

Citizens Review Board For Children



ANNUAL REPORT FISCAL 2020 (July 1st 2019 - June 30th 2020)

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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 the Department of Human Resources (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 FY2020 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 2020 Annual Report.

Sincerely,

Nettie Anderson-Burrs
State Board Chair

Executive Summary

The COVID-19 Pandemic began during the third quarter of fiscal year 2020. As a result children, youth and families were exposed to additional stressors. The state of emergency, mandatory telework and stay at home orders in addition to day care and school closures, unemployment, housing and food insecurities likely added trauma for the most vulnerable children in Maryland. This makes it even more imperative to ensure that efforts to support and provide services are trauma informed.

During fiscal year 2020, the Citizens Review Board for Children reviewed 871* cases of children and youth in Out-of-Home Placements. Reviews are conducted per a work plan developed in coordination with 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 for system improvement.

Health and Education Findings for statewide reviews include:

CRBC conducted on site reviews at local department of social services statewide. Reviews included face to face interviews with local department staff and interested parties identified by the local department of social services such as parents, youth, caregivers, providers, CASA, therapists and other relevant parties to individual cases. At the time of the review local review boards requested information and documentation regarding education and health including preventive physical, dental and vision exams. Reviewers also considered medication reviews, treatment recommendations, health and mental health follow up appointments and referrals recommended by medical providers.

- The local boards found that for 370 (42%) of the 871 total cases reviewed, the health needs of the children/youth had been met.
- Approximately 396 (45%) of the children/youths were prescribed medication.
- Approximately 323 (37%) of the children/youths were prescribed psychotropic medication.
- The local boards found that there were completed medical records for 360 (41%) of the total cases reviewed.
- The local boards agreed that 599 (69%) of the children/youth were being appropriately prepared to meet educational goals.

Demographic findings for statewide reviews include:

- 521 (60%) of the children/youth were African American.
- 266 (31%) of the children/youth were Caucasian.
- 427 (49%) of the children/youth were male.
- 444 (51%) of the children/youth were female.

CRBC conducted 335 Reunification reviews. Findings include:

- 34 cases (10%) had a plan of reunification for 3 or more years.
- The local boards agreed with the placement plan for 316 (94%) of the cases reviewed.

* Due to the COVID-19 pandemic and the Governor of Maryland issuing a mandatory teleworking order effective March 13th 2020, some case reviews scheduled for March 2020 and all of the case reviews scheduled the fourth quarter were not held.

- The local boards found that the local departments made efforts to involve the family in case planning for 213 (64%) of the cases reviewed.
- The local boards found that service agreements were signed for 151 (45%) of the eligible cases.
- The local boards agreed that 148 (98%) of the 151 signed service agreements were appropriate to meet the needs of the child.

CRBC conducted 143 Adoption reviews. Findings include:

- 18 (13%) of the 143 cases had a plan of adoption for 3 or more years.
- The local boards agreed with the placement plan for 141 (99%) 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.
 - Child in pre-adoptive home, but adoption not finalized.
 - Efforts not made to move towards finalization.
 - Child does not consent.
 - Appeal by birth parents.
 - Other court related barrier.

CRBC conducted 293 Another Planned Permanent Living Arrangement (APPLA) reviews. APPLA is the least desired permanency plan and should only be considered when all other permanency options have been thoroughly explored and ruled out. APPLA is often synonymous with long term foster care. Many youth with a permanency planning goal of APPLA remain in care until their case is closed on their 21st birthday. Findings include:

- 55 (19%) of the 293 cases had a plan of APPLA for 3 or more years.
- The local boards agreed with the permanency plan of APPLA in 99% of the 293 cases statewide. 282 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. The local boards agreed that for 268 (91%) of the 293 cases of youth with a permanency planning goal of APPLA that a permanent connection had been identified, and the local boards agreed that the identified permanent connection was appropriate for 263 (90%) of the 293 cases.

Barriers/Issues

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

- No service agreement with parents
- Non-compliance with service agreement
- No current safety or risk assessment

- Lack of concurrent planning
- Lack of follow-up (general)
- Child has behavior problems in the home
- Issues related to substance abuse
- Other physical health barrier
- Other placement barrier
- Other service resource barrier
- Other child/youth related barrier
- Youth placed outside of home jurisdiction
- Youth has not been assessed for mental health concerns
- Youth refuses mental health treatment including therapy
- Youth non-compliant with medication
- Youth engages in risky behavior

Ready By 21 (Transitioning Youth)

Age of Youth (14 years and older all permanency plans = 534 cases)

- 176 (33%) of the 534 youth reviewed were between 14-16 years old.
- 245 (46%) of the 534 youth reviewed were between 17-19 years old.
- 113 (21%) of the 534 youth reviewed were 20 years old.

Independent Living skills (534 cases)

- The local boards agreed that 324 (70%) of the 463 eligible youths were receiving appropriate services to prepare for independent living.

Employment (534 cases)

- The local boards found that 175 (33%) of the 534 eligible youths were employed or participating in paid or unpaid work experience.
- The local boards agreed that 235 (44%) of the 534 eligible youths were being appropriately prepared to meet employment goals.

Housing (113 cases)

Transitioning Youth (20 and over with a permanency plan of APPLA or exiting care to independence within a year of the date of review).

- The local boards found that 59 (52%) of the 113 youths had a housing plan specified.
- The local boards agreed that 85 (75%) of the 113 youths were being appropriately prepared for transitioning out of care.

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 116 cases had a concurrent permanency plan identified by the local juvenile courts.
- The local boards found that for 114 (98%) of the 116 cases with concurrent permanency plans the local department was implementing the concurrent plans identified by the local juvenile courts.

CRBC Recommendations to the Department of Human Services

1. Review and develop policies and practices to ensure that they are trauma informed policies.
2. Ensure consistency in the availability and delivery of services to children and youth involved with child welfare statewide by identifying resource needs and gaps to address lack of access.
3. Develop a system to track and monitor health including mental health of children and youth in out-of-home placement.
4. Identify gaps and areas needing improvement in the child welfare workforce. Increase efforts to improve workforce development in order to attain and maintain a highly experienced and skilled workforce to include transfer of knowledge. Develop and implement measures to retain child welfare staff by considering case and workloads, staff development and training, quality of supervision and competitive compensation.
5. 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.(*)
6. Ensure adequate in state resources to provide services to children and youth with intensive needs. Children with serious behavioral, emotional and medical needs that require additional structure not provided in family or other group settings in state, should receive appropriate services and level of support for their own safety and the safety of others and to help improve outcomes.
7. Ensure that concurrent planning occurs to increase the likelihood of establishing the appropriate permanency plan or goal and achieve permanency without undue delay.
8. Explore other permanency options at least every 6 months for children and youth with a permanency plan of APPLA.
9. Increase the number of relative/kin placement and permanency resources.
10. Explore adoption counseling for children and youth that have not consented to adoption.
11. Transitional planning should begin for youth at 14 to include housing, education, employment and mentoring. Plans should be developed by the youth with the assistance of the Department of Social Services worker and others identified by the youth for support. Engagement of the youth and individuals identified by the youth is important. The plan should build on the youth's strengths and support their needs. While it is important to understand and meet legislative requirements for youth transitional plans, it is crucial that child welfare professionals working with youth view transitional planning as a process that unfolds over time and through close youth engagement rather than as a checklist of items

to accomplish.¹

12. Ensure that youth 14 and older begin to prepare for self sufficiency by providing resources and opportunities for consistent independent living skills for youth statewide.
13. Ensure that youth are engaged in opportunities to use independent living skills obtained prior to transitioning out of care.
14. Identify housing resources and funding to address the lack of affordable housing options available for aging out youth.
15. Ensure that a specific 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.
16. Increase opportunities for community partnerships to connect, to use life/independent skills, to gain employment experience and to improve affordable housing options for older youth exiting care.

¹Child Welfare Information Gateway <https://www.childwelfare.gov>
(*)CRBC FY2018 Annual Report

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 members for their tireless efforts on behalf of Maryland's most vulnerable children and youth. CRBC volunteers have been dedicated and committed to the mission, vision and goals of CRBC, conducting 871 on site case reviews and interviews, and providing individual case advocacy.
- ★ The Department of Human Services (DHS)
- ★ The Social Services Administration (SSA)
- ★ The Local Departments of Social Services (LDSS), Baltimore County & Montgomery County (DHHS)
- ★ The State Council on Child Abuse and Neglect (SCCAN)
- ★ The State Child Fatality Review Team (SCFRT)
- ★ The Coalition to Protect Maryland's Children (CPMC)
- ★ The Local Juvenile Courts of Maryland
- ★ All Community Partners who strive to improve outcomes for children and youth involved with child welfare

Special Acknowledgements

CRBC would like to thank the following for their leadership, service, attention and efforts to promote safety and well-being for children and youth during Fiscal Year 2020:

- ★ Delegate CT Wilson for sponsoring bills during the legislative session that promote well-being and the prevention of maltreatment including the prevention of child sexual abuse.

- ★ Claudia Remington, SCCAN Executive Director for her advocacy regarding safety, well-being and prevention of child maltreatment, for promoting and supporting ACES education.

- ★ Wendy Lane, MD MPH for her advocacy and supporting recommendations for improvements in health care for children involved with the child welfare system.

- ★ Pat Cronin, Executive Director of The Family Tree, Board and Staff for providing ACES training and community education and for promoting safety, well-being, child protection and prevention of child maltreatment.

SSA Response to the CRBC FY2019 Annual Report

(Reprinted for inclusion in Annual Report)



Larry Hogan, Governor | Boyd K. Rutherford, Lt. Governor | Lourdes R. Padilla, Secretary

June 1, 2020

Nettie Anderson-Burrs, Chairperson
Citizens Review Board for Children
1100 Eastern Avenue
Baltimore, Maryland 21221

Dear Ms. Anderson-Burrs:

The Maryland Department of Human Services (DHS) extends its appreciation for the work of the Citizens Review Board for Children (CRBC). The CRBC annual report provides information that is necessary for DHS/SSA to improve our services to Maryland's children and families. The feedback and observations found in the report, as well as the information received in meetings with the CRBC leadership, contribute a great deal to our Continuous Quality Improvement (CQI) efforts.

The CRBC recommendations to expand our service array, particularly for youth with intensive needs; as well as those around supporting the LDSS workforce, modernization efforts, and the needs around older youth transition planning, including housing and other independent living skills, are being considered within our implementation team structure. The fact that CRBC's recommendations are based on extensive case reviews is invaluable to the process of developing targeted strategies that are data-driven.

The Families First Prevention Services Act (FFPSA) provides additional opportunities for DHS/SSA to expand the use of evidence-based practices designed to increase prevention services and offer increased support to transitioning foster youth. DHS/SSA's Family First Prevention Plan was approved in February 2020 and we are working toward full implementation of the provisions included in the plan. In addition to the Prevention Plan, DHS/SSA is moving toward the implementation of Qualified Residential Treatment Providers (QRTS) as outlined in FFPSA.

During the development of our Child and Family Services Review (CFSR) Program Improvement Plan (PIP), DHS/SSA developed, in partnership with our stakeholders, the following cross-cutting thematic areas for investment:

- ***Authentic family and youth partnerships.*** Evidence points to the need for stronger engagement and partnership between the workforce and families. This is a critical aspect of practice and is foundational to the Integrated Practice Model currently being deployed across Maryland. DHS/SSA is also improving the accuracy of assessments of safety and family needs, increasing effective service provision, and focusing on the identification of potential relative resources.

- ***Workforce development and skill building.*** Maryland's workforce needs quality preparation and support throughout an intensely challenging job; therefore DHS/SSA is investing in deeper and more innovative workforce development strategies.
- ***Authentic partnerships with stakeholders.*** Due to the diverse and interconnected array of needs that lead families to child welfare involvement, Maryland's staff and stakeholders surfaced the need to seamlessly engage with sister agencies and community-based service providers to collaboratively support and intervene with our families.

Two specific strategies that DHS/SSA is moving forward include the integration of a Safety Culture approach and the implementation of a model to support resource parents. The Safety Culture approach utilizes foundational habits and activities from safety science principles to promote psychological safety in the workplace and a culture of learning, create tests of change, and mitigate the impact of secondary trauma. In addition, DHS/SSA was awarded a federal Center for Excellence grant. Through this opportunity, DHS/SSA will implement a model program for the selection, development, and support of resource families that focuses on collaborating with birth families to preserve and nurture critical parent-child relationships, support reunification, and to provide resource parents and birth families with the stability and enhanced well-being supports needed by children transitioning from congregate care. DHS/SSA is also continuing our modernization efforts and will assist in supporting effective collaborations with a variety of public and private providers and agencies. The implementation of the Child, Juvenile, and Adult Management System (CJAMS) will allow DHS/SSA to better track services, ensure timeliness of key activities, and provide reminders to workers regarding necessary tasks and services.

To specifically address the needs of older youth, DHS/SSA and DJS are collaborating to implement the Crossover Youth Practice Model (CYPM) in Prince George's, Montgomery, Howard, Harford, Carroll, Allegany, Frederick, and Washington Counties. In 2020, Baltimore City and Baltimore County will begin their implementation. DHS/SSA and DDA collaborate prior to emancipation to ensure continuity of disability services and housing options for youth who require significant support to live independently.

DHS continues to utilize the Medical Director and Wellbeing unit to bridge services between DHS, the Maryland Health Department (MHD) and Maryland State Department of Education (MSDE). The Wellbeing unit oversees the quality and access to physical, educational, and wellbeing services and identifies gaps in such services and develops plans to fill those gaps.

DHS/SSA understands the recommendations for improving permanency outcomes for youth in foster care and increasing the support networks for children and families. DHS/SSA is addressing these areas through its implementation structure by developing policies and strategies that redefine the concept of family to be more inclusive of kinship resources, including fictive kin. In addition, our focus is to help older youth and resource parents understand that adoption is an achievable goal and partnering with families to develop supportive networks is a viable option to maintaining permanency.

We appreciate CRBC's careful review and recognize the barriers identified as issues that require our ongoing attention. We are committed to continuing to address these concerns and enhance our efforts to effectively serve the children and families within our system. We look forward to our ongoing partnership on behalf of children, youth, and families.

Sincerely,

A handwritten signature in blue ink that reads "Michelle L. Farr". The signature is fluid and cursive, with a period at the end.

Michelle L. Farr, LCSW-C, LICSW
Executive Director, Social Services Administration

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CRBC 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. Currently, there are 35 local review boards representing all 24 jurisdictions (23 counties and Baltimore City). There are currently 155 volunteers serving on local boards, 1 pending appointment by the Governor and 3 applicants pending submission for appointment. 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.

Retention, Recruitment and Training Activities

During FY2020, recruitment of local Out-of-Home Placement review board members remained a CRBC priority in order to ensure that reviews were conducted in all 23 counties and Baltimore City. Many of CRBC members have been dedicated and committed to serving on behalf of Maryland's most vulnerable children and youth for numerous years. Ongoing recruitment is necessary to account for some expected reduction to avoid attrition. In efforts to support the vision and mission of CRBC and reach the goals of the agency, the Volunteer Activities Coordinators working with the Recruitment, Retention and Training Committee strategized to recruit new members to serve across the state with Recruitment efforts focused on the areas of critical need including Baltimore City, Allegany, Garrett, Prince George's, St. Mary's, and Somerset counties. In addition passive recruitment efforts continued for those boards that were not yet full but were stable. In FY2020, 13 members were selected by a selection committee and appointed by the Governor to local out-of-home placement review boards in jurisdictions where they reside.

As a result of the Pandemic, state of emergency and the Governor's mandatory telework order beginning on March 13, 2020 in the 3rd Quarter of FY2020, in person case reviews, in person recruitment and in person training was suspended.

CRBC's priorities remained the safety and well being of Maryland's most vulnerable children and youth. CRBC facilitated virtual meetings with local department of social services administrators in Anne Arundel County on July 9, 2020, Baltimore City on May 5, 2020, Baltimore County on June 9, 2020, Charles and Prince George's Counties on June 8, 2020, Montgomery County on June 11, 2020 Wicomico County on June 17, 2020 and Worcester County on June 15, 2020.

CRBC advocated for resources and support for children and youth, child welfare staff, caregivers and providers and participated in virtual meetings with members of the Department of Human Services, Social Services Administration, child welfare advocates and stakeholders. Advocacy efforts included safety, well-being and preventive measures for child welfare staff, providers and caregivers, housing for aging out youth, extending care for aging out youth turning 21, COVID-19 guidance and access to information regarding COVID-19, and placement resources for youth with intensive needs.

CRBC also participated in virtual meetings with Department of Human Services and Social Services Administration staff to discuss CRBC health findings and concerns. Discussions included the lack of shared health information and documentation, and the potential impact on case management, planning, decision making, placement stability and permanency.

Denise Wheeler (CRBC Administrator) facilitated a virtual meeting with Michelle Farr (SSA Executive Director) to discuss CRBC conducting virtual out-of-home placement reviews and working collaboratively.

Promoting Well-Being and Prevention of Maltreatment

Pam Dorsey, Harford County Local Review Board Member and Denise E. Wheeler, Administrator continued to participate with 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 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.

Developing 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.

Community Activities

August 17, 2019 - Alpha Kappa Alpha Community Health Fair and School Supply Giveaway

CRBC is one of 20+ organizations and agencies that participated in this event in Easton, MD. This provided an opportunity to raise awareness of CRBC in the region and for recruitment of potential new members.

September 7, 2019 - The Family Tree FamFest

CRBC participated in this event and provided information and activities for children. The event takes place in Baltimore City annually and serves as an opportunity to support a community partner and families, to promote safety and well-being for children, youth and families in Baltimore City, to raise awareness of CRBC and to recruit new members.

October 30, 2019 - Prince George's County Information Session

CRBC collaborated with the Family Tree, Central Region to provide an information session to the community around child welfare issues and ways in which the community can be involved in advocating for children in Prince George's County. Prince George's County Local Department of Social Services also presented at this event.

November 6, 2019 – Adverse Childhood Experiences(ACES) Interface Training

The training was provided by The Family Tree to interested CRBC members. The focus of the training was being trauma informed and understanding ACES in relation to case reviews, assessments and recommendations.

Rhonda Watties, Volunteer Activities Coordinator attended and participated in several community meetings and events in Baltimore City to spread awareness of CRBC and to support CRBC's recruitment efforts and goals from January 2020 - February 2020 until in person recruitment was suspended. They included the following:

January 8, 2020 - Consent Decree Monitoring Team for Baltimore City Meeting

Attended a community meeting that included representatives from the Consent Decree Monitoring Team for the Baltimore City Police Department's Consent Decree. The team discussed progress regarding addressing public safety concerns and included discussion on and the affect on the health, well-being, and safety of children in the local community.

January 30, 2020

Attended the Youth Town Hall Mayoral Candidate Forum hosted by Heart Smiles at the Johns Hopkins Bloomberg School of Public Health. The youth facilitated and hosted the event. This was a mixed audience of varying age groups and differing interests. The purpose of attending was to promote awareness of CRBC and for opportunities to engage former foster youth as part of CRBC's efforts to advocate and support improved outcomes for older and aging out youth.

February 3, 2020

Attended the CADCA (Community Anti-Drug Coalition of America) to network with Maryland Drug Free Community Coalition members and stay current on topics affecting youth alcohol, substance, and drug use. This was the annual SAMHSA (Substance Abuse and Mental Health Services Administration) Prevention Day. Their mission is "to reduce the impact of substance abuse and mental illness on America's communities." Attended the Gen Z Marketing: Engaging the Next Generation and the School Mental Health and Safety: Policies and Best Practices sessions.

February 7, 2020 - February 9, 2020

Attended the weekend long Healing City Baltimore events. On Friday February 7, 2020, attended youth event at Morgan State University. On Sunday, February 9, attended the Bill signing ceremony for the Elijah Cummings Healing Act. Attending these events provided opportunities to promote awareness of CRBC, for recruitment and to support efforts to promote safety and wellness in Baltimore City communities.

February 11, 2020

Attended the Community Discussion on Human and Social Services sponsored by Leaders of a Beautiful Struggle which is a local Baltimore City community group. Presented a brief overview of CRBC to the group. This outreach resulted in the recruitment of a new member who was appointed to the CRBC board later in November 2020.

February 18, 2020

Attended the Community conversations with Baltimore City Schools CEO Sonja Santelises at the ACCE School and met the President of the PTA Council of Baltimore City. This resulted in an invitation to speak at the next meeting and to promote awareness of CRBC.

February 26, 2020

Presented at the PTA Council of Baltimore City. This outreach resulted in the recruitment of a new member who was appointed later in November 2020.

March 2020

Additional recruitment activities in early March included social media posting and information sharing. These resulted in the recruitment of two members who were both appointed later in November 2020.

CRBC 2020 Legislative Activities

The 2020 Legislative session ended abruptly due to the COVID-19 pandemic in March 2020.

During the 2020 session CRBC reviewed and weighed in on 38 pieces of legislation and supported 14 of them.

Some of the bills that CRBC supported included SB585-Family Law-Children in Out of Home Placement Concurrent Planning, SB 0452-Family Investment Program Temporary Cash Assistance Funding, HB974 The Hidden Predator Act. These bills promoted safety, well-being and prevention of ACES.

CRBC advocated with child welfare advocates, stakeholders and legislative representatives for extending the moratorium on extending foster care placements for aging out youth turning 21 during fiscal year 2020.

CRBC Out-of-Home Placement Case Reviews

Targeted Review Criteria

The Department of Human Services (DHS), formerly the Department of Human Resources (DHR), 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 children 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.

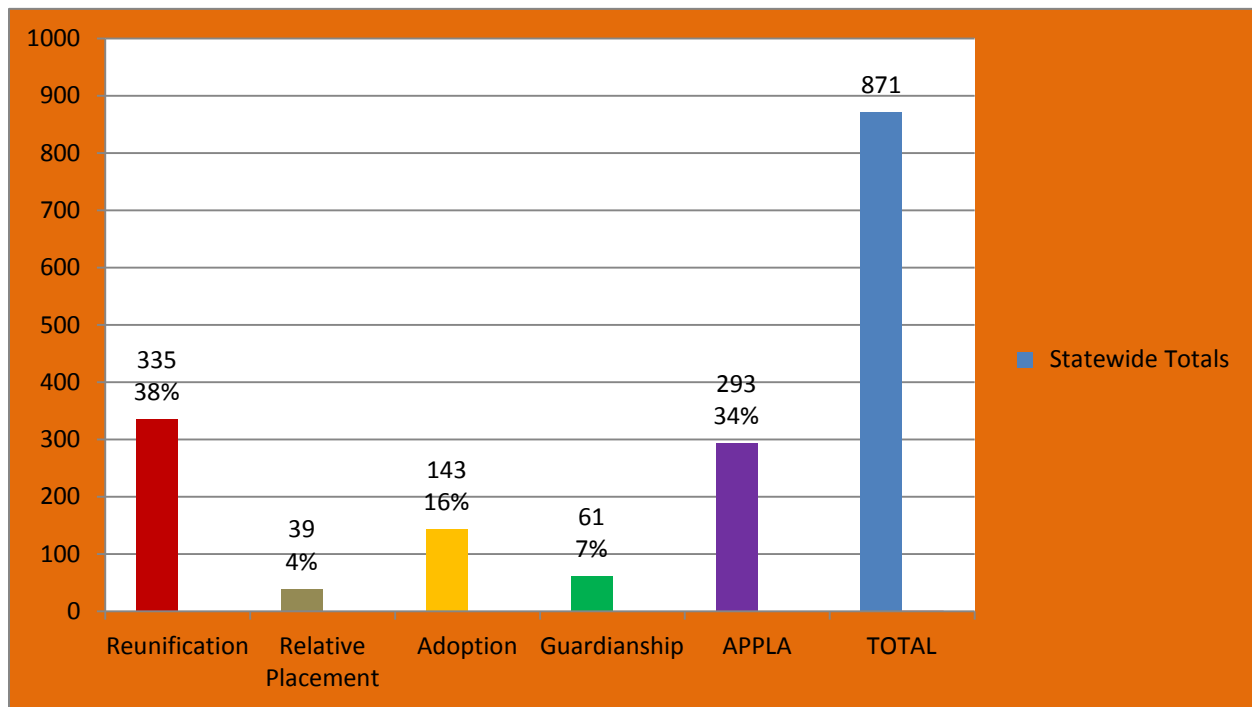
Older Youth Aging Out

- 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.

CRBC Review Findings Percentages by Permanency Plan



Gender Totals (871)

Male	Female
427 (49%)	444 (51%)

Male

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
170 (51%)	20 (51%)	80 (56%)	33 (54%)	124 (42%)

Female

Reunification	Relative Placement(*)	Adoption	Guardianship	APPLA
165 (49%)	19 (49%)	63 (44%)	28 (46%)	169 (58%)

*(Note: Relative Placement is the combined total of Relative Placement for Adoption (10) and Relative Placement for Custody/Guardianship (29))

Ethnicity Overall (871)

African American	Caucasian	Asian	Other
521 (60%)	266 (31%)	9 (1%)	75 (9%)

Age Range by Permanency Plan

[RE] = Reunification

[RA] = Relative Placement for Adoption

[RG] = Relative Placement for Custody & Guardianship

[AD] = Non Relative Adoption

[CG] = Non Relative Custody & Guardianship

[AP] = Another Planned Permanent Living Arrangement (APPLA)

AGE RANGE	RE	RA	RG	AD	CG	AP	Totals
age 1 thru 5	41	6	4	70	8	0	129
age 6 thru 10	48	3	3	32	8	0	94
age 11 thru 13	77	0	7	20	13	0	117
age 14 thru 16	113	1	11	16	24	11	176
age 17 thru 19	52	0	4	4	8	177	245
age 20	4	0	0	1	0	105	110
Totals	335	10	29	143	61	293	871

CRBC Case Reviews by Jurisdiction

Jurn #	County	Reunification	Relative Placement	Adoption	Custody Guardianship	APPLA	TOTAL
01	Allegany	2	1	3	0	1	7
02	Anne Arundel	13	0	11	2	22	48
03	Baltimore County	56	1	15	5	45	122
04	Calvert	2	1	4	3	6	16
05	Caroline	5	0	3	0	0	8
06	Carroll	4	0	0	0	2	6
07	Cecil	11	2	10	1	5	29
08	Charles	5	0	2	8	9	24
09	Dorchester	0	0	1	1	9	11
10	Frederick	5	1	6	3	5	20
11	Garrett	0	0	0	0	0	0
12	Harford	23	0	14	2	17	56
13	Howard	9	0	1	0	6	16
14	Kent	1	0	1	0	2	4
15	Montgomery	45	12	23	6	27	113
16	Prince Georges	36	3	14	4	24	81
17	Queen Anne	2	0	0	0	2	4
18	Saint Mary's	6	2	1	2	0	11
19	Somerset	1	0	1	0	1	3
20	Talbot	0	0	0	0	0	0
21	Washington	12	0	5	1	6	24
22	Wicomico	3	0	2	0	1	6
23	Worcester	0	1	4	1	2	8
49	Baltimore City	94	15	22	22	101	254
24	Statewide Totals	335	39*	143	61	293	871**
24	Percentages	38%	4%	16%	7%	34%	100%

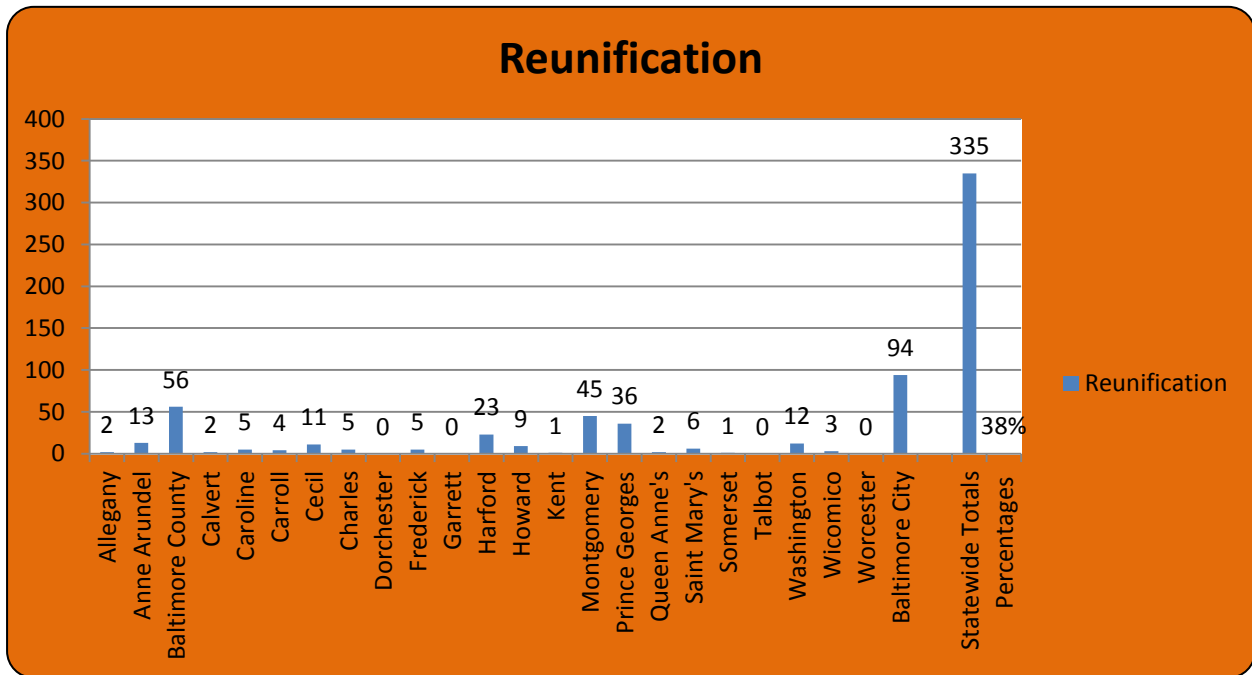
* Relative Placement is the combined total of Relative Placement for Adoption = 10 and Relative Placement for Custody/Guardianship = 29

CRBC conducted a total of 871 individual out-of-home case reviews (each case reviewed represents 1 child/youth) in 22 Jurisdictions on 123 boards that held reviews during fiscal year 2020.

** Due to the COVID-19 pandemic and the Governor of Maryland issuing a mandatory teleworking order effective March 13th 2020, some case reviews scheduled for March 2020 and all of the case reviews scheduled the fourth quarter were not held.

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.



Age Range	Statewide Totals	Reunification	Percentage
Age 1 thru 5	129	41	32%
Age 6 thru 10	94	48	51%
Age 11 thru 13	117	77	66%
Age 14 thru 16	176	113	64%
Age 17 thru 19	245	52	21%
Age 20	110	4	4%
Total	871	335	38%

Permanency

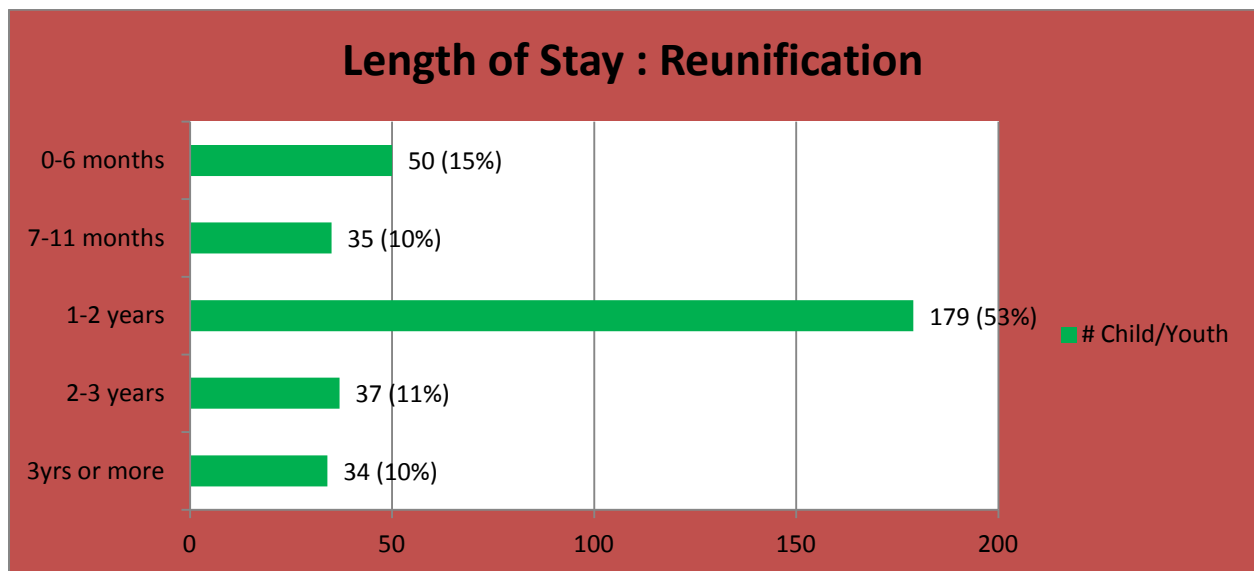
The local boards agreed with the permanency plan of reunification for 227 (68%) of the 335 cases reviewed.

The local juvenile courts identified concurrent permanency plans for 65 (20%) of the 335 cases reviewed.

The local departments were implementing the concurrent plans set by the local juvenile courts for 64 (99%) of the 65 cases.

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

Of the 335 Reunification cases reviewed the local boards found that the length of time the child/youth had a plan of Reunification were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local departments held family involvement meetings prior to entry for 213 (64%) of the 335 cases reviewed.

Service Agreements: The local departments had signed service agreements for 151 (45%) of the 334 eligible cases and 1 case was a Post-TPR child under the age of 14. Efforts to involve the families in the service agreement process were made for 230 (69%) of the 334 cases.

The local boards agreed that the service agreements were appropriate for 148 (98%) of the 151 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/ Living Arrangement (LA)
40	Formal Kinship Care
2	Intermediate Foster Care
30	Regular Foster Care
16	Restricted (Relative) Foster Care
38	Treatment Foster Care
71	Treatment Foster Care (Private)
20	Residential Group Home
26	Therapeutic Group Home
3	Independent Living Residential Program
34	Residential Treatment Center
3	Own Dwelling
5	Psychiatric Respite
12	Diagnostic Center
1	College (LA)
5	Inpatient Psychiatric Care (LA)
12	Inpatient Medical Care (LA)
7	Runaway (LA)
2	Secure Detention Facility (LA)
24	Trial Home Visit (LA)
1	Unapproved Living Arrangement (LA)

In 160 (48%) of the 335 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 316 (94%) of the 335 cases reviewed.

Placement Stability

The local boards found that in 162 (48%) of the cases reviewed there were changes in placement within the 12 months prior to the review. 49 (30%) of the 162 cases had 1 placement change, 61 (38%) had 2 placement changes, 24 (15%) had 3 placement changes and 28 (17%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 75 (46%) of the 162 cases.

The following levels of care were found for the 162 most recent placement changes:

- 50 (31%) were in less restrictive placements
- 49 (30%) were in more restrictive placements
- 56 (35%) had the same level of care
- 6 (4%) child on runaway
- 1 (0.6%) unknown, information not available

The local boards found that the primary positive reasons for the 162 most recent placement changes were:

- Transition towards a permanency goal: 53 cases
- Placement with relatives: 5 cases

Provider specific issues for the most recent placement changes were:

- Provider home closed: 1 case
- Provider requests: 11 cases
- Allegation of provider abuse/neglect: 4 cases
- Founded incident of provider abuse/neglect: 2 cases
- Incompatible match: 9 cases

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 58 cases
- Threats of harm to self/others: 2 cases
- Delinquent behavior: 3 cases
- Runaway: 6 cases
- Hospitalization: 3 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

a) Yes, for 155 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

a) Yes, for 153 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 83 (25%) of the 335 children/youths reviewed had developmental or special needs.
- Current Physical: 240 (72%) children/youths had a current physical exam.

- Current Vision: 193 (58%) children/youths had a current vision exam.
- Current Dental: 200 (60%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 52 (72%) of 72 children/youths.
- Completed Medical Records: The local departments reported that 139 (42%) children/youths had completed medical records in their case files.
- Prescription Medication: 190 (57%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for all 190 (100%) children/youths.
- Psychotropic Medication: 166 (50%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for all 166 (100%) children/youths.
- Mental Health Issues: 260 (78%) children/youths had mental health issues.
- Mental Health Diagnosis: 256 (76%) children/youths had a mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 237 (91%) of the 260 children/youths.
- Mental Health Issues/Transitioning/Services: 4 of the 260 youths with mental health issues who were transitioning out of care, had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 48 (14%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 21 (44%) of the 48 children/youths.
- Behavioral Issues: 208 (62%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 193 (93%) of the 208 children/youths.

The local boards found that the health needs of 137 (41%) of the 335 children/youths had been met and 14 children/youths refused to comply with standard health exams.

Education

291 (87%) of the 335 children/youths reviewed were enrolled in school or another educational/vocational program. 288 of the 291 children/youths were in Pre-K thru 12th grade. 1 of the 291 was in college and 2 were enrolled in a GED program. 3 of the 44 children/youths not

enrolled in school or another educational/vocational program had already graduated high school, 12 refused to attend school and 29 were under the age of 5.

156 (54%) of the 291 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 112 (72%) of the 156 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 154 (53%) of the 291 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 273 (94%) of the 291 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 172 cases)

23 (13%) of the 172 youths were employed or participating in paid or unpaid work experience. 2 youths were unable to work due to being medically fragile, 28 were unable to work due to mental health issues and 1 was in a correctional facility.

The local boards agreed that the youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 172 cases)

The local boards agreed that 69 (40%) of the 172 youths were receiving appropriate services to prepare for independent living.

2 youths were unable to participate due to being medically fragile, 28 due to mental health issues and 1 due to being in a correctional facility.

➤ Housing (Transitioning Youth – 4 cases)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Housing had been specified for 2 of the 4 youths transitioning out of care. Alternative housing options were also provided for 2 youths.

The local boards agreed that 2 youths were being appropriately prepared to transition out of care.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 314 (94%) of the 335 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that for 89 (27%) of the 335 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	213	111
No	122	224

Frequency of Visits	With Parents	With Relatives
Daily	3	9
Once a week	90	40
More than once a week	22	6
Once a month	24	16
More than once a month	44	16
Quarterly	11	5
Yes, but undocumented	19	19

Supervision of Visits	With Parents	With Relatives
Supervised	95	27
Unsupervised	118	84

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	63	18
Other Agency Representative	6	
Biological Family Member	8	4
Foster Parent	6	2
Other	13	3

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	56	60
LDSS Visitation Center	21	2
Public Area	47	12
Child's/Youth's Placement	62	20
Other	27	17

Overnight Stays	With Parents	With Relatives
Yes	62	28

No	151	83
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The local boards found that 174 (52%) of the 335 children/youths had siblings in care. 132 (76%) of the 174 children/youths had visits with siblings in care who did not reside with them.

Barriers/Issues

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

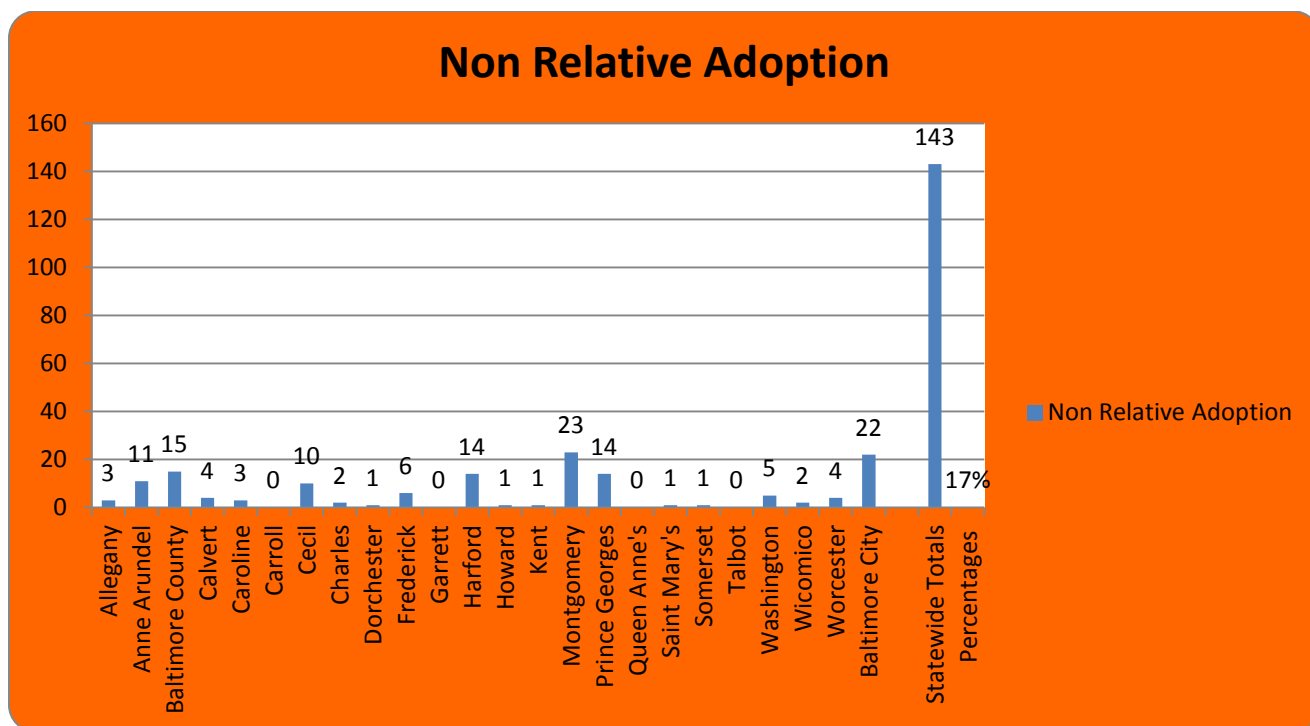
- No service agreement with parents.
- No service agreement with youth.
- Missing or lack of documentation.
- Annual physicals not current.
- Board does not agree with current permanency plan.
- Dentals not current.
- Vision not current.
- No current IEP.
- Other child/youth related barrier.
- Other agency related barrier.
- Other independence barrier.
- Other education barrier.
- Youth has not been assessed for mental health concerns.
- Poor coordination within DSS.
- Worker did not submit referral for needed resource/service.
- Lack of concurrent planning.
- Youth not enrolled in school.
- Child has behavior problems in the home.
- Youth not attending school or in GED program.
- Other physical health barrier.
- No follow up on medical referrals.
- Other placement barrier.
- Transitional housing has not been identified.
- Inadequate preparation for independence (general).
- Youth engages in risky behavior.
- No current Safe-C/G.
- Other court related barrier.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- Youth placed outside of home jurisdiction.
- Youth not employed and transitioning out of care.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 286 (85%) of the 335 children reviewed

Non Relative 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.



Age Range	Statewide Totals	Adoption	Percentage
Age 1 thru 5	129	70	49%
Age 6 thru 10	94	32	22%
Age 11 thru 13	117	20	14%
Age 14 thru 16	176	16	11%
Age 17 thru 19	245	4	3%
Age 20	110	1	< 1%
Total	871	143	16%

Permanency

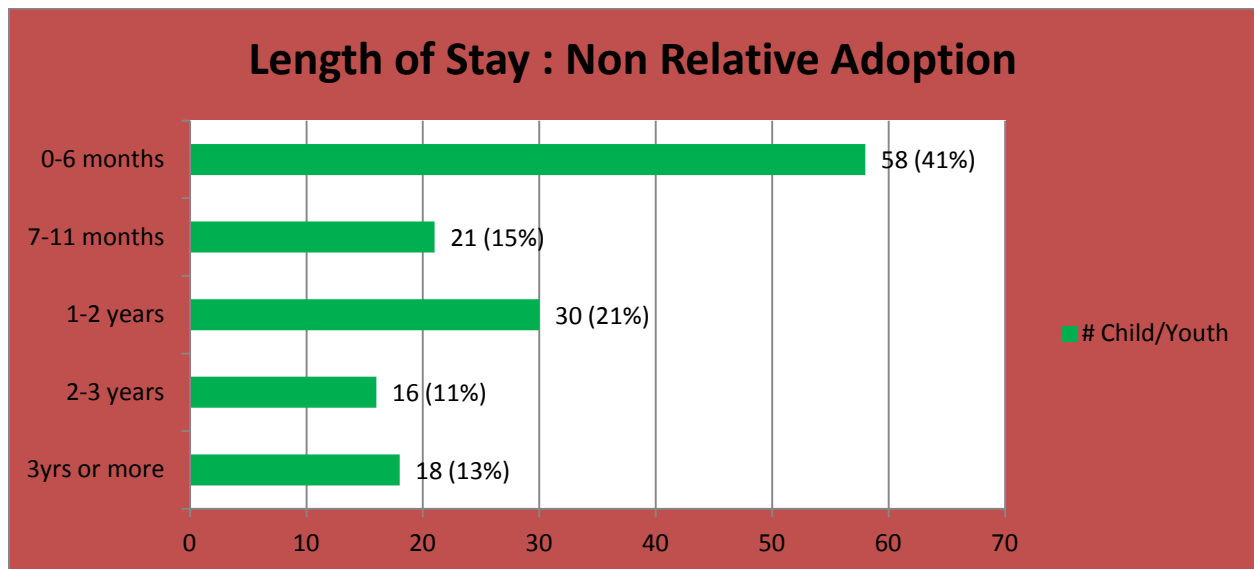
The local boards agreed with the permanency plan of Non Relative Adoption for 138 (97%) of the 143 cases reviewed.

The local juvenile courts identified concurrent permanency plans for 18 (13%) of the 143 cases reviewed.

The local departments were implementing the concurrent plans set by the local juvenile courts for all 18 cases.

Length of time Child/Youth had a plan of Adoption

Of the 143 Non Relative Adoption cases reviewed the local boards found that the length of time the child/youth had a plan of Adoption were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local departments held family involvement meetings prior to entry for 102 (71%) of the 143 cases reviewed.

Service Agreements: The local departments had signed service agreements for 18 (21%) of the 84 eligible cases and 59 cases were Post-TPR children under the age of 14. Efforts to involve the families in the service agreement process were made for 44 (52%) of the 84 cases.

The local boards agreed that the service agreements were appropriate for all 18 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
2	Formal Kinship Care
94	Pre-Finalized Adoptive Home
17	Regular Foster Care
4	Treatment Foster Care
16	Treatment Foster Care (Private)
3	Residential Group Home
5	Therapeutic Group Home
2	Residential Treatment Center

In 103 (72%) of the 143 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 141 (99%) of the 143 cases reviewed.

Placement Stability

The local boards found that in 27 (19%) of the 143 cases reviewed there was a change in placement within the 12 months prior to the review. 15 (56%) of the 27 cases had 1 placement change, 5 (19%) had 2 placement changes, 6 (22%) had 3 placement changes and 1 case had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 13 (48%) of the 27 cases.

The following levels of care were found for the 27 most recent placement changes:

- 4 (15%) were in less restrictive placements
- 5 (19%) were in more restrictive placements
- 17 (63%) had the same level of care
- 2 (7%) child/youth on runaway
- 1 was unknown, info not available

The local boards found that the primary positive reasons for the 27 most recent placement changes were:

- Transition towards a permanency goal: 7 cases
- Placement with relatives: 1 case

Provider specific issues for the most recent placement changes were:

- Provider home closed: 5 cases
- Allegation of provider abuse/neglect: 2 cases
- Founded incident of provider abuse/neglect: 1 case
- Incompatible match: 1 case

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 9 cases
- Runaway: 2 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

b) Yes, for 26 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

b) Yes, for 26 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 33 (23%) of the 143 children/youths reviewed had developmental or special needs.
- Current Physical: 129 (90%) children/youths had a current physical exam.
- Current Vision: 111 (78%) children/youths had a current vision exam.
- Current Dental: 101 (71%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 25 (83%) of 30 eligible children/youths.
- Completed Medical Records: The local departments reported that 84 (59%) children/youths had completed medical records in their case files.
- Prescription Medication: 48 (34%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for 47 of the 48 children/youths.
- Psychotropic Medication: 34 (24%) children/youths were taking psychotropic medication.

- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for all 34 children/youths.
- Mental Health Issues: 68 (48%) children/youths had mental health issues.
- Mental Health Diagnosis: 64 (45%) children/youths had mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 63 (93%) of the 68 children/youths.
- Mental Health Issues/Transitioning/Services: 1 of 2 youths with mental health issues who were transitioning out of care, had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 4 (3%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 2 (50%) of the 4 children/youths.
- Behavioral Issues: 50 (35%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 49 (98%) of the 50 children/youths.
- The local boards found that the health needs of 88 (62%) of the 143 children/youths had been met and 2 children/youths refused to comply with standard health exams.

Education

85 (59%) of the 143 children/youths reviewed were enrolled in school or another educational/vocational program. All 85 children/youths were in Pre-K thru 12th grade. 2 of the 58 children/youths not enrolled in school or another educational/vocational program had already graduated high school, 2 refused to attend school and 54 were under the age of 5.

47 (55%) of the 85 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 41 (87%) of the 47 cases had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 47 (55%) of the 85 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 83 (98%) of the 85 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 20 cases)

4 (20%) of the 20 youths were employed or participating in paid or unpaid work experience.

1 youth was unable to participate due mental health issues.

The local boards agreed that the youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 20 cases)

The local boards agreed that 12 (60%) of the 20 youths were receiving appropriate services to prepare for independent living.

➤ Housing (Transitioning Youth – 1 case)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Housing had been specified for the 1 youth transitioning out of care.

The local boards agreed that the youth was being appropriately prepared to transition out of care.

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. The local boards found that 30 (21%) of the 143 children/youths consented to adoption and 93 (65%) children/youths were under the age of consent.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child's Consent to Adoption	Cases
Yes	30
Yes, with conditions	2
Child did not want to be Adopted	7
N/A under age of consent	93
No, Medically Fragile, unable to consent	1
No, Mental Health Issues, unable to consent	2
Unknown	8

Pre-Adoptive Services, Placements and Resources

117 (82%) of the 143 children/youths with a plan of adoption were placed in pre-adoptive homes. The family structure was comprised of a married couple for 78 (67%) of the 117 cases, an unmarried couple for 5 (4%), a single female for 33 (28%) and a single male for 1 case. The relationship to the pre-adoptive children/youths was a relative foster parent for 6 (5%) cases, a non-relative foster parent for 108 (92%) and a fictive kin foster parent for 3 (3%) cases.

Lengths of time in the pre-adoptive placements were as follows:

- 5 case(s) from 1 to 3 months

- 4 case(s) from 4 to 6 months
- 4 case(s) from 7 to 9 months
- 14 case(s) from 10 to 12 months
- 21 case(s) from 13 to 15 months
- 7 case(s) from 16 to 20 months
- 62 case(s) 21 months or more

An adoptive home study was completed and approved for 88 (75%) of the 117 cases.

The local boards agreed that appropriate services and supports were in place for the pre-adoptive families to meet the identified needs of the children/youths for all 117 (100%) cases.

The local boards found that the pre-adoptive placements were appropriate for 116 (99%) of the 117 cases.

Adoptive Recruitment (26 cases)

The local boards found that the local department had documented efforts to find an adoptive resource for 15 (58%) of the 26 children/youths not placed in a pre-adoptive home. Some of the adoptive recruitment resources were Adopt Us Kids, Bark Foundation, Digital Me, Heart & Gallery, Wednesdays Child, Adoption Together, Ready and Waiting and Wendy's Wonderful Child.

The local boards agreed that the adoptive recruitment efforts were appropriate for 14 (99%) of the 15 children/youths.

Post-Adoptive Services and Resources

Post-adoptive services were needed for 127 (89%) of the 143 children/youths. The services that were needed were Medical for 108 cases, Mental Health services for 31 cases, Educational services for 22 cases, Respite Services for 3 cases and DDA services for 4 cases.

Post-adoptive subsidies were needed for 102 (71%) of the 143 children/youths.

The local boards agreed that the post-adoptive services and resources were appropriate for 127 (89%) of the 143 children/youths.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 140 (98%) of the 143 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that for 57 (40%) of the 143 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	45	27
No	98	116

Frequency of Visits	With Parents	With Relatives
Daily		
Once a week	6	3
More than once a week	1	1
Once a month	20	13
More than once a month	11	5
Quarterly	3	2
Yes, but undocumented	4	3

Supervision of Visits	With Parents	With Relatives
Supervised	43	23
Unsupervised	2	4

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	36	16
Other Agency Representative		
Biological Family Member	1	
Foster Parent	6	5
Other		2

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	4	3
LDSS Visitation Center	25	9
Public Area	11	11
Child's/Youth's Placement	4	4
Other	1	

Overnight Stays	With Parents	With Relatives
Yes	2	2
No	43	25

The local boards found that 75 (52%) of the 143 children/youths had siblings in care. 43 (57%) of the 75 children/youths had visits with siblings in care who did not reside with them.

Barriers/Issues

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

- No service agreement with youth.
- Missing or lack of documentation.
- Child has behavior problems in the home.
- TPR not granted.
- Child in pre-adoptive home but adoption not finalized.
- Disrupted finalized adoption.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Board does not agree with current permanency plan.
- Other independence barrier.
- Pre-Adoptive resources not identified.
- Other education barrier.
- Lack of concurrent planning.
- Youth placed outside of home jurisdiction.
- No current Safe-C/G.
- Postponement or continuation of hearings.
- Appeal by birth parents.

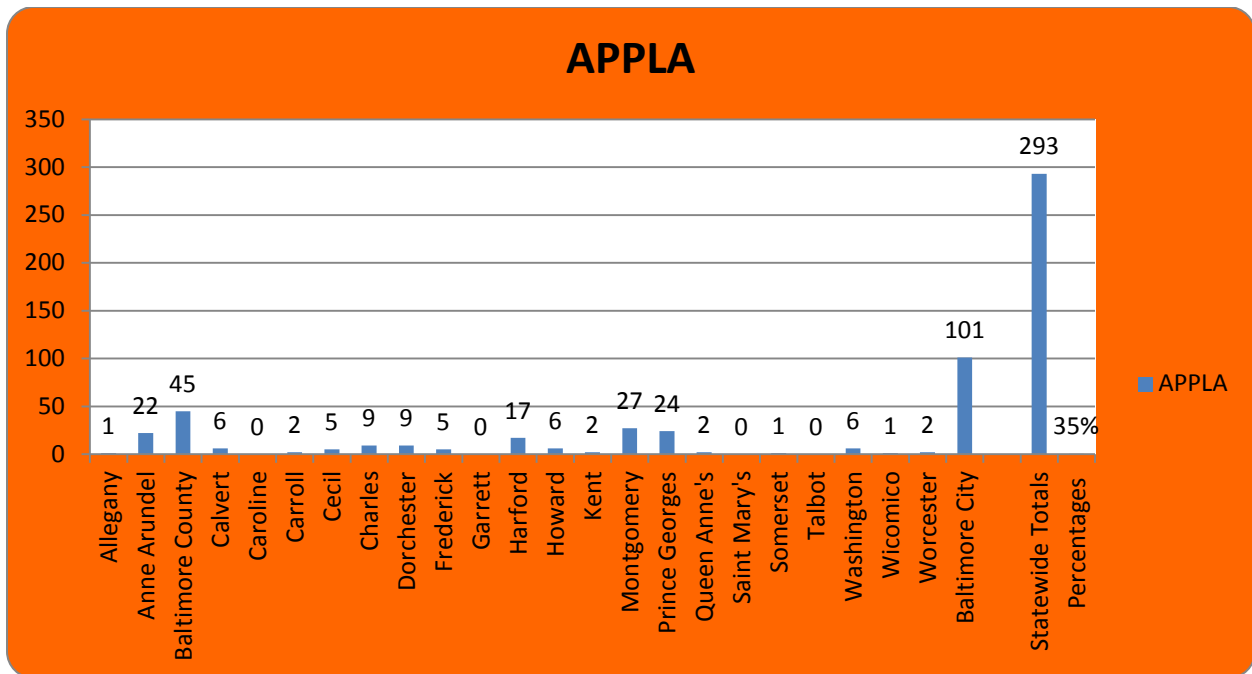
Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 141 (99%) of the 143 children reviewed.

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 871 cases reviewed, 293 (34%) of the cases had a plan of APPLA. Baltimore City had the most 101 (34%), Baltimore County 45 (15%), Montgomery County 27 (9%), Prince George's County 24 (8%), Anne Arundel 22 (7%) and Harford 17 (6%). All other counties had three 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.



Age Range	Statewide Totals	APPLA	Percentage
Age 1 thru 5	129	0	N/A
Age 6 thru 10	94	0	N/A
Age 11 thru 13	117	0	N/A
Age 14 thru 16	176	11	4%
Age 17 thru 19	245	177	60%

Age 20	110	105	36%
Total	871	293	34%

Permanency

The local boards agreed with the permanency plan of APPLA for 292 (99%) of the 293 cases reviewed.

Category of APPLA plan

The local boards found the following categories for the APPLA plans:

- Emancipation/Independence: 263 (90%) cases
- Transition to an Adult Supportive Living Arrangement: 30 (10%) cases

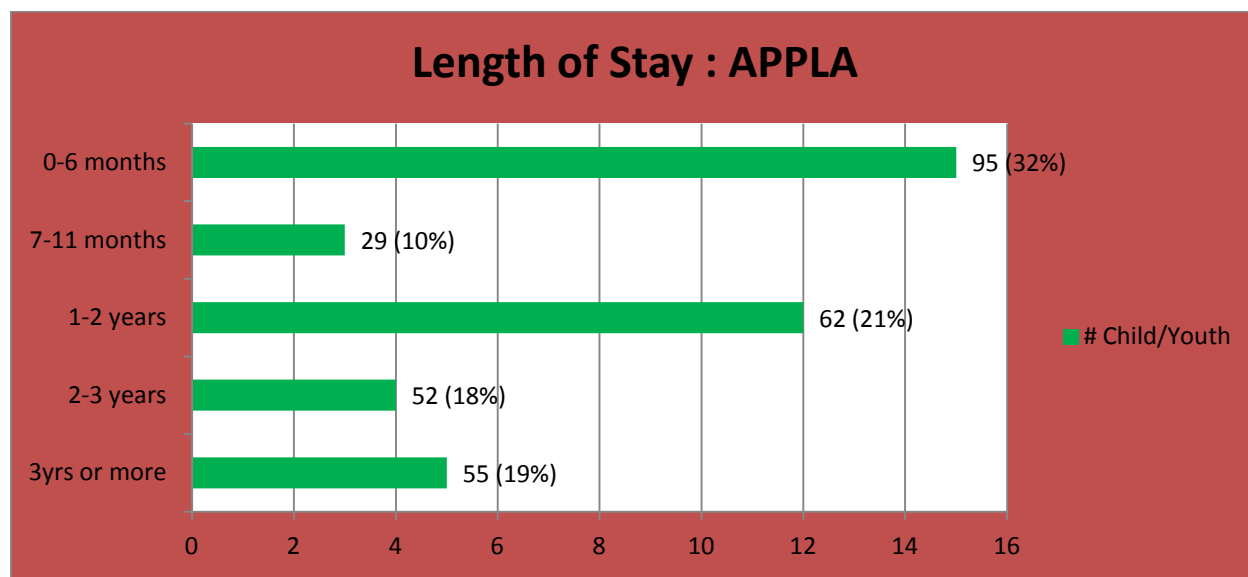
Permanent Connections

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 for 268 (91%) of the 293 cases reviewed, a permanent connection had been identified for the children/youths by the local departments and that the identified permanent connection was appropriate for 263 (90%) cases.

Length of time Child/Youth had a plan of APPLA

Of the 293 APPLA cases reviewed the local boards found that the length of time the child/youth had a plan of APPLA were as follows:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 156 (53%) of the 293 cases reviewed.

Service Agreements: The local departments had signed service agreements for 190 (65%) of the 291 eligible cases. Efforts to involve the families in the service agreement process were made for 221 (76%) of the 291 eligible cases.

The local boards found that the service agreements were appropriate for 184 (97%) of the 190 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/ Living Arrangement (LA)
6	Formal Kinship Care
13	Regular Foster Care
2	Restricted (Relative) Foster Care
20	Treatment Foster Care
56	Treatment Foster Care (Private)
15	Residential Group Home
20	Teen Mother Program
35	Therapeutic Group Home
52	Independent Living Residential Program
4	Residential Treatment Center
5	Relative

10	Non Relative
23	Own Dwelling
2	Diagnostic Center
1	Psychiatric Respite
	Living Arrangement (LA)
8	College (LA)*
2	Own Home/Apartment (LA)
2	Inpatient Psychiatric Care (LA)*
2	Inpatient Medical Care (LA)*
6	Runaway (LA)
7	Secure Detention Facility (LA)
13	Unapproved Living Arrangement (LA)

(*These cases have both a living arrangement and a placement)

In 156 (53%) of the 293 cases reviewed the children/youths were placed in their home jurisdiction in settings that were in close proximity to their communities which allowed for the continuity of services.

The local boards agreed with the department's placement plan for 278 (95%) of the 293 cases reviewed.

Placement Stability

The local boards found that for 145 (50%) cases reviewed there was a change in the placement in the last 12 months prior to being reviewed. 60 (41%) of the 145 cases reviewed had 1 placement change, 57 (39%) had 2 placement changes, 9 (6%) had 3 placement changes and 19 (13%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 73 (50%) of the 145 cases.

- 63 (43%) were in less restrictive placements
- 27 (19%) were in more restrictive placements
- 45 (31%) had the same level of care
- 8 (6%) youth on runaway
- 2 (1%) info not available

The local boards found that the primary positive reasons for the 145 most recent placement changes were:

- Transition towards a permanency goal: 60 cases
- Placement with relatives: 3 cases

Provider specific issues for the most recent placement changes were:

- Provider home closed: 7 cases
- Provider request: 2 cases
- Allegation of provider abuse/neglect: 1 case
- Incompatible match: 5 cases

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 49 cases
- Delinquent behavior: 4 cases
- Runaway: 7 cases
- Hospitalization: 1 case
- Child/youth request removal: 2 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

c) Yes, for 138 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

c) Yes, for 134 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 57 (19%) of the 293 children/youths reviewed had developmental or special needs.
- Current Physical: 194 (66%) children/youths had a current physical exam.
- Current Vision: 150 (51%) children/youths had a current vision exam.
- Current Dental: 161 (55%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 35 (61%) of 57 eligible children/youths.
- Completed Medical Records: The local departments reported that 101 (34%) children/youths had completed medical records in their case files.
- Prescription Medication: 118 (40%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for 115 (97%) of the 118 children/youths.

- Psychotropic Medication: 87 (30%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for 85 (98%) of the 87 children/youths.
- Mental Health Issues: 227 (77%) children/youths had mental health issues.
- Mental Health Diagnosis: 224 (76%) children/youths had mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 152 (67%) of the 227 children/youths.
- Mental Health Issues/Transitioning/Services: 18 (8%) of the 227 youths with mental health issues who were transitioning out of care, had an identified plan to receive services in the adult mental health system.
- Substance Abuse: 76 (26%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 17 (22%) of the 76 children/youths.
- Behavioral Issues: 141 (48%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 105 (74%) of the 141 children/youths.
- The local boards found that the health needs of 107 (37%) of the 293 children/youths had been met and 36 children/youths refused to comply with standard health exams.

Education

171 (58%) of the 293 children/youths reviewed were enrolled in school or another educational/vocational program. 122 (71%) of the 171 were in Pre-K through 12th grade, 8 (5%) were enrolled in a GED program, 36 (21%) were in college and 5 (3%) were in trade school. 90 (74%) of the 122 children/youths not enrolled in school or another educational/vocational program had already graduated high school and 32 (26%) refused to attend school.

65 (38%) of the 171 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 46 (71%) of the 65 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 76 (44%) of the 171 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 163 (95%) of the 171 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 293 cases)

137 (47%) of the 293 youths were employed or participating in paid or unpaid work experience. 6 youths were unable to participate due to being medically fragile, 16 were unable to participate due to mental health issues and 2 were in a Juvenile Justice Facility.

The local boards agreed that the youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 293 cases)

The local boards agreed that 223 (76%) of the 293 youths were receiving appropriate services to prepare for independent living.

6 youths were unable to participate in independent living services due to being medically fragile, 16 due to mental health issues and 2 due to being in a Juvenile Justice Facility.

➤ Housing (Transitioning Youth – 105 cases)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Housing had been specified for 56 (53%) of the 105 youths transitioning out of care. Alternative housing options were also provided for 80 youths.

The local boards agreed that 81 youths were being appropriately prepared to transition out of care.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 272 (93%) of the 293 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that in 92 (31%) of the 293 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	141	91
No	152	202

Frequency of Visits	With Parents	With Relatives
Daily	5	1
Once a week	31	12
More than once a week	11	12
Once a month	17	10
More than once a month	21	14
Quarterly	11	6
Yes, but undocumented	45	36

Supervision of Visits	With Parents	With Relatives
Supervised	8	3
Unsupervised	133	88

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	3	2
Other Agency Representative		
Biological Family Member		
Foster Parent	1	
Other	4	1

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	65	66
LDSS Visitation Center	3	1
Public Area	39	19
Child's/Youth's Placement	24	4
Other	10	1

Overnight Stays	With Parents	With Relatives
Yes	52	44
No	89	47

The local boards found that 59 (20%) of the 293 children/youths had siblings in care. 37 (63%) of the 59 children/youths had visits with siblings in care who did not reside with them.

Barriers/Issues

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

- No service agreement with parents.
- No service agreement with youth.

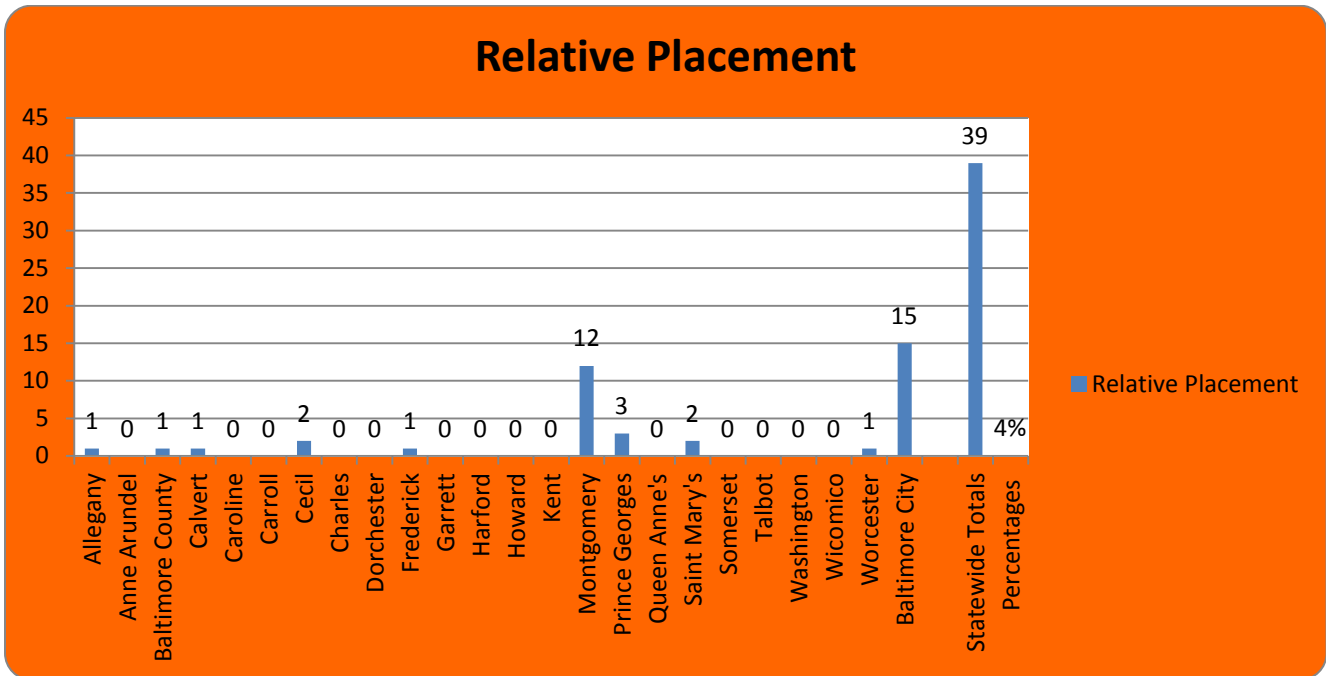
- Youth placed outside of home jurisdiction.
- Missing or lack of documentation.
- Child has behavior problems in the home.
- Issues related to substance abuse.
- Not following up on referrals.
- Youth not enrolled in school.
- Youth not attending school or in GED program.
- Youth not receiving adequate services.
- No current IEP.
- Board does not agree with current permanency plan.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- No follow up on medical referrals.
- Transitional housing has not been identified.
- Inadequate preparation for independence (general).
- Youth not employed and transitioning out of care.
- Other education barrier.
- Other independence barrier.
- Other placement barrier.
- Youth refuses mental health treatment including therapy.
- Youth non-compliant with medication.
- No current Safe C/G.
- Youth engages in risky behavior.
- Other mental health barrier.
- Other legal barrier.
- Other child/youth related barrier.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 247 (84%) of the 293 children reviewed.

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 including fictive kin when reunification is not possible.



Category of Relative Placement

- Relative Placement for Adoption: 10 cases
- Relative Placement for Custody/Guardianship: 29 cases

Age Range	Totals	Relative Placement	Percentage
Age 1 thru 5	129	10	26%
Age 6 thru 10	94	6	15%
Age 11 thru 13	117	7	18%
Age 14 thru 16	176	12	31%
Age 17 thru 19	245	4	10%
Age 20	110	0	N/A
Total	871	39	4%

Permanency

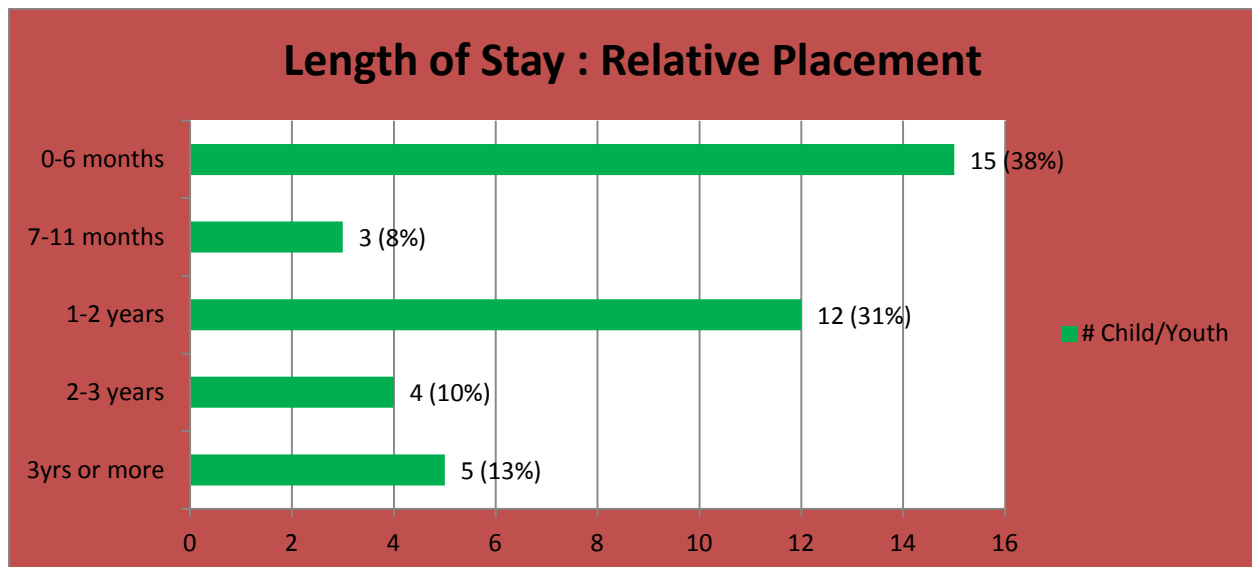
The local boards agreed with the permanency plan of relative placement for 34 (87%) of the 39 cases reviewed.

The local juvenile courts identified concurrent permanency plans for 10 (26%) of the 39 cases reviewed.

The local departments were implementing the concurrent plans set by the local juvenile courts for all 10 cases.

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

Of the 39 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:



Case Planning/Service Agreements

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 22 (56%) of the 39 cases reviewed.

Service Agreements: The local departments had signed service agreements for 10 (31%) of the 32 eligible cases and 7 cases were Post-TPR children under the age of 14. Efforts to involve the families in the service agreement process were made for 15 (47%) of the 32 eligible cases reviewed.

The local boards found that the service agreements were appropriate for the 10 signed cases.

Placement

Number of Cases	Placement/Living Arrangement (LA)
4	Formal Kinship Care
1	Intermediate Foster Care
6	Pre-Finalized Adoptive Home
7	Regular Foster Care
7	Restricted (Relative) Foster Care
1	Treatment Foster Care
8	Treatment Foster Care (Private)
1	Residential Group Home
2	Residential Treatment Center
1	Psychiatric Respite
1	Diagnostic Center
1	Inpatient Psychiatric Care (LA)*
1	Inpatient Medical Care (LA)*

(*These cases have both a living arrangement and a placement)

The local boards found that in 24 (62%) of the 39 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 local boards agreed with the placement plan for 38 (97%) of the 39 cases reviewed.

Placement Stability

The Local boards found that for 13 (33%) of the 39 cases reviewed there was a change in placement within the 12 months prior to the review. 3 (23%) of the 13 cases had 1 placement change, 7 (54%) had 2 placement changes and 3 (23%) had 3 placement changes.

A family involvement meeting took place with the most recent placement changes for 4 (31%) of the 13 cases.

The following levels of care were found for the 13 most recent placement changes:

- 7 (54%) were in less restrictive placements
- 5 (38%) were in more restrictive placements
- 1 child/youth on runaway

The local boards found that the primary positive reasons for the 13 most recent placement changes were:

- Transition towards a permanency goal: 3 cases
- Placement with relatives: 3 cases

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 6 cases
- Hospitalization: 1 case

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

- Yes, for 12 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

- Yes, for all 13 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 4 (10%) of the 39 children/youths reviewed had developmental or special needs.
- Current Physical: 28 (72%) children/youths had a current physical exam.
- Current Vision: 20 (51%) children/youths had a current vision exam.
- Current Dental: 19 (49%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 3 (75%) of 4 eligible children/youths.
- Completed Medical Records: The local departments reported that 15 (39%) of the children/youths had completed medical records in their case files.
- Prescription Medication: 14 (36%) children/youths were taking prescription medication.
- Prescription Medication Monitored: Prescription medication was being monitored regularly for all 14 children/youths.
- Psychotropic Medication: 10 (26%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for all 10 children/youths.

- Mental Health Issues: 23 (59%) children/youths had mental health issues.
- Mental Health Diagnosis: 23 (59%) children/youths had a mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 19 (83%) of the 23 children/youths.
- Mental Health Issues/Transitioning/Services: Not applicable. None of the children/youths with mental health issues were transitioning out of care.
- Substance Abuse: 2 (5%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 1 of the 2 children/youths.
- Behavioral Issues: 18 (46%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 16 (89%) of the 18 children/youths.
- The local boards found that the health needs of 16 (41%) of the 39 children/youths had been met and 4 children/youths refused to comply with standard health exams.

Education

29 (74%) of the 39 children/youths reviewed were enrolled in school or another educational/vocational program. All 29 were in Pre-K through 12th grade. 2 of the 10 children/youths not enrolled in school or another educational/vocational program refused to attend school and 8 were under the age of 5.

13 (45%) of the 29 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 9 (69%) of the 13 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 15 (52%) of the 29 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 26 (90%) of the 29 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 16 cases)

4 (25%) of the 16 youths were employed or participating in paid or unpaid work experience. 1 youth was unable to participate due to mental health reasons.

The local boards agreed that 6 youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 16 cases)

The local boards agreed that 5 (31%) of the 16 youths were receiving appropriate services to prepare for independent living.

1 youth was unable to participate in independent living services due to mental health reason.

➤ Housing (Transitioning Youth – None)

Not applicable.

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. The local boards found that 1 of the 10 children/youths with a plan of relative placement for adoption consented.

Consent to Adoption for Cases Reviewed with Adoption Plans

Child's Consent to Adoption	Cases
Yes	1
Yes, with conditions	
Child did not want to be Adopted	
N/A under age of consent	8
No, Medically Fragile/Mental Health	
No, Concurrent Plan is Reunification	
No, Relative Placement	
Unknown	1

Pre-Adoptive Services, Placements and Resources (10)

9 (90%) of the 10 children/youths with a plan of relative placement for adoption were placed in a pre-adoptive home. The family structure was comprised of a married couple for 5 (56%) of the 9 cases, a single female for 3 (33%) of the 10 cases and a single male for 1 case. The relationship to the pre-adoptive children/youths was a relative foster parent for 8 (89%) cases, and a non-relative foster parent for 1 case.

Lengths of time in the pre-adoptive placements were as follows:

- 1 case(s) from 7 to 9 months
- 1 case(s) from 10 to 12 months
- 4 case(s) from 16 to 20 months
- 3 case(s) 21 months or more

An adoptive home study was completed and approved for 6 (67%) of the 9 cases.

The local boards agreed that appropriate services and supports were in place for the pre-adoptive families to meet the identified needs of the children/youths for all 9 cases.

The local boards found that the pre-adoptive placements were appropriate for all 9 cases.

Adoptive Recruitment (1)

The local board found that the local department did not have documented efforts to find an adoptive resource for the 1 child/youth not placed in a pre-adoptive home.

The local board agreed that the adoptive recruitment efforts were not appropriate for the child/youth.

Post-Adoptive Services and Resources (10)

Post-adoptive services were needed for 8 (80%) of the 10 children/youths. The services that were needed for the 8 children/youths were Medical for 5 children/youths, Mental Health services for 2 and Educational services for 1 child/youth.

The local boards agreed that the post-adoptive services and resources were appropriate for the 8 children/youths.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 37 (95%) of the 39 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that for 15 (38%) of the 39 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	22	19
No	17	20

Frequency of Visits	With Parents	With Relatives
Daily		1
Once a week	12	10
More than once a week	1	1

Once a month	3	2
More than once a month	1	2
Quarterly	1	
Yes, but undocumented	4	3

Supervision of Visits	With Parents	With Relatives
Supervised	9	4
Unsupervised	13	15

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	6	2
Other Agency Representative	2	
Biological Family Member	1	1
Foster Parent		
Other		1
Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	1	11
LDSS Visitation Center		
Public Area	6	4
Child's/Youth's Placement	7	4
Other	8	

Overnight Stays	With Parents	With Relatives
Yes	1	3
No	21	16

The local boards found that 19 (49%) of the 39 children/youths had siblings in care. 17 (89%) of the 19 children/youths had visits with siblings in care who did not reside with them.

Barriers/Issues

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

- Youth placed outside of home jurisdiction.
- Lack of concurrent planning.
- No service agreement with youth.
- Missing or lack of documentation.
- Annual physicals not current.
- Dentals not current.
- Vision not current.
- Child has behavior problems in the home.

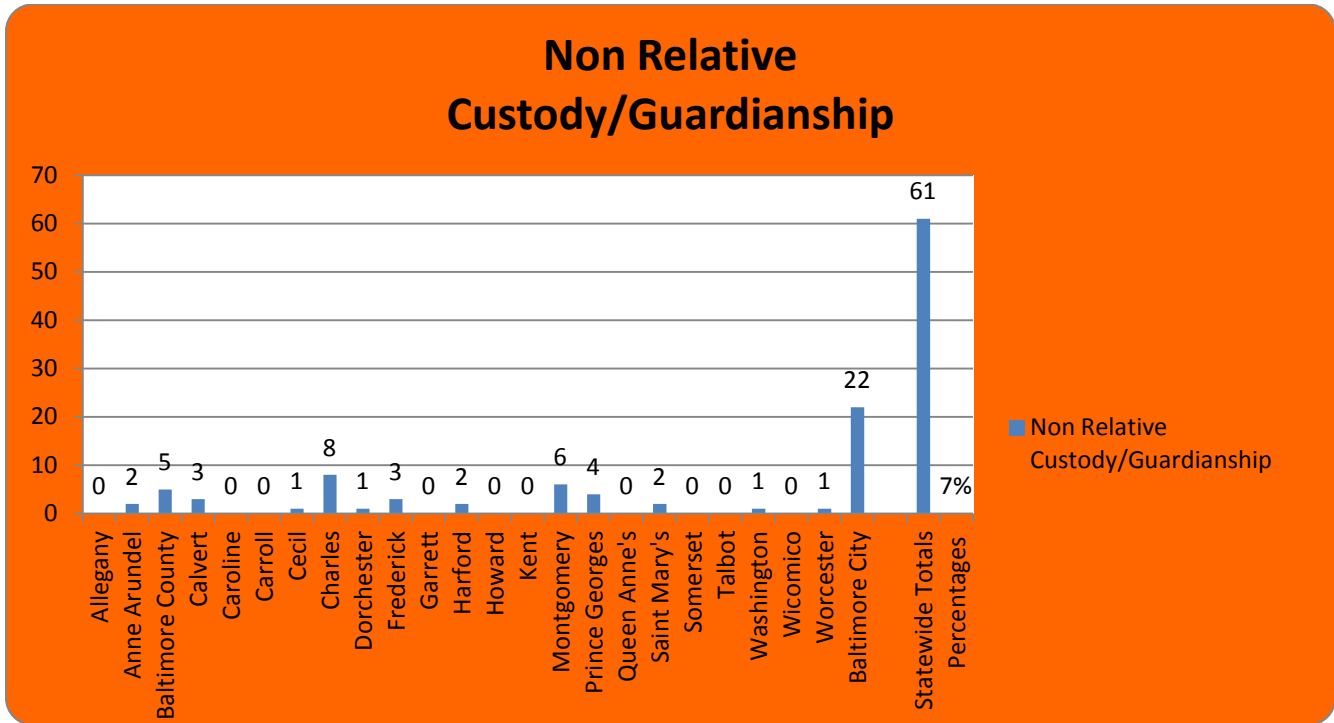
- Not following up on referrals.
- Other child/youth related barrier.
- No follow up on medical referrals.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 35 (90%) of the 39 children reviewed.

Non-Relative Custody/Guardianship 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.



Age Range	Statewide Totals	Custody/Guardian	Percentage
Age 1 thru 5	129	8	13%
Age 6 thru 10	94	8	13%
Age 11 thru 13	117	13	21%
Age 14 thru 16	176	24	39%
Age 17 thru 19	245	8	13%
Age 20	110	0	N/A
Total	871	61	7%

Permanency

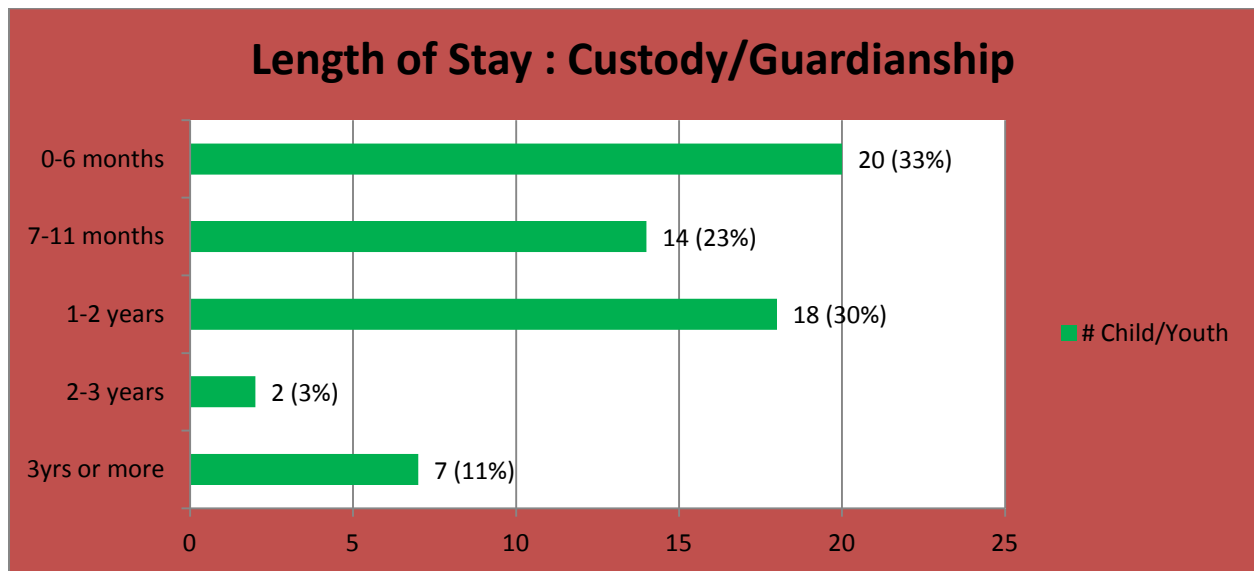
The local boards agreed with the permanency plan of non relative custody/guardianship for 57 (93%) of the 61 cases reviewed.

The local juvenile courts identified a concurrent permanency plan for 23 (38%) of the 61 cases reviewed.

The local departments were implementing the concurrent plans set by the local juvenile courts for 22 (96%) of the 23 cases.

Length of time child/youth had a plan of Non Relative Custody/Guardianship

Of the 61 cases reviewed the local boards found that the length of time the child/youth had a plan of Non Relative Custody/Guardianship were as follows:



Case Planning

Family Involvement Meetings (prior to entry): The local boards found that the local departments held family involvement meetings prior to entry for 37 (61%) of the 61 cases reviewed.

Service Agreements: The local departments had signed service agreement for 14 (23%) of the 60 eligible cases and 1 case was a Post-TPR child/youth under the age of 14. Efforts to involve the families in the service agreement process were made for 29 (48%) of the 60 cases reviewed.

The local boards found that the service agreements were appropriate for 13 of the 14 signed cases.

Placement/Living Arrangement (LA)

Number of Cases	Placement/Living Arrangement (LA)
3	Formal Kinship Care
10	Regular Foster Care
12	Treatment Foster Care
26	Treatment Foster Care (Private)
2	Residential Group Home
1	Teen Mother Program
2	Therapeutic Group Home
2	Residential Treatment Center
1	Diagnostic Center
1	Inpatient Medical Care (LA)*
1	Unapproved Kinship Home (LA)*
1	Unapproved Living Arrangement (LA)*

(*These cases have both a living arrangement and a placement)

The local boards found that for 33 (54%) of the 61 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 local boards agreed with the placement plan for 59 (97%) of the 61 cases reviewed.

Placement Stability

The Local boards found that for 33 (54%) of the 61 cases reviewed there was a change in placement within the 12 months prior to the review. 10 (30%) of the 33 cases had 1 placement change, 16 (48%) had 2 changes, 4 (12%) had 3 changes and 3 (9%) had 4 or more placement changes.

A family involvement meeting took place with the most recent placement changes for 10 (30%) of the 33 cases.

The following levels of care were found for the 33 most recent placement changes:

- 5 (15%) were in less restrictive placements
- 4 (12%) were in more restrictive placements
- 24 (73%) had the same level of care

The local boards found that the primary positive reasons for the 33 most recent placement changes were:

- Transition towards a permanency goal: 9 cases
- Placement with relatives: 1 case
- Placement with siblings: 1 case

Provider specific issues for the most recent placement changes were:

- Provider home closed: 2 cases
- Allegation of provider abuse/neglect: 1 case
- Incompatible match: 2 cases

Child/youth specific issues for the most recent placement changes were:

- Behavioral: 21 cases

While child/youth was in the placement from which they were removed, were placement specific services adequate to support the provider:

d) Yes, for all 33 cases

For the current placement, is there a match between the child/youth's needs and the provider's ability to meet those needs?

d) Yes, for 31 cases

Health/Mental Health

- Developmental/Special Needs: The local departments reported that 8 (13%) of the 61 children/youths reviewed had developmental or special needs.
- Current Physical: 46 (75%) children/youths had a current physical exam.
- Current Vision: 32 (52%) children/youths had a current vision exam.
- Current Dental: 35 (57%) children/youths had a current dental exam.
- Follow-up Health Concerns: The local departments ensured that appropriate follow-ups occurred on all health concerns noted by a physician for 10 (63%) of 16 eligible children/youths.
- Completed Medical Records: The local departments reported that 21 (34%) children/youths had completed medical records in their case files.
- Prescription Medication: 26 (43%) children/youths were taking prescription medication.

- Prescription Medication Monitored: Prescription medication was being monitored regularly for the 26 children/youths.
- Psychotropic Medication: 26 (43%) children/youths were taking psychotropic medication.
- Psychotropic Medication Monitored: Psychotropic medication was being monitored at least quarterly for all 26 children/youths.
- Mental Health Issues: 48 (79%) children/youths had mental health issues.
- Mental Health Diagnosis: 47 (98%) of the 48 children/youths had a mental health diagnosis.
- Mental Health Issues Addressed: Yes, for 42 (88%) of the 48 children/youths.
- Mental Health Issues/Transitioning/Services: Not applicable. None of the youths with mental health issues, were transitioning out of care.
- Substance Abuse: 5 (8%) children/youths had a substance abuse problem.
- Substance Abuse Addressed: Yes for 3 (60%) of the 5 children/youths.
- Behavioral Issues: 36 (59%) children/youths had behavioral issues.
- Behavioral Issues Addressed: Yes, for 35 (97%) of the 36 children/youths.
- The local boards found that the health needs of 22 (36%) of the 61 children/youths had been met and 4 children/youths refused to comply with standard health exams.

Education

56 (92%) of the 61 children/youths reviewed were enrolled in school or another educational/vocational program. All 56 were in Pre-K through 12th grade. 2 of the 5 children/youths not enrolled in school or another educational/vocational program refused to attend school and 3 were under the age of 5.

33 (59%) of the 56 children/youths enrolled in school or another educational/vocational program had a 504 or IEP plan. 21 (64%) of the 33 had a copy of the 504/IEP plan in the child/youth's record.

A current progress report/report card was available for review for 35 (63%) of the 56 children/youths enrolled in school or another educational/vocational program.

The local boards agreed that 54 (96%) of the 56 children/youths enrolled in school or another educational/vocational program were being appropriately prepared to meet educational goals.

Ready by 21

➤ Employment (age 14 and older – 33 cases)

7 (21%) of the 33 youths were employed or participating in paid or unpaid work experience. 2 youths were unable to participate due to mental health reasons

The local boards agreed that the youths were being appropriately prepared to meet employment goals.

➤ Independent Living Services (age 14 and older – 33 cases)

The local boards agreed that 15 (45%) of the 33 youths were receiving appropriate services to prepare for independent living.

2 youths were unable to participate in independent living services due to mental health reasons.

Housing (Transitioning Youth – None)

(Age 20 with a permanency plan of APPLA or planning to exit to independence within a year from the review)

Not applicable.

Risk and Safety

The local boards agreed that safety and risk protocols were followed for 58 (95%) of the 61 children/youths.

CASA (Court Appointed Special Advocate)

The local boards found that for 15 (25%) of the 61 cases reviewed the children/youths had a court appointed special advocate.

Child Visits with Parents, Relatives and Siblings

Child Visits	With Parents	With Relatives
Yes	28	21
No	33	40

Frequency of Visits	With Parents	With Relatives
Daily	2	5
Once a week	10	3
More than once a week	1	

Once a month	5	4
More than once a month	5	6
Quarterly		
Yes, but undocumented	5	3

Supervision of Visits	With Parents	With Relatives
Supervised	20	2
Unsupervised	8	19

Who Supervises Visits	With Parents	With Relatives
LDSS Agency Representative	17	2
Other Agency Representative		
Biological Family Member		
Foster Parent	2	
Other	1	

Where do Visits Occur ?	With Parents	With Relatives
Parent/Relative Home	6	17
LDSS Visitation Center	6	1
Public Area	14	1
Child's/Youth's Placement	1	2
Other	1	

Overnight Stays	With Parents	With Relatives
Yes	4	16
No	24	5

The local boards found that 41 (67%) of the 61 children/youths had siblings in care. 35 (85%) of the 41 children/youths had visits with siblings in care who did not reside with them.

Barriers/Issues

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

- Lack of concurrent planning.
- No service agreement with youth.
- No current IEP.
- Annual physicals not current.
- Dentals not current.
- Vision not current.

- Youth placed outside of home jurisdiction.
- Board does not agree with current permanency plan.
- Inadequate preparation for independence.
- Other independence barrier.
- Other education barrier.

Summary

Based on the findings of the review the local boards determined that the local Department of Social Services made adequate progress towards a permanent placement (COMAR – 07.01.06.05 (F)) for 47 (77%) of the 61 children reviewed.

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 and Montgomery County. The following report findings and recommendations were reported to CRBC for the fiscal year 2020.

Baltimore City Child Protection Panel

In FY2020, the Baltimore City Child Protection Panel completed 15 reviews from July 2019 through February 2020 that addressed outcomes as adapted from the DHR/DHS approved Child and Family Services Review (CFSR) review instrument. The panel made some of the same recommendations as previously because concerns and/or issues continue to exist based on the panel's review findings. Reviews were suspended from March 2020 due the COVID-19 Pandemic.

Recommendations:

- The department should improve with documentation regarding involvement with biological fathers in the provision of services, especially when the father is living in the home or is involved with the children.
- The department should ensure appropriate documentation of referrals, especially 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 department should ensure that complete medical and educational records are included in the record.
- Ensure that the target child/children in a case are intervened.
- Only actual face to face contacts should be documented as such. Notes by workers indicating contacts when they are actually visits without contact create the appearance that there had been a face to face in person visit.
- The department should document interviews with children and children should be interviewed out of the presence of the parents when home visits occur. Document discussion of case plan goals with children interviewed.
- The panel reported concerns about the cases where the children were not interviewed at all.

Members

Beatrice Lee (CRBC State Board Member), Jackie Donowitz, Joan Little, Sheila Jessup, Carolyn Finney.

Baltimore County Child Protection Panel

Meetings Held

- July 31, 2019
- January 28, 2020
- All other meetings for the year were canceled due to the COVID-19 Pandemic, (meetings resumed in July 2020 which will be reported in the FY2021 annual report)

SFY 2020 Accomplishments

- The Child Protection Panel focused on Substance Exposed Newborns for much of this year. The Panel received a briefing from the Department of Social Services regarding the SENs program and response process.
- The Panel reviewed data related to substance abuse in Baltimore County.
- The Panel conducted a preliminary review of three cases involving SENs and selected two to complete a thorough case review. These case reviews did not take place due to the onset of the COVID-19 pandemic and resulting changes.

Members:

Mark Millspaugh, Deputy Director, Baltimore County Department of Social Services, (Chair)
Brynez Roane (Baxter), Arrow Child & Family Ministries
April Lewis, Baltimore County Public Schools
Pat Cronin, Executive Director, Family Tree
Bambi Glenn, Assistant County Attorney
Dr. Scott Krugman, Vice Chair, Department of Pediatrics, Herman & Walter Samuelson Children's Hospital at Sinai
Lisa Fox Dever, Office of the State's Attorney
Laura S. Steele, M.A.M.S., State Citizens Review Board
Lt. Michael Peterson, Baltimore County Police Department

Montgomery County Child Protection Panel

The Mission of the Montgomery County Citizen's Advisory Panel is to examine the extent to which the County Child Welfare Agency effectively implements the child protection standards and State plan under Child Abuse and Neglect Federal legislation, 42 USC section 5106a(b).

The Panel is a multidisciplinary group of expert professionals and private citizens whose responsibility is to ensure that maltreated children receive the services and support they need. The panel has members with varied backgrounds, all committed to the safety and welfare of children and they work collaboratively with the County's Child Welfare Agency.

FY2020 Priorities:

- Data Analysis: Provide oversight of new State information system (CHESSIE to CJAMS) and recommend types of reports that might be used to enhance practice.
- Alcohol and Drug Abuse issues affecting child welfare system: Provide oversight of the START (Evidence Based) model.
- Mental Health: Focus on mental health issues of foster care youth.
- Foster Family Recruitment: Analyze foster parent recruitment and training policies and procedures.

Members

Ronna Cook (Chair), Marci Roth, Jennifer Carson, Lawrence Washington, Laura Coyle, George Gable, Pam Littlewood, Jane Steinberg, Sarah Stanton, Kay Farley (CRBC State Board Member), Deanna McCray-James, Stacy McNeely, Lisa Merkin & Angela English (agency staff)

CRBC FY2020 Review Metrics

Total # of Children - Scheduled on the Preliminary:	1725
Total # of Children - Closed (adopted, reunified, exited care), Non Submission:	447
Total # of Children - Rescheduled (DSS caseworker requests, board overload):	331
Total # of Children - Eligible for Review:	947
Total # of Children - Reviewed at the Board:	871
Total # of Children - Not Reviewed at the Board (worker no shows, closed):	76
Percentage of Children Reviewed for the Period:	92%
Percentage of Children Not Reviewed for the Period:	8%
Recommendation Reports to DSS - Number Sent:	871
Recommendation Reports to DSS - Number Sent on Time: ²	813
Recommendation Reports to DSS - Percentage Sent on Time:	93%
Recommendation Reports from DSS - Number of Responses Received: ³	410
Recommendation Reports from DSS - Percentage of DSS Responses:	47%
Recommendation Reports from DSS - Number Received on Time:	125
Recommendation Reports from DSS - Percentage Received on Time	30%
Number of Boards Held	123
Recommendation Reports - Number of DSS Agreement:	404
Recommendation Reports - Percentage of DSS Agreement:	99%
Recommendation Reports - Number of DSS Disagreement:	6
Recommendation Reports - Percentage of DSS Disagreement:	1%
Recommendation Reports - Number of Blank/Unanswered: ⁴	0
Recommendation Reports - Percentage of Blank/Unanswered:	0%
Percentage of REUNIFICATION Children Reviewed for the Period:	38%
Percentage of RELATIVE PLACEMENT - Adoption Children Reviewed:	1%
Percentage of RELATIVE PLACEMENT - C & G Children Reviewed:	3%
Percentage of ADOPTION Children Reviewed for the Period:	16%
Percentage of CUSTODY/GUARDIANSHIP Children Reviewed for the Period:	7%
Percentage of APPLA Children Reviewed for the Period:	34%

² Due to the COVID-19 pandemic and the Governor of Maryland issuing a mandatory teleworking order effective March 13th 2020, 58 recommendation reports from 5 board reviews were not sent on time in March 2020.

³ The Local Department of Social Services is required by COMAR 07.01.06.06 (H) to respond to the local out of home placement review board's recommendation(s) within 10 days of receipt of the report.

⁴ The number of recommendation report responses received from the Local Department of Social Services that did not indicate acceptance or non acceptance of the local board's recommendation.

CRBC FY2020 State Board

Nettie Anderson-Burrs (Chair)

Circuit 4: Representing Allegany, Garrett, and Washington Counties

Delores Alexander (Vice Chair)

Circuit 3: Representing Baltimore and Harford Counties

Dr. Theresa Stafford

Circuit 1: Representing Dorchester, Somerset, Wicomico, and Worcester Counties

Reginald Groce Sr.

Circuit 2: Representing Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties

Dr. Kathy Boyer-Shick

Circuit 5: Representing Anne Arundel, Carroll, and Howard Counties

Sandra "Kay" Farley

Circuit 6: Representing Frederick and Montgomery Counties

Davina Richardson

Circuit 7: Representing Calvert, Charles, Prince George's, and St. Mary's Counties

Beatrice Lee

Circuit 8: Representing Baltimore City

Rita Jones

Circuit 8: Representing Baltimore City

Benia Richardson

Circuit 8: Representing Baltimore City

Denise E. Wheeler

CRBC Administrator

CRBC FY2020 Members

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Mrs. Mary Ann Bleeke
Ms. Heidi Busch
Mrs. Catherine Gonzalez
Mrs. Denise Messineo
Mrs. Linda Robeson
Ms. Delores Alexander
Ms. Melissa Parkins-Tabron
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Ms. Nicole Cooksey
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Ms. Benia Richardson
Dr. Patricia Whitmore-Kendall
Ms. Barbara Crosby

Ms. Britonya Jackson
Ms. Deanna Miles-Brown
Ms. Terri Howard

*** New Members appointed by the Governor in fiscal year 2020.**

CRBC FY2020 Staff Members

Denise E. Wheeler
Administrator

Crystal Young, MSW
Assistant Administrator

Agnes Smith
Executive Assistant

Jerome Findlay
Information Technology Officer

Hope Smith
IT Functional Analyst

Fran Barrow
Child Welfare Specialist

Michele Foster, MSW
Child Welfare Specialist

Marlo Palmer-Dixon, M.P.A
Child Welfare Specialist

Sandy Colea, CVA
Volunteer Activities Coordinator Supervisor

Rhonda Watties,
Volunteer Activities Coordinator II

Cindy Hunter-Gray
Lead Secretary

Lakira Whitaker
Office Clerk

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COMAR 07.02.11.08. Out of Home Placement: Medical Care. Title 07 Department of Human Services (formerly Dept. of Human Resources).

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