ASPE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION | OFFICE OF HUMAN SERVICES POLICY

BRIEF
September 27, 2024

Supporting Child and Family Well-Being in Maryland

A Snapshot of Maryland Department of Human Services' Well-Being Agenda

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KEY POINTS

- Maryland's well-being agenda focuses on helping children and families thrive by promoting safety, reinforcing personal strengths, and helping families heal from trauma.
- The well-being agenda outlines principles and approaches for working with families, rather than concrete services that staff should provide.
- The principles in the well-being agenda aim to support well-being in a holistic way, but child welfare is a focal area for applying these approaches.
- Family engagement is a core focus of the state's well-being agenda, with staff working to involve families in all aspects of decision making.
- Partnering with an academic institution has helped Maryland track and monitor its well-being agenda and share data with local departments of social services.
- The state seeks to refine its well-being agenda with language that is more meaningful to families and that reinforces cross-sector collaboration, equity, and upstream prevention.

INTRODUCTION

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services (HHS) seeks to understand efforts to promote child and family well-being in jurisdictions across the country. To meet this goal, ASPE contracted with Mathematica and Child Trends, two independent research organizations, to conduct case studies about states and localities that developed and implemented child and family well-being agendas that guide their approach to human services. To collect data for the case studies, the research teams interviewed staff at each site about their well-being agenda. This snapshot describes the Maryland Department of Human Services (DHS) well-being agenda—known as the Integrated Practice Model (IPM) for Child Welfare and Adult Services—based on interviews with DHS staff (Box 1).[1]

Box 1. About Maryland DHS

Maryland DHS helps communities and families meet their economic needs, obtain services and resources for stabilization, and access supports that promote health and wellness. DHS connects families to food and cash assistance, workforce development opportunities, and child welfare or protective services. The department's broad goals, vision, and mission define well-being as a state where families are safe, they can raise healthy children, and they thrive in their own communities without needing social services. For DHS, promoting well-being is a holistic effort that involves using the IPM to build on families' strengths to help them achieve greater independence. Although the IPM outlines holistic well-being principles that can inform multiple services, child welfare is a primary focus for applying approaches in the model.

[1] Box 2 provides additional detail about the three focal sites and our approach to conducting the case studies.

CONCEPTUALIZATION AND DEVELOPMENT OF THE WELL-BEING AGENDA

DHS's well-being agenda evolved over time. Starting in 2007, the department used the "Place Matters" model to document priorities related to well-being and inform services for children and families involved in the child welfare system, including reducing the number of children in foster care. In 2015, DHS incorporated "Families Blossom" into Place Matters. Families Blossom was the state's Title IV-E Waiver Demonstration Project, which enabled DHS to test innovative methods for providing and funding child welfare services. The combined model—Place Matters Families Blossom—evolved into the IPM around 2019, with the IPM incorporating and intentionally building upon the earlier models.

The evolution into the IPM was a team approach, emphasizing shared values and principles surrounding prevention and the promotion of child and family well-being. The approach included an implementation team structure involving providers, community members, lived experience consultants, and the workforce, who were heavily engaged in shifting how integrated services were provided across the spectrum of service delivery. The IPM served to provide the department with a formal practice model to train staff on engaging with families at all stages of care. The department wanted to promote standardization by ensuring that staff were thinking about this engagement and services in the same way, with a focus on elevating families' voices and needs through a trauma-informed lens. Although the model describes principles that human services staff can use to broadly engage and support families, respondents elevated child welfare services in their discussions, framing this area as a priority for the department.

DHS convened multiple collaborators and used different resources to develop and help inform content in the IPM. Partners included, but were not limited to, individuals with experience in the foster care system; DHS staff; technical assistance providers, such as the Center for States from the Child Welfare Capacity Building Collaborative; research organizations, such as Chapin Hall at the University of Chicago; philanthropic organizations, including Casey Family Programs; and the University of Maryland School of Social Work (SSW). DHS supplemented perspectives and recommendations from these partners with information from resources and literature in the field. For example, two resources from The National Child Traumatic Stress Network supported development of the IPM: "What's Sharing Power Got To Do With Trauma-Informed Practice?" and "Creating Trauma-Informed Systems."

INCLUSION OF CHILD, FAMILY, INCLUSION OF CHILD, FAMILY, AND COMMUNITY VOICE

DHS prioritizes families' voices in real-time decision making, with family engagement being a critical component of fostering well-being through the IPM. For example, to develop the IPM, DHS organized workgroups that included youth, caregivers, families, and a robust youth advisory board. These partners worked with other community members to help develop the IPM, such as staff at local departments of social services (LDSS), provider representatives, advocates, and legal partners. Currently, DHS involves caregiver advisors from a contracting agency in its workgroups, with a focus on supporting decision making and helping to write policies. DHS prioritizes youth voice, as well; Maryland's youth advisory board reviews and provides feedback about DHS policies before the department implements them. Staff also involve families, lawyers, and judges in developing improvement plans for families, and attorneys and community partners can attend monthly meetings with LDSS about practices related to the IPM.

Respondents discussed soliciting input from families and other community members through formal data collection processes. One approach included surveying community partners in all local jurisdictions to identify community needs and service gaps, such as in transportation and mental health services. The department plans to administer this survey every two years to understand how community needs are changing. Regarding ongoing child welfare services, DHS conducts focus groups and interviews with families and older youth to assess their experiences with services, clarify their needs, and identify opportunities to continuously improve supports from child welfare staff.

IMPLEMENTATION OF THE WELL-BEING AGENDA

The IPM outlines approaches and principles for supporting and engaging families. Staff do not provide specific services for the IPM. Instead, the model includes seven practice principles, outlined below, to help staff support families' well-being. These principles broadly apply to community and social services, but respondents primarily discussed them in terms of DHS's child welfare services.

- **Family-centered.** Staff partner with families to guide their decisions and elevate their voices in all practices, because families know themselves best. One respondent shared that teaming meetings[2] are a key component of engaging families in assessing their needs and planning for services based on their priorities and goals. Staff involve other individuals or kin in decision making based on a family's preferences. For example, they may invite friends, siblings, or others the family identifies to meetings about safety issues. One additional component of the family-centered approach includes adapting supports based on what families need.
- **Culturally and linguistically responsive.** DHS aims to incorporate families' culture, traditions, and identities into services. Staff consider these elements when communicating with families.
- **Outcomes-driven.** DHS partners with SSW to collect and analyze data about key indicators related to safety, permanency, and well-being. For example, the department has analyzed differences in reunification outcomes for children who did and did not engage in teaming meetings at the time of separation.
- **Individualized and strengths-based.** Staff help families clarify and elevate their strengths, such as by incorporating these assets when identifying or developing interventions and service plans. One respondent said caseworkers help families build on their strengths, so they can be more independent and exit or resolve the crisis that prompted system involvement.
- **Safe, engaged, and well-prepared professional workforce.** One motivator for developing the IPM was to help train DHS staff on best practices for supporting families and promoting well-being. According to a respondent, although social workers at the department know how to provide interventions, there is room to improve their approaches to family engagement, such as how to partner with families that might feel hesitant to work with DHS.
- **Community-focused.** DHS builds and maintains relationships with agencies and individuals in the community, such as service organizations, resource representatives, community advocates, and legal partners. These collaborators help staff identify community needs and develop or refine service plans. One respondent explained that DHS is working toward a community approach to social services. Although DHS strives to help families become self-sufficient, the department wants them to maintain connections to community partners they can turn to if they need help, so these families do not need to return to the system for support.
- **Trauma-responsive.** Staff engage with families in a way that promotes resilience and healing from past trauma. According to one respondent, all assessments, family meetings, and case and service plans seek to incorporate trauma-informed practices.

DHS staff apply these seven principles to carry out their core practices, including communicating with families, collaborating with staff and partners, assessing families' needs, developing improvement and service plans, intervening when safety or well-being concerns arise, monitoring progress, adapting services when needed, and transitioning families out of care.

[2] During teaming meetings, supervisors and caseworkers solicit input from families about the best course of action after a child enters the system, including services that could meet the child or family's needs.

"IPM is a lifestyle, not a service… It may not all be pretty in a bow. But when you see it in practice and how it plays out—the way it is set up—this feels like this is what we really should be doing. This is basic people work. This is human services work."

—DHS staff member

The IPM has implications for how all staff work. One respondent explained that "everybody [in DHS] should be touching the IPM," because the framework provides principles that are relevant for staff across the department, regardless of their role. This respondent said DHS has been successful with implementing the well-being agenda because "everything in Maryland points back to the IPM." At the same time, the respondent said it can be challenging to train all staff on the IPM and that staff turnover and resistance to change can increase the burden associated with training.

TRACKING PROGRESS TOWARD GOALS

DHS and SSW collaborate to monitor progress and outcomes related to the IPM and identify areas of opportunity. They collect the following types of data to monitor progress:

- **Data from surveys about teaming.** This survey evaluates the teaming meetings that DHS uses to determine what supports families and children should receive. The survey probes topics such as the extent to which families agreed with the decisions made, whether families believed everyone's voice was heard, whether families felt comfortable speaking up about their needs, and families' perceptions about caseworkers' attitudes during meetings.
- **Qualitative data from focus groups.** Focus groups include diverse participants in the child welfare system, such as caseworkers and families. They examine workers' and families' perspectives or feedback about teaming, including suggestions for improvement.
- **Quantitative and administrative data from LDSS.** Each local department in Maryland submits monthly data to SSW, such as on the percentage of children who were separated from families that received support through teaming. DHS has seen improvement with this specific outcome; recent data indicated that 60% of children received teaming support at the time of separation, compared to 30% when staff began monitoring this outcome.
- **Child and Family Service Review data.** These data reflect information gained through a handful of child welfare cases that reviewers from the Children's Bureau conduct. Although respondents said this is a small component of their data collection efforts, the information is critical for helping the department assess well-being and improve services.
- **Comprehensive Child Welfare Information System (CCWIS) data.** CCWIS data include headline indicators that capture how the populations served are faring during and after services in multiple areas, including safety, permanency, and well-being. For example, one well-being indicator is the percentage of children who had timely health assessments and dental appointments. The headline indicators also describe the circumstances a family was confronting that resulted in separation.

DHS prioritizes reporting data back to local departments. For example, using local administrative data, SSW generates and shares a monthly data report that LDSS directors can use to assess progress and understand how teaming has been working. These directors can share the data reports with community partners to inform their services and practices. One respondent said it is important for information about outcomes to not only "filter down" to local departments but also to ensure that all LDSS staff have opportunities to examine the data and understand areas for improvement.

SUSTAINABILITY OF THE AGENDA AND FUTURE PLANS

DHS uses a mix of funding to support children and families, including federal child welfare and Temporary Assistance for Needy Families (TANF) funds, state funds, and special funds such as grants from philanthropic organizations. However, the department does not formally allocate funds for specific goals in the IPM; it allocates funding to specific divisions and LDSS offices that need resources to promote child and family well-being in their communities.

Respondents highlighted the importance of cross-sector collaboration for enhancing and sustaining a well-being agenda. They indicated that the long-standing partnership with SSW supports monitoring of the IPM and improvements to staff's work with families. Leveraging the university's access to experts has been especially helpful for identifying ways to improve practice and policy. One respondent said collaboration can promote sustainability and prevent a "single point of failure." Specifically, leadership departures muddied the department's understanding of the IPM's early stages, including how external partners helped develop the model and how staff initially collected data to track families' improvements over time. Leadership departures also disrupted DHS's ability to replicate the original trainings and ensure new staff received the same information as more tenured staff. To address these challenges, DHS plans to promote knowledge management through cross-sector collaboration in the future.

In summer 2024, DHS submitted a new five-year plan for child and family services to the Children's Bureau within the Administration for Children and Families at HHS. The plan includes DHS's vision for moving forward with its well-being agenda by advancing the goals of the IPM and building upon the model. According to a respondent, one key change included modifying the language so that it was more meaningful for families—for example, using words such as "child-centered" or "kin-first culture" rather than "Integrated Practice Model." The new five-year plan includes a focus on well-being from a macro and holistic perspective, such as by addressing systemic issues or challenges that might increase families' chances of future system involvement.

KEY TAKEAWAYS AND RECOMMENDATIONS

Respondents discussed the IPM as a practice model that guides how DHS operates and how staff support families involved in the child welfare system. One key component of the model is family and community engagement. DHS staff seek to elevate the voices of these partners, with a focus on individualizing supports based on what families say they need to promote well-being. Respondents said family engagement has been critical for effectively supporting families. They recommended that sites developing a well-being agenda prioritize family and community engagement by ensuring that "all parties are at the table" for decision-making and that input not take place after the fact. They also recommended that sites should work to understand the different perspectives of people the agenda might affect, including staff and families. One respondent specified that collaborating with multiple parties who work with families, such as courts and advocates, is important for implementing a successful well-being agenda and that staff should ensure they have transparent and nonjudgmental conversations with these partners about families.

Box 2. Case study sites and approach

In spring and summer 2024, Mathematica conducted three case studies of exemplary states and localities that have implemented a child and family well-being agenda. These sites included Maryland DHS, Dakota and Olmsted counties in Minnesota, and San Diego County. Their agendas included the Integrated Practice Model for Child Welfare and Adult Services, Minnesota's Pathways to Prosperity and Wellbeing program, and Live Well San Diego, respectively.

Mathematica developed and applied screening criteria to identify a broad set of sites that were developing a well-being agenda or integrating a well-being framework into their human services approach. ASPE and Mathematica consulted to finalize the three sites that participated in the case studies.

To collect data for the case studies, Mathematica conducted up to four, 60-minute virtual interviews with staff from each site. Staff included (1) directors in a leadership or oversight position; (2) managers or supervisors responsible for supporting the well-being agenda, including its funding; and (3) data managers or analysts who oversee or support data collection, analysis, and reporting. The semi-structured interviews probed how sites defined, developed, implemented, monitored, and funded their well-being agendas as well as their reflections on and lessons learned about these topics.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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SUGGESTED CITATION
Shenbanjo, T. and Gorang, E. Supporting Child and Family Well-Being in Maryland: A Snapshot of Maryland Department of Human Services' Well-Being Agenda (Issue Brief). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. September 2024.

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