

L.J. v. MASSINGA
65th COURT REPORT

July 1, 2020 – December 31, 2020

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I. Introduction

As required by the *L.J. v. Massinga Modified Consent Decree* (MCD), issued on October 9, 2009, this is the Maryland Department of Human Services' (DHS) and the Baltimore City Department of Social Services' (BCDSS, the Department, or the Agency) 65th semi-annual Court Report, covering the period July 1, 2020 through December 31, 2020.

During this reporting period, the Agency continued the hard work of improving its child welfare practice, organizational climate, and the retention of the workforce. To create a more data-driven practice and credible data measurement, BCDSS dedicated substantial time and staff resources to work with the IVA on examining and rewriting measure instructions with collaboration and important input from the Department of Human Services. Previously, some measure instructions were based on hand counts that can be unreliable, or which required unwieldy and inefficient work processes resulting in data that did not fully reflect the quality of the work performed. In rewriting the measure instructions, the Agency paid close attention to proposing data-driven measurement using data accessible in the new Child, Juvenile, and Adult Management System (CJAMS), and to understanding each measure in the context of laws, regulations, and policies.

Throughout the reporting period, the worldwide pandemic caused by the COVID-19 novel coronavirus created an emergency of unprecedented proportions that changed the landscape in which BCDSS provides services to the individuals, families, and children it serves.

A. Maryland State of Emergency

The deadly pandemic sweeping the world that began during the last reporting period has continued to demand new and innovative ways of doing the work. Three months prior to the start of the 65th period, the 1,500-employee workforce of BCDSS was required to pivot literally overnight to teleworking to avoid a disruption in services to the one-in-three Baltimore City residents receiving often life-saving services from the agency. Along with pivoting to meet mission critical responsibilities, from keeping children and adults safe to establishing eligibility for benefits, the pandemic required BCDSS to ensure community residents were provided with emergency resources for basics such as food. At the same time, BCDSS leadership prioritized the health and safety of its workforce by providing the best available guidance and support to protect staff from exposure to infection and the spread of the virus.

The following is an overview of BCDSS accomplishments since the beginning of the pandemic:

- Supported 1,500 employees retooling their work practices to telework, implementing electronic means of meeting with clients, colleagues, and community members; participating in court hearings; processing applications for benefits and more.

- Many of the 600 Family Investment Administration staff continue to work remotely to process a surge in new applications for temporary cash assistance and food benefits
- Responded to a surge in SNAP (aka food stamps) and Medical Assistance applications as unemployment surged to historic levels
- Participated in the 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 who continued to conduct investigations and see clients in home settings
- Provided additional stipends for foster/kin parents and remained in frequent contact 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 to ensure that abuse/neglect investigations occurred in a responsible way that assessed the children for safety and removed them from danger if necessary
- Developed and implemented 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.

Towards the end of April 2020, Maryland Governor Larry Hogan announced the Maryland Strong Roadmap to Recovery, a pathway to flatten the curve of the pandemic, keep residents safe, and sustain the state's economy. Throughout the reporting period, the State of Emergency declared by the Governor in March was renewed each month, with ongoing restrictions designed to slow the spread of the virus. Local jurisdictions such as Baltimore City were authorized to issue local orders more restrictive than the order issued by Governor Hogan. Between October 12th and November 29th, the 7-day averages for the rate of new COVID cases per 100,000 increased 227% among Baltimore City residents, while the increase in positivity for COVID tests among city residents increased by 294%. As a result, Baltimore's Mayor adopted restrictions more stringent than those ordered by Governor Hogan in order to reduce exposure to the virus and slow its spread. Towards the end of December 2020, the State began to vaccinate certain health care workers, long-term care staff, and first responders, creating hope for some normalcy in the coming year.

During this ongoing public health crisis, heroic efforts have been made by staff to adapt to a largely virtual work environment, while BCDSS management and leadership, as well as the leadership of DHS, provided ongoing support and guidance. Our staff has risen to the occasion, finding creative ways to continue to engage and strengthen families.

B. Instructions

Despite multiple efforts by the Independent Verification Agent (IVA),¹ DHS, and BCDSS over more than a decade, the parties have been unsuccessful in developing a comprehensive set of measure instructions. To accelerate the process of developing measure instructions, in October 2020 DHS and BCDSS agreed to draft a full set of proposed instructions for all 126 measures by January 15, 2021.

BCDSS contracted with a child welfare expert in out-of-home placement, engaged in a focused collaboration with DHS, and conducted weekly meetings to methodically review proposed measurement instructions and carefully vet them for compliance with federal and state laws, and Maryland regulations. Great care was taken to thoughtfully consider how to most efficiently use child welfare data available in CJAMS to demonstrate compliance rather than relying on hand counts, as was done historically.

C. 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 resulted in improved outcomes for children and families, and the Out-of-Home Placement Program 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 entering foster care, and in care at any given moment. In 2009, there were approximately 5,400 children in foster care; today there are approximately 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 and innovative ways so that, whenever safely possible, children can remain with their families. The additional financial resources available to kin through the Kinship Guardianship Subsidy Program has been significant. The Guardianship Subsidy offers a supportive permanency option other than adoption for kin caring for agency-committed children and eliminates finances as an obstacle.

Out-of-home placement is a child welfare intervention to be used only when absolutely necessary to protect children, and one to be administered with great care. However, improving the quality and operations of an Out-of-Home Placement Program is not just about having fewer children in care, but about ensuring a quality experience for children and their families. Priority is given to ensuring safety, permanency, and well-being, while improving the experience of children and their

¹See MCD, Part One, Section II, ¶ A.

families remains at the forefront. However, despite any individual caseworker's dedicated and talented engagement with families, the failure to document correctly and timely looms large as a barrier to compliance with the MCD. The failure to document properly and timely is a vulnerability that has complicated BCDSS's ability to show compliance with the MCD over many decades and sometimes masks good clinical practice. The newly approved measure instructions should help remedy this longstanding problem because they clearly identify the sources of the data and what staff need to do to document their work in a manner that demonstrates compliance.

The field of child welfare has evolved in the past three decades. One change is that the federal government has assumed a greater role in monitoring child welfare agencies and in 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 emphasizing critical outcomes is the hallmark of successful child welfare agencies meeting the needs of the children and the families they serve. BCDSS embraces the nationally recognized best practices aimed at improving the benchmark outcomes for safety, permanency, and the well-being of children, all the focus of federal oversight.

The Agency acknowledges that substantial progress is needed on meeting and/or measuring the MCD measures. However, as noted previously, the caveat is that the Department believes that some of the reported compliance data does not fully represent the quality of the Department's services to children. In no small measure, this is the result of the inability for more than a decade for the Agency, counsel for the Plaintiff class, and the IVA to reach an agreement on the specific protocols or instructions for reliably measuring the data. Agency's data systems have also presented challenges for measuring and reporting credible data, sometimes also complicating caseworkers' efforts at data entry.

As described in the 64th report, when examining practice using federal standards, BCDSS is performing well on key metrics. To offer the federal perspective, included in this report along with the 86 internal success measures and the 40 exit standards, are the federal standards and agency compliance numbers. See Attachment 1-Performance on SSA Headline Indicators and Attachment 2. Data Dictionary for the SSA Headline Indicators for more information.

II. Overall Progress

BCDSS continues to provide a full continuum of services to children, families and adults that emphasizes safety, well-being, and permanence, along with administering a range of public social welfare benefits. The Department strives to be an integrated service delivery organization for all of Baltimore's citizens in need. By necessity, this report focuses predominantly on issues that impact MCD class members.

A. BCDSS Leadership Development

During this reporting period, Director Randi Walters resigned from BCDSS and accepted a position with the federal government on Nov. 25, 2020. As a result, BCDSS has made the following changes:

- Brandi Stocksdales, LCSW-C, former Deputy Director, was appointed as the new Director of BCDSS.
- Corine Mullings, LMSW, was appointed the Deputy Director for Child Welfare.
- Nikia Agent, LCSW, became the Acting Assistant Deputy Director for Child Welfare. In this role, Ms. Agent works closely with Deputy Director Mullings to oversee child welfare operations and practice. Ms. Agent has spent her entire career at BCDSS. She has extensive knowledge of the agency particularly around Out-of-Home Placement, Ready by 21, and Child Protective Services. Ms. Agent's wealth of knowledge across these programs and in general child welfare make her a valuable addition to the leadership team. Furthermore, she is working closely with Jennifer Rosen, Program Manager for Court Processes, and the other Program Managers to reinvigorate compliance tracking with the MCD. Ms. Agent most recently led the Permanency Support Team as a Program Manager. She is a graduate of University of Maryland, School of Social Work and the University of Maryland, Baltimore County (UMBC).
- In June 2020, Melisha Harris, LCSW-C, joined the Permanency Supports team as a Unit Manager, overseeing the Intensive Case Management OHP Unit, Mental Health Navigators, and the Banja Family Visitation Center. During this reporting period she assumed the role of Acting Program Manager of Permanency. Ms. Harris is a University of Maryland at Baltimore graduate who worked previously as a Family Services Supervisor, Clinical Therapist, and Rehabilitation Supervisor in Baltimore City, helping to provide strategic family-centered and behavioral health services to Baltimore families. Prior to assuming the role as Unit Manager, she served as an In-Home Aide Services Unit Manager for BCDSS.

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. The 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 worked diligently to improve its capacity to retrieve credible and meaningful data. The important work to finalize measure instructions is expected to conclude before the start of State Fiscal Year 2022. Given the overwhelming extent of data entry already required of caseworkers, every effort was made to update and reincorporate existing requirements rather than develop new protocols and procedures.

1. Data Sharing

At the beginning of the 65th 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 data reports produced by DHS /SSA reporting platform from MD CHESSIE. Shortly before the start of the 65th reporting period, June 22, 2020, BCDSS transitioned from MD CHESSIE to the new state child welfare data system, CJAMS. CJAMS will produce a new set of reports, to replace reports from MD CHESSIE. One of the goals is to produce CJAMS reports that will include data updates daily. The IVA will have access to CJAMS and will be able to obtain data directly. 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 THINK² 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 upon measurement standards were believed to be an inadequate representation of practice. Based largely on hand-counts, spreadsheets, and the exchange and receipt of paper documents, the existing instructions produced compliance data that is challenging to verify.

The effort to revise measure instructions began in 2018 and 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. Throughout, the goal has been to produce measure instructions that unmistakably define the practice being measured and contain a clear description of the data collection methodology used to measure compliance. In October, DHS joined BCDSS in a weekly meeting to collaborate, focusing primarily on identifying the supporting federal and state law, reviewing the proposed language, and refining the specific data to be extracted using CJAMS.

An outcome of the Problem-Solving Forum³ on October 19, 2020 was that BCDSS and DHS would redraft a complete set of Measure Instructions to be submitted by January 15, 2021. This massive undertaking required a temporary reassignment of DHS and BCDSS staff who worked on the redrafting project full time. As stated above by the end of the 65th reporting period, BCDSS was poised to fulfill its commitment to submit proposed revisions of all required measures to the IVA and Plaintiffs' counsel by January 15, 2021.

²MD THINK is Maryland's Total Human-services Integrated Network, an innovative, cloud-based platform that allows State agencies to share and manage data to the extent permitted by law.

³See MCD, Part One, Section III.

3. Data Quality

As mentioned previously, on June 22, 2020, a new electronic case management system, CJAMS, was activated in Baltimore City to replace the antiquated MD CHESSIE Case Management System. Remote training was provided to over 600 people to familiarize staff in the operation of this new child welfare electronic system.

Some compliance measures continued to be low during this reporting period in part 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 previous reporting period. As was anticipated, the enhanced capabilities of CJAMS became evident during the 65th reporting period; however as with the launch of any new information system, technical issues must be resolved before data can be considered reliable. BCDSS is confident that the implementation of the new measurement instructions will assist with gathering reliable and valid data.

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 understanding and reducing unexpected child fatalities. During the last reporting period, Emily Harris, LCSW-C, returned to BCDSS to fill this position. Ms. Harris developed a tracking system for all fatality cases to ensure that each case is closely monitored and properly reviewed. In consultation with our Annie E. Casey Foundation (AECF) 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 were no written BCDSS standard operating procedures (SOPs) 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 staffing and consultations occurring at set intervals to ensure that there is appropriate supervision, oversight, and collaboration throughout the investigation. The SOP has been shared with the IVA and is now in use.

Consistent with state policy, a quick response meeting takes place within a day of the report, an interim staffing is held after 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 using a new set of standard forms.

Finally, Ms. Harris has also implemented a tracking process for any recommendations made during the review process. Several recommendations have already been considered 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

In 2019, BCDSS prioritized creating and filing Court Progress Reports for all Juvenile Court cases. During the last reporting period staff developed a template for the post disposition reports, which continues to be refined. This effort is designed to improve agency communication with the Juvenile Court and the parties. Preparing the written Progress Report has resulted in improved communication and collaboration between the case manager and the Agency attorney, which contributes to better outcomes at hearings.

3. Mental Health Navigators

One of the four key strategies in the BCDSS Behavioral Health Plan (attachment #3) 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 crisis intervention to children in foster care. These Licensed Certified Social Worker-Clinical navigators have experience providing mental health services to children and are serving the Permanency teams as experts and partners skilled in system navigation. They are committed to ensuring that the foster youth obtain appropriate treatment services by recommending and monitoring the type of mental health therapy the youth receive.

The Mental Health Navigators have four core responsibilities:

1. Reviewing the youth's comprehensive health record;
2. Based on assessment, making a recommendation whether behavioral health intervention is warranted, and if so, the therapeutic modalities that will best meet the child's needs;
3. Expanding the Permanency team's capacity to identify children's treatment needs and providing linkage to appropriate mental health services; and
4. Becoming experts in the array of mental health services available in the community and educating case workers about resources.

By ensuring youth receive a continuum of treatment and support services, BCDSS is better positioned to stabilize children early, prevent more serious behaviors from developing in the future, as well as meeting the needs of foster youth who have been deemed as overstays in group homes, hospitals, and psychiatric treatment facilities.

4. Placement Stability

BCDSS has prioritized improving placement stability as a critical step to better outcomes for children. To that end, the MHNs are available to participate in Placement Stability Family Team Meetings as behavioral health experts. The MHN's role at the Placement Stability meeting is to support a consensus in the child's best interests and when appropriate to maintain the current placement. This process is informed by mental health strengths and needs and access to community services. To prepare for the meeting, the MHNs assess treatment compliance, review prescribed medications, identify supportive services, and provide follow-up for referrals and linkage. The MHNs are also responsible for providing caregivers (excluding group homes) with information for the Baltimore Child and Adolescent Response System (BCARS) and encouraging use of its services. A detailed summary of this service can be found in the attached BCDSS Behavioral Health Plan.

MHNs engage with caregivers to work to stabilize the placement. The MHN facilitates meetings that include the MHN, the youth, the caseworker, 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 30 days to assess the issues that relate to the youth's mental health needs. On a weekly basis, a home visit is being made along with the Permanency Worker. The MHN will review the initial comprehensive assessment completed by the MATCH⁴ team to assess each youth's mental health needs and monitor the receipt of appropriate services. The MHN is responsible for updating CJAMS with all contacts - attempted and completed - within five business days of each contact and uploading the Behavioral Contract into CJAMS

5. Community Resources

To provide additional support for the work of the Permanency team, the MHNs will partner with community resources that can support the foster or biological families' ability to manage daily activities, establish clear connections for the child(ren) and families, link the family with community support, and provide expert clinical intervention. The MHNs are also in the process of gathering information on community partners to share with staff. If the providers are already established partners, then there will be no need to vet the partnership. However, if an organization is found with no established relationship with the Department, the potential resource must be assessed before the Permanency team can be notified to engage the services of this community resource. For these potential new resources, the MHN must meet with the provider at the provider's work site, tour the facility, review all available literature and applicable data on services provided and rates of success in order to complete an accurate evaluation of the provider and its outcomes. The MHNs and supervisor will meet with the Program Manager to discuss the possible partnership with all community providers who do not have a previously established relationship with the Department.

⁴ The MATCH Program (Making All the Children Healthy) provides coordination of medical assistance benefits and health care coordination for every child in the custody of 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.

During the reporting period, two MHNs were employed by BCDSS. The third will join the team shortly after the 66th Review Period begins.

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 AECF in developing the format, the agency established a process that integrates elements of Permanency Roundtables and Expedited Permanency Meetings into a staffing format. Teams led by Director Brandi Stocksdales and Deputy Director Corine Mullings are bringing 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.

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 second cohort was 30 children but 5 were ruled out as permanence was imminent. During the second cohort, Deputy Director Mullings began to coach Program Managers to

understand and master the process with the intent of embedding the practice more broadly across the Out-of-Home Placement continuum.

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 expand 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 needing to be addressed.

Reunification Teamings Summary

The initial concern was that restrictions caused by COVID-19 might impede planning for children in the care of BCDSS. Reunification Teams were formed in part so that team problem solving could help address obstacles. In addition, potential placement with relatives would be explored for young people where reunification was not imminent. As the process has evolved, there has been less emphasis on COVID-19's impact on reunification.

The cohorts and the process have been modified based on what was learned in the initial cohort. We reviewed the Reunification Teamings for the second cohort by reading the preparation forms and summaries only. This has its limits. However, based on those reviews, here are some of the identified themes and lessons learned, as the Permanency Program Managers prepare to begin leading the teaming's for the third cohort.

Major Themes

- **Urgency towards permanency-** Prompt, persistent and nimble efforts must be maintained with parents to advance towards safe and lasting reunification.
- **Outreach to relatives-** Extended family members can be included as reunification supports as well as for potential placements.
- **Youth and family engagement-** Families, youth and children must be engaged– and their opinions, concerns, strengths, and hopes included in planning.
- **Concurrent planning-** Realistic and robust plans for guardianship or adoption need to be developed should reunification not work out.

What is Working Well

In the second cohort, we saw improvements in the preparation and teaming process, including:

- Greater discussion of the mother's and father's goals and voice.
- Improved preparation by staff who participate in teaming.
- Relative options are being pursued more frequently prior to the reviews.

Improvements and Lessons Learned

- There is benefit to the case review teaming approach for learning and supporting best practice.
- Concurrent planning is critical for permanency planning rather than fully ruling out one option.
- Clear expectations on planning with maternal and paternal relatives are needed.
- Follow-up after meetings is critical to gain full benefit of the teaming.

Things to focus on going forward

- Since COVID 19 is not the most significant obstacle to reunification, clarify the purpose of the teaming's going forward.
- How can the process both "move" the case and educate participants?
- Support and challenge case workers and supervisors when reunification is not realistic.
- Timely permanence that begins immediately post-placement.
- Timely follow up on meeting recommendations/next steps.
- How we can use themes and lessons learned for Unit Manager training and broader practice and policy change

Recommendation for practice

- Begin services and supports earlier and more intensively for reunification.
- BCDSS in partnership with DHS/SSA will provide training in permanency planning and family engagement during this next reporting period.
- Consider how and when teaming as a regular process can best support permanency planning in the future

7. FIMS

Family Involvement Meetings are central to the Agency's work with families and with continued technical assistance from AECF, the Department has reimagined this family engagement tool with a "reboot" of the practice soon to be implemented. AECF committed not only to assessing how FIMs are currently facilitated but also to providing guidance to ensure the agency is adhering to the model. Technical assistance also includes observation of the virtual FIM's in addition to exploring how FIMs can be better facilitated during the current COVID-19 pandemic. FIM refresher courses are nearing completion to provide targeted training and coaching to staff, resource parents, and to the community. Lastly, AECF will also work with the Agency to explore creative ways to increase the number of FIMs completed according to the four identified triggers.

Updates include:

- AECF reviewed the upcoming draft DHS policy and BCDSS SOP on FIMs.
- AECF completed virtual FIM observation to provide feedback and analysis.
- Discussion around strategies to better engage families and participants.
- 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.
- AECF completed an assessment of the current FIM process and concluded that a reboot should happen that includes clarifying 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 outcomes.
- The next step was a meeting held 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.

- BCDSS is aligning this reboot of FIMs with a new SSA policy on Family Team Decision-making Meetings (FTDMs). The new policy will be issued and the reboot launched this summer.

8. CJAMS - Update

The new CJAMS is an application developed as part of the MD THINK initiative. As noted previously, MD THINK is an innovative, cloud-based platform enabling multiple State agencies to share and manage data to the extent permitted by law.

CJAMS replaced the legacy system, the Maryland Child Welfare Electronic System (MD CHESSIE), and was built to be compliant with federal Comprehensive Child Welfare Information System (CCWIS) requirements. The original Statewide Automated Child Welfare Information Systems (SACWIS) were developed in the '1990's and had become outdated.

The western Maryland counties piloted CJAMS in 2019; in late June 2020, BCDSS switched from CHESSIE to CJAMS, just three months after the pandemic changed everyday lives in dramatic ways and caused shutdowns and restrictions. However, the BCDSS staff and the DHS CJAMS trainers were able to quickly adopt a virtual environment for orientation and training. Despite the new challenges created by the sudden switch to telework, CJAMS was implemented on schedule and 600 child welfare employees completed training and initiated use.

The bold decision to proceed with the implementation of CJAMS during the COVID-19 pandemic underscores the agency's commitment to providing staff with the most effective and efficient tools and training to do their work during this time of unprecedented need. Like any major new systems enhancements are ongoing. The web-based design is intended to make modifications far simpler and less costly.

Finally, CHESSIE was retired at the end of this reporting period, on 12/31/2020.

9. QUALITY SERVICE REVIEW (QSR) – Enhancement Updates

Period: July – December 2020

Personnel Changes

In July 2020, Shannah Edmonds, LMSW, began as an additional supervisor within the QSR unit. Previously, Ms. Edmonds was a supervisor in Child Welfare's Out-of-Home Placement Program. In November 2020, Gwendolyn Newman joined the QSR Department as a QSR reviewer; she previously worked for the Child Protective Services Program.

Quantity of QSRs

The QSR unit conducted 60 reviews from July - December 2020, which is similar to the number of reviews conducted in the prior two 6-month reporting periods. This is an overall significant

increase in the number of QSRs completed by BCDSS over past years. To accomplish this, the QSR Program Manager has established review cycles with firm, clear deadlines that she and the supervisors monitor closely. QSR members have remained firmly committed to achieving this outcome.

QSRs in Family Preservation Program (FPP)

In August 2020, one of the QSR supervisors and the Program Manager finalized a Protocol for QSRs for the Family Preservation Program (FPP). The QSR department continued to pilot the recently developed instrument and protocol to conduct a few QSRs in FPP during this review period. In addition, the QSR department developed a database and has inputted data from the completed QSR FPP instruments.

Quality Control (QC) Process of Instruments:

QSR management continues to conduct an in-depth QC process of instruments before Inter-Rater Reliability (IRR) meetings. The QSR supervisors review each submitted QSR instrument to ensure it is complete before the QC process. The QSR Program Manager conducts an in-depth review of each instrument to ensure that the reviewers present relevant, consistent, and persuasive findings in their instruments based on QSR Protocol and other criteria (e.g., regulations, policies, and child welfare best practices). The management team shares feedback of their QC comments and questions with the reviewers, a process that enables the QSR management team to give feedback to reviewers on any areas needing improvement with their presented analysis.

Inter-rater Reliability (IRR) Meetings:

The QSR department continues to conduct IRR meetings in a manner that was established during the last L.J. 6-month period. 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, an approach enabling the QSR Management team to provide reviewers with targeted and specific feedback to be addressed or clarified to complete their current instrument as well as apply to their future reviews. In November 2020, the IVA participated in two IRR meetings conducted using this new approach.

QSR Debriefings with Permanency members:

At the conclusion of each QSR, the reviewers conduct debriefings with the caseworkers, supervisors, and unit managers to share findings of strengths, challenges and recommendations in a collaborative manner. Having the unit managers join these debriefings has been beneficial as they provide coaching and clarity of expectations to their teams with any identified areas needing improvement.

QSR Methodology during Coronavirus:

During this reporting period, due to the limitations imposed by the pandemic, the QSR teams have conducted interviews with the sampled children by video chat, a similar approach to how DHS conducted its interviews with children for the Federal Child and Family Service Reviews. Interviews with Agency members and external stakeholders have been conducted by telephone. The reviewers analyze the case information for each child in the electronic systems of record (e.g., CJAMS, MD CHESSIE, QUEST).

QSR Crosswalk with L.J. Measures

During this reporting period, the BCDSS Child Welfare leadership team met numerous times to develop a crosswalk comparing QSR indicators with L.J. measures. They identified when it would be appropriate to use QSR data for reporting on L.J. measures and when it would be preferable to use data that can be found in other sources, predominantly CJAMS. While developing this crosswalk, the leadership team incorporated analysis from the IVA.

10. BALTIMORE CITY DEPARTMENT OF SOCIAL SERVICES - Child Welfare Division Employee Recruitment and Retention Efforts

During this reporting period, BCDSS continued to make recruitment and retention of skilled and compassionate employees one of its highest priorities, even as the pandemic has disrupted normal operations and posed significant challenges to our efforts. Child Welfare staff comprise 42% of the employees at BCDSS, or 600 of the totals of 1,428.

Turnover:

For four consecutive years, from 2016 to 2019, BCDSS lost more employees than it hired. In 2020, however, BCDSS has reversed that trend and, for the first time in years, the number of new hires in Child Welfare exceeded the number of departures:

	New Hires	Departures
2018	54	96
2019	82	90
2020	83	64

In prior years, the turnover was especially pronounced among new employees, but the percentage of new employees leaving within two years has generally been trending downward. 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). In 2020, only 25% (16 of 64 departures) had been with the agency for less than 2 years.

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 were required to submit requests to re-fill positions when they became vacant. With the policy change, local departments were granted the authority to immediately re-fill caseworker and supervisor positions without having to first secure approval from DHS.

In April 2020, in response to the significant 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. Fortunately, Child Welfare caseworkers and supervisors were among the classifications exempted from the hiring freeze.

With the assistance of the Workforce Innovation Team, BCDSS made several changes and improvements to its recruitment, interview, and candidate selection processes. Significantly, BCDSS also reduced the time it took to fill vacancies by 37%, from an average of 7.6 months in 2019, to 4.8 months in 2020.

As a result of this collaborative work, BCDSS has stabilized the Child Welfare workforce and reduced the vacancy rate from 11.8% in 2019 to 7.7% at the end of 2020. Especially given the restrictions and obstacles posed by the pandemic, this decrease in vacancies speaks to the commitment of BCDSS to adapt and 'power through' to ensure no lapse in services. As the pandemic continues, however, the toll it takes on staff and its impact on staff turnover is unknown.

During the last year BCDSS was able to fill a long-term vacancy for a full-time program manager for the Extended Hours (EH) unit. During the last reporting period, BCDSS assessed the staffing in the Extended Hours Unit and determined that positions were needed to increase productivity and meet the demands of the workload. BCDSS received six positions for Extended Hours and BCDSS is currently in the process of hiring for these positions.

Finally, we note that 76 employees in Child Welfare are eligible for retirement within the next year, which is 15% of mission critical staff.

Title IV-E Program:

BCDSS partners with the University of Maryland School of Social Work (UMSSW) and Morgan State University School of Social Work (MSUSSW) to host a Title IV-E social work education program specifically to prepare students for a career in public child welfare. This program is an important strategy for strengthening the workforce. Past data has shown that IV-E students are more likely to stay in public child welfare during their careers than their counterparts. Since January 2020, six IV-E students were hired after completing their academic studies.

Currently, BCDSS is hosting two full-time IV-E field instructors from UMSSW and MSUSSW. The Department has adopted the 'task supervision' model used in other local departments, assigning other social work staff to provide day to day guidance and oversight on a case basis, while the field instructor maintains responsibility for the overall educational component. Becoming a task

supervisor offers staff an opportunity to contribute to the next generation of social workers without having to take on full responsibility for their field education, as well as to grow professionally by learning and practicing supervisory skills. Task supervision is also a strategy to prepare and 'grow' our supervisory ranks as vacancies occur.

Since September, BCDSS has supported 14 IV-E students, seven from MSU SWW, six from the UMSSW, and one undergraduate from UMBC. The goal is to train, hire and retain these social work students' post-graduation.

Workforce Innovation Team:

To sustain the positive trend towards workforce stabilization, BCDSS created a Workforce Innovation Team (WIT), composed of representatives from various Child Welfare program units; the Office of Human Resources, the Office of Learning, and the Office of Performance Improvement. The mission of the WIT is to support a stable, competent, and professional workforce by assessing workforce needs, identifying and tracking relevant data, and recommending and implementing improvements to agency policies and practices to support staff in doing the work.

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

1. Program managers are directly participating in candidate interviews, rather than having generic panels conducting the interviews, a significant change enabling program managers a greater role in assessing and matching candidates' skill sets with their respective programs and offering candidates the opportunity to meet program managers.
2. 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 offer the new caseworkers an opportunity to see firsthand the rigors of daily casework and will provide greater context for the training they will receive
3. 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.
4. The WIT is examining ways to integrate core child welfare competencies into the hiring and supervision of staff.
5. The WIT is planning to develop and incorporate behavior-based interviews into the hiring process.
6. To support the goal of improving staff selection and retention, BCDSS is extending the probationary period for new employees from 6 months to one year. By extending probation, supervisors will have more time to evaluate staff.
7. 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 target issues in a timely way, promoting data-informed, results-oriented HR practices.

8. The WIT is collaborating with Department leadership to develop a supervision tool that clearly articulates the expectations of caseworkers and establishes accountability as an important component of its comprehensive long-term telework strategy.

III. EXIT STANDARDS

A. PART TWO: SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS

1. Preservation and Permanency Planning

There are 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).*) BCDSS has proposed new measurement instructions for each of these Exit Standards; with CJAMS and the extension of review processes in QSR, the Department will be better able to track and measure the work necessary to comply with these standards.

Key Developments and Compliance:

- During the 64th Reporting Period, BCDSS created new Quality Service Reviews (QSR) specific to Family Preservation cases. These are designed to ensure that families are receiving services that address the families' needs, attenuate the issues bringing them to the attention of BCDSS, and avoid unnecessary removals while also keeping children safe. These QSR specific reviews 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, post-pandemic the Agency will be able to use the electronic signature to document signed service plans, safety plans, and receipts when needed.
- **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."** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standards 4: 85% of children and families in family preservation timely received the services identified in the case plan."** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 15: "90 percent of children in OHP had a Case Plan."** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

- **Exit Standard 16: “90 percent of children in OHP and their families timely received the services identified in their case plans.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 20: “Beginning July 1, 2010, for 85 percent of children, BCDSS had a family involvement meeting at each critical decision-making point.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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) Quantitative and 29(b) Qualitative: The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 spent most of this reporting period examining existing measures as well as updating and creating new measures. During the 66th reporting period BCDSS and the IVA will work together to agree upon a complete set of measures. A key goal when developing measures is to use the reports and information from CJAMS whenever practicable.

Key Developments and Compliance:

- **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.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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.”** The measurement

instruction is undergoing revision and the method for measurement is to be determined at this time.

- **Exit Standard 39: “The array of current placements matched the recommendation of the biennial needs assessment.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 44: “90 percent of children and caregivers receive services necessary and sufficient to meet their needs and to support stability in the least restrictive placement.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 57: “95 percent of all foster homes and kinship care placements met all legal requirements.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 58: “90 percent of all foster homes were approved and reapproved on a timely basis.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 60: “95 percent of caregivers had been provided all available information about the child’s status, background, and needs.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 65: “99.68 percent of children in OHP were not maltreated in their placement, as defined in federal law.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

- **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.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 70(a) (Quantitative Measure):** “90 percent of children ages twelve or over participated in placement decisions.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 70(b) (Qualitative Measure):** “90 percent of children ages twelve or over participated in placement decisions.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 72(a) (Quantitative Measure):** “95 percent of children had documented visits from their caseworker once monthly in the child’s placement.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 72(b) (Qualitative Measure):** “95 percent of children had documented visits from their caseworker once monthly in the child’s placement.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 under discussion as to redrafting but have been held up as the IVA was awaiting the completion of the new MATCH contract.

Key Developments and Compliance

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 has been executed and is 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 have been considered and are being incorporated into practice guidelines.
- The new contract expanded the scope of work done by HCAM with the intent of improving the overall provision of health care services to the children and documentation of those services.
- Many of the improvements made in this contract are the result of the input provided by the IVA, who contracted with Health Management Associates to review the MATCH program.

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.** "The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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."** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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.** "The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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.** "The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 88(a) (Quantitative Measure) and Exit Standard 88(b) (Qualitative Measure): "90 percent of children received timely all Needed Health Care Services."** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time

- **Exit Standard 93: “90 percent of all new entrants had a complete health passport that was distributed to the children’s caregivers promptly.** “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 94 “90 percent of children had a health passport that was updated and distributed to the children’s caregivers at least annually.** “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

4. Education Data

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

Key Developments and Compliance:

Despite hopes that in-person education would resume during this reporting period, the restrictions imposed in response to the pandemic mandated that learning continue to be virtual. At the beginning of the pandemic, 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 fully participate. Those needs have been assessed on an ongoing basis as the pandemic continued into the next school year.

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.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 104: “90 percent of children had an educational plan.”:** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 105: “For 90 percent of children, BCDSS had met its obligations as set forth in the child’s educational plan.** “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 106: “For 90 percent of children, BCDSS had monitored the child’s educational progress monthly.** “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

- **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.** “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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.”** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

5. Workforce

The Six Exit Standards associated with the Workforce subsection of the MCD are Standards 115, 116, 121, 122, 125, and 126.

Key Developments and Compliance

WORKLOAD DEVELOPMENT ACTIVITIES

- Program Manager of Strategy and Planning, Ms. Audrey McLendon, who was hired during the 64th Reporting Period, has reviewed and revamped recruitment activities to effect greater efficiencies.
- The number/classifications of staff required in the programs are being tracked:
 - A bi-weekly meeting with the Agency’s HR occurs to verify the number of vacancies and confirm accuracy of Child Welfare vacancy numbers.
 - Progress is reviewed bi-weekly with upper-level management to ensure that recruitment is targeted where needed.
- Implementation of an automatic alert system to verify vacancies with Program Managers once a week began in July.
- A tracking sheet is being used to:
 - List current applicants and status.
 - Enable alerts to be sent to managers six days prior to a new hire on boarding as a reminder of the arrival to the program to ensure office space, equipment and supplies are ready and the new employee feels welcomed.
- Program specific interview questions created by AECF are being used by Program Managers to identify program specific interest and skills.
- An interview process using Google docs was developed to provide an easier method for collecting needed paperwork for recruitment:
 - Program Manager and Administrative Assistant are contacted prior to recruitment to review process, answer questions, and identify required documentation
 - Deadlines by which HR must receive the required documents are also elucidated to ensure that the process is seamless
- Report was developed to document a baseline of cases assigned per caseworker
- The third Mental Health Navigator is scheduled to come on board in spring, 2021

6. Out-of-home Placement Workload Restructuring Plan

Background

During the 64th reporting period, a plan was crafted to realign Out-of-Home Placement caseloads, as the workload for the Permanency case carrying staff in non-specialized units has historically been higher than the specialized OHP units. At the time the plan was proposed, the average caseload was 17, higher than requirement by the MCD and misaligned with best practices.

Objectives

The objective of the restructuring plan was to reduce caseloads as a strategy to promote better outcomes for children and families, a recognized best practice and a mandate of the MCD. A reduction in caseloads was accomplished by standardizing the workload, which included transitioning appropriate families and children to specialized teams/units.

Specifics

Case carrying supervisory teams were divided among four programs:

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

Former Program Manager Nikia Agent who was replaced by Program Manager, Melisha Harris assumed additional responsibility for two Permanency units, including the Intensive Case Management (ICM) unit. The plan is designed to enable a more seamless delivery of services to stabilize youth served by the ICM Unit. Given the specialization of preparing older adolescents for self-sufficiency, RB21 staff will continue working exclusively with teens.

At the start of the restructuring, there were approximately 1358 cases assigned to Permanency staff. To reduce caseload size for Permanency staff and equalize the workload, the following changes were made:

- Six supervisory teams were reassigned from Permanency and distributed two each to the Custody/Guardianship and Adoption Unit, RB21, and Permanency Supports.
- All Custody/Guardianship and Adoption cases are now managed by the same division.
- All 16 and 17-year-old youth are being assigned to RB21.
- The Intensive Case Management unit and another Permanency team were assigned to Permanency Supports.
- This transition has allowed for a manageable caseload for all staff throughout the four programs. Furthermore, BCDSS will continue to evaluate any needed changes to ensure equitable distribution of work.

Transition Schedule

The transfers began at the end of June 2020 and were completed at the end of August 2020. Transitions were conducted in a methodical and planned way to minimize disruption in the services delivered to families and children. The time frame allowed for a transition visit between the child, and the old and new case worker.

Workforce

- **Exit Standard 115: “90% of case carrying staff was at or below the standard for caseload ratios.** “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 116: “90% of case-carrying teams were at or below the standard for ratio of supervisor: worker”** The realignment plan discussed above was also intended to balance out supervisory units. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **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 was granted by the IVA for the 64th Reporting Period. BCDSS will be requesting certification again this reporting period.
 - All case worker applicants in Child Welfare (case workers, social workers, supervisors, unit managers) are based on State level pre-review of qualifications and lists of eligible candidates that local departments can consider. When a local department has a vacancy, that eligible list is forwarded for consideration.
 - BCDSS’s HR staff complete a further screening to ensure that all candidates on the eligible lists will 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.
 - Since the 63rd reporting period, BCDSS has maintained a 100% compliance rate with this Exit Standard and requested certification. Documentation maintained in the BCDSS Office of Human Resources may be requested by the IVA 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.** “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.
- **Exit Standard 125: “90 percent of cases were transferred with required documentation within five working days.** “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

- **Exit Standard 126: “90 percent of transferred cases had a case transfer conference within ten days of the transfer.** “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 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. 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. Since the hiring of the Fatality Prevention Specialist, this process has been streamlined for more accurate reporting to conform with the L.J. requirements but also to be able to assess any systematic issues that may exist around fatalities. 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 believes that it is in full compliance with this commitment. As stated in the 63rd report, a standardized process was created to resolve issues related to individual class members. This well-publicized process provides individuals or counsel to raise concerns about problems in individual cases as required by this section, without retaliation or fear of retaliation. The Agency has made available a pamphlet, in both English and Spanish, as part of its effort to continuously publicize the process and encourage its use. The Agency has also

continued to interact with its stakeholders and reinforce their use of the process. The Agency also developed a process to track these complaints and the efforts in resolving them. We have experienced some difficulty with the standard record keeping methodology for this process during this reporting period. One issue of note was that the Formstack submission process was not notifying the L.J. Complaint Team of an incoming complaint. However, due to the diligence of the L.J. Complaint Team, no complaints were missed. Furthermore, all complaints are actively maintained in either the Program Manager for Court Processes email or the dedicated email that is set up to receive complaints, which is checked each workday. For the first time, a summary of complaints and their resolutions for this reporting period has been provided to the IVA and Plaintiff's Attorney.

B. PART TWO: SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS

1. Preservation and Permanency Planning

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

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, data that is collected and analyzed by the UMSSW and distributed to BCDSS on a quarterly basis. The intention is to use this data to determine needs and strengths of families served by Family Preservation. BCDSS recognizes further training is needed to ensure proper use of the CANS-F tool to capture the data and to make the tool useful and meaningful for staff in their work with families. 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.

b. Section E 2 DHS Budget Proposal for Prevention and Reunification: “The Secretary shall include funds in the DHR budget proposal that are sufficient, in the Secretary’s judgment, to ensure that services and assistance are available for all children (and their families) who come to

BCDSS's attention as being at risk of placement into OHP or who are in OHP and have permanency plans of reunification with their families, and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."

BCDSS/DHS have complied with this requirement. DHS allocates over \$4 million to BCDSS in Super Flex funds to be used directly for services to families and children, funding that can be used 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.

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

In 2007, DHS launched the "Place Matters Initiative" which led to a renewal of a commitment to family-centered, child-focused, community-based services that promoted safety, strengthened families to keep children safe, and achieved permanence for children and families in the child welfare system. The 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 has initiated the implementation of the Integrated Practice Model (IPM), another renewal of the commitment to family-centered practice that includes the full continuum of clients served by the agency across the age span. Family Teaming is a critical component of the IPM and fits well with the FIM 'reboot' BCDSS has undertaken. As a part of Continuous Quality Improvement, DHS has contracted with UMSSW to routinely collect data regarding teaming activities and share the data with local departments including BCDSS. BCDSS remains committed to using teaming to promote family and youth led and informed decision making, enhance family and youth partnership, safely prevent out-of-home placements, and promote safety and permanency. Using the data provided by UMSSW, DHS and BCDSS will explore ways to implement standard operating procedures to increase the use of teaming by putting more emphasis on this as a core practice that drives all aspects of partnering, planning, and decision making with children and families.

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

2020 Youth Engagement Summit

The Children's Bureau, in partnership with the AECF Jim Casey Youth Opportunities Initiative, hosted a Virtual Youth Engagement Summit from June 30th, 2020 to July 2nd, 2020. Two members from the Ready by 21 Management Team, one youth from BCDSS's Youth Advisory Board, and one Jim Casey Fellow participated in this Summit. The objective of the Summit was 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. The Summit was filled with learning opportunities as well as expert guidance and support for teams to move to action. The Summit yielded both jurisdiction-specific and national youth engagement strategies and resources.

Advanced Youth Leadership Institute (YLI)

The Jim Casey 2020 Advanced Youth Leadership Institute (YLI) was held October 20-24th 2020. The focus for this year was on deepening the leadership skills of current Young Fellows and site Youth Engagement Leads. Fellows have been paired with an adult supporter from their site and they were tasked with selecting one of the following skillsets: (1) Facilitation (2) Training or (3) Policy Advocacy. A current youth in foster care who is also a Jim Casey Fellow, has been chosen to represent BCDSS for this year's YLI. The youth has chosen to focus on facilitation and will play a significant role in the implementation and facilitation of RB21's reproductive and Sexual Health training for youth ages 14 – 20. The youth will, with the guidance from her Ready By 21 adult supporter; (1) develop, refine, and implement an action plan to strengthen a culture of authentic youth-adult partnership and youth leadership on a local/national level; (2) deepen application of leadership competencies for personal and professional development; and (3) develop coaching relationships focused on leadership competencies for personal and professional development.

BCDSS is currently working on implementation of the site project. To support the implementation of projects, Jim Casey partnered with the Youth Policy Institute of Iowa (YPII) to award \$10,000 mini grants to sites.

Ready by 21 Benchmarks and Life Skills Classes:

Ready by 21 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 (**Education, Employment, Health, Housing, Financial Literacy & Resources, and Family and Friends Support**) by the age of 21, to facilitate their journey to true independence. RB21 staff currently facilitates the following online life skills classes:

1. **Home Sweet Home** - A life skills class that focuses on what to consider when searching for housing, budgeting and how to complete chores such as cleaning their room and washing clothes.
2. **Residential Readiness** - The RB21 Unit offers an engaging housing life skills course focused on youth ages 17.5 and older. The class focuses on the basics of obtaining and maintaining affordable housing, in addition to how to search for safe and affordable

housing, how to budget for housing, how to apply for subsidized housing in Baltimore and surrounding counties, and tenant rights.

3. **Employment Workshop** - A life skills class that focuses on interview techniques and soft skills, personal characteristics needed to become an effective employee, how to dress for success, proper resume formatting and how to properly complete an employment application.
4. **My Me Time** – A Life Skills class that reviews coping skills, fun activities and strategies to help our young people maintain their mental and emotional wellness during the COVID-19 pandemic. The presentation is bright, colorful, fun and inspiring.
5. **Keys to Financial Future** - The purpose of the class is to provide youth in BCDSS with financial literacy training and provide access and enrollment in the Jim Casey Opportunity Passport, a matched asset purchase program. Description: Youth ages 14-25 will participate in 9 hours of financial literacy, instructor-led, training presented virtually for 3 day / 3-hour sessions. The course covers the following topics; Asset Building; Credit and Money Management. Participants who complete the training will be invited to enroll in Opportunity Passport. Participants are eligible to receive \$140 for completing the training and enrollment into Opportunity Passport.
6. **Keys to Success** - Keys to Success Online Class is a three-week life skills program within RB21 for youth ages 18 to 21 with a plan of APPLA. In this exciting and interactive program, youth partner with community resources and participate in real life experiential learning and activities. While in the program, youth prepare for employment, write resumes, 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, learn how to maintain healthcare coverage, learn how to balance work and life demands, learn safe food handling and cook a nutritious meal, study leases and tenant landlord requirements, participate in a virtual tour of IKEA, practice how to establish and budget for housing, tour apartments and apply for income based housing.
7. **Friendship** – A life skills class to help young people identify healthy & unhealthy friendships, recognize the difference between an associate, close friend & best friend, learn about different types of support, identify ways to meet new people, learn skills on how to be a good friend, learn how self-esteem impacts friendship, learn ways to resolve conflict and identify the pros and cons of social media.
8. **Secure What's Yours** – A life skills class in which young people learn what is an identity, how to protect your vital documents from being stolen/prevent identity theft, what is credit, how to establish it, how to access reports and file a credit dispute and how to avoid scammers.
9. **Ages and Stages**- A virtual life skills course to help expectant and parenting youth learn effective parenting skills and safety measures to care for themselves and their children as they prepare for parenthood.

RB21 Virtual Podcast

In November 2020, RB21 launched a virtual “Mix and Match Resource” podcast for youth in foster care ages 14 and older. The podcast took place weekly from November to January and is now

held bi-weekly. The podcast is facilitated by a RB21 supervisor and specialist and covers topics related to RB21's six benchmarks: Health, Education, Financial Literacy, Housing, Employment and Family/Friend Support. All transitional aged youth are invited to the virtual podcast via email. Caregivers and adult supporters are welcome to participate

Transitional Age Family Involvement Meetings

Ready by 21 ensures that our youth 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 Ready by 21 Specialist from the Resource and Support Unit participates in each scheduled transitional meeting to provide updates on RB21 services and supports, resources for each benchmark and assist with important tasks 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:

Purpose: Achieving equitable results for older youth in foster care by increasing the high school graduation rate among African American youth who are enrolled in the Baltimore City Public School System.

1. **Virtual Tutoring** – In partnership with Varsity Tutors, RB21 implemented virtual tutoring to middle school, high school, college, and GED youth due to the Covid-19 pandemic. Individual sessions in English, Humanities, and Math are available.
2. **Educational Roundtable with RB21 Youth** – On September 17th, 2020, the RB21 team held an Educational Roundtable Event for RB21 youth. During the event participants were informed about the education work and priorities of the Baltimore City Jim Casey Initiative Team; reviewed data to deepen their understanding of educational outcomes for BCDSS youth in Baltimore City; reviewed, identified, and validated factors impacting educational outcomes for African American BCDSS students; and identified three priority factors to inform targeted educational strategies to improve outcomes for African American BCDSS students.
3. **Educational Stakeholders Meeting** – On October 27th, 2020, the RB21 team held an Educational Stakeholders Meeting including but not limited to the following stakeholders: Baltimore City Public School, City Schools Re-engagement Center, Baltimore's Promise, Maryland State Department of Education, BCDSS Youth Advisory Board (YAB), BCDSS Education Unit and BCDSS Innovations. As a result of the event, participants were informed about the education work and priorities of the Baltimore City Jim Casey Initiative

Team; reviewed data to deepen their understanding of educational outcomes for BCDSS youth in Baltimore City; reviewed, identified, and validated factors impacting educational outcomes for African American BCDSS students; and identified three priority factors to inform targeted educational strategies to improve outcomes for African American BCDSS students (Support, Placement Stability and Improve performance of middle schoolers).

Pregnancy Prevention and Parenting Supports:

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 an Evidence-Based 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.

- The RB21 completed the procurement process to purchase the Love Notes curriculum.
- The start date for the Love Notes project was Monday, February 22, 2021.
- Next steps: The RB21 team will connect with the Dibble Institute to schedule the train-the-trainer sessions.

The Jim Casey Youth Opportunities Initiative 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 between July 1, 2020 and December 31, 2020; 15 young people from BCDSS have become active Opportunity Passport participants increasing the total number of active members to 260. Seven young people have successfully completed asset match purchases

for housing, credit building/repair and investments. Young people have contributed \$8,732.26 toward the combined asset purchase total of \$18,074.52

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. BCDSS recorded 83% of all active participants completed the follow up survey in October 2020.

Ready By 21 instituted virtual sessions in September 2020. Ready by 21 has partnered with Keys to Success and we are providing youth access to financial literacy training and enrollment into Opportunity Passport twice monthly.

The Baltimore City Youth Advisory Board (YAB)

The Baltimore City Youth Advisory Board (YAB) is comprised 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. Monthly meetings are occurring in a virtual space. BCDSS leadership attends these meetings to provide updates about Agency programs as well as to receive youth input.

During the reporting period, the YAB accomplished the following:

- **Activating Youth Engagement Summit August 26-27, 2020:** Members of BCDSS Youth Advisory Board partnered with the State Youth Advisory Board throughout the months of June and July 2020 to prepare for the Activating Youth Engagement Summit. The Youth Engagement Summit desired outcomes are highlighted below:
 - Acknowledge and work to eliminate racial and ethnic disparities by centering equity and inclusion in all aspects of work at the summit (including planning, partnerships, engagement, and accountability).
 - Learn ideas and strategies for supporting, sustaining and evaluating effective youth engagement efforts (including power sharing, strengthening organizational capacity, engaging young people in service planning and systems improvement).
 - Develop an action plan and commit to implementing it in full partnership with all members of your team while prioritizing youth engagement strategies.
- **Ready By 21 Educational Roundtable. September 17, 2020:** Members of the Youth Advisory Board continued its work developing and implementing strategies to assist youth in care with achieving academic success by facilitating the virtual Educational Roundtable. Thirty young people and community partners came together and examined a variety of factors that contribute and/or impact the graduation rates among African American high school students enrolled in Baltimore City Public Schools.

- **Advanced Youth Leadership Institute (AYLI) October 20-23, 2020:** A senior YAB member was selected to participate in the Advanced Youth Leadership Institute. The desired outcomes for AYLI are highlighted below:
 - Participants develop, refine, and implement **an action plan** to strengthen a culture of authentic youth-adult partnership and youth leadership on a local/national level
 - Participants deepen **application of leadership competencies** *for personal and professional development*
 - Participants **develop coaching relationships** focused on leadership competencies *for personal and professional development*.
 - The AYLI work, supported by the Jim Casey Youth Opportunities Initiative is ongoing with a focus on partnering with YAB and RB21 to institute and facilitate a sexual health curriculum for youth in foster care ages 14-21. *

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 continues to maintain a unit offering intensive case management for youth ages ten through twenty who frequently go missing from placement, and/or are experiencing multiple disruptions in placement. Our intensive case management teams make more frequent contacts with youth in this program to provide an array of support services, closely monitor progress, and provide positive reinforcement for successes. BCDSS has developed a new SOP centered around teaming with families and all professionals involved. BCDSS will be releasing the SOP to staff in the next reporting period.

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, which is providing expert guidance and technical assistance for serving transition age youth up until age 21. During the last reporting period, the Agency engaged in a process to restructure its Permanency and RB21 programs to transition all committed youth at the age of 16 into the RB21 program. The goal is to offer more focused and expert preparation for “inter-dependence” at an earlier age. In addition to the Jim Casey Youth Opportunities initiative, the Agency also has an ongoing partnership with AECF to target and resolve the multiple issues that arise with the transition of youth from the care of BCDSS.

Along with the Plaintiffs’ attorney, BCDSS continues to partner with advocates for children to develop, implement, and monitor the delivery of comprehensive and high-quality child welfare services, and to achieve compliance with the myriad required measures by ensuring thorough

and complete data entry into the child welfare electronic system, CJAMS. There is an ongoing open line of communication between BCDSS and the Plaintiffs' attorney regarding the issues that arise in relation to the delivery of services, and the documentation of those services that will translate into measurement of compliance.

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 64th 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 and practices that will fully capture all the data necessary to satisfy this commitment but continues to study strategies for doing so. 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. BCDSS will start to report on waiting lists during the next report period.

2. 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.”

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

BCDSS/DHS previously contracted with the UMSSW for the assessments required for this commitment. The assessment is in the process of being updated; 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.”*

As referenced above, there is a contract in place for the completion of a new placement needs assessment. DHS/BCDSS continues to be below the national average for the percentage of youth placed in congregate care. BCDSS has allocated sufficient funds every year to utilize for any needs of children in out-of-home placement.

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, a category of home approval signifying a caregiver's willingness to be an emergency resource. BCDSS receives an adequate level of funding to ensure that youth in out-of-home placement receive proper services. However, the challenges of identifying placements for children in crisis continues to be real, as does the challenge of stabilizing youth with high intensity behavioral health needs.

Currently, BCDSS is exploring an evidence-based model to implement in our public resource homes to better serve children in out of home placement.

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. Due to the pandemic, efforts have switched from a physical support center to one accessible online. This will launch during the next reporting period. Much research has been done and a kinship survey completed in furtherance of this commitment. BCDSS has dedicated itself to the goal of expanding the 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.

3. Kinship Resource Center Proposal

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. One of BCDSS's goals is to evolve into a kin-first agency.

BCDSS proposes enhancing and restructuring its current supports to kinship caregivers in two ways initially: virtually and a stand alone center.

The BCDSS virtual kinship resource center involves establishing a kinship care webpage that would be linked to the existing BCDSS website. The virtual webpage will 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 2923 Biddle Street office for its stand alone center, a space that will be dedicated to use by kin providers and staff who need guidance to assist kin providers. The center will include community-based resources and family-centered services in Baltimore City.

Kinship Care Brochure

The Agency is finalizing a Kinship Care Brochure that will be offered to kinship caregivers regarding the following:

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

1. Section E 5 Semi-Independent Living Arrangement Rate: *“DHR shall set the Semi-Independent Living Arrangement rate at no less than 95 percent of the foster care payment rate for teens by July 1, 2009 and shall make adjustments annually thereafter to match increases in the foster care rate as included in the budget. To satisfy this requirement, the Secretary shall include funds annually in the DHR budget proposal that are sufficient, in the Secretary’s judgment, to meet these requirements and, if included in the Governor’s budget, shall advocate for the appropriation of such funds by the General Assembly.”*

The IVA has certified the Agency’s compliance with this commitment in her response to the 64th Report. The Agency continues to meet this commitment.

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

As reported previously, 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 not increased; and in FY’21, an increase is planned for January to June 2022. 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.

3. Section E 7 Plan to Address Needs of Unlicensed Kinship Care Providers: “By September 2009, DHR/BCDSS, with the assistance of individuals knowledgeable about the issues, shall

study and develop a plan to address the particularized needs of unlicensed kinship care providers for children in OHP, including remediation of problems discouraging or prohibiting licensure.” BCDSS has 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 more detail.

4. Section E 8 Funding for Child Care:

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

The Agency continues to meet this commitment. The IVA certified BCDSS compliance with this commitment in the response to the 64th report. DHS/BCDSS continues to provide funding for childcare as required by DHS Policy SSA CW#16-21 Child Care Services for Foster Children: Attachment 4. Additionally, policy allows BCDSS to use funds for all children and youth in OHP, as described in Attachment 5-SSA-CW #19-16 Guidelines For Foster Care Board Rate and Expenditures (July 1, 2019.)

5. Section E 9 Services and Assistance to Parenting Youth: *“By September 30, 2009, DHR/BCDSS shall provide documentation of policies and implementation of policies for ensuring that children in OHP who are expecting a child or who are parents receive services and assistance appropriate and sufficient to assist the child to acquire parenting skills.”*

The Agency continues to work to meet this commitment. 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 to increase conversation between case workers and parenting youth to ensure that the youth 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.

6. 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 CJAMS provider record is being explored as the venue for documentation of that conversation and feedback.

4. Health Care

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

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

2. Section E 2 Health Care Advisory Council: *"By March 2009, BCDSS shall establish and thereafter maintain a Health Care Advisory Council, including medical experts and advocates for children from outside BCDSS, DHR, and the Department of Health and Mental Hygiene, to provide guidance on implementation of the requirements of the BCDSS Health Care Initiative."* BCDSS continues to meet this commitment by maintaining a Health Care Advisory Council. A Council charter is being written and expansion of its membership is being considered to add 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. At the October 2020 Problem Solving Forum, all participants agreed on the need to expand membership to the Council. As a result, a representative from Advocates for Children and Youth, a Child's Attorney, and a youth in care have all joined the Council. During the next reporting period, BCDSS will create a subcommittee of the HealthCare Advisory Council to address behavioral health needs of children in out-of-home placement.

3. Section E 3 Funding for BCDSS Health Care Initiative: *"By August 2009 and annually thereafter, BCDSS/DHR, in consultation with the medical director and the Health Care Advisory Council, shall develop a plan, a timetable, and a funding strategy for inclusion in the FY 2011 and subsequent budget requests funding sufficient in the Secretary's judgment to accomplish full implementation of the requirements of the BCDSS Health Care Initiative for all children in OHP."* BCDSS continues to meet this commitment. DHS/BCDSS, in consultation with related parties, developed a plan and requested sufficient funding in the Secretary's judgment to implement the requirements of the BCDSS Health Care Initiative for all children in OHP. The Health Management Associates assessment of the MATCH Program was used to negotiate a new contract with HCAM for the MATCH Program. 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, and that will improve documentation of compliance with those efforts.

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

This commitment is an ongoing effort for BCDSS. The attached [Behavioral Health Plan](#) provides a detailed description of the BCDSS efforts and accomplishments.

5. 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 63rd reporting period, BCDSS provided a copy of its Memorandum of Agreement with the Baltimore City School system and its School Placement Stabilization Memorandum demonstrating compliance with the educational requirements of the Federal ‘Fostering Connections to Success and Increasing Adoptions Act’ as well as the federal Every Student Succeeds Act. BCDSS continues to conform with the guidance from DHS/SSA Educational Stability Policy 18-08.

C. INTERNAL SUCCESS MEASURES

1. Preservation and Permanency Planning

ISM1 “Percent of children in family preservation that enter OHP.”: The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM2 “Percent of children and families in family preservation that timely received services identified in the case plan.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM5 “Average length of stay for children in OHP.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM6 “Percent of children who had a comprehensive assessment within sixty days of placement.” “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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.
"The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM8 "Percent of all children for whom BCDSS provided referrals for services identified in the child's parents' or guardians' service agreement. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

****ISM9 "Percent of cases that had a team decision-making meeting when the child is at risk of a placement disruption.*** "The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

****ISM10 "Percent of TPR petitions filed that were filed on time."*** The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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." The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM14 "Percent of children for whom BCDSS searched for relatives or other resources."
The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM17 "Percent of children ages twelve and over who participated in case planning meetings. "The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM18 "Percent of all new entrants for whom a family involvement meeting was held within seventy-two hours of placement. "The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM19 "Percent of all children for whom case planning meetings included family members.
"The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM21 “Percent of children whose case plan was completed within sixty days of placement.” “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM22 “Percent of children whose case plan was updated every six months.” “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM25(a) and *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.” A quantitative measure and a Qualitative measure: The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM26 “Percent of emancipated youth who reported receiving services designed to prepare them for independence.” Services for older youth likely to transition out of care to self-sufficiency have been substantially expanded and strengthened through the Ready By 21 (RB21) program, designed to expose youth to the skills, attitudes, and behaviors most likely to result in a satisfying and productive adult life, along with providing concrete supports such as tuition waiver, the Jim Casey accounts, and assistance with a variety of individual needs. The Emancipated Young Adult survey is the method for gathering the data. For this reporting period, 100% reported receiving IL preparation services. The full package of new measurement instructions includes a proposal as well for this standard to be collected through CJAMS.

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.” “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM28 “Number of youth, ages eighteen to twenty-one, who exited OHP through rescission.” During this reporting period there were 4 young adults ages 18 – 21 who exited care to rescission. All four were reunified with parents, a testimony to the concurrent efforts made to prepare these youth for adulthood, while also pursuing reunification. BCDSS policy does not allow for the Agency to seek rescission prior to a youth reaching the age of 21 except in limited circumstances that includes those who have been reunified, are married, in the military, or incarcerated for a period that will extend for a substantial time past the 21st birthday. This is

despite updated child welfare regulations that enable young adults ages 18 to 20.5 to exit care while there is still a “safety net” for them. These young people may voluntarily re-enter Out-of-Home Placement and take advantage of the same services and benefits. During the pandemic, the important step of extending Out-of-Home Placement has been granted to those young adults who reach the age of 21.

2. 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).”

The measure instruction was last revised in 2009 and relied on hand-counts and spreadsheets created from those counts; hand-counts can be inaccurate. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM31 “Percent of children in OHP placed with siblings. “The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM32 “Percent of all children in congregate care who had a step-down plan.” This quantitative version of the measure has been proposed for revision. The measurement instruction is undergoing revision and the method for measurement is to be determined 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 measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM37 “Number of placements available to BCDSS by type.” The data in response to this measure is in the data table. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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.”

BCDSS acknowledges that there is a need to strengthen service planning in the field. BCDSS has focused on training front line supervisors around the importance of teaming and plan development to achieve permanency for children. Moving forward, BCDSS will be focusing on this area and expects to see improvement. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM41 “Percent of all children for whom identified service needs were followed by timely and appropriate referrals.”

BCDSS continues to examine ways to enhance service planning throughout the workforce. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM43 “Percent of children not placed with their siblings who have visitation with their siblings twice a month.”

The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM45 “Percent of kinship care providers who received written notification of the right to apply for foster home licensing within ten days of placement.”

The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM46 “Percent of kinship care providers who received written notification of BCDSS training opportunities.”

The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM47 “Percent of kinship care providers who reported having been informed about training and licensing opportunities.”

The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM49 “Number of Special Support team positions funded by the Department, by type.”

The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM50 “Number of Special Support positions filled, by type.”

At the request of the IVA, the measure instruction will be revised to mirror the revised Exit Standard measure.

ISM51 “MCDSS MS-100 (job descriptions for all positions).”

At the request of the IVA, the measure instruction be revised to mirror the revised Exit Standard measure.

ISM53 “Percent of all foster home applications that were approved/denied within 120 days of application.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM54 “Percent of all foster home caregivers who received all training required by law.” Consistent with the request of the IVA that the measure instruction be revised, a draft has been proposed.

ISM55 “Number of foster homes licenses rescinded by the Department due to lack of compliance.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM56 “Percent of all foster homes and kinship care placements that met the COMAR licensing requirements.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM59 “Percent of all placements in which the caregiver received a complete Child Placement Information Form at the time of placement.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM61 “Number of children in OHP for whom a CPS report was made.” The full package of new measurement instructions includes a proposal for this standard to be collected through CJAMS.

ISM62 “Number of children in OHP for whom a CPS investigation was opened.” There were 22 investigations opened in this reporting period which was more than a 50% decrease over the prior period. The measure is a sub-part to Exit Standards 65 & 66, and a revision of these measure instructions has been drafted that ensures the language mirrors each of them.

ISM63 “Number of children in OHP for whom a report of maltreatment while in OHP was indicated.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM64 “Percent of CPS investigations which were initiated in a timely manner.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM69(a) and ISM69(b) Quantitative and Qualitative measure “Percent of children ages twelve and over who participated in placement decisions.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM71 (a) “Percent of children who had documented visits from their caseworker once monthly in the child’s placement.” A sub-part of Exit Standard 72(a), a draft revision has been proposed that will mirror the Exit Standard.

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 revised and was signed on 4/7/20. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

3. Health Care

ISM73 “Percent of new entrants who received an initial health screen within five days of placement.” This measure is a sub-part of Exit Standard 75; consistent with the request of the IVA that the measure instruction be revised, a draft has been proposed that mirrors the exit measure.

ISM74 “Percent of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate medical attention.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM76 “Percent of new entrants that received a comprehensive health assessment within sixty days of placement.” The full package of new measurement instructions includes a proposal for this standard to be collected through CJAMS.

ISM77 (a) Quantitative Measure and ISM77 (b) Qualitative Measure “Percent of children that had a comprehensive health plan.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM78 “Percent of children whose case plan team meeting included a discussion of the child’s comprehensive health assessment.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM85 (a) Quantitative Measure and ISM85 (b) Qualitative Measure “Percent of children who received timely all Needed Health Care Services.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM87 “Percent of cases in which the case worker monitored the child’s health status once monthly.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM89 (a) (b): “Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM90 (a) Quantitative Measure and ISM90 (b) Qualitative Measure: “Percent of children who had a health passport that was updated and distributed to the caregivers at least annually.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM91 “Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed.” The guidance from the physician overseeing child welfare health care suggests that replacement cards are no longer necessary for continuity of treatment because of health care electronic systems that make that information readily available. However, the full package of new measurement instructions includes a proposal for documentation of compliance with this standard.

ISM92 “Percent of all children for whom BCDSS delivered an MA card promptly.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

4. Education

ISM95 “Percent of new entrants who were enrolled in and begin to attend school within five days of placement.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM97 “Percent of children eligible for special education who received special education services without interruption when they transfer schools.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM98 “Percent of children ages three to five who were enrolled in a pre-school program.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM100 “Percent of children who had attendance rates of 85 percent or higher in the Baltimore City Public School System.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM101 “Percent of children who had an educational plan.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM103 “Percent of children whose educational progress was monitored monthly.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM108 “Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM109 “Percent of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

5. Workforce

ISM112 “Percent of case-carrying (full-time and with full-caseloads) staff who were at or below the standard for caseload ratios.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM113 “Percent of case-carrying teams who were at or below the standard for ratio of supervisor: worker.” Consistent with the request of the IVA that the measure instruction be revised, a draft has been proposed that mirrors Exit Standard 116.

ISM114 “Percent of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 the reporting period.

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.

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. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM120 “Percent of caseworkers who reported receiving adequate supervision and training.” The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

ISM123:” Percent of cases transferred with required documentation within five working days.” This measure is a sub-part of Exit Standard 125. The measurement instruction is undergoing revision and the method for measurement is to be determined at this time.

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 full package of new measurement instructions includes a proposal for this standard.

6. DATA SUMMARY

Quantitative Data Summary

As discussed throughout the report, DHS, BCDSS, and IVA have been working diligently to revise and produce accurate measurement instructions for each measure. The Agency acknowledges that the ongoing 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. In close collaboration with the IVA, the Agency is committed to, and actively involved in, addressing these issues. The Agency will implement all the new measurement instructions on July 1, 2021.

Currently, BCDSS is confident to report on the following measures:

Measurement	Data
ISM28	4 youth
ISM38	0
ISM117	100%
ISM118	100%
Exit Standard 121	100%

Respectfully, BCDSS requests certification on Exit Standard 121.

Attachments to L.J. 65th Report

Attachment 1. Baltimore City Performance Headliner Indicators- [Corrected 6-9-21](#)

Attachment 2. Data Dictionary for Headline Indicator

Attachment 3. BCDSS Behavioral Health Plan

Attachment 4. SSA CW 16-21 Child Care Services for Foster Children

Attachment 5. SSA CW 19-16 Guidelines For Foster Care Board Rate and Expenditures