

L.J. v. MASSINGA
COURT REPORT

64th Edition
January 1, 2020 – June 30, 2020

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I. Introduction

This report is the Maryland Department of Human Services' (DHS) and the Baltimore City Department of Social Services' (BCDSS, the Department, or the Agency) 64th semi-annual Court Report as required by the *L.J. v. Massinga Modified Consent Decree* (MCD), modified on October 9, 2009. This report covers the period January 1, 2020 through June 30, 2020.

During this reporting period, the Agency continued to work aggressively to improve its overall practice within child welfare and move toward a more comprehensive plan to achieve compliance with the measures contained in the consent decree. Unfortunately, the worldwide pandemic caused by the novel coronavirus created an emergency of unprecedented proportions that changed the landscape in which the Agency provides services to the individuals, families, and children it serves.

A. Maryland State of Emergency

On March 5, 2020, Governor Larry Hogan declared a state of emergency and public health crisis, and on March 30, 2020, the Governor directed all State agencies to transition immediately to telework to the greatest extent possible and urged all Maryland residents to stay home to combat the rapid spread of the COVID-19 virus in the state. Nearly overnight the Agency had to significantly limit the number of people working in BCDSS offices and equip as many people as possible to telework to comply with the order. That necessitated a massive effort to bring the 1,500-employee workforce up to speed in teleworking so that the one in three Baltimore City residents receiving often life-saving services from the Department continued to do so. In addition to meeting its responsibility to ensure that children were safe while at the same time keeping our employees from becoming infected and spreading the virus, the Department had to ensure that people continued to receive basic necessities including food. The services the Department provides are the primary poverty safety net in Baltimore City. Under the leadership of BCDSS Director Dr. Randi Walters, the Agency:

- Obtained, deployed, or redeployed essential equipment such as laptops, cell phones and software to support telework of approximately 1,400 employees
- Trained 600 Family Investment Administration staff to work remotely to process a surge in new applications for temporary cash assistance and food benefits
- Prepared for a surge in SNAP (food stamp) and Medical Assistance applications as unemployment surged to historic levels
- Prepared for distribution of food benefits for children facing food insecurity who were no longer receiving free and reduced meals at school
- Purchased and distributed Personal Protective Equipment (PPE) for Child Welfare and Adult Services staff that continued to conduct investigations and see clients in home settings
- Provided stipends for foster/kin parents and stayed in frequent contact with them to respond to any needs that arise

- Remained in touch with children at least once a week by electronic means and face-to-face in emergencies
- When needed, obtained equipment and software so children in care could have virtual visits with parents and siblings
- Surveyed Resource Homes to gain an understanding of any technological needs and used the data to address issues such as lack of home internet access.
- Setup medical triage for children entering care to minimize the risk of exposure to the children and free up medical staff for COVID-19 duties
- Developed an emergency response team of CPS workers that ensured that abuse/neglect investigations occurred in a responsible way that assessed the children for safety and removed them from danger if necessary
- Developed a plan for addressing the needs of children who tested positive for COVID-19 or who required quarantine
- Provided case management assistance to families not involved in the child welfare system who need 24-hour care because of the pandemic
- Increased the contacts for all Adult Services clients.

By the end of the reporting period the Governor announced that the state was ready for Stage 2 of the Governor's Maryland Strong recovery plan. The Agency has been tenacious in providing services to the adults, families and children of Baltimore City during this ongoing public health crisis, but with teleworking the main mode of operation, many challenges continued that hindered its ability to provide services in a traditional manner. For a complete list of COVID-19 directives see Attachments A (1-8).

B. Annie E. Casey Assessment

On January 3, 2020, The Annie E. Casey Foundation delivered its organizational assessment to BCDSS (See Attachment B). BCDSS asked Casey's Center for Systems Innovation (CSI) to conduct a full assessment of BCDSS outcomes. The CSI is well regarded for its intensive consulting with public agencies to implement innovative and equitable solutions. BCDSS had asked for assistance from these national experts to answer the following question: Based on BCDSS' strengths and challenges, what strategic direction should the Department take? More specifically, the BCDSS Leadership Team was interested in an independent and objective assessment of how children, youth, young adults, and families involved in BCDSS are doing. BCDSS requested help exploring the drivers of positive and negative outcomes for BCDSS.

BCDSS and CSI worked collaboratively to analyze data for performance on key outcomes such as safety and entry into care, the experience within care, and how children exit from care to permanency. BCDSS understood the importance of a systematic assessment and the work to gather, understand and accurately portray both quantitative and qualitative data about the Agency's performance. The assessment led to strategic planning and choosing three key areas of improvement: workforce (filling vacancies and providing training and support to BCDSS child welfare professionals), supporting relative caregivers, and ensuring that children do not move placements more than necessary. A strategy and work plan were developed for each of these key

areas. Over the last year, Annie E. Casey has devoted a team of people who have worked along with BCDSS to assess, plan collaboratively, show results and build capacity in order to improve outcomes in each of these domains.

This report will focus primarily on what happened in the agency between January 1, 2020 and June 30, 2020. We will report on each of the 126 measures as well as the Additional Commitments specified in the MCD.

C. About the Consent Decree

BCDSS has been operating under a consent decree for child welfare services for 32 years. The MCD is the result of a class action lawsuit filed in 1984 by child welfare advocates on behalf of children in foster care. Plaintiffs sued twenty-one state and city officials, caseworkers and supervisors who played a role in administering Maryland's federally funded foster care program in Baltimore City. The *L.J. v. Massinga* lawsuit was filed at a time when advocates increasingly sought judicial intervention to achieve meaningful reforms and improvement in the administration of government agencies. In 2005, there were 26 federal consent decrees, settlement agreements or pending lawsuits governing child welfare agencies in 21 states, including Maryland.¹ As of July 2019, only six states have successfully exited from a child welfare consent decree, according to Casey Family Programs.² Researchers also noted the average lifespan of a consent decree is about 17 years.

In 2009, the then-existing *L.J. v. Massinga* consent decree, entered into in 1998 and modified in 1991, was replaced by the new Modified Consent Decree (MCD). The MCD established 126 measures for evaluating the Agency's performance and progress in satisfying the requirements of the MCD. These measures are divided into two categories: 40 Exit Standards, which establish a specific performance target that must be achieved to demonstrate compliance with the MCD (e.g. "90% of children and families in the family preservation program received the services identified in their case plans in a timely manner"), and 86 Internal Success Measures, which require only a report related to the measure without a performance target. The MCD requires that DHS and BCDSS submit to the Court every six months a report of the Agency's performance under these 126 measures and the requirements of the MCD, which serves to inform all parties of activities and compliance.

Several of the Internal Success Measures and Exit Standards are overlapping or otherwise related, reflecting the same underlying activities. Only eight (8) of the 126 measures directly reflect actual outcomes for the children in care, such as safety, permanence, and well-being. The remaining 118 are process measures, reflecting the performance of specific tasks or compliance

¹ <http://pafcaf.org/sites/default/files/Child%20Welfare%20Consent%20Decrees%20-%20Analysis.pdf>

² https://caseyfamilypro-wpengine.netdna-ssl.com/media/SComm_Consent-decree-summary_fnl.pdf

with particular policies or procedures (such as timeliness), which are believed to correspond to good case work practice that generally should (but may not always) contribute to achieving positive outcomes.

The MCD also provides that progress on the 126 measures would be monitored by an Independent Verification Agent (IVA) appointed by the U.S District Court of Baltimore. The IVA is retained at the expense of the Department to verify *independently* that reports of compliance with the decree are accurate, valid, and reliable, and to provide feedback to the defendant for self-correcting and quality improvement purposes.

In order to track Agency progress and determine compliance, the Agency and the IVA needed measure instructions - mutually agreed processes and procedures for how the data for each of the 126 measures will be gathered and evaluated. Despite the efforts of the IVA, DHS, and BCDSS over the past ten years, the parties have been unsuccessful in developing a comprehensive set of measure instructions. As of this writing, only a handful of measure instructions have been agreed between the parties.

To accelerate and complete the process of measure instruction development, in October 2020 DHS and BCDSS recently agreed to draft a full set of instructions for all 126 measures, which will be submitted to the IVA and Plaintiff by January 15, 2021 for consideration.

D. BCDSS Progress Since 2009

Although BCDSS has not achieved compliance with the statistical measures of the MCD, it has made significant progress in meeting federal requirements and achieving substantive system reform. This progress has significantly improved the outcomes for children and families. The foster care system in Baltimore City looks radically different than it did in 2009 when the consent decree was modified. For example, there has been a marked decrease in children needing to enter foster care. In 2009, there were approximately 5,400 children in foster care; today there are only 1,800 children in the legal custody of BCDSS in out-of-home care. This dramatic decrease is a result of consistent and concerted efforts to ensure that the Department supports families in new ways so that, whenever safely possible, children can stay with their families. Foster care is an intervention that should be used only when necessary and administered with great care. However, improvement in the way a child welfare system operates is not just about having fewer children in care, but what happens to them when they are placed in state custody. The focus must be on how DHS and BCDSS ensures their safety, permanency, and well-being.

The field of child welfare has changed dramatically in the past three decades. The federal government now has a much greater role in monitoring child welfare agencies and setting national standards for the safety, permanency, and well-being of the children placed in the care of child welfare agencies. Over the last decade, child welfare professionals nationwide have come to understand that improving critical outcomes is the hallmark of successful child welfare agencies

that are meeting the needs of the children and families they serve. BCDSS embraces the nationally recognized best practices aimed at improving the benchmark outcomes of safety, permanency, and well-being of children that is the focus of federal oversight. This is essential to creating measurable systems change, and is central to compliance with the MCD.

The Department acknowledges that substantial progress is needed on meeting the MCD measures. Unfortunately, over the past decade, the Agency, counsel for the Plaintiff class, and the IVA have had ongoing difficulty reaching agreement on the specific protocols or instructions for reliably measuring the data. Additionally, the limitations of the Agency's data systems have provided challenges for reporting data. As a result, the Department believes that some of the reported compliance data does not present a complete picture of the quality of the Department's provision of services to children. However, the federal standards provide context and show that BCDSS is performing quite well on key metrics that the federal government considers important in 2020. Given the increased federal oversight, BCDSS and DHS have included in this report the federal standards and agency compliance numbers in addition to the data on the 86 internal success measures and the 40 exit standards. Attached you will find the following federal and state data:

- Baltimore City Headline Data Presentation ([Attachment C](#))
- Headline Indicator Data Dictionary (Attachment D)
- CSFR Round 3 Performance (Attachment E)

II. Overall Progress

BCDSS is responsible for providing a vast array of services to children, families and adults. It strives to be an integrated service delivery organization for all of Baltimore's citizens in need. However, because the MCD addresses our child welfare programs, this report necessarily focuses primarily on issues that impact MCD class members.

A. BCDSS Leadership Development

During this reporting period, the BCDSS administration continued to aggressively review the Agency's core priorities. These efforts led to continuing strategic decisions for prioritizing key performance areas, enabling Dr. Walters and senior leaders to review and build on the progress made during previous administrations. The Child Welfare Leadership Team soon recognized that a concerted effort would be necessary to initiate a more structured system for addressing issues of compliance with the MCD. To that end, BCDSS identified staff not involved in the day-to-day management and oversight responsibilities of the Agency to lead the compliance effort.

During this reporting period, Director Walters added to the leadership team that she introduced in the 63rd Report by filling several key vacant leadership positions with a diverse group of experienced human services professionals.

- Corine Mullings joined the BCDSS team on March 25th, 2020 as the new Assistant Deputy Director for Child Welfare. In this role, Corine works closely with Deputy Director Brandi Stocksdale to oversee child welfare operations and practice. Corine is very familiar with BCDSS, having worked with the State for over 15 years, and has extensive knowledge in social services, child welfare laws, policies, and procedures. Corine is a Licensed Master Social Worker, who most recently worked in the Social Services Administration at DHS as the Program Manager for CPS and Family Preservation. In 2001, Corine began her BCDSS career as a Family Services Case Manager. Four years later, she became a Family Service Supervisor, a position she held for over nine years. From 2014 to 2016, while Corine was a CPS Administrator, she helped implement Alternative Response throughout Child Protective Services. Corine is a graduate of University of Maryland, School of Social Work and Frostburg State University.
- Audrey McLendon joined the Baltimore City Department of Social Services as the Program Manager of Strategy and Planning in April 2020. Her 21-year tenure with DHS includes positions as an Executive Planner with the Social Services Administration, Performance Officer in the Office of Planning and Performance, Manager of Contracts, Bureau of Administration, Family Investment Administration and Deputy Director of the Maryland Legal Services Program. Ms. McLendon, a Project Management Professional (PMP) works to streamline internal processes to create efficiencies and effectiveness. She is also an experienced facilitator with community groups, Local Departments of Social Services, and DHS Administrations. Her work experience prior to DHS included sales and banking.
- Steven A. Cohen, Esquire joined the Child Welfare Leadership Team of Deputy Director Brandi Stocksdale on March 5, 2020. He was outsourced to the team from the Legal Services Division where he has served as a Staff Attorney since December of 1994. Steve has been a practicing attorney since December 1974 and served in the Baltimore City State's Attorney's office from November of 1975 until April of 1990. In the State's Attorney's office, he served in the Juvenile Courts Division as the Deputy Division Chief Attorney and subsequently the Division Chief Attorney, from 1979 until 1990. From 1990 until joining BCDSS in December 1994, Steve maintained a private practice of law in which he specialized in the handling of CINA cases representing parents, children, and intervenors. Since joining BCDSS in 1994, Steve has served as a staff attorney, handling all aspects of CINA cases, as well as many "Termination of Parental Rights Proceedings". Steve has also served as a mentor to many of the attorneys who have worked in Legal Services through the years. Since March 2020, Steve has joined the Leadership Team as legal advisor to the Director and Deputy Director addressing issues related to the MCD and other specially assigned duties.
- Emily Harris returned from the healthcare field to BCDSS in January 2020 in the new position of Fatality Prevention Specialist. Upon obtaining her master's degree in social work in 2005, Emily began working at BCDSS as a CPS worker, and later became a supervisor. After eight years at CPS, she left the field of child welfare in 2013 to work in

healthcare, spending two years as a hospital social worker and four years at Gilchrist Hospice, providing care to patients in their homes in Baltimore City. In returning to BCDSS, she is focused on the critical work of improving agency efforts to prevent and reduce unexpected child deaths.

These additions to the Leadership Team continue to strengthen a core group of experienced child welfare program professionals and each brings valuable skills which have immediately improved practices related to the MCD as well as the many other practice reform efforts of BCDSS. This addition of high performing staff demonstrates a commitment to building the capacity of the child welfare workforce and addressing the personnel needs the MCD requires.

B. Data Collecting Methodology Improvement

During this reporting period, BCDSS made continued progress on ways to retrieve meaningful data, an essential component of compliance with consent decree measurements. Appropriate data is a bedrock requirement for the IVA to appropriately evaluate the degree of compliance achieved by BCDSS regarding the MCD Exit Standards and Internal Success Measures. Data retrieval methodology continues to be a large part of the work of BCDSS and the IVA in rewriting many MCD measures so that they contain a specific manner of data collection that the IVA has found appropriate to capture the data necessary to verify compliance.

1. Data Sharing

At the beginning of this reporting period, DHS, BCDSS, and the IVA continued to work on processes to improve compliance with the data sharing requirements of the MCD. BCDSS provides the IVA with any regularly produced reports that are relevant to the IVA's work. During the reporting period, this included the Milestone Reports produced by DHS and the SSA Served Report produced by the Business Objects reporting platform from MD CHESSIE. As of June 22, 2020, BCDSS transitioned from MD CHESSIE to the new state child welfare data system, the Child, Juvenile, and Adult Management System (CJAMS). CJAMS will produce a new set of reports, including the Milestone reports, to replace the Business Objects reports from MD CHESSIE. Reports produced by CJAMS will include data that will be available daily. The IVA and staff will have access to CJAMS and will be able to obtain data directly. BCDSS also continues to consider ad-hoc data requests from the IVA, which the Department evaluates and processes within a reasonable period. The Assistant Director for Innovation at BCDSS is now the central point of contact for the IVA on all data sharing matters, regular and ad-hoc. DHS has also designated Rob Starkey as the key high-level MD THINK contact to assist IVA with any CJAMS system issues.

2. Measure Instructions

BCDSS and the IVA prioritized revising the measurement instructions during this reporting period because many of the previously agreed to measurement standards were insufficient to define the required practice and allow the IVA to rely on the collected data to certify compliance. The

revision effort started in 2018 but the process was streamlined in December 2019. Large and lengthy meetings were replaced with smaller and more regularly scheduled meetings, supplemented by many internal BCDSS work sessions. The goal of these meetings is to produce agreed upon Measure Standards that are well defined as to the practice being measured and contain a clear description of the data collection methodology that will be used to measure compliance.

These meetings continued throughout the reporting period and have resulted in the completion and acceptance by the IVA and BCDSS of twelve (12) Exit Standards, copies of which are attached hereto as Attachments F (1-12). BCDSS is committed to maintaining this momentum until all measure instructions requiring revision are completed and approved so that verification of compliance can occur. As an outcome of a Communications and Problem Solving Forum on October 19, 2020, the weekly meetings with the IVA have been replaced by internal BCDSS and DHS meetings with a commitment that a draft rewrite of all of the measures requiring revision will be provided to the IVA and Plaintiffs' counsel by January 15, 2021.

3. Data Quality

The Assistant Director for Innovation continues to explore new methods to produce quality data, specifically for the purpose of providing appropriate and credible data with which to calculate the Exit Standards and Internal Success Measures of the MCD. As mentioned above, on June 22, 2020, a new electronic case management system, CJAMS, was activated in Baltimore City to replace the MD CHESSIE System. Remote training began immediately for over 600 people in the operation of this system. The CJAMS system is being evaluated as to the reports and other methods of data production that will be available to produce the credible data necessary for the MCD.

B. IVA Measure Certification

In conjunction with the rewrite of the measure instructions, BCDSS is working to improve the accuracy in reporting its quantitative and qualitative standards. CJAMS is expected to be more efficient in capturing the necessary information to demonstrate Agency compliance. With the enhanced capabilities of CJAMS, BCDSS expects to accurately capture the data needed to satisfy the MCD exit requirements within the framework that is being developed with the IVA so that when it requests certification, it will be confident that it will be achieved.

Some compliance measures continued to be low during this reporting period in part because the previous case management system, MD CHESSIE, was not accurate in capturing and producing data needed to show compliance with the MCD Measurements. MD CHESSIE was not replaced until eight days before the end of the reporting period. The enhanced capabilities of CJAMS will not be evident until the 65th Report.

For this reporting period BCDSS is requesting certification for the following Exit Standards of the MCD:

Exit Standard 36;
Exit Standard 93;
Exit Standard 116;
Exit Standard 121;
Exit Standard 126.

Revised- 3-31-21

Exit Standard 36; Incorrectly calculated- we reported 100% the actual measure was 43.5%

Exit Standard 93a; Incorrectly calculated- We reported 93.0% the actual measure was 91.67% still within certification request range

Exit Standard 116; Incorrectly calculated- We reported 91.1% the actual measure was 94.5% above certification request range

Exit Standard 121;
Exit Standard 126.

C. Program Accomplishments

1. Child Fatality Prevention

The death of any child is tragic. In creating the position of Fatality Prevention Specialist, BCDSS is committed to the task of understanding and reducing unexpected child fatalities. Emily Harris returned to BCDSS to fill this position and created a tracking system for all fatality cases to ensure that each case is tracked and reviewed appropriately. In consultation and partnership with our Annie E. Casey Foundation partners, Ms. Harris has worked to strengthen and formalize the fatality review process, incorporating policies and procedures that have been successfully implemented in other jurisdictions across the country.

Because there was no internal BCDSS written standard operating procedure (SOP) governing child fatality cases, Ms. Harris authored a new SOP and worker tip sheets clarifying and specifying how fatality cases are to be handled as they proceed through the investigation process. When a fatality case is reported to BCDSS, there is now a prescribed protocol for staffings and consultations occurring at set intervals to ensure that there is appropriate supervision, oversight, and collaboration throughout the investigation. A quick response meeting takes place within a day of the report and an interim staffing at two weeks, and a review meeting takes place 60-90 days after the incident was reported and a case opened for investigation. There is a standard agenda for each meeting, and strengths, areas of improvement, and recommendations are documented throughout the process. Additionally, a new set of standard forms to document each meeting have been created.

Ms. Harris implemented a tracking process for the recommendations that have been made during the review process. Several recommendations have already been addressed and implemented. For example, investigating workers often have difficulty obtaining medical records during their investigations. Ms. Harris created a guidance sheet for investigators, including phone numbers to the case management departments for all Baltimore-area hospitals.

2. COURT PROGRESS REPORTS

Early in her new administration, Dr. Walters prioritized creating and filing Court Progress Reports for all pending Juvenile Court cases. During the reporting period staff developed a template for the post disposition reports and, effective with hearings beginning on June 1, 2020, Court Reports have been filed in a timely fashion for post dispositional review hearings. This successful effort has improved agency communication with the Juvenile Court and the parties. Also, it has resulted in improved communication and collaboration between the case manager and the Agency attorney and better outcomes at hearings. Based on this success, BCDSS is developing a Court Progress Report for use at Disposition Hearings, which should be instituted in the next reporting period.

3. MENTAL HEALTH NAVIGATORS

One of the four key strategies in the BCDSS Behavioral Health Plan (see Attachment G) is to employ clinical social workers to serve as Mental Health Navigators (MHN). In August 2019, DHS authorized the Agency to hire three social work therapists to provide mental health navigation services and direct mental health therapy to children in foster care. These Licensed Certified Social Worker-Clinical navigators have experience providing mental health services to children and will serve the Permanency teams as experts and trusted partners skilled in system navigation. They are committed to ensuring that the foster youth receive appropriate treatment services by monitoring mental health therapy the youth receive.

The Mental Health Navigators have four core functions:

1. Reviewing the youth's comprehensive health record,
2. Providing guidance to the Permanency team regarding diagnosis and evaluations,
3. Making recommendations for types of therapy, and
4. Developing the Permanency team's capacity to identify appropriate treatment needs of children and connect them to appropriate mental health services by bridging any knowledge gap about the mental health provider community so that the case workers know the array of services offered.

By ensuring youth receive a continuum of treatment services, BCDSS is better positioned to meet the needs of foster youth who have been deemed as overstays in group homes, hospitals, psychiatric admissions.

4. PLACEMENT STABILITY

BCDSS has prioritized improving placement stability as a critical step to obtaining better outcomes for children. To that end, the Navigators began attending all Placement Stabilization Family Involvement Meetings (FIMs) to ensure the child's mental health needs are being met. The Navigators will look at treatment compliance, the appropriateness of the prescribed medications based upon the diagnosis, medication dosage, supportive services, and referral follow-up. The MHN role at the FIM is to assist in arriving at solutions to maintain the current placement. The MHN's will give caregivers (excluding group homes) a pamphlet with information about Baltimore Child and Adolescent Response System (BCARS) and encourage use of its services and that of other community providers to support the placement. If the current caregiver is open to working with the MHN to assist in maintaining the placement; an appointment will be scheduled to include the Mental Health Navigator, the youth, and the provider for the purpose of developing a Behavioral Contract. Once the contract has been signed by all parties, the MHN will follow-up with the youth and provider weekly for the next 30 days to assess the issues that relate to the youth's mental health needs. One of the services provided on a weekly basis will be a joint home visit with the Permanency Worker. The MHN will review the initial comprehensive assessment completed by the MATCH³ team to assess each youth's mental health needs and the receipt of appropriate services. The MHN will also be responsible for ensuring that all needs were identified and the resources to meet those needs were provided and followed up on. The MHN is responsible for updating CJAMS with all contacts (attempted and completed) within five business days of each contact and placing the Behavioral Contract into the youth's CJAMS file cabinet.

5. COMMUNITY RESOURCES

To provide additional support to the work of the Permanency team, the Mental Health Navigators (MHN) will partner with community resources that will support the foster or biological families' ability to manage daily activities, establish clear connections for the child(ren) and family, link the family with community supports, and provide expert clinical intervention. The MHN's will begin gathering information on two potential community partners per month. If the providers are already established partners, then there will be no need to vet the partnership. However, if a resource is found with no established relationship with the Department, the potential resource must be vetted before the Permanency team can be notified to engage the services of this community resource. If the potential provider must be vetted, the MHN must meet with the provider at the provider's work site. While on site, the MHN must tour the facility, review all available literature and applicable data on services provided and rates of success to establish an accurate evaluation of the service provider and their outcomes. The MHN's and supervisor will meet with the Program Manager to

³ The MATCH Program (Making All the Children Healthy) provides coordination of medical assistance benefits and health care coordination for every child connected with BCDSS. The program is operated by HealthCare Access Maryland (HCAM), a nonprofit agency that connects residents to public health care coverage and helps them navigate services effectively..

discuss the possible partnership with all community providers who do not have a previously established relationship with the Department.

a) Staffing:

During the reporting period, two Mental Health Navigators were employed by BCDSS. A third Mental Health Navigator joined BCDSS on July 15, 2020.

6. REUNIFICATION DURING COVID-19

To prevent potential delays in reunification related to COVID-19, BCDSS instituted the Reunification Teaming process to review cases of children and youth with a plan of reunification beginning May 14, 2020. With assistance from the Annie E. Casey Foundation team in developing the format, the agency developed a process which combines elements of Permanency Roundtables and Expedited Permanency Meetings in a staffing format. Teams led by Deputy Director Brandi Stocksdales and Assistant Deputy Director Corine Mullings bring together the assigned worker, supervisor, Unit Manager and Permanency Program Manager to discuss reunification planning and to address barriers that might be preventing a child or youth from returning home or from moving to a less restrictive or kin placement. Although families, youth, children and other parties do not attend the staffing during this shelter-in-place time, the worker is expected to engage them before and after the Reunification Teaming to ensure their opinions, concerns, strengths and hopes are included in the planning.

During this time of social distancing, the goal of Reunification Teaming is to actively pursue reunification and help to ensure:

- Children and youth are safe;
- Families are supported;
- Risks and challenges related to COVID-19 that might delay permanency planning are addressed; and
- Reunifications are stable and lasting.

The Department designed a preparation form for the worker and supervisor to gather information and to prepare for teaming. An action plan form is completed during the teaming with specific follow-up steps, staff responsible and timeframes. Teaming offers the benefit of the experience of the entire group, provides for joint ownership of case decisions and progress, and includes consideration of:

- The family and child's perspective and goals;
- Family and child strengths;
- What is working well (supports, resources, openness to services, etc.);
- What are we worried about (short or longer-term challenges, safety concerns, stability, supports, COVID -19 related concerns, etc.);
- Team decisions related to reunification or less restrictive placement; and
- Barriers to address and services needed to support the team decision.

The first set of Reunification Teamings focused on the 248 children and youth with a goal of reunification who are placed in non-therapeutic foster homes. The agency launched the process with an initial cohort of 24 children and youth so it could adjust and improve the process as needed.

The first cohort of Reunification Teamings was completed on June 12, 2020 with the following results to date:

Plan	Number
Actively continue goal of Reunification	10
Actively continue goal of Reunification and add concurrent plan	6
Change goal to Guardianship or Adoption	4
Goal changed before teaming	4
Total	24

Based on the experience in the first cohort, in collaboration with Program Managers and Unit Managers, the agency made improvements to the preparation and action plan forms, developed ideas to increase supervisors' role in the process, devised procedures to follow up on these cases and on future cohorts, and gathered themes about systemic barriers to reunification to be addressed. The second cohort of Reunification Teaming for 24 more children and youth will begin in July.

The Department plans to continue this process and possibly expand its use to all children in care in the future.

7. WEINBERG PARTNERSHIP

BCDSS is in the process of a meeting with representatives of the Weinberg Foundation to explore a partnership aimed at reducing the prevalence of unaccompanied youth homelessness through Weinberg's commitment to thoughtful partnership and investment. Weinberg believes that it is crucial to address the upstream causes of youth homelessness, as well as gaps in systems tasked with supporting the well-being of minors and young adults. At this point the meetings focus on examining the issues and challenges within the continuum of child welfare and homeless services, including services by government and nonprofit providers. The effect of COVID-19 is

also being discussed and the challenges that it has caused. Additionally, focus is on key regulatory policies and/or legislation that serve as a barrier to success. We anticipate that these meetings will result in a meaningful partnership between BCDSS and Weinberg aimed at addressing and solving the homelessness issues of foster youth exiting care.

8. BENEFITS REPORTING

BCDSS has implemented the following process to inform children's counsel of assets of children in out-of-home care when the Agency has been designated as the representative payee of the children's SSI or SSA Benefits:

- 1) BCDSS Finance will identify all youth in out-of-home placement for whom BCDSS has been designated as the representative payee for the youth's Social Security Disability Benefits or the youth's Social Security Survivor's Benefits.
- 2) Legal Services will provide the dates for the Child in Placement Review Hearing for each youth.
- 3) Within 30 days of the scheduled Hearing, Legal Services will provide Finance with a reminder.
- 4) Finance shall prepare a Report identifying the funds received on the youth's behalf since the last Review Hearing, the amount of funds allocated for cost of care, funds spent on the youth's behalf, and the amount of funds saved or preserved for the youth. The Report shall be forwarded to Legal Services.
- 5) Legal Services shall provide a copy of the Report to child's counsel, BCDSS counsel, and the case manager. The case manager shall download a copy of the Report and place it into the CJAMS File Cabinet for the youth. A copy shall be provided to the youth before the Hearing is completed.

9. CHANGE OF PLACEMENT NOTICE

The Agency's Child Welfare leaders meet quarterly with the managing attorneys for the agencies and firms that represent the parents and children in Juvenile Court. At these quarterly meetings, the Agency updates the attorneys on its priorities and offers an opportunity for feedback. At the meeting in January, attorneys for the children expressed concern that BCDSS is not providing them with timely notice of changes in placement. Although not a specific requirement of the MCD, BCDSS believes that it is important to share practice improvement when issues are brought to its attention. Following the January meeting, agency administrators met to discuss ways to improve compliance. As a result of the meeting, all involved case managers had additional training on the steps to be taken to provide timely change in placement notices to counsel. Additionally, a staff member was assigned to cross reference placement logs daily with the individual case workers to ensure that notice is provided. These reforms have led to a significant increase in the timely provision of change of placement notices to children's attorneys.

10. QSR Unit's Key Enhancements

Period: January – June 2020

QSR Leadership changes: In June 2020, Shannah Edmonds, LMSW, was selected as the second Supervisor for the QSR unit (start date July 1, 2020) to join the existing QSR Supervisor, Patricia Brown, LMSW. Previously, Ms. Edmonds was a Supervisor in Child Welfare's Out-of-Home Placement Unit.

Quantity of QSRs: The QSR unit conducted 60 reviews from July-December 2019 (30 per quarter for *January-March* and *April-June*), which is similar to the prior 6-month reporting period. This is a significant increase in the amount of reviews from prior years.⁴

To accomplish the 60 reviews, QSR Management articulated clear goals that the unit members needed to achieve. The Program Manager established review cycles with firm, clear deadlines that she and the Supervisors monitored closely. During structured supervision, the QSR Supervisors provided coaching to reviewers about any areas needing improvement to submit quality products timely. The QSR members have remained professionally dedicated and focused to helping the Agency achieve this outcome.

QSRs in Family Preservation Program (FPP): During this reporting period, a QSR Supervisor piloted the FPP instrument with two children from different FPP cases (young child and a youth). The Supervisor shared debriefing feedback with the FPP teams of these cases. The QSR Supervisor and Program Manager made modifications to the instrument based on the pilot. Next key steps, the QSR unit will finalize a QSR FPP protocol (to be completed in August 2020), develop a QSR FPP database, and continue to pilot FPP QSRs with the newly developed instrument and protocol.

Quality Control Process of Instruments: QSR management members review each instrument to ensure that QSR reviewers apply critical analysis of gathered information, and standards from QSR *Protocol* and criteria (e.g., regulations, policies, and child welfare best practices). Before completion of an instrument, QSR Supervisors thoroughly review each draft QSR instrument for thoroughness and persuasiveness. And, the Program Manager conducts an in-depth formal QC of each instrument.⁵ The management team provides feedback on their comments and questions to the review team, and this process identifies areas where individual reviewers need improvement that the Supervisors address during structured supervision.

⁴ On July 2, 2019, the IVA apprised Ms. Sinks that she sought 30 reviews to be conducted in Permanency per quarter for statistical significance with LJ reporting.

⁵ The QSR supervisors will do the formal QC of an instrument when Ms. Sinks was a co-reviewer on a QSR.

Changes to Inter-rater Reliability (IRR) Meetings: Recently, the QSR Program Manager modified the structure of IRR meetings so that discussions were targeted, academic, and focused on applying standards from QSR protocol and criteria. Rather than including all QSR reviewers in each meeting, the QSR Program Manager, two Supervisors (QSR management team), and reviewers of each specific QSR participate in the IRR meeting. The participants have an in-depth discussion about the QC edits and comments from the QSR management team. This approach enables the QSR Management team to provide reviewers with targeted and specific feedback that reviewers need to address or clarify to complete their current instrument as well as apply to their future reviews.

Review Assignment Change: After assessing the performance of QSR reviewers over the past year, the QSR Program Manager established the following process change with QSRs, which the BCDSS Director and Child Welfare Deputy approved. The QSR Program Manager assigns a QSR to an individual QSR reviewer when this Program Manager has deemed that the reviewer is able to individually conduct a thorough and timely review by gathering, analyzing, and presenting persuasive and complete information. The QSR management team conducts a QC of each review, similar to the other reviews. As of May 2020, two QSR staff members conducted reviews independently. This process has enabled these reviewers to conduct their reviews more effectively and efficiently, and it has enabled the QSR unit to complete more reviews to give more feedback to Child Welfare teams.

QSR Debriefings with OHP members: Starting in June 2020, the Permanency Unit Managers are invited and participate in QSR debriefings with Permanency supervisors and caseworkers. Their involvement has helped to shift the debriefing discussions into a collaborative, brainstorming approach. While the QSR reviewers share QSR findings and recommendations, the Unit Managers provide coaching and clarity of expectations with the supervisors and caseworkers.

Methodology during COVID-19: When mandatory telework began in mid-March 2020 due to COVID-19, the Child Welfare Deputy and QSR Program Manager discussed approaches to effectively continue to conduct QSRs while it was not feasible to conduct in-person interviews. During this period, the QSR teams interview all interviewees by telephone, and they review each child's electronic case information (e.g., MD CHESSIE, CJAMS, and QUEST). For reviews in which advanced scheduling has been feasible with a child/youth and the technological capability has been functional, the child/youth interviews have been done through video chat technology.

11. Annie E. Casey Foundation (AECF)

During the 63rd reporting period, the Agency engaged in work with the AECF. This work began by taking a deep dive into the Child Welfare Programs. Beginning in January 2020, AECF started to share their findings with some of our stakeholders. On January 22, 2020, these findings were shared with the Plaintiffs' counsel along with the IVA. During this reporting period, AECF continued to partner with BCDSS to develop areas where technical assistance would have the biggest impact on the Agency.

12. FIMS

BCDSS is currently receiving technical assistance from AECF to enhance the FIM process. The Foundation has committed to not only assessing how FIMs are currently completed but will also provide guidance on how to ensure the agency is adhering to the fidelity of the model. It will also engage in virtual FIM observation in addition to exploring how FIMs can be better facilitated during the current COVID-19 pandemic. FIM refresher courses will be created to provide targeted training and coaching to staff. Lastly, it will also work with the Agency in exploring creative ways to increase the number of FIMs completed according to the four identified triggers.

Updates include:

- AECF reviewed the State policy and BCDSS SOP on FIMs.
- AECF has completed virtual FIM observation to provide feedback and analysis. Discussion around strategies to better engage families and participants. There was a review of how the original FIM model has changed to exclude key elements.
- Coaching sessions have been completed by Children's Research Center and there was a focus on virtual FIMs as well as fidelity to the model. Facilitators have requested ongoing quarterly support.
- The Foundation completed an assessment of the current FIM process and concluded that a reboot should happen that includes understanding staff and facilitator roles, and staff training to increase family engagement. Additionally, a presentation was prepared to explain how a revamping of FIMs could be beneficial and yield better results.
- The next steps include scheduling a meeting with the Director and Deputy Director to present the analysis. A second presentation will include CPS, OOH, Permanency Supports & Ready by 21 (RB21) program managers.

13. CJAMS - Overview

BCDSS fully rolled out the new Child Juvenile & Adult Management System (CJAMS) system in June 2020. The new CJAMS is an application developed as part of the Maryland Total Human-services Integrated Network initiative (MD THINK) initiative. CJAMS will support DHS and Department of Juvenile Services (DJS) employees as they provide Child Welfare (CW), Juvenile Services (JS) and Adult Services (AS) to children and families facing a crisis. It will also support the DHS Office of Licensing and Monitoring (OLM). The overall MD THINK initiative will support multiple programs from DHS and other state departments and agencies.

Why did DHS change to CJAMS?

Maryland believes that moving to a shared health and human services platform will provide multiple benefits for customers, the State, and our federal partners; including significant improvements in the efficiency and effectiveness of program operations, continuous system

enhancement, and reduced cost for system maintenance. With these technological improvements, Maryland can best support its residents and communities.

Benefits of Changing to CJAMS

CJAMS new, modernized technology eliminates 'silos' – and provides one connected application and database for Child Welfare, Juvenile Services, and Adult Services. Individual and family information will be shared, to the extent permitted by confidentiality laws and regulations, across programs, reducing duplicate entries, which improves data quality, and saves time and effort. New system capabilities will more fully support Child Welfare, Juvenile Services, and Adult Services work with features like dashboards to track performance and enhanced mobility. This will allow staff to see all their work at a glance. Staff can also use secure mobile devices, like tablets and smartphones, improving the productivity of home visits. Modern technology will cost less to maintain, saving valuable dollars, while enabling system changes and improvements to be made much faster.

14. Baltimore City Department of Social Service - Child Welfare Division Employee Recruitment and Retention Efforts

BCDSS is comprised of a total of 1,428 employees, of which 600 work within the Child Welfare Division. During this reporting period, BCDSS has made the recruitment and retention of skilled and compassionate employees one of its highest priorities, even in the midst of a pandemic that has significantly disrupted normal operations and caused the agency to rethink many of its business practices.

a) Turnover:

As of the beginning of the reporting period in January 2020, BCDSS was successfully reversing a trend of high turnover throughout the Agency. For three consecutive years, from 2016 to 2018, BCDSS agency-wide lost more employees than it hired. In 2019, however, the total number of departures equaled the total number of new hires. And in the first six months of 2020, the number of new hires in Child Welfare (83) exceeded the number of departures (64).

The turnover was especially pronounced among new employees, but again, BCDSS has been able to reverse this trend. In 2017, there were 86 departures in Child Welfare. Of the 86 departures, 53 employees (62%) had been with the agency for less than 2 years. In 2018, only 24% (23 of 96 departures) had tenures of less than 2 years. In 2019, that number decreased to just 11% (10 of 90 departures). At the midway point of 2020, only 25% (16 of 64 departures) had been with the agency for less than 2 years.

An area of potential concern is the impending retirement of a number of staff. Currently, 76 employees in Child Welfare will be eligible for retirement within the next year. This accounts for 15% of staff in critical positions.

b) Vacancies:

In September 2019, DHS announced a significant policy change to the process for hiring new Child Welfare employees. Previously, local departments of social services like BCDSS were required to submit requests to refill positions when they became vacant. With the policy change, local departments were granted the authority to immediately refill caseworker and supervisor positions without having to first secure approval from DHS.

In April 2020, in response to the devastating impact to the State budget caused by the COVID-19 pandemic, the Governor announced a hiring freeze across all State government agencies, with limited exceptions. However, in recognition of the critical role that they play, Governor Hogan exempted Child Welfare caseworker and supervisor classifications from the hiring freeze.

As a result, the vacancy rate at BCDSS decreased from 10.6% in April 2019 to 8.0% in January 2020. In the same period, the number of vacancies in Child Welfare decreased from 74 to 48. The vacancy rate has remained at 8.0% in the first half of 2020.

c) Accommodations/FMLA:

Throughout Child Welfare, there are approximately 100 employees in caseworker positions who are not carrying cases. Among those employees, approximately 45 have been granted ADA accommodations to varying degrees. The COVID-19 pandemic has caused an increase in accommodation requests, predominantly by employees who because of age or underlying health conditions were concerned about exposure to the virus. BCDSS has initiated policy changes and process improvements to ensure that requests for accommodations are being appropriately evaluated.

d) Extended Hours:

BCDSS hired a new program manager for the Extended Hours (EH) unit. Previously, the unit had been without a full-time manager. In order to fully function as a 24-hour/365-day operation, EH should have 32 full-time caseworkers. Currently, EH is understaffed with caseworkers permanently assigned to the unit and continues to rely on staff from other units to fill the gap. As a result, more than 400 hours of overtime is worked by EH staff and caseworkers from other program units of Child Welfare. BCDSS is in the process of hiring or reassigning additional caseworkers and supervisors to fully staff the EH unit and reduce the usage of overtime.

e) Title IV-E Program:

BCDSS has collaborated with the University of Maryland School of Social Work (UMSSW) and Morgan State University (MSU) to enhance BCDSS's utilization of the Title IV-E student program. Recently, UMSSW and MSU delivered a presentation to BCDSS staff to recruit more field instructors for future IV-E students. Past experience has shown that IV-E students are more likely to stay in public child welfare during their careers than their counterparts. BCDSS has been

conducting interviews of the current IV-E cohort, has hired several new IV-E students since January 2020, and has recruited another six IV-E students scheduled to start in September 2020.

f) Key New Hires:

Audrey McLendon joined BCDSS in April 2020 as Program Manager for Strategy and Planning. She previously was an Executive Planner for the Social Services Administration at DHS, where she provided critical guidance and support in the overall planning and implementation of several SSA initiatives. Her depth and breadth of human services experience is helping Child Welfare improve its hiring practices.

Corine Mullings returned to BCDSS, where she had previously worked for more than 15 years, as the new Assistant Deputy Director for Child Welfare. In this role, she is working closely with Deputy Director Brandi Stocksdales to oversee Child Welfare operations and practice. Having recently worked in the Social Services Administration at DHS as the Program Manager for CPS and Family Preservation, she brings a wealth of experience in child welfare law, policy, and procedures.

g) CJAMS:

CJAMS went live at BCDSS on June 22, 2020 and replaced MD CHESSIE, the Agency's legacy Statewide Automated Child Welfare Information System (SACWIS) system. In preparation for implementation, Child Welfare staff participated in online learning, training, and other remote preparation activities. The decision to proceed with the implementation of CJAMS during the COVID-19 pandemic, despite challenges such as having to conduct training completely online, underscores the agency's commitment to provide staff with the most effective and efficient tools to support vulnerable Marylanders during this time of unprecedented need.

h) Telework:

In compliance with a series of Executive Orders issued by the Governor to limit the spread of COVID-19, BCDSS had to quickly transition to a telework environment. Employees who are able to work from home or another remote location are operating under an Interim Pandemic-Associated Teleworking Agreement.

BCDSS is turning the challenges posed by the pandemic into opportunities to improve efficiency and productivity, while making the work environment more appealing to a new generation of social workers. The goal is to provide staff with greater flexibility and the ability to work remotely, thus adhering to social distancing guidelines, while continuing to provide the essential services to protect and ensure the safety of vulnerable children and families.

BCDSS leadership is currently developing a supervision tool to establish rules and expectations for participation in a telework program that will remain in place even after the pandemic has passed.

i) Workforce Innovation Team:

In order to sustain the positive trend toward stabilizing its workforce, BCDSS has created a Workforce Innovation Team (WIT), composed of representatives from various Child Welfare program units, the Office of Human Resources, the Office of Innovation, the Office of Learning, and the Office of Performance Improvement. The purpose of the WIT 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.

With support from AECF, the WIT has been conducting a business process mapping of the agency's recruitment and hiring efforts, and identifying areas for improvement. As a result of these efforts, several process improvements are already taking place, and new initiatives are being planned.

- Program managers are directly participating in candidate interviews, rather than generic panels conducting the interviews, allowing program managers to play a greater role in assessing and matching candidates' skill sets with their respective programs.
- New caseworkers will shadow their units as soon as they are hired, prior to beginning new employee training and the Child Welfare Academy at the UMSSW. This will give them the opportunity to see firsthand the rigors of daily casework and provide greater context for the training they will receive.
- AECF has analyzed exit interview responses from departing employees, and BCDSS conducted an agency-wide employee engagement survey. BCDSS is using the data to improve the work environment and supervisory support for its employees.
- The WIT is examining ways to incorporate core competencies into the hiring and supervision of staff.
- The WIT is planning to develop and incorporate behavior-based interviews into the hiring process.
- The WIT is exploring the use of videos to provide potential job applicants with a more realistic picture of what a caseworker can expect to experience.
- BCDSS has extended the probationary period for new employees from 6 months to one year. This change will allow supervisors more time to evaluate staff, with the goal of improving staff selection and retention.
- The WIT is developing an HR data dashboard that will track and visually display key metrics, such as vacancies, turnover rate, usage of leave, and demographic information. The dashboard will provide agency leaders with the ability to identify trends and mitigate issues, and will promote data-informed, results-oriented HR practices.
- The WIT is assisting agency leadership with developing a supervision tool to clearly define caseworker expectations and responsibilities as part of its comprehensive long-term telework strategy.

Due to an aging workforce, adoption of new technology like CJAMS, and health concerns related to COVID-19, BCDSS anticipates a number of employees will retire. And while the new leadership team under Director Walters has made progress in reversing a negative culture that also led to staff loss, the WIT will continue to explore how to address concerns raised by staff. Accordingly, the WIT will continue to explore ways to improve recruitment and retention of new employees,

develop a leadership pipeline, improve the organization's culture and employee morale, and establish a reputation for BCDSS as a learning organization that engages its employees in continuous improvement and professional development.

III. EXIT STANDARDS

A. PART TWO: SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS

1. Preservation and Permanency Planning

There are eleven (11) Exit Standards associated with the Preservation and Permanency Planning section of the MCD (*Exit Standards: 3(a), 3(b), 4, 15(a), 15(b), 16, 20, 24(a), 24(b), 29(a), and 29(b).*) Presently, BCDSS does not have appropriate compliance measurements for these Exit Standards. However, with the launching of CJAMS and the extension of processes in QSR, the agency believes that it will be better able to track and measure the work necessary to comply with these standards under the new rewritten measurement standards that will be created during the next reporting period in collaboration with the IVA.

a) Key Developments and Compliance:

- Seeking to stabilize vulnerable families and avoid unnecessary placements, BCDSS created new Quality Service Reviews (QSR) for Family Preservation cases to ensure the families are receiving the services that will address the families' needs and help resolve the issues bringing them to the attention of BCDSS. This process will be ongoing to produce credible and sufficient data to show compliance with the MCD measures that apply to the work of Family Preservation.
- Now that CJAMS is operational in Baltimore City, the Agency will be better able to document signed service plans, safety plans and receipts when needed with the use of electronic signatures.
- **Exit Standards 3(a) (Quantitative Measure) and Exit Standards 3(b) (Qualitative Measure): "90 percent of children and families in family preservation had a case plan."** This measure has recently been divided into a qualitative and quantitative assessment by the IVA. This measure is awaiting revision once the IVA has accepted the new QSR Protocol developed to measure performance by the Family Preservation Unit. The data necessary to accurately support these measures will now be provided by CJAMS and the QSR process. In the last reporting period, there was insufficient data to provide an accurate assessment either quantitatively or qualitatively. BCDSS believes that with the institution of its new computer system and new protocols in QSR, it will soon be able to provide an accurate measure for both the quantitative and qualitative assessments necessary to satisfy this measure.

- **Exit Standard 4: “85 percent of children and families in family preservation timely received the services identified in the case plan.”** This measure is awaiting revision once the IVA has accepted the new QSR Protocol being developed to measure performance by the Family Preservation Unit. The QSR unit has completed a few tools in Family Preservation cases and is working to modify the current Protocol to be applicable for Family Preservation cases. BCDSS is also examining the appropriate means to produce the data that will be acceptable to the IVA in measuring compliance. The number of cases being reviewed is currently too small to produce credible data.
- **Exit Standard 15: “90 percent of children in OHP had a case Plan.” (Quantitative Measure).** An effort to revise this standard has been initiated regarding the measure but was put on hold pending the arrival of CJAMS with its enhanced capabilities. Now that CJAMS is operational, BCDSS can examine how to appropriately capture the accurate data necessary to be acceptable to the IVA in measuring compliance. Current data for this reporting period shows a slight increase over the last reporting period. The Agency will continue to examine the practices and implement positive changes regarding the use of case plans so that steady improvement continues in this area until compliance with this Exit Standard is achieved.
- **Exit Standard 16: “90 percent of children in OHP and their families timely received the services identified in their case plans.”** No revision of this Exit Standard measure has been deemed necessary at this time by the IVA. The results of the data generated through the QSR process for this measurement shows a large increase in compliance in the cases reviewed. We will continue to examine the practices and implement positive changes regarding the use of case plans so that steady improvement continues in this area until compliance with this Exit Standard is achieved.
- **Exit Standard 20: “Beginning July 1, 2010, for 85 percent of children, BCDSS had a family involvement meeting at each critical decision-making point.”** Prior to the end of this reporting period the Agency had extensive discussions with the IVA regarding a revision of this Exit Standard. Continuing work needs to be done so that the Agency and the IVA can reach an agreement on the language and means of providing measurement for the multiple parts of this measure. The work remaining is focused on the time frames regarding the critical decision-making points necessary. The level of compliance substantially increased using the current measure instruction as much emphasis has been placed on the improvement of the FIM process during this reporting period including the technical assistance from AECF discussed in more detail in another portion of this report. The pending approval of a new SSA policy involving FIMs may affect the measuring of this Exit Standard.
- **Exit Standard 24 (Quantitative Measure): “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.”** This Standard is pending revision. Discussions need to continue to reach an agreement as to a new measure instruction that will more accurately

capture sufficient data that will be evaluated by the IVA to measure compliance. The data generated for this reporting period for this measurement indicates a significant increase in compliance. The Agency will continue to examine the practices and implement positive changes regarding the use of case plans so that steady improvement continues in this area until compliance with this Exit Standard is achieved.

- **Exit Standard 29: “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.”**
 - 29(a) A revision of this qualitative standard is a part of ongoing discussions which needs to be continued in the next reporting period. The results of the data generated for this reporting period for this measurement using current data gathering methods shows a substantial increase in compliance. The Agency will continue to examine the practices and implement positive changes regarding the use of case plans so that steady improvement continues in this area until compliance with this Exit Standard is achieved.
 - Exit Standard 29(b) (Qualitative Measure): “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.” As to the qualitative standard of 29(b), the IVA has indicated that there is a problem with the production of credible data with which to appropriately evaluate compliance with this measure and the measure needs to be revised. An assessment of the means of producing the appropriate data is being undertaken by BCDSS in preparation for the revision of this standard.

The results of the data generated for this reporting period for this measurement shows a significant increase in compliance. BCDSS will continue to examine the practices and implement positive changes with respect to completion of case plans so that steady improvement continues in this area until compliance with this Exit Standard is achieved.

2. Out-of-Home Placement (OHP)

There are 16 Exit Standards associated with the Out-of-Home Placement section of the MCD (*Exit Standards: 33, 36, 39, 44, 48, 52, 57, 58, 60, 65, 66, 68, 70(a), 70(b), 72(a) and 72(b).*) BCDSS and the IVA were successful in redrafting seven of these standards which were approved during this reporting period. One was previously redrafted in 2018 and one standard needs no redrafting. The remaining seven are in the process of being reviewed to determine if redrafting is necessary.

a) Key Developments and Compliance:

Many these exit standards were redrafted during this reporting period. Exit Standards 48,52,58,65,66,68, and 72(a) had a new negotiated version of the measure written and agreed upon by the IVA and BCDSS. BCDSS is adjusting the practices necessary to produce reliable data to measure compliance with these Exit Standards.

- **Exit Standard 33: “Until January 1, 2011, 85 percent of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs. Beginning January 1, 2011, 90 percent of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.”** This standard is pending a revision to determine the most appropriate data to satisfy the standard. The current reporting period shows a slight increase in compliance over the last reporting period.
- **Exit Standard 36: “For 99 percent 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.”** This standard was rewritten, and the new measure was agreed upon in 2019. Compliance with this Exit Standard is 100% for this reporting period and certification will be requested.
- **Exit Standard 39: “The array of current placements matched the recommendation of the biennial needs assessment.”** This standard is pending a revision to track the new placement assessment process at this time. The revision is deferred until the new assessment is available. No data for compliance will be calculated until the new study is completed. BCDSS expects the assessment to be completed by June 2021.
- **Exit Standard 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.”** No revision has been deemed necessary at this time by the IVA. In the current reporting period, there was a decrease in compliance, which may indicate a problem in the way that the data is being compiled. BCDSS is reassessing this standard to examine how sufficient and reliable data can be gathered and produced to satisfy compliance. The agency will also be re-examining how the services which are measured by this standard are being provided.
- **Exit Standard 48: “90 percent of kinship care providers received written notification of the right to apply for foster home licensing within ten days of placement.”** This standard was rewritten, and the new measure was agreed upon on June 30, 2020. BCDSS has begun to institute practices necessary to produce compliance. Data for this reporting period shows a decrease in compliance but new practices pursuant to the newly revised measure instruction will produce a much higher degree of compliance in the future.
- **Exit Standard 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.”** This standard was rewritten, and the new measure was agreed upon on May 27, 2020. The agency should be able to start producing data to measure compliance with this exit standard in the next reporting period as a new practice had to be implemented to comply with the newly written measure instruction.

- **Exit Standard 57: “95 percent of all foster homes and kinship care placements met all legal requirements.”** An effort to revise this Standard measure has been initiated. Discussion needs to be continued in the next reporting period. A draft revision will be provided to the IVA and Plaintiffs’ Counsel by January 15, 2021. Under the current measure a slight increase in compliance was noted in this reporting period.
- **Exit Standard 58: “90 percent of all foster homes were approved and reapproved on a timely basis.”** This standard was rewritten, and the new measure was agreed upon on June 30, 2020. There is no data available at this time to assess compliance with the newly drafted measure instruction for this reporting period. It is expected that compliance will be able to be gauged in the next reporting period.
- **Exit Standard 60: “95 percent of caregivers had been provided all available information about the child’s status, background, and needs.”** This standard is pending a revision. The IVA believes that there is insufficient data produced. BCDSS is reassessing this standard to evaluate how it believes sufficient data can be gathered and produced to satisfy compliance with the standard. Based on the current measurement methodology there was a substantial increase in the compliance with this standard over the previous reporting period.
- **Exit Standard 65: “99.68 percent of children in OHP were not maltreated in their placement, as defined in federal law.”** This standard was rewritten, and the new measure was agreed upon on May 27, 2020. BCDSS has continued to maintain a high level of success regarding this standard with the data showing 99.5% compliance for this reporting period, just below the 99.68% required to request certification.
- **Exit Standard 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.”** This standard was rewritten, and the new measure was agreed upon on May 27, 2020. Current data shows a slight decrease from the previous reporting period. The agency is revamping its processes to increase the rate of compliance as measured by the newly written Exit Standard measurement instruction.
- **Exit Standard 68: “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.”** This standard was rewritten, and the new measure was agreed upon on May 26, 2020. Current data for this reporting period showed a continued degree of high compliance with this measure but was not high enough to request certification. As the measure was revised late in this reporting period it will be more appropriate to look at the data in the next

reporting period to determine whether compliance has been achieved under the newly drafted measure.

- **Exit Standard 70(a) (Quantitative Measure): “90 percent of children ages twelve or over participated in placement decisions.”** This measure is pending revision and BCDSS is working with DHS/SSA to accurately capture the appropriate data. Based on current data methodology there was a slight increase in the compliance level of this measure.
- **Exit Standard 70(b) (Qualitative Measure): “90 percent of children ages twelve or over participated in placement decisions.”** This measure is also pending revision discussions and is presenting challenges currently for capturing the appropriate data. Using current methods, the compliance with this standard had a significant increase over that reported in the last reporting period. There may be insufficient numbers in the sample to give an accurate measure of compliance and the means of capturing credible data will be explored during the next reporting period.
- **Exit Standard 72(a) (Quantitative Measure): “95 percent of children had documented visits from their caseworker once monthly in the child’s placement.”** Measure 72(a) has been rewritten and agreed to by BCDSS and the IVA on May 27, 2020. There was a slight decrease in compliance this reporting period which may be attributable to the current pandemic. Visitation is still occurring at a high level, over 90% of the time in this reporting period.

3. Health Care

There are ten Exit Standards associated with the Health care section of the MCD *Exit Standards: 75, 79(a), 79(b), 82, 83, 88(a), 88(b), 93, 94(a) and 94(b)*. One of these standards was previously rewritten and signed, one was rewritten and signed in this reporting period, one needs no change and the remaining standards are in the process of discussion as to redrafting but has been held up as the IVA was awaiting the completion of the new MATCH contract.

a) Key Developments and Compliance:

(1) MATCH Contract

- Since 2009, BCDSS has contracted with HCAM to provide health care case management for all children in out-of-home placement through the MATCH program. The contract was set to expire on June 30, 2020, but BCDSS and HCAM negotiated a new, five-year contract during this reporting period that will significantly improve the health care oversight of children in care.
- The new MATCH contract was executed and will be in effect from July 1, 2020 to June 30, 2025.

- The IVA and Plaintiffs' Attorney were provided the scope of work and given the opportunity to comment. The comments were considered and, where appropriate, will be incorporated into practice guidelines once the contract is finalized.
- Once executed the new contract will expand the scope of work done by HCAM and will improve the overall provision of healthcare services to the children.
- Last year, the IVA contracted with Health Management Associates to review the MATCH program. The Agency received the Health Management Associates written review of MATCH on January 25, 2020.
- Many of the improvements made in this contract are the result of the input provided by the IVA and Health Management Associates.

(2) Exit Standards

- **Exit Standard 75: "Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement."** Certification was requested during the 62nd period and approval was granted by the IVA. During the 63rd reporting period, the data supported a 94% compliance rate which was pending a review of the data by the IVA to see if there were exclusions from the denominator that could lead to the measure reaching 95% and certification. During this reporting period the data indicated a slight decrease in the compliance which may be due to the current pandemic.
- **Exit Standard 79(a) and (b): "Beginning July 1, 2009, 90 percent of new entrants in OHP received a comprehensive health assessment within sixty days of placement."** In discussions regarding revision to the current Exit Standard, the IVA expressed the opinion that this measure needed to be separated into two measures with one quantitative and the other qualitative. As a result, discussions will continue in an effort to determine the need for splitting the measure and the extent that revision is necessary. Under current procedures there was a slight decrease in compliance this reporting period which may be due to the current pandemic.
- **Exit Standard 82: "Beginning December 1, 2009, 90 percent of children entering OHP received timely periodic Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) examinations and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents."** This measure has a draft revision which is pending because the IVA wanted to await the signing of a new contract between MATCH and BCDSS. The contract has been executed and the IVA and Plaintiffs' Attorney are awaiting review of operational guidelines before finalizing the measure.
- **Exit Standard 83: "Beginning July 2010, 90 percent of children in OHP received timely periodic Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen**

parents.” This measure has a draft revision which is pending because the IVA wanted to await the signing of a new contract between MATCH and BCDSS. The contract has been executed and the IVA and Plaintiffs’ Attorney are awaiting review of operational guidelines before finalizing the measure.

- **Exit Standard 88(a) (Quantitative Measure): “90 percent of children received timely all Needed Health Care Services.”** The quantitative measure 88(a) has a draft revision which is pending because the IVA wanted to await the signing of a new contract between MATCH and BCDSS. The contract has been executed and the IVA and Plaintiffs’ Attorney are awaiting review of operational guidelines before finalizing the measure. Appropriate data cannot be assessed until the measure revision occurs.
- **Exit Standard 88(b) (Qualitative Measure): “90 percent of children received timely all Needed Health Care Services.”** The qualitative measure 88(b) needs no revision according to the IVA. BCDSS is reassessing this standard to decide how it believes sufficient data can be gathered to satisfy the standard. A slight increase in compliance was seen this reporting period.
- **Exit Standard 93: “90 percent of all new entrants had a complete health passport that was distributed to the children’s caregivers promptly.”** This standard was rewritten, and the new measure was agreed upon on March 3, 2020. The current data shows 93% compliance which qualifies for a request to certify compliance for this reporting period.
- **Exit Standard 94(a) (Quantitative Measure): “90 percent of children had a health passport that was updated and distributed to the children’s caregivers at least annually.”**
 - The quantitative portion of this measure is pending a revision. The IVA wanted to await the signing of a new contract between MATCH and BCDSS before completing a revision of this measure instruction. The contract has been executed and the IVA and Plaintiffs’ Attorney are awaiting review of operational guidelines before finalizing the measure.
 - **Exit Standard 94(b) (Qualitative Measure): “90 percent of children had a health passport that was updated and distributed to the children’s caregivers at least annually.** The Qualitative portion of the measure 94(b) needs a revision which cannot be completed until the data provision is examined further. BCDSS is reassessing how sufficient data can be gathered to satisfy the standard.

b) Education

The Six Exit Standards associated with the Education subsection of the MCD are *Exit Standards: 99, 104, 105, 106, 110, and 111.*

(1) Key Developments and Compliance:

During this reporting period the current pandemic changed the way that education was provided for the children in the care of BCDSS. Learning became virtual with all children required to have the technology necessary to be able to learn at home and the ability to do so. BCDSS worked closely with the school systems in which foster children were enrolled to ensure that internet access and appropriate devices were provided to enable each child to participate appropriately. BCDSS will continue to assess these needs in the upcoming months as remote learning will likely continue into the next school year.

(2) Exit Standards

- **Exit Standard 99: “90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.”** Current data collection shows a large increase in the compliance rate during this reporting period. This measure is in the process of being revised.
- **Exit Standard 104: “90 percent of children had an educational plan.”**: This standard is pending revision due to the lack of credible data as it is being currently produced. Under the current data production procedure, a decrease in compliance has resulted since the last reporting period.
- **Exit Standard 105: “For 90 percent of children, BCDSS had met its obligations as set forth in the child’s educational plan.”** This standard is pending revision due to the lack of credible data as it is being currently produced. Under the current data production procedure, a decrease in compliance has resulted since the last reporting period.
- **Exit Standard 106: “For 90 percent of children, BCDSS had monitored the child’s educational progress monthly.”** This standard is pending revision due to the lack of credible data as it is being currently produced. Under the current data production procedure, a decrease in compliance has resulted since the last reporting period.
- **Exit Standard 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.”** This standard is pending revision due to the lack of credible data as currently produced. Under the current data production procedure, a slight increase in compliance has resulted since the last reporting period.
- **Exit Standard 111: “BCDSS made reasonable efforts to secure services for 90 percent of children who were eligible for special education or early intervention services.”** This standard is pending revision due to the lack of credible data as it is being currently produced. Under the current data production procedure, a slight decrease in compliance has resulted since the last reporting period.

4. Workforce

The Six Exit Standards associated with the Workforce subsection of the MCD are Standards 115, 116, 121, 122, 125, and 126. All the Exit Standards contained in the Workforce section have been rewritten and agreed to by BCDSS and the IVA since 2019 with several signed during this reporting period.

a) Key Developments and Compliance

(1) Workload Development Activities

- Hired Manager of Strategy and Planning in April 2020
 - Duties of the Manager include reviewing recruiting processes and creating efficiencies to hire staff more rapidly.
- From April – May 2020
 - Reviewed recruiting management processes within Child Welfare
 - Reviewed number of vacancies within the programs
- Began tracking the number / classifications of staff that are required in the programs
 - Established a bi-weekly meeting with the Agency's HR to verify the number of vacancies and the approvals to hire that are received from the Department of Budget and management (DBM) to confirm that Child Welfare vacancy numbers are accurate.
 - Reviewed progress with the Child Welfare Deputy Director bi-weekly to ensure that recruitments are targeted where needed
- Created an automatic alert system to verify vacancies with Program Managers once a week (implementation to begin in July).
- Created a tracking sheet to:
 - List current applicants and status
 - Enable alerts to be sent to Managers six days prior to a recruit on boarding as a reminder of either the arrival in training or the arrival to the program to ensure office space, equipment and supplies are ready.
- Distributed program specific interview questions (created by AECF) to Program Managers to begin recognizing program specific interest and skills
- Created an interview process through Google docs to provide an easier method of collecting needed paperwork for recruiting:
 - Contacts the Program Manager and Administrative Assistant prior to recruitment to review process, answer questions, review needed paperwork
 - Reviews deadlines for HR to confirm that paperwork is received in a timely and accurate manner to ensure that process is seamless from Child Welfare to HR.
- Report was developed to show the number of cases per worker as a baseline
- To realign case ratio, workers and supervisors were moved
- As noted previously, the third Mental Health Navigator was hired; to begin July 15, 2020.

5. Out-of-Home Placement Workload Restructure Plan/Initiative

Background

Historically, the workload for permanency case carrying staff has been higher than other Divisions. The average caseload is currently 17, which is higher than recommended by the MCD and does not align with best practices.

a) Objectives

The objective of this restructure is to lead to better outcomes for children and families and the furtherance of permanency by reducing caseloads which is a recognized best practice and a mandate of the MCD. This will be accomplished by equalizing the workload while also moving appropriate cases to specialized teams/units.

(1) Content

Case carrying supervisory teams will be divided among four Programs:

- Adoptions/Custody and Guardianship
- Ready by 21 (RB21)
- Permanency
- Permanency Supports

Program Manager Nikia Agent will assume additional responsibility over two Permanency units including the Intensive Case Management (ICM) unit. The ICM unit was placed under Ms. Agent because the children assigned to ICM have placement stability issues and Ms. Agent also manages the Placement Unit. This administrative arrangement will result in a more seamless delivery of services when addressing the placement needs of the youth served by the ICM Unit. It is vital to the workforce structure to continue RB21 staff working solely with teens, Adoptions with Adoption cases and Permanency with younger children working towards permanency.

Structure

There are approximately 1358 cases assigned to Permanency staff. In an effort to reduce caseload size for Permanency staff and equalize the workload, the following changes are being made:

- Six Supervisory teams will be reassigned from Permanency and distributed two each to the Custody/Guardianship and Adoption Unit, RB21, and Permanency Supports.
- All Custody/Guardianship and Adoption cases will be managed by the same division.
- All 16 and 17-year-old youth will be assigned to RB21.
- The ICM unit and caseload and another Permanency team and caseload will be assigned to Permanency Supports.
- This transition will leave approximately 91 case carrying case managers in the Permanency Unit. Case count in the Permanency Unit will drop from 1358 to 1041. This will allow for a caseload of 12 children or less for all staff throughout the four Programs.

(2) Transition Schedule

Transitioning staff will begin with a 10-day notification and will be conducted in a methodical, structured manner to minimize disruption in the services being provided to the children and families. The transfers began at the end of June 2020 and were completed at the end of August 2020. These time frames allowed for a transition visit between the child, and the old and new case managers.

6. Workforce Innovation Team

In order to sustain the positive trend toward stabilizing its workforce, BCDSS has created a Workforce Innovation Team (WIT), composed of representatives from various Child Welfare program units, the Office of Human Resources, the Office of Innovation, the Office of Learning, and the Office of Performance Improvement. The purpose of the WIT 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.

With support from the Annie E. Casey Foundation (AECF), the WIT has been conducting a business process mapping of the agency's recruitment and hiring efforts, and identifying areas for improvement. As a result of these efforts, several process improvements are already taking place, and new initiatives are being planned.

- Program managers are directly participating in candidate interviews, rather than generic panels conducting the interviews, allowing program managers to play a greater role in assessing and matching candidates' skill sets with their respective programs.
- The WIT is examining ways to incorporate core competencies into the hiring and supervision of staff.
- The WIT is planning to develop and incorporate behavior-based interviews into the hiring process.
- The WIT is exploring the use of videos to provide potential job applicants with a more realistic picture of what a caseworker can expect to experience.
- BCDSS has extended the staff probation period from 6 months to 1 year to give supervisors more time to evaluate staff with the goal of improving staff selection and retention.
- WIT is developing an HR Data Dashboard with the goal of identifying and mitigating problematic patterns as well as creating a data informed results-oriented culture. The HR dashboard will track and visually display key data like vacancies, turnover rate, accommodations, caseload distribution, etc.
- WIT is assisting leadership with crafting a comprehensive long-term teleworking policy.

Due to an aging workforce, BCDSS will continue to lose employees to retirement. While the new leadership team under Director Walters has made progress in promoting a culture that supports staff retention, the WIT will continue to explore how to address concerns raised by staff. Accordingly, it is critical to redouble efforts to recruit and retain new employees, develop a leadership pipeline, improve the organization's culture and employee morale, and establish a reputation for BCDSS as a learning organization that engages its employees in continuous improvement and professional development.

B. Workforce

- **Exit Standard 115: “90% of case carrying staff was at or below the standard for caseload ratios.”** Compliance with this Exit Standard during this reporting period was excellent for the Resource Unit but not as high for the Permanency teams.
 - A realignment plan for the workforce was developed in this reporting period to attempt to lower the child/case manager ratio to meet best practice standards and comply with the MCD;
 - This plan will cause shifting of assigned cases to even out workload to move the workforce toward compliance.

- **Exit Standard 116: “90% of case-carrying teams were at or below the standard for ratio of supervisor: worker”** The realignment plan discussed above will assist in maintaining a compliance level regarding this Exit Standard. BCDSS maintained compliance in this reporting period at 91.1% and is requesting certification.

- **Exit Standard 121: “95 percent of caseworkers met the qualifications for their position title under Maryland State Law.”**: BCDSS continued compliance with this Exit Standard at a 100% and certification is requested.
 - All social worker positions in Child Welfare (caseworkers, supervisors, unit managers) are based on State level pre-review of qualifications, and development of “eligible” lists. Local Departments of Social Services receive these eligible lists for future hiring considerations. BCDSS’s HR staff do further screening to ensure that all candidates on the eligible lists meet the minimum requirements before hire.
 - As part of the hiring process, the Assistant Director of HR signs a memorandum attesting that the hires went through the proper process and have met qualifications for the position in accordance with Maryland State Law.
 - During this reporting period, BCDSS maintained a 100% compliance with this Exit Standard and is requesting certification. Documentation is maintained in the BCDSS Office of Human Resources. The IVA may request documentation (i.e. transcripts, resumes, etc.) as needed to further verify the accuracy, validity, and reliability of the data for this Exit Standard.

- **Exit Standard 122: “90% of caseworkers and supervisors had at least twenty hours of training annually.”** During this reporting period there was a decrease in the compliance with this Exit Standard.

- **Exit Standard 125: “90 percent of cases were transferred with required documentation within five working days.”** During this reporting period there was a decrease in the compliance with this Exit Standard. The decrease was likely due to the closing of Agency offices during the pandemic, which made it difficult to access case files.

- **Exit Standard 126: “90 percent of transferred cases had a case transfer conference within ten days of the transfer.”** During this reporting period, BCDSS maintained a high level of compliance with this Exit Standard at 99.8% and is requesting certification.

IV. Additional Commitments

A. 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 continues to notify the Plaintiffs’ counsel of the death of any class member as required by this provision of the MCD. The Agency strives to ensure timely submission of required incident and fatality reports. The Plaintiffs’ counsel continues to have access to the child’s case file upon request. During the previous reporting period, BCDSS hired a Fatality Prevention Specialist. Information about the new specialist, her qualifications, a description of the new position and practices are summarized above in this report. In conjunction with the work of the Fatality Specialist, the Agency is exploring other 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 Defendants 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.”* The Agency continues to be in partial compliance with this commitment. As stated in the 63rd report, a standardized process was created to attempt to resolve issues related to individual class members. This process has been publicized and permits individuals or counsel to raise concerns about problems in individual cases as required by this section, without retaliation or fear of retaliation. The Agency continues to make available a pamphlet, which is available in both English and Spanish, as part of the effort to continue publicizing the process and encourage its use. The Agency has also continued to interact with its stakeholders to reinforce their use of the process.

The Agency has been developing a process to track these complaints and the efforts toward resolving them. However, during this reporting period, and with the interference of COVID-19, the complaint process has not been following the typical protocols set forth above. Rather, the Agency has been utilizing an alternative to the normal complaint process, by interjecting the Program Manager for Court Processes more liberally, so that troubleshooting the needs of our youth in care could be accomplished in a more efficient manner during this time. Further we have encouraged our stakeholders to immediately bring issues directly to the Program Manager for Court Processes when necessary. The Agency felt that this temporary change in practice during this unprecedented time was appropriate. The complaint process and reporting will resume its normal course for the 65th reporting period.

B. PART TWO: SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS

1. Preservation and Permanency Planning

1. 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."

Our response in the 63rd Court Report was as follows: BCDSS/DHA has met this commitment. DHS allocates over \$1 million to BCDSS each fiscal year through Promoting Safe and Stable Families (PSSF) federal funds to provide family preservation services, as well as funding contracted family preservation services. In addition to PSSF funding, DHS also allocates over \$4 million in Super Flex funds to be used directly for services to families and children. BCDSS/DHS collects data regarding the needs and strengths of families through the Child and Adolescent Needs and Strengths-Family (CANS-F) tool. This data is collected and analyzed by the University of Maryland School of Social Work (UMSSW) and distributed to BCDSS on a quarterly basis. The data is used to determine needs and strengths of families served by Family Preservation. BCDSS recognizes there is further training needed to ensure proper use of the CANS-F tool to capture the data. BCDSS has collaborated with DHS and UMSSW to schedule booster sessions with child welfare staff that specifically focuses on proper use of the CANS-F. However, BCDSS/DHS agree that the amount of funding provided is sufficient to meet the needs of families and in the event BCDSS identifies a need for more funding, DHS will support an increase in funds. (Please see Attachment H Baltimore City FY20Q1 MD-CANS Summary Report)

2. 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 to BCDSS in Super Flex funds to be used directly for services to families and children. This funding can be utilized to prevent removal, during out-of-home placement, and after a child is reunified for services related to the child and the family. In addition, BCDSS/DHS can access IV-E reimbursement for services provided to children, youth, and families who are involved in out-of-home placement.

3. 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 the provision of family-centered, child-focused, community-based services that promoted safety, family strengthening, and permanence for children and families in the child welfare system. The primary success of Place Matters is evidenced by the decreased number of children in out-of-home placement.

Building on the success of Place Matters, DHS/ SSA will initiate the implementation of the Integrated Practice Model (IPM) in the fall of 2020. Family Teaming is a critical component of the IPM. As a part of Continuous Quality Improvement, DHS has contracted with University of Maryland School of Social Work (UMSSW) to routinely collect data regarding teaming activities and share the data with local departments including BCDSS. BCDSS remains committed to utilizing teaming to promote family and youth led decision making, enhance family and youth partnership, prevent out-of-home placements, and promote safety and permanency. As a result of the data provided by UMSSW, DHS and BCDSS will explore ways to implement standard operating procedures to increase the utilization of teaming in accordance with the state policy and requirements of the MCD with the goal of revising the use of teaming to put more emphasis on utilizing teaming as a core practice that drives all aspects of partnering, planning, and decision making with children and families.

4. Section E 4 Youth Engagement: “BCDSS shall continue to provide opportunities for youth in OHP to meet together and with the BCDSS Director, other high level officials, and providers of youth services to talk about problems and needs for children in OHP and to develop effective ways 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.”

The Baltimore City Youth Advisory Board (YAB)

The Baltimore City Youth Advisory Board (YAB) is composed of ten members ages 15-24. Seven board members are currently in care and three are foster care alumni. The foster care alumni are youth who were once in foster care but now act as mentors and youth advocates. The YAB meets the first Tuesday of each month and more often as needed.

During the reporting period, the YAB accomplished the following:

- Pregnancy Prevention and Parenting Support (PPPS): BCDSS has engaged the members of the Youth Advisory Board in the planning of educational and support services for the expectant and parenting youth population. On January 22, 2020, the members of the BCDSS Youth Advisory Board had the opportunity to review four evidence-based sexual health and pregnancy prevention curricula and make recommendations to RB21 for program implementation.
- Educational Survey (February 4, 2020-March 3, 2020): The Youth Advisory Board partnered with RB21 to develop and revise the Results Count Educational Survey. This tool has been implemented to facilitate the collection of young people’s experiences with the Baltimore City Public School system and generate data to support BCDSS efforts to address students’ needs.
- Youth Advisory Board Peer Learning Exchange (February 11, 2020): Two senior members of Youth Advisory Board participated in a peer learning exchange to share insights and ideas with Prince George’s County to further develop youth advisory group work.
- Maryland State Legislative Shadow Day (February 14, 2020): Five members of BCDSS Youth Advisory Board attended this annual event wherein the young adults were able to tour the Governor’s residence, the State Capital building and individually shadow a state delegate or senator.
- Youth Transitional Plan Focus Group (March 2, 2020): DHS sponsored the University of Maryland Child Welfare Academy and conducted a focus group with the BCDSS Youth Advisory Board to solicit feedback on how to improve the Maryland Youth Transitional plan.
- COVID-19 Stay Safe Stay Home Video (April 2020): Three senior members of the Youth Advisory Board worked with BCDSS and RB21 to create a video public service announcement to encourage youth in foster care to observe and practice COVID 19 health and safety precautions.

- Results Count (May 2019 – present): The Results Count Program is designed to support the Jim Casey Initiative network sites to accelerate their work and ability to achieve equitable results for older youth. This program is part of the Initiative’s technical assistance structure and is intended to help leaders increase their application of the Results Count™ framework, tools, and practices. Three in-person seminars and “bridging” application seminars take place to support practitioners to advance their contribution to an identified equitable result and deepen their ability to weave Results Count™ into their system and partnerships. The RB21 Count team includes four staff and two youth leaders who are active on the Youth Advisory Board. The team elected to apply the skills and knowledge of the leadership framework to develop strategies and interventions to increase the graduation rate among African American youth in foster care in Baltimore City.

During the next reporting period, BCDSS will be preparing for the Youth Leadership Institute. The BCDSS Youth Advisory Board will develop a virtual platform for youth in foster care to discuss a variety of social welfare concerns including the impact of COVID 19 on the health care, educational, housing and employment landscape in Baltimore City.

Jim Casey Opportunity Passport

The Jim Casey Youth Opportunities Initiative Opportunity Passport is a unique matched saving program that provides participants, ages 14-26 who have experienced foster care, access to resources and support to promote the successful transition from foster care into independence. The program provides youth with ten hours of financial literacy training wherein the participants learn about building personal and professional assets; credit and money management. Youth who are enrolled into the program can request dollar for dollar asset match purchases up to \$3000. Youth can seek asset matches in the following categories:

- Vehicles
- Credit building / credit repair
- Housing
- Health
- Micro Enterprise
- Education
- Investment

During the reporting period, 17 young people from BCDSS have become active Opportunity Passport participants increasing the total number of active members to 187. Five young people have successfully completed asset match purchases for vehicles and housing and have contributed \$9,746.00 toward the combined asset purchase total of \$19,492.00

Twice a year all active Opportunity Passport participants from across the country are asked to participate in a follow up survey. The survey is used to inform and improve the Jim Casey Youth Opportunities Initiative. The goal is for a minimum of 80% of active participants to complete the survey. Eighty-five percent of BCDSS youth that are active participants completed the follow up survey in April 2020.

RB21 is seeking new and innovative ways to engage youth during COVID 19 closures and will promote virtual classes and online asset match support.

2020 Youth Engagement Summit:

In light of the recently released Information Memorandum 19-03 (IM) by the Children's Bureau of the United States Department of Health and Human Services on engaging, empowering and utilizing family and youth voices in all aspects of child welfare to drive case planning and system improvement, the Children's Bureau, in partnership with the AECF's Jim Casey Youth Opportunities Initiative, are hosting a Virtual Youth Engagement Summit. The actual Summit will take place August 27-28, 2020. Team planning meetings have already taken place. One member from the RB21 Team and two youth from BCDSS's Youth Advisory Board will participate in this Summit. The objective of this Summit is to operationalize the content of the Information Memorandum by assisting states in evaluating their current levels of authentic youth engagement and creating a plan to infuse youth voice throughout all areas of their child welfare systems. This Summit will be filled with learning opportunities as well as expert guidance and support for teams to move to action. This Summit will yield both jurisdiction-specific and national youth engagement strategies and resources.

Transitional Support and Services:

RB21 is a program designed to assist young people ages 14-20 prepare for a successful adulthood. RB21's aim is to have all foster youth attain relevant knowledge, skills, and resources in the six benchmark areas of Education, Employment, Health, Housing, Financial Literacy & Resources, and Family and Friends Support, by the age of 18, in order to facilitate their journey to true independence. RB21 staff currently facilitate life skills classes on the following topics: Housing, Employment, Coping Strategies and Driver's Education. RB21 offers additional life skills classes such as Nutrition and Obesity, Environmental Health and Social Media that are facilitated by community partner, Priority Partners. RB21 has recently initiated a partnership with the Maryland Transit Administration (MTA) to teach youth in Out of Home Placement (OHP) how to effectively navigate the public transportation system. RB21 is currently in the process of producing Ages and Stages, a life skills class designed for new parents in OHP to provide education for ensuring safety and healthy bonding, information on child development and a community of support.

RB21 developed a Life Skills Request Form to strengthen the Agency's efforts with youth in OHP ages 14 to 17, who are not receiving RB21 case management service to ensure that they have access to RB21 life skills classes and supports. This enhanced process allows permanency caseworkers to refer youth ages 14-17 to RB21 for support with completing specific benchmark-related tasks and accomplishing transitional goals. Once a RB21 Specialist is assigned to a youth, the specialist collaborates with the caseworker and youth to discuss the youth's goals and transitional plan, attend FIMs, inform youth of RB21 events and life skills classes, and document efforts in CJAMS.

Keys to Success:

Keys to Success is a three-week life skills program within RB21 for youth ages 18 to 21. In this exciting and interactive program youth partner with community resources and participate in real life experiential learning, field trips and activities. While in the program, youth are able to participate in variety of activities, including: preparation for employment; resume writing, practice in mock interviews, receive interview suiting, schedule interviews, discuss credit, banking, budgeting and set savings goals, explore career and educational opportunities, learn about The Maryland Tuition Waiver, tour a college, learn how to maintain healthcare coverage, learn how to balance work and life demands, take a nature hike, learn safe food handling and cook a nutritious meal, study leases and tenant landlord requirements, view cases in Rent Court, tour IKEA or Wal-Mart, practice how to establish and budget for housing, tour apartments and apply for income based housing.

RB21 Specialists:

RB21 ensures that young people have a Family Involved Meeting (FIM) at least every six months to support the transitional planning process as well as the youth's independence. During this meeting, the agreed upon goals; the youth's responsibility for aspects of the plan and the responsibility of the agency are discussed and updated as needed. A RB21 Specialist from the Resource and Support Unit participates in each transitional meeting to provide updates on RB21 services and supports, resources for each benchmark and assist with such as disability applications.

RB21 and Jim Casey Youth Opportunities:

The Jim Casey Youth Opportunities Initiative network strives to ensure that all young people transitioning from foster care have the relationships, resources, and opportunities to ensure well-being and success. RB21 selected Educational Success and Economic Security and Pregnancy Prevention and Parenting Supports as priority indicators for our 2019-2021 Results and Equity Plan.

Educational Success and Economic Security:

RB21 partnered with Varsity Tutoring to provide middle school, high school, college, and GED youth with a wide array of virtual or in person tutoring services including individual and group sessions in English, Humanities, and Math. RB21 also partnered with alumni foster youth and youth in OHP to create an educational survey to assess the educational needs of young people to improve academic outcomes.

Pregnancy Prevention and Parenting Supports:

In order to increase young people's capacity to avoid early and unintended pregnancies and to make informed family planning decisions, RB21 with help from the Youth Advisory Board selected a Reproductive and Sexual Health training for youth in OHP ages 14 to 20. Love Notes is a comprehensive healthy relationship education curriculum that teaches adolescents and young adults how to build healthy romantic relationships, prevent dating violence, and improve impulse control. The program is designed to build young people's skills for cultivating healthy relationships, selves, and sexual behaviors: planning and pacing relationships and sex, self-

efficacy and resilience around relationships, proven communication skills, and understanding how family formation impacts children. Love Notes consists of 13 one-hour lessons on decision-making, communication, and sexual and overall safety. It is expected that staff training will take place in early 2021.

In February 2020, RB21 developed an Expecting and Parenting Supervision Addendum Form that supervisors and caseworkers discuss and complete during supervision. This form was created to increase conversation between case workers and our parenting youth to ensure that they have the necessary tools and resources to care for their children safely and with as much support as possible. RB21 has also implemented a new method to identify and track expecting and parenting youth in the care of Baltimore City DSS. On June 1st, 2020, RB21 caseworkers began utilizing an electronic form "Expecting and Parenting Tracking Form" through Formstack to document all youth, male and female, on their caseloads who are expecting or parenting a child. The data entered is automatically generated into a spreadsheet and shared with a MATCH supervisor and case manager. This process will assist RB21 and MATCH in identifying all expecting and parenting youth to ensure that they are receiving appropriate support and resources.

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."* BCDSS has met this commitment. BCDSS maintains an intensive case management unit for youth ages ten through twenty who frequently are missing from placement or are experiencing multiple disruptions in placement. Our intensive case management teams continue to make more frequent contacts with youth in this program and provide an array of support services. The IVA is welcome to interview members of the unit at any time and screen the work that is provided. The IVA seems to question our intake practices regarding the youth that are handled by this unit, but those decisions are more proper for BCDSS management to determine.

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 continues to meet this commitment. The Agency continues to collaborate with the Jim Casey Youth Opportunities Initiative to receive expert guidance and technical assistance for serving its transitioning youth populations. The Agency also has been approached by the Weinberg Foundation to meet and discuss another partnership to focus on youth exiting the care of BCDSS and transitioning to adulthood. Additionally, the Agency has restructured its Permanency and RB21 programs to include all committed youth at the age of 16 in the RB21 program. With this restructure youth aged 16 will begin to receive case management services strongly focused on the transition to adulthood at an earlier age.

BCDSS has partnered with advocates for children including Plaintiffs' attorney to create, implement and maintain comprehensive services required by this commitment. Further, BCDSS has ongoing conversations with Plaintiffs' attorney regarding the issues that are contained in this commitment. The Agency has an ongoing partnership with the AECF regarding multiple issues involving the transition of youth from the care of BCDSS. The Program Manager for the RB21 Program has provided the IVA with information and documentation regarding the transitional services offered by that program.

7. Section E 7 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 noted our compliance with this commitment in her response to the 63rd Report. We continue to meet this commitment. Since April 15, 2015, BCDSS, in conjunction with DHS, has continued to implement the Guardianship Assistance Program ensuring eligible relative caregivers receive guardianship subsidies in accordance with federal law. The policies are also applied to non-relative caretakers who pursue Custody and Guardianship through the Juvenile Court. These programs operate in compliance with Code of Maryland Regulations §§ 07.02.29.06 and 07.02.29.10 and the corresponding Social Services Administration Policy 15-25. The regulations and policy conform to the requirements of federal law.

2. 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.*" BCDSS has been unable to institute policies with which to capture all the data necessary to satisfy this commitment but is studying possible ways to do so in the future. The Agency does send an Overstay List on a weekly basis to Plaintiffs' counsel and the IVA that provides information on the committed children who are on overstay at various types of facilities as they await placement in specialized settings.

2. Section D 9. a. (1) (b) Maltreatment Report Reporting Requirements: "*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." Although the protective order specified in this commitment has never been issued, BCDSS makes efforts to comply with this requirement by providing timely notice and reports of all incidents that are required of this commitment. Notices and reports as required herein are provided by the Legal Services Division and the Agency is working on refinements to the process in order to capture all incidents that fall under the categories specified in the MCD to be in complete compliance with its requirements.

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 DHR/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 have previously contracted for the assessments required by this commitment and are in the process of having the University of Maryland School of Social Work complete an updated biennial needs assessment. The last assessment was completed in 2018.

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." There is a continuing effort to have a new placement needs assessment done at this time. It will be finalized in the next reporting period and a scope of work will be provided. DHS and BCDSS are continuing to make best efforts at providing appropriate placements for all the children in care. DHS/BCDSS continues to be below the national average for the percentage of youth placed in congregate care.

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 homes 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." BCDSS has identified and approved emergency home placements. BCDSS receives an adequate level of funding to ensure that youth in out-of-home placement receive proper services. However, BCDSS continues to be challenged with identifying placements for children in crisis as well as those who experienced multiple placements due to behavioral health issues. To address this concern BCDSS has established alliances with emergency mental health providers to assist with current placement maintenance and emergency placements, if necessary. BCDSS has established alliances with emergency mental health providers to provide services which will assist in the placement of these children being achieved on an emergent basis or the maintenance of current homes.

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."* BCDSS is actively involved in the creation of a Kinship Resource Center. Much research has been done and a kinship survey completed in furtherance of this commitment. BCDSS has dedicated itself to the furtherance of placement of children in kinship placements and providing the necessary support to those placements. A steering committee is in place to work toward the goal of a fully implemented center. A full description of the efforts follows.

Kinship Resource Center Proposal

Kinship can be defined as a temporary or permanent arrangement in which a relative or any non-relative adult, who has a long-standing relationship or bond, substitutes care for a child whose parents are unable or unwilling to do so. Kinship represents the most desirable out-of-home placement option for children who cannot live with their parents. Research finds kinship care represents 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. BCDSS can easily envision evolving into a kin-first agency which aligns with the agency's placement stability goal.

The Agency proposes enhancing and restructuring its current supports to kinship caregivers in two ways initially: **virtually and a stand alone center**. Once a kinship provider comes to the Agency's attention through CPS or FPP, the level of support should be provided in more than one way. Providers become overwhelmed with the court process, navigating systems or even knowing which questions to ask.

The BCDSS **virtual** kinship resource center would involve establishing a kinship care webpage that would be linked to the existing BCDSS website. Ideally, it would have a separate website because as the Agency learned from its research, there are regional websites as well as state run

websites. The virtual webpage would include kin navigation services, dedicated numbers for navigators, webinars, resources including Guardianship Assistance Program (GAP) requirements, chat box for questions, and kinship care focused training for providers.

BCDSS will be using its 2916 Biddle Street office for its **stand alone center**. The kinship resource center will be a space dedicated to kin providers and staff who need guidance to assist kin providers. The center would include Kin Navigators as well as Court, FIA, Education, Mental Health navigators and a support group. The Agency also would like to provide instruction to providers and staff on the Guardianship Assistance Program (GAP). The center would include community-based resources and family-centered services in Baltimore City. The Agency would like to serve any Baltimore city kinship care provider whether or not they have involvement with BCDSS.

3. Kinship Care Brochure

The Agency is preparing a Kinship Care Brochure that will be provided to kinship caregivers about the following:

- Their rights and responsibilities in becoming a restrictive foster parent;
- What they can expect from the local department;
- The purpose and goal of kinship care;
- The benefits available for kin providers, and
- Parent's rights and responsibilities.

7. 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 63rd Report. The Agency continues to meet this commitment.

8. 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 DHS, in partnership with the Maryland

General Assembly, increased the foster care board rate in FY 2019 by 1%; in FY2020, the board rate was increased by 3%. These increases apply to all foster care providers, Adoption and Guardianship subsidies, and Independent Living stipends. When compared to all the states, Maryland is 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.

9. 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 worked diligently to create strategies that support all kinship providers. In conjunction with the IVA, a new Exit Measure was drafted which includes a streamlined process to assist unlicensed kinship providers in navigating the steps necessary to become a licensed provider. BCDSS has dedicated itself to strengthening its ties with kinship providers and modifying procedures to make it a child welfare agency with a high percentage of kinship providers. With its strong alliance with Foster America, Inc. and with DHS support, BCDSS is developing the Kinship Support Center previously described in detail in this report.

10. 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(attached as Attachment I). Defendants agree to extend the provision of child care to include before- and after-school care, vacation and holiday care, and sick day care, 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 IVA has certified BCDSS compliance with this commitment in her response to the 63rd Report, and the Agency continues to meet this commitment. Specifically, DHS/BCDSS continues to provide funding for childcare as required by DHS Policy SSA #16-21 which was attached to the previous report. Additionally, policy allows BCDSS to utilize sufficient funds for all children and youth in OHP as previously described in SSA-CW #19-16 (July 1, 2019) which also was attached to the previous report.

11. 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. As noted above in the section on Youth Engagement, in February 2020, RB21 developed an Expecting and Parenting Supervision Addendum Form that supervisors and caseworkers discuss and complete during supervision in order to increase conversation between case workers and parenting youth to ensure that they have the necessary

tools and resources to care for their children safely and with as much support as possible. Please see the Youth Engagement section for a fuller description of this process.

12. Section E 10 Children and Caseworker's Input in Licensing 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 has partially met the requirements for this commitment. BCDSS resource home caseworkers speak with children and children's caseworkers about the care provided during the annual reconsideration of the foster home. The Agency acknowledges the need to identify a method to track and document this practice.

C. 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 has certified compliance with this commitment in her response to the 63rd 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 requirement by maintaining a Health Care Advisory Council that meets the requirements of this commitment. A Council charter is being written and expansion of its membership is being explored to include additional outside medical experts as well as advocates for children. The Council is to meet quarterly and both the IVA and Plaintiffs' counsel participate as members.

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."* The Agency continues to meet this commitment. DHS/BCDSS, in consultation with related parties, developed a plan and requested funding sufficient in the Secretary's judgment to accomplish implementation of the requirements of the BCDSS Health Care Initiative for all children in OHP. BCDSS received the Health Management Associates Assessment of the MATCH Program. BCDSS utilized the assessment to assist in negotiating a newly executed contract with HCAM for the MATCH Program and shared the Scope of Work with the IVA and Plaintiffs' Counsel. The suggestions from the IVA and Plaintiffs' Counsel will be incorporated into the practice guidelines currently being written. The new contract contains enhancements that will

increase the health care services and oversight provided by MATCH to the children in the care of BCDSS.

4. Section E 4 System Operational 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. All children that enter OHP receive a mental health assessment through Catholic Charities within the first 30 days of entry into OHP. The assessment combined with review of all health records available and conversations with providers to identify the health and mental health needs of each child that has entered the care of BCDSS is an effective manner of determining the ongoing mental health treatment needs of the child. BCDSS also has the availability of a child psychiatrist through MATCH to consult if necessary in more difficult cases. BCDSS has also employed three Mental Health Navigators to assist case managers in ensuring that appropriate mental health services are being offered to each child in its care. A descriptive of the Navigators and their functions is contained in a previous portion of this report. BCDSS has provided its Behavioral Health Strategic Plan to the IVA and Plaintiffs’ Counsel. The plan describes in more detail the resources discussed above as well as other additional mental health resources.

D. 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.”* The Agency is in compliance with this commitment. In the last 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. BCDSS continues to follow the guidance from DHS/SSA Educational Stability Policy 18-08.

V. INTERNAL SUCCESS MEASURES

A. PRESERVATION & PERMANENCY PLANNING

ISM1 *“Percent of children in family preservation that enter OHP.”*: In furtherance of the principle that children should remain with their families if they can do so safely, BCDSS continues to provide in-home services through its Family Preservation Program with the intent of preventing

removal and preserving the family. During this reporting period the percentage of children entering the care of BCDSS was reduced to 4.5%. This indicates the commitment that BCDSS exhibits in working with children and their families in the home so that the threat of removal due to issues of safety are eliminated by the provision of appropriate services.

ISM2 *“Percent of children and families in family preservation that timely received services identified in the case plan.”* This ISM is one that cannot be realistically determined at this time due to the current method of calculation through the QSR process. The IVA has indicated the need to revise this measure and the manner in which it is tracked after receipt of the new QSR Family Preservation Protocol, but BCDSS is exploring whether this is the appropriate manner in which to produce and track the data. It is anticipated that the Protocol will be completed and this measure along with the corresponding Exit Standard 4 will be revised so that reliable data can be produced and compliance with ISM 2 and certification for the related Exit Standard 4 can be sought.

ISM5 *“Average length of stay for children in OHP.”* The current data regarding the average length of stay in OHP shows an average stay of 32.2 months. This is a minimal increase over the last reporting period, likely caused by the current pandemic that has covered much of this reporting period. The higher length in stay data for this measure may reflect that BCDSS has a higher rate of children remaining in care and aging out of care to take advantage of all the transitional services provided. The re-entry rate of children in the first year of commitment is high. The agency is working to increase the number of children moving toward permanency during commitment after 12 months through the current practice of Reunification Teaming, which is a staffing to look at ways to reunify or achieve permanency for the children in BCDSS care in a more timely manner.

ISM6 *“Percent of children who had a comprehensive assessment within sixty days of placement.”* There is not currently an agreed upon measure to assess the level of compliance by BCDSS. There is an issue with the definition of a comprehensive assessment. We hope to reach an agreement with the IVA on a new measure in the upcoming reporting period which will both define and provide an appropriate way to produce data to clearly evaluate this measure.

ISM7 *“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.”* It appears that the manner of determining compliance with this measure is a QSR checklist process which may be flawed due to an insufficient sample size. The manner of producing the data to satisfy this performance measure may need to be redetermined and the measure may need to be rewritten accordingly.

ISM8 *“Percent of all children for whom BCDSS provided referrals for services identified in the child’s parents’ or guardians’ service agreement.”* It appears that the manner of determining compliance with this measure is a QSR process which also may be flawed due to an insufficient sample size. The manner of producing the data to satisfy this performance measure may need to be redetermined and the measure may need to be rewritten accordingly.

ISM9 *“Percent of cases that had a team decision-making meeting when the child is at risk of a placement disruption.”* This measure is related to the Exit Standard 20 and is currently being revised. While the revision process proceeds, BCDSS is devoting a substantial effort to the appropriate use of the FIM process and significant improvement in the performance behind this measure is anticipated.

ISM10 *“Percent of TPR petitions filed that were filed on time.”* The data produced by BCDSS indicated a large decrease in the percentage in which the Agency was meeting this measure, but the data is flawed. This measure instruction, which was last revised in 2013, is incorrect and does not conform to the legal requirements specified in the Family Law and Juvenile Causes statutes. BCDSS is almost 100% compliant with the legal standards required for the filing of TPR Petitions and the measure should be revised to reflect proper statutory requirements. Any cases that were not filed timely during this reporting period were due to the disruption caused by the current pandemic. This measure must be revised to reference the proper legal filing requirements. BCDSS is often in 100% compliance with the statutory filing deadlines.

ISM11 *“Percent of children who, after twenty-four months in care, have had a case review every ninety days to resolve barriers to permanency.”* The compliance for this practice showed a slight decline from the last reporting period. With the change in computer systems occurring recently, the data may not be reliable and the measure instruction may need a revision to capture appropriate data due to changes in procedures and reporting since the measure instruction was last revised.

ISM12 *“Percent of all children with a permanency plan of reunification for whom BCDSS facilitated a visit with the child's parents once per week.”* This practice evaluation is based on QSR processes which may be flawed and not producing sufficient data. The process of data production needs to be examined and the measure needs to be revised based on the results of the examination. Current data shows a decrease in performance since the last reporting period, but it may not be accurate.

ISM13 *“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.”* The Juvenile Court has jurisdiction to determine issues of paternity as part of any CINA case. The agency through its case managers has always attempted to assist in the resolution of outstanding issues of paternity and its Legal Services Division is often called upon to assist when the Court is making paternity determinations. Unfortunately, there could not be a data determination in this reporting period due to a change in responsibility regarding the collection and assessment of the data.

ISM14 *“Percent of children for whom BCDSS searched for relatives or other resources.”* Under current data gathering procedure there was a large increase in compliance with this practice in this reporting period. BCDSS has prioritized searching for appropriate relatives with whom to place children in its care. In the near future a Kinship Support center will be launched to assist relatives with navigating the multitude of issues related to the child welfare system. Our priority at this time is to increase the number of children placed with relatives and to assist relatives in understanding and obtaining all appropriate services available for them and children in their care. The measure as currently written may be inadequate to capture the necessary data and may need revision, especially regarding where the data may be produced accurately.

ISM17 *“Percent of children ages twelve and over who participated in case planning meetings.”* There is a substantial decrease in participation this reporting period beginning in March 2020 and continuing through the end of the reporting period, likely due to the pandemic. The IVA is recommending that this measure be revised and that some concepts be better defined. Revamping of the FIM process is being reviewed with technical assistance from AECF. This review should lead to increased youth participation.

ISM18 *“Percent of all new entrants for whom a family involvement meeting was held within seventy-two hours of placement.”* This measure is another assessment of practice related to Exit Standard 20 and the FIM process. Exit Standard 20 is in the process of being revised and all aspects of FIMs are being explored as part of the process in the revision of the Exit Standard. The current data for this measure shows a substantial increase in the provision of FIMs near in time to the initial placement of children into the care of BCDSS. This measure may need revision based on the changes that occur in the revision of Exit Standard 20.

ISM19 *“Percent of all children for whom case planning meetings included family members.”* This measure showed a slight decrease in family member participation, with the largest decrease beginning in March 2020 when the pandemic arrived. As previously indicated, emphasis on family involvement is a priority of the agency and will result in better outcomes for families and children in the future.

ISM21 *“Percent of children whose case plan was completed within sixty days of placement.”* The current data for this practice shows a substantial increase in compliance for this reporting period. The measure may need to be revised to account for the transition to CJAMS and may result in another boost in the compliance number.

ISM22 *“Percent of children whose case plan was updated every six months.”* Current data is not accurate. The implementation of CJAMS hopefully will result in a more reliable way of gathering credible data.

ISM23 *“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 where the change would be requested.”* This measure needs revision based on a change in practice by the Legal Service Division. No compliance can be determined at this time.

ISM25(a) *“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.”* This quantitative measure is identical to Exit Standard 29(a) which is currently pending revision to appropriately measure compliance. Current practices have been improved regarding compliance but the manner of obtaining the data in support needs to be examined.

ISM25(b) *“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.”* This qualitative measure is identical to Exit Standard 29(b) which is currently pending revision to appropriately measure compliance. Current practices have been improved regarding compliance but the manner of obtaining the data in support needs to be examined.

ISM26 *“Percent of emancipated youth who reported receiving services designed to prepare them for independence.”* A slight increase in compliance was noted in this measure when compared to the previous reporting period. BCDSS has greatly increased the services available to youth who are transitioning out of care through its RB21 program. The method for gathering data in support of compliance is suspect as it is based on a survey of youth who are about to age out and reflects the subjective statements of the youth on multiple issues. It also fails to consider the efforts of BCDSS that may not have been successful due to lack of effort by the youth surveyed.

ISM27 *“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." Pursuant to the current QSR data gathering technique, this measure showed a large decrease in compliance over the last reporting period. BCDSS will explore ways to examine a cohort of this population and learn more about practice improvements needed in this area.

ISM28 "Number of youth, ages eighteen to twenty-one, who exited OHP through rescission."

There were no youth this reporting period who exited care through rescission between the ages of 18 and 21. Although the Court may grant rescission at the request of a youth, BCDSS policy does not allow for the Agency to seek rescission prior to a youth reaching the age of 21 except in limited circumstances. These include when the youth is married, in the military, incarcerated for a period that will extend for a substantial time past the 21st birthday, or reunification with a responsible adult occurs. This policy allows for the agency to continue to provide transitional services to aging out youth until age 21. During the current reporting period, even though numerous youth reached the age of 21 and had their commitments to BCDSS rescinded by operation of law, because of the pandemic additional services continued if requested by the youth.

B. OUT-OF-HOME PLACEMENT

ISM30 "Percent of all children who were placed in:

- (a) family settings;
- (b) with relatives;
- (c) in congregate care, and
- (d) in other settings (by type)."

This measure needs revision to evaluate the current sources of the data produced. Current numbers are contained in the data tables which follow in this report.

ISM31 "Percent of children in OHP placed with siblings." This measure needs revision to evaluate the current sources of the data produced. Compliance showed a slight increase in this reporting period.

ISM32 (a) "Percent of all children in congregate care who had a step-down plan." This quantitative version of the measure needs revision according to the IVA. Current data indicated that compliance increased in this reporting period and remains at a high level.

ISM32 (b) "Percent of all children in congregate care who had a step-down plan." This qualitative measure is anticipated to come from QSR. This is no current measure instruction and therefore no way to measure compliance at this time.

ISM34 "Number of children placed in congregate care by age groups: (a) under seven; and (b) seven to twelve." Current information regarding this measure is contained in the data table. The number of children included continues to be minimal.

ISM35 "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. Current data indicates a high level of compliance with this measure, however it will need to be revised to correspond to the measure instruction for Exit Standard 36 which was revised in 2019.

ISM37 *“Number of placements available to BCDSS by type.”* The data in response to this measure is in the data table. The IVA is requesting revision to address the appropriateness of placement types and source of the data.

ISM38 *“Number of emergency foster homes on retainer and the number of beds available in each home.”* BCDSS does not currently have foster homes on retainer for this purpose but has enough emergency foster homes available to meet this need.

ISM40 *“Percent of all children who have service needs identified in their case plans.”* The measure may need revision to better gauge and capture compliance data and hopefully this will be achieved in the next reporting period. With the development of CJAMS and exploration of the reliability of data being produced through the QSR process, the agency is looking to identify the most appropriate way to produce the necessary data.

ISM41 *“Percent of all children for whom identified service needs were followed by timely and appropriate referrals.”* The measure may need revision to better gauge and capture compliance data, and hopefully this will be achieved in the next reporting period. With the development of CJAMS and exploration of the reliability of data being produced through the QSR process, the Agency is looking to identify the most appropriate way to produce the necessary data.

ISM42 *“Percent of children who receive services necessary and sufficient to meet the child’s needs and to support stability in the least restrictive placement.”* The measure may need revision to better gauge and capture compliance data, and hopefully this will be achieved in the next reporting period. With the development of CJAMS and exploration of the reliability of data being produced through the QSR process, the Agency is looking to identify the most appropriate way to produce the necessary data.

ISM43 *“Percent of children not placed with their siblings who have visitation with their siblings twice a month.”* The measure may need revision to better gauge and capture compliance data, and hopefully this will be achieved in the next reporting period. With the development of CJAMS and exploration of the reliability of data being produced through the QSR process the Agency is looking to identify the most appropriate way to produce the necessary data. The data for this reporting period showed a decrease which may be due to an insufficient sample as it is currently measured.

ISM45 *“Percent of kinship care providers who received written notification of the right to apply for foster home licensing within ten days of placement.”* During this reporting period, a revised measure for Exit Standard 48 was agreed upon which will provide the production of accurate and reliable data. This ISM is contained in that Exit Standard and the ability to gauge compliance will be reliable when applying the new measure. The measure exhibited a substantial decrease during this reporting period.

ISM46 *“Percent of kinship care providers who received written notification of BCDSS training opportunities.”* There was a substantial increase in compliance with this measure during the current reporting period.

ISM47 *“Percent of kinship care providers who reported having been informed about training and licensing opportunities.”* The degree of compliance with this measure continued at a high level during this reporting period.

ISM49 *"Number of Special Support team positions funded by the Department, by type."* See data chart

ISM50 *"Number of Special Support positions filled, by type."* The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure. See data chart.

ISM51 *"MCDSS MS-100 (job descriptions for all positions)."* The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure. See data chart.

ISM53 *"Percent of all foster home applications that were approved/denied within 120 days of application."* The IVA has requested that the measure instruction be revised. There was a decrease in compliance this reporting period which may be a result of the pandemic and inability to get some of the parts of the process completed by the applicant.

ISM54 *"Percent of all foster home caregivers who received all training required by law."* The IVA has requested that the measure instruction be revised. Current data indicated that compliance continues at a high level with a slight decrease from the last reporting period.

ISM55 *"Number of foster homes licenses rescinded by the Department due to lack of compliance."* There were 14 licenses rescinded during this reporting period. This is a slight increase from the last reporting period but remains low in number. The IVA has requested that the measure instruction be revised.

ISM56 *"Percent of all foster homes and kinship care placements that met the COMAR licensing requirements."* This measure is a sub-part of Exit Standard 57. The IVA is requesting that this measure be revised along with the corresponding Exit Standard. Current compliance decreased slightly this reporting period.

ISM59 *"Percent of all placements in which the caregiver received a complete Child Placement Information Form at the time of placement."* This measure instruction needs revision. The current measure instruction requires a file review of a sample of cases. This process is not currently in place. Steps are being taken now to develop a process which will be determined fully by the revised measure instruction.

ISM61 *"Number of children in OHP for whom a CPS report was made."* There were 68 investigations opened in this reporting period which was an increase over the prior period. This may have occurred due to the pandemic and the fact that the children in OHP spent a much greater period of time in their placements. The IVA believes that this measure instruction needs revision. The measure is a sub-part to Exit Standards 65 and 66.

ISM62 *"Number of children in OHP for whom a CPS investigation was opened."* There were 51 investigations opened in this reporting period which was an increase over the prior period. This may have occurred due to the pandemic and the fact that the children in OHP spent a much greater period of time in their placements. The IVA believes that this measure instruction needs revision. The measure is a sub-part to Exit Standards 65 & 66.

ISM63 *"Number of children in OHP for whom a report of maltreatment while in OHP was indicated."* This number decreased from the last reporting period to six. The IVA believes that this measure instruction needs revision. The measure is a sub-part to Exit Standards 65 and 66. This small number certainly indicates that BCDSS has worked diligently to screen and identify appropriate placements for the children in its care.

ISM64 *“Percent of CPS investigations which were initiated in a timely manner.”* There was a substantial increase in compliance with this measure in this reporting period. The IVA suggests that this measure instruction needs revision. The CPS investigators have worked diligently in the field this reporting period, despite a pandemic, to ensure the safety of the children of Baltimore City.

ISM67 *“Number of children who spend four hours or more in an office, motel, or unlicensed facility.”* This measure is a sub-part of Exit Standard 68. There was an increase in the number this reporting period but the overall compliance with this practice remains good. The issue of emergency replacement of children and youth often affects the number occurring based on the difficulty in arranging placements for some youth displaying extreme behavioral issues at the time of placement or those with a history of multiple placements due to behavioral issues.

ISM69 (a) *“Percent of children ages twelve and over who participated in placement decisions.”* This measure is a sub-part of Exit Standard 70(a). The IVA has suggested that 69 should be made into one measure instruction which measures the qualitative compliance with this measure for which the same suggestion has been made as to the Exit Standard 70. This measure showed an increase in compliance from the last reporting period.

ISM69 (b) *“Percent of children ages twelve and over who participated in placement decisions.”* The degree of compliance with this practice showed a huge increase over the last reporting period.

ISM71 (a) *“Percent of children who had documented visits from their caseworker once monthly in the child’s placement.”* Compliance decreased slightly in this practice during the reporting period. This decrease was most likely due to issues generated by the current pandemic while remedial measures were being instituted. This measure is a sub-part of Exit Standard 72(a) and may need revision based on the revision of the Exit Standard which was recently achieved.

ISM71 (b) *“Percent of children who had documented visits from their caseworker once monthly in the child’s placement.”* This qualitative measure is a sub-part of Exit Standard 72(b) which has been proposed for revision. The current measure has its data generated through the QSR process and the way of gathering data and assessing compliance may need change. This reporting period exhibited a decrease in the rate of compliance.

C. HEALTH CARE

ISM73 *“Percent of new entrants who received an initial health screen within five days of placement.”* This measure shows a slight decrease in compliance in the current reporting period which may be a result of the current pandemic. This measure is a sub-part of Exit Standard 75 and the IVA wants to revise it as the measure for Exit Standard 75 was revised.

ISM74 *“Percent of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate medical attention.”* BCDSS continues to show a high degree of compliance with this measure during the current reporting period at almost 98%.

ISM76 *“Percent of new entrants that received a comprehensive health assessment within sixty days of placement.”* The IVA has indicated that she believes that this measure should have a part a and b for both quantitative and qualitative analysis. Currently BCDSS is only satisfying the current quantitative analysis which in this reporting period shows a high degree of compliance at

over 94%. This measure practice is a sub-part of Exit Standard 79 which currently has been under discussion for revision and for which the IVA has indicated that she believes a part a and b are also necessary for both a quantitative and qualitative assessment.

ISM77 (a) *“Percent of children that had a comprehensive health plan.”* **Quantitative Measure:** This measure instruction needs revision. The current production of data is in question and needs to be explored with the work around revising the measure instruction. The current compliance dropped substantially in this reporting period and as stated above the method of capturing this practice compliance must be reexamined.

ISM77 (b) *“Percent of children that had a comprehensive health plan.”* **Qualitative Measure:** There is no appropriate measure instruction from which to measure compliance at this time. A revised measure is necessary to produce appropriate data to measure compliance.

ISM78 *“Percent of children whose case plan team meeting included a discussion of the child’s comprehensive health assessment.”* This measure instruction needs to be examined for possible revision. The IVA is indicating that she does not believe there is a need to continue both a quantitative and qualitative measure. There is no measure instruction for 78(b) and although there is an instruction for (a), there currently is no way to track compliance.

ISM80 *“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.”* The IVA believes that this measure instruction needs revision to match Exit Standard 82 for which it is a sub-part. Due to low performance as shown by the current data, BCDSS agrees that a current revision to both 82 and 80 are necessary especially as to how the data is produced for compliance purposes, although the drop in compliance currently exhibited may be due to the current pandemic.

ISM81 *“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.”* The IVA believes that this measure instruction needs revision to match Exit Standard 83 for which it is a sub-part. Due to low performance as shown by the current data, BCDSS agrees that a current revision to both 83 and 81 are necessary especially as to how the data is produced for compliance purposes, although the drop in compliance currently exhibited may be due to the current pandemic.

ISM84 *“Beginning on July 1, 2009, percent of new entrants under age three who were referred for a Part C Assessment within ten days of placement.”* BCDSS continues to demonstrate 100% compliance with this practice measure. The IVA indicates that she believes it needs revision.

ISM85 (a) *“Percent of children who received timely all Needed Health Care Services.”* This measure instruction may need a revision to match the revised 88(a) Exit Standard measure for which it is a sub-part. Under the current instruction BCDSS is unable to determine the means to create data to measure compliance.

ISM85 (b) *“Percent of children who received timely all Needed Health Care Services.”* The IVA believes that this qualitative measure instruction needs revision to match Exit Standard 88(b) for which it is a sub-part. Under the current measure instruction there was a slight increase in compliance in this reporting period.

ISM86 *“Percent of cases in which the identification of a developmental delay was followed by a prompt referral for special education or early intervention services.”* This measure instruction needs revision to match Exit Standard 110 for which it is a sub-part. The current method of data production may be inappropriate and needs to be examined.

ISM87 *“Percent of cases in which the case worker monitored the child’s health status once monthly.”* The IVA is requesting that this measure be revised. Current data indicates a decrease in compliance. The agency also believes that revision is necessary as the current method of data production may not be appropriate to provide credible data.

ISM89 (a) (b): *“Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly.”* The IVA is requesting that this measure be revised to allow for a division of the measure into two parts. One part would be designated as (A) and would capture the complete health passports and the other designated as (B) would capture the data for distribution of the MA number. The instruction would then describe the calculation process. 89(A) is a sub-part of Exit Measure 93. Under the current measure instruction, the data shows 93% compliance as to this measure as well as to 89(b) and Exit Standard 93. The measure for Exit Standard 93 was revised and signed by the parties in the early part of this reporting period.

ISM90 (a) **Quantitative Measure:** *“Percent of children who had a health passport that was updated and distributed to the caregivers at least annually.”* There appears to be confusion surrounding this measure instruction. The IVA has indicated that this measure has been divided into a quantitative and qualitative measure but BCDSS is only considering it on a quantitative basis. According to the IVA this measure is a sub-part of Exit Standard 94(a) but BCDSS is also only measuring 94 as a quantitative measure and has not created a (b). The IVA is also suggesting that both 94 and 90 need revision to the measure instructions. The degree of compliance with this practice decreased in this reporting period.

ISM90 (b) **Qualitative Measure:** *“Percent of children who had a health passport that was updated and distributed to the caregivers at least annually.”* See 90(a) above.

ISM91 *“Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed.”* The IVA has requested that the measure instruction be revised. The degree of compliance with this practice decreased in this reporting period but it continues with compliance to a high degree.

ISM92 *“Percent of all children for whom BCDSS delivered an MA card promptly.”* The IVA has requested that the measure instruction be revised. The degree of compliance with this practice decreased in this reporting period but it continues with compliance to a high degree.

D. EDUCATION

ISM95 *“Percent of new entrants who were enrolled in and begin to attend school within five days of placement.”* This measure is a sub-part of Exit Standard 99. The IVA has indicated she believes that the measure instruction needs some revision along with the measure for the Exit Standard. The degree of compliance with this practice increased slightly in this reporting period.

ISM96 *“Percent of children who changed placements who were enrolled in school within five days of a placement change.”* This measure is a sub-part of Exit Standard 99. The IVA has indicated

that she believes that the measure instruction needs some revision along with the measure for the Exit Standard. The degree of compliance with this practice showed a large increase this reporting period.

ISM97 “*Percent of children eligible for special education who received special education services without interruption when they transfer schools.*” The IVA has requested that the measure instruction be revised due to a perceived deficiency in sampling size. This measure showed a huge increase in this reporting period.

ISM98 “*Percent of children ages three to five who were enrolled in a pre-school program.*” The IVA has requested that the measure instruction be revised. The data indicated that there was a decrease during this reporting period which could be explained by the current pandemic.

ISM100 “*Percent of children who had attendance rates of 85 percent or higher in the Baltimore City Public School System.*” Issues caused by the current pandemic and virtual school attendance have made it impossible to produce data for this reporting period. The IVA believes that this measure instruction needs revision.

ISM101 “*Percent of children who had an educational plan.*” This measure is a sub-part of Exit Standard 104. The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure. The degree of compliance with this practice decreased in this reporting period.

ISM102 “*Percent of children for whom BCDSS met its obligations as set forth in the child's educational plan.*” This measure is a sub-part of Exit Standard 105. The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure. The degree of compliance with this practice decreased in this reporting period.

ISM103 “*Percent of children whose educational progress was monitored monthly.*” This measure is a sub-part of Exit Standard 106. The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure. The degree of compliance with this practice decreased slightly in this reporting period.

ISM107 “*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.*” This measure is a sub-part of Exit Standard 110. The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure. The degree of compliance with this practice increased slightly in this reporting period.

ISM108 “*Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.*” The IVA has indicated the belief that this measure instruction needs to be revised to change from a QSR practice of data production to a quantitative one. There was a significant increase in the compliance with this practice in this reporting period as currently measured.

ISM109 “*Percent of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.*” This measure is a sub-part of Exit Standard 111. The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure. The degree of compliance with this practice decreased slightly in this reporting period.

E. WORKFORCE

ISM112 *“Percent of case-carrying (full-time and with full-caseloads) staff who were at or below the standard for caseload ratios.”* This measure is a sub-part of Exit Standard 115. The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure. This measure showed a slight increase in this reporting period. The recently initiated shift in case managers will result in a much higher degree of compliance in the future.

ISM113 *“Percent of case-carrying teams who were at or below the standard for ratio of supervisor: worker.”* This measure is a sub-part of Exit Standard 116. The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure. The degree of compliance with this practice remains at a high level as demonstrated in the Exit Standard.

ISM114 *“Percent of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.”* The IVA has requested that the measure instruction be revised. Under the current instruction there was a slight increase in compliance. Compliance continues at a high level close to 90%.

ISM117 *“Percent of caseworkers who qualified for the title under Maryland State Law.”* This measure is a sub-part of Exit Standard 121. This practice demonstrated 100% compliance during this reporting period. The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure.

ISM118 *“Percent of case-carrying workers who passed their competency exams prior to being assigned a case.”* This measure is a sub-part of Exit Standard 121. This practice demonstrated 100% compliance during this reporting period. The IVA has requested that the measure instruction be revised to mirror the revised Exit Standard measure.

ISM119 *“Percent of caseworkers and supervisors who had at least twenty hours of training Annually.”* This measure is a sub-part of Exit Standard 122. During this reporting period the compliance level showed a slight decrease.

ISM120 *“Percent of caseworkers who reported receiving adequate supervision and training.”* This practice demonstrated 100% compliance during this reporting period. The IVA has indicated that she believes that the sample size for the measurement is too small and wants to revise this measure instruction.

ISM123: *“Percent of cases transferred with required documentation within five working days.”* This measure is a sub-part of Exit Standard 125. During this reporting period the compliance level dropped from the last reporting period. It is presumed that this decrease is attributable to the current pandemic and the inability to access documents until remedial action could be initiated.

ISM124 *“Percent of transferred cases in which a case conference was held within ten days of the transfer.”* This measure is a sub-part of Exit Standard 126. The data shows that compliance for this measure is at 99.8% and BCDSS will be asking for certification of the corresponding Exit Standard.

VI. DATA SUMMARY

A. Quantitative Data Summary

The data summary subsections below include the 126 measures required by the MCD. The Agency acknowledges that methodology and data quality issues, as indicated by prior IVA and Agency reports, present limitations on the accuracy, reliability, and validity of some of the data for the current and past reporting periods. The Agency is committed to and is actively involved in addressing these issues, in close collaboration with the IVA.

In this context, the MCD measures included in this report represent the Agency's good faith effort to provide the best measurements possible of L.J. compliance. Measurements over time can provide useful information about changes in the Department's work outcomes -- however, the value of any trends in the data should be assessed on a measure-by-measure basis, and inferences from the data about the Agency practice should be made in the context of the data limitations.

The following information is useful in reviewing the data summaries (see Attachment J):

- This Data Summary section presents the MCD measures for the current reporting period and most recent three past periods.
- Measures are grouped by the five substantive areas in the MCD (Preservation and Permanency, Out-of-Home Placement, Healthcare, Education, and Workforce).
- MCD Exit Standards are noted in bold and highlighted in blue.
- "TBD" indicates data for which the Agency is in the process of developing appropriate measurement methodology and data sources.
- Data in green indicate report periods in which the Agency has achieved IVA certification or is requesting it for the current period.
- Some measures are calculated using two separate processes: a quantitative methodology and a qualitative methodology. The latter is based on a Quality Service Review (QSR) process. These measures are divided into (a) and (b), respectively.
- Some measures are broken down into parts. The parts are labeled with letters that represent sub-measures instead of different measurement methodologies as noted in the bullet point above.

APPENDIX A: RESPONSE TO THE INDEPENDENT VERIFICATION AGENT CERTIFICATION REPORT FOR DEFENDANTS' 63RD COMPLIANCE REPORT

On August 26, 2020, the IVA submitted the Certification Report in response to the 63rd L.J. Compliance Report of BCDSS. In her response, the IVA was highly critical of the Agency for a lack of progress in meeting the requirements of the current MCD. BCDSS recognizes that the IVA assesses success within the four corners of the MCD and its statistical standards and measures. Nevertheless, BCDSS is troubled by the IVA's failure in her report to credit the Agency for its

significant efforts and the resulting improvements it has made in its substantive practices and procedures. Similarly, the IVA's report fails to acknowledge the substantial qualitative improvements that the Agency made during and prior to the period covered by the 63rd Court Report.⁶

The 63rd L.J. Report covered the first complete reporting period for BCDSS Director Dr. Randi Walters. BCDSS reported extensively on Dr. Walter's work in building a Leadership Team that would address shortcomings in order to enhance the Agency's practices in serving the children and families of Baltimore City, and move the needle towards compliance with the MCD. Yet there was no mention in the IVA's report of this team building, assessment, and focus on systems reform to improve the safety, permanency, and well-being outcomes for the children in the class.

In numerous meetings with the IVA and Plaintiffs' counsel, Dr. Walters and her team candidly recognized that substantial work remains to be done to address the 126 measures and exit standards and bring an end to the now 32-year-old decree. To hasten this outcome, Dr. Walters created a specialized BCDSS compliance team that has worked diligently to address the challenges confronting the Agency.

Respectfully, the Department requests that the IVA present a more complete picture of the Agency's efforts, and to explicitly acknowledge its actual improvements in the quality of care as she fulfills her responsibility to provide necessary feedback and constructive criticism. The Agency desires to work collaboratively with the IVA. Its compliance team is dedicated to improving practices and equally importantly, creating and capturing sufficient credible and reliable data to satisfy the reporting requirements of the MCD.

After the IVA submitting her report, BCDSS agreed to draft revised measure instructions for all 126 LJ measures to better track the requirements of the MCD and produce data to measure compliance. These draft instructions will be provided to the IVA and Plaintiffs' counsel in starting in November for their review. For the first time in a decade, BCDSS is hopeful that this renewed spirit of cooperation will lead to a meaningful and comprehensive plan to ensure the reliable measurement of compliance with the MCD.

⁶ The lack of a more complete perspective was also evident in the IVA's criticism of the Agency for an asserted failure to include voices of the affected communities in its engagement efforts. For example, she cites the lack of a legally mandated Social Services Commission. She does not acknowledge, however, that under the Human Services Article and the Baltimore City Charter, local government (not DHS or BCDSS) is primarily responsible for the appointment of members to such boards. Md. Code Ann., Hum. Servs. §§ 3-501 and 3-502.

VII. Quantitative Data Summary

A. Preservation and Planning Data

#	Measure	61st	62nd	63rd	64th
1	Percent of children in family preservation that enter OHP.	5.1%	2.9%	8.3%	4.5%
2	Percent of children and families in family preservation that timely received services identified in the case plan.	9.9%	TBD	TBD	9.7%
3	90 percent of children and families in family preservation had a case plan.	14.8%	TBD	TBD	20.7%
4	85 percent of children and families in family preservation timely received the services identified in the case plan.	9.9%	TBD	TBD	9.7%
5	Average length of stay for children in OHP (in months).	32	32	32	32.2
6a	Percent of children who had a comprehensive assessment within sixty days of placement.	TBD	TBD	TBD	TBD
6b	Percent of children who had a comprehensive assessment within sixty days of placement.	TBD	TBD	TBD	TBD
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.	17.4%	22.0%	14.5%	11.6%

8	Percent of all children for whom BCDSS provided referrals for services identified in the child's parent's or guardian's service agreement.	7.4%	9.8%	14.4%	13.2%
9	Percent of cases that had a team decision-making meeting when the child is at risk of a placement disruption.	2.2%	5.3%	3.6%	11.6%
10	Percent of TPR petitions filed that were filed on time.	100.0%	96.0%	96.0%	51.0%
11	Percent of children who, after twenty-four months in care, had a case review every ninety days to resolve barriers to permanency.	23.0%	24.6%	16.5%	13.2%
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.	18.8%	25.4%	26.0%	16.0%
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.	99.8%	98.8%	99.7%	TBD
14	Percent of children for whom BCDSS searched for relatives or other resources.	21.7%	35.0%	14.4%	33.9%
15a	90 percent of children in OHP had a case plan.	32.1%	31.8%	24.0%	28.9%
15b	90 percent of children in OHP had a case plan.	8.6%	11.0%	9.6%	22.4%
16	90 percent of children in OHP and their families timely received the services identified in their case plans.	6.2%	8.5%	12.5%	34.5%

17	Percent of children ages twelve and over who participated in case planning meetings.	87.0%	84.4%	97.7%	59.5%
18	Percent of all new entrants for whom a family involvement meeting was held within seventy-two hours of placement.	10.3%	17.6%	15.1%	42.3%
19	Percent of all children for whom case planning meetings included family members.	74.4%	55.7%	65.3%	60.8%
20	Beginning July 1, 2010, for 85 percent of children, BCDSS had a family involvement meeting at each critical decision making point.	10.1%	18.5%	20.3%	42.8%
20a	Risk of removal: within three days prior to or after a new entrant's date of removal.				24.1%
20b	Permanency plan change: between thirty days and four months prior to a permanency plan change for a child in OHP.				61.0%
20c	Placement change: within thirty days prior to a placement change for a child in OHP.				39.6%
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.				46.6%
21a	Percent of children whose case plan was completed within sixty days of placement.	10.2%	9.1%	10.7%	40.0%
21b	Percent of children whose case plan was completed within sixty days of placement.	8.6%	11.0%	9.6%	12.1%
22a	Percent of children whose case plan was updated every six months.	32.7%	31.5%	23.3%	31.3%

22b	Percent of children whose case plan was updated every six months.	8.6%	11.0%	9.6%	12.1%
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.	TBD	TBD	TBD	TBD
24a	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.	27.7%	27.9%	21.3%	32.3%
24b	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.	8.6%	11.0%	9.6%	34.5%
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.	53.6%	52.2%	53.6%	55.7%
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.	6.2%	8.5%	12.5%	23.7%
26	Percent of emancipated youth who reported receiving services designed to prepare them for independence.	72.0%	69.0%	69.0%	71.0%
27a	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	100%	100.0 %	100.0%	100%

	to an alternative service provider at least two years prior to their twenty-first birthday.				
27b	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.	0.0%	0.0%	8.3%	44.8%
28	Number of youth, ages eighteen to twenty-one, who exited OHP through rescission.	3*	4*	0	0
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.	53.6%	52.2%	55.8%	74.7%
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.	6.2%	8.5%	12.5%	23.7%

B. Out-of-Home Placement Data

#	Measure	61st	62nd	63rd	64th
30	Percent of all children who were placed in:				
30a	Family Settings	46.7%	46.2%	46.5%	48.4%
30b.1	<i>Relatives</i>	31.2%	30.2%	30.7%	30.2%

30b.2	<i>Other</i>	15.5%	16.0%	15.9%	9.8%
30c	<i>Congregate Care</i>	6.1%	7.1%	7.4%	6.5%
30d	<i>Independent Living</i>	5.4%	5.5%	5.3%	5.0%
30e	<i>Other (by type)</i>	10.6%	10.9%	10.1%	2.8%
30e.1	<i>College</i>	0.1%	0.0%	0.3%	0.1%
30e.2	<i>Correctional Institution/Secure Detention Facility</i>	1.3%	1.4%	1.3%	1.2%
30e.3	<i>Halfway House</i>	0.0%	0.0%	0.0%	0.0%
30e.4	<i>Homeless Shelter</i>	0.0%	0.0%	0.0%	0.0%
30e.5	<i>Own Home</i>	3.0%	2.8%	2.8%	2.7%
30e.6	<i>Inpatient Psychiatric Care</i>	0.3%	0.2%	0.4%	0.3%
30e.7	<i>Inpatient Medical Care</i>	0.6%	0.6%	0.4%	0.4%
30e.8	<i>Job Corps</i>	0.0%	0.0%	0.0%	0.0%
30e.9	<i>Runaway</i>	3.0%	2.4%	2.0%	2.3%
30e.10	<i>Military</i>	0.0%	0.0%	0.0%	0.0%
31	Percent of all children in OHP placed with siblings.	48.4%	47.0%	47.5%	49.2%
32a	Percent of all children in congregated care who had a step-down plan.	15.9%	94.7%	84.7%	94.5%
32b	Percent of all children in congregated care who had a step-down plan.	TBD	TBD	TBD	TBD
33	90% of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.	55.6%	56.1%	60.6%	64.1%

34	Number of children placed in congregate care by age groups:	.	.	.	
34a	Children under seven placed in congregate care	0	1	1	1
34b	Children seven to twelve placed in congregate care	17	26	28	23
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.	100.0%	83.3%	29.4%	100.0%
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.	100.0%	83.3%	29.4%	100.0% Corrected 43.5%
37	Number of placements available to BCDSS by type.	.	.	.	Yes
37a	<i>Foster Homes (Regular & Restricted)</i>	445	432	347	317
37b	<i>Treatment Foster Care (beds)</i>	1816	1816	1755	1755
37c	<i>Group Home (beds)</i>	561	561	636	636
37d	<i>Non residential therapeutic day programs (beds)</i>	NA	NA	NA	NA
37e	<i>Independent Living Placements (beds)</i>	295	295	297	297
38	Number of emergency foster homes on retainer and the number of beds available in each home.	0	0	0	0
38a	<i>Number of emergency foster homes on retainer</i>	0	0	0%	0.0%
38b	<i>Number of beds</i>	0	0	0%	0.0%

39	The array of current placements matched the recommendation of the biennial needs assessment.	YES	YES	YES	DHS / BCDSS is currently in the process of contracting with the UMSSW to complete the biennial needs assessment. BCDSS expects for this contract to be executed in the upcoming reporting period.
40	Percent of all children who have service needs identified in their case plans.	14.8%	17.1%	23.1%	21.4%
41	Percent of all children for whom identified service needs were followed by timely and appropriate referrals.	21.0%	22.0%	26.0%	24.5%
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.	35.8%	36.6%	38.5%	23.0%
43	Percent of children not placed with their siblings who have visitation with their siblings twice a month.	22.4%	35.2%	45.2%	32.1%
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.	35.8%	36.6%	38.5%	23.0%
45	Percent of kinship care providers who received written notification of the right to apply for foster home licensing within ten days of placement.	44.4%	48.4%	93.7%	54.5%
46	Percent of kinship care providers who received written notification of BCDSS training opportunities.	32.4%	59.1%	37.5%	82.0%
47	Percent of kinship care providers who reported having been informed about training and licensing opportunities.	94.1%	79.5%	95.8%	94.3%

48	90 percent of kinship care providers received written notification of the right to apply for foster home licensing within ten days of placement.	43.9%	48.4%	93.7%	54.5%
48.a	New Placements	59.8%	57.9%	NA	0.0%
48.b	Placement Changes	10.0%	32.4%	NA	0.0%
49	Number of Special Support team positions funded by the Department, by type.
49a	<i>Substance Abuse</i>	4	5	5	5
49b	<i>Mental Health Services</i>	4	5	5	5
49c	<i>Developmental Disabilities</i>	20	20	22	24
49d	<i>Independent Living</i>	9	8	8	9
49e	<i>Housing</i>	10	10	9	10
49.f	<i>Education/Special Education</i>	6	4	4	5
50	Number of Special Support team positions filled, by type.
50a	<i>Substance Abuse</i>	4	5	5	5
50b	<i>Mental Health Services</i>	4	5	5	5
50c	<i>Developmental Disabilities</i>	20	20	22	24
50d	<i>Independent Living</i>	9	8	8	9
50e	<i>Housing</i>	10	10	9	10
50f	<i>Education/Special Education</i>	6	4	4	5
51	MCDSS MS-100 (job descriptions for all positions).	YES	YES	YES	YES

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.	YES	YES	YES	YES
53	Percent of all foster home applications that were approved/denied within 120 days of application.	TBD	TBD	62%	50.0%
54	Percent of all foster home caregivers who received all training required by law.	100.0%	100.0%	96.2%	94.7%
55	Number of foster homes licenses rescinded by the Department due to lack of compliance.	9	6	12	14
56	Percent of all foster homes and kinship care placements that met the COMAR licensing requirements.	57.8%	51.8%	45.5%	41.3%
57	95 percent of all foster homes and kinship care placements met all legal requirements.	63.2%	57.6%	62.0%	64.3%
58	90 percent of all foster homes were approved and reapproved on a timely basis.	TBD	TBD	TBD	-
58a	Of all resource home applications active at the end of the month under review with approval due dates during the month under review, the percent with an approval date of 120 days or less from the date of application;				30.0%
58b	Of all resource homes active at the end of the month under review with the anniversary of the date of approval during the month under review, the percent with a preapproval date no later than the anniversary of the date of approval.				21.1%

59	Percent of all placements in which the caregivers received a complete Child Placement Information Form at the time of placement.	TBD	TBD	TBD	TBD
60	95 percent of caregivers had been provided all available information about the child's status, background, and needs.	63.0%	69.6%	28.8%	42.9%
61	Number of children in OHP for whom a CPS report was made.	95	44	41	70
62	Number of children in OHP for whom a CPS investigation was opened.	63	43	28	51
63	Number of children in OHP for whom a report of maltreatment while in OHP was indicated.	4	4	9	6
64	Percent of CPS investigations which were initiated in a timely manner.	53.3%	52.9%	68.1%	86.7%
65	99.68 percent of children in OHP were not maltreated in their placement, as defined by federal law.	99.5%	96.1%	99.9%	99.5%
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.	26.3%	17.9%	65.2%	53.6%
67	Number of children who spent four hours or more in an office, motel, or unlicensed facility.	58	47	23	32
68a	Of the children who were in OHP during the reporting period, the percent who did not experience an overstay.	97.6%	97.9%	97.3%	98.5%
68b	Of the incidences of overstays for children in OHP during the reporting				96.6%

69a	Percent of children ages twelve and over who participated in placement decisions.	TBD	TBD	51.4%	56.8%
69b	Percent of children ages twelve and over who participated in placement decisions.	100.0%	100.0 %	0.0%	68.8%
70a	90 percent of children ages twelve or over participated in placement decisions.	TBD	TBD	51.4%	56.8%
70b	90 percent of children ages twelve or over participated in placement decisions.	100.0%	100.0 %	0.0%	68.8%
71a	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	91.7%	93.1%	95.0%	92.5%
71b	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	63.0%	68.3%	67.3%	59.5%
72a	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	91.7%	93.1%	95.0%	92.5%
72b	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	63.0%	68.3%	67.3%	59.5%

C. Health Care Data

#	Measure	61st	62nd	63rd	64th
73	Percent of new entrants who received an initial health screen within five days of placement.	91.9%	96.9%	93.6%	89.1%

74	Percent of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate medical attention.	96.4%	98.4%	96.0%	97.9%
75	Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement.	94.0%	95.5%	93.6%	89.1%
76	Percent of new entrants that received a comprehensive health assessment within sixty days of placement.	86.8%	85.6%	71.3%	94.9%
77a	Percent of all children that had a comprehensive health plan.	93.0%	92.1%	84.8%	47.2%
77b	Percent of all children that had a comprehensive health plan.	TBD	TBD	TBD	TBD
78a	Percent of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	TBD	TBD	TBD	TBD
78b	Percent of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	TBD	TBD	TBD	TBD
79	Beginning July 1, 2009, 90 percent of new entrants into OHP received a comprehensive health assessment within 70 days of placement.	86.8%	85.7%	71.3%	94.9%
79a	Medical Exams	91.9%	91.7%	NA	64.6%
79b	Dental Exams	91.5%	92.4%	NA	60.3%
79c	Mental Health Exams	97.9%	95.0%	NA	61.0%

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.	92.3%	86.3%	85.0%	61.1%
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.	87.1%	85.3%	TBD	31.3%
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.	86.7%	86.3%	85.0%	61.1%
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.	87.1%	85.3%	TBD	31.3%
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.	99.0%	100.0 %	100.0%	100.0%
85a	Percent of children who received timely all Needed Health Care Services.	87.1%	83.9%	TBD	TBD
85b	Percent of children who received timely all Needed Health Care Services.	60.5%	59.8%	62.5%	63.8%

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.	0.0%	85.7%	40.4%	44.8%
87	Percent of cases in which the case worker monitored the child's health status once monthly.	48.1%	57.3%	60.6%	51.7%
88a	90 percent of children received timely all Needed Health Care Services.	87.1%	83.9%	TBD	TBD
88b	90 percent of children received timely all Needed Health Care Services.	60.5%	59.8%	62.5%	63.8%
89a	Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly - Health passport	84.9%	89.7%	88.5%	93.0%
89b	Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly - MA number	84.9%	89.7%	88.5%	93.0%
90	Percent of children who had a health passport that was updated and distributed to the caregivers at least annually.	90.4%	89.4%	85.0%	47.2%
91	Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed.	97.8%	99.0%	97.2%	95.1%
92	Percent of all children for whom BCDSS delivered an MA card promptly.	100.0%	97.5%	100.0%	95.1%
93	90 percent of all new entrants had a complete health passport that was distributed to the children's caregivers promptly.	84.9%	89.7%	88.5%	93.0% corrected 91.67%

94	90 percent of children had a health passport that was updated and distributed to the children's caregivers at least annually.	90.4%	89.4%	85.0%	47.2%
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D. Education Data

#	Measure	61st	62nd	63rd	64th
95	Percent of new entrants who were enrolled in and begin to attend school within five days of placement.	83.7%	94.1%	82.9%	83.1%
96	Percent of children who changed placement who were enrolled in school within five days of a placement change	44.3%	38.4%	39.5%	75.6%
97	Percent of children eligible for special education who received special education services without interruption when they transferred schools.	80.0%	0.0%	16.7%	88.9%
98	Percent of children ages three to five who were enrolled in a pre-school program.	35.2%	32.3%	48.1%	30.6%
99	90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.	74.3%	76.5%	61.5%	83.3%
100	Percent of children who had an attendance rate of 85 percent or higher in the Baltimore City Public School System.	35.2%	44.7%	43.9%	TBD
101	Percent of children who had an educational plan.	14.5%	20.0%	41.1%	29.1%

102	Percent of children for whom BCDSS met its obligations as set forth in the child's educational plan.	19.7%	34.9%	59.1%	43.3%
103	Percent of children whose educational progress was monitored monthly.	27.0%	38.5%	43.3%	36.9%
104	90 percent of children had an educational plan.	14.5%	20.0%	41.1%	29.1%
105	For 90 percent of children, BCDSS had met its obligations as set forth in the child's educational plan.	19.7%	34.9%	59.1%	43.3%
106	For 90 percent of children, BCDSS had monitored the child's educational progress monthly.	27.0%	38.5%	43.3%	36.9%
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.	0.0%	85.7%	40.4%	44.8%
108	Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.	78.6%	83.3%	7.7%	25.7%
109	Percent of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.	45.9%	48.6%	63.8%	57.7%
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.	0.0%	85.7%	40.4%	44.8%

111	BCDSS made reasonable efforts to secure services for 90 percent of children who were eligible for special education or early intervention services.	45.9%	48.6%	63.8%	57.7%
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E. Workforce Data

#	Measure	61st	62nd	63rd	64th
112	Percent of case-carrying (fulltime and with full-caseloads) staff who were at or below the standard for caseload ratios.	35.8%	42.7%	47.3%	49.3% 47.68% 49.76% 48.6% 48.13% 48.6%
113	Percent of case-carrying teams who were at or below the standard for ratio of supervisor: worker.	82.7%	91.8%	91.7%	91.1%
114	Percent of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.	78.7%	88.5%	87.0%	88.9%
115	Of all OHP caseworkers employed by BCDSS with children assigned at the end of the month under review, the percent with twelve (12) or less children; and	35.8%	42.7%	47.3%	49.3% 47.68% 49.76% 48.6% 48.13% 48.6%
115a	Permanency Teams	35.8%	42.7%	47.3%	49.3% 47.68% 49.76% 48.6% 48.13% 48.6%

115b	Of all R&S caseworkers employed by BCDSS with resource homes assigned at the end of the month under review, the percent with thirty-six (36) or less resource homes.	NA	NA	NA	80% 100% 100% 100% 100% 100%
116	90 percent of case-carrying teams were at or below the standard for ratio of supervisor: worker.	82.7%	91.8%	91.7%	91.1% * corrected 94.5%
117	Percent of caseworkers who qualified for the title under Maryland State Law.	100.0%	100.0 %	100.0%	100.0%
118	Percent of case-carrying workers who passed their competency exams prior to being assigned a case.	100.0%	100.0 %	100.0%	100.0%
119	Percent of caseworkers and supervisors who had at least twenty hours of training annually.	23.1%	22.6%	77.1%	64.0%
120	Percent of caseworkers who reported receiving adequate supervision and training.	100.0%	60.0%	44.0%	100.0%
121	95 percent of caseworkers met the qualifications for their position title under Maryland State Law.	100.0%	100.0 %	100.0%	100.0%
122	90 percent of caseworkers and supervisors had at least twenty hours of training annually.	23.1%	22.6%	77.1%	64.0%
123	Percent of cases transferred with required documentation within five working days.	96.7%	99.6%	98.5%	79.4%
124	Percent of transferred cases in which a case conference was held within ten days of the transfer.	96.7%	99.6%	98.5%	99.8%

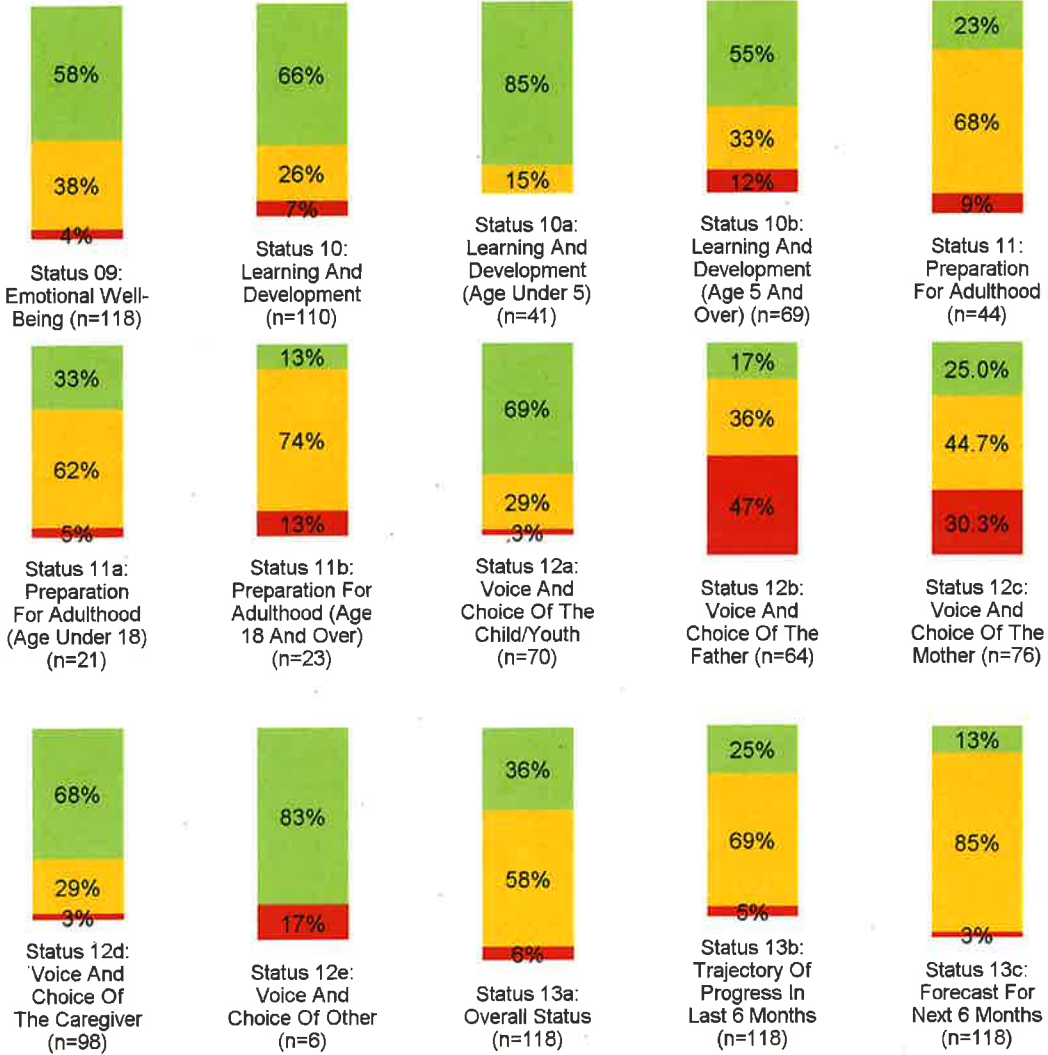
125	90 percent of cases were transferred with required documentation within five working days.	96.7%	99.6%	98.5%	79.4%
126	90 percent of transferred cases had a case transfer conference within ten days of the transfer	96.7%	99.6%	98.5%	99.8%

VIII. Qualitative Service Review (QSR) Data Summary

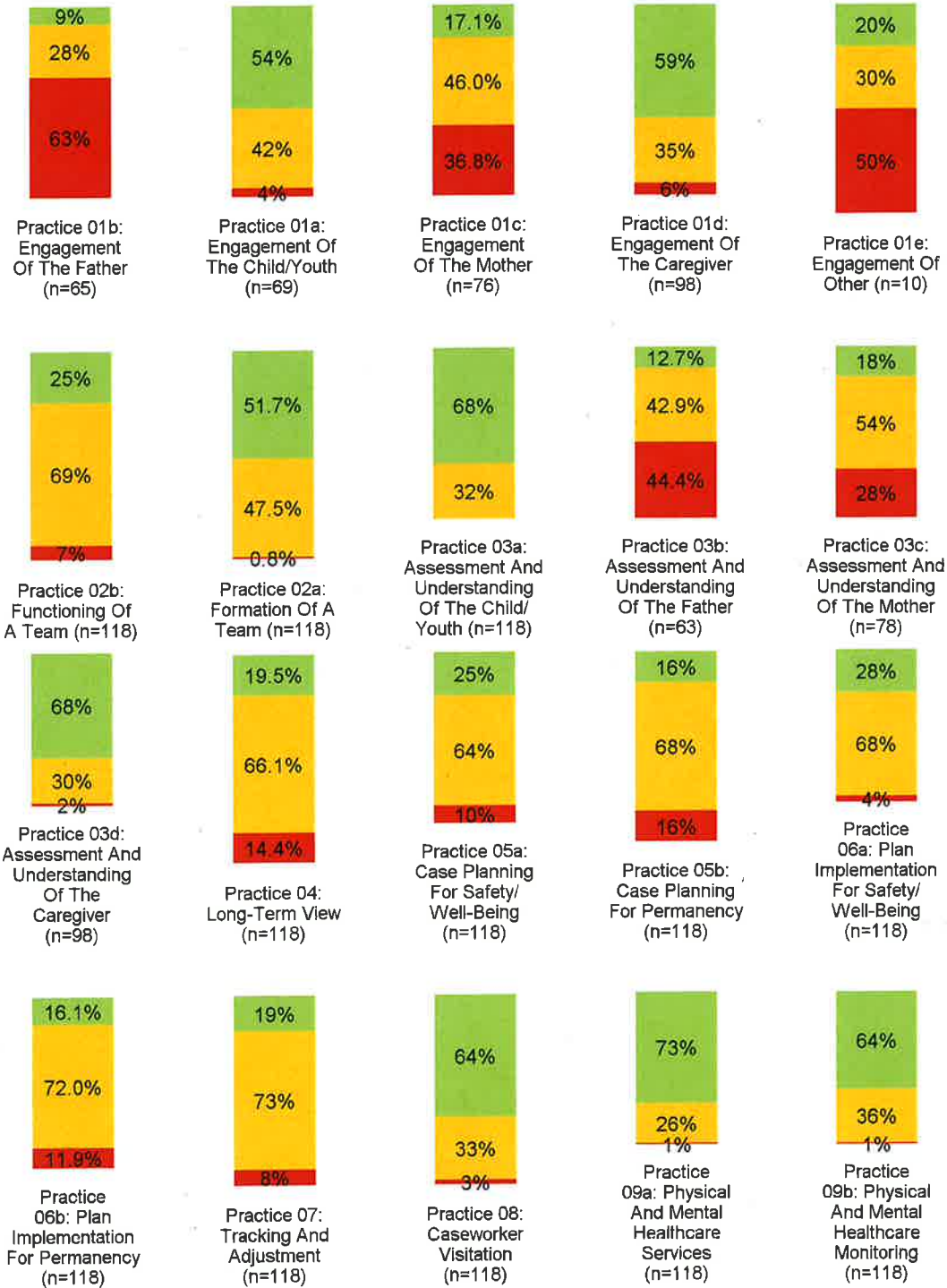


A. Status Indicators



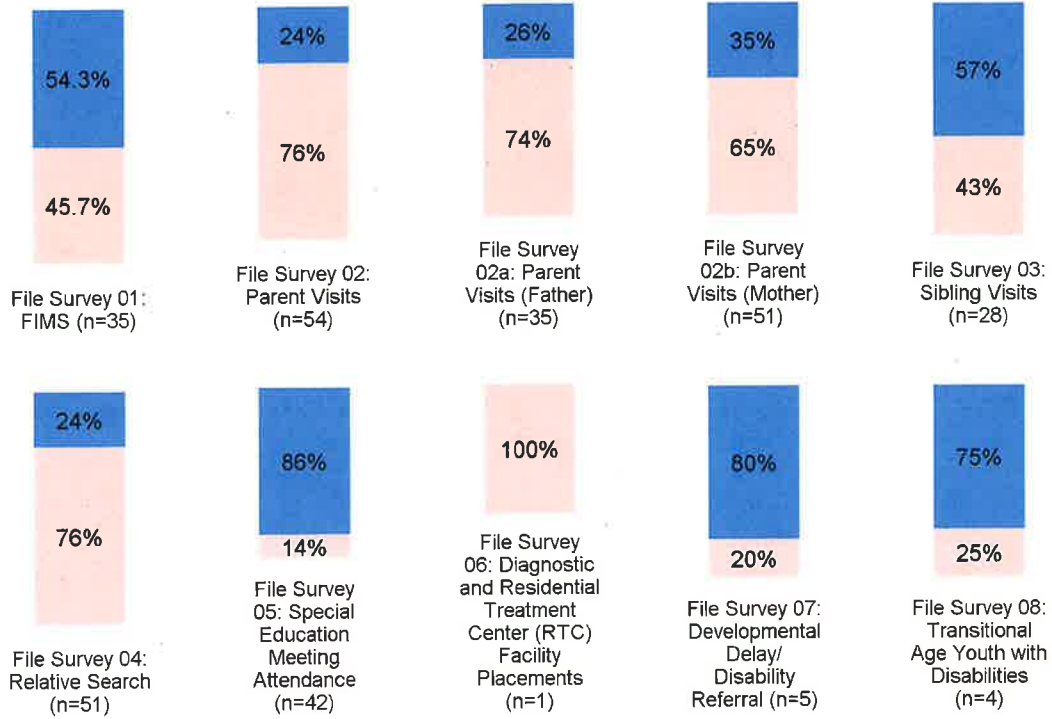


B. Practice Indicators

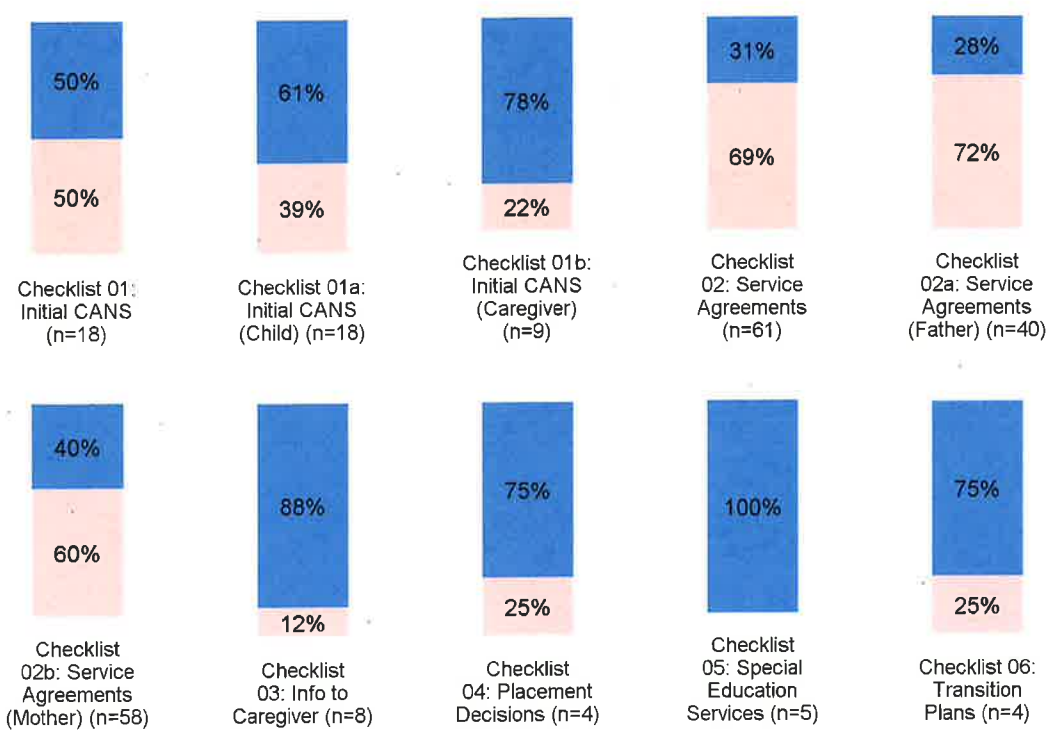




C. File Survey Indicators



D. Checklist Indicators



Attachments to LJ 64th Report

A. COVID related documents

1. [In-Person Visits during COVID-19](#)- Information for Providers and Other Stakeholders

Revised- Attachment A-1 In Person Visits during COVID 19 Information for Prvd and other Stakeholder

2. ***In-Person Visits during COVID-19: [Information for Parents](#)***

Revised-Attach A-2 In Person Visits during COVID 19 Information for Parents

3. [OLM- COVID -19 Provider Communications](#) (Amended 3-31-20)

Revised- Attachment A- 3 OLM-COVID-19 Provider Communication (Amended 3-31-20)

4. [OLM- CJIS Resource List](#)- Finger Printing Resources – Private Providers

Revised-Attachment A4 OLM-CJIS Resource List- Finger Printing Resources- Private Providers

5. ***[DHS/SSA Protocol and Procedures](#) -Resuming In-Person Visits Between Parents and Children***

Revised- Attachment A-5 DHS SSA Protocol and Procedures for Resuming InPerson Visits Bet Par and Child

6. [Pre-screening Health Questions](#) related to COVID-19

Revised- Attach A 6 PreScreening Health Questions related to COVID-19

7. [Preparing Babies, Toddlers, and Preschoolers](#) for In-Person Visitation

Revised- Attach A- 7 Preparing Babies, Toddlers & Preschoolers for In-Person Visitation

8. [SSA- Child Welfare Services COVID-19](#) Stage Two Guidance

Revised- Attach A 8 SSA Child WelfareServices COVID- 19 Stage Two Guidance

B. [Annie E. Casey Organizational Assessment](#)

Corrected Link- Revised – Attach B- Annie Casey Organizational Assessment

C. [Performance on SSA Headliner](#) Indicators for Baltimore City

Revised- Attach C Performance on SSA Headline Indicators Baltimore City

D. [Data Dictionary for Headline Indicator](#)

Revised- Attach D Data Dictionary for Headline Indicators

E. [CFSR Round 3 Performances](#)

Revised- Attach E CSFR Round 3 Performance

F. 12 Measures that have been signed Dr. Randi Walters

1. [#58](#)- 90 % of all foster homes were approved and reapproved on a timely basis (signed 6/30/20)

Revised- F1 - #93 90% of all new entrant had a comp health passport give to caregiver 4-16-20

2. [#115](#)- 90 % of Case Carrying Staff was at or below the standard for caseload ratios. (signed 6/16/20)

Revised- Attach F 2 #115 90% of Case Carrying Staff was at or below the standard caseload 4-16-20

3. [#121](#)- 95 % of caseworkers met the qualifications for their position title under Maryland State Law (signed 5/26/20)

Revised- Attach F 3#121 95% of CW met the qualification for postion title under MD Law 5-16-20

4. [# 68](#)- 99.8 % of children in OHP were not housed outside regular business hours (signed 5/26/20)

Revised- Attach F-4#68 99.8% of children in OHP were not housed outside reg bus hrs 5-26-20

5. [#66](#)- 95 % of cases of alleged maltreatment of a child in OHP reported to counsel (signed 4/16/20)

Revised- Attach F 5 #66 95% of alleged maltreat of a child in OHP reorted to counsel 4-16-20

6. [#48](#)- 90% of kinship care providers received written notification (signed 6/4/20)

Revised- Attach F 6 #48-90% of kinship care providers rec'd written notification 4-6-20

7. [#52](#)- Staff of non-case carrying specialist that provide technical assistance (signed 4/16/20)

Revised- Attach F 7 #52 Staff of non-case carrying specialist that provide tech assistance 4-16-20

8. [#65](#)- 99.68 percent of children in OHP were not maltreated in their placement (signed 4/7/20)

Revised- Attach F 8 #65 99.68 % of children in OHP were not maltreated placement 4-7-20

9. [#93](#)- 90% of all new entrants had a complete health passport that was given to caregivers (signed 4/16/20)

Revised – F9 #93 90% of all new entrant had a comp health passport give to cgver 4-16-20

10. [#72a](#)- 95 % of children had documented visit from their caseworker once monthly (signed 4/7/20)

Revised- Attach F 10 -#72a 95% of children had documented visit from caseworker once monthly 4-720

11. [#116](#)- 90% of case carrying teams were at or below the standard for ratio of supervisor: worker (signed 4/16/20)

Revised- Attach F 116 90% of cse carrying teams were at or below the standards for ratio of sup wrk

12. #[122](#)- 90% of caseworkers and supervisors had at least twenty hours of training annually (signed 4/7/20)

Revised- Attach F 12 #122 90% of CW and Sup had a least 20hrs of trng annually 4-7-20

G. [BCDSS Behavioral Health Plan](#)

Revised- Attach G- BCDSS Behavioral Health Plan

H. [CANS FY 20Q1, MD CANS Summary](#)

Revised- Attach H CANS FY20Q1 MD-CANS Summary

I. [DHR/SSA Policy 09-13](#) – Day Care Services

Revised- Attach I DHR SSA Policy #09=13 Day Care Services

J. [LJ 64th Measurement Instruction](#) Tracker

Revised- Attach J LJ Measure Instruction tracker – edited 3-31-21 with result changes

New [link](#) to document added.