

STATEMENT OF RAFAEL LÓPEZ
SECRETARY
DEPARTMENT OF HUMAN SERVICES
BEFORE THE
SENATE BUDGET AND TAXATION COMMITTEE

HEALTH AND SOCIAL SERVICES SUBCOMMITTEE
FY 2024 BUDGET
SOCIAL SERVICES ADMINISTRATION
THURSDAY, FEBRUARY 16, 2023

Testimony of Acting Secretary Rafael López

Good afternoon, Chairman McCray and honorable members of the Committee. I am honored to be here with you representing the Department of Human Services (DHS). I want to thank the Governor, the Department of Budget and Management (DBM), and the Budget Committees for their support. We also thank the Department of Legislative Services for its insightful budget analysis, in particular our analyst Samuel Quist.

I am joined by Denise Conway, Executive Director of the Social Services Administration and Stafford Chipungu, our Chief Financial Officer. Also available to address any questions are Daniel Wait, Acting Deputy Secretary for Administration; Michael Demidenko, Deputy Executive Director for Programs; and Kimberly Parks-Bourn, Deputy Executive Director for Permanency and Placement Services. In the spirit of continuously building strong partnerships with all of Maryland's jurisdictions, I am pleased to be joined by two Local Directors, Carnitra White, Director of the Anne Arundel County Department of Social Services, and Brandi Stocksdale, Director of the Baltimore City Department of Social Services. Below please find the Department's responses to the five (5) issues and six (6) recommended actions.

The Department of Human Services (DHS) believes that children, youth and vulnerable adults do better in strong families, and families do better in supportive communities. DHS's Social Services Administration (SSA) works to help families stay safe, stable and healthy so that our children, youth and vulnerable adults are protected from abuse and neglect. Safety and well-being are at the center of our child welfare and adult services. The scope of our services includes family preservation, child protective services, foster care and adoption, services to vulnerable adults, and adult protective services.

**Department of Human Services
Fiscal Year 2024 Operating Budget
Response to Department of Legislative Services Budget Analysis**

**Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Cory McCray
Thursday, February 16, 2023**

Social Services Administration (SSA)

N00B000

Response to Issues

ISSUE #1: Page 5: Child Safety Performance Measures

DHS should discuss steps that it is taking to reduce the rate of victimization for youth in foster care.

Response to Issue: SSA has improved data literacy, data entry, and case management practices to reduce the rate of victimization for youth in foster care. On a quarterly basis, child welfare staff receive the performance indicators for their review. This data set explicitly details the rate of victimization in care over a 12-month period. In reviewing the most recent data available (January - December 2022), Maryland actually achieved the target rate of 9.0. This rate was updated by the Children's Bureau from the 8.5 rate that was referenced in the analysis. Data entry has been improved by consistently documenting the incident date rather than a default to the report date.

There is also an increased effort to ensure that children in foster care are being provided the opportunity to talk privately with their caseworker, as well as caseworkers ensuring that the child or youth's needs are discussed and supported. It should be noted that all visits with children and youth took place in-person during FY22 rather than taking place virtually as may have been the case during the pandemic.

SSA conducts site visits to vet out-of-state (OOS) providers prior to placement and conducts quarterly monitoring visits after a youth is placed in an OOS placement. These visits are in addition to the monthly visits made by the youth's worker, so that youth are provided frequent opportunities to share their experiences at the facility. SSA's Permanency and Placement Unit also reviews and tracks all reported critical incidents when the maltreatment of the child notes: "provider involved maltreatment." SSA also offers technical assistance to the local departments, attends the rapid response team meetings, and identifies systemic change opportunities as appropriate.

Updates to the electronic management system will also be implemented to ensure that missing incident dates are reviewed prior to finalization to further reduce inclusion of inaccurate incident information.

ISSUE #2: Page 6: Rate of Placement Moves for Children in Foster Care

DHS should comment on steps that it plans to take to minimize placement moves and efforts it makes to minimize the impacts of these disruptions on the youth in care.

Response to Issue: SSA is engaged in several strategies to both address the permanency needs of youth in foster care and minimize placement disruptions. These efforts include pursuing targeted recruitment as well as retention strategies for foster parents; meeting specialized training needs of our foster parents; exploring formalized mentoring for foster parents; engaging in rate reform; and re-submitting a request for proposals (RFP) for respite and diagnostic and evaluation of treatment provision (DETP) services. Much to our disappointment, there were no responses to the RFP issued in FY22. SSA will be reissuing the Statement of Need and RFP this year with the goal of increasing the availability of diagnostic and evaluation services. Accurate diagnosis and treatment recommendations will lead to more appropriate and stable placements that address the complex needs of our youth. DHS works closely with the Maryland Department of Health and Department of Juvenile Services to increase the number and array of placements.

SSA has also provided detailed information on the placement changes for children in each jurisdiction for local department staff to review to identify possible trends. This information includes race/ethnicity, age and circumstances of removal data. This data will continue to be provided to help jurisdictions in evaluating needs for the children that they have in foster care. There are also opportunities for technical assistance regarding how to evaluate and interpret the available data.

It should be noted that these efforts have resulted in Maryland having the second lowest foster care entry rate in the country. At the same time, our community of providers continues to experience staffing shortages, making it very difficult to manage the increasingly complex behavioral health needs of the youth in a system where DHS has attempted to serve with insufficient resources. While the number of youth coming into care has steadily decreased over the last eighteen years, the proportion of youth in care with high intensity mental health needs has increased. Due to Maryland's efforts to reduce initial foster care entries, Maryland's network of providers has significantly decreased and is insufficient to place children in the most appropriate, least restrictive setting possible.

ISSUE #3: Page 12: Caseload Trends and Estimates

DHS should comment on overall trends in foster care caseloads since fiscal 2021 and if it is anticipated that caseloads will return to pre-pandemic levels beyond fiscal 2024 or continue a declining trend.

Response to Issue: It is not anticipated that foster care caseloads will return to pre-pandemic levels beyond fiscal year 2024. Maryland has prioritized working with children and their families in their homes, and only removing children when it is not possible to keep children in their homes safely. Foster care caseloads were already decreasing pre-pandemic even prior to the implementation of the Family First Prevention Services Act (FFPSA). While caseloads have continued to decrease, the rate of decrease has slowed down. SSA will continue to monitor the number of children entering and exiting foster care to determine the trend direction. Family Preservation caseloads have been increasing over the past 18 months, which also demonstrates that services are being provided in-home without resorting to removal, to ensure the safety, permanency, and well-being of Maryland's children.

The FFPSA Title IV-E Prevention Plan is currently undergoing review for inclusion of new evidence-based practices (EBPs) to better support the needs of the families and children in their homes for whom Maryland does not currently have an approved EBP. Additionally, new EBPs are being added to the Prevention Clearinghouse for use by states. The Department is aggressively exploring the opportunities presented by FFPSA to prevent intervention by the child welfare system, and increasing services to strengthen families rather than resorting to separation of children from their families.

ISSUE #4: Page 25: Family First Prevention Services Act (FFPSA)

DHS should comment on the status of the approval of the Cost Allocation Plan (CAP), and its ability to seek federal reimbursement while the CAP is pending.

Response to Issue: The Department submitted a Public Assistance Cost Allocation Plan (PACAP) Amendment in December 2020 to add Prevention Services caseworker activities to our time study, as well as to add cost centers for well supported prevention services. To date, we have not received formal approval; however, we have claimed Title IV-E reimbursement based on our proposed plan for allowable administrative and approved prevention services costs incurred. The federal 45 CFR 95.517 gives States the option to claim based on a proposed plan. Our contact at the Federal Cost Allocation Services has assured us that our amendment has been approved but needs official sign-off.

The U.S. Health and Human Services' Administration for Children and Families, Children's Bureau, is aware of delays in PACAP approvals.

ISSUE #5: Page 29: Positions Needed to Meet Standards Increase, Filled Positions Decrease

DHS should comment on efforts to increase filled caseworker and supervisor positions in Baltimore and Prince George's counties, which failed to meet the standards for both types and had the largest shortfalls among jurisdictions for caseworker positions.

Response to Issue: The Department continues to work diligently to fill all of our vacancies. In prior testimony presented during our Administration Budget hearing, the Department presented an extensive overview of our recruitment and retention efforts generally. The Department's plan which emphasizes removing barriers, streamlining processes, marketing the Department, providing a balance of work and personal wellbeing, and offering competitive compensation will be brought to bear in both Baltimore and Prince George's Counties.

As specific examples, Baltimore County is removing barriers by pivoting to filling some vacant caseworker positions with Family Services Caseworkers, rather than Social Workers. In both Counties, the base hiring step was increased in November, 2022 as indicated in the table below:

SOCIAL SERVICES ADMINISTRATION			
Family Services Caseworker, Trainee	12	8	\$51,335
Family Services Caseworker I	13	8	\$54,646
Family Services Caseworker II	14	8	\$58,187
Family Services Caseworker III	15	8	\$62,008
Family Services Caseworker Supervisor	16	8	\$66,143
Casework Specialist	14	8	\$58,187
Social Worker I	16	11	\$70,010
Social Worker II	17	11	\$74,705
Social Work Supervisor	18	17	\$89,421

In order to retain staff, all staff currently in the above-referenced classifications that are below the new base step have had their compensation increased to the new base step.

Recently, at the request of Baltimore County and other Local Departments of Social Services, the Department received permission from the Department of Budget and Management to make conditional employment offers on the spot at job fair events.

DHS understands the need to prioritize hiring to ensure that Caseload Standards are met and will maintain a focus on this issue.

Responses to Recommended Actions

Recommended Action #1

Adopt committee narrative requesting data on hospital stays for youth in out-of-home placements. **(Pages 3 and 32)**

Response: The Department concurs with the recommendation to provide data on hospital stays for youth in out-of-home placements.

SSA is also actively looking for ways to connect the data on hospital stays of our youth to other outcome measures and indicators that can help guide us to improve the full spectrum of services to meet the needs of children, youth and families. We see hospital stays and overstays as a symptom of other needs that we continue to work toward addressing for our youth. To that end, DHS is partnering with MDH and DJS to share data and eliminate barriers that may inadvertently lead to unnecessary placement disruptions or reveal gaps in services for youth that may otherwise land in hospital emergency rooms or in-patient hospital stays without appropriate resources to meet their needs.

Recommended Action #2

Adopt committee narrative requesting an update on the implementation of provisions of the federal Family First Prevention Services Act. **(Pages 3, 32 and 33)**

Response: The Department concurs with the recommendation to provide an update on the implementation of provisions of the federal Family First Prevention Services Act (FFPSA).

It should also be noted that the Social Services Administration (SSA) convened “Family First Strategy Sessions” in November 2022 and again in January 2023 to focus on several core areas of FFPSA implementation including:

- QRTP’s (Qualified Residential Treatment Program), Qualified Individuals (QIs), and Non-family Based Settings;
- Claiming;
- Evidence-based Practices (EBPs);
- Candidacy; and
- Community Pathways to Prevention Services.

As a result, SSA is now further exploring the feasibility of implementing three additional EBPs including:

1. Sobriety Treatment and Recovery Teams (START) - IV-E Rating: Supported
2. Family Centered Treatment (FCT) - IV-E Rating: Supported
3. Motivational Interviewing (MI) - IV-E Rating: Well-supported

In addition, SSA has also convened a “Candidacy Workgroup” to examine Maryland’s definitions of “Traditional Candidate” vs. “Prevention Candidate” to ensure broad inclusion for access to Prevention Services to address the needs of children and families while preventing entry into foster care. These meetings will continue quarterly and will support SSA’s plan to update and seek federal approval for a revised Title IV-E Prevention Plan.

Recommended Action #3

Adopt committee narrative requesting an update on the implementation of the new foster care provider rate structure. **(Pages 3 and 33)**

Response: The Department concurs with the recommendation to provide an update on the implementation of the new foster care provider rate structure, and projects that the new rate structure will be fully implemented in calendar year 2025.

The Department of Human Services (DHS) and the Quality Service Reform Initiative (QSRI) workgroup have continued to focus on the key activities necessary to implement this new rate structure, including a proposed Medicaid State Plan Amendment. Over the past year, this has included delineating proposed clinical and direct care classes of services; updating the draft medical necessity criteria for the clinical services; refining staffing qualifications; developing a logic model and continuous quality improvement process in partnership with provider organizations; aligning the activities to implement Qualified Residential Treatment Programs (QRTP) with the QSRI, including providing training on a transition tool to support discharge planning; and mapping referral and care pathways for youth to enroll in residential interventions.

The Maryland Department of Health will work on amendments to the State Medicaid Plan to be drafted and submitted in fiscal year 2025, with an effective date of fiscal year 2026, allowing for Medicaid claiming.

Recommended Action #4

Adopt language restricting general funds in the Foster Care Maintenance Payments program to that purpose only. **(Pages 3 and 34)**

Response: The Department concurs with this recommendation.

Recommended Action #5

Adopt language restricting general funds in Child Welfare Services to that purpose. **(Pages 3 and 34)**

Response: The Department concurs with this recommendation.

Recommended Action #6

Adopt committee narrative requesting data on Child Welfare League of America caseload standards and efforts to improve recruitment and retention of caseworker and social worker positions. **(Pages 3, 34 and 35)**

Response: The Department agrees that maintaining caseload levels and improved recruitment and retention are interlinked issues, critical to successful outcomes in child welfare. As such, the Department adopts the committee narrative requesting data on Child Welfare League of America caseload standards and efforts to improve recruitment and retention of caseworker and social worker positions.