



State Council on Child Abuse and Neglect (SCCAN)

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SCCAN is an advisory body required by Maryland Family Law Article (Section 5-7A) “to make recommendations annually to the Governor and General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs.”

TESTIMONY REGARDING HB 258:

STATE CHILD WELFARE SYSTEM - REPORTING

****SUPPORT****

TO: Hon. Maggie McIntosh, Chair, and members of the House Appropriations Committee

FROM: Wendy Lane, MD, MPH, Chair, State Council on Child Abuse & Neglect (SCCAN)
Claudia Remington, Executive Director, State Council on Child Abuse & Neglect (SCCAN)

DATE: January 18, 2021

SCCAN supports HB 258, State Child Welfare System – Reporting, which would require the reporting of additional information regarding the health and educational wellbeing of children placed in foster care and those with indicated or unsubstantiated child maltreatment.

Specifically, the bill would require the Department of Human Services (DHS) to report annually on the following:

- (1) The incidences of child abuse and neglect without removal from the home in the 2 years prior to a finding of indicated or unsubstantiated abuse or neglect (i.e. repeat abuse for children who were maltreated and remained in their home).
- (2) The number of children in foster care who have siblings who have not been removed from the home.
- (3) The health and mental health care services provided to children in DHS custody.
- (4) The number of children who are not enrolled in school for more than one week following a change in placement.
- (5) The number of children in enrolled in post-secondary education, apprenticeship, or adult education.

The bill would also require that the Maryland State Department of Education (MSDE) report annually on educational outcomes for children in DHS custody. Specifically, MSDE would be required to provide data regarding:

- (1) The stability of school placements

- (2) The number of children with an Individualized Education Plan (IEP) or Federal Rehabilitation Act 504 plan.
- (3) By grade: the number of children retained a grade.
- (4) The number of children who graduate from high school.
- (5) Dropout, truancy, absentee, suspension, and expulsion rates.
- (6) The number of school-based arrests.

Children who have involvement with the child welfare system are some of the most vulnerable in our society, and children in foster care have been identified as Children With Special Healthcare Needs by the American Academy of Pediatrics.¹ Exposure to adverse childhood experiences such as physical abuse, sexual abuse, and neglect puts them at increased risk for many negative outcomes. Children who have been abused and neglected have higher rates of behavior and mental health problems, including issues with attention, depression, anxiety, and disruptive behavior. As teenagers, children who have been abused and neglected are at increased risk for school failure, including absenteeism, suspensions, expulsions, and dropping out.

These negative outcomes are not inevitable, and best practices for serving children involved in the child welfare system have been developed. Federal legislation *requires* that health care and educational needs of children in foster care are met. In 2008, the Fostering Connections to Success and Increasing Adoptions Act was passed.² It required states to develop a plan for the ongoing oversight and coordination of health care services for all children in foster care. It also included specific provisions to improve educational stability, such as requiring school enrollment, considering school issues in placement decisions, and requiring children to stay in their current school if in their best interest. When school transfers are needed, it requires immediate enrollment in a new school and transfer of the child's records. State regulations have been adopted to meet some of the Fostering Connections health and education requirements. Ongoing primary preventive care and mental health services are required. In addition, under Maryland COMAR 07.02.11.12, the local Department of Social Services (DSS) must ensure school stability for children in out-of-home placement.

Issues in Maryland

Unfortunately, without adequate data, it is impossible to know whether the health and educational needs of children in foster care are being met. It is impossible to know where Maryland is effectively serving foster youth, and where improvements are needed. While DHS currently releases a yearly report containing data on outcomes of children placed in foster care, there are many gaps in this data. These include a lack of information on stability of medical and mental health services and medication, as well as information on timely school enrollment. Additional important data such as graduation, disciplinary, and dropout rates, and special education plans reside within MSDE. However, there is no current requirement that MSDE make this data publicly available.

¹ The American Academy of Pediatrics Council on Foster Care, Adoption, and Kinship Care. Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. *Pediatrics*. 2015;136:e1131.

² 110th U.S. Congress. Fostering Connections to Success and Increasing Adoptions Act. P.L. 110–351. Washington, DC; 2008.

It is also important to note that there are significant racial disparities and inequities within the child welfare system. Current state law requires reporting of data by race, but without the additional data required by HB 258, it difficult to adequately assess disparities, particularly for health care and educational stability.

HB 258 would address these data gaps by requiring additional reporting by DHS and mandating reporting of educational outcomes by MSDE. It would enable us to celebrate positive outcomes when we steer children toward good health and educational success but would also allow us to identify poor outcomes where improvement should be targeted. ***For these reasons, we urge a favorable committee report and passage of House Bill 258.***