local boards agreed that the substance issues had not been addressed. The local boards found that 41% of the children/youths had behavioral issues and 38% of the children/youths had their behavioral issues addressed. In 30% of the cases, the children/youths had developmental or special needs.

The local boards found that 84% of the children/youths had a current physical, 67% had a current vision exam and 70% had a current dental exam.

### Education

In 56 (89%) of the cases reviewed, the children/youths were enrolled in school or another education/vocational program.

1 youth had already graduated, 3 refused to attend school and 3 were under the age of 5.

The local boards agreed that 55 (99%) of the children/youths currently enrolled in school or another education/vocational program were being appropriately prepared to meet educational goals.

### Ready by 21

Age of Youth (14 years and older = 43)

- Employment (age 14 and older)

The local boards found that 5% of the children/youths were participating in paid or unpaid work experience. The local boards agreed that 30% of the children/youths were being appropriately prepared to meet employment goals.

- Independent Living Services (age 14 and older)

The local boards found that 70% of the children/youths aged 14 years and older were receiving appropriate services to prepare them for independent living. The local boards found that 5% of the children/youths aged 14 years or older had mental health concerns and were unable to attain independent living skills.

### Risk and Safety

There were no indicators of risk in any of the cases reviewed and safety protocols were followed.

## Case Planning

Service Agreements: The local boards found that in 24% of the cases reviewed, a signed service agreement was in place. The local boards agreed that 29% of the service agreements were appropriate.

Family Involvement: The local boards found that in 94% of the cases reviewed an effort was made to include the family in the case planning process.

CASA (Court Appointed Special Advocate): The local boards found that in 92% of the cases reviewed, the children/youths had a court appointed special advocate.

## Barriers/Issues

The local boards identified the following barriers to permanency/issues:

- No service agreement with youth
- Board does not agree with current permanency plan
- Annual physical exams not current
- Dental exams not current
- Vision exams not current
- Other education barrier

## Child Protection Panels

CRBC became a citizen review panel in response to the Federal Child Abuse Prevention and Treatment Act (CAPTA) and state law requiring citizen oversight of the child protection system. Local child protection panels may be established in each jurisdiction. Panel members are appointed by the local appointing authority and local child protection panels report findings and recommendations to the CRBC State Board.

There are local child protection panels in Baltimore City, Baltimore County, Montgomery County and Worcester County. The following report findings and recommendations were reported to CRBC for the fiscal year 2017.

### Baltimore City Child Protection Panel

In FY2017, the Baltimore City Child Protection Panel was the only local child protection panel that completed reviews that addressed outcomes as adapted from the DHR/DHS approved Child and Family Services Review (CFSR) review instrument.

#### Review Findings

There were 22 case reviews conducted.

Outcome Area	Measure	Effectiveness Rating by Panel
Safety Outcome 1	Children are first and foremost protected from abuse and neglect	The outcome was: Substantially achieved in 77% of cases Partially achieved in 23% of cases
Safety Outcome 2	Children are safely maintained in their homes whenever possible and appropriate	The outcome was: Substantially achieved in 77% of cases Partially achieved in 23% of the cases
Well Being Outcome 1	Families have enhanced capacity to provide for their needs	The outcome was: Substantially achieved in 18% of cases, Partially achieved in 72% of the cases and Not achieved in 9% of the cases
Well Being Outcome 2	Children receive appropriate services to meet their educational needs	The outcome was: Not applicable in 41% of the cases Not achieved in 23% of cases and Substantially achieved in 23% of cases

Well Being Outcome 3	Children receive adequate services to meet their physical and mental health needs	The outcome was: Substantially achieved in 50% of cases Partially achieved in 36% of cases and Not achieved in 9% of cases
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### Child Protection Services In-Home-Care Cases

- The panel reported that some cases were closed too soon. These were cases where referrals had been made but there was no follow up to see if referrals were followed through before the cases were closed.
- The panel reported that there were some cases which were closed but the panel thought that the child was not safe, and that the case should not have been closed or that the case should have come in on a shelter care petition.

### Services to Children and Families

- The panel reported concerns regarding the lack of getting fathers involved in the provision of services, especially when the father is living in the home or is involved with the children.
- The panel reported that there continues to be a lack of documentation of referrals, school or medical records mentioned in Local Department of Social Services (LDSS) records. LDSS frequently fails to follow up on mental health and substance abuse referrals for parents so there is no evidence that the parent actually benefited from the referral.
- The panel reported that there were concerns that medical or educational records in the file were incomplete.
- The panel reported concerns that home visit attempts where no contact was made with the family are designated in MD CHESSIE as face to face visits creating the appearance that there had been a face to face in person visit.
- The panel reported concerns that older children were interviewed in the presence of the parents when home visits were done. They advised that older children should be interviewed out of the parents' presence, such as in a school setting.
- The panel reported concerns about the cases where the children were not interviewed at all.

## Baltimore County Child Protection Panel

### Membership:

Mark Millspaugh, Chair (Baltimore County DSS)  
Linda Grossman, M.D. (Baltimore County Department of Health)  
Meg Ferguson, J.D. (Baltimore County Assistance County Attorney)  
Scott Krugman, M.D. (Community)  
Lt. Glen Wiedeck (BCPD)  
Laura Steele (CRBC)  
Nancy Slaterbeck, LCSW-C (Community)  
Brynez Roane, LGSW (Community)  
April Lewis (BCPS)  
Patricia Cronin, LCSW-C (Community)  
Lisa Dever, J.D. (Baltimore County State's Attorney's Office)

### Meetings Held

- July 27, 2016
- September 28, 2016
- November 30, 2016
- January 25, 2017
- March 29, 2017
- May 31, 2017

### SFY 2017 Accomplishments

- The Child Protection Panel continues to focus its efforts in the following areas:
  - Improving and expanding capacity for medical evaluation and reporting of child abuse and neglect in Baltimore County.
  - Educating the medical community regarding child abuse/neglect.
  - Advocating for more Child Protection Teams at area hospitals.
  - Addressing challenges and ensuring a strong response to cases of criminal child neglect.
  - Prevention and services to runaways, including sex trafficking.
- Provided guidance for a grant proposal for training community based medical professionals in identifying and reporting child abuse and neglect. BCoDSS received a VOCA grant through the Governor's Office of Crime Control and Prevention that includes conducting training and education of medical professionals (pediatricians, nurses, social workers, pharmacists, etc.)
- Implemented changes to meeting structure and documentation in compliance with revisions to the Open Meetings Act.



- Welcomed new members: Lisa Dever, Chief of Sex Offense and Child Abuse Division for the Baltimore County State's Attorney's Office; April Lewis, Director for the Division of School Safety for Baltimore County Public Schools.
- Offered support to the Baltimore County school system's participation in a sex trafficking pilot program. Ten schools were selected to be part of the pilot with each school developing a specially trained team of subject matter experts and also providing basic training to all employees in those schools.
- Offered support to the development of a Partnership to Address Human Trafficking in Baltimore County. The Partnership includes members of the Women's Commission, Human Relations Commission, DSS, Health Department, Baltimore County Public Schools, and law enforcement.
- Offered support for the establishment of a Child Protection Team at Greater Baltimore Medical Center.
- Reviewed data pertaining to homeless youth, runaways and out-of-home placements in Baltimore County.
- Begin the case selection process and evaluation of the case review protocol for a case review to begin in FY2018.

## Montgomery County Child Protection Panel



### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ms. Wheeler,

As a follow-up to your June 5, 2017 e-mail request, I am outlining the FY17 activities of the Montgomery County Citizens' Review Panel.

- Attached is the Panel's roster of current membership.
- The Voluntary Placement Agreement (VPA) report authored by the Panel. This report is reflective of the Panel's work over the last 15 months as a result of the increased number of VPA requests to the Department. The Panel conducted case record reviews, interviewed State and local leaders, and reviewed the array of community resources that might prevent placements. Recommendations on the State and local level were suggested (see full report).
- Beginning in the Spring 2017, the panel has focused on issues related to LGBTQ youth in the foster care system. The panel has met with agency personnel and local and national experts, including a representative from the RISE project (a federally funded project evaluation of LGBTQ services in Los Angeles), developed and administered a questionnaire to all child welfare staff to obtain input on their knowledge about LGBTQ issues as well as to identify training needs and reviewed SSA and agency policy.
- The FY18 work will include continued review of LGBTQ issues and the development of a training plan for staff and foster parents.
- Panel meetings have occurred the first Monday of each month, September 2016 through July 2017

Please do not hesitate to contact me with any questions or for any further information.

Sincerely,  
Lisa Merkin, LCSW-C  
Administrator, Child Welfare Services

(The following Memorandum was provided to CRBC by Montgomery County DHHS, and reprinted by permission)

## MEMORANDUM

April 28<sup>th</sup> 2017

TO: Angela Cabellon, Social Services Officer

FROM: Ronna Cook, Chairperson, Citizens Review Panel

SUBJECT: Voluntary Placement Agreements for Child Welfare

The Voluntary Placement Agreement Act (VPA) was passed under Governor Ehrlich in 2003. It was enacted to provide a short-term voluntary out-of-home placement for a child with a documented, developmental disability or mental illness in order to provide treatment. The law intended that there be coordination across the Department of Education, Department of Mental Health and the Department of Human Resources, Social Services Administration. In Montgomery County, intake and overall case management of VPA cases are under the auspice of the local Child Welfare Department. The law did not provide additional resources to Child Welfare or other local government entities as it was considered to be cost neutral.

It was brought to the attention of the Citizens Review Panel that the number of VPA cases has increased over the years and the agency was concerned about how to best serve the mental health and developmental needs of these children. The Panel's goal was to review the cases in the system in 2016 to delineate the characteristics of the youth being referred and to identify policies, procedures, and service gaps to better address the needs of these children and families.

### Characteristics of Children with Voluntary Placement Agreement

In 2016, Montgomery County Child Welfare served 19 children with VPAs. The age at placement for the majority of children was between the ages of 11 – 17 years. Slightly more VPAs are female (58%). While 37% of VPAs are White, there is an equal distribution of children with VPAs who are Black (21%), bi-racial (21%), and Hispanic (21%).

Prior to becoming involved with Montgomery County Child Welfare Services, all 19 VPAs had a history of mental health problems, including issues related to self-injury, suicide ideation, and depression; physical aggression, sexualized behavior, substance abuse, mood disorders, bi-polar, anxiety, obsessive compulsive disorder, and attention deficit and hyperactivity disorder. Twelve children had been hospitalized previously. In addition to mental health needs, children with VPAs also had special educational needs, with 11 (58%) children having Individualized Education Plans (IEP). Five of the 19 children

(26%) had been diagnosed as being on the autism spectrum, and three were enrolled on the Maryland Autism Waiver waitlist while one was receiving Autism Waiver services.

## Discussion

It is apparent to the Panel that the children who come into the Montgomery County Child Welfare System as VPAs have severe behavior and emotional problems that require the services of multiple county agencies. In addition, these families approach Child Welfare because they are looking for an out-of-home placement for their child as they feel are no longer able to manage them in their home. Current practice requires referrals to be presented to the local interagency coordinating team (LCT) to determine whether there are additional community based services that can support the child and family in their home. This team does discuss each new case and functions as a body that acknowledges whether an out-of-home placement is necessary. It rarely is able to identify additional community based wrap-around services to maintain children in their homes, mainly due to the lack of wrap-around services available to meet the severity of the problems and multi-faceted needs faced by these children and their families.

It also creates a situation where Child Welfare becomes responsible for these cases monetarily and with little resource support from other agencies. This due in part to differing policies of each of the agency partners. For example, Montgomery County Public Schools (MCPS) is theoretically required to place children in the least restrictive education environment. This is not always practical or effective. While the school system may indicate that they have special programs the youth can attend in the home district thereby abdicating the need to approve educational services provided through the residential placement. Practically speaking, that child's severe emotional needs often preclude his or her being able to remain in the home. Residential placement becomes the only viable alternative and, as a result, Child Welfare becomes responsible for the cost of educating the youth.

Additionally, children referred for voluntary placement do not always have an IEP, even though all of these children/youth have developmental disabilities or mental health concerns. It was reported that MCPS might indicate that an IEP was not completed because the child was not available to attend school as she/he was hospitalized or on runaway.

There are also issues involving delivery of services which are beyond the scope of Child Welfare. An autism diagnosis existed for approximately 20 percent of the cases reviewed. In reviewing resources available for families with autistic children it was found that the Maryland Autism Waiver program has a waiting list of about 5,000 children. All of the cases reviewed identified multiple mental health issues and hospitalizations for the children. If a child is hospitalized over 30 days because more services are needed, the child loses his/her place on the waiting list.

Challenges can also occur at time of discharge. In abuse and neglect cases, Child Welfare is responsible for providing services and oversight to children after they are reunified with their parents. In VPA cases once the child is reunified, the case no longer remains under the jurisdiction of Child Welfare. If further community-based mental health services are needed, Child Welfare will make any necessary referrals but there is no "main" lead agency to support the family. Often times, the mandates and priorities for multiple agencies serving a family are not aligned and could cause a less than seamless transition for the child's stable community placement.

Children voluntarily placed are not wards of the court. In the beginning of the VPA process, parents must agree with the goal of reunification. There is court review after 180 days and then every six months. However, the court does not have the same ability to protect a child's rights as it does in an abuse and neglect case. While the Judge can ask questions and Child Welfare can identify areas that are preventing a child from being returned home, it is unclear whether the court has the authority to mandate parents to take their child home or to provide needed services. In these cases Child Welfare requests that the child become a CINA (Child in Need of Assistance). Although most parents stay involved while their child is in voluntary placement, there are those instances where parents want no involvement. There were a few instances reported where parents refused to pick their child up from a residential placement, even though it had been determined that the placement was no longer therapeutically needed.

A major question is whether Child Welfare is the best place to house the VPA program. The current structure for voluntary placements places the burden of service delivery on the Child Welfare Agency, an agency with the purpose of protecting children from abuse and neglect. Very few cases were changed to CINA based on the fact that there is no abuse or neglect allegation, and for the most part, the parents of these children were involved while children were voluntarily placed. Instead the review of VPA cases revealed the lack of resources and preventive services available to families with children with extreme needs that might prevent a parents' request for placement. The question remains whether these children are best served through Child Welfare or is there a better way to coordinate services across Child Welfare, Education, and Mental Health agencies?

### Recommendations

Below we identify recommendations for consideration.

#### State

- DHR guidelines for VPA cases were modified in 2015. It is the Panel's understanding that these have not been finalized. To ensure uniform implementation of the VPA program, the State needs to clarify the definition of what constitutes a VPA

case and when a VPA case is more appropriate as a CINA case. Further direction is also needed on how the local coordinating committee is to assess whether "reasonable efforts" to avoid placement have been met.

- Clearer unified and seamless service delivery responsibilities across Departments of Education, Mental Health and DHR need to be delineated to ensure coordination of service delivery to children at the local level. Policies need to be reviewed to determine where the mandates of these agencies create barriers to service delivery. Additionally, the current service delivery structure for VPA cases should be reviewed. Is Child Welfare the most appropriate agency to refer these cases to or is there a better service delivery structure to meet the needs of the children and families?
- Explore providing more autism waiver slots and consider changing the rule that children lose their position on the autism waiver waiting list if they become hospitalized for over 30 days.

### County

- The County and State must work together to achieve a shared perspective on policy, programming, and funding for VPAs.
- Additional child and youth mental health resources are needed in Montgomery County. A first step to addressing the needs is to have the appropriate DHR oversight advisory panels and commissions work together to assess the specific needs and resources.
- A review of the court's authority to reconcile discrepancies between the Child Welfare Agency and parents is recommended. For example, if a child's therapeutic placement facility and Child Welfare recommend that a child be returned home and the parent is not ready or willing to have the child at home, what is the Court's role in requiring the reunification?

### Montgomery County Citizens Review Panel Members

Jen Carson - jcarson@casamontgomery.org

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Pam Littlewood - pslittlewood@comcast

Leslie Shedlin - lkshedlin@gmail.com

Jane Steinberg - jsteinbe3615@comcast.net

### Fiscal 2017 CRBC Metrics

	<b>YTD</b>
Total # of Children - Scheduled on the Preliminary:	2318
Total # of Children - Closed, Non Submission & Rescheduled:	843
Total # of Children - Eligible for Review:	1475
Total # of Children - Reviewed at the Board:	1305
Total # of Children - Not Reviewed at the Board:	170
Percentage of Children Reviewed for the Period:	88%
Percentage of Children Not Reviewed for the Period:	12%
Recommendation Reports - Number Sent	1305
Recommendation Reports - Number Sent on Time	1295
Recommendation Reports - Percent Sent on Time	99%
Recommendation Reports - Number Received – DSS Response	770
Recommendation Reports - Percent Received % - DSS Response	60%
Recommendation Reports - Number Received on Time - DSS Response	171
Recommendation Reports - Percent Received on Time % - DSS Response	22%
Number of Boards Held	207
Recommendation Reports - # of DSS Agreement	710
Recommendation Reports - Percent of DSS Agreement	92%
Recommendation Reports - # of DSS Disagreement	20
Recommendation Reports - Percent of DSS Disagreement	3%
Recommendation Reports - # Blank/Unanswered	41
Recommendation Reports - Percent # Blank/Unanswered	5%
Percentage of REUNIFICATION Children Reviewed for the Period:	33%
Percentage of RELATIVE PLACEMENT – Adoption Children Reviewed:	2%
Percentage of RELATIVE PLACEMENT – C & G Children Reviewed:	3%
Percentage of ADOPTION Children Reviewed for the Period:	19%
Percentage of CUSTODY/GUARDIANSHIP Children Reviewed for the Period:	5%
Percentage of APPLA Children Reviewed for the Period:	38%

**THE STATE BOARD**

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Allegany, Garrett, and Washington Counties

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**Wanet Tyson** (\*\*)

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**Sarah Walker**

**Rita Jones** (\*\*)

**Beatrice Lee** (\*\*)

**Sylvia Smith** (\*)

**Sheila Jessup, PhD** (\*)

Representing  
Baltimore City

(\*) Vacated State Board seat in Fiscal 2017

(\*\*) Joined State board in Fiscal 2017



## FY 2017 Board Member Appointments

Jurisdiction	Name	Relevant Background
Anne Arundel County	<b>Catherine Gonzalez</b>	Child Care and Development
	<b>Denise Messineo</b>	Human Resources, Strategic Planning, Operations and Development
	<b>Chandra Winder</b>	Evaluation Management includes work with Substance Use Programs, Youth Mentoring Programs, Juvenile Diversion Programs and other Community Health Initiatives
Baltimore County	<b>Edwin Green, Jr.</b>	Communications, Clinical Counseling, Management/Case Management, Outreach and Education
	<b>Stephanie Lansey-Delgado</b>	Law Enforcement, Communication, Operations, Outreach and Training
	<b>Gwendolyn Statham</b>	Education
Carroll County	<b>Keith Buswell</b>	Management and Engineering
	<b>Harris Freedman</b>	Business, Client Services, Management
Caroline County	<b>Andrea Berry</b>	Education and Planning
	<b>Reginald Gross</b>	Military, Foster Parent
Dorchester County	<b>Shirley Greene</b>	Case Management and Health
	<b>Norby Lee</b>	Education and Organizational Leadership
Harford County	<b>Pamela Dorsey</b>	Court Appointed Special Advocate (CASA)
	<b>Parita Vithlani</b>	Psychology and Education
Howard County	<b>Kathy Boyer-Shick, Ph.D.</b>	Special Education, Psychology, Mental Health
	<b>Patricia Soffen</b>	Education and Health
Montgomery County	<b>Lashanda Adams</b>	Attorney (Law, Child Welfare)
	<b>Florence Webber</b>	Technical Operations, Writing and Review, Biochemistry and Biotechnology
Prince George's County	<b>Dr. Ladell Lewis</b>	Research, Development, Philosophy, Sociology, Criminal Justice
Worcester County	<b>Jennifer Hysan</b>	Real Estate
	<b>Cynthia Roman*</b>	Human Resources
	<b>Terry Smith</b>	Early Childhood Education
	<b>Valerie Turner</b>	Education
Baltimore City  ↓	<b>Tara Alderman</b>	Healthcare Director
	<b>Sharon Buie</b>	Certified Recreation and Parks Professional (CPRP) and Therapeutic Recreation
	<b>Roslyn Chester</b>	Medical, Dental Health/Public Health
	<b>Dr. Thomas Dorsett</b>	Pediatrician
	<b>Angela Gilliam</b>	Health and Education
	<b>Helene Goldberg</b>	Health and Psychotherapy
	<b>Terri Howard</b>	Communications and Customer Service

Jurisdiction	Name	Relevant Background
	<b>Cherie King</b>	Attorney (Family and Employment)
	<b>Suzanne Parejo</b>	Child Development and Special Education
	<b>Rasheeda Peppers</b>	Health, Ministry and Crisis Intervention
	<b>Benia Richardson</b>	Business Services

\*Resigned during FY2017

### **CRBC Volunteer Board Members**

Mrs. Yvonne Armwood	Mrs. Brenda Gaines	Ms. Helen Johnson
Mrs. Katrena Batson Bailey	Mr. Bernard Gibson	Mrs. Portia Johnson-Ennels
Ms. Anna Mae Becker	Dr. Walter Gill	Mrs. Rita Jones
Ms. Juanita Bellamy	Mrs. Angela Gilliam	Ms. Gilda Kahn
Mrs. Samantha Bender	Mrs. Helene Goldberg	Ms. Janet Kay Cole
Mrs. Andrea Berry	Mrs. Catherine Gonzalez	Mr. John Kelly
Mrs. Roberta Berry	Ms. Carolyn Goodrich	Mrs. Cherie King
Mr. Fred Bowman	Mr. Edwin Green Jr.	Mrs. Stephanie Lansey-Delgado
Mr. Erwin Brown Jr.	Mrs. Shirley Greene	Ms. Norby Lee
Ms. Otanya Brown	Ms. Carolyn Gregory	Ms. Beatrice Lee
Ms. Heidi Busch	Mrs. Jennifer Grimes	Mrs. Ladell Lewis
Mr. Kieth Buswell	Mr. Reginald Gross Sr.	Ms. Denise Lienesch
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Ms. Barbara Crosby	Ms. Doretha Henry	Ms. Rosemarie Mensuphu-Bey
Rev. Cherra Culbreath	Mr. Leon Henry	Mrs. Denise Messineo
Mrs. Ardena Dixon	Mrs. Cathy Hodin	Ms. Deanna Miles-Brown
Ms. Jackie Donowitz	Ms. Sandra Dee Hoffman	Ms. Judith Niedzielski
Mrs. Pamela Dorsey	Mr. Wesley Hordge	Mr. Franklin Parker
Mrs. Patricia Duncan	Mr. Robert Horsey	Ms. Melissa Parkins-Tabron
Dr. Scott Durum	Mrs. Phyllis Hubbard	Ms. Janice Patterson
Mr. Russell Ebright	Mr. Reed Hutner	Ms. Mary Patton
Ms. Cheryl Emery	Mrs. Jennifer Hysan	Ms. Ann Phillips
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