

**MEMORANDUM**

February 21, 2019

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst *ny*

SUBJECT: Briefing: Child Welfare Services

PURPOSE: Receive a briefing on Child Welfare Services

**Expected Attendees:**

- Victoria Buckland, Acting Director, Department of Health and Human Services (DHHS)
- JoAnn Barnes, Chief, Children, Youth and Family Services, DHHS
- Lisa Merkin, Administrator, Child Welfare Services, DHHS

The HHS Committee will receive an overview briefing on the services offered by Child Welfare Services and current trends impacting the program's work. The presentation slides are provided at ©1-9. Some key points include:

- **Mission:** To protect children, preserve families, strengthen communities, ensure permanency and well-being for every abused and neglected child in Montgomery County.
- **Case Flow:** A schematic showing CWS case flow is provided on Slide #4 (©2). Calls to CWS start with Screening. Cases move to Assessment or are referred to the Tree House Child Advocacy Center (Tree House), as warranted. Assessment will determine whether cases will be referred for Out-of-Home or In-Home Family Preservation Services or to the Tree House.
- **Case Types:** Physical abuse, neglect, sexual abuse, mental injury. Definitions and examples are provided on Slide #5 (©3).
- **Investigative Response vs. Alternative Response:** The Department has implemented different responses to reports of child maltreatment based on the potential risk of harm. Investigative response for medium to high risk cases involves the traditional investigation by caseworkers to determine whether abuse or neglect occurred. Alternative Response, a

less adversarial approach for low-risk cases, focuses on family strengths and treatment services to address weaknesses. See also Slide #6 (©3).

- **Collaboration:** CWS collaborates and partners with many agencies, departments, DHHS programs, and community organizations, including MCPS (see Slide # 14), DHHS Special Needs Housing, the Maryland Department of Juvenile Services, the Local Coordinating Team and Collaboration Council, and criminal justice system agencies.

### **Possible Discussion Questions**

- Slide #7 (©4) breaks out calls to screening and new investigations for certain periods of the year and #8 (©4) shows the number of families receiving services per month. Are the numbers shown consistent with those of previous years? Is there a typical ebb and flow of calls or cases during a calendar year? What might account for the bump up of families in August and September of 2018?
- Slide #9 (©5) shows the number of children in out-of-home care between June 2015 and November 2018. The trend overall seems to be rising during that time period, though the difference between the lowest and highest point is about 25 children. Does the Department anticipate that the trend will continue increasing, or is the downturn in November 2018 indicative of downward trend? How significant is the increase of 25 children over that period of time, and what is the Department doing or has done to reverse the trend?
- Slide #10 (©5) shows the percentage of children in the different types of out-of-home placements and Slide #12 (©6) shows the percentage breakout of reasons/factors at entry. Are the ratios reflected in FY18 typical of previous years? What types of out-of-home placements are preferable, and what can the program do to increase access to them?
- Do the challenges referenced on Slide 17 (©9) impact the ability of program to fulfill its mission? If so, what strategies or additional funding would address them?
  - The HHS Committee has been concerned about staff turnover, vacancies, and workload in CWS for some time. Indeed, the Department's vacancy list for January 2019 shows an inordinate number of vacancies for CWS – over 20 social worker positions. It appears that most of these vacancies have not been vacant a long time and have been released, and a number are pending offers; nevertheless, the strain of the turnover and vacancies on staff must be significant. What are the factors contributing to the large numbers of vacancies, and what strategies is the Department implementing to fill them with all due speed?



**Montgomery County Department  
of Health and Human Services  
Child Welfare Services**

**JoAnn Barnes**  
*Chief, Children, Youth & Families*

**Lisa Merkin**  
*CWS Administrator*

**Oscar Mensah**  
*Acting Social Services Officer*



**CWS Vision and Mission Statements**

**VISION**

A future where children are safe, families are stable and communities are strong.

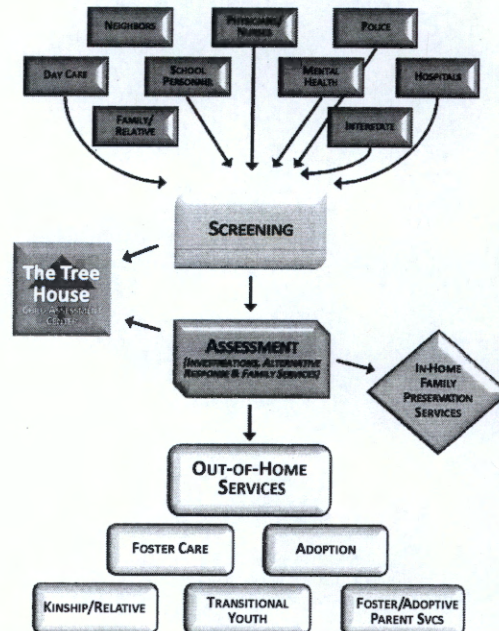
**MISSION**

To protect children, preserve families, strengthen communities, ensure permanency and well-being for every abused and neglected child in Montgomery County.

## CWS Strategic Plan

- **Best Practice** – Promoting a child-centered approached to all cases
- **Culture of Permanency** – Supporting a mission driven permanency culture within the agency
- **Data Strategy** – Using Data to guide our work
- **Human Capital & Resources** – Investing in a diverse, high-performance workforce with the skills and competencies necessary to achieve the best service delivery possible

## Child Welfare Case Flow



## Child Welfare Case Types:

### Physical Abuse:

- Non-accidental injury of a child (under 18)
  - Caused by a parent, family/household member; permanent/temporary caretaker
  - Circumstances indicate child's health or welfare has been harmed/at substantial risk of harm

### Neglect:

- Failure to give proper care & attention to a child, including leaving child unattended.
- Focus is on basic human needs:
  - Food
  - Medical care
  - Supervision
  - Shelter
  - Clothing

### Sexual Abuse:

- An act(s) of sexual molestation or exploitation, whether physical injuries are sustained or not, by a parent, household or family member, or temporary/permanent caretaker
- Includes: Incest, rape, using a child for prostitution or for pornographic purposes

### Mental Injury:

- The observable, identifiable and substantial impairment of a child's mental or psychological ability to function
- Must be related to an act committed on the child or an omission (something withheld from the child).

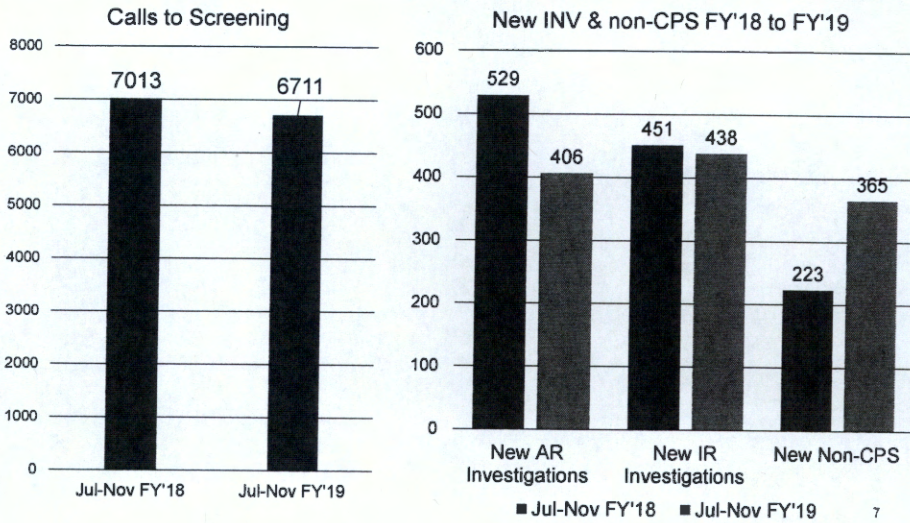
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## Investigative Response (I/R) vs. Alternative Response (A/R)

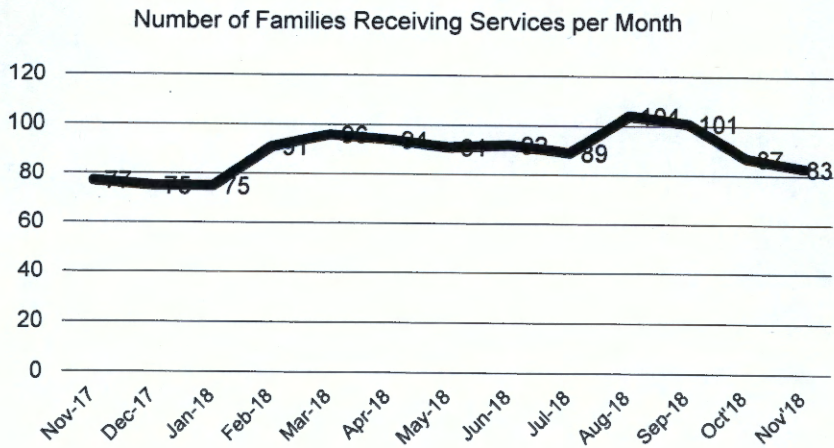
- **Investigative Response (I/R)** - Traditional response for medium/high risk cases involving caseworkers investigating to determine whether abuse or neglect occurred, and recommending family for further involvement with the agency.
- **Alternative Response (A/R)** - Less adversarial response for low-risk cases focusing on family strengths and engaging them in treatment services to address weaknesses and mitigate risk of harm rather than assigning fault and naming maltreators. A/R is only used in response to low-risk reports of child maltreatment. High-risk or safety concerns will continue to be managed using I/R.

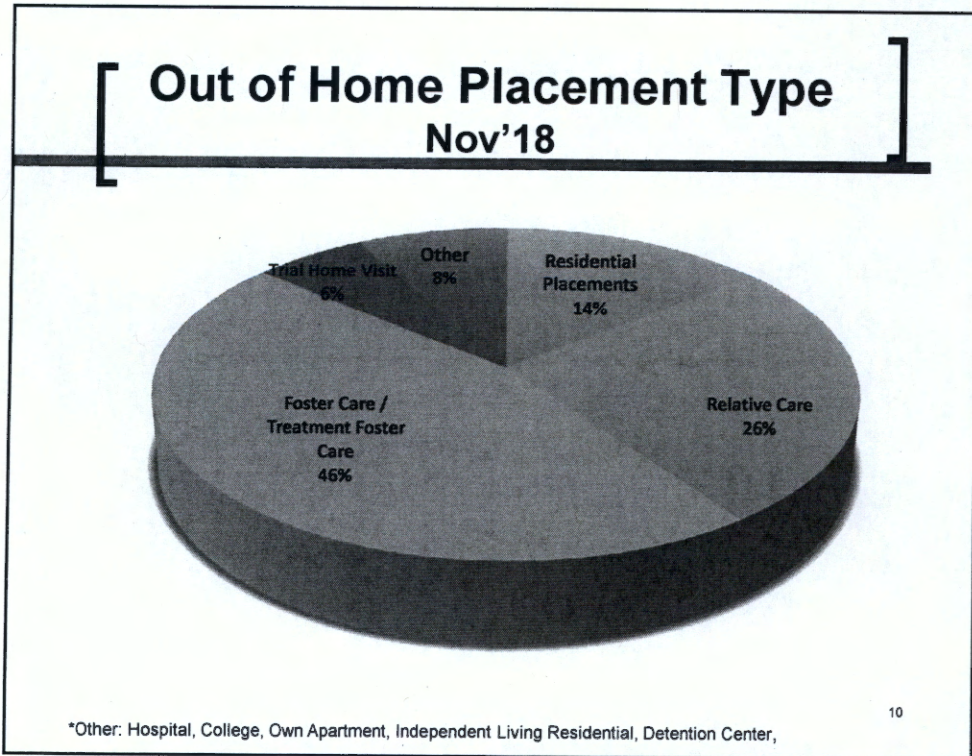
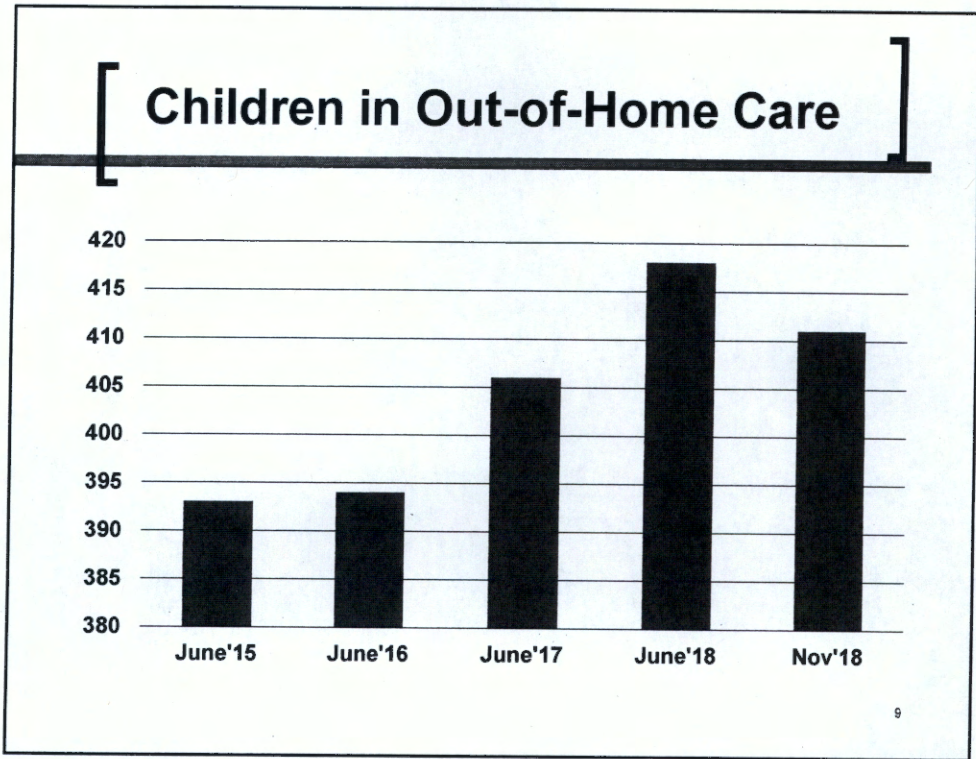
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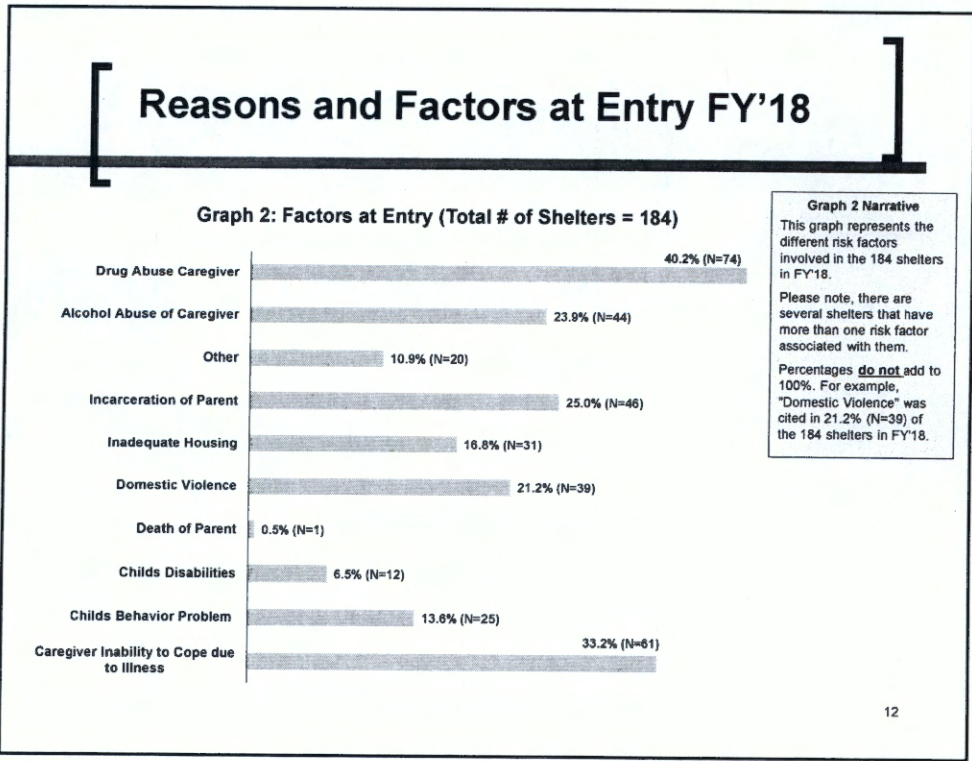
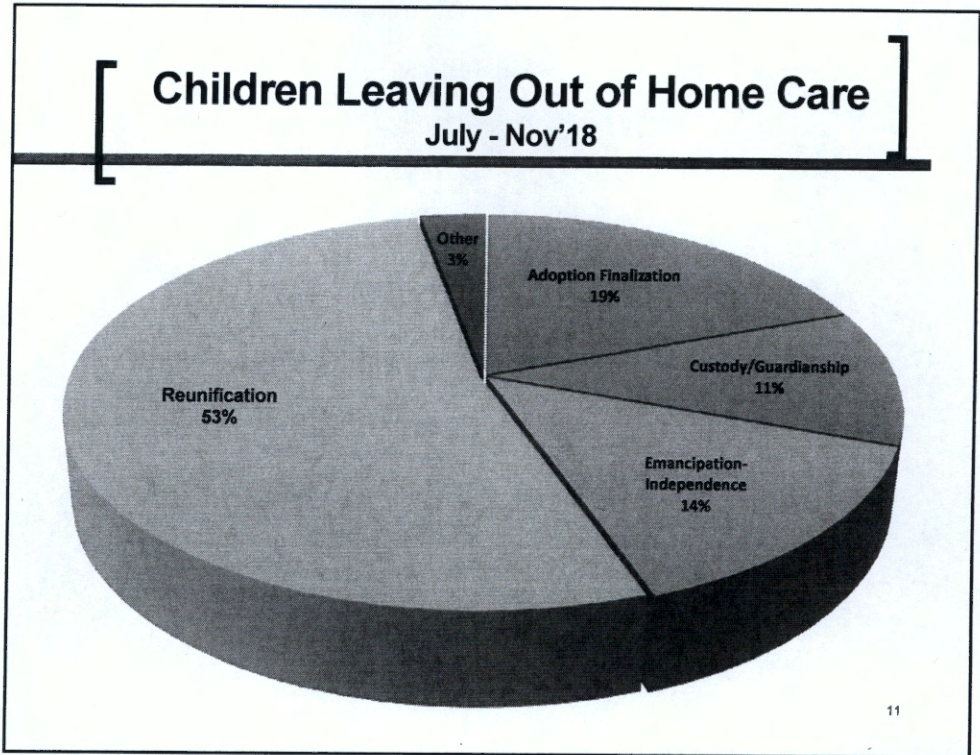
## Assessment Data



## In-Home Services



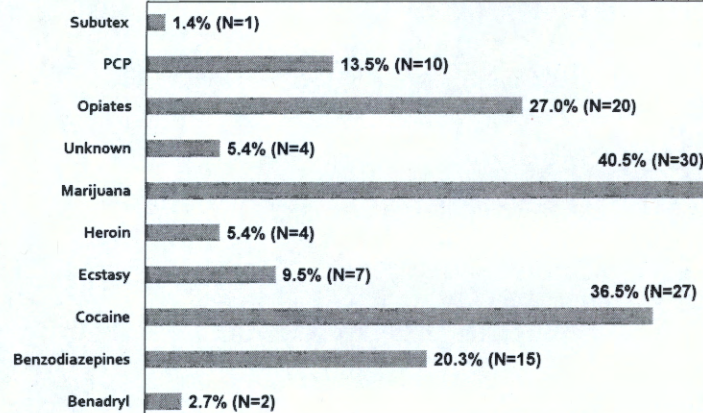






## Reasons and Factors at Entry FY'18

Graph 3: Drug Types (Total # of Shelters w/ Drug Abuse Factor 74)



### Graph 3 Narrative

This graph represents types of drugs used by caregiver(s) at time of shelter in FY'18.

There were 74 shelters indicating "Drug Abuse Caregiver" as a risk factor at the time of shelter.

Please note: there are several shelters where the caregiver(s) were using more than one drug. Percentages do not add to 100%.

For example, "Marijuana" was involved in 40% (N=30) of the 74 shelters that listed "Drug Abuse Caregiver" as a risk factor.

Also, this graph does not include alcohol abuse by the caregiver(s). For that figure, please see the "Factors Involved in Maltreatment" table and graph.

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## CWS/MCPS Collaboration

- Recognizing and reporting Child Abuse with MCPS
  - **FY'16:** 9,600 screening calls; **FY'18:** 18,075 calls (47% increase)
  - Monthly joint meetings to review reporting protocols
  - Weekly multi-disciplinary case/team meetings
- MCPS staff clearances (*staff person dedicated to this*)
  - 3,472 clearances processed from Jan – Dec 2018
- CWS/MCSP Data Platform:
  - Educational Stability For Youth in an Out-of-Home (OOH) Placement.
  - Focus is on improving the academic achievement of foster care youth.

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## Partnerships

- Housing/Special Needs Housing
  - Homeless Family Intensive Team Meeting (Every Tuesday)
- CrossOver Youth Model – youth involved w/ CWS and Department of Juvenile Services (DJS)
- Local Coordinating Team (LCT) and Collaboration Council
- Community Education – Recognizing & Reporting Abuse/Neglect
- County Attorney Office/State Attorney Office/Court System/Police
- Contracts: 16 contracts from 12 community agencies
- The Tree House Child Assessment Center
  - Fully accredited Child Advocacy Center designed to help victims of child abuse
  - Offers forensic interviewing, pediatric medical services, victim advocacy and trauma focused therapy

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## Families Blossoms (Title IV-E funding)

- Substance Abuse Interventionist
- Transitioning Youth Learning Collaborative (TYLC)
- Transition Trauma Therapist

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## Initiatives FY'19

- **Families First Prevention Act** – Focuses on provision of services for families who are at risk of entering the child welfare system
- **CJAMS** – Child, Juvenile, Adult Mgmt System
- **START Model** – Sobriety Treatment & Recovery Teams

### ***Challenges:***

- As of Dec. 2018 – 1,740 Child Protective Services (CPS) clearance requests
- Vacancies