

L.J. v. MASSINGA¹

69th COURT REPORT

July 1st, 2022 – December 31st, 2022

¹ “Massinga” refers to Ruth Massinga, the Secretary of Human Resources (now Services) at the time this action was first filed. Under Fed. R. Civ. P. 25(d), the current Secretary, Rafael Lopez, is automatically substituted as a party. However, for convenience and ease of reference, Defendants’ periodic court reports have continued to employ the title “*L.J. v. Massinga*,” as this case is commonly known.

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Attachments:

- #1. Baltimore City Placement Review**
- #2. Quality Service Review**
- #3. Tipsheets Completed and Approved**
- #4. Behavioral Health Plan (updated)**

INTRODUCTION

The *L.J. v. Massinga Modified Consent Decree* (MCD) approved in October, 2009 requires the Maryland Department of Human Services (DHS) and the Baltimore City Department of Social Services (BCDSS, the Department, or the Agency) to submit a semi-annual Court Report. This report, the 69th, covers the period from June 1, 2022 through December 31, 2022.

We continue to operate in a largely hybrid environment. Teleworking, made essential during the worst of the pandemic, introduced a whole new approach to work that continues to be a desirable option for today's workforce. However, like many other industries, public child welfare has experienced, and is continuing to experience, a significant loss of personnel due to resignations and retirements. Hiring new staff is a serious challenge. This difficult and complex work is competing with many different options available to qualified social workers. As a result of the high vacancy rates, caseloads have risen and child welfare caseworkers necessarily and appropriately have prioritized service delivery to children, parents and caregivers over other tasks.

During the 66th Reporting Period, DHS, BCDSS, Plaintiffs, and the Independent Verification Agent (IVA) rewrote all of the measure instructions, a major accomplishment and a significant step forward towards providing accurate, valid, and reliable data and information. Although the process was laborious, it served to illuminate how the measures were being defined, and also the extent to which the data to support compliance required modification. To identify trends and recommend practice changes, reports must accurately describe the work. The IVA has been a partner, meticulously reviewing reports and recommending changes to more credibly capture each data point.

The BCDSS Office of Innovation continues to work on producing user-friendly management reports to share with staff, along with working indefatigably with teams to address learning needs. Significant resources have been allocated to meet the need for accurate, reliable, and valid data. Contractual staff have been hired to validate CJAMS² reports that are being developed for production. These reports are used to validate the accuracy of the data that has been entered in the child welfare database.

BCDSS recognizes the importance of transparency and embraces collaboration, partnerships, teamwork, and authenticity. Stronger relationships with the IVA office, Plaintiffs' counsel, and community partners have been the result of genuinely embracing those values. These relationships strengthen the work we do together, and ultimately the families and children we serve are the beneficiaries of this teamwork.

Additionally, the Agency continues to improve the services it provides to the children in care, and

² CJAMS refers to the Child, Juvenile, and Adult Management System, the State's new cloud-based data management system.

strengthen engagement with families. A small but representative sample of the Department's accomplishments during the 69th Reporting Period is below:

SUCSESSES

- BCDSS's performance on SSA Headline Indicators for the 2022 Federal Fiscal Year ending 10/1/22 shows the following:
 - Since 2017, BCDSS has reduced by 50% the number of children entering care, from 1094 to 534 between October 2021 and September 2022. As of 12/31/2022 there were 1,503 children in out-of-home placement. This is a record low for BCDSS that we attribute to our efforts around prevention, early family engagement and teaming, and an emphasis on permanence.
 - The removal rate per thousand children in the population has decreased to 4.5% per thousand children, nationally recognized as a positive statistic
 - BCDSS has decreased the number of children entering care while keeping them safe in their homes. Of children receiving Family Preservation Services, only 5% had another maltreatment report within 12 months from the previous finding, one of the lowest recidivism rates in the State.
 - For families that were not served by Family Preservation, only 2% had another episode of maltreatment within 12 months
- After enduring delays brought on by the pandemic, BCDSS opened the doors of its long-anticipated kinship resource center, named the **KinCare Center**
- Despite the barriers and obstacles, BCDSS has maintained steady progress in developing strategies for mining CJAMs data for the L.J. measures, a collaborative effort with the participation of DHS and the IVA. Although staff and time intensive, the Agency believes there will be benefits to this work that go far beyond the L.J. measurement requirements and may have statewide implications.
- BCDSS spearheaded creation of "Tip Sheets" to address best practice for child welfare work and the documentation of activities in CJAMS that will result in accurate data. To date, thirty-three (33) tips sheets have been approved and published. Please see, "Tipsheets Completed, Approved and in Use by End of 69th Report Period." ATTACHMENT # 3.

KINSHIP:

Consistent with BCDSS's commitment to being a 'kin first' agency, according to the December 2022 Out-of-Home Milestone Report, 32.7% of children were placed with kin at the end of this report period. Overall for the 69th Reporting Period, 36% were placed with kin.

Because a high percentage of older youth entering care have 'behavior' as a factor on entry, it is not surprising that less than 20% of youth ages 16 and 17 are placed with kin, according to the end-of-month Out-of-Home Milestones Report. Over half of such older youth entering care have 'behavior' identified as a factor driving placement and have typically exhausted informal kinship caregivers, and/or experienced the death or incapacitation of an older caregiving relative that may have destabilized the family.

Conversely, nearly 45% of children ages 12 and under were living with kin at the end of the 69th Reporting Period.

BCDSS is committed to increasing the number of kinship placements and developing innovative ways to support kinship caregivers so that we can increase the positive outcomes for our youth.

Strategies for Improvement for Measure 48: *90% of kinship care providers received notification of the right to apply for foster home licensing within 10 days of placement*

BCDSS is committed to ensuring that kinship caregivers are well supported. To that end, a Kinship Navigator position was created and assigned to Permanency specifically to provide support to kin from the beginning of a child's placement.

Whenever a child is placed with a kin caregiver, the Kinship Navigator is notified immediately to schedule a welcome visit with the caregiver. The Navigator connects with the kin caregiver, explains available resources, encourages and links the provider with the Resource Homes Unit to begin the home study process, and ensures the family has a link to the kinship website and information about the KinCare Center.

WORKFORCE

The following measures are associated with the Workforce subsection of the MCD: Exit Standards 115, 116, 121, 122, 125 and 126; Internal Success Measures 112, 113, 114, 117, 118, 119, 120, 123 and 124.

Strategies for Improvement for Exit Standards 115 and 116: *90% of case-carrying staff was at or below the standard for caseload ratios (115) and 90% of case-carrying teams were at or below the standard for ratio of supervisor:caseworker (116)*

BCDSS Child Welfare employees have been under a Hybrid Teleworking Agreement since the start of the Coronavirus pandemic in March 2020. The Hybrid Teleworking Agreement allows employees the flexibility to work in the field for the majority of the week, coming into the office only on coverage days or for job duties that require them to be in the office. All staff were given the tools to conduct fieldwork, including laptops, cell phones, iPads and VPN access. Staff productivity is closely monitored, and schedules are adjusted as needed.

BCDSS plans to continue with the current teleworking model, which has proven to be a viable option for increasing productivity and expanding talent recruitment and retention.

Post-pandemic, the benefits of virtual options for connecting with clients, family members, and collateral contacts have also prevailed over a return to all in-person contacts and meetings.

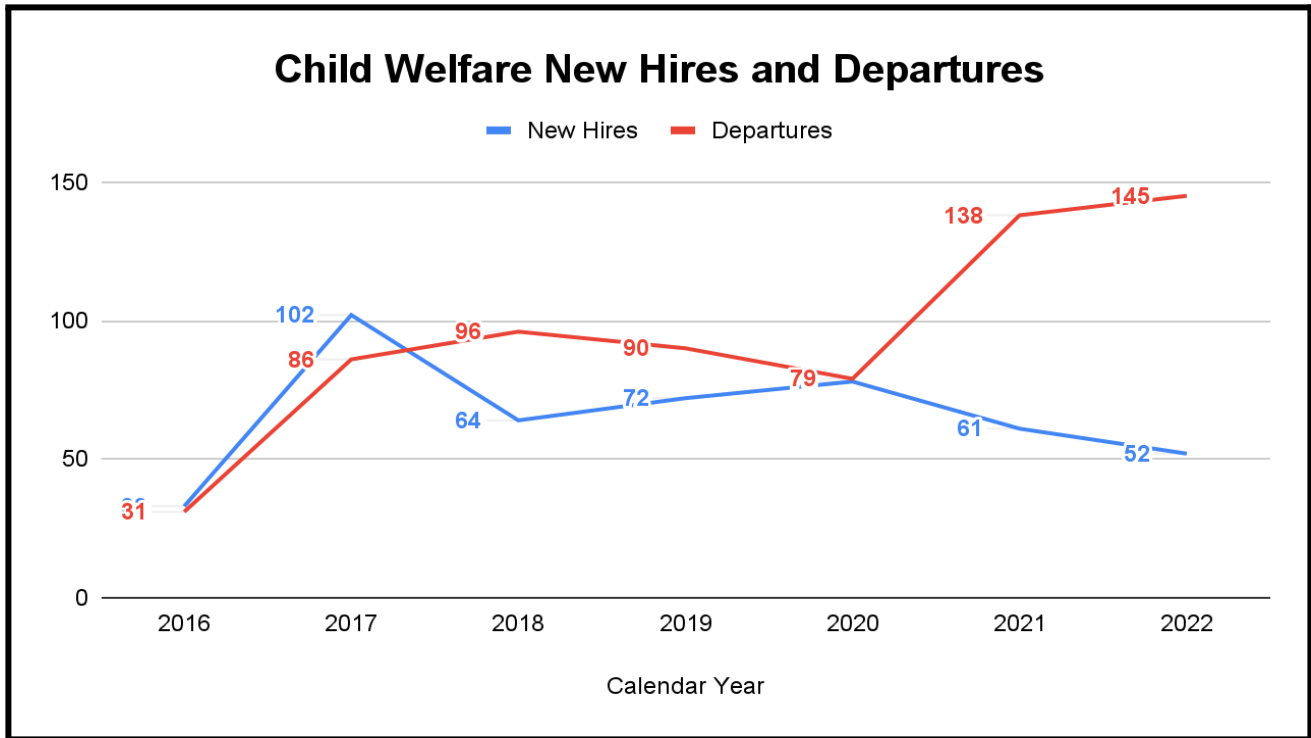
At the same time, BCDSS leadership recognizes the importance of peer and collegial support to boost cross-sharing of information and expertise and also to mitigate the inevitable secondary trauma, the result of repeated exposure to the trauma of others. Events such as the supervisory retreat described below are designed specifically to encourage those relationships.

Public child welfare has proven to be no exception to the national trend of staff vacancies. Multiple vacancies have forced higher caseloads and larger supervisor to caseworker ratios, resulting in child welfare caseworkers being forced to choose prioritizing service delivery to children, parents and caregivers over compliance with timely CJAMS data entry.

Baltimore City Department of Social Services Child Welfare Division Staffing Plan

As of the end of **DECEMBER 2022**, BCDSS had a total of 1,288 employees, 599 of whom work in the Child Welfare Division. In 2022, there were 52 new hires and 145 departures in Child Welfare. This number includes a number of retirements.

Since June 2019, BCDSS has made the recruitment and retention of educated, trained, skilled, and compassionate employees a top priority.



* Data Source = Revised Personnel Transaction Report (1/30/2023 tab)

The data chart above reflects data for calendar years 2016 through 2022 for child welfare only. Calendar year 2021 shows the beginning of a troubling increase in employee departures. That trend mirrors the experience of other human services organizations nationwide as a result of the COVID-19 pandemic. The trend has continued to the present. The number of new hires in 2021 and 2022 is less than half of the departures, and cause for concern. Enrollment in schools of social work is down, and the negative perceptions of public child welfare dampen interest in pursuing a career in the field.

Staffing Analysis

Vacancies:

BCDSS remains focused on recruiting new staff and on identifying creative ways of encouraging retention.

BCDSS's priority is to fully staff child welfare services with qualified, competent, and compassionate candidates. Toward the end of the 67th Reporting Period, BCDSS began conducting large numbers of panel interviews. New hires made during the 69th Reporting Period are detailed below:

Caseworkers - 14

Supervisors - 0 (7 were promoted to supervisory position from within BCDSS/DHS)

Other - 5 (attorneys, support staff, etc.)

Despite exhaustive efforts, including outreach to the social work schools and multiple recruitment fairs, vacancies remain.

Accommodations/FMLA:

Approximately 15 employees occupy casework positions but do not carry cases. To determine how many current employees could be returned to casework assignment, BCDSS undertook a process to analyze data related to these accommodations and to the intermittent use of FMLA.

To ensure that requests for accommodations are being appropriately evaluated for approval, policy changes have been made and process improvements implemented. BCDSS supervisors and managers participated in a mandatory ADA training in April 2022 to better understand and manage accommodations.

Beginning during the 68th, accommodations are approved only for the limited period of time recommended by the treating physician. After that time,, staff are returned to case carrying status. As a result, the number of child welfare employees occupying casework positions who do not carry cases has been sharply reduced.

Title IV-E Program:

BCDSS collaborates with the University of Maryland School of Social Work (UMSSW) and the Morgan State University School of Social Work (MSUSSW) to offer a specialized public child welfare training program to social work students, known as the Title IV-E student program. Title IV-E students receive a financial stipend to pay for tuition and fees. Upon graduation, the students are obligated to work for DHS in public child welfare for a specified period of time. Prior data has shown that Title IV-E students are more likely to stay in public child welfare during their careers than their counterparts. Eleven social work graduates began employment with BCDSS after graduation in 2022.

Teleworking:

BCDSS has no plans to discontinue the current hybrid teleworking model, which has proven to be a viable option for increasing productivity and expanding talent recruitment and retention.

BCDSS Workforce Innovation Team:

BCDSS created a Workforce Innovation Team (WIT) to identify ways to stabilize the workforce. Comprised of representatives from various Child Welfare program units, as well as the Offices of Human Resources, Innovation, Learning, Communications, and Performance Improvement, the purpose is to build a stable, competent workforce by assessing workforce needs, identifying and tracking relevant data, and recommending and implementing improvements to Agency policies and practices.

As previously reported, WIT conducted a business process mapping of the Agency's recruitment and hiring efforts and identified areas for improvement. Several process improvements are now in place. These include:

- Program Managers conduct interviews to assess and match candidates' skill with their respective programs.
- WIT is studying strategies for incorporating core competencies into hiring and supervising staff, and integrating behavior-based interview techniques into the hiring process.
- New employees are able to gain a first hand perspective prior to starting new employee training and the pre-service training at the Child Welfare Academy by shadowing other staff in their units.
- The probation period for staff has been extended from six months to a year, providing supervisors additional time to evaluate staff in recognition of the complexity of the work and with the goal of improving staff selection.
- A Human Resources Data Dashboard that tracks and displays key data like vacancies, turnover rate, accommodations, and caseload distribution has been developed.

Onboarding Process

Communication with Supervisors

To boost efforts to welcome new staff to the organization, reminders are sent to supervisors about the new employees' start dates. Supervisors receive reminders at least one week before the arrival of the new employee, and each new staff person receives a "welcome call" from their supervisor.

Supervisors also receive a checklist of tasks and paperwork to complete on behalf of, and with, the new employees. A confirmation is sent three days after the employee's arrival to the supervisor to ensure that the new employee has received the necessary equipment and systems access and if not, to address issues or concerns immediately.

Child Welfare World Tour

In August 2021, BCDSS Child Welfare launched the "Child Welfare World Tour" for new employees. The World Tour provides a macro-level overview of each Child Welfare program, i.e., Child Protective Services (CPS), Family Preservation, Out-of-Home, Adoption & Guardianship,

and Ready by 21 (RB21) as well as an introduction to Legal Services, Family Investment, Adult Services, Resources & Support, Court Processing unit, Permanency Support, QSR and Innovation. During this period, the MATCH³ program was added to the World Tour.

The World Tour is now 12 days, and the goal is to assign new employees to their program for the first 4-5 days of their employment prior to the World Tour. Supervisors report that having the employees in the program prior to the World Tour has enhanced the establishment of the employee/supervisor relationship from the start of employment.

To allow easy access to documents, a shared google folder was created for the program information, World Tour Schedules, and contact information. Newly hired employees and Program presenters are able to access the information at any time. Programs also created questions relating to the information that is reviewed with the new hires to reinforce the objectives of each program's overview.

New Supervisor Onboarding

The Committee is currently refining the onboarding process for new supervisors. Recruiting and hiring new supervisors has proven to be especially difficult, with few candidates on the State's hiring list for consideration.

Onboarding Summary

The Onboarding Committee worked diligently on action steps recommended to improve the process by which new employees begin their work in Child Welfare. The Agency believes that the implementation of these steps will lead to better outcomes for retention by improving the knowledge, resources, and competence of new employees.

Areas for improvement that were identified included:

- overall knowledge and understanding of Child Welfare,
- more organized approach to the information that new employees need, and
- better communication to supervisors informing them when new employees were arriving.

As described above, the feedback has led to changes in the orientation process for new staff and proactive reminders to supervisors to be prepared to welcome new employees.

Other Workforce Improvements

Supervisor Retreat

³ The MATCH Program (Making All the Children Healthy) provides coordination of medical assistance (MA) benefits and health care coordination for every child connected with BCDSS foster care system.

On July 28, 2022, BCDSS held a one-day Child Welfare Supervisor Retreat. The purpose of the event was to show appreciation to the supervisors and to gather information to continue pursuit of best practices and to make improvements to practice where needed.

The day included motivational speakers, self-care exercises, and questions that provided an opportunity to give feedback to the Child Welfare Executive Team.

The feedback session was conducted by dividing the group into smaller groups that would move to flipcharts with specific questions. Each small group was given the opportunity to respond to each question. The responses were collected and the Onboarding Committee is reviewing and using the feedback to implement improvements.

Caseload Sizes

During the last reporting period, several measures taken to adjust caseload sizes have remained in place:

- Three RB21 Specialists were reassigned to the regular case carrying team in Permanency to assist with caseloads.
- With the goals of ensuring equal distribution of work and also maintaining continuity of care for children and families, the streamlined transfer process between the regular Permanency team and RB21, Adoption, and Custody and Guardianship teams has continued.
- The Program Managers in Permanency continue to ensure that appropriate cases are transferred to RB21 and other programs on a weekly basis to reduce uneven caseloads.
- RB21 accepts new transfers as young adults exit care.
- The age for transfer to RB21 has been lowered to 15.
- The caseload size for RB21 and Custody & Guardianship/Adoption programs is 15 cases per worker.
- To more effectively serve families, cases transferred to RB21 include siblings to already assigned cases of older siblings when appropriate.

Moving Forward:

A professional and stable workforce is key to successful outcomes in child welfare, and BCDSS is determined to improve and strengthen practices with respect to recruitment and retention of Child Welfare staff. The following strategies are priorities:

- Commitment to requiring MSWs or BSWs for casework positions and prioritizing licensed social workers
- Examine options for expanding the IV-E Child Welfare Training program and establishing an Urban Child Welfare Social Work specialized student training unit.
- To reduce the length of time for filling vacancies, developing a pool of interview candidates to whom offers may be made immediately when a vacancy occurs. However, a lack of qualified applicants has stymied achievement of this strategy.
- Biannually in December and May, continue to recruit Title IV-E students in good standing for vacant positions upon graduation.
- Offer in-person training related to policy and practice and to the use of CJAMS.
- Implement and monitor strategies developed in the WIT.
- Collect data from exit interviews to develop a Retention Plan for the Agency. Exit interviews will be held prior to staff leaving the Agency and will be reviewed by Executive Leadership on a quarterly basis.
- Participate in job fairs including the Elijah Cummings Annual Job Fair, Maryland Career Consortium (MCC) Career Fair, UMSSW virtual job fair, Catholic University Job Fair, and other college and university job fairs.
- Advertise with the Baltimore Sun, National Association of Social Workers (NASW), Child Welfare League of America (CWLA), American Public Human Services Association (APHSA), Monster, Indeed, Handshake, and social media platforms.
- Continue partnering with area schools of social work, including Morgan, Salisbury, and the University of Maryland as well as the BSW programs at McDaniel, UMBC, Bowie, and Frostburg.
- To boost staff retention, a “Virtual brown bag lunch” is held regularly with the Director to enable staff direct access to a conversation. Staff are encouraged to share obstacles they may be facing, verbalize concerns, make suggestions, propose solutions, and pose questions. Sharing success stories, too, is encouraged.
- The Deputy Directors and Assistant Directors also facilitate in-person meetings with staff to address concerns, solicit feedback and suggestions for solutions, and for morale and team building activities.
- Establishing a ‘recovery environment’ - a culture that prioritizes support for staff and recognizes the need to acknowledge and address the secondary trauma inherent in the work of public child welfare.
- Leadership’s availability to staff and their willingness to listen are part of the ‘recovery environment’ so important to mitigating secondary trauma and increasing staff retention. Leadership treating staff with respect, emphasis on strengths, and positive engagement

role models for staff how to treat clients

Strategies for Improvement for Exit Standards 121 *(95 percent of caseworkers met the qualifications for their position title under Maryland State Law):*

The measure instruction for Measure 121 follows the language of Maryland Human Services Article § 4–301, which requires, with one exception, that Defendants hire as caseworkers only human services professionals who are licensed by the state in areas such as social work and psychology. Unlicensed individuals may be hired only if they meet the following criteria: (1) have a bachelor’s degree in an “appropriate behavioral science”; (2) complete mandatory pre-service training; and (3) are supervised by licensed social workers. All new caseworkers must pass a competency test after the pre-service training and prior to being granted permanent employment and assigned cases.

BCDSS has previously reported a compliance level of 100%. The IVA has reviewed the data and determined that Measure 121 can be certified as compliant. However, as explained in the next paragraph, compliance with an individual Exit Standard over three consecutive reporting periods with certification by the Independent Verification Agent does not, by itself, relieve BCDSS of its reporting or certification requirements.

The second Outcome for the Workforce section includes two Exit Standards - 121 and 122. BCDSS must be in compliance with all of the Exit Standards under the Outcome to cease reporting on the measure. Therefore, Exit Standard 122 must also be certified for three consecutive reporting periods before the Defendants can stop reporting on Outcome 121 and its related measures.

Strategy to Improve Compliance with Exit Standard 122: *90 percent of caseworkers and supervisors had at least twenty hours of training annually.*

BCDSS tracks Exit Standard 122 using the method described below. The BCDSS tracking process began on July 1, 2021 and showed that of staff whose annual review is in June, 75.6% of caseworkers and 94% of supervisors completed at least 20 hours of training between 1/1/2022 to 12/31/22. This represents a nearly 20% improvement since the 68th Reporting Period, and we are optimistic that the strategy for improvement is making a difference.

- In March of each year, the Office of Learning (OL) requests a list of caseload carrying workers and supervisors in Child Welfare. After March, any staff who have left the Agency throughout the year are removed.
- Those on the list are queried in the OL’s Training Tracking System to obtain the training hours for each individual.
- The OL compiles training attendance data from DHS Learning HUB, the Child Welfare Academy at the UMSSW, BCDSS Office of Learning and self-reported work-related training.

- Those with Performance Planning and Evaluation (PEP) End-Cycles in June will be reported for January to December of the previous calendar year. Those with PEP End-Cycles in December will be reported for January to December of the current calendar year.
- The OL sends out reminder emails informing staff of the number of hours they have accumulated and posts a list for staff to check hours.
- The OL submits a spreadsheet to Innovation summarizing staff training hours
- Reports are sent to Innovation on Jan 15th and on July 15th.
- Child welfare staff who are remiss are easily identified in the spreadsheet for supervisory counseling regarding opportunities for continuing education
- A variety of training opportunities are made available to staff on a regular basis

Strategies for Improvement for Exit Standards 125 and 126 *(90 percent of cases were transferred with required documentation within five working days (125) and 90 percent of transferred cases had a case transfer conference within ten days of the transfer (126))*

Staff have been designated by Innovation's team to coordinate the process of transferring cases by scheduling and facilitating transfer meetings, and completing documentation in CJAMS. Active participants in the meeting include Innovation staff, current case supervisor, current case worker, receiving supervisor, and receiving worker. Innovation's staff is responsible for entering the case conference information into CJAMS, noting the time and date the meetings occur, uploading the required transfer documentation, ensuring the correct worker is assigned to the case, and the correct program assignment is identified. Innovation staff also ensures that any unresolved activities are identified and addressed and that both supervisors have signed off on the transfer, as well as verifying the correct worker is assigned to the case and the correct program assignment is identified. All documentation is to be uploaded to CJAMS in a timely manner (five business days).

Strategies for Improvement for measure 3(a): *90% of children and families in Family Preservation have a case plan*

Family engagement and support for caregivers are key to mitigating risk for children and preserving families. Caseworkers have received comprehensive refresher training and follow-up mentoring that highlighted the importance of the in-home service plan as well as the requirement that the Maryland Child and Adolescent Needs and Strengths - Family (CANS-F) be completed. The value of engaging parents as partners was emphasized, and reminders about skills and tips for engagement were provided. Specific guidance for documenting and approving the plan in CJAMS was also highlighted.

A tool is now available for caseworkers, supervisors, and Agency leadership to track their

work, the In-Home Milestone Report, which reports on all families with a Family Preservation case assignment for 30+ days. The *L.J.* report for Measure 3 was shared with In-Home Services leadership to illustrate trends regarding their Key Performance Indicators (KPI). Progress has been made and the Agency is moving in the right direction.

Strategies for Improvement for Measures 9, 17, 18, 19, 20, 69, 70, 78:

There are several MCD measures that require a FamilyTeaming Meeting /Family Team Decision-Making meeting (FTDM) whenever a problem needs solving or a critical child welfare decision must be made such as removal, placement change, change of permanency plan, or exit. Two of these measures are exit standards while the others are internal success measures which generally incorporate some aspect of one of the two exit standards. The strategy for improvement is to strengthen family engagement by mandating regularly facilitated meetings with families and their supports to make the decision-making process more inclusive.

A year has now passed since the completion of facilitator, staff and leadership training, as well as training provided to the Baltimore City Juvenile Court and attorneys representing parents and children in Child In Need of Assistance cases. Full implementation of FTDM meetings began in July 2021 for the critical child welfare decisions. Integrating the meetings into practice is an ongoing process; change is always a challenge but persistence is paying off, as can be noted by the increase in FTDMs, especially around “considered removal.” This is a very positive indicator. The percent of all new entrants for whom a family involvement meeting was held within seventy-two hours was 70%. According to FTDM Unit statistics, one hundred thirty-two (132) Family Team Decision-Making Meetings were conducted on behalf of children and families at risk of separation who did not enter care.

The FTDM Implementation Team continues to meet monthly to identify and resolve challenges, discuss data, and boost compliance with the measures. Developing *L.J.* reports and management reports to measure progress with compliance is a work in progress and a committed effort has been made to produce necessary data. The facilitators have been trained in documenting FTDMs in CJAMS, and weekly meetings were held with Innovations to sharpen skills as well as identify issues needing to be remedied in CJAMS.

Strategies for Improvement Plan for Measures 7, 8, 15, 16, 17, 19, 21, 22, 24, 25, 29, 40:

BCDSS made case plans a priority, and began the work to improve case plan compliance by brainstorming a training protocol. This resulted in comprehensive training implemented during the 67th Reporting Period that was completed during the 68th Reporting Period. The goal was to increase compliance with the case plan related measures.

OHP staff (case workers and supervisors) were trained on completing case plans in CJAMS in the Spring and used the training lab from 6/23-6/30 to complete all outstanding case plans. At the same time, the Innovations team has been diligently working on management reports that

efficiently and effectively provide caseworkers, supervisors, administrators, and BCDSS leadership with 'real time' updates about the status of compliance. These provide caseworkers with reminders, enable supervisors to track progress, and for all to readily identify strengths and areas for improvement.

There is growing awareness that completing case plans and measuring compliance is fraught with more complications than appeared at the outset. For example, Maryland law requires the completion of case plans every 180 days, not every six months. If a caseworker completes the case plan early, the result could still be noncompliance when measured. BCDSS is working to ensure that we improve on the timeliness of documentation and also create a measurement report that is an accurate reflection of the work.

Outcomes Expected:

BCDSS is committed to the collaborative effort required to produce credible reports for ascertaining success with compliance. Once progress can accurately be measured, ongoing training and supervisory oversight can reinforce the importance of practices necessary to achieving compliance, and documenting those practices correctly in CJAMS.

As noted by the IVA's Response to the 67th Report, CJAMS continues to present challenges to staff attempting to document compliance with measures that include case plans and service plans, timely contacts, visits, and uploading documents. This reality, along with the significant number of staff vacancies and higher than desirable caseloads, negatively impact CJAMS compliance.

Along with emphasizing the "how to" of creating case plans, the Department is linking efforts to enhance skills related to family engagement, parent partnerships, permanency, and 'shared parenting' between the foster care giver and the parent.

Ultimately the plan is for the information that's produced to assist with determining the need for continuing training on the qualitative aspects of case planning and/or refreshers on how to accurately enter the data.

Strategy for Improvement Plan for Measure 11:

To achieve compliance with Measure 11, *"the percent of children in care who, after 24 months in care have an internal teaming process to address potential delays in reunification,"* the Agency integrated elements of Permanency Roundtables and Expedited Permanency Meetings into a collaborative staffing protocol.

With consultation from the Annie E. Casey Foundation, planning began during the last reporting period to eliminate duplication of efforts, sharpen the focus, and incorporate the valuable information gleaned from the Permanency Roundtables into a more comprehensive process entitled Child Welfare Permanency Review Action Plan Roundtables. This new process will meet the requirements of all case reviews required at 27 months and every three months thereafter,

During the 69th Reporting Period, 16 reviews were conducted to pilot the new process; modifications are being made and a more robust Child Welfare Permanency Review Action Plan Roundtable is planned for the 70th Reporting Period. A tip sheet has been completed and a SOP is being finalized.

Strategies for Improvement for Measure 36: *For 90% of children under age 13 placed in congregate care, the placement was medically or therapeutically necessary and the placement included services that met the child's needs.*

During the 68th period a workgroup was convened to review the process and determine whether strategic improvements could be made to streamline and/or simplify the process in hopes of boosting compliance. We anticipate the policy will be ready for review and will be finalized during the 70th period. One necessary change was to clarify that while the MATCH Medical Director or consulting child psychiatrist makes a recommendation as to the appropriateness of congregate care, the final approval or disapproval of the type of placement is the responsibility of BCDSS administration.

When a congregate care setting is recommended for any child under the age of 13:

1. The Congregate Care Memorandum must be completed by the assigned caseworker that includes in the justification section:
 - a. The type of placement recommended;
 - b. The reason for recommending a placement in congregate care rather than a less restrictive type of placements; and,
 - c. A clear description of the services offered by the proposed placement and a justification for the decision that these services are necessary to meet the treatment needs of the youth.
2. The Memorandum is submitted to the MATCH Medical Director or the consulting child psychiatrist to review, and make a recommendation as to the appropriateness of congregate care.
3. The Memorandum must also be reviewed by the Assistant Deputy Director, who will then forward it to the Deputy Director for Child Welfare for final approval.
4. The Memorandum and any supporting documents must be uploaded in CJAMS to the Child's Placement Folder.
5. If the child is placed in the congregate care setting for more than 180 days, a new approval must be obtained and uploaded prior to the end of each 180-day period.
6. All of this data is tracked by the Office of the Assistant Deputy Director. A list of youth under 13 years old in congregate care will be maintained and the timeliness of requests for re-approval will be monitored.

Strategies for Improvement for Measure 39: *BCDSS/DHS contracted with the UMSSW to conduct the Biennial Needs Assessment. The findings and recommendations of the Biennial Needs Assessment were attached to the 68th Report. Youth with high intensity needs will be a future focus.*

See “*Biennial Needs Assessment*,” attachment 1.

Strategies for Improvement for Measure 52: *BCDSS employs a staff of non-case carrying specialists to provide technical assistance to caseworkers and supervisors for cases that require specialized experience and/or knowledge.*

BCDSS has developed the following process to effectively track this measure and ensure all child welfare staff are aware of the services.

Process:

- A flier, “Ask the Expert,” provides specific information about the services non-case carrying staff can provide to support the workforce and strengthen work with families and children.
- To ensure that the list remains accurate, Innovations communicates monthly with the Program Managers overseeing non-case carrying specialists.
- Any updates are communicated to the Deputy Director of Internal/External Affairs, who will ensure the “Ask the Expert” flier is updated.
- Once a month the Office of Communication includes the “Ask the Expert” flier in the Friday Focus, a weekly agency-wide newsletter, as well as making sure that the most updated flier is on the Knowledge Base Intranet for staff to access anytime.
- Innovation staff works directly with the Assistant Director of Human Resources and the Deputy Director for Performance to retrieve documents needed for this measure. These include the names of people holding the non-case carrying specialist positions, dates of employment, unit assignments, MS-22 (Position Description), resumes and any necessary scope of work.
- The Innovation staff also reviews the documentation to verify that during the report period, BCDSS:
 1. Employed a staff of non-case-carrying specialists to provide technical assistance to BCDSS staff, including identifying, locating and obtaining resources for families and children who may benefit from specialized expertise and/or knowledge; and
 2. Notified BCDSS staff of the availability of those specialists monthly.
 3. Update the list as necessary

Increased attention is being made to ensure the “Ask the Expert” flier is posted monthly in the

Friday Focus, which is forwarded to the IVA. Closer attention is also being paid to documenting changes in staff and remaining current.

Strategies for Improvement for Measure 66 (In 95 percent of cases of alleged maltreatment of a child in OHP, BCDSS provided the child's attorney and Plaintiffs' counsel the report of the alleged maltreatment within five days of the report and the disposition within five days of its completion.) :

BCDSS developed and piloted the process detailed below to increase compliance with this measure. However, what has been learned from the pilot is that further refinements are needed and a targeted review was planned for the 69th Reporting Period, with revisions to sharpen compliance with Measure 66 anticipated as the outcome to be reported in the 70th Reporting Period.

In the meantime:

Process: Legal Services provides the maltreatment in care reports and dispositions to *L.J.* counsel, IVA, children's attorneys and others as stated below:

1. Immediately after receipt of a maltreatment report, BCDSS Child Protective Services staff emails the report to Legal Services.
2. Legal Services will check the court record to determine whether the child is a member of the *L.J.* class and identify the parties who will receive notice and the redacted report. Legal Services makes appropriate redactions and emails the reports to *L.J.* counsel, IVA, and the children's attorneys.
3. Immediately after completion of the investigation, BCDSS Child Protective Services staff sends the disposition report to Legal Services.
4. Legal Services makes appropriate redactions and emails the disposition reports to *L.J.* counsel, IVA, and the children's attorneys. Redacted disposition reports are also provided to child's parents and their attorney when Legal Services is notified by program staff that to do so is not clinically contraindicated.
5. Legal Services maintains a spreadsheet for tracking timely notifications and reports.

Strategies for Improvement for Exit Measures and Internal Success Measures in Health Care

Exit Standards: 75, 79, 82, 83, 88(a), 93, 94.

Internal Success Measures: 73, 74, 76, 77, 78, 80, 81, 84, 85, 89, 90, 91, and 92

Beginning in 2009, BCDSS contracted with Health Care Access Maryland (HCAM)⁴ to provide health care case management for all children in OHP through the MATCH program. A new five year contract enhancement intended to significantly improve children's health care oversight became effective on July 1, 2020.

The IVA and Plaintiffs' Attorney were provided with the scope of work and afforded the

⁴ HCAM is a nonprofit agency that connects residents to public health care coverage and helps them navigate services effectively.

opportunity to comment in advance of executing the contract. The scope of work done by HCAM was expanded with the goal of improving the overall delivery of health care services to the children and documentation of those services, a semi-annual independent review of the services with a report to BCDSS is now required, and after the review is completed, MATCH is required to submit corrective action plans to BCDSS that address areas in need of improvement. This review is incorporated into several of the *L.J.* measures requiring the reviewer to do a qualitative review of the performance of these measures.

Innovations continues meeting weekly with MATCH to provide ongoing training and consultation, and when necessary, submitting 'tickets' requesting modifications to CJAMS to remedy obstacles to the entry of mandatory data. There continues to be a mismatch between MATCH's data and that reported in CJAMS; the Innovations team is pursuing every option for overcoming the obstacles and feels confident of closing the gap.

EDUCATION

Exit Standards: 99 (others are captured under the Quality Service Review (QSR))
Internal Success Measures: 95, 96, 98, 100

In-person education continued during the 69th Reporting Period, and masks were no longer mandated. Substantial progress has been made towards fulfilling the potential of the Office of Education (OOE), beginning with a fully staffed team with five (5) Family Services Caseworkers and one Supervisor. Some accomplishments during this reporting period include:

1. In collaboration with the Office of Innovation, the OOE is implementing an enhanced all electronic referral process to streamline referrals while also capturing critical data points needed for various reporting sources.
2. In the meantime, a mailbox was established during the 68th Reporting Period for making referrals for educational support assistance
3. The enhanced electronic referral process will allow for better tracking of Best Interest Determination decision making.
4. The OOE completed 134 Out of County School enrollment packets to ensure re-enrollment of children committed to BCDSS in Baltimore County Public Schools for the 2022-2023 school year.
5. The OOE Supervisor and Baltimore City Schools Office of Student Choice and School Enrollment Assistant Director are meeting quarterly to discuss trends, strategize system improvements, and foster open communication between the two departments.
6. The OOE Supervisor meets monthly with Prince Georges County School representatives to discuss trends, strategize system improvements, and strengthen open communication between the two departments.

7. The OOE Supervisor has begun planning meetings with Baltimore County Public schools for the yearly Out of County registration for Baltimore City DSS school aged youth.
8. BCDSS is committed to strengthening BCDSS's school stability practice and embedding a Best Interest Determination process that honors children's preferences with input from parents/caregivers, school personnel, and others who know the child well. When necessary to meet a child's best interests, transportation needs are coordinated by the OOE in consultation with the Local Education Agency, the child's case worker and the caregiver.
9. OOE staff complete the in person school enrollment and verification of attendance for BCDSS school-age children who are slated to attend the assigned zoned school based on the caregiver's address.
10. OOE Coordinators now have an increased presence at both the pre and post Shelter FTDM's to assist with expeditiously identifying educational needs and contributing to Best Interest Determinations.
11. OOE has a representative present in the BCDSS Kin Center on a weekly basis to provide support and guidance to kin providers to successfully navigate educational systems.
12. There have been no changes to the composition of the Office of Education Team.

Strategies for Improvement for measure 99: *90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.*

BCDSS recognizes the importance of children in foster care attending school and has fully staffed the Office of Education (OOE) to support the educational needs of children in care.

The process for the BCDSS Office of Education to achieve compliance with this measure is detailed below. With a new supervisor and improved staff resources, it has been an ideal time to re-evaluate strategies and develop more effective linkages with the child welfare caseworkers. As a result, improvement in timely enrollment for children is anticipated, as is a clean-up of existing CJAMS data.

A challenge is that not all Baltimore City children are enrolled in Baltimore City schools, making obtaining information more difficult. For example, some are enrolled in Baltimore County schools, and the County does not produce a report confirming the attendance of children and youth in Out-of-Home Placement, nor do other local education agencies. However, a partnership is being developed with Prince Georges County to improve collaboration on behalf of the children.

Outlined below is the process for timely enrollment:

Each day the Office of Education (OOE) receives a list of children who are new entrants into foster care.

- School-age children are assigned to an educational specialist.
- All school-age children are tracked on a spreadsheet.
- OOE partners with the Baltimore City Public School system (Office of Enrollment) to assist with enrolling children into school within five days of entry or placement change, and verifying attendance.
- If the child does not attend a Baltimore City public school, the OOE Specialist works directly with the receiving county school to complete that jurisdiction's required documentation to enroll the child and to obtain verification of attendance.
- The New Entrant School Enrollment Verification form is completed by each school's designated personnel, and uploaded into CJAMS in the Education Folder by the OOE specialist.
- Attendance within five school days of entry into care or after a placement change is verified by the attendance record obtained by the OOE Specialists for each child in care. The record is uploaded into the Education Folder in CJAMS.
- The OOE is also notified of all children who experience a change in placement.
- The OOE Specialists follow the same procedure to enroll children who move placements for whom a change of schools is determined to be in the child's best interests, and to document the work and the outcome.

ADDITIONAL COMMITMENTS

PART ONE: GENERAL PROVISIONS

1. Section II F 4. Notification of the Serious Injury or Death of a Class Member: *“Within one working day, Plaintiffs’ counsel shall be notified of the serious injury or death of any class member and shall be provided timely the incident report, any reports of the investigative outcomes, and access to the child’s case file.”*

BCDSS notifies Plaintiffs’ counsel of the death or serious injury of any class member as required by this provision of the MCD. The Agency is committed to ensuring the timely submission of required critical incident and fatality reports. Plaintiffs’ counsel have access to the child’s case file upon request. The Agency continues to explore process changes that will assure the highest level of compliance with all the requirements of this section.

2. Section II F 5. Provision of Publicly available Reports of Non-Compliance: *“Defendants shall promptly provide to the Independent Verification Agent and to Plaintiffs’ counsel all publicly available reports that Defendants receive indicating that they are not in compliance with a requirement of this Decree.”*

There are no such reports known to the Department at this time.

3. Section III E. Standardized Process For Resolving Individual Class Member Issues: *“By December 31, 2009, Defendants, after consultation with the Internal Verification Agent, Plaintiffs’ counsel and stakeholders, shall establish a standardized process for resolving issues related to individual class members. This process shall be widely publicized and accessible and shall permit individuals or their counsel to raise concerns about problems in their individual cases without retaliation (or fear of retaliation). Records shall be kept of the issues raised and their resolutions, and summary reports shall be provided to the Internal Verification Agent and Plaintiffs’ counsel every six months.”*

A standardized process was developed and implemented to investigate and resolve issues related to individual class members in a timely way. The process has been well-publicized and offers individuals or counsel a clear pathway to raising concerns about problems in individual cases as required by this section, without retaliation or fear of retaliation.

With a keen interest in continuously improving practices, the Program Manager for Court Processes and the IVA are revisiting the process and its efficacy to propose strategic improvements. In so doing, BCDSS learned that while the process itself was approved, the written policy was never finalized. BCDSS is committed to finalizing a process that ensures a ‘user friendly’ and responsive way for resolving issues related to individual class members.

There have been successes that include the following:

- A pamphlet in both English and Spanish to continuously advertise the process and encourage its use.
- When interacting with stakeholders, use of the process is encouraged and reinforced
- Complaints and the efforts to resolve each one are monitored and tracked.
- Records of all complaints are maintained in either the Program Manager for Court Processes email or the dedicated email that is set up to receive complaints.
- The mailbox is checked each workday.
- Summary reports are provided to the IVA and Plaintiff’s counsel every six months.

BCDSS has established a standardized process for resolving issues related to individual class members; widely publicized the process and made it easily accessible in a way that protects the complainant from retaliation or fear of retaliation; maintained records of the issues and their resolutions; and provided summary reports as required.

While the Agency makes a summary of complaints readily available and adheres to the commitment as outlined above, the IVA requested access to a real time log of the complaints. Options for accommodating this additional request are under review with a goal of full implementation before the 70th Reporting Period.

SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS

1. Preservation and Permanency Planning

a. Section E 1 Needs Analysis and Funding In-Home Family Preservation Services: *“Based on an analysis of the needs of the children and families that come to the attention of BCDSS, BDCSS will determine biennially the level of need and the amount of funds needed to fund in-home family preservation services, separate and apart from the regular program of protective services and safety case management services, to provide each family of a child at risk of removal with in-home family preservation services in a duration and intensity reasonably calculated to enable the child to remain with the family without removal. The DHR Secretary (“the Secretary”) shall include in the DHR budget proposal funds that are sufficient, in the Secretary’s judgment, to ensure that in-home family preservation services are available in the size and scope determined by the assessment and, if included in the Governor’s budget, shall advocate for the appropriation of such funds by the General Assembly.”*

The number of caseworkers assigned to Family Preservation - 45 - has remained consistent throughout the 69th Reporting Period. Although the existing number of positions are sufficient to meet the need, as stated earlier, BCDSS continues to hire new caseworkers to fill all vacant positions.

Each fiscal year, DHS allocates over \$4 million in federal funding, Promoting Safe and Stable Families (PSSF) funds, to provide agency staffed family preservation services and fund contracted services falling under the family preservation umbrella.

Risk of removal as a result of poverty is mitigated by using flexible funding to meet individual needs and lower risk. Other flexible funds can be used to support a rapid return from Out-of-Home Placement.

Although a method for attaching a price tag to the needs of children and family who may hypothetically come to the attention of BCDSS at some later date has not yet been identified, BCDSS is confident of the credibility of the ‘look back’ method that highlights the sufficiency of the annual allocation. At no time in recent history has BCDSS depleted funding allocated for meeting the needs of the families and children. If the goal of this commitment is to ensure adequate funding to strengthen and preserve families, the historical look back that confirms funds have never been depleted meets that goal.

As reported previously, these needs are viewed very broadly and include a wide spectrum of individual and family needs including restoring utilities or forestalling turnoffs; preventing evictions; defraying relocation and move-in costs; filling prescriptions; purchasing medical equipment; providing household goods; purchasing specialized behavioral health evaluations and treatment; mitigating environmental hazards by purchasing heavy chore services, junk removal,

and pest control; assisting with work-related costs (uniforms, certifications, equipment, etc.); purchasing clothing; vehicle repair and/or maintenance; the purchase of furniture including beds and bedding, and more.

By way of examples but not an exhaustive list, during the 69th Reporting Period nearly \$129,000 was spent paying for rent; \$75,756 for furniture; \$26,322 on assistance with utilities, and the catchall 'other' - summer camps, daycare, transportation, recreation, and so on - was \$1,285,808.

Flexible funds may also be used to 'normalize' a child's experience and encourage resilience by covering fees for enrichment programs and participation on sports teams; to purchase school yearbooks; pay for field trips, proms, tutoring, and summer camps, and to assist with work-related expenses such as uniforms. This, too, can aid in stabilizing families by engaging the children in meaningful activities, promoting self-esteem, and encouraging protective factors.

Funding allocated by DHS to support activities to preserve families was sufficient for the 69th Reporting Period. Based on the experiential funding data reviewed from past years and the close of the FFY with adequate funding and the capacity of the casework staff to serve vulnerable families identified in need, should there be a change in needs or circumstances, BCDSS leadership is confident of a positive response to a supplementary request. The Super Flex allocation for FY2020, for example, was substantially increased to include more than 7 million additional dollars in expenditures related to COVID.

In short, the funding allocation to strengthen families through Family Preservation services has proven to be sufficient.

The low percentage of children served by Family Preservation who experience family separation speaks to the success of the program and adequacy of funding. If a safety or risk issue can be remedied with funds, BCDSS confirms that the amount of funding provided is sufficient to meet the individual needs of families and prevent removal. If the goal is to assure a funding allocation that can preserve families and enhance care of children and parents, that goal has been achieved.

CHAFEE Independent Living funds, which are separate, are dedicated youth funds used flexibly to meet the individual needs of young people ages 14+ as well as provide project-based programming and psycho-educational group experiences. Similar to Family Preservation funding, a method for attaching a price tag to a hypothetical youth's needs at some future date has not yet been identified. However, the goal of sufficient funding has been met by establishing the historical adequacy of the allocation.

b. Section E 2 DHS Budget Proposal for Prevention and Reunification: *"The Secretary shall include funds in the DHR budget proposal that are sufficient, in the Secretary's judgment, to ensure that services and assistance are available for all children (and their families) who come to BCDSS's attention as being at risk of placement into OHP or who are in OHP and have permanency plans of reunification with their families, and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."*

BCDSS/DHS have complied with this requirement. DHS allocates over \$4 million dollars, sufficient flexible dollars to BCDSS for use directly for services to families and children. Funding can be used to prevent removal, during the OHP episode, and after a child is reunified for services related to supporting a safe and stable return home.

Please see above for the plethora of acceptable uses for the funds to meet the individual needs of families and their children to support case planning. Similarly, if the goal is to ensure that funding is sufficient, that goal has been achieved.

Additionally, when it is not possible to mitigate risk and prevent removal, BCDSS/DHS can access IV-E reimbursement for services provided to children, youth, and families receiving OHP services.

c. Section E 3 Formal Evaluation of Family-Centered Practice Initiatives: “DHR shall contract for a formal evaluation of the efficacy of its family-centered practice initiatives. This evaluation shall be completed within two years of the signing of this Consent Decree. This contract is subject to any required approvals by the Department of Budget and Management and the Board of Public Works. In addition, DHS/BCDSS shall routinely collect data on the efficacy and safety of its practices in utilizing family-centered practice and team decision-making to avoid the removal of children.”

In 2007, DHS launched the “Place Matters Initiative” which led to a renewal of a commitment to family-centered, child-focused, community-based services that promoted safety, strengthened families to keep children safe, and achieved permanence for children and families in the child welfare system. The success of Place Matters is evidenced by the decreased number of children in OHP .

Building on the success of Place Matters, after several years of diligent study and consultation, DHS/SSA implemented the Integrated Practice Model (IPM). This was yet another renewal of the commitment to family-centered practice that now includes the full continuum of clients served by the Agency across the age span. Family Teaming is a critical component of the IPM and fits well with the FIM ‘reboot’ BCDSS has undertaken.

d. Section E 4 Youth Engagement: “BCDSS shall continue to offer opportunities for youth in OHP to meet with one another and with the BCDSS Director, other high-level officials, and providers of youth services to talk about problems and needs for children in OHP. BCDSS is also committed to developing effective strategies to provide youth in OHP in Baltimore City information about the youth’s rights, responsibilities, and opportunities to express concerns and report problems. With the assistance of youth, DHS shall develop a handbook for youth exiting OHP that provides information on available community resources.”

Agency Leadership Engagement & Youth Opportunities

- BCDSS Executive Leadership continue to emphasize their accessibility to the young people in foster care and to present a non-imposing figure when meetings with youth

occur.

- Quarterly “Talk with the Director” meet-ups to systematize opportunities for young people to speak with Agency leadership will be piloted. There is a plan to include this opportunity into the RB21 schedule and publicizing it to youth. When accomplished, documentation of these opportunities will be made available to the IVA.
- BCDSS provides an exit packet for young adults that contains community resources, a letter from the director, a copy of their health passport, and other important documents such as birth certificate and Social Security card.
- The Foster Youth Ombudsman, whose position is explicitly for the purpose of receiving input and resolving concerns from youth in foster care without regard to the age of that youth, is an important and independent resource available to young people. No concerns have been transmitted to BCDSS.
- DHS offers a website, MyLife.com, an appealing and comprehensive guide to ‘resources for your everyday life’ that is easily navigated and up to date. Also, the website contains the Youth Matters handbook.
- The broad array of psycho-educational group programming and recreational activities sponsored by BCDSS are designed as opportunities not only for learning, but also as a venue for interacting with other young people in foster care.

5. Section E 5 Intensive Case Management Plan for Youth ages fourteen through twenty:

“BCDSS shall create an intensive case management plan for youth ages fourteen through twenty who frequently are missing from placement or are experiencing multiple disruptions in placements. These youth shall receive an intensive array of supportive services.”

The goal of the Intensive Case Management (ICM) Unit is to target children at high risk of further placement disruption and provide intensive case management services to stabilize the child in a treatment program with the services and supports able to meet the youth’s needs. Standard Operating Procedures were issued during the last reporting period.

The unit is based on a model of collaboration with a newly assigned team that includes a caseworker, a behavioral health navigator, and a family support worker, all new to the young person. The Agency’s child psychiatrist offers consultation. Caseloads are capped to enable more frequent contacts with youth and their treatment or other care providers; provide an array of support services beyond those offered by the high intensity placement setting; closely monitor progress; and provide positive reinforcement for successes. Collaborating with the child’s placement provider is pivotal, as youth with high intensity needs are typically placed in treatment settings, and supplementing rather than replacing the services provided by the placement is critical. Recruiting and retaining a qualified workforce has been the most significant barrier to meaningful implementation of the new ICM SOP. Like other services across BCDSS, the ICM Team staffing numbers are negatively impacted by the statewide workforce shortage and hiring

challenges. Efforts to recruit staff to join the ICM Team continue. Developing the sort of reparative therapeutic relationship necessary to engage the youth in planning for the future can be challenging at best.

6. Section E 6 Plan for Services to Transition to Adulthood: *“By September 30, 2009, DHR/BCDSS, in partnership with outside experts and advocates for children, including Plaintiffs’ counsel, shall create and, thereafter, DHS/BCDSS shall implement and maintain a plan to provide comprehensive services to children in OHP to meet the goals of the children being ready by age twenty-one for successful transition to adulthood.”*

BCDSS’s plan for ensuring that each youth has an opportunity to meet the milestones in the five benchmarks is explained below.

RB21’s goal is for all foster youth to attain the necessary knowledge, skills, and resources in the five benchmark areas (Education & Employment, Financial Empowerment, Permanent & Supportive Connections, Safe & Stable Housing, Well-Being & Civic Engagement) by age 21. Social emotional learning - having the ‘soft skills’ critical to successful and satisfying adulthood, i.e. self-awareness, impulse control, responsible decision making, relationship skills, self-management, and social awareness - is interwoven into the curricula of psycho-educational group programs.

On a macro level, the plan is to provide youth with the opportunity to meet the milestones by assigning each young person to a specialized adolescent/young adult case worker, offering a panoply of psycho-educational/recreational group programming, engaging youth to take advantage of these opportunities, and eliminating obstacles to participation. Transition plans are crafted with the input of the young person, their family members, and the important supports in the young person’s life.

Recognizing the specialized needs of adolescents and young adults in Out-of-Home placement, staff are assigned specifically to the “RB21” unit and are prepared to become experts in the issues facing youth, and to have the skills necessary to engage with adolescents and young adults as well as their parents and other kin. Bringing a trauma-informed approach to the work with youth and young adults is critical to assessments, planning and implementing interventions, and managing crises.

BCDSS also values partnerships and collaborations to serve the young people in its care, including those with placement providers, educational providers, non-profits, and other service providers. This is especially important given that the opportunities for preparing young people for successful and satisfying transition to adulthood may also be provided in placements with independent living preparation as one of the services. Of the just over 600 young people ages 14 - 21 in OHP, roughly 60% are in a placement meeting that description, including treatment foster care, therapeutic group homes, residential group homes, residential treatment centers, and off-site supervised apartment living programs.

Each young person and their family are assigned to a BCDSS caseworker whose responsibility is

to oversee the care of the youth by engaging with the youth and their family; continuously assessing needs; collaborating on a service plan; monitoring and supporting achievement of the plan; and making adjustments as necessary. Engagement with parents is critical to continuously assess the potential for reunification, and to support non-toxic relationships even when young people can't return home. Outreach to kin is ongoing.

The caseworker also engages with service providers, purchase of care providers, social and familial supports, academic resources, health caregivers, and others concerned with the care of the young person. A plan of relative placement, reunification, or adoption is revisited regularly, and Family Findings is used to research family members.

Relational permanence - long-term relationships with fictive kin, friends, supports, and others who will maintain contact with the young person post-exit - is critical when plans for family placement become less likely.

A full range of psycho-educational group experiences are offered online and in-person to young people ages 14 to 21. On-line programming eliminates transportation as an obstacle. Along with didactic learning, the opportunity to meet with other young people sharing a similar life story is a plus for young people in foster care, as it destigmatizes their experience and enables a level of comfort knowing they aren't alone.

To ensure that BCDSS caseworkers are aware of the wide range of programs and services, a "cafe" is held monthly to promote awareness, encourage referrals, and respond to questions. In addition, the very easily retrieved RB21 website offers information directly to the young people, who can readily sign up for the Youth Advisory Board or register for one of the many psycho-educational opportunities.

BCDSS continues to be committed to promoting awareness of the opportunity and resolving obstacles to the involvement of any youth who expresses an interest. BCDSS makes no pretense that YAB members can possibly represent the problems and needs of the close to 1500 children in care. The YAB is as much a valuable mutual support group for the youth who choose to participate and its value is in part the opportunity to learn and practice leadership skills. Actively soliciting and representing the needs and problems of nearly 1600 children from infants to young adults would be a daunting prospect for any volunteer organization.

RB21 specialists provide one to one individualized assistance to young people. This may include learning to navigate public transportation; applying for, or maintaining, employment; nutrition counseling; 1:1 family planning support; parenting skills; health-related care; searching for housing; home maintenance; budgeting and banking, among other life skills.

Roughly 60% of children are in purchased care, which means that BCDSS shares the responsibility of preparing the young person for adulthood. Partnership with those directly involved in the day to day care of the children have a significant impact on the youth's social-emotional learning and opportunity to practice life skills is critical.

BCDSS also has ample flexible funding available to ‘normalize’ a youth’s experiences. Funds are used for driver’s education; graduation expenses including prom, after prom party, yearbook, and graduation photos; security deposits, furniture, and home management needs; uniforms and other equipment for employment; semester abroad for college students; support travel with foster caregivers; and certificate programs not covered by the ETV and so on.

Finally, BCDSS welcomes opportunities to strengthen services through partnerships such as the Jim Casey Youth Opportunities, which offers financial literacy training, and enrollment in a matched asset purchase program. While housing vouchers aren’t as plentiful nor as long-lasting as the Agency would like, these, too, represent a valuable partnership with the Baltimore City Housing Authority.

In short, the plan to provide comprehensive services to all youth in Out-of-Home Placement at 14, and to ensure every youth has the opportunity to meet those milestones is embedded in BCDSS’s commitment to a specialized unit expert in providing trauma-informed services to adolescents and young adults; the expansive continuum of psycho-educational group programming; specialists who can offer 1:1 individualized instruction; and partnerships with organizations that enables BCDSS to expand services to young people. Flexible funding to meet individual needs; easy sign-ups for on-line life skills training; and easy access to apply for the advisory board are strengths to support youth-led planning and meet individual needs.

The Department recognizes and respects that despite the wide array of accessible and trauma-informed services tailored to meet a broad range of needs, abilities, and interests, not every youth will opt in. This is true despite persistence outreach, incentives to participate, and elimination of obstacles.

The median length of stay for youth ages 14 to 17 at a recent point in time measured 617 days, indicating that youth are entering care at older ages. Oftentimes that means a history of exposure to multiple traumas, and the inevitable deficits in social emotional learning skills. BCDSS’s commitment is to continue making sure that every effort is exhausted to motivate every young person to embrace the broad array of services and supports available through the RB21 program, if not their placement provider.

A positive relationship between the caseworker and the youth can be pivotal, in part for teaching and modeling social emotional skills and empowering youth to make use of the many opportunities for meaningful learning, experiences, and tangible resources BCDSS can make available. Unfortunately, the staffing crisis has impacted those relationships.

For more information about RB21 psycho-educational and other group programming, see Attachment #5 entitled, “RB21 Comprehensive Report.”

7. Section E Guardianship Subsidies: *“By December 2009, DHR shall develop and implement a program pursuant to which each child whose caregiver seeks and receives custody and*

guardianship from the juvenile court and meets the legal requirements for a guardianship subsidy receives such a subsidy in an amount that conforms to the requirements of federal law. Such subsidy shall continue until the child is eighteen years of age or, if disabled or attending school or training, until the youth is twenty-one years of age.”

The IVA has determined that the Department is in compliance with this commitment in previous reports. The Agency continues to meet this commitment.

Out-of-Home Placement

1. Section D 1. a. (4) Waiting Lists or Temporary Placements: *“Plaintiffs’ counsel will be notified within ten working days of any child being placed on a waiting list or in temporary placement.”*

Dating back to March, 2021, BCDSS has provided a comprehensive overstay and waitlist every week to Plaintiffs’ counsel, the IVA, and DHS to comply with this requirement. The list contains information on the committed children who are on overstay or waiting for an appropriate placement at various types of facilities. BCDSS is in compliance with this requirement, requested certification in the 67th Report and is respectfully requesting certification for this reporting period.

2. Requirements for Reporting Maltreatment Reports: *“The provisions of this paragraph shall apply upon the entry of a protective order by this Court consistent with the terms of this paragraph. Within five business days of receipt of a report, BCDSS shall notify the attorney for the child, the child’s parents and their attorney (unless prohibited or their whereabouts or identity are unknown), Plaintiffs’ counsel, caseworkers or other persons responsible for other children in the home or for the home or facility itself, and any other persons that are entitled to notice under state law or regulation. An unredacted (except the name of and identifying information about the reporter and privileged attorney-client material) copy of the report must be provided to the child’s attorney and Plaintiffs’ counsel. The completed unredacted (except the name of and identifying information about the reporter and privileged attorney-client material) disposition report must be provided to the child’s caseworker, child’s attorney and to Plaintiffs’ counsel within five business days of its completion. Parents (except where clinically contraindicated) and other parties entitled to be provided copies under state law or regulation shall receive redacted copies within five business days of completion.”*

BCDSS endeavors to comply with this requirement by providing the notice and reports required of this commitment. Due to a variety of factors, the five-day notice deadline is not consistently met and the Agency continues to work on process refinements to achieve timely notice and copies of maltreatment reports and dispositions to comply with this requirement.

3. Section E 1 Biennial Needs Assessment: *“By December 31, 2009, DHR/BCDSS shall complete its assessment of the range of placements and placement supports required to meet the needs of children in OHP by determining the placement resource needs of children in OHP, the availability of current placements to meet those needs, and the array of placement resources*

and services that DHS/BCDSS needs to develop to meet those needs in the least restrictive most appropriate setting, including sufficient family placements for each child who does not have a clinical need for a non-family placement, family placements available for emergency placement needs, placements appropriate to meet the needs of children with serious mental health problems and children with developmental disabilities, and appropriate facilities and programs for semi-independent and supportive independent living. The assessment shall be conducted biennially.”

BCDSS/DHS contracted with the UMSSW for the assessments required for this commitment and the results were attached to the 68th Report. See Attachment #1.

4. Section E 2 DHR Budget Proposal for OHP Services: *“The DHR Secretary shall include in the DHR budget proposal funds that are sufficient, in the Secretary’s judgment, to secure and maintain the array of placement resources and supports needed for children and youth served by BCDSS (including those needed to support the stability of placements and the ability of caregivers to meet the needs of children in OHP and to avoid placement of children in congregate care) and, if included in the Governor’s budget, shall advocate for the appropriation of such funds by the General Assembly.”*

As referenced above, a new placement needs assessment was complete. DHS/BCDSS continues to be below the national average for the percentage of youth placed in congregate care, as well as above the national average for the percentage of youth placed with kin, now reportedly 32%.

5. Section E 3 Stipends to Emergency Shelter Care Homes: *“BCDSS shall provide stipends to emergency shelter care homes even in months in which children are not provided care to assure that such remain available for emergency placements. Should BCDSS determine that this provision is not necessary to achieve the outcomes of this Consent Decree, BCDSS will propose a modification to this Consent Decree about which the parties will negotiate in good faith. The Secretary shall include funds annually in the DHR budget proposal that are sufficient, in the Secretary’s judgment, to meet these requirements and, if included in the Governor’s budget, shall advocate for the appropriation of such funds by the General Assembly.”*

Since the 54th Reporting Period, BCDSS has described the stipend to emergency foster homes as an outdated concept. More current practice is to identify and approve homes willing to accept emergency placements, and most children entering care emergently are placed in family settings. BCDSS is surveying resource home providers for willingness to be an emergency provider.

However, youth with high intensity physical, emotional or behavioral issues require services that foster homes are ill equipped to provide and the Agency's approach to addressing their placements needs was discussed in the Department’s reply to the Baltimore City Placement Review completed in the 68th Reporting Period.

Additionally, according to a recently completed study by the Maryland Hospital Association,

children and youth on overstay in in-patient psychiatric settings and those 'stuck' in the emergency room awaiting a hospital bed most commonly have aggressive behaviors, and/or are diagnosed with developmental disabilities and/or autism with psychiatric features, and/or exhibit sexually reactive behaviors.

Trauma behavior may include compulsively swallowing dangerous objects like lightbulbs, batteries, cleaning supplies, bolts, razors, and toothbrushes or repeatedly engaging in self-harming behavior like cutting with any available object. Sexualized behaviors may be directed towards caregivers, other children, or family pets and include compulsive masturbation without a filter. Along with documented harm to peers and/or caregivers, aggressive behavior may also include property destruction and the smearing of feces or risk to the family pet.

All of the children and youth have strengths that are valued and highlighted to providers. However, BCDSS must provide full disclosure when referring children for placement and the factors leading to overstays are often those that foster parents conclude are beyond their capacity to safely manage. This is the case even with the offer of additional in-home support like 1:1 or even 2:1 staffing.

BCDSS also has a responsibility to exercise thoughtful judgment about safety and risk when making placement decisions. When a youth is on overstay in a hospital, typically 30 to 60 referrals have been sent out and every treatment foster care provider has refused admission, as has every group home, therapeutic or otherwise. These refusals come despite the promise of enhanced 1:1 staffing.

Given these dynamics, emergency resource home placements are not considered safe placements for youth with high intensity behavioral health needs and/or developmental disabilities. A stipend to hold a bed in a foster home will not result in an appropriate placement as these children and youth likely require a highly structured and therapeutic setting with 24-hour supervision to keep themselves and others safe.

Data from MATCH showed that nearly 60% of youth ages 14+ have moderate to high risk behavioral health needs, and CJAMS data indicates that more than 50% have disabilities. In contrast, of children ages 0 - 13, only 28% are identified as having disabilities and 16% have medium to high risk behaviors. In short, older youth have very different needs than young children.

Finally, BCDSS has committed to a model with promising evidence to implement in our public resource homes to better serve children in OHP placed in agency foster homes. The model, Trust Based Relational Intervention (TBRI), is designed to provide resource parents with tools and skills to manage the challenges of caregiving for traumatized children. A comprehensive strategy for implementing TBRI and integrating this approach into our practice is nearing completion, and includes training for staff and resource families, transfer of learning activities to follow up with, and ongoing support. Incentives are proposed to defray the costs of participation by resource families and encourage volunteers. However, even the TBRI model will not equip foster parents to meet the needs of the youth with high-intensity needs.

To summarize, BCDSS has not had difficulties placing children or youth other than the population of older youth described as having trauma behaviors that present a risk to self or others. Nonetheless, we are identifying foster homes willing to accept emergency placements.

6. Section E 4 Kinship Caregiver Support Center: *“Within ninety days of this Consent Decree, DHR/BCDSS shall issue an RFP and shall provide funding sufficient to operate a kinship caregiver support center(s) which includes: provision of resource information and support services to caregivers; the development and maintenance of a website; transportation assistance to referrals, activities and appointments related to the care of children; staff training; training for caregivers; and the development and support of a statewide network of support groups for kinship caregivers. This contract is subject to any required approvals by the Department of Budget and Management and the Board of Public Works.”*

Kinship represents the most desirable OHP option for children who cannot live with their parents. Research finds kinship care provides the greatest level of stability by allowing children to maintain their sense of belonging, and enhances their ability to identify with their family’s culture and traditions. Knowing that nearly half of the children under the age of 13 are placed with kin speaks to BCDSS’s commitment to sustaining families even when a separation becomes necessary for the child’s safety.

One of BCDSS’s goals is to evolve into a kin-first agency when children are not able to live safely with parents. Providing support and other services to informal kin caregivers - those kin providing care outside of the public child welfare system - is an important BCDSS strategy to prevent the need for Juvenile Court involvement. In-home and out-of-home program managers collaborated to ensure that the KinCare Center will support the entire continuum of kinship caregivers. After a “soft opening” in Spring, 2022, the KinCare Center - BCDSS’s long awaited resource center for kin caregivers - opened to the public five days a week during this reporting period. The BCDSS KinCare Center is located at 2923 E. Biddle St., and opened during the last reporting period for staff orientation two days each week. Through all-staff publicity, staff were encouraged to visit the center and to spread the word about this unique resource for both informal and formal kinship caregivers so many years in the making.

In partnership with the Center for Adoption Support and Education (C.A.S.E.), an organization co-located at the Center, a Family Fun Day was held to promote the center as welcoming and family-friendly. The event offered fun-filled activities for families to enjoy at no cost, including games, arts and crafts, and face painting. Families were also treated to lunch, snacks, and drinks, and were offered a tour of the new center.

C.A.S.E. is a non-profit provider dedicated to helping adoptive, foster, and kinship families overcome behavioral health challenges through no-cost specialized individual and family therapy, case management, education and training. C.A.S.E. offers services to children and parents preparing for permanency, and support for families post-adoption and post-guardianship.

A team of staff have been assigned to the KinCare Center, including three Kinship Navigators

who are experts in community resources and available services for both formal and informal kin caregivers. The Navigators provide information, make referrals and linkage to community services, and offer consultation to case workers to assist with identifying resources. Most importantly, the Kinship Navigators are available to advocate for the kin providers as various child and family-serving systems are navigated. To actively provide support to parents such as transportation and 'hands on' guidance, a Family Support Worker is now part of the team. The Family Investment Administration liaison and an Educational Specialist are out-sourced to the KinCare Center weekly. Staff may also visit or contact the KinCare Center to learn more about kin providers becoming licensed resource parents for children already in state care, and adopting or accepting custody/guardianship.

The KinCare Center provides kin caregivers with referrals for a variety of services including counseling and legal services; information about making applications for public benefits including WIC; and concrete resources such as cribs, school supplies, gift cards, diapers, pack and plays, and more. The on-site FIA liaison assists kin with applying for benefits (TCA, SNAP, MA) and addresses barriers to accessing and receiving benefits. Outreach efforts to target and engage community partners to strengthen partnerships and service coordination are ongoing.

The final transition to PHASE III for the Center includes the expansion of specialized supports onsite including training opportunities and support groups, along with an array of psych-educational programming as well as recreational events for kinship families.

The BCDSS "virtual kinship resource center" involved establishing a kinship care webpage that links to the existing BCDSS website and to the DHS website. The Kinship website was launched during the 66th Reporting Period after completing research that included a kinship survey in furtherance of this commitment. The website offers a wide array of information appropriate for both formal and informal kinship caregivers, including information about kin navigation services with dedicated contact information; a kinship fact sheet; information about public benefits; access to children's education and healthcare services; informational webinars; FAQs and more.

The Kinship Care brochure finalized during the 66th reporting period provides the following information:

- Rights and responsibilities in becoming a restrictive foster parent;
- What to expect from the local department;
- The purpose and goal of kinship care;
- The benefits available for kin providers of children in state custody; and
- Parents' rights and responsibilities.

1. Section E 5 Semi-Independent Living Arrangement Rate: *"DHR shall set the Semi-Independent Living Arrangement rate at no less than 95 percent of the foster care payment rate for teens by July 1, 2009 and shall make adjustments annually thereafter to match increases in the foster care rate as included in the budget. To satisfy this requirement, the Secretary shall include funds annually in the DHR budget proposal that are sufficient, in the Secretary's*

judgment, to meet these requirements and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."

The IVA has certified the Agency's compliance with this commitment in her response to the 64th Report. The Agency continues to meet this commitment. There have been no changes.

2. Section E 6 Foster Care Payment Rate: *"DHR shall set the foster care payment rate at no less than the Foster Care Minimum Adequate Rates for Children ("MARC") standard. Until the MARC standard, as adjusted for cost of living, meets the foster care payment rate currently in effect for FY 2009, DHR shall not lower the foster care payment rate below current levels. To satisfy this requirement, the Secretary shall include funds annually in the DHR budget proposal that are sufficient, in the Secretary's judgment, to meet these requirements, and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly. The Secretary shall include funds annually in the DHR budget that are sufficient, in the Secretary's judgment, to modify the foster care payment rate to reflect a COLA adjustment and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."*

As reported previously, at the request of DHS, the Maryland General Assembly authorized a 1% increase in the foster care board rate in FY 2019, and in January 2022 private agency providers received an increase. There has been no increase in the board rate for public providers since 2019.

When compared to all the states, Maryland continues to be at the top end of the scale in payments to foster care providers. DHS has ensured that providers in Maryland are being appropriately funded as required by federal standards.

3. Section E 7 Plan to Address Needs of Unlicensed Kinship Care Providers:

"By September 2009, DHR/BCDSS, with the assistance of individuals knowledgeable about the issues, shall study and develop a plan to address the particularized needs of unlicensed kinship care providers for children in OHP, including remediation of problems discouraging or prohibiting licensure."

BCDSS has renewed a commitment to transforming into a 'kin first' agency by thoughtfully and strategically developing and implementing a continuum of support for kinship providers.

BCDSS is adopting strategies to standardize kinship practice throughout the child welfare continuum and strengthen efforts to support kin, and dedicated itself to prioritizing ties with kin and adapting procedures to be a child welfare agency with a high percentage of kinship providers. In addition to the KinCare Center, a Kinship Navigator was assigned to OHP to strengthen welcoming outreach and support for kin caregivers immediately after placement.

The Kin Navigator is notified immediately when a child enters care and is placed with a kin

provider. The Kin Navigator is responsible for contacting the provider to deliver and explain the kin brochure and obtain a receipt, as well as referring the provider to the Resources and Support Unit to begin the restricted foster/adopt home study process with the assent of the caregiver.

BCDSS has increased cross program collaboration to determine and address problems preventing licensure. There are obstacles preventing some kin caregivers from becoming an approved restricted foster care provider. Some requirements for approval are considered safety-related and beyond the authority of BCDSS to waive. For example, if the kin caregiver lives in Baltimore County, the Fire Department has specific requirements for the size of the windows. The windows in many homes built in the early 1950's are too small, and enlarging the windows can require major construction.

Similarly, wood paneled basements ("club rooms") were once very popular in the Baltimore metropolitan area but are now considered fire hazards. While Agency funds might be able to cover the cost of removal, not every family wants to renovate their home and some are renters. Even the use of bunk beds can be a deterrent, and because this, too, is safety related, there are no provisions for waiving the prohibition. While the Agency can pay for additional beds to obviate the need for the bunk bed, the home has to have sufficient space.

There are also criminal backgrounds that remain obstacles, or recent involvement with CPS that is difficult to justify waiving.

Finally, some kin are disinterested in completing a home study and the required training, despite the obvious financial advantages. The Agency can try to remove all obstacles and encourage the caregivers but the caregivers need to be willing to make the commitment to the time necessary to participate in a home study and the mandatory training.

4. Section E 8 Funding for Child Care:

"To meet the requirements of Outcome 4 (as defined) of this Section to provide funding for child care, DHR/BCDSS shall continue without interruption to provide funding for child care to caregivers to at least the extent required by DHR Policy SSA 09-13 (Note: this was superseded by SSA16-21)). Defendants agree to extend the provision of child care to include before- and after-school care, vacation and holiday care, and sick daycare, as needed, for all children ages twelve and under, but only to the extent funds are available from savings generated through the documented reduction in the use of congregate care. To satisfy this requirement, the Secretary shall include funds annually in the DHR budget proposal that are sufficient, in the Secretary's judgment, to meet these requirements and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."

The Agency continues to meet this commitment. The IVA certified BCDSS compliance with this commitment in the response to the 64th report.

5. Section E 9 Services and Assistance to Parenting Youth: "By September 30, 2009,

DHR/BCDSS shall provide documentation of policies and implementation of policies for ensuring that children in OHP who are expecting a child or who are parents receive services and assistance appropriate and sufficient to assist the child to acquire parenting skills.”

The Agency continues to work to meet this commitment. The RB21 Expecting and Parenting Supervision Addendum Form, developed in February, 2021, is used by supervisors and caseworkers to spark discussion during supervision. The goal of the form is to trigger more focused conversation between case workers and parenting youth to ensure that youth have the tools and resources to care for their children safely and with as many supports as possible. These include placements in programs that specialize in meeting the needs of pregnant and parenting youth.

Following supervision that includes discussion of the youth who are expecting or parenting, the assigned caseworker sends an email to MATCH informing them of the young person’s status. MATCH then contacts the young person to link them with prenatal care and community resources.

The FIA liaison’s role has been expanded to support this population as well.

6. Section E 10 Children and Caseworker’s Reconsideration of Placements: *“By September 30, 2009, DHR/BCDSS shall provide documentation of policies and implementation of policies for ensuring that the input of children and caseworkers was considered in the reassessment, recertification and relicensing of a placement.”*

BCDSS resource home caseworkers communicate with children’s caseworkers to solicit feedback about the care provided to the children as an important part of every reconsideration completed for resource (foster) parents. In addition, BCDSS is exploring with the IVA other methods to meet this commitment. Opportunities for using the CJAMS provider record are under consideration, and a reference to obtaining a child’s input has been added to the template for completing a reconsideration.

HEALTH CARE

1. Section E 1 Implementation of BCDSS Health Care Initiative: *“By June 2009, BCDSS will implement the BCDSS Health Care Initiative for all children newly entering OHP and all children in OHP with complex medical needs. Defendants shall provide Plaintiffs copies of the standards developed by the Medical Director as required in Definition C (2) of this Section.”*

The Agency continues to maintain compliance with this commitment. The IVA certified compliance with this commitment in response to the 64th Report.

2. Section E 2 Health Care Advisory Council: *“By March 2009, BCDSS shall establish and thereafter maintain a Health Care Advisory Council, including medical experts and advocates for children from outside BCDSS, DHR, and the Department of Health and Mental Hygiene, to*

provide guidance on implementation of the requirements of the BCDSS Health Care Initiative.”

BCDSS continues to meet this commitment by maintaining a Health Care Advisory Council. A Council charter was written, and membership was expanded to include outside medical experts, youth voices, and those who identify as advocates for children. The Council meets quarterly, and the IVA and Plaintiffs’ counsel participate as members.

During the 66th Reporting Period, BCDSS created a subcommittee of the HealthCare Advisory Council to focus on understanding and meeting the individual behavioral health needs of children in OHP.

3. Section E 3 Funding for BCDSS Health Care Initiative: *“By August 2009 and annually thereafter, BCDSS/DHR, in consultation with the medical director and the Health Care Advisory Council, shall develop a plan, a timetable, and a funding strategy for inclusion in the FY 2011 and subsequent budget requests funding sufficient in the Secretary’s judgment to accomplish full implementation of the requirements of the BCDSS Health Care Initiative for all children in OHP.”*

BCDSS continues to meet this commitment. After consulting with the Health Care Advisory Council, Plaintiffs’ Counsel, the IVA, and others, and taking the assessment by Health Management Associate into consideration, the Agency negotiated a new contract with HCAM that includes enhancements to boost the delivery of health care services and oversight provided by MATCH to the children in the care of BCDSS. BCDSS is carefully monitoring documentation of compliance with those requirements.

A major priority during the 67th Reporting period was increased staffing of MATCH to fulfill the new mandates included in the renegotiated contract. With the capable assistance of the IVA, a multi-page training packet was developed to guide the entry of CJAMS health care data and MATCH staff received extensive training. During the 68th Reporting Period the focus moved to ensuring that MATCH, with consultation and support from Innovations, is facile at accurate CJAMS entry of medical information and identifying barriers to accurate CJAMS entries. This work has continued into the 69th Reporting Period.

4. Section E 4 System to Meet the Mental Health Needs of Children In OHP: *“By December 31, 2010, DHR/BCDSS shall operationalize a system to meet the mental health needs of children in OHP. The system will include access to mental health screening and assessment as well as a continuum of treatment services designed to secure ongoing treatment that meets the needs of children in OHP. DHR/BCDSS will seek the advice and input from the Health Care Advisory Group in the development and implementation of this system.”*

This commitment is an ongoing effort for BCDSS, which begins with the comprehensive behavioral health assessment completed as part of the entry assessment. A Behavioral Health Subcommittee was formed during this reporting period. For further information, please review the attached Behavioral Health Plan, updated in November, 2022. The Behavioral Health Plan is Attachment # 4.

Education

Section E Implementation of “Fostering Connections to Success and Increasing Adoptions Act”:
“By September 2009, Defendants will develop an implementation plan reasonably calculated to produce compliance with the education requirements of the federal “Fostering Connections to Success and Increasing Adoptions Act.”

In the 63rd Reporting Period, BCDSS provided a copy of its Memorandum of Agreement with the Baltimore City School system and its School Placement Stabilization Memorandum demonstrating compliance with the educational requirements of the Federal Fostering Connections to Success and Increasing Adoptions Act as well as the federal Every Student Succeeds Act. However, we recognize that there are Baltimore City children in OHP enrolled in other school districts across the state. BCDSS has an agreement with Baltimore City Public Schools. A draft agreement with other Local Education Agencies has been developed and forwarded to BCDSS Legal Services for review.

Quality Service Review

The QSR data and plans for improvement are attached to this report. (Attachment #2)

Data Summary

During the 69th Reporting Period, DHS, BCDSS, and IVA continued the work of revising and producing accurate measurement reports for all the new measurement instructions. As a result of high caseloads caused by the large number vacancies in Child Welfare, caseworkers are prioritizing work with children and families over data entry and documentation. CJAMS issues exacerbate those challenges. Innovations is working regularly with program managers and supervisors to provide regular compliance reports and encourage improvement. As noted by the IVA in response to the 67th Report, there are some barriers to CJAMS measurement that may require adjustments to the measurement instructions and/or business specifications.

During the 68th Review Period oversight of the CJAMS lab was transferred to the Office of Innovation to enable more seamless collaboration. Teams are regularly welcomed to the lab to work with their peers to ‘clean up’ CJAMS and bring entries up to date.

The focus of the work continues to be a comprehensive and methodical look at using CJAMS for sufficiently documenting compliance when entries are made, and how valid data can be retrieved. This exhaustive effort has brought together the collective wisdom of an array of child welfare professionals, CJAMS experts, MD THINK and other related professionals during the 68th Reporting Period.

The next steps, which continue, include:

1. Expanding the number of tip sheets for staff that contain uncomplicated and concise directions for documenting the measures in CJAMS;
2. Providing concise guidance with respect to the various documents that must be uploaded into CJAMS to show compliance;
3. Offering ongoing training to staff;
4. Reinforcing the training and directives over time with transfer of learning activities;
5. Remedying CJAMS flaws that interfere with valid reporting and create obstacles for worker entries; and
6. When CJAMS seems incapable of producing valid data, identifying and discussing those measures that may require revisions.

This phase is a major undertaking and will continue during future reporting periods. BCDSS's CJAMS lab is a great resource for doing this work and delivering not only initial training but providing refreshers as needed on an ongoing basis. As staff become trained in how to document in CJAMS, BCDSS expects to see the compliance rates increase. This is, of course, also contingent on changes to CJAMS' usability for staff to make those entries expeditiously.

The Office of Innovation is responsible for gathering data from various sources, including CJAMS reports, Human Resources, Legal Services, Office of Learning, Resources and Support, MATCH, and Communications. There is specific data and information that Innovation (QA) is responsible for monitoring and sharing each reporting period. These sources are identified on the table below.

Training Plan to Achieve CJAMS Accuracy and Demonstrate Compliance

Goals:

- Achieve case worker compliance and accurate documentation in CJAMS
- Improve quality of documentation to effectively describe work activities, communicate progress towards desired outcomes, and enhance case coordination

Training plan:

Task	Responsible	TIMEFRAME	COMMENTS
Develop draft CJAMS documentation tips sheets based on SOPs for: <ul style="list-style-type: none"> ● FTDMs and other teaming meetings ● Case Plans ● Education plans ● Health documentation, where to find specific documentation and information ● Monthly contacts ● Relationship 	BCDSS Office of Innovation	Weekly Meetings with BCDSS Leadership for review and approval will be ongoing	More than 30 tip sheets have been completed and made available to staff, & others are nearing completion
Convene small groups of workers and supervisors to test the draft tips sheets in the computer lab, then revise tips sheets based on feedback.	BCDSS Office of Innovation	Ongoing	
Distribute revised tips sheets to staff	BCDSS Office of Communications	Ongoing	All tip sheets are saved on the BCDSS Intranet; notices go out via text and email
Support clinics are facilitated weekly in the CJAMS lab for supervisory teams to work through challenges with both documentation and practice.	BCDSS Office of Innovation	Ongoing	Staff are making good use of the CJAMS lab
Monthly coaching/training is offered within supervisory groups focusing on barriers to compliance, understanding SOPs and policy, clinical documentation and effective engagement.	BCDSS Office of Court Processes Program Staff	Ongoing	All child welfare case workers were trained to complete the Child Placement Information Form. These trainings are currently on the HUB.
Identify challenges and deficits in data accuracy from the Milestone Report to develop additional training and tips sheets	BCDSS Office of Innovation	Ongoing	BCDSS will provide support and training for management staff

regarding documentation, quality, and practice compliance.			around navigation of the data reports
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DATA TABLE

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
1	Percent of children in family preservation that enter OHP.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
2	Percent of children and families in family preservation that timely received services identified in the case (service Plan)plan.	Internal success	TBD	3.00%	10%	N/A	QSR
3A	90 percent of children and families in family preservation had a case plan.	Exit standard	TBD	TBD	TBD	No	The report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
3B	90 percent of children and families in family preservation had a case plan.	Exit standard	TBD	53.00%	53%	N/A	QSR
4	85 percent of children and families in family preservation timely received the services identified in the case plan.	Exit standard	TBD	3.00%	10%	N/A	QSR
5	Average length of stay for children in OHP (in months).	Internal success	Avg length of Stay = 36 months Median Length of Stay = 29	Avg length of stay=34 months Median Length of stay = 28	Avg length of stay = 35 months Median length of stay = 28 months	No	The report has been developed, but is not accurate. However, we have extracted this data from the Out-of-Home Milestone Report.
6	Percent of children who had a comprehensive assessment within sixty days of placement.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
7	Percent of all children with a permanency plan of reunification for whom BCDSS had a service agreement with the child's parents or guardians or for whom BCDSS made reasonable efforts to get the child's parents or guardians to enter into a service agreement.	Internal success	13.00%	19.00%	29%	N/A	QSR
8	Percent of all children for whom BCDSS provided referrals for services identified in the child's parent's or guardian's service agreement.	Internal success	7.00%	3.00%	3%	N/A	QSR
9	Percent of cases that had a team decision-making meeting when the child is at risk of a placement disruption.	Internal success	TBD	TBD	TBD	No	Report is still in development.
10	Percent of TPR petitions filed that were filed on time.	Internal success	82.00%	62.22%	56%	N/A	This information is provided by Legal Services.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
11	Percent of children who, after twenty-four months in care, had a case review every ninety days to resolve barriers to permanency.	Internal success	0.00%	TBD	TBD	No	The report has been developed, but is not accurate.
12	Percent of all children with a permanency plan of reunification for whom BCDSS facilitated a visit with the child's parents once per week.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
13	Percent of applicable children for whom, where the child's paternity had not been established, BCDSS sought to establish the child's paternity within ninety days of the child's entry into OHP.	Internal success	100.00%	100.00%	100%	N/A	This is a spreadsheet from Legal Services
14	Percent of children for whom BCDSS searched for relatives or other resources.	Internal success	24.00%	44.00%	45%	N/A	QSR

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
15	90 percent of children in OHP had a case plan.	Exit standard	5.00%	10.00%	23%	N/A	QSR
16	90 percent of children in OHP and their families timely received the services identified in their case plans.	Exit standard	TBD	3.00%	3%	N/A	QSR
17	Percent of children ages twelve and over who participated in case planning meetings.	Internal success	TBD	TBD	TBD	No	This report is under development.
18	Percent of all new entrants for whom a family involvement meeting was held within seventy-two hours of placement.	Internal success	TBD	TBD	70.00%	Yes	

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
19	Percent of all children for whom case planning meetings included family members.	Internal success	TBD	TBD	TBD	No	This report is under development.
20A	New entries into OHP for whom an FTM was held 3 days before date of entry into OHP	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
20B	Number of placement changes for which an FTM was held within 45 days prior to the placement change or up to 10 days after	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
20C	Permanency change: within thirty days prior to a permanency change for a child in OHP.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
20D	Transitioning to independence: at least annually for a youth in OHP aged 14 – 20 who has been in OHP for at least 6 months.	Internal success	TBD	TBD	TBD	Yes	The report has been developed, but is not accurate.
20E	Beginning July 1, 2010, for 85 percent of children, BCDSS had a family involvement meeting at each critical decision-making point.	Exit standard	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
21	Percent of children whose case plan was completed within sixty days of placement.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
22	Percent of children whose case plan was updated every six months.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
23	Percent of children for whom BCDSS reported to the child's parents, the parents' attorney, and the child's attorney any intention to request a change in the permanency plan at least ten days prior to the court review.	Internal success	77.36%	80.77%	89.1%	N/A	This is a report from Legal Services.
24	90 percent of children had a case plan that was completed within sixty days of the child's entry into OHP and which was updated every six months.	Exit standard	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
25A	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
25B	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	Internal success	0.00%	22%	0	N/A	QSR

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
26	Percent of emancipated youth who reported receiving services designed to prepare them for independence.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
27	Percent of youth with a mental illness or a developmental disability who need a residential facility, residential supports, or day programming or supported employment services after they turn twenty-one who received a referral, and who had a transition plan to an alternative service provider at least two years prior to their twenty-first birthday.	Internal success	93.44%	61.54%	67%	N/A	QA report
28	Number of youth, ages eighteen to twenty-one, who exited OHP through rescission.	Internal success	0	7	4	N/A	This is a legal services report.
29A	90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	Exit standard	TBD	TBD	TBD	No	The report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
29B	90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	Exit standard	0.00%	22.00%	0%	N/A	QSR
30A	Percent of all children who were placed in-Family Settings-(i.e., public resource family, treatment foster home, pre-adoptive)	Internal success	44.00%	TBD	39%	No	The report has been developed, but is not accurate. However, this data was extracted from the Out-of-Home Milestone Report.
30B	Percent of all children who were placed in-Relatives- (i.e., formal kinship, restricted foster home, trial home visit)	Internal success	31.00%	TBD	36%	No	The report has been developed, but is not accurate. However, this data was extracted from the Out-of-Home Milestone Report.
30C	Percent of all children who were placed in-congregate care (staffed 24/7)	Internal success	8.00%	TBD	8%	No	The report has been developed, but is not accurate. However, this data was extracted from the Out-of-Home Milestone Report.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
30D	Percent of all children who were placed in-Other- settings (by type)	Internal success	3.00%	TBD	8%	No	The report has been developed, but is not accurate. However, this data was extracted from the Out-of-Home Milestone Report
30E	Percent of all children who were in Independent living	Internal success		TBD	9%	No	The report has been developed, but is not accurate. However, this data was extracted from the Out-of-Home Milestone Report
31	Percent of all children in OHP placed with siblings.	Internal success	42.2%%	TBD	42.00%	Yes	
32	Percent of all children in congregate care who had a stepdown plan.	Internal success	TBD	TBD	TBD	No	This report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
33	90% of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.	Exit standard	80.00%	87.00%	80%	N/A	QSR
34A	Children under seven placed in congregate care	Internal success	1	TBD	2	No	The report has been developed, but is not accurate. However, the data reported in this report is a hand count.
34B	Children seven to twelve placed in congregate care	Internal success	19	TBD	21	No	The report has been developed, but is not accurate. However, the data reported in this report is a hand count.
35	Percent of children under age thirteen placed in congregate care for whom the placement was medically or therapeutically necessary and the placement included services that met the child's needs.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
36	For 99% of children under age thirteen placed in congregate care, the placement was medically or therapeutically necessary and the placement included services that met the child's needs.	Exit standard	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
37	Number of placements available to BCDSS by type.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
38	Number of emergency foster homes on retainer	Internal success	0.00%	TBD	TBD	No	The report has been developed, but is not accurate.
39	The array of current placements matched the recommendation of the biennial needs assessment.	Internal success	TBD	Please see attachments- 1 "Baltimore City Placement Review"	TBD	No	

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
40	Percent of all children who have service needs identified in their case plans.	Internal success	5.00%	10.00%	23%	N/A	QSR
41	Percent of all children for whom identified service needs were followed by timely and appropriate referrals.	Internal success	7.00%	3.00%	3%	N/A	QSR
42	Percent of children who receive services necessary and sufficient to meet the child's needs and to support stability in the least restrictive placement.	Internal success	53.00%	60.00%	50%	N/A	QSR
43	Percent of children not placed with their siblings who have visitation with their siblings twice a month.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
44	90 percent of children and caregivers received services necessary and sufficient to meet their needs and to support stability in the least restrictive placement.	Exit standard	53.00%	60.00%	50%		QSR
45	Percent of kinship care providers who received written notification of the right to apply for foster home licensing within ten days of placement.	Internal success	12.70%	TBD	TBD	No	The report has been developed, but is not accurate.
46	Percent of kinship care providers who received written notification of BCDSS training opportunities.	Internal success	43.98%	68.12%	69.00%	No	QA report
47	Percent of kinship care providers who reported having been informed about training and licensing opportunities.	Internal success	88.38%	82.97%	83.41%	No	QA report

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
48	90 percent of kinship care providers received written notification of the right to apply for foster home licensing within ten days of placement.	Exit standard	12.70%	TBD	TBD	No	The report has been developed, but is not accurate.
49	Number of Special Support team positions funded by the Department, by type.	Internal success	18-Specialist	14-Specialists (some positions vacated & others reorganized)	13-Specialists (some positions vacated & others reorganized)	N/A	QA report
50	Number of Special Support team positions filled, by type.	Internal success	Education-5 Employment -1 Housing -1 Housing and Employment -4 Independent Living Coordinator-1 RB21 Specialist/SOA R/SSI -2 , Developmental Disabilities- 1 Substance (drug/alcohol)	Education-5 Employment -1 Housing and Employment -1 Independent Living Coordinator-1 RB21 Specialist/SOA R/SSI -1 , Developmental Disabilities- 1 Substance (drug/alcohol) -1 Mental	Education-5 Employment -1 Housing and Employment -1 Independent Living Coordinator-1 RB21 Specialist/SOA R/SSI -1 , Developmental Disabilities- 1 Substance (drug/alcohol) -1 Mental	N/A	QA report

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
			-2 Mental Health Navigator-1	Health Navigator-3	Health Navigator-1		
51	BCDSS MS-22(job descriptions for all positions).	Internal success	Posted MS 22-Education-4 Employment -1 Housing -1 Housing and Employment -4 Independent Living Coordinator-1 RB21 Specialist/SOA R/SSI -2 , Developmental Disabilities- 1 Substance (drug/alcohol) -2 Mental Health Navigator-0	Education-5 Employment -1 Housing and Employment -1 Independent Living Coordinator-1 RB21 Specialist/SOA R/SSI -1 , Developmental Disabilities- 1 Substance (drug/alcohol) -1 Mental Health Navigator-3	Education-6 Employment -1 Housing and Employment -1 Independent Living Coordinator-1 RB21 Specialist/SOA R/SSI -1 , Developmental Disabilities- 1 Substance (drug/alcohol) -1 Mental Health Navigator-1	N/A	QA report
52	BCDSS employed a staff of non-case carrying specialists to provide technical assistance to caseworkers and supervisors for cases that require specialized experience and/or knowledge.	Exit standard	Please see Friday Focus to indicate that the Friday Focus was being	Yes, for each month January to June 2022.	Yes, for each month July to December 2022.	N/A	

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
			published by the third Friday of every month during the reporting period and the list of special support teams are identified in Measure 49-52 report.				
53	Percent of all foster home applications that were approved/denied within 120 days of application.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
54	Percent of all foster home caregivers who received all training required by law.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
55	Number of foster homes licenses rescinded by the Department due to lack of compliance.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
56	Percent of all foster homes and kinship care placements that met the COMAR licensing requirements.	Internal success	TBD	TBD	TBD	No	This report is under development.
57	95 percent of all foster homes and kinship care placements met all legal requirements.	Exit standard	TBD	TBD	TBD	No	This report is under development
58	90 percent of all foster homes were approved and reapproved on a timely basis. 2. Date reconsideration completed and administratively approved	Exit standard	TBD	TBD	TBD	No	This report is under development.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
59	Percent of all placements in which the caregivers received a complete Child Placement Information Form at the time of placement.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
60	95 percent of caregivers had been provided all available information about the child's status, background, and needs.	Exit standard	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
61	Number of children in OHP for whom a CPS report was made.	Internal success	67 (78 incidents)	TBD	36	No	The report has been developed, but is not accurate. The data reported is a hand count.
62	Number of children in OHP for whom a CPS investigation was opened.	Internal success	127	TBD	36	No	The report has been developed, but is not accurate. The data reported is a hand count.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
63	Number of children in OHP for whom a report of maltreatment while in OHP was indicated.	Internal success	72	TBD	1	No	The report has been developed, but is not accurate. The data reported is a hand count.
64	Percent of CPS investigations which were initiated in a timely manner.	Internal success	TBD	TBD	TBD	No	The report has been developed, but is not accurate.
65	99.68 percent of children in OHP were not maltreated in their placement, as defined by federal law.	Exit standard	99.60%	TBD	TBD	No	This report has been developed, but is not accurate.
66	In 95 percent of cases of alleged maltreatment of a child in OHP, BCDSS provided the child's attorney and Plaintiffs' counsel the report of the alleged maltreatment within five days of the report and the disposition within five days of its completion.	Exit standard	A. (73.47%) counsel received report of the alleged maltreatment within five days of the report	Part A - 82.35% Part B - 0% (0/17)	Part A-88.89% Part B-3.70%	N/A	This measure is reported by Legal Services. A CJAMS report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
			B.(14.29%) counsel notified of disposition within five days of its completion.				
67	Number of children who spent four hours or more in an office, motel, or unlicensed facility.	Internal success	41	56 children 196 incidents	39 Children 180 Incidences	N/A	QA report
68(part 1)	99.8 percent of children in OHP were not housed outside regular business hours in an office, motel, hotel, or other unlicensed facility. If any child is so housed, BCDSS shall notify Plaintiffs' counsel within one working day of the reasons for the placement, the name of the child's CINA attorney, and the steps that BCDSS is taking to find an appropriate placement. Barring extraordinary circumstances, no child may be housed in an office for consecutive nights.	Exit standard	98.06%	97.26%	97.40%	N/A	QA report

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
68 (part 2)	99.8 percent of children in OHP were not housed outside regular business hours in an office, motel, hotel, or other unlicensed facility. If any child is so housed, BCDSS shall notify Plaintiffs' counsel within one working day of the reasons for the placement, the name of the child's CINA attorney, and the steps that BCDSS is taking to find an appropriate placement. Barring extraordinary circumstances, no child may be housed in an office for consecutive nights.	Exit standard	76.77%	54.60%	72.20%	N/A	QA report
69	Percent of children ages twelve and over who participated in placement decisions.	Internal success	TBD	TBD	TBD	No	This report is under development.
70	90 percent of children ages twelve or over participated in placement decisions.	Exit standard	TBD	TBD	TBD	No	This report is in development.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
71A	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	Internal success	July 95.2; Aug 96.88; Sept 96.16; Oct 93.9%; Nov 91.3%; Dec 93.2% (Average 94.44%)	Jan 95.8% Feb 95% Mar 97.1% Apr 96.5 % May 94.7% June 94.4% (Average 95.6%)	Jul 94.3%; Aug 95.9%; Sep 95.6%; Oct 94.7%; Nov 96.2%; Dec 96.2%; (Average: 94.5)	Yes	
71B	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	Internal success		70.00%	77%	N/A	QSR
72A	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	Exit standard	July 95.2;	Jan 95.8% Feb 95% Mar 97.1% Apr 96.5 % May 94.7% June 94.4% (Average 95.6%)	Jul 94.3%; Aug 95.9%; Sep 95.6%; Oct 94.7%; Nov 96.2%; Dec 96.2%; (Average: 94.5%)	Yes	

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
72B	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	Exit standard	57.00%	70.00%	77%	N/A	QSR
73	Percent of new entrants who received an initial health screen within five days of placement.	Internal success	CJAMS-84.93% eCW-94.3%	CJAMS - 87.45% eCW - 95.8%	CJAMS- TBD eCW-97.7%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
74	Percent of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate medical attention.	Internal success	CJAMS-0.00% eCW-95%	CJAMS - 100.00% eCW - 98.10%	CJAMS-TBD eCW-96.9%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
75	Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement.	Exit standard	CJAMS-84.93% % eCW-94.3%	CJAMS - 87.45% eCW - 95.8%	CJAMS-TBD eCW 97.7%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
76	Percent of new entrants that received a comprehensive health assessment within sixty days of placement.	Internal success	CJAMS-5.91% eCW- 79.13%	CJAMS - 62.40% eCW - 83.19%	CJAMS-TBD eCW-100%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
77	Percent of all children that had a comprehensive health plan.	Internal success	CJAMS-5.86% eCW-74.12%	CJAMS - 82.50% eCW - 90.52%	CJAMS-TBD eCW-97.52%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
78	Percent of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	Internal success	TBD	TBD	TBD	No	This report has been developed, but is not accurate.
79	Beginning July 1, 2009, 90 percent of new entrants into OHP received a comprehensive health assessment within 70 days of placement.	Exit standard	CJAMS-5.91% eCW- 79.13%	CJAMS - 62.40% eCW - 83.19%	CJAMS-TBD eCW-97.52%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
80	Beginning July 1, 2009, percent of children entering OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	Internal success	CJAMS-0.00% eCW-71.64%	CJAMS - 51.23% eCW - 70.43%	75.56%	Yes	
81	Beginning July 2010, percent of children in OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	Internal success	CJAMS-TBD eCW-Well child 72%, and Routine Dental 45%.	CJAMS-TBD eCW - well child 68% and Routine Dental 45%	CJAMS-TBD eCW-Well Child 74% Dental 38%	N/A	This report has not been developed.
82	Beginning December 1, 2009, 90 percent of children entering OHP received timely periodic EPSDT examinations and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	Exit standard	CJAMS-TBD eCW- 71.64%.	CJAMS- 51.23% eCW - 70.43%	75.56%	Yes	

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
83	Beginning July 2010, 90 percent of children in OHP received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	Exit standard	CJAMS-TBD	CJAMS-TBD eCW - well child 68% and Routine Dental 45%	CJAMS-TBD eCW-Well Child 74% Dental 38%	N/A	This report has not been developed.
84	Beginning July 1, 2009, percent of new entrants under age three who were referred for a Part C Assessment within ten days of placement.	Internal success	0.00%	100.00% eCW - 97%	85.00%	Yes	
85A	Percent of children who received timely all Needed Health Care Services.	Internal success	1.47%	CJAMS-16.38% eCW - 92%	CJAMS-TBD eCW-99%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
85B	Percent of children who received timely all Needed Health Care Services.	Internal success	68.00%	80.00%	70%	N/A	

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
86	Percent of cases in which the identification of a developmental delay was followed by a prompt referral for special education or early intervention services.	Internal success	85.00%	69.00%	88%	N/A	QSR
87	Percent of cases in which the case worker monitored the child's health status once monthly.	Internal success	43.00%	57%	60%	N/A	QSR
88A	90 percent of children received timely all Needed Health Care Services.	Exit standard	4.34%	CJAMS -16.38% eCW - 92%	CJAMS-TBD eCW-99%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
88B	Number of new entrants into OHP during the period under review who were in OHP for at least 10 business days	Internal success	68.00%	80%	70%	N/A	QSR

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
89	Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly - Health passport	Internal success	CJAMS-TBD eCW-98.7%	CJAMS-TBD eCW - 99.60%	CJAMS-TBD eCW-63.68%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
90	Percent of children who had a health passport that was updated and distributed to the caregivers at least annually.	Internal success	CJAMS-TBD	CJAMS-TBD eCW - 99%	CJAMS-TBD eCW-100%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
91	Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed.	Internal success	CJAMS-87.50 % eCW-97.7%.	CJAMS - 95.16% eCW - 96.4%	CJAMS-TBD eCW 100%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
92	Percent of all children for whom BCDSS delivered an MA card promptly.	Internal success	CJAMS-TBD eCW-100.00%	CJAMS-TBD eCW - 100%	CJAMS-TBD eCW-100%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
93	90% of all new entrants had a complete health passport that was distributed to the children's caregivers promptly [Actual health passport]	Exit standard	CJAMS-TBD eCW-98.7%.	CJAMS- TBD eCW 99.60%	CJAMS-TBD eCW-63.68%	No	The CJAMS report has been developed but was found to be inaccurate. However, we have reported data from the eCW system of MATCH.
94	90 percent of children had a health passport that was updated and distributed to the children's caregivers at least annually.	Exit standard	CJAMS-TBD eCW-86%	CJAMS-TBD eCW- 99%	CJAMS-TBD eCW-100%	No	Enhancement and/or defects were identified; the report is currently being revised by MD THINK
95	Percent of new entrants who were enrolled in and begin to attend school within five days of placement.	Internal success	TBD	TBD	69.61%	Yes	
96	Percent of children who changed placement who were enrolled in school within five days of a placement change	Internal success	TBD	TBD	TBD	No	This report is under development.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
97	Percent of children eligible for special education who received special education services without interruption when they transferred schools.	Internal success	100.00%	100.00%	100%	N/A	QSR
98	Percent of children ages three to five who were enrolled in a preschool program.	Internal success	TBD	TBD	14.30%	Yes	
99	90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.	Exit standard	TBD	TBD	TBD	No	Not in Production
100	Percent of children who had an attendance rate of 85 percent or higher in the Baltimore City Public School System.	Internal success	37.80%	47.00%	57.40%	No	QA report

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
101	Percent of children who had an educational plan.	Internal success	45.00%	33.00%	67%	N/A	QSR
102	Percent of children for whom BCDSS met its obligations as set forth in the child's educational plan.	Internal success	86.00%	91.00%	91%	N/A	QSR
103	Percent of children whose educational progress was monitored monthly.	Internal success	40.00%	54.00%	21%	N/A	QSR
104	90 percent of children had an educational plan.	Exit standard	45.00%	33.00%	67%	N/A	QSR

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
105	For 90 percent of children, BCDSS had met its obligations as set forth in the child's educational plan.	Exit standard	86.00%	91.00%	91%	N/A	QSR
106	For 90 percent of children, BCDSS had monitored the child's educational progress monthly.	Exit standard	40.00%	54.00%	21%	N/A	QSR
107	Percent of children for whom any indication of developmental delay or disability was followed by a prompt referral for special education or early intervention services.	Internal success	85.00%	69.00%	88%	N/A	QSR
108	Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.	Internal success	77.00%	100.00%	77%	N/A	QSR

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
109	Percent of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.	Internal success	85.00%	69.00%	88%	N/A	QSR
110	BCDSS made a prompt referral for special education or early intervention services for 90 percent of children for whom there was an indication of developmental delay or disability.	Exit standard	85.00%	69.00%	88%	N/A	QSR
111	BCDSS made reasonable efforts to secure services for 90 percent of children who were eligible for special education or early intervention services.	Exit standard	85.00%	69.00%	88%	N/A	QSR
112	Percent of case-carrying (fulltime and with full-caseloads) staff who were at or below the standard for caseload ratios.	Internal success	TBD	TBD	TBD	No	This report has been developed, but is not accurate.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
113	Percent of case-carrying teams who were at or below the standard for ratio of supervisor:worker.	Internal success	TBD	TBD	TBD	No	This report is under development.
114	Percent of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.	Internal success	72.10%	TBD	67.70%	Yes	
115	90 percent of case-carrying staff was at or below the standard for caseload ratios.	Exit standard	TBD	TBD	TBD	No	This report is under development.
116	90 percent of case-carrying teams were at or below the standard for ratio of supervisor: worker.	Exit standard	TBD	TBD	TBD	No	This report is under development.

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
117	Percent of caseworkers who qualified for the title under Maryland State Law.	Internal success	100.00%	100.00%	95.83%	N/A	QA report
118	Percent of case-carrying workers who passed their competency exams prior to being assigned a case.	Internal success	100.00%	100.00%	95.83%	N/A	QA report
119	Percent of caseworkers and supervisors who had at least twenty hours of training annually.	Internal success	48.57%	60.63%	78%	N/A	QA report
120	Percent of caseworkers who reported receiving adequate supervision and training.	Internal success	61.22%	71.20%	65%	N/A	QA report

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
121	95 percent of caseworkers met the qualifications for their position title under Maryland State Law.	Exit standard	100.00%	100.00%	95.83%	BCDSS has been certified in this measure.	QA report
122	90 percent of caseworkers and supervisors had at least twenty hours of training annually.	Exit standard	48.57%	60.63%	78%	N/A	QA report
123	Percent of cases transferred with required documentation within five working days.	Internal success	88.55%	84.78%	96.54%	N/A	QA report
124	Percent of transferred cases in which a case conference was held within ten days of the transfer.	Internal success	93.88%	88.16%	96.54%	N/A	QA report

Measure # & Sub	Measure	Measure Type	Submitted for the 67th report	Submitted for the 68th report	Submitted for the 69th report	BCDSS Confirms Report is Accurate	Comments for 69th report
125	90 percent of cases were transferred with required documentation within five working days.	Exit standard	88.55%	84.78%	96.54%	N/A	BCDSS is requesting certification of this measure
126	90 percent of transferred cases had a case transfer conference within ten days of the transfer	Exit standard	93.88%	88.16%	96.54%	N/A	BCDSS is requesting certification of this measure