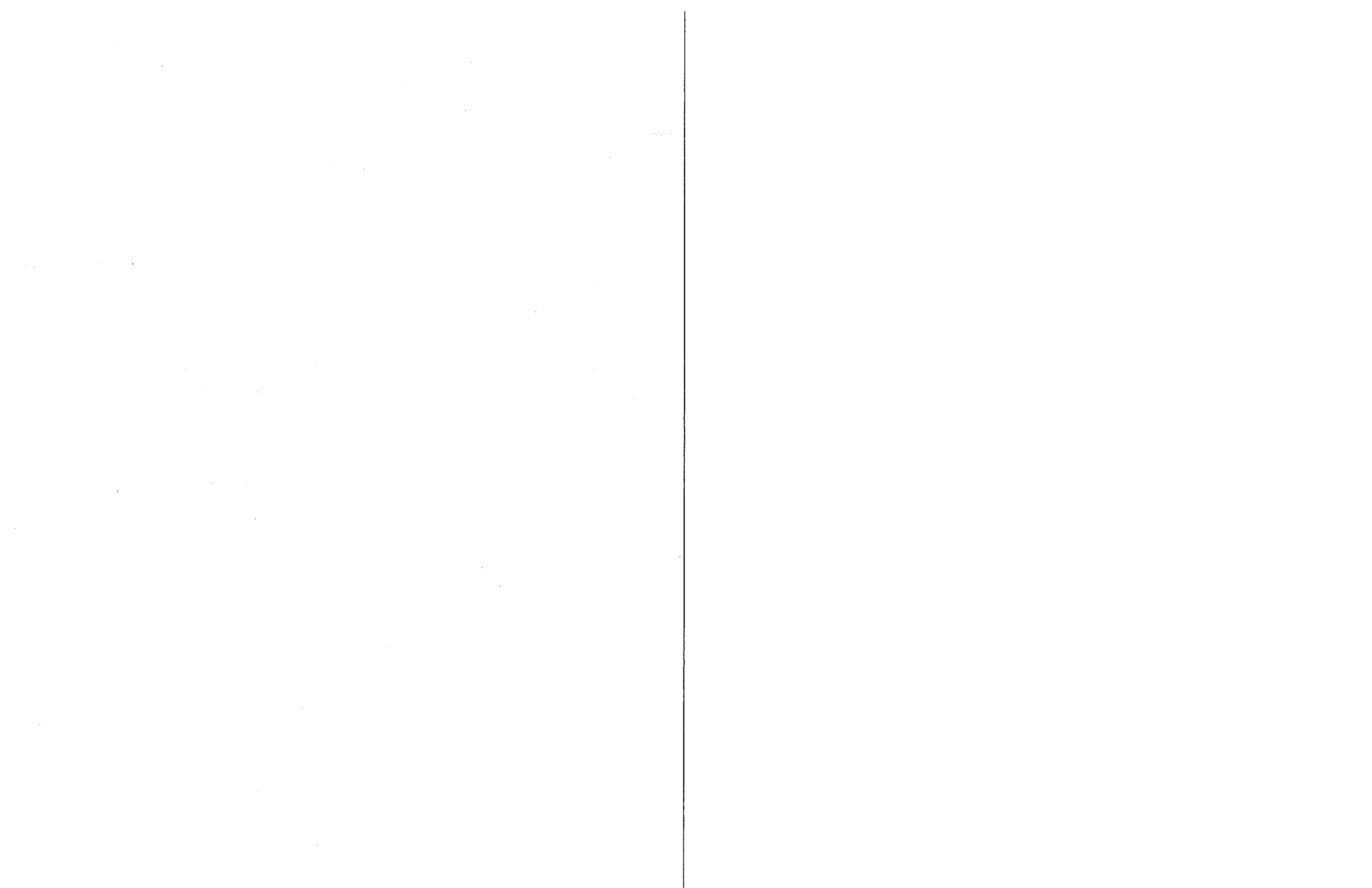


A STUDY OF BARRIERS
TO THE PLACEMENT
OF FOSTER CARE CHILDREN IN
PERMANENT HOMES

Advocates for Children & Youth
Sally C. Millemann
June 1995



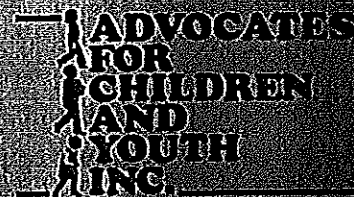
Advocates for Children & Youth (ACY) was founded in 1987 by a group of concerned community leaders to address the issues facing Maryland's children. Since then, ACY has become a national model for effecting positive change at the state and local level. As Maryland's only statewide, multi-issue child advocacy organization, ACY provides comprehensive solutions and a powerful voice for Maryland's children.

Though public policy is the cornerstone of our work, ACY also offers technical support to organizations across the state and direct service programs to at-risk students. Our community outreach efforts are forging new partnerships with public and private sector members. ACY believes that all children deserve the basics: good health, a quality education, a safe, nurturing environment and economic security. To that end, ACY encourages investment in Maryland's children and families.

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A STUDY OF BARRIERS TO THE PLACEMENT OF FOSTER CHILDREN IN PERMANENT HOMES

June 1995

Submitted by Sally C. Millemann
Advocates for Children & Youth, Inc.

EXECUTIVE SUMMARY

This report is about children in foster care, many of whom are awaiting adoption and the considerable barriers to adoption. This report documents the impermanent, unpredictable and transitory lives that these children live. Many suffer irreparable damage as a result of this impermanence. They live without the love and support that are essential to produce happy and productive adults. Many live in circumstances that have been found to produce dysfunctional behaviors.

Some important facts:

- The first step in a foster care placement is an adjudication by a court that a child is a "child in need of assistance" (CINA). In order to find a child CINA, the court must find that a child "... is not receiving ordinary and proper care and attention", and that "... his parents, guardian or custodian are unable or unwilling to give proper care and attention to the child." Once adjudicated a CINA, a child can be placed in foster care.
- On any given day there are over 7,000 foster care children in Maryland; a little over half of whom live in Baltimore City.
- The foster care population is growing. There are now more children entering foster care than leaving foster care. This problem is most acute in Baltimore City, but is an increasing problem in the counties as well. In FY 94, 3,122 children began the year in foster care in Baltimore City and 3,665 (543 more) ended the year in foster care. 3,191 children began the year in foster care in the counties and 3,466 (275 more) ended the year in foster care.

- The age groups of foster care children, upon entry are, in descending order of frequency (highest frequency first): 5-11 years, younger than 2 years, 2-4 years, 12-14 years, and 15-17 years. The younger children, those under 2 years of age, leave foster care significantly more quickly than do children older than 2.
- 46% of the 7,404 children who were in foster care on June 30, 1994 had been admitted to foster care at least once before; some had been admitted to foster care two, three or *more* times before. Of the six major Maryland jurisdictions, the "repeater" problem is most serious in Baltimore City and Harford County. 36% of Harford County's FY 94 foster care children and 30% of Baltimore City's children were "repeaters" -- compared to 16% in Prince George's County, 15% in Anne Arundel County, 11% in Howard County and 10% in Montgomery County.
- The Local Department of Social Services ("LDSS") must decide on an initial plan for the child once admitted to foster care. "Return home" plans are initially devised for the significant majority of children.
- "Return home" plans are used even when children have been admitted to foster care on one or more prior occasions, after one or more prior CINA adjudications, making this the second or third time that a child has been returned home, placed in foster care and returned home again.
- After having been found to be CINAs, many children are shuttled from one foster placement to another. A survey of children in foster care on January 20, 1995 indicated that 32% had been in at least four different placements and that 25% had 5 or more placements. In some cases, upon entry into the foster care system, children were transferred on a daily basis from one one-night placement to another.
- It takes close to two years or more, depending upon the jurisdiction, for a LDSS to decide to change an unsuccessful "return home" plan to a plan of adoption. In 1994, in Baltimore City, the average number of months between the CINA adjudication and the decision to change the plan to adoption was 26 months; Maryland's state average was 22 months.

- On average, foster care children in Maryland remain in foster care 32 months after their "return home" plans have been changed to adoption plans. As noted above, statewide, the average number of months before an adoption plan is established is 22 months. Thus, on average, Maryland foster care children who are adopted spend 54 months in foster care before they are adopted.
- In Baltimore City, on average, children remain in foster care 39 months after their plan is changed to adoption. Adding the 26 months, on average, that it takes to establish an adoption plan, Baltimore City children spend 65 months in foster care, on average, before they are adopted.
- Baltimore City, which is responsible for over half the state's foster care children, finalized 111 adoptions in 1990 (36% of the statewide 312); 92 adoptions in 1991 (26% of the statewide 349); 86 adoptions in 1992 (23% of the statewide 369); 111 adoptions in 1993 (29% of the statewide 377); and 144 adoptions in 1994 (38% of the statewide 376 adoptions).

There are a number of reasons for the extraordinary delays in finding permanent placements for abused and neglected children:

- After the CINA adjudications, there is a general failure to assess children individually; instead, LDSS workers often follow a formulaic, undifferentiated approach. Some children who should be initially identified as candidates for termination of parental rights proceedings are instead given "return home" plans.
- The initial placement of children in pre-adoptive homes is extraordinarily low (2-3%). In other states, and as part of a pilot project in Baltimore City, social services departments have developed case profiles that indicate when the initial plan should *not* be "return home".

- There is little simultaneous/alternative planning for children. Instead, the foster care/adoption process is rigidly sequential. In Baltimore City, on average, children spend 26 months in return home status; *then* their cases are referred to DSS attorneys (2 more months); *then* the attorneys file petitions for termination of parental rights (2 more months); *then* planning for adoption *begins* (18 more months), for a total of 65 months.
- As the above data indicate, courts hearing TPR cases take far longer to issue decisions than the legal benchmark of 180 days after the TPR petition is filed. The statewide average is 13 months between petition and TPR order. It is 16 months in Baltimore City; 11 months in the metropolitan counties; and 9 months in the smaller counties.
- There are not adequate resources to hire the necessary number of adoption workers, as well as to meet other needs to provide effective, prompt adoption services.
- There are a number of administrative problems that increase delay, including inadequately completed service agreements; the failure to identify and maintain addresses for parents; an absence of effective coordination and communication between foster care and adoption workers; and inadequate training.
- There are problems with the foster care/adoption laws as well. For example, they do not put children first; instead they emphasize parental rights rather than the best interests of children. They accommodate the delays described above. They provide a financial disincentive for foster parents to adopt children.
- Where the laws do provide time frames, they are not enforced; for example, 18 months to place a child in a permanent home and 6 months for courts to decide TPR cases.

There are some excellent programs in Maryland that reduce the length of time children spend in foster care and encourage adoptions. For example:

- In Baltimore City, the LDSS has developed a pilot Adoption Opportunities Project, the goal of which is to target, at intake, those children for whom a "return home" plan is inappropriate.
- In Prince George's County, a social worker has developed a database that significantly reduces the amount of time and effort spent trying to locate absent parents, mostly fathers.
- In Cecil County, the LDSS has developed a "team" approach in which foster care workers, adoption workers, and other treatment staff coordinate the delivery of services to children.
- In Cecil, Anne Arundel, and Montgomery Counties, the LDSSs have begun to simultaneously license families to provide foster care or to adopt a child.

We recommend that the state and LDSSs consider these programs and the reforms of other states summarized in the report. We make recommendations, including additional law reform recommendations, that we believe will decrease the amount of time children stay in foster care and increase both the number of children who are adopted and the speed in which they are adopted.

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I THE CHILDREN IN FOSTER CARE

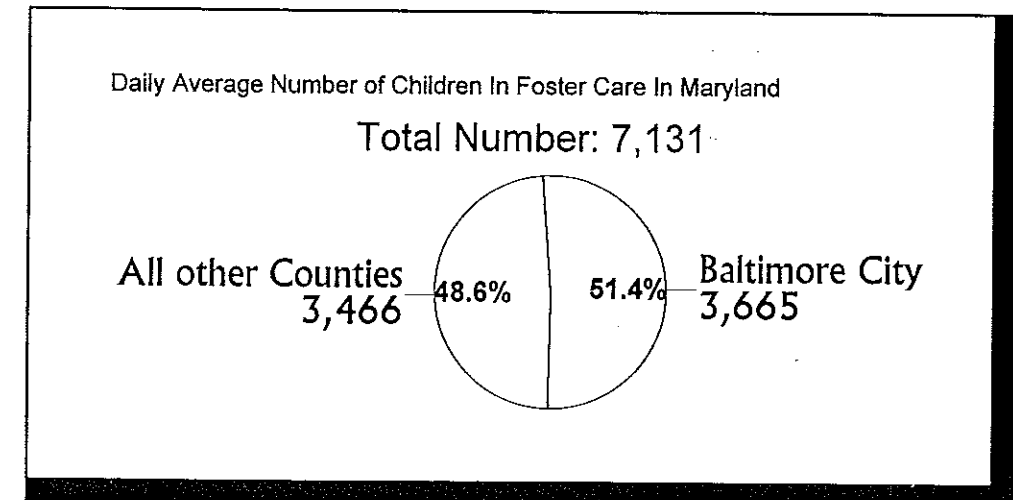
We begin by describing the children who are in foster care. We do so with data. But to give life to these data, we present two real life stories of actual foster care children who represent "average" profiles. These cases are not "the worst" cases but illustrate many problems apparent in the foster care/adoption system today.

A. The Data

1. The Numbers of Children in Foster Care

Table 1 shows the average number of children in foster care on a given day (a daily census). Table 2 illustrates the number of children entering and leaving the foster care system from July 1, 1992 to June 30, 1994.

Table 1
of Children in Foster Care in Maryland, Its Counties, and Baltimore City



Source: Foster Care Review Board

Table 2
*Numbers of Children Entering and Leaving Foster Care
 In Maryland, Its Counties and Baltimore City*

	City	Counties	Entire State
Period Beginning July 1, 1992 and Ending June 30, 1993			
Beginning Population	2,833	3,172	6,005
Entries	1,441	1,579	3,020
Exits	1,151	1,560	2,712
Ending Population	3,122	3,191	6,313
Period Beginning July 1, 1993 and Ending June 30, 1994			
Beginning Population	3,122	3,191	6,313
Entries	1,932	1,890	3,822
Exits	1,389	1,615	3,004
Ending Population	3,665	3,466	7,131

Source: Foster Care Review Board

These data indicate that the number of children in foster care, in Maryland's counties and in Baltimore City, is increasing and that the total number of children now entering foster care annually exceeds the total number leaving it.

It is worth noting at this point the disappearing discrepancy between the trend in the City versus that in the counties. In Baltimore City, the difference between the number of children entering and the number leaving foster care is increasing. This is becoming true in the counties as well. It is possible that these increases are attributable to the increasing incidence of drug abuse, unemployment, housing and a variety of other social problems in the counties as well as the city. The large counties, e.g., Baltimore and Prince George's, are becoming much more "urbanized," and the population presents many of the same challenges to the social services and health systems as have been seen in Baltimore City for some time.

Another contributing factor is the growing number of children entering care who have been in a relative's home for some time and for whom the relative subsequently applies for foster care benefits. This is happening with increasing frequency.

2. The Ages of Maryland's Foster Care Children

Table 3 contains information regarding the age of foster care children **at entry**. Table 4A provides information regarding the age of children **currently** in care.

Table 3
Age at Entry of Foster Care Children Active on FACTS as of 4/12/95

LDSS	< 2	2 - 4	5 - 11	12 - 14	15 - 17	18+	Unknown
Allegheny	15	9	40	10	8	0	0
Anne Arundel	45	38	69	32	26	0	1
Baltimore County	82	95	199	101	45	1	0
Calvert	3	1	21	17	11	0	0
Caroline	0	1	5	6	1	0	0
Carroll	9	10	25	18	16	0	0
Cecil	16	24	41	19	25	0	0
Charles	5	8	27	7	11	0	0
Dorchester	19	11	11	3	1	0	0
Frederick	17	9	37	21	20	0	0
Garrett	5	1	12	9	4	0	0
Harford	30	39	73	30	25	3	0
Howard	15	19	28	10	16	0	0
Kent	0	1	4	2	0	0	0
Montgomery	127	89	155	71	34	0	2
Prince George's	138	110	272	182	134	0	0
Queen Anne's	1	2	6	3	2	1	0
St. Mary's	6	11	34	23	11	0	0
Somerset	0	4	6	5	2	0	0
Talbot	4	4	13	3	2	0	0
Washington	24	28	59	34	12	0	0
Wicomico	8	8	23	12	2	0	0
Worcester	5	3	3	6	3	0	0
Baltimore City	881	809	1,400	425	184	6	3
Statewide Total	1,455	1,334	2,563	1,049	595	11	6

Source: DHR, DR547, 4/12/95, MH

Table 4A
Age Today for Foster Care Children Active on FACTS as of 4/12/95

LDSS	< 2	2 - 4	5 - 11	12 - 14	15 - 17	18+	Unknown
Allegheny	4	12	32	17	14	3	0
Anne Arundel	20	20	69	25	52	25	0
Baltimore County	18	90	177	91	105	42	0
Calvert	1	3	12	8	16	13	0
Caroline	0	1	1	0	8	3	0
Carroll	5	7	22	9	26	9	0
Cecil	10	15	38	20	28	14	0
Charles	2	7	13	11	18	7	0
Dorchester	7	14	17	3	3	1	0
Frederick	4	10	29	20	26	15	0
Garrett	0	5	7	2	12	5	0
Harford	9	30	66	40	28	27	0
Howard	5	19	27	16	15	6	0
Kent	0	0	2	4	1	0	0
Montgomery	42	89	152	72	79	44	0
Prince George's	60	96	228	129	201	123	0
Queen Anne's	0	1	7	0	6	0	0
St. Mary's	1	8	29	12	24	11	0
Somerset	0	2	5	5	4	1	0
Talbot	1	5	6	6	8	0	0
Washington	10	24	51	29	34	9	0
Wicomico	3	10	18	8	12	2	0
Worcester	1	4	2	6	6	1	0
Baltimore City	228	703	1,492	545	491	249	0
Statewide Total	431	1,175	2,502	1,078	1,217	610	0

Source: DHR, DR547, 4/12/95, MH

3. Repeaters

One major problem in the treatment of Maryland's foster care population is the length of time children spend in care. The "repeaters" -- those who have been removed from the home of a parent or family member, placed in foster care, returned to the parent or family member, only to be removed again and sometimes several times -- face both the problem of delay and that of disruption.

Table 4C demonstrates that for the 7,404 children in care on June 30, 1994, 1,786 or 24% had a prior entry into care. FCRB reports that during FY '94, of those children reentering care, 68% had been returned to their parent. Of these children:

- 50% had been with their mother at the time of reentry
- 62% had been with their mother and either father or an unrelated male at the time of reentry.

Family preservation services should be made available to parents. Support in the utilization of these services should also be provided to help families stay together and prevent foster care whenever possible. When preservation services are not effective in preventing foster care, the family should receive intensive assistance to attempt reunification.

Simultaneously the child's need for a stable, nurturing home and the attachment/bonding must also be considered. Attachment/bonding promotes a sense of security, enabling the child to develop cognitively, emotionally, and socially. This usually occurs through the daily caretaking activities of a parent such as bathing, feeding and holding (*Bretherton 1985*). In a child who has been deprived of attachment, one sees a child with little conscience, poor impulse control, low self-esteem, poor relationships with peers, difficulty in learning and eventually and adult without the ability to provide nurturing and bonding with his/her own child (*Fahlberg 1991*). At stake for children in foster care is the loss of bonding.

It is for this reason that if intensive preservation and/or reunification services fail to enable parents to regain custody of their child(ren), adoption or placement with relatives must be pursued as quickly as possible.

The decision must be made regarding the likelihood of a lasting reunification early enough to prevent the serious harm caused by prolonged periods in multiple, short term foster care placements and the missed opportunity for placement with a permanent family.

Additionally, it must be kept in mind that multiple entries into foster care are preceded by continuous case work with the parent or family member. Abuse/neglect serious enough to warrant repeated removals from the home is occurring before, during and after the provision of casework services. By the time a child enters care for even a second time, much is known about the parent(s), and attempts have been made to remedy the problem(s) causing removal. Tables 4B, 4C, 4D and 5 contain reentry data.

Of the six major Maryland jurisdictions the repeater problem is most serious in Baltimore City and Harford County. 36% of Harford County's FY 94 foster care children and 30% of Baltimore City's were repeaters -- compared to 16% in Prince George's County, 15% in Anne Arundel County, 11% in Howard County, and 10% in Montgomery County. (See Table 4B).

If one compares Table 4D (which shows that statewide, 25% of children entering foster care in FY 94 were repeaters), with Table 4C (which shows that 46% of the children in foster care on any one day were repeaters), it is apparent that the foster care system is collecting repeaters.

Table 4B
Children Entering Foster Care in FY'94 by Number of Prior Episodes in Foster Care (Breakdown by Jurisdiction)

Allegheny	no prior =	29	Charles	no prior =	23
	1 prior =	8		1 prior =	5
	2 prior =	7		2 prior =	1
	3 prior =	1		Total:	29
	4 prior =	1			
Total:		46	Dorchester	no prior =	10
Anne Arundel	no prior =	115	1 prior =	5	
	1 prior =	14	2 prior =	1	
	2 prior =	6	Total:	16	
	3 prior =	1			
Total:		136	Frederick	no prior =	35
Baltimore County	no prior =	321	1 prior =	6	
	1 prior =	65	2 prior =	3	
	2 prior =	13	Total:	44	
	3 prior =	1			
	4 prior =	2			
Total:		402	Garrett	no prior =	17
Calvert	no prior =	28	1 prior =	5	
	1 prior =	2	2 prior =	2	
	2 prior =	1	3 prior =	1	
Total:		31	Total:	25	
Caroline	no prior =	2	Harford	no prior =	72
	2 prior =	1	1 prior =	25	
	3 prior =	3	2 prior =	5	
Total:		6	3 prior =	3	
Carroll	no prior =	27	Total:	105	
	1 prior =	7			
	2 prior =	2			
Total:		36	Howard	no prior =	40
Cecil	no prior =	57	1 prior =	3	
	1 prior =	17	2 prior =	1	
	2 prior =	2	3 prior =	1	
	3 prior =	1	Total:	45	
Total:		77	Kent	no prior =	5
Montgomery	no prior =	201	1 prior =	1	
	1 prior =	16	Total:	6	
	2 prior =	4			
	3 prior =	1			
	4 prior =	1			
Total:		223			

Table 4B
Children Entering Foster Care in FY'94 by Number of Prior Episodes in Foster Care (Breakdown by Jurisdiction)

Continued

Prince George's	no prior =	309	Talbot	no prior =	11
	1 prior =	47		1 prior =	2
	2 prior =	4		2 prior =	1
	3 prior =	5	Total:	14	
	4 prior =	1			
Total:		366	Washington	no prior =	75
Queen Anne's	no prior =	10	1 prior =	15	
	1 prior =	3	2 prior =	6	
Total:		13	3 prior =	5	
St. Mary's	no prior =	36	4 prior =	1	
	1 prior =	14	Total:	102	
	2 prior =	5			
	3 prior =	4			
Total:		59	Wicomico	no prior =	32
Somerset	no prior =	14	1 prior =	4	
	1 prior =	4	Total:	36	
2 prior =	2				
Total:		20	Worcester	no prior =	16
Baltimore City	no prior =	1,213	1 prior =	2	
	1 prior =	403	Total:	18	
	2 prior =	88			
	3 prior =	29			
	4 prior =	3			
	5 prior =	1			
Total:		1,737			

Source: FCRB, October 14, 1994

*Table 4C
Statewide Data - Children Currently in Care*

*June 30, 1994 (One Day Census)

7,404	Total children currently in placement	
	5,063	No prior entry
	1,786	1 prior entry
	410	2 prior entries
	118	3 prior entries
	21	4 prior entries
	3	5 prior entries
	1	6 prior entries
	2	7 prior entries

*Table 4D
Children Entering Care from July 1, 1993 to
June 30, 1994 by Number of Prior Entries*

3,591	children entering care	
	671	1 prior entry
	154	2 prior entries
	54	3 prior entries
	9	4 prior entries
	2	5 prior entries
	1	6 prior entries

A full 25% had 1 or more prior entries into care during this reporting period.

Source: Foster Care Review Board, October 14, 1994

4. The Periods of Time Maryland's Children Spend in Foster Care

Nearly 50% of children who enter foster care return home in the first six months. For those children who remain, the average length of stay is 40 months in foster care. These numbers differ by jurisdiction. The average length of stay in Baltimore City is 51 months. For the counties, the average length of stay is 37 months. Table 5 contains data indicating the average time that it takes between the CINA adjudication and the decision that reunification will not be possible and that a plan of adoption should be pursued.

It is encouraging to compare the length of time it took to change the permanency plan to adoption in 1994 with figures from the 1987 Governor's Task Force to Study Adoption Procedures in Maryland. There has been improvement. It is important to highlight the progress that Baltimore City has made during the past seven years.

*Table 5
Average Number of Months Between CINA Adjudication
and Decision to Change the Plan to Adoption*

Jurisdiction	1994 # of Months	1987 # of Months
Baltimore City	26	36
Metropolitan Counties	21	26
Smaller Counties	16	21
State Average	22	27.666

Source: FCRB, October 24, 1994
Governor's Task Force to Study Adoption Procedures in Maryland, 1987

5. The Instability, Especially Initially, of Many Maryland Foster Care Placements

Because of the difficulties in finding foster placements, many children, after having been found to be CINAs, are shuttled from one foster placement to another. Children can be transferred on a daily basis from one one-night placement to another.

Table 6 contains one day census data indicating the numbers of children who have had multiple, successive living arrangements and the numbers of these placements. Of these 3,731 children in care, 1197 (32%) have had at least 4 different placements, and 938 (25%) have had 5 or more placements.

*Table 6
Multiple, Successive Foster Care Living Arrangements After Initial Placement*

Baltimore City		In initial placement:	
Prior 00	=	760 children	Prior 12 = 19 children
Prior 01	=	805 children	Prior 13 = 16 children
Prior 02	=	559 children	Prior 14 = 3 children
Prior 03	=	410 children	Prior 15 = 7 children
Prior 04	=	354 children	Prior 16 = 4 children
Prior 05	=	259 children	Prior 17 = 4 children
Prior 06	=	155 children	Prior 18 = 3 children
Prior 07	=	149 children	Prior 19 = 1 child
Prior 08	=	94 children	Prior 21 = 1 child
Prior 09	=	62 children	Prior 22 = 1 child
Prior 10	=	42 children	Prior 25 = 1 child
Prior 11	=	22 children	

Source: FCRB, January 20, 1995

B. Average And Representative Foster Care Children

The following two cases illustrate many of the barriers and exemplify many of the characteristics seen in the data and discussed in this report.

Case A: James (private source: interview with foster parent)

Ed and Mary (not their real names) contacted the local Department of Social Services (LDSS) just over four years ago to express their interest in becoming adoptive parents. At the time, they indicated that they were willing to accept a child of color (Ed and Mary are Caucasian) and/or a child with disabilities. Their only limitations were that the child not be HIV positive, that the child not be significantly older than their birth child (birth child's DOB March 1990) and that the disabilities not be medically serious.

Each year, Ed and Mary have received a letter of "re-interest" from LDSS which they have completed and returned indicating that they do continue to want to adopt a child.

At approximately the same time that Ed and Mary applied to become adoptive parents, they also applied to be foster parents. A foster child was placed in their home soon after their approval in June 1990. This child was in their care for a total of 18 months with a brief two-month interruption to attempt to reunify the child with his birth mother. He was reunited with his birth mother at the end of 18 months.

A second child, James, was placed with Ed and Mary in January 1993 when he was 18 months old. From the time James came to live with Ed and Mary until the Fall of 1994, the plan for James was reunification with his birth mother. At the time of his foster care placement, his birth family included a mother who was abusing drugs, a father whom the LDSS was trying to locate, maternal grandparents and a paternal grandmother. When LDSS removed James from his mother's home, his maternal grandmother was considered a possible placement resource although not immediately, because she was caring for her husband who was terminally ill. Ed and Mary took James to visit his grandparents several times. James' grandfather passed away in August 1993. Shortly after the grandfather's death, Ed and Mary contacted the grandmother to arrange for her to visit James. They did this several more times during the Fall of 1993.

In December 1993, Ed and Mary informed the grandmother that any future visits would have to be at her initiation, although they would be happy to help with those visits in any way. The grandmother has not contacted James since.

In the Fall of 1994, James' birth mother signed documents consenting to Termination of Parental Rights, and the permanency plan for James was changed to adoption. Although Ed and Mary have still not been approved to adopt James, the plan is for them to adopt him.

Also in the Fall of 1994, Ed and Mary received an invitation and subsequently attended a group meeting of prospective adoptive parents. While they had been waiting for over four years to begin the adoption process, they learned from talking to other prospective parents that most had only been waiting for 3-6 months. After attending the group meeting, they were told that a worker would be assigned and a home study conducted. Ed and Mary waited for over three months to be contacted. After three months, Mary called LDSS and was told that a worker had been assigned, but that she had quit and a new worker would be assigned soon. A worker was subsequently assigned, and the home study began.

In March 1995, after a Foster Care Review Board hearing for James, Ed and Mary stopped by to see the worker conducting the home study and were told that the paperwork was being completed and that they should hear soon. They were informed in early May 1995 that the file was in final typing.

As of the production of this report:

- Ed and Mary's home study has not been completed.
- No hearing date has been set in the TPR proceeding for James.

Family B (Baltimore City, FCRB)

Chronological History

November 1980	A is born.
February 1982	B is born.
October 1984	C is born.
November 1985	D is born.
April 1986	Family is referred to Protective Services for investigation. Work with family to prevent removal of children begins.
January 1987	E is born.
July 1991	F is born.
August 1991	Children A, B, C, and F (at age one month) are removed from the mother's home and placed with the grandmother. (Foster care worker is assigned to the case.)
January 1992	Children D and E (ages 6.5 and 5) are removed due to neglect and placed into foster care. Both go together to same foster home where they currently are living. The foster mother has made a commitment to keep the children in her home but does not wish to adopt them. Both suffer from fetal alcohol syndrome. (E is severely retarded and currently attends a level V special education program.)
March 1992	Child A was removed from the home of the grandmother and placed in foster care due to allegations of sexual abuse against the grandmother's boyfriend.

- September 1992 G is born. Within ten (10) days, G is removed from the mother and placed in a foster home. Mother had placed 10 day old child on a curb to continue an argument with father of the child.
- October 1993 The other three children living with grandmother (B, C and F) were also placed into foster care due to inappropriate living arrangements; grandmother continued to allow her drug abusing adult children to live in the home against the DSS instructions. F goes to the same foster home as sibling G.
- February 1994 A plan of adoption is made for G who came into care at 10 days old and is now 17 months old. TPR petition has not been filed as of this report.
- December 1994 At the ages of 9 and 8, the LDSS declared both D and E "unadoptable". LDSS reports that D is too disabled and that E "has no sense of adoption". Worker stated that since both are secure in a foster home which will keep them and preserve both the family bonds and the bond that has occurred with the foster mother, the permanent plan should remain long term foster care.
- April 1995 Plan of adoption is established for F. Child F had been removed from mother at age of one month, placed with grandmother, and then at age of 27 months, removed from grandmother and placed in a foster home.

Discussions of Case of Family B

It is noteworthy that this case has been assigned to the same worker from the beginning of the case of the first child's entrance in foster care. Children A, B, and C had been removed from the mother's home in the 1980's (files are inaccessible for exact dates.) The children were placed in the grandmother's home under SEFC and returned to the mother in July 1990. In August, the children were removed again and placed with the grandmother who received SEFC again until the children entered foster care.

At the time the children entered foster care, the parents (mother and father) were offered services for treatment of substance abuse and parenting classes. Although the services were presented to the mother in the form of a service agreement, the service agreement was not signed. Mother did not, according to the files, utilize any services. Mother was in attendance at several FCRB hearings and visited the children sporadically at the home of the grandmother and at LDSS offices but was otherwise not involved with the children.

Both F and G tested positively for alcohol and cocaine at birth. Mother was reportedly intoxicated at the time of G's birth. G was placed in care at the age of 10 days. For child G, the permanency plan of adoption was established in February 1994 (G was 17 months old). However, as of December 1994 (10 months later), the petition to TPR had not been filed.

With regard to G, the LDSS stated (FCRB review) that they were waiting to see what would happen in the case of F. Earlier, LDSS reported that the permanent plan for F would remain long term foster care, even though the child was only three (3) years old and had been in care since the age of 2 years 3 months. In April 1995, the LDSS reported that the plan for F had been changed to adoption, a home study was underway, and it is expected that this plan will be achieved by December 1995.

II. PROCESS BY WHICH CHILDREN ENTER AND LEAVE FOSTER CARE

A. Overview of the Process

The goals of the Foster Care program in Maryland are to develop and implement a permanent living arrangement for every child placed in foster care within a maximum of 18 months of the initial placement date (COMAR 07.02.11.02).

The regulations are filled with detailed procedures designed to keep a child in temporary placement for as short a period of time as possible and to promote the placement of children into a permanent home. Numerous Circular Letters have been issued by the state Department of Human Resources, Social Services Administration, all directed at prompt decision-making in determining permanency plans for children in foster care. Still, abused and neglected children in Maryland must navigate a complex legal-social services process to obtain a permanent home. Table 7 is an overview of the process and the barriers to permanent home placements. Table 8 shows the periods of time it takes for each step.

Table 7. Pathways to Families and Homes - Part I

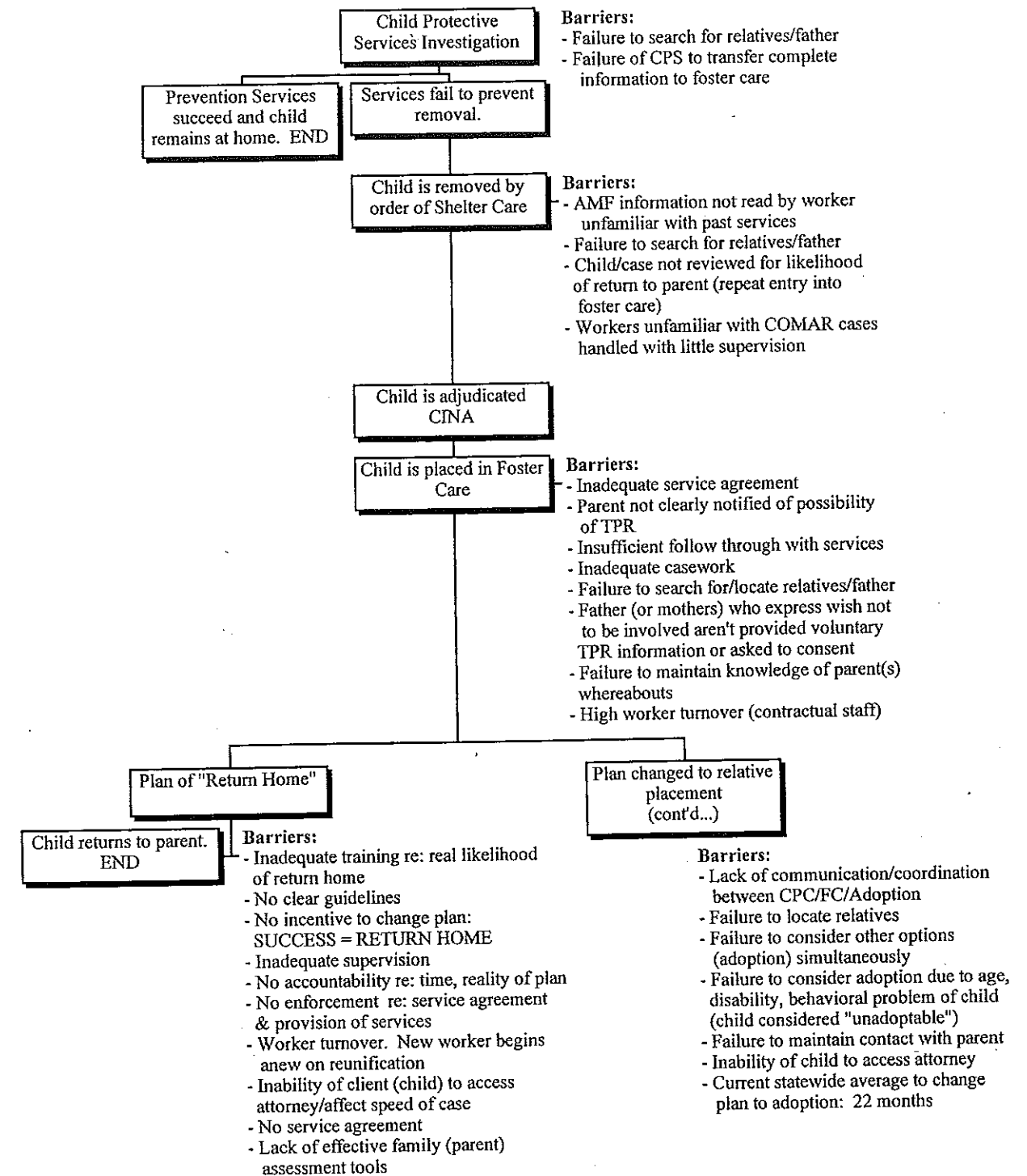


Table 7 Pathways to Families and Homes

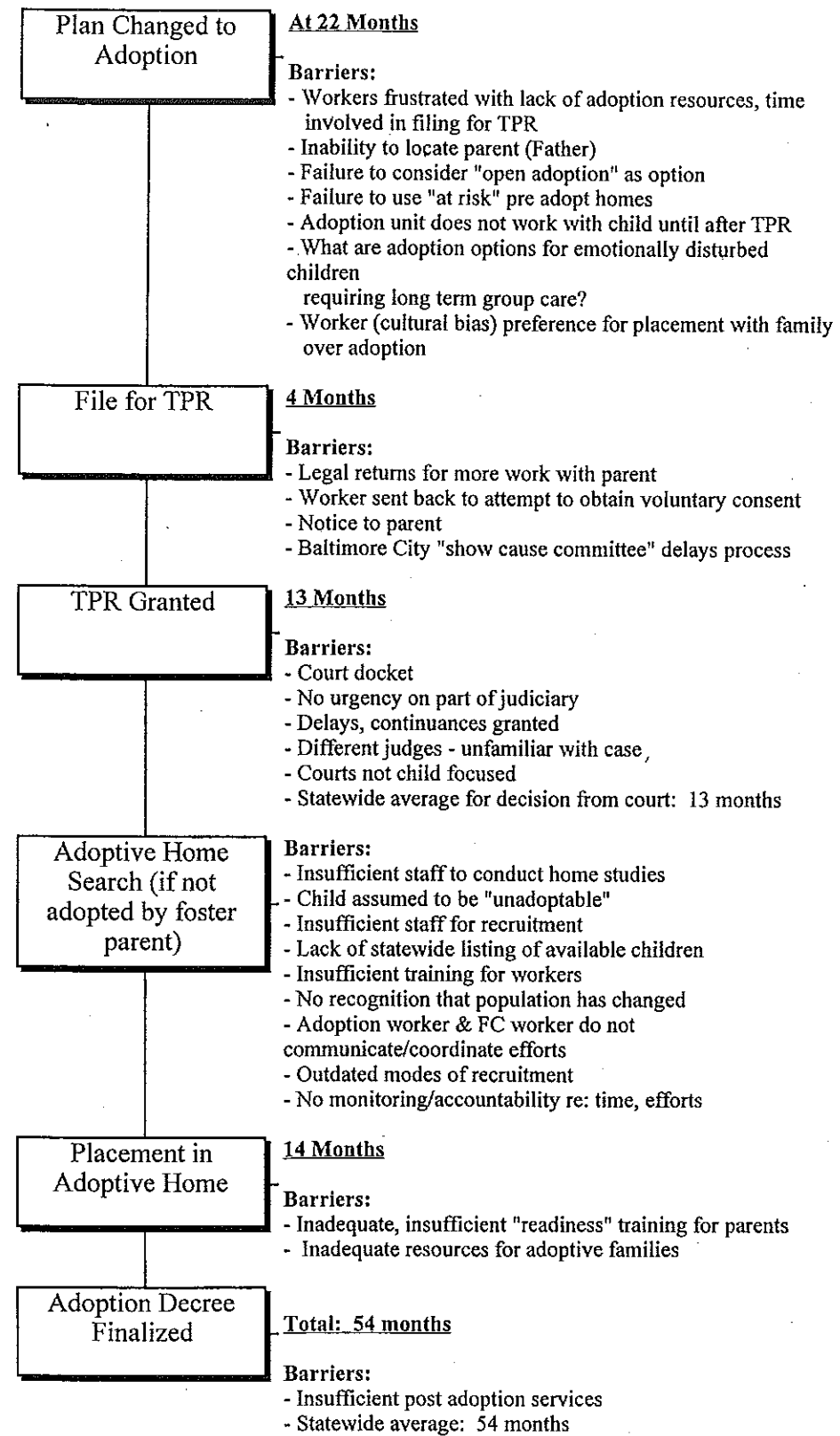


Table 8
 An Overview of the Maryland Foster Care Process

Average Number of Months to Complete Phases of Adoption Process

	Plan Established	Referred to DSS Attorney	Petition Filed	Termination Obtained	Total Placed	Total Months
Baltimore City	26	2	2	16	18	65
Metropolitan Co.	19	2	2	11	10	45
Small Counties	18	3	2	9	9	41
State Average	22	2	2	13	14	54

Source: FCRB, April 13, 1995

B. Analysis of the Process

Except in situations where an emergency dictates the removal of children from the parent or family member and shelter care is ordered, an investigation will be made by the LDSS based on a report of suspected abuse/neglect.

Once the investigation is made, the LDSS has the following options:

- 1) Provide ongoing protective services with child(ren) remaining in the home
- 2) Offer more intensive prevention services (Families Now, Family Preservation Services)
- 3) Remove the child(ren) under an order of shelter care and petition the court for custody and commitment "Child In Need of Assistance" (CINA)
- 4) Decide that no action is warranted by the LDSS.

At any time, if the situation warrants, the LDSS may petition the court for commitment, remove the child(ren), and place him/her in foster care. Unless the situation presents immediate danger, the law requires that reasonable efforts must be made to avoid placing the child(ren) in foster care. Therefore, it is not the usual case for a child to be placed in foster care without there being some prior knowledge of the family (i.e., strengths, needs, problems).

If prevention services are unsuccessful, and the decision is made to remove the child and seek commitment, the court is petitioned to adjudicate the child CINA. At this point, a living arrangement must be located for the child. A wide variety of possibilities exist from county to county, day to day, and child to child. The type of placement and how temporary or permanent, ranges from a foster family foster home that will be likely to adopt the child (if that is the ultimate plan) all the way to a shelter home or hotel for the night. It is not unusual for Baltimore City Placement Resources Unit to move children daily from place to place -- family home to home or hotel room to hotel room or some combination thereof until a more stable situation is found.

The foster care worker develops the service agreement which contains the plan for the child. The worker, along with the parent or family members, is responsible for its implementation.

Regulations (consistent with Federal laws) outline permanency planning. They contain a rank order of preference for the plan options beginning with "return to the parent". Regulations and good practice expect that each option will be considered. There is no language requiring the plan to begin with a plan of "return home". Maryland regulations state that the plan shall: "*identify a permanency plan consistent with the child's best interest . . . (07.02.11.13A.(4))*"

Workers need not wait until each option is officially ruled out before considering and/or investigating other alternatives. For example, a worker can offer requisite services to a parent and simultaneously explore placement with relatives or adoption if either appears to be potentially appropriate.

Although in some jurisdictions a supervisory review may occur earlier, formal review of the plan and the progress, if any, toward family reunification does not occur until the child has been in foster care for 6 months. The reviewing body, the Foster Care Review Board (FCRB), is a citizen board that reviews the case with the worker regarding the child's adjustment, the progress of the parent(s) toward remedying the problems that caused removal, appropriateness of the plan, or a change in the plan. When the FCRB does not concur with a plan of "return home" that has been in existence for twelve months or longer or any plan of long term foster care, it provides a report to the Director of the LDSS and the Director of SSA. The Director of LDSS must respond in writing to the FCRB.

Maryland state regulations require that:

- permanency planning begin within 60 days of placement
- after 60 days (unless specific criteria are met) the worker may make a decision that reunification is not appropriate. (COMAR 07.02.11.16A); after a plan is changed to seek termination of parental rights (TPR), the worker continues to monitor the child in the foster care placement and work with the family.
- the worker refer the case to the LDSS attorney for TPR within 60 days after the plan is changed to adoption (COMAR 07.02.11.16F)
- the attorney representing the LDSS file the TPR petition within 60 days (COMAR 07.02.11.16G)
- the court decide the case within 180 days (Family Law Article 5.317C)

After granting TPR, the child is legally free for adoption. If the child is not adopted by the foster family (approximately 50% of the children adopted from foster care are adopted by their foster families), the case then moves to the adoption unit where a new worker will begin to work with the child to locate an adoptive family. In most jurisdictions there will have been a minimum of 4 - 6 workers involved with the child up to this point.

Various Functions of Workers Involved:

- Protective Services Investigation
- Ongoing Protective Services
- Foster Care Intake (in most larger jurisdictions, separate intake workers are initially assigned the case)
- Foster Care
- Adoption

Re-assignments due to staff turnover, vacations and shortages will likely mean at least one different foster care worker during the child's case. Therefore, the adoption worker is at least the third and more likely the sixth worker a child has had to meet, become acquainted with and work with.

Depending upon the age of the child, it may be impossible to simply even remember all these workers.¹ **In most cases:**

- 39 months have elapsed between the time a child is adjudicated CINA and TPR is granted (In Baltimore City, 46 months have passed)
- a child has aged nearly 4 years
- the adoption process is just beginning.

Once an adoptive family is found, the child is placed. A petition for adoption is usually filed six months after placement.

Data contained in quarterly FCRB Tracking Reports show a statewide average total of 14 months from the time the plan of adoption is established until the child is placed. However, some children have been "free" for adoption from as far back as 1986. (See Table 9.)

¹.When a foster child becomes a teenager, in Baltimore City his/her case is transferred to yet another worker in the "teen unit".

*Table 9
Length of Time and Number of Children who have a Plan of Adoption*

# of Children Still Waiting	Plan of Adoption Established:			Total
	1986 - 01/92	02/92 - 01/93	02/93 - Present	
Baltimore City	120	117	340	577
Small Counties	34	58	204	296
Metro Counties	79	73	342	494
TOTAL # OF CHILDREN STILL WAITING				1,367

Source: FCRB, January 24, 1995

C. Analysis of Barriers to Permanent Homes for Foster Children

There are a number of related tangible barriers to permanency. There are also intangible barriers which are equally formidable. Both are discussed below.

1. The Failure to Assess Each Case Individually: A Formulaic, Undifferentiated Approach to All Cases

In Maryland, the possibilities for planning for a child upon entering care are, in order of increasing legal formality: (1) reunification ("return home"), (2) long-term foster care which can be with a relative, and (3) adoption. Maryland law and regulations clearly promote the goal of permanency for children. Indeed, the regulations go into great detail in an effort to outline a process for decision-making.

Beginning with the requirement of a case plan within the first 60 days (*COMAR 07.01.11.13A*), regulations define the scope of reunification services, service agreements and the responsibilities of the local DSS (see Table 7). For a substantial subset of workers, there is virtually no individualized decision making for children. Unless clearly abandoned at birth, the plan for an overwhelming majority of children is "return home". DHR/SSA was unable to provide data regarding the initial plan for children in foster care. However, initial *placement* data is provided (see Table 10).

Table 10
Initial Placement of Children Entering Foster Care

Of the 30,834 children who had entered foster care since the DHR/SSA data system began to collect such information, the initial foster care placements were as follows:

945	3%	Pre-adoptive homes
5,270	17%	Relative care
21,160	69%	Foster Care
3,459	11%	Purchase of Care (group, specialized treatment)

Note: For Baltimore City, the placement into pre-adoptive homes is 2%.

Source: DHR/SSA, March 23, 1995

Table 11 follows the permanency plans for 2,920 children through three FCRB reviews. It is important to bear in mind that, even after three reviews before the FCRB:

- 1) the child has been in care for a minimum of two years (1st review occurs after six months in care, minimum)
- 2) Maryland regulations call for a child to be *in a permanent placement* within 18 months
- 3) 18% of Maryland foster care children are still in foster care with a permanent plan of "return home".

Table 11
Progression of Permanent Plans

Total Children reviewed three times prior to May 3, 1995:	2,920		
Permanent Plan	1st Review	2nd Review	3rd Review
Return Home	1,590	957	528
Relative Care	560	695	652

Source: Foster Care Review Board

When Tables 4C, 4D, 10 and 11 are considered together, the data suggest that:

- children are reentering care two, three and more times
- permanent plans are remaining "return home" for long periods of time
- the use of pre-adoptive homes is extraordinarily low (2-3%).

There are case profiles that suggest that the initial plan should not be "return home". Certainly, a child entering care for the second or third time should be viewed differently as might children who have been chronically abused. For these children, pre-adoptive or "risk adoptive" homes would be one attempt to provide stability and permanence. A parent to whom the LDSS already has unsuccessfully provided Intensive Family Services or Family Preservation Services might also be assessed differently initially.

Regulations and laws that encourage prompt decision-making are ineffective. The practice and the expectation are to work to reunify *every* family. Indeed, some workers have stated that they are told by supervisors that reunification must be attempted for at least 18 months prior to considering changing the plan to adoption. In sum, the virtually irrefutable expectation is that everyone has the ability and desire to parent their children and that success comes with reunification; therefore, the worker must assume a heavy duty to make every parent a successful parent.

2. Linear Approach to Foster Care/Adoption

The problems of the uniform "return home" approach are compounded by the linear approach LDSS uniformly takes in foster care cases. The route taken by children from foster care to adoption is a single pathway; i.e., there is no "multi-line highway" whereby simultaneous "return home" and adoption planning occurs. Little simultaneous planning is undertaken. It is only at the point when one plan, e.g., reunification, becomes impossible, that another plan is considered. In most cases this next plan will be placement with relatives. Clearly, locating and assessing relatives as placement options should occur as a routine piece of an initial planning phase.

3. The Tolerance of Delay

The reunification and linear approaches produce delay in achieving permanence. It does not appear that workers are expected or trained to accelerate the process. They are not held accountable through supervision or monitoring to do so. The belief that success is achieved only with reunification makes workers loathe to "give up". There is no institutional sense of urgency which should result from the extraordinary damage to children that the delay is causing. Instead, delay is accepted and institutionalized.

The most compelling reason for making decisions as early as possible is that the length of time a child remains in care can have direct impact on the likelihood of adoption if it turns out that the child cannot return home or be placed with a relative. Table 12 illustrates that the chances of being adopted decrease dramatically with age.

In addition to the tremendous human costs of extended periods in foster care, there are financial costs to the state. Although in many cases families receive subsidies for when they adopt children, which are nearly the same as foster care benefits, the administrative costs of foster care adds an additional \$500.00 per child, per month, for children who remain in care. The state could therefore save \$6,000.00 per child, per year by having those children in adoptive homes rather than in foster care.

Table 12
Adoptions - Percentage of Children Adopted by Age
(of children available for adoption)

Age	Baltimore City	Metro Counties
2	73%	73%
6	52%	48%
9	45%	63%
12	29%	23%
16	9%	9%

Source: FCRB, March 28, 1995

The comparisons are chilling between the length of time in care for children who return home or are placed with relatives to those who are leaving foster care to be adopted or who "age out" (reach the age of independence while in foster care). The message is clear: children who cannot be returned home or placed with relatives will spend as much as 5½ years longer in foster care (see Table 13).

Table 13
Time in Care - Cases Closed January - December 1994

%	Placement	# of Months in Care
43%	Returned Home	13.04
22%	Relatives	6.23
14%	Adoption	42
10%	Age/Independence	73.58

Source: FCRB, March 28, 1995

For some children, this can mean years in one or two homes, after removal from their parent(s). For others (see Table 6), it means growing up in many different living situations and little or no stability during their childhood.

A significant opportunity to introduce uniform, statewide accountability and monitor progress toward permanency is currently being lost. A monthly list is generated by the SSA indicating each child who has been in care for 9 months and for whom the plan is "return home". This list is sent to the LDSS. The assumption is that this tool will serve to trigger a discussion of the

appropriateness of the plans. The list requires no answer or follow-up to the SSA. This could be an excellent tool for monitoring progress and demanding accountability toward the state's goal of providing short term foster care.

NOTE: DHR/SSA has indicated that plans are being discussed regarding the possible use of these reports as self-assessment tools.

4. Delays Specific to the Adoption Phase

a. Practice Problems

After the lengthy process a child endures before becoming "legally free" for adoption, the process of placement in an adoptive home just begins. For approximately 50% of the children who are adopted, the foster family is the adoptive family. For these children, adoption is a happy legal technicality that does not mean disruption in their living arrangement. It is a major event signaling the beginning of a new relationship and should not be taken lightly nor postponed any longer than is absolutely necessary.

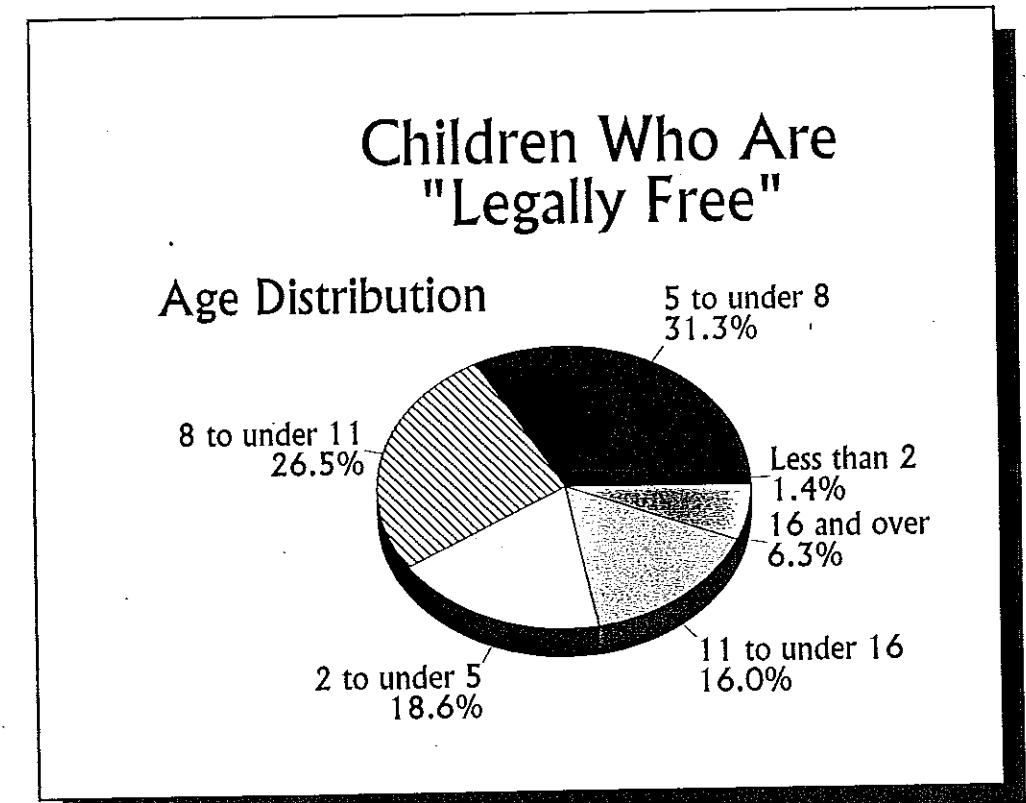
For the other approximately 50% of children who are adopted, once TPR is finalized (and the child is free for adoption) another new process is set into motion. Unlike entrance into foster care, the direction is clearly set and the goal is known, i.e., the job of the adoption worker is to place the child in an adoptive home. In most cases a new worker will begin working with the child to prepare him/her for moving to a new permanent family.

Some of the same barriers which delay getting to the TPR stage cause delays at the adoption phase. Time is lost transferring cases from foster care to adoption units in larger LDSS's and new workers must familiarize themselves with the child. More directly, the child's "adoptability" can cause delays in the placement into an adoptive home. Adoptability is a term used by judges, workers, and others to describe the likelihood of placing a child based on a range of factors. These factors are the same ones which stall the process of pursuing TPR for "unadoptable" children. Once these children are free, the same biases follow them and continue to hinder their chances of swift placement (see length of time children have been waiting to be adopted Table 9). These biases include: disability, age, race, ethnicity, and number of siblings.

b. Characteristics of Children Waiting for Adoption

As of May 22, 1995 there were 1,851 children "legally free" (i.e., with legal status "guardianship to DSS") in the three adoption placement codes. The age distribution of these children is as follows:

Table 14
Children who are "Legally Free" and Awaiting Adoption (A One-Day Census)

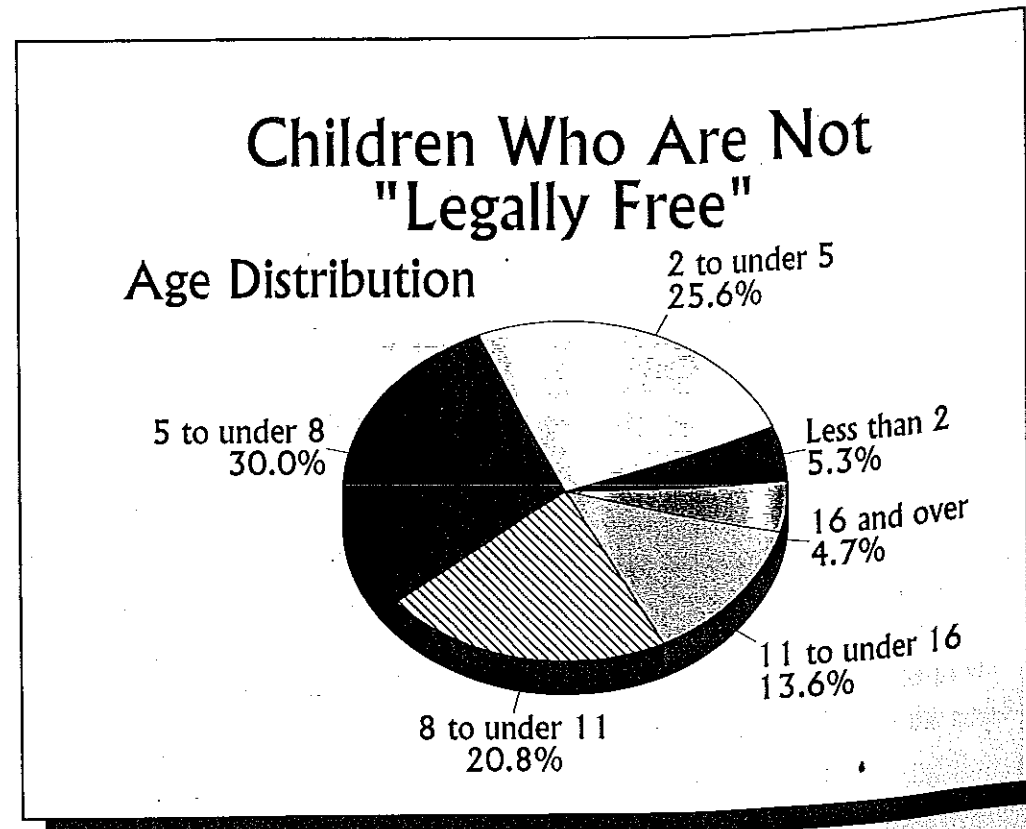


Source: DHR, May 22, 1995

- 23.3% of this population is part of a sibling group
- 5.3% have a physical disability (i.e., chronic physical disability, mobility/orthopedic problem, neurological problem, or sensory problem)
- 34.1% have some other disability.

There are 2,297 children with a plan of adoption in SEFC, Foster Care, Pre-Adoption, or Adoption Placement who are not legally free. For these, the age distribution percentages are:

Table 15
Children who are NOT "Legally Free" (A One-Day Census)



Source: DHR, May 22, 1995

- 21.5% of this population is part of a sibling group
- 3.4% have a physical disability
- 25.7% have some other disability
- 39.4% of children currently free for adoption
- 24.9% of those with a plan for adoption have either a physical or mental disability

c. Legal System and the Courts

There are an equal number of factors having to do with the law which serve to delay adoption. Recently, we have seen national media coverage of cases focusing on the rights of both birth and adoptive parents. In these cases, the child's right to a safe, stable, nurturing family has taken a position secondary to their status as "property" and a back seat to the rights of adults involved. The "best interests of the child" have, for the most part, not been prioritized.

For example, in Minnesota prior to 1994, the courts had the right to grant an adoption as long the child's best interests were met -- even if "legal technicalities" had not been met (i.e., if an adoption was deemed in the best interest of a child, a judge could overlook slight technicalities in the case and proceed with the adoption.) This is no longer the case. (*Reforming Adoption: Putting Children First*, Judith D. Vincent, Center of the American Experiment, March 1995) A complete legal analysis is not presented here but is strongly recommended as a follow up to this report.

d. Characteristics of Prospective Adoptive Parents as a Cause of Children Waiting to Be Adopted

Informal discussions with adoption workers from Maryland confirmed that personal biases based upon the following factors can delay or prevent certification of a prospective adoptive home:

- religion
- race
- ethnicity
- age
- weight
- marital status
- handicapping conditions

Additionally, individuals applying to adopt are questioned at length regarding their past dating, social and sexual activities. One worker interviewed for this study expressed complete embarrassment at having to ask prospective adoptive parents about their high school dating but insisted this was a necessary part of the application.

Table 16
The Record of the State of Maryland Regarding the Number of Adoptions
Finalized Annually

	1990	1991	1992	1993	1994
Allegany	6	14	3	7	4
Anne Arundel	13	29	28	22	33
Baltimore County	22	13	32	31	18
Calvert	3	6	1	1	1
Caroline	0	1	3	3	2
Carroll	3	15	9	10	1
Cecil	7	7	13	7	10
Charles	9	3	3	5	6
Dorchester	3	3	2	1	1
Frederick	11	7	10	14	5
Garrett	3	3	1	1	3
Harford	6	9	17	19	19
Howard	6	3	3	2	1
Kent	1	1	0	1	0
Montgomery	23	29	40	24	31
Prince George's	56	74	78	72	58
Queen Anne's	0	10	1	2	1
St. Mary's	3	4	7	6	4
Somerset	1	1	8	9	0
Talbot	2	5	5	6	8
Washington	17	10	12	15	22
Wicomico	4	8	5	5	3
Worcester	2	2	2	3	1
Baltimore City	111	92	86	111	144
Statewide Total	312	349	369	377	376

Source: FCRB, January 24, 1995

5. Inadequacy of Resources

In any discussion of program performance, there are related resource questions:

- Are there adequate numbers of foster care and adoption workers?
- Are there enough prospective parents?
- What are the resource needs for recruiting parents for the population of children waiting?
- How can the home study process be made more "user friendly"?

Until the FY '96 budget (recently passed by the General Assembly), the number of adoption workers across the state had not increased since 1982. There are currently 46.5 workers (23 in Baltimore City). Workers are needed to recruit families, conduct home studies, train prospective parents, and work with and match waiting children with adoptive parents. There will be an increase of 23 new foster care positions and 27 new adoption positions due to the new budget allocations (see Table 17).

Table 17
Personnel Dedicated to Foster Care

Local Department	# Children in FC	# Current Workers
Allegany	85.0	4.5
Anne Arundel	223.0	13.0
Baltimore	524.0	20.0
Calvert	79.0	2.5
Caroline	17.0	0.5
Carroll	82.0	4.5
Cecil	123.0	5.5
Charles	80.0	3.5
Dorchester	53.0	2.0
Frederick	126.0	5.0
Garrett	38.0	1.5
Harford	224.0	10.0
Howard	77.0	2.5
Kent	8.0	0.5
Montgomery	566.0	24.0
Prince George's	831.0	41.0
Queen Anne's	18.0	1.0
St. Mary's	92.0	4.5
Somerset	30.0	1.0
Talbot	22.0	1.5
Washington	155.0	6.0
Wicomico	34.0	3.0
Worcester	38.0	1.5
Total Counties	3525.0	159.0
Baltimore City	3551.0	192.0
State	7076.0	351.0

Source: DHR, Budget and Finance, May 19, 1995

Similar ratios for the Adoption program appear in Table 18.

Table 18
FY 1995 Staffing Project: Adoption

	Aide	Worker	Clerk	Super	Total
Allegany	0.0	0.5	0.0	0.0	0.5
Anne Arundel	0.0	2.5	0.5	1.0	4.0
Baltimore	0.0	2.5	0.0	1.0	3.5
Calvert	0.0	0.5	0.0	0.0	0.5
Caroline	0.0	0.5	0.0	0.0	0.5
Carroll	0.0	1.5	0.0	0.0	1.5
Cecil	0.0	2.5	0.0	0.0	2.5
Charles	0.0	0.5	0.0	0.0	0.5
Dorchester	0.0	0.5	0.0	0.0	0.5
Frederick	0.0	1.0	0.0	0.0	1.0
Garrett	0.0	0.5	0.0	0.0	0.5
Harford	0.0	1.5	0.0	0.5	2.0
Howard	0.0	0.5	0.0	0.0	0.5
Kent	0.0	0.5	0.0	0.0	0.5
Montgomery	0.0	4.0	1.0	0.0	5.0
Prince George's	0.0	5.5	1.0	1.0	7.5
Queen Anne's	0.0	0.5	0.0	0.0	0.5
St. Mary's	0.0	0.5	0.0	0.0	0.5
Somerset	0.0	1.5	0.0	0.0	1.5
Talbot	0.0	0.5	0.0	0.0	0.5
Washington	0.0	1.0	0.0	0.0	1.0
Wicomico	0.0	0.5	0.0	0.0	0.5
Worcester	0.0	0.5	0.0	0.0	0.5
Sub Total	0.0	30.0	2.5	3.5	36.0
Baltimore City	0.5	16.5	5.0	3.0	25.0
TOTAL	0.5	46.5	7.5	6.5	61.0

Source: DHR, Budget and Finance, May 19, 1995

These figures and interviews with LDSS officials and employees, substantiate the inadequacy of current resources. The Adoption Program has suffered staff losses at the state level where the Maryland Adoption Resources Exchange (MARE - a statewide listing of children awaiting adoption) is conducted.

Adoption workers throughout the state list the following resource needs:

- 1) fully operational MARE
- 2) additional workers to prepare birth parents and adoptive parents
- 3) statewide recruitment of adoptive homes
- 4) more intensive training and post adoption services for adoptive families
- 5) recruitment of more "risk adopt" homes
- 6) photo listing of available children

and Non-Resource Requests:

- 1) closer working relationship with foster care unit
- 2) uniformity around the state regarding paper work requirements
- 3) *Life Books* for children who are in foster care especially those with a plan of adoption; personalized life books (scrap books) can greatly help children and parents through the many transitions that are made.
- 4) for foster care adoptions -- earlier transfer of cases to adoption worker to reduce/eliminate "dependence" upon the LDSS; workers state that many post adoption problems occur because a family gets used to having a worker to call during foster care but then after an adoption, the family feels "alone", "on their own".
- 5) more statewide meetings for adoption staff
- 6) additional training (a training session on transracial adoption, in Spring '95 was reported by many workers as extremely useful.)

There are good adoption programs struggling to operate in Maryland. The "One Church, One Child" program effectively recruits and provides ongoing support to adoptive families in Baltimore City. However, in Baltimore County, after an interested family makes an application for a child, there is a waiting period of approximately one year prior to the required home study. Any impetus created by recruitment is seriously weakened by this delay.

The lack of resources to find adoptive homes discourages workers from pursuing TPR (*FICRB Barriers Report*). Workers have little incentive to begin the complicated paperwork to pursue TPR if the child in question has little chance of being adopted.

6. Administrative Problems - Lack of Incentives/Accountability

a. Inadequately Completed Service Agreements

The service agreement provides an opportunity to list specific services a parent needs to work toward reunification, the tasks the worker will assist with, time frames and expectations.

However, in many instances, the service agreement:

- 1) contains only "boiler plate" language standard on all agreements;
- 2) is unsigned by the parent (FICRB reports 10-15% are unsigned);
- 3) is not kept up to date regarding the parent's efforts to comply;
- 4) is not given to relatives if a child is in a relative's home; and
- 5) contains unrealistic time frames. Time frames that are too brief "set up" a parent to fail while too long a period of time gives no incentive for parent or worker to begin work.

In sum, the service agreement which should guide and record progress toward a goal of permanence is regarded by workers as another piece of paperwork and not as a practice tool.

b. Failure to Identify and Locate Parent(s) And Maintain Knowledge of Parent(s) Whereabouts

Due to the transient nature of many parents and family members, it is critical to constantly check on their whereabouts. Even though family reunification is the goal in most cases, workers often fail to promptly search for and/or locate relatives or a missing parent (in most cases the father). The failure to begin this search immediately results in a critical missed opportunity to involve family members in the first instance and hampers the legally required search for a parent (see Toledo, Ohio staffing discussion below and also Legislative Recommendations.)

Indeed, a recurrent problem in each phase of the process is the inability to locate parents. While fathers are most frequently those for whom an address is not known, it is not infrequent for a worker to "lose track of" a mother. Especially in cases where a child is in a relative's home, a relative may not want to divulge information to the public agency or parents may become complacent, knowing the child is safe and being cared for and fail to maintain contact with the worker. It is also frequently the case that a parent is unable to locate a child's worker due to high worker turnover and transferring of cases among workers.

c. The Absence of Effective Coordination and Communication

Foster care workers express frustration at the lack of coordination and communication between the adoption unit and foster care unit in many LDSS offices. Services provided by the adoption unit of larger LDSS's are not viewed as a resource for foster children. Rather, only at the time of the granting of TPR will the adoption unit become involved with a child. Adoption staff complain that insufficient information is transferred from foster care to adoption staff. Accurate developmental data, collected historical background and information about the child's interests and daily activities while in care would help adoption workers greatly in their search for adoptive parents. Foster care and adoption workers must begin to see each other as linked components of a single process.

The quality of supervision varies throughout the state. Supervisors have not been held accountable for the goal of foster care: "developing and implementing a permanent living arrangement for every child placed in foster care within a maximum of 18 months from the initial placement date" (COMAR .07.02.11.02A).

d. Inadequate Training

The University of Maryland School of Social Work provides training in 2 modules. The first is a one-week introductory course. There are two sections of the course: one for workers with a social work degree (either BSW or MSW) and one for workers entering without social work training. A second module is offered in specific program areas: e.g., foster care, adoption, etc. Many workers only attend the second module. Training staff recognize that this is insufficient. However, many supervisors report they cannot afford to be without a worker for two weeks. The use of contractual employees (some with no social work education or experience) and the high turnover rate not only permanently erode the quality of "casework" but also make more extensive training even more important.

NOTE: The ABA/DHR training in permanency planning for Baltimore City initially due to be completed in November 1994 is now scheduled for Fall 1995.

III. BRIGHT SPOTS IN MARYLAND

Several jurisdictions have developed different approaches to address some of the barriers raised above. They are in various stages of implementation. The following is a brief description of those innovations.

A. Baltimore City Adoption Opportunities Project

This pilot project was started in late Fall, 1994. The goal of the project is to target, at intake, those children for whom "return home" is unlikely. A tool for early "triage" will contain the type of tiered classification system that has been missing until now. It will allow cases to be identified early and channeled into the adoption option as quickly as possible to prevent the long delays and lengthy periods in foster care that are so prevalent.

NOTE: During the research for the writing of this report, an intake matrix used by Lutheran Social Services of Seattle, Washington was discovered. It was made available to DHR/SSA in late Fall, 1994. The matrix is used in the Adoption Opportunities Project.

B. Prince George's County Parent Locator

In Prince George's County, a single individual (social worker) has developed a data base that greatly reduces the amount of time and effort that caseworkers spend in trying to locate absent parents (mostly fathers). The data base and a description of its operation was shared with a group of representatives from the state and local social services departments. It is important to note that this program was developed due to the individual initiative of a particular worker with enthusiastic support of the Director of the LDSS for whom permanency planning and expediting cases are priorities.

C. Cecil County Team Approach

The communication and coordination essential among and between workers in protective services, foster care and adoption are seriously missing in large LDSS's. In Cecil County, a decision was made in 1990 that services to families had to be delivered in a more efficient, effective fashion. The Assistant Director gathered staff together, reviewed problem areas, sought suggestions for

change and designed a different approach to service delivery for CINA children and their families. The result was a "handpicked" group of staff teamed in pairs. Four pairs of workers comprise the central foster care staff. In each pair, one worker concentrates on the child and one on the parent. In addition, a resource unit of three (treatment foster care, foster home locator, adoption coordinator) works directly with the pairs.

This approach addresses several key barriers to permanence. First, the teams are in constant contact with the adoption coordinator, and when progress is not being made toward reunification, the adoption coordinator can begin thinking about potential adoptive families. Second, the team shares responsibility for the difficult and often stressful decision to seek to terminate parental rights. The parent's worker and the child's worker come to the decision together, supporting each other with the horrible conflict most workers face when they have been working with a parent and a child, and subsequently must tell the parent that the decision has been made to seek termination of parental rights. Supervisors report morale in the LDSS has improved dramatically under the new system. In November 1994, when the statewide average for the length of time to establish a plan of adoption was 21.9 months; the number of months for Cecil County was 14.3 (*FCRB, November 29, 1994*).

D. Dual licensing (Cecil, Anne Arundel, Montgomery)

Several counties (Anne Arundel, Montgomery and Cecil) have begun to study prospective homes for both foster care and adoption. This practice should: 1) reduce the amount of time a foster family must wait to finalize the adoption of a foster child; 2) provide more recruitment activity without additional staff; 3) provide more "risk homes"; and 4) reduce the amount of time adoptive parents must wait for a home study.

IV. RECOMMENDATIONS

The system of programs in place to investigate allegations of child maltreatment, remove children from their homes, and work to reunite families or place children in adoptive homes does not currently work in a manner or at a pace that is acceptable. The damage done to children who remain in temporary care without the opportunity to bond and become part of a family is well documented (*Littner 1972, Goldstein, 1973*). Recent child welfare literature (within the past 20 years) stresses the need for children to bond or form attachments with another person to promote the child's sense of security and enable the child to develop physically, cognitively, socially, and emotionally (*Katz, Concurrent Planning*; and *Herrick, David U. Pittsburgh Law Review*).

What is generally missing in the administration of Maryland's foster care/adoption system is the requisite sense of urgency. To address the needs of foster care children in Maryland, the following should be done.

A. General Recommendations

1. Commit to making children's need for permanence the priority.

An Executive Order should be issued which clearly states the goal of permanence for children in Maryland. This means truly making decisions based on what is best for the child in question at the present time and for his/her future. This cannot occur by "tinkering" with a piece or pieces of individual programs. Maryland must adopt *zero-based planning* and examine each component of the many programs and services for children and families to accommodate all configurations of "family" as they currently present themselves. At the same time, adequate funding must be made available to make necessary changes.

The most critical delays are occurring in decision-making at the LDSS level and then again within the legal process, where it currently takes 13 months on average to obtain termination of parental rights. Both processes should be significantly accelerated.

2. Follow the law.

Caseworkers and supervisors need to receive training that is *goal oriented* to achieve permanence for children. Maryland regulations currently propose a system that could more adequately protect children and provide permanence. However, the regulatory time frames are not followed.

Maryland regulations provide:

- a goal of 18 months from initial placement to permanent placement (.07.02.11.02)
- review and reassessment of the plan at 120 days
- review and reassessment of the plan again every 180 days
- support for moving toward permanence quickly (.07.02.13A,B)
- during the first 60 days in care, the department is to reassess the parent's situation, the child's need and foster care placement to ascertain whether it is possible to work toward a plan of "return home" (.07.02.11.16B) Guidelines are provided for making such a decision (.07.02.11.16A)
- while the department must have a compelling reason to determine reunification is not possible within the first 60 days, the Director of the LDSS must approve any plan of return home at the 12-month reconsideration.

Permanence within one year is the goal toward which many states are striving. Some programs reviewed for this report are accomplishing this or coming quite close (see Seattle Project below). However, it would be a grand achievement for Maryland to even come close to its 18-month goal when the current statewide average is 54 months.

3. Devote staff to learn more about projects in other states designed to remedy some of the same problems faced in Maryland.

During this project, it became clear very quickly that Maryland is not alone. That is, the problems facing Maryland's foster care and adoption programs are present in other parts of the country:

- staff shortages
- poor communication between caseworkers and attorneys
- need for training in casework practice
- need for training in legal requirements of termination of parental rights
- lack of clarity regarding diligent efforts to reunite families
- time-consuming searches for missing parents
- court delays
- shortage of recruitment staff for adoptive parents
- biases against "unadoptable" children (judges, caseworkers, recruiters)
- delays/interruptions in getting treatment services to families

As Part V demonstrates, a number of states have developed creative programs to resolve a number of problems faced in Maryland. Maryland should have an ongoing research component that informs its policy-makers about potential innovations.

4. Implement change.

Within this document, several recommendations are made for making the system work better for children. Maryland officials, beginning with the Governor, must demand and support significant changes in how Maryland administers its foster care/adoption programs. Some new programs will work better than others. Many practice methodologies are simply out of date and out of touch with the demographics and problems of families that LDSS's are asking workers to work with today.

As an example, much has been written about the need to "look at adoption services differently . . . to view adoption as a service for children who need families rather than as a process for infertile couples who want to parent." However, there have not been the changes in recruitment and other aspects of the adoption process to implement this different vision of the adoption process.

B. Legislative Recommendations

Casework practice that is clearly directed toward the goal of permanence for children is critical to assuring that children spend as little time in substitute care as possible. The laws and regulations of the state play an equally critical role in the support and enhancement of those efforts.

This section first outlines changes made during the 1995 General Assembly and secondly makes recommendations for future legislative changes.

1. During the 1995 Legislative Session, the following changes were made to address delays in achieving permanence for children:

HB823 Amends Courts and Judicial Proceedings Article, Sec. 3-802 and 3-837

HB823 requires that the court notify the parent(s) at the CINA hearing of the reason(s) for the removal of the child and inform the parent that the LDSS may change the permanency plan from reunification if substantial progress toward remedying the problem(s) is not made. HB823 also requires that the court help in identifying the parent, locating any missing parent, their current addresses and facilitate their involvement in the paternity and child support systems at the point of initial CINA proceeding (Sec. 3-837).

SB521 Amends Courts and Judicial Proceedings Sec. 3-837, FL. Sec. 5-322

Intended to reduce delays caused by difficulties in locating and notifying parents, the legislation requires parents to keep the court and the agency abreast of their current address and allows, in certain circumstances, for the court to use this address for purposes of notice for the TPR proceeding. The LDSS will *not* have to search for a parent who has been warned by the court to keep his/her address current with the court.

HB308 Adds to Family Law Sec. 5-534

This new section requires the establishment of a Kinship Care Program. As a result of this legislation, LDSS is required to place children with relatives initially, if appropriate. This might reduce situations in which a child bonds with a foster family and then, when TPR is proposed, a relative is discovered

who may have been able to adopt the child initially. The LDSS is required to exhaust all reasonable efforts to locate relatives at this early stage.

HB548 Amends Courts and Judicial Proceedings Sec. 3-820

This legislation allows the court to hold the dispositional and adjudicatory hearings on the same day.

2. Recommendations for Future Legislative Changes

A review of statutes from other states provides the following possible models for ensuring permanence for children in foster care.

To put the best interest of the child first and recognize the bonding that can occur between a child and caregiver:

1) Ohio decided to require the court, in a TPR proceeding, to consider not only the rights of the natural parent(s) but also ". . . the interaction and interrelationship of the child with his parents, siblings, relatives, foster parents, and out-of-home providers, and any other person who may significantly affect the child" (*Ohio Revised Code Ann. Sec. 2151.414(D)(2)*).

Recommendation: Add to Maryland law at FL5-313(c) the following requirement at a TPR hearing: "that for a child whose permanent plan is adoption by the foster parent(s), the child's feelings toward and emotional ties with the child's foster parent(s) must be considered."

2) Massachusetts includes yet a stronger requirement at TPR hearings that the court consider the established bond between child and foster/substitute parent. The court must consider, whether, "(vii) because of the lengthy absence of the parent or the parent's inability to meet the needs of the child, the child has formed a strong, positive bond with his substitute caretaker; the bond has existed for a substantial portion of the child's life; the forced removal of the child from the caretaker would likely cause serious psychological harm to the child; and the parent lacks the capacity to meet the special needs of the child upon removal" (*Mass. Gen. Law Ann. Part II, Ch. 210, Sec.3 (vii)*).

Recommendation: Add, as part of the TPR statute, language similar to Massachusetts' which specifically addresses the constructive role substitute caretakers play and the priority of the child's needs. In counseling parents, attorneys will have strong incentives to encourage them to participate in treatment and other activities designed to remedy the situation and move toward reunification. By comparison, the current considerations focus on efforts made by the parent to remedy the situation that caused removal. The above Massachusetts language more clearly directs the court to consider the best interests of the child.

To recognize the trauma, instability, and potential damage done to children who spend long periods in foster care or have been shuffled about in a state of impermanence:

Ohio requires the court to consider "the *custodial history* of the child" in determining the best interest of the child at TPR hearings. In Maryland, the focus is on the parent and the LDSS' efforts to help the parent, not the child.

Recommendation: Adopt similar language as part of Maryland's TPR statute (FL Sec. 5-313)

To tighten the timeframe in which the court encourages serious consideration of the likelihood of return to parent(s):

Ohio's "sunset" provision (*Juv.R. Rule 14*) states that, "any temporary custody order issued shall terminate one year after the earlier of the date on which the complaint of the case was filed or the child was first placed into shelter care." The goal of this provision is to either return the child to his/her parent(s) or file a petition for TPR within one year assuring, to the greatest extent possible, that children do not linger in substitute care. While there are provisions for as many as two six-month extensions of foster care, the goal of permanence for children is clear.

Recommendation: Maryland's courts should review cases of children in foster care within six (6) months. Currently, Maryland law sets a maximum of 18 months from the time a child enters care to placement in a permanent living situation. However, the first court review hearing does not necessarily occur until 18 months post placement.

This makes it very unlikely that permanence will be achieved within 18 months. Setting the case for review earlier will expedite this process. Maryland Rules should be amended to provide for a six (6) month court review.

There are currently insufficient continuity, coordination, efficiency, and responsiveness in the manner in which family and juvenile matters are treated in the courts.

Recommendation: Maryland should establish a Family Division in each circuit court. Maryland should also develop a mechanism whereby the same judge who hears the CINA proceedings will hear the TPR. Maryland should also adopt a provision that states that any dispositional review may be promptly followed by a TPR hearing by order of the judge.

Identifying and locating fathers is a major source of delay in Maryland.

New York requires fathers to file with the "putative fathers" registry if the father wants to receive notice of any legal proceedings involving the child.

Recommendation: Maryland should establish a putative fathers registry. Each LDSS should establish a system similar to that being used in Prince George's County, Maryland (see page 42).

There is a financial disincentive for foster parents to adopt children for whom they receive a specialized, negotiated foster care rate due to a child's disabling condition. Subsidized adoption rates and foster care rates are grossly different.

Recommendation: Maryland should bring the above rates closer to one another.

Significant delays in ruling on TPR cases occur because the court grants a continuance (or several) in many cases.

Recommendation: Maryland's administrative office of the courts should publish the length of time it takes for such cases to be decided upon in each jurisdiction.

Docketing TPR cases is also a source of delays.

Recommendation: Maryland should require the court to automatically set the TPR hearing within 120-150 days of the filing of the petition so that courts can comply with the required 180-day time frame for the decision.

C. Proposed Revisions in Administrative/Casework Practices

- define success as *permanence for children*
- provide training (or, in some jurisdictions, continue training) on permanency planning
- provide training to eliminate biases regarding "unadoptable" children
- recruit and train professional social workers
- make promotion outcome-based
- provide caseworkers with financial promotions (salary increases) allowing them to continue to do casework rather than basing financial promotion on becoming a supervisor, unit director or other administrative position.
- hold supervisors accountable for specific outcomes based on a goal of permanence for children within 18 months of placement
- institute work study and student loan forgiveness programs for MSW's to attract social workers to LDSS's and encourage them to stay
- give caseworkers decision making power and clinical supervisory support to achieve permanence for children
- create an atmosphere which encourages making sound clinical judgments through peer support/support teams
- significantly strengthen statewide and local recruitment efforts for adoptive parents
- set goals to increase the number of home studies, and provide more training and post adoption services for adoptive families
- seek input from line staff regarding obstacles to permanence
- de-emphasize the paper compliance and day-to-day focus of caseworkers

D. Resource Recommendations

- increase clerical support and reexamine need for forms (reduce paperwork requirements for caseworkers as much as possible)
- devote staff time at the state level to seeking ways to achieve permanence for children within acceptable time frames
- address training needs
- ask for information from the community -- foster parents, adoptive parents, old foster/adopted children (alumni relations)
- dedicate more workers to the adoption process (home study, outreach and follow-up)

V. INNOVATIONS FROM OTHER STATES

A. New York

The American Bar Association (ABA) Center on Children and the Law recently conducted a study of delays in TPR cases in New York. The focus was on the legal aspects of bringing about TPR. The study was initiated by the state of New York's Department of Social Services with support from the U.S. Department of Health and Human Services. The study was conducted in two counties in New York. Many of the delays were similar to those in Maryland:

- delays in identifying children for adoption
- late starts in identifying fathers and other relatives
- uncertainty about the amount of effort to reunite the family that is required before petitioning for TPR
- legal requirements for TPR

Several protocols, checklists, and sample forms were developed which may prove helpful in Maryland:

1. To assist with the prompt identification of children whose plan should be adoption, Maryland should examine the use of "permanency planning specialists" and committees. In New York, permanency planning committees were developed. The difference between the New York permanency planning committee and a Maryland service plan review done by committee (FCRB or internal supervisory review) is that New York's includes an attorney. Maryland could modify this concept to best suit existing staffing. The goal is to accelerate TPR in appropriate cases.

Moreover, in New York, there are permanency planning specialists. These specialists have no involvement with the family, have not built the relationship that the caseworker has with the family, and are not invested in the reunification efforts. They can look at the situation objectively and pose the questions that assist workers to make realistic decisions about the likelihood of reunification.

In the short term: Maryland should use permanency planning specialists to review cases for identification of children for whom TPR should be sought.

To effect long term change: train supervisors so that permanency planning "early identifiers" become standard in all case reviews (also see Seattle Early Identification Matrix below).

Develop early identification criteria that focus on:

- the reason the child entered care
- services and other attempts to prevent removal that have been provided (*If formal family preservation services were provided, what were the outcomes? What information is there regarding the likelihood parents will remain able/willing to provide proper care and attention?*)
- length of time child has been in care
- efforts parent(s) have made to remedy situation

Based upon the answers to these initial questions, cases can be logged into a "tickler file" at 60-90 day intervals for review.

2. Examine New York's statute and registry for unwed "putative fathers" for use in Maryland. The ever present problem of identifying and locating the father of a child entering foster care is not unique to Maryland.

In New York there is a three-step hierarchy for determining the legal status and rights of "fathers":

- a. Unwed father with rights which must be surrendered or terminated prior to a child's adoption. If fathers have maintained substantial and continuous or repeated contact with the child, they have the same rights as unmarried mothers with respect to their children (*N.Y.Dom.Rel.Sec.111(1)*).
 - b. Father who has a lesser connection with his child entitling him to notice of adoption proceedings. "Notice Fathers", as they are referred to, have due process rights after satisfying certain criteria including having filed with the putative father registry. If alleged fathers voluntarily sign the registry, they receive notice of adoption proceedings. Notice enables the putative father to present evidence to the court relevant to the best interests of the child. *There is no presumption in favor of the putative father and the only reason for which such a father will be given custody or be able to block adoption is if it is in the child's best interest.*
 - c. Fathers without rights. Fathers who have not made efforts to establish a relationship with a nonmarital child do not have the right to withhold consent or be given notice of adoption proceedings.
3. Give caseworkers clear guidelines for determining what they must do to satisfy the "diligent efforts" requirement for TPR. "Diligent efforts" is a term that describes the services caseworkers offer to parents to prevent the need for foster care. The standard can be objectified.

New York's project developed a checklist for determining the extent of diligent efforts, a format for organizing information to aid in its presentation in a court of law and a protocol for working with attorneys early to prepare cases for court. Very simply, relying on state law, the checklist provided an outline divided into sections designed to focus the worker on answering the question, "have diligent efforts been made?"

For Maryland, the sections would include:

- 1) Involvement of parent(s) in case planning
 - 2) Visitation/communication history of parent during foster care
 - 3) Services/treatment history of parent
 - 4) Degree to which reason(s) for placement still presents a threat to the child if returned home
 - 5) Likelihood that any further service would bring about lasting parental adjustment within a maximum of 18 months from placement.
4. Adapt for use in Maryland a form similar to the Termination Checklist developed for Chemung County, New York. Delays in making the decision to terminate parental rights are, as was found to be the case in New York, partially a function of uncertainty about the legal requirements for termination. In each of the two counties studied by the New York project, a legal requirements checklist was developed.

The Chemung County checklist seems to be the clearest and simplest and could be modified to reflect Maryland law. The checklists were designed to be completed in 15-20 minutes. (*Termination Barriers Final Report, June 1989 - May 1991, New York State Department of Social Services, Debra Ratterman, J.D., Project Director, ABA Center on Children & the Law © 1991 ABA*)

B. Massachusetts

The decision to instill a sense of urgency and state of emergency with regard to the children currently drifting in foster care and those waiting to be adopted must come from the Governor and be supported by a commitment to direct funds and personnel to address the needs of children for whom the state is currently responsible *and* for those who will enter care in the future.

In Massachusetts in 1992, Governor Weld appointed a Citizens Task Force on Adoption. After hearing the recommendations from the Task Force in March 1993 as well as getting input from a statewide focus group, the Department of Social Services initiated a 500-day campaign to turn things around for children.

This *Assignment Adoption: A Home for Every Child* sent a clear message that, while recognizing all parties involved in the removal of children from their homes and the needs of families, the *best interests of children were the priority* and would guide the Department's activities.

1. Laws were changed to limit unwed fathers' rights unless paternity was established.
2. Local departments of social service were given a clear, quantifiable goal - - increase the number of children placed in permanent homes.
 - Protocols were reviewed and changed as needed.
 - New positions were allocated.
 - A supervisory review system was put into place that assured cases were reviewed regularly based on clear outcome criteria.
 - Training was intensified.
3. Judges were assigned, and in some cases, reassigned to eliminate the backlog of TPR cases.
4. Recognizing both the individuality of local jurisdictions and the need for statewide continuity of quality service, outcome expectations, and fiscal control, new state-level leadership was established. Biweekly sessions were held with all local directors to ensure that all local departments received the same message, that practice issues were being reviewed for appropriateness based on newly established expectations and that innovations and resources were shared.

Recommendations for Maryland:

- a. Create a statewide Executive mandate that:
 - children will no longer linger in temporary care
 - decisions for children will be made based on their best interest
 - fiscal decisions will be made to support this effort
 - casework practices must change to ensure permanence for children
- b. Launch the campaign
 - name the commission
 - charge the commission with setting goals and a timetable
 - look at all levels of service (examine the need to centralize some practice/outcome measures)
 - demand frequent reports re: achievement of goals
 - streamline paperwork -- get paper in the hands of clerical staff and people in the hands of workers

C. Seattle, Washington

From the Lutheran Social Services of Washington and Idaho model, Maryland should adopt, *concurrent planning* as a casework practice. Concurrent planning prescribes simultaneous efforts to provide services designed to reunify the family while at the same time developing an alternative plan which best addresses the needs of the child(ren). Principles of concurrent planning are:

1. **Differential diagnosis.** From the very start, realistically assess the family's strengths, possible resources, and true pathologies. Do not treat all families alike (the case review model from Toledo could be used).

2. **Identify the central problem.** While there are multiple and in most cases complex issues and needs which should be addressed by the caseworker, the question of what behavior must change to allow the child(ren) to return home has to be asked and answered.

3. **Parents must be made aware:**

- of the potential harm of foster care to their child
- of the unwillingness on the part of the state to see children suffer negative effects of foster care
- that permanence for children will be the goal. Toward this end, alternative plans to return home will be made simultaneously. *The clock is ticking.*
- that their behavior will determine the outcome. With support and assistance from the caseworker, parents have the responsibility to change the behavior that caused removal of the child(ren).

4. **Caseworkers must have adequate training** in the legal aspects of their work. (See New York recommendations, page 52) Caseworkers are acting as agents of the state in carrying out the responsibility the state assumes to protect children from abuse/neglect as well as providing services to families. They will share responsibility for preparing cases and to accomplish this they need access to attorneys.

In Seattle, Lutheran Social Services and the LDSS have a contractual relationship whereby cases are screened according to a matrix designed by LSS to identify children most at risk of prolonged periods in foster care. Cases are, at the discretion of LDSS, referred to LSS. LSS employs a "two-pronged" casework approach based on the concepts of concurrent planning described above. Parents are fully informed that while they will be offered services and given support in utilizing those services, their children will be placed in "risk homes" whenever possible. The goal is to eliminate unnecessary moves for children. If parents are able to remedy the situation which caused the removal, the family can be reunited; but if not, at least the child(ren) will not suffer any more in the process.

Results from a small study (60 families) from 1988-1994 are:

Average length of time from LSS intake to permanency	8.8 months
% of children having only one placement with LSS	93%
Returned Home	20%
Adopted by Foster Parents	80%

Training materials from LSS are readily available for use in Maryland.

D. Toledo, Ohio

1. Case Review Staffings

To address the problems of:

- delays caused by trying to locate relatives
- delays caused by non-implementation of the service plan
- lack of clarity around goals and individuals responsible for them

Case review brings all parties involved in a case together to discuss a plan, identify the service options and individuals available to support the family toward a goal of permanency for the children, and ensure that all possible efforts are made to avoid removal of the children.

The staffing is held prior to the child(ren) being taken into foster care. Staffings are called by the worker at the point in time when removal of the child(ren) appears imminent. Anyone having an interest in the family -- children or parents -- is invited. The worker will have already made efforts to locate and involve any relatives.

In the event of a crisis in the family and emergency removal of the child(ren), the staffing is held on the next working day. In the event of an emergency removal, when additional information is needed, a follow-up staffing will be held within 7-10 days of the prior staffing. Staffings are conducted by a facilitator whose responsibilities include completing the report, summarizing the review, the recommendations, tasks, etc. agreed upon by the parties.

Benefits for Maryland in adopting such a procedure include:

- a. Early identification of relatives for determining their availability as placement resources at the time of removal of the child(ren) or in the future. A plan of "return home", if appropriate can be discussed simultaneously with alternative plans. Services needed to return the child(ren) to the parent(s) or place them with relatives are discussed at the outset of the case in a structured setting rather than leaving the search for relatives and the exploration of services necessary to the worker as part of his/her casework with the parent.
- b. Treatment and other resource needs for working with the parent are identified and their availability assessed as a team. Lack of treatment resources is identified as a barrier to implementation of service plans in Maryland. Staffings provide a team approach to securing and offering services.
- c. Consensus is reached regarding what is needed to attempt family reunification and time frames for achievement.
- d. Monitoring progress toward goals agreed upon in the staffing are part of follow-up case reviews in preparation for court review at six months.

2. Statutory Support

To support the early identification, availability and appropriateness of relatives as placement resources, Maryland should *adopt a statutory change to require the court to determine at the CINA adjudicatory hearing whether there are any relatives willing to be temporary custodian of the child.* (Maryland's new kinship Care program may accomplish this.)

Ohio Statute (Sec. 2151.28 B.(1)) requires the court to determine whether relatives are available, willing and appropriate. If the court determines that a relative is not appropriate, an opinion is written setting forth the reasons. Unless circumstances change, the worker has documentation to support alternative permanency plans.

VI. FOR FUTURE STUDY

While a major delay occurs at the point of decision-making regarding changing the permanent plan to adoption and seeking to terminate parental rights (TPR), the second critical delay in moving a child toward a permanent home is at the door of the courthouse. Currently in Maryland, it takes an average of 13 months for the court to render decisions in TPR cases. The law sets a six-month time frame for this step.

In order to continue the work begun in this study to identify barriers to permanence and seek ways to reduce delays, the following recommendations are also offered:

1. Conduct roundtable discussions with the legal community: judges and lawyers representing parents, children and LDSS's regarding the need for swift resolution to TPR cases. Enlisting the legal community in developing training materials and identifying resource needs and the causes of delay will produce a commitment to eliminate the delay. Several committees of the Maryland State Bar are already working on this issue.
2. Complete a legal needs assessment regarding foster care and adoption programs. Unclear at this point is the extent to which children, parents or local departments have adequate representation in these proceedings. Anecdotal reports indicate that caseloads for attorneys representing children in these proceedings prevent adequate representation and are a source of delay in pursuing TPR and adoption. Similarly, as recommended above, a closer working relationship between caseworkers and attorneys would help in earlier decision making at the LDSS.