

# **L.J. v. MASSINGA**

## **67th COURT REPORT**

**July 1, 2021 – Dec 31, 2021**

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## INTRODUCTION

The Maryland Department of Human Services' (DHS) and the Baltimore City Department of Social Services' (BCDSS, the Department, or the Agency) submits its 67th semi-annual Court Report for the *L.J. v. Massinga Modified Consent Decree* (MCD) approved on October 9, 2009. The report covers the period from July 1, 2021 through December 31, 2021.

Despite hope that the public health crisis caused by the Coronavirus pandemic would be behind us, the Omicron variation and the uncertainty it caused prevented a return to 'business as usual. In mid-June 2021, Governor Larry Hogan declared the end of the COVID State of Emergency in Maryland; emergency mandates and restrictions were terminated as of July 1, 2021 and the statewide mask mandate was lifted. Unfortunately, towards the end of the 67th reporting period the highly contagious Omicron variant began wreaking havoc. By the end of December, 2021 daily hospitalizations in Maryland had escalated beyond 3,000, representing a 500% increase in under two months and on the last day of the year, the one-day positivity rate was 24.72%. Despite the ongoing crisis, BCDSS staff steadfastly maintained their responsibilities as first responders for vulnerable families and children.

In the 66th Court Report, we described the rewrite of the L.J. measure instructions to facilitate reliance on data from the State's new Child, Juvenile, and Adult Management System (CJAMS). Prescribing and investing in the right solutions and tracking outcomes depends on ensuring that data accurately depicts the work.

The following is a synopsis of BCDSS accomplishments during the 67th Reporting Period:

- We are proud of the progress made in developing strategies for extracting CJAMS data for the L.J. measures. This was a collaborative effort among DHS, BCDSS, and the IVA. Although staff and time intensive, we believe there will be benefits to this work that go far beyond the L.J. measurement requirements.
- BCDSS continues to strengthen the staffing dedicated to the compliance teams, and to tweak the administrative structure to best support the work.

- Ready by 21 (RB21) Care Bags are now available for all youth ages 14 and older at the time of entry into foster care. Small, foldable duffle bags filled with comfort and personal care items, RB21 Care Bags are readily obtained through an on-line referral.
- RB21 kicked off the new school year for BCDSS high schoolers with a bang! On August 26th, RB21 hosted a Back to School BBQ/Paint in the Park Event for high schoolers 14 + to help prepare for the upcoming school year. The event was held at the Columbus Pavilion in Druid Hill Park, a central location for Baltimore City residents. RB21 provided information on life skills classes and upcoming activities, distributed health kits provided by the Baltimore City Health Department, and encouraged youth to consider joining the Youth Advisory Board. Fifty-three young people and 10 caregivers attended this engaging and meaningful event.
- The Kinship Navigator in Family Preservation launched a successful Back-to-School drive for our informal kinship caregivers.
- A comprehensive plan to integrate the Trust Based Relational Intervention (TBRI), into our resource family training and practice has been developed that includes training and transfer of learning activities as well as long-term support to maintain the practice. Practitioner Certification training was also completed. TBRI is a promising practice to boost stability and caregiver satisfaction by equipping resource parents with trauma responsive parenting tools, and offering ongoing support.
- The BCDSS Communications Department worked with Resources and Support to develop a logo and slogan unique to BCDSS, a first for the Agency; all recruitment and support materials (posters, brochures, postcards, banners, stationery, etc.) have been updated.
- Five children were selected from four families to be feted on National Adoption Day, which was again a virtual event due to COVID restrictions. The finalizations featured a cheering section of staff who attended in person, and age-appropriate gifts and a special treat for the parents were left outside their homes. The docket included four single mothers who adopted 5 boys between the ages of 3-13. A local news station, WJZ, featured the parents of the teenagers in an interview.
- BCDSS and One Church One Child, Inc. hosted a virtual celebration honoring 12 adoptive families by presenting them with a National Adoption Day certificate from the agency, a Governor's citation and a \$100 Walmart gift card for the family. The event was held on November 29, 2021. We plan to schedule this event next year in person.
- Fifty children waiting for adoption finalization hearings were invited to a holiday event, a joint effort between BCDSS and One Church One Child, Inc. entitled, "A Holiday Stroll." Thirty children and their families participated in a stroll or walk through 3031 Biddle

Street to pick up holiday gifts donated by One Church One Child, gift cards, and a picture with Santa. Gifts were delivered to the homes of those unable to attend.

## Measurement Instructions

After more than a decade of limited success, significant progress has been made in developing a mutually agreeable set of measure instructions. Great care was taken to thoughtfully consider how to most efficiently and reliably make use of child welfare data available in CJAMS to demonstrate compliance.

This was a massive undertaking involving staff from BCDSS, MD THINK,<sup>1</sup> and DHS. The IVA has been vital to the success of these efforts, having devoted time to immerse herself in CJAMS, and become proficient in the production of data.

The team meets several times weekly to focus on the many details necessary to develop reports that accurately reflect BCDSS's progress under the measures. The IVA has also joined these meetings and provided invaluable input and guidance, ensuring expectations for the details of measurement are met.

## QUALITY SERVICE REVIEW (QSR)

### Summary update

The Quality Service Review (QSR) Department conducted QSRs of 60 children from July through December 2021 focused on the Out-of-Home program.

During this reporting period, BCDSS collaborated with the IVA and agreed to begin conducting QSRs within the Family Preservation Program (FPP). The QSR Program Manager and other agency members met with the IVA to work on finalizing an instrument for the QSRs in FPP.

During the next L.J. reporting period, the QSR department will conduct 30 QSRs in OOH for the first quarter, and 30 QSRs in FPP for the second quarter.

### Strategies for Improvement to Data Results for L.J. Measures

The QSR department's Program Manager produced the following QSR data results for July-December 2021 by applying the math formulas outlined in the L.J. measure instructions agreed upon by the IVA and Agency during the last reporting period. The QSR department also conducted 60 QSRs during this reporting period, which the IVA and BCDSS agreed upon as

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<sup>1</sup> MD THINK is an acronym for Maryland's Total Human Services Integrated Network, an innovative, cloud-based platform allowing multiple State agencies to store, and to the extent permitted by law, to share and manage data for the benefit of the recipients of services.

meeting the quota for the agency to report QSR data for the L.J. report. As this is the first L.J. cycle in which BCDSS has produced QSR data results based on the measure instructions, BCDSS leadership is reviewing the data results closely. These data results show some key performance areas where improvement is needed. BCDSS is using this data as a baseline to identify strategies for performance improvement and measure whether performance is improving in future L.J. cycles based upon executed strategies.

To improve outcomes, the strategies below were identified:

- BCDSS has been conducting a comprehensive hands-on training with OOH staff about key actions to take to complete quality service plans and demonstrate reasonable efforts with families.
- The QSR Department will develop a tipsheet of key practice actions that are not being executed consistently in out-of-home per the QSR findings. The focus of this tipsheet will be to clearly and succinctly point out some key actions that if executed consistently by out-of-home should help to improve reporting outcomes for children and families as well as performance data.
- The QSR department has included the in out-of-home Unit Managers in the QSR debriefing with the supervisors and caseworkers. The debriefings are a collaborative discussion about findings identified during each QSR, suggested recommendations by the QSR team, and for the out-of-home team to consider lessons learned and identify next steps. By participating in these debriefings, the Unit Managers provide coaching with their teams based on QSR findings and recommendations.
- After each QSR debriefing, in addition to emailing the QSR recommendations with the caseworker, supervisor and unit manager, the QSR department will include the Child Welfare Deputy Director, the Assistant Deputies, and applicable Program Manager(s) on the email. The objective is for leadership and senior management to review these recommendations to identify patterns and to help further identify targeted strategies for improvement.

**Data Results for L.J. Measures**

The following presents the results for those L.J. measures derived from data for the 60 QSRs conducted in OOH from July – December 2021.

**L.J. Measure 7**

Measure	Agency Performance: [1]
<p><b>Measure 7:</b> 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.</p>	<p>13% (4/31) [2]</p>

**Data from QSR Instrument Used for Performance Calculation:**

**TABLE 1. SERVICE PLAN**

*This question is not relevant (“NA”) if neither the primary or secondary permanency plan is reunification to either parent or to a guardian during the six months prior to the review. Unless one parent is unknown or the court has specified that reunification is only to be with the other parent, you must assume that a permanency plan of reunification is with both parents.*

*For a service plan to be “current,” it must be developed within the past 6 months and have an end date that is after the date of the review.*

*If a parent is not located or is not willing to sign the service plan, the Agency must document the efforts to locate and engage the parent.*

**1A. Father**

Select Yes or No	Yes	No
1. Is the primary or the secondary permanency plan reunification with the Father? <i>If no, skip to Table 1B. Mother</i>	20	40
2. Is there a current service plan signed by the Father? “Current” means that the service plan “end date” is <u>after</u> the QSR review date. <i>If yes, skip to Row 5</i>	0	20
3. If there is no current signed service plan, is there documentation that reasonable efforts have been made to locate and engage the Father? 3a. <i>If yes, specify what were the documented efforts:</i> <i>If no, skip to Table 1B. Mother</i>	10	10
4. Is there documentation that the Father was not available or was not willing to sign the service plan? 4a. <i>If, yes, specify what was the documentation:</i>	1	9
5. Does the service plan include the current barriers for reunification with the Father? “Barriers” should be clearly stated or reflected in the written goals, objectives, needs, and comments.	1	9
6. Does the service plan include the steps that the Father must take to have the child return home to him/be placed in his home?	1	9

7. Does it include the timelines for the Father to complete these steps?	1	9
8. Does the service plan include services that the caseworker and BCDSS will provide to the Father (for example, referral to alcohol abuse counseling)?	1	9
9. Does the service plan include the timelines within which any service will be provided by the Agency/caseworker?	1	9

**1B. Mother**

Select Yes or No	Yes	No
1. Is the primary or the secondary permanency plan reunification with the Mother? <i>If no, skip to Table 1C. Legal Guardian</i>	30	30
2. Is there a current service plan signed by the Mother? “Current” means that the service plan “end date” is <u>after</u> the QSR review date. <i>If yes, skip to Row 5</i>	1	29
3. If there is no current signed service plan, is there documentation that reasonable efforts have been made to locate and engage the Mother? 3a. <i>If yes, specify what were the documented efforts:</i> <i>If no, skip to Table 1C. Guardian</i>	21	8
4. Is there documentation that the Mother was not available or was not willing to sign the service plan? 4a. <i>If, yes, specify what was the documentation:</i>	2	19
5. Does the service plan include the current barriers for reunification with the Mother? “Barriers” should be clearly stated or reflected in the written goals, objectives, needs, and comments	6	16
6. Does the service plan include the steps that the Mother must take to have the child return home to her/be placed in her home?	6	16
7. Does it include the timelines for the Mother to complete these steps?	6	16
8. Does the service plan include services that the caseworker and BCDSS will provide to the Mother (for example, referral to alcohol abuse counseling)?	4	18



9. Does the service plan include the timelines within which any service will be provided by the Agency/caseworker?	4	18
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**1C. Guardian**

Select Yes or No	Yes	No
1. Is the primary or the secondary permanency plan reunification with the Guardian? <i>If no, skip to Table 2. Relative Search</i>	0	60
2. Is there a current service plan signed by the Guardian? "Current" means that the service plan "end date" is <u>after</u> the QSR review date. <i>If yes, skip to Row 5</i>		
3. If there is no current signed service plan, is there documentation that reasonable efforts have been made to locate and engage the Guardian? 3a. <i>If yes, specify what were the documented efforts:</i> <i>If no, skip to Table 2. Relative Search</i>		
4. Is there documentation that the Guardian was not available or was not willing to sign the service plan? 4a. <i>If, yes, specify what was the documentation:</i>		
5. Does the service plan include the current barriers for reunification with the Guardian? "Barriers" should be clearly stated or reflected in the written goals, objectives, needs, and comments		
6. Does the service plan include the steps that the Guardian must take to have the child return home to him/her?		
7. Does it include the timelines for the Guardian to complete these steps?		
8. Does the service plan include services that the caseworker and BCDSS will provide to the Guardian (for example, referral to alcohol abuse counseling)?		
9. Does the service plan include the timelines within which any service will be provided by the Agency/caseworker?		

**L.J. Measures 8, 16 and 41**

<b>Measure</b>	<b>Agency Performance: [3]</b>
Measure 8: Percent of all children for whom BCDSS provided referrals for services identified in the child’s parents’ or guardians’ service agreement.	7% (4/60)
Measure 41: Percent of all children for whom identified service needs were followed by timely and appropriate referrals.	7% (4/60)
Exit Standard 16: 90 percent of children in OHP and their families timely received the services identified in their case plans.	7% (4/60)

**Data from QSR Instrument used for performance calculation:**

**Practice Indicator 6. Plan Implementation**

<b>Part A. Ratings</b>	<b>Adverse 1</b>	<b>Poor 2</b>	<b>Marginal 3</b>	<b>Fair 4</b>	<b>Good 5</b>	<b>Optimal 6</b>	<b>% Acceptable</b>
<b>A. Safety &amp; well-being</b>	0	0	12	25	17	6	<b>38% (23/60)</b>
<b>B. Permanency</b>	0	1	39	11	8	1	<b>15% (9/60)</b>

**Part B. Facts & Reasoning Relied Upon to Determine Rating Value**

- § Whether strategies, services and activities are taking place as designed
- § Timeliness of plan and relationship to urgency of the situation
- § Whether needed services are being provided to child and family regardless of written plan

**Practice Indicator 7. Tracking & Adjustment**

<b>Part A. Ratings</b>	<b>Adverse 1</b>	<b>Poor 2</b>	<b>Marginal 3</b>	<b>Fair 4</b>	<b>Good 5</b>	<b>Optimal 6</b>	<b>% Acceptable</b>
<b>Tracking &amp; Adjustment</b>	0	1	39	15	5	0	<b>8% (5/60)</b>

**Part B. Facts & Reasoning Relied Upon to Determine Rating Value**

- § Level of follow up to monitor progress, changing needs and effectiveness of the plan
- § Modification conducted in response to changing situations
- § Family response to learning what works.

**L.J. Measure 14**

<b>Measure</b>	<b>Agency Performance:[4]</b>
Measure 14: Percent of children for whom BCDSS searched for relatives or other resources.	24% (7/29)[5]

**Data from QSR Instrument used for performance calculation:****TABLE 2. RELATIVE SEARCH**

Relative search can include (but is not limited to) searches of Agency database (CIS, FIA, Child Support), Parent Locator, Family Find, Internet searches, and inquiries with other family members. If the relative is not located, more than one type of search must be completed for “Yes” to be chosen.

<b>Select Yes or No</b>	<b>Yes</b>	<b>No</b>
1. Is the child placed with a relative? <i>If no, Skip to Row 3</i>	22	38
2. Is this relative the planned permanency resource? <i>If yes, stop here, skip to Table 3</i>	14	8
3. Is the child aged 18 – 20 years old? <i>If no, skip to Row 5</i>	7	39
4. Does the child want BCDSS to initiate contact with relatives? <i>Note: the answer to this question needs to be based on what the youth told the QSR reviewer during his/her interview. If no, stop here, skip to Table 3</i>	0	7

<b>Select Yes, No or NA</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
At any time during the past 12 months, was a search made for:			
5. Father’s Relative(s) <i>Not Applicable =</i> - <i>Father was never identified</i> - <i>Paternal relatives were already located</i> - <i>Other (List reason):</i>	5	15	19

6. Mother's Relative(s) <i>Not Applicable =</i> · <i>Mother was never identified</i> · <i>Maternal relatives already located</i> · <i>Other (List reason):</i>	9	12	18
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**L.J. Measures 15 & 40**

Measure	Agency Performance:[6]
Measure 40: Percent of all children who have service needs identified in their case plans.	5% (3/60)
Exit Standard 15: 90 percent of children in OHP had a case plan	5% (3/60)

**Data from QSR Instrument used for performance calculation:**

**Practice Indicator 5. Case Planning**

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
1. Safety well-being	5	16	18	9	7	5	20% (12/60)
2. Permanency	9	13	21	13	1	3	7% (4/60)

**Part B. Facts & Reasoning Relied Upon to Determine Rating Value**

- § Design of plan to assist child and family in achieving identified goals and address needs
- § Is the plan comprehensive, individualized and realistic?
- § Plans designed to unify agencies
- § Strength based nature of plan
- § Level of involvement of family members in the plan's development
- § Presence of signed service agreements for parents and youth.

**L.J. Measures 25(b) & 29(b)**

Measure	Agency Performance:[7]
Measure 25: Percent of children ages 14 and over who had a transition plan included in the child's case plan and were timely receiving the services identified in the case plan.	0% (0/12)
Exit Standard 29: 90% of children ages 14 and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	0% (0/12)

**Data from QSR Instrument used for performance calculation:****TABLE 3. MARYLAND YOUTH TRANSITIONAL PLAN**

Select Yes or No	Yes	No
1. Is the youth aged 14 – 20 years old at the start of the QSR? <i>If no, stop here, skip to Table 4</i>	12	48
2. Is there a current Maryland Youth Transitional Plan?  For a transitional plan to be “current,” it must be developed within the past 6 months and have an end date that is <u>after</u> the date of the review. <i>If no, stop here, skip to Table 4</i>		4
3. Was the Maryland Youth Transitional Plan substantially complete? <i>3a. If no, what was missing?</i>	7	1
4. Does the Maryland Youth Transitional Plan accurately describe the Youth’s Strengths, Issues/Concerns, and Service Delivery Needs?	7	1
5. Does the Maryland Youth Transitional Plan include reasonable Short-Term Goals/Next Steps for each subject area? “Reasonable” means applicable to the circumstances of the youth’s case.	7	1
6. Does the Maryland Youth Transitional Plan include tasks for the caseworker?	2	6
7. Was the youth capable of participating in and signing the Maryland Youth Transitional Plan? <i>7a. If no, specify the reason: If no, skip to Table 4</i>	8	0
8. Is the Maryland Youth Transitional Plan signed by the youth?	4	4

**Status Indicator 11: Preparation for Adulthood**

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
A. 14 - 17 Years old	0	0	2	3	0	0	0% (0/5)
B. 18 - 20 Years old	0	1	4	2	0	0	0% (0/7)

**Part B. Facts & Reasoning Relied Upon to Determine Rating Value**

§ Progress made toward any preparation and transition goals. BCDSS transition plans. Special education transition plans.

§ Access to and transition into any adult services that are required.

§ Any necessary supports provided

§ Skills for adulthood

**11A.** Not Applicable = The youth is under age 14 years or aged 18-20.

**11B.** Not Applicable = The child is under age 18 years old.

**LJ Measure 33**

Measure	Agency Performance:[8]
Exit Standard 33: 90 percent of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.	80%

**Data from QSR Instrument used for performance calculation:****Status Indicator 4. Living Arrangement**

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Living Arrangement	0	0	4	8	14	34	80% (48/60)

**Part B. Facts & Reasoning Relied Upon to Determine Rating Value**

§ Appropriateness in relation to: needs, family relationships, connections, age,

abilities, special needs, peer group, culture, and language  
*Not Applicable = Youth is incarcerated.*

### L.J. Measures 42 and 44

Measure	Agency Performance:[9 ]
Measure 42: Percent of children who receive services necessary and sufficient to meet the child's needs and to support stability in the least restrictive placement.	53% (32/60)
Exit Standard 44: 90 percent of children and caregivers received services necessary and sufficient to meet their needs and to support stability in the least restrictive placement.	53% (32/60)

### Data from QSR Instrument used for performance calculation:

#### Status Indicator 3A. Stability

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
1. Home/Family	0	4	5	8	9	34	72% (43/60)

#### Part B. Facts & Reasoning Relied Upon to Determine Rating Value

- Level of stability in relation to home, school and community
- Probability for disruption of stability
- Services in place to maximize stability and reduce chance of disruption

#### Status Indicator 4: Living Arrangement

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Living Arrangement	0	0	4	8	14	34	80% (48/60)

#### Part B. Facts & Reasoning Relied Upon to Determine Rating Value

- § Appropriateness in relation to: needs, family relationships, connections, age, abilities, special needs, peer group, culture, and language  
*Not Applicable = Youth is incarcerated.*

#### Practice Indicator 13C. Family Supports & Services

Part A. Ratings	N/A	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optima l 6	% Accepta ble
C. Caregiver	9	0	0	5	8	8	30	75% (38/51)

**Part B. Facts & Reasoning Relied Upon to Determine Rating Value**

- Training and in-home support the family needs to provide the child with a safe, stable environment
- Special support that may include respite or therapies (if needed).

*Not Applicable =*

- *The caregiver when the child is living with a parent or in independent or semi-independent living (including Job Corps) or jail or prison.*
- *The child is in congregate care, and there is no plan to place the child with a specific caregiver. If the child is in congregate care but there is a plan to place the child with a specific caregiver, this indicator does apply, and "caregiver" should be rated.*

**L.J. Measures 71(b) & 72(b)**

Measure	Agency Performance:[10]
Measure 71b: Percent of children who had documented visits from their caseworker once monthly in the child's placement.	57%
Exit Standard 72b: 95 percent of children had documented visits from their caseworker once monthly in the child's placement.	57%

**Data from QSR Instrument used for performance calculation:**

**Practice Indicator 8: Caseworker Visitation**

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Caseworker Visitation	0	0	13	13	19	15	57% (34/60)

**Part B. Facts & Reasoning Relied Upon to Determine Rating Value**

- § Timeliness and duration of visits
- § Sufficient privacy and duration to permit engagement and assessment
- § Assessment of status, progress, especially as to quality of care,



appropriateness and success of placement and adequacy of services provided  
 § Whether additional visits outside the home are occurring as needed to observe the child in other frequently visited settings or for comfort in speaking openly

### L.J. Measures 85(b), 87 and 88(b)

Measure	Agency Performance: [11]
Measure 85b: Percent of children who received timely all Needed Health Care Services.	68%
Exit Standard 88b: 90 percent of children received timely all Needed Health Care Services.	68%
Measure 87: Percent of cases in which the case worker monitored the child's health status once monthly.	43%

### Data from QSR Instrument used for performance calculation:

#### Practice Indicator 9. Physical & Mental Healthcare Services

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
A. Services	1	1	2	15	15	26	68% (41/60)
B. Monitoring	0	5	7	22	15	11	43% (26/60)

#### Part B. Facts & Reasoning Relied Upon to Determine Rating Value

§ Degree healthcare services provided address what is required for child to achieve best attainable health status

§ Timely screenings, dentals, equipment, routine care

§ Area special needs addressed if necessary? How often is health monitored by case worker? What kind of monitoring is done, e.g., asking child and caregiver, reviewing MATCH health plan, reviewing medical records, speaking with medical providers?

**L.J. Measure 97**

Measure	Agency Performance: [12]
Measure 97: Percent of children eligible for special education who received special education services without interruption when they transfer schools.	100% (3/3)

**Data from QSR Instrument used for performance calculation:**

**TABLE 4. SPECIAL EDUCATION SERVICES**

Select Yes or No	Yes	No
1. Was the child in Pre-K - 12 grade at any time within the past 6 months? <i>If No, skip to Table 5</i>	34	26
2. Did the child transfer school at any time within the past 6 months? <i>If the child had more than one school transfer within the past 6 months, focus on the most recent school transfer. If No, skip to Table 5</i>	6	28
3. Was the child receiving special education services <u>BEFORE</u> the child transferred schools? <i>If No, skip to Table 5</i>	3	3
4. Were Special Education services provided without interruption when the child moved to the new school? <i>(e.g., there was no delay in enrollment in the new school, no delay in the child being able to attend the new school, no delay in the child receiving all the identified needed Special Education services in the new school)</i>	3	0

**L.J. Measures 86, 101, 102, 103, 104, 105, 106, 107, 109, 110 and 111**

<b>Measure</b>	<b>Agency Performance :[13]</b>
Measure 101: Percent of children who have an educational plan	45%
Exit Standard 104: 90 percent of children had an educational plan.	45%
Measure 102: Percent of children for whom BCDSS had met its obligations as set forth in the child's educational plan.	86%
Exit Standard 105: For 90% of children, BCDSS had met its obligations as set forth in the child's educational plan	86%
Measure 103: Percent of children whose educational progress was monitored monthly.	40%
Exit Standard 106: For 90 percent of children, BCDSS had monitored the child's educational progress monthly.	40%
Measure 86: Percent of cases in which the identification of a developmental delay was followed by a prompt referral for special education or early intervention services.	85%
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	85%
Measure 107: Percent of children for whom any identification of developmental delay or disability was followed by a prompt referral for special education or early intervention services.	85%
Measure 109: Percent of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.	85%
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.	85%

**Data from QSR Instrument used for performance calculation:**

**Practice Indicator 10. Education**

Part A. Ratings	Not Applicable	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
A. Plan	7	1	0	4	24	10	14	45% (24/53)
B. Services	11	2	2	1	2	5	37	86% (42/49)
C. Monitoring	7	0	2	17	13	13	8	40% (21/53)
D. Early Intervention/ E. Special Ed	33	0	0	0	4	8	15	85% (23/27)

**Part B. Facts & Reasoning Relied Upon to Determine Rating Value**

- i. See indicator protocol for specific facts required

Not Applicable =

(1) All subparts - Youth ages 18-20 who have a high school diploma or GED, are employed and do not wish to pursue any further education at this time. (2) Early Intervention/Special Education Services – The child does not receive and does not need such services.

**L.J. Measure 108**

Measure	Agency Performance: [14]
Measure 108: Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.	77% (17/22)

**Data from QSR Instrument used for performance calculation:**

**TABLE 5. SPECIAL EDUCATION/EARLY INTERVENTION MEETING ATTENDANCE**

Select Yes or No	Yes	No
1. At any time within the past 12-months, has the child had a meeting regarding special education or early intervention services? (include every meeting that occurred for this analysis) a. If yes, how many meetings were there: (Range 1 – 2 meetings)	22	38

<i>If No, Stop Here</i>		
2. For each meeting, was either a BCDSS staff person or the child's provider (kinship caregiver, foster parent, or congregate care representative) in attendance?	17	5

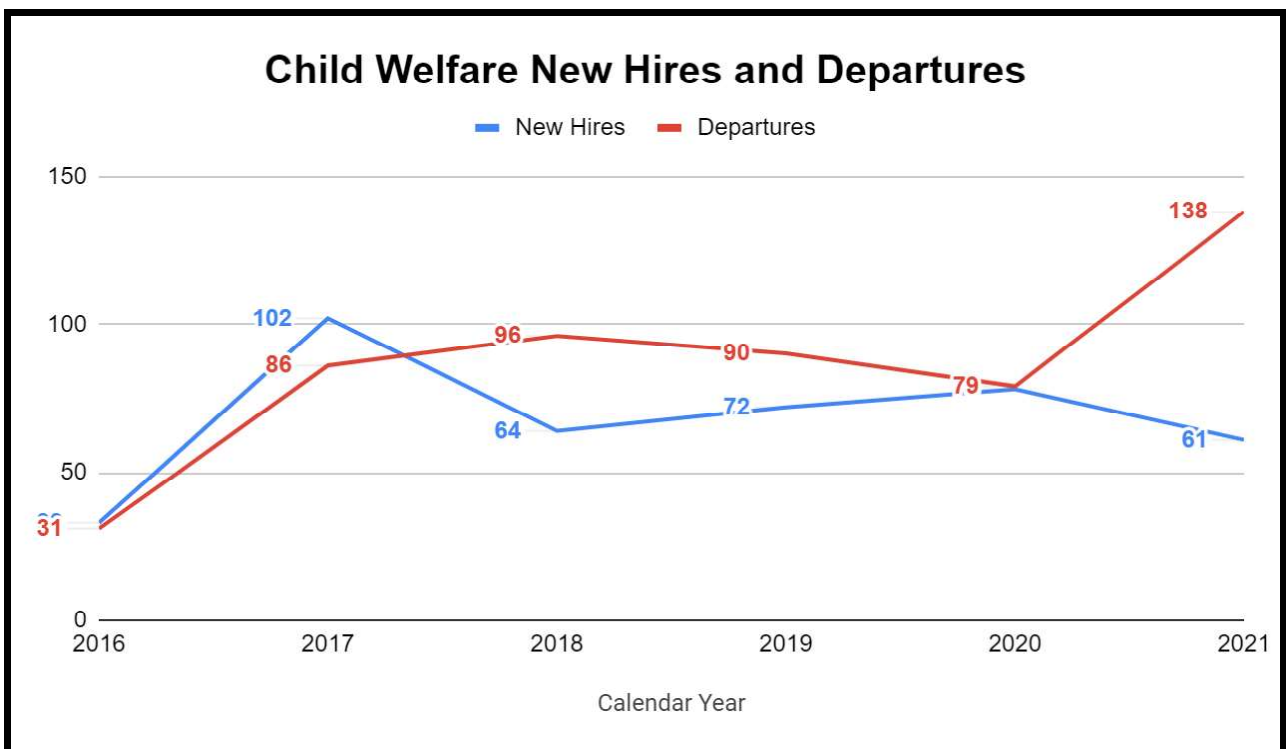
## **WORKFORCE**

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

### **Strategies for Improvement for Exit Standards 115 and 116.**

#### **Baltimore City Department of Social Services Child Welfare Division Staffing Plan**

BCDSS has a total of 1,607 employees, 536 of whom work in the Child Welfare Division. Since June 2019, BCDSS has made the recruitment and retention of skilled and compassionate employees a top priority.



\* Data Source = 2/28/ PTR

Please note that hire and departure data for 2016 and 2017 were mistakenly reported for all BCDSS employees (not just Child Welfare) in prior L.J. reports. The data chart above reflects data for all calendar years for child welfare only. Due to delays in hiring/departing in Workday, data for 2020 was revised.

Calendar year 2021 shows a troubling increase in employee departures, a trend that mirrors other human services organizations nationwide in response to the ongoing COVID-19 pandemic. The number of new hires in 2021 is less than half of the departures, and is cause for concern.

### **Staffing Analysis**

#### **Vacancies:**

BCDSS has not been immune to the labor currents faced by employers large and small in government and the private sector over the past two years. During the reporting period, there was an increase in resignations and retirements of Child Welfare caseworkers and supervisors, a trend experienced by other Maryland local departments as well as human services agencies across the country. BCDSS will continue to prioritize the recruitment and retention of staff. Despite the difficult labor market, the Agency continues to hire only MSW and BSW caseworkers, a practice that will further professionalize its child welfare workforce.. The focus of this reporting period and next will be to fully staff Child Protective Services. Toward the end of this reporting period, BCDSS began conducting large numbers of panel interviews of applicants, a strategy expected to expedite the hiring of qualified staff that will be reflected in the next report to the Court.

#### **Accommodations/FMLA:**

Approximately 80 employees, including 21 with approved ADA accommodations, occupy casework positions but do not carry cases. BCDSS is evaluating these positions to determine how many current employees can be returned to casework assignments, and has changed policies in order to ensure that requests for accommodations and the intermittent use of FMLA are being appropriately evaluated for approval. BCDSS supervisors and managers are participating in a mandatory ADA training in order to better understand and manage accommodations.

#### **Title IV-E Program:**

BCDSS collaborates with the University of Maryland School of Social Work (UMSSW) and Morgan State University (MSU) to offer a specialized public child welfare training program to social work students, the Title IV-E student program. Past data has shown that Title IV-E students are more likely than their classmates to stay in public child welfare during their careers.

In 2021, BCDSS hired four Title IV-E students. The Agency is working with current students to ensure a positive experience, and for those in good standing, the offer of full-time positions directly upon graduation.

**Teleworking:**

Since the onset of the COVID 19 pandemic, BCDSS Child Welfare employees have been under a Hybrid Teleworking Agreement. The Hybrid Teleworking Agreement allows employees the flexibility to work in the field for the majority of the week, coming into the office only on coverage days or for job duties that require them to be in the office. All staff were given the tools to conduct fieldwork, including laptops, iPads and VPN access.

BCDSS will retain some version of its current teleworking model after the pandemic has passed. Caseworkers spend much of their time “in the field” and telework has proved to be an effective complement that has increased worker efficiency while allowing for a more flexible work schedule. The Department expects that the opportunity to telework will be an incentive for prospective child welfare hires to choose and stay with BCDSS.

**Workforce Innovation Team:**

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

With support from the Annie E. Casey Foundation (AECF), the WIT conducted a business process mapping of the Agency’s recruitment and hiring efforts and identified areas for improvement. As a result of these efforts, several process improvements have already been implemented, and new initiatives are being planned, including:

- Generic panels for conducting the interviews have been replaced by the direct participation of program managers, enabling a greater role in assessing and matching candidates’ skill sets with their respective programs.
- Upon beginning work with the Agency, child welfare staff now shadow staff in their units. New employees are able to gain a first-hand perspective prior to starting new employee training and pre-service training at the Child Welfare Academy.
- The WIT is incorporating core competencies into the hiring and supervision of staff.
- The WIT is developing and incorporating behavior-based interview techniques into the hiring process.
- As has been done in other states, the WIT is exploring the use of videos to provide ‘realistic job previews’ to potential applicants.
- Given the complexity of the work, BCDSS has extended the staff probation period from six months to one year to give supervisors more time to evaluate staff with the

goal of improving staff selection and retention. Employees can also determine whether public child welfare is a good fit for them.

- WIT is developing a Human Resources Data Dashboard to identify and mitigate problematic patterns and to create a data-informed, results-oriented culture. The HR dashboard will track and visually display key data like vacancies, turnover rate, accommodations, caseload distribution, etc.

### **Caseload Sizes**

During this reporting period the following was completed to adjust caseload sizes:

- Three RB21 Specialists were reassigned to the regular case carrying team in Permanency to assist with caseloads
- With the goals of ensuring equal distribution of work and also maintaining continuity of care for children and families, the transfer process between the regular Permanency team and RB21, Adoption and Custody and Guardianship teams was streamlined.
- To reduce caseload disparities, the Program Managers in Permanency will ensure that appropriate cases are transferred to RB21 and other programs on a weekly basis.
- Approximately 100 young adults over age 21 left care in October 2021, enabling space for the RB21 program to accept more transfers, and the age has been lowered to 15 for transfer to RB21.
- The caseload size for RB21 and Custody and Guardianship/Adoption programs was raised to 15 cases per worker
- In order to effectively serve families and ensure continuity of service delivery, cases transferred to RB21 included siblings to already assigned cases of older siblings.

### **Moving Forward:**

Recognizing that the workforce is key to good outcomes in child welfare, BCDSS is committed to improving practices with respect to recruitment and retention of Child Welfare staff, and will do the following for the next 6 months:

- Continue to hold regular “Virtual Brown Bag Lunch with the Director” meetings with staff. The Deputy Directors and Assistant Directors also participate in in-person meetings with staff to address concerns as well as build morale. We will continue to promote opportunities at least bi-monthly for BCDSS leadership to hear directly from staff about obstacles they may be facing, as well as respond to questions and hear complaints and concerns. Success stories, too, may be shared.
- Involve program staff from different parts of the agency to expedite the interviewing process. Adult Services administrators and supervisors continue to assist in interviewing candidates for vacant Child Welfare positions.
- Continue hiring MSWs and BSWs for vacant positions, prioritizing licensed social workers.
- To reduce the length of time to fill vacancies, develop a pool of interview candidates to offer positions immediately when a vacancy occurs.
- Biannually in December and May, recruit Title IV-E students in good standing for vacant



- positions upon graduation.
- Offer in-person training related to policy and practice and with the use of CJAMS.
  - Carry out the strategies developed by the WIT.
  - Collect data from exit interviews to develop a Retention Plan for the agency. Exit interviews will be held prior to staff leaving the agency and will be reviewed by Executive Leadership on a quarterly basis.
  - Assure participation at job fairs such as: Elijah Cummings Annual Job Fair, Maryland Career Consortium (MCC) Career Fair, UMSSW virtual job fair, Catholic University Job Fair, and other college and university job fairs.
  - Advertise with the Baltimore Sun Newspaper, National Association of Social Workers (NASW), Child Welfare League of America (CWLA), American Public Human Services Association (APHSA), Monster, Indeed, Handshake, and social media platforms.
  - Continue partnering with area social work schools, including Morgan, Salisbury, and the University of Maryland School of Social Work as well as BSW programs like McDaniel, UMBC, Bowie, and Frostburg.

### **Onboarding**

The Onboarding Committee has developed action steps to improve the process by which new employees begin their work in Child Welfare. We believe that the implementation of these steps will lead to better outcomes for retention by improving the knowledge, resources and teaming of new employees.

The Committee identified these areas for attention:

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

### **Child Welfare World Tour**

In August 2021, BCDSS Child Welfare launched the “Child Welfare World Tour” for new employees. The purpose of the aptly named World Tour is to introduce new employees to each Child Welfare Program with a broad brush world overview of Child Welfare directly from the programs. The World Tour also includes meetings with staff of Legal Services, Family Investment, Adult Services and Innovations.

The new employees report to their program the day after the first orientation and then follow a set schedule to “tour” the programs in Child Welfare, Legal Services, Family Investment, Innovations and Adult Services. Each program submitted proposed shadowing, and learning objectives for the high-level overview of their program. The tour also introduces new hires to current child welfare program managers, supervisors and other staff that they may not have had the opportunity to meet. The Tour occurs in a 19-day total rotation. World Tours are conducted with each new hire class, which is approximately once a month.

After the end of the World Tour, the new hires immediately attend the Pre-Service classes at the Child Welfare Academy (CWA) and the BCDSS New Worker Training concurrently and then report back to their program for shadowing and additional training until passing the Pre-Service Competency exam.

## Results

BCDSS Human Resources conducted feedback sessions with new hires as part of continuous quality improvement for the World Tour. From August - December, new hires reported that overall, the World Tour was helpful and informative and they were able to see how the various Child Welfare programs fit together. Feedback for improvement included that the time in each program could be cut from a few days to one day, and that it would be helpful to start the World Tour after the new hire had been able to shadow in their own Program for at least one week.

## Improvements Based on Feedback

The Committee reviewed the schedule for January - May 2022, and determined that each cohort would participate in the World Tour after spending at least three - five days with their units. This change will allow more time for supervisors to establish relationships, expectations and general program training. Each new hire class is different in the time period before or after pre-service (BCDSS's goal is to bring new staff onboard every two weeks), and the schedules of new classes have been adjusted so that Child Welfare World Tours will take place about once every two-three months. Depending on the date of hire, some cohorts may have to wait until after they finish Pre-Service to participate in the World Tour.

In addition, the schedule for the World Tour has been reduced to ½ day - 1 day in each program area, which reduces the Child Welfare World Tour to 12 days beginning in February 2022.

## Next Steps

- Results of adjusted schedule
- Case assignments for new staff
- Onboarding schedule within the Programs
- Better communication with supervisors regarding new staff coming onboard
- New Supervisor Onboarding

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

BCDSS has developed a process to effectively track this measure by embedding it into the employee performance process. In addition, every licensed social worker is required to have 40 hours of training every two years. The BCDSS tracking process is outlined below and became effective on July 1, 2021. There was a nearly 17% increase in documented compliance during the 67th reporting period.

## Process:

1. In March of each year, the Office of Learning (OL) requests a list of caseload carrying workers and supervisors in Child Welfare. After March, the OL will remove any staff who have left the agency throughout the year.
2. Those on the list are queried in the OL's Training Tracking System to obtain the training hours for each individual.

3. The OL compiles training attendance data from DHS Learning (HUB), the Child Welfare Academy at the UMSSW, BCDSS Office of Learning and self-reported work-related training.
4. Those with PEP End-Cycles in June will be reported for January to December of the previous calendar year. Those with PEP End-Cycles in December will be reported for January to December of the current calendar year.
5. The OL sends out reminder emails informing staff of the number of hours they have accumulated and post a list for staff to check hours.
6. The OL submits a spreadsheet to Innovation that summarizes the training hours for staff. Reports are sent to Innovation on Jan 15<sup>th</sup> and on July 15<sup>th</sup>. BCDSS anticipates significant improvement by implementing this tracking protocol.

### **Strategies for Improvement for Exit Standards 125 and 126:**

The Innovation team has designated staff to coordinate the process by scheduling and facilitating transfer meetings, and documentation in CJAMS. Active participants in the meeting include Innovation staff, current case supervisor, current case worker, receiving supervisor, and receiving worker. Innovation staff is responsible for entering the case conference information into CJAMS indicating the time and date the meetings occur and uploading the required transfer documentation. All documentation will be uploaded to CJAMS in a timely manner (five business days).

### **Strategies for Improvement for Exit Standards and Internal Success Measures for Preservation, Permanency, and OHP**

#### **Preservation and Permanency Planning**

Exit Standards: 3(a), 20, 24, 29(a).

Internal Success measures: 1, 5, 6, 9, 10, 11, 12, 13, 17, 18, 19, 21, 22, 23, 25a, 26, 27 28

#### **OHP**

Exit Standards: 36, 39, 48, 52, 57, 58, 60, 65, 66, 68, 70, 72(a)

Internal success measures: 30, 31, 32, 34, 35, 37, 38, 43, 45, 46, 47, 49, 50, 51, 53, 54, 55, 56, 59, 61, 62, 63, 64, 67, 69, 72a

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.

Reports for Exit Standards 48, 52, 65, and 68 and Internal success measures 30, 31, 34, 38, 46, 47, 49, 61, 63, 67, and 69 are now available. Reports for the remainder are currently under development. For more information on report development see the measurement instruction section.

### **Strategies for Improvement for measure 3(a):**

BCDSS believes that family engagement is essential to mitigating risk for children and

preserving families. Caseworkers are provided with comprehensive refresher training and follow-up mentoring that highlights the areas below:

- the value of case plans, known as ‘Service Plans,’ in CJAMS
- the direct connection between completion of the Maryland Child and Adolescent Needs and Strengths assessment (CANS-F) and the Service Plan, in that needs are identified that the plan is designed to address
- effective tools for engaging parents as partners to most successfully complete the CANS-F, and develop the goals and objectives to mitigate the factors that led to placement
- guidance for documenting and approving the plan in CJAMS
- the benefits of monitoring the In-Home Milestone Report for all families with a Consolidated Family Services case assignment for 30 days+

In addition, once the L.J. report for L.J. measure 3 was in production it was shared with In-Home Services leadership, providing them with trends regarding their Key Performance Indicators (KPI).

**Strategies for Improvement for measures 9, 17, 18, 19, 20, 69, 70, 78** - There are several MCD measures that address the necessity of holding a FamilyTeaming Meeting /Family Team Decision-Making meeting (FTDM) whenever a problem needs solving or a critical decision must be reached about the planning for a child or youth in the care of BCDSS. Two of these measures are exit standards while the others are internal success measures which generally incorporate some aspect of one of the two exit standards. The strategy for improvement plan looks to improve casework practice by implementing better family engagement and mandating regularly conducted meetings to make the decision-making process more inclusive. By implementing these practices, compliance levels will increase for all of these measures.

**PLAN:**

<b>Action</b>	<b>Targeted Completion Status</b>
BCDSS will partner with the Annie E Casey Foundation for Technical Support with training on the revitalized FTDM process	Fall 2020 Completed
Train all child welfare leadership and FIM facilitators on the model January-Feb 2021	January - February 2021 Completed

<p>Train all caseworkers and supervisors in all BCDSS services programs</p>	<p>April - June 2021 Completed</p>
<p>Train Baltimore City Circuit Court Judges, Magistrates, and CINA attorneys on the new practice</p>	<p>July 2021 Completed</p>
<p>Implementation of the new FIM/FTDM practice model</p> <p>Development of L.J. reports and management reports to measure progress with compliance</p> <p>Train facilitators and all BCDSS services staff on proper CJAMS documentation</p> <p>Management Monitoring of quality and compliance</p>	<p>July 1, 2021 Completed</p> <ul style="list-style-type: none"> <li>● December 2021: BCDSS, IVA, SSA and MD THINK are working on reports</li> <li>● December 2021: Once reports are completed, the training for staff will align with the report requirements to ensure accurate data collection</li> <li>● January/February 2022: After credible reports are available to BCDSS management, there will be ongoing oversight of data compliance as well as quality assurance from subsequent Quality Service Reviews.</li> </ul>

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

**Background:**

Case plans provide a roadmap for identifying needed casework services and a venue for documenting the child and family history, as well as showcasing the work to prevent placement; documenting efforts to achieve timely permanence; and provide important updates about the child’s status in life domains that include family, peers, education, health, and behavioral health.

The timely and thorough completion of case plans, which include service plans negotiated with parents and youth, are an important part of casework when children are in OHP. Through the process of writing about the child and family, case plans offer caseworkers an opportunity to thoughtfully reflect on the work that’s been done to ensure appropriate and safe placement,

achieve timely permanence, and prepare older youth for a productive and satisfying adulthood.

As a result, BCDSS has made case plans a priority and has begun the improvement in casework practice by brainstorming a training process which will begin shortly and will increase the level of compliance for all of these case plan related measures.

Action	Targeted Completion Status
<p>BCDSS will partner with the Annie E Casey Foundation for Technical Support with training on the case plan process.</p>	<p>Fall 2020 Completed</p>
<p>BCDSS will develop a protocol to ensure Making All The Children Healthy (MATCH) assessments and the comprehensive assessments are incorporated into the case planning process.</p> <p>In partnership with AEFCF, develop training curriculum for the case plan process. This curriculum will incorporate practice guidance as well as documentation guidance.</p> <p>To ensure that the training addresses the workforce need, BCDSS will have Quality Service Reviewers provide specific feedback to inform the curriculum development.</p>	<p>August 2021 Completed</p> <p>November 2021 Ongoing</p> <p>The training for staff aligns with the report requirements to ensure proper data collection. Research was completed to develop the training and a PowerPoint was created for use in the training directed to casework staff and supervisors. With respect to data entry, both 'how to' and quality documentation were covered.</p> <p>September 2021 Completed</p>

<p>Train all OHP caseworkers and supervisors to understand the meaningful completion of case plans and entry into CJAMS.</p>	<ul style="list-style-type: none"> <li>● With support from Casey, six separate sessions consisting of 3 hours of training were completed.</li> <li>● BCDSS training office provided support to determine appropriate class size and sent out the invites with a choice of dates.</li> <li>● Feedback showed that the caseworkers and supervisors were engaged and participation was positive.</li> </ul>
<p>Development of L.J. reports and management reports to measure progress with compliance.</p> <p>Management Monitoring of quality and compliance.</p>	<p>Reports are currently in development. BCDSS, IVA, SSA, and MDTHINK are diligently working on this.</p> <p>Once reports are available to BCDSS management, there will be ongoing oversight of data compliance as well as quality assurance from subsequent Quality Service Reviews.</p>

**Outcomes Expected:**

As a result of these efforts, we anticipate that meaningful data will be produced to determine the level of success with compliance. When entries are properly made into CJAMS by BCDSS case managers, supervisors, and facilitators, data can be produced that can be used to determine the numerators and denominators for each of the critical decision-making points necessary to calculate the percentages to determine compliance. Also, continuing adjustments to practice can be made through ongoing training and supervisory oversight once progress can accurately and meaningfully be measured through the collected data.

Furthermore, we expect these efforts to enhance the skills related to quality work, family engagement, parent partnerships, permanency, and ‘shared parenting’ between foster care giver and the parent. The information produced will assist in determining the need for continuing training on the qualitative aspects of case planning and/or refresher on accurate data entry.

**Strategy Improvement Plan for Measure 11:**

To achieve compliance with measure 11, *“the percent of children in care who, after 24 months in care have an internal teaming process to address potential delays in reunification,”* in consultation from AECF, the agency developed a process that integrates elements of Permanency Roundtables and Expedited Permanency Meetings into a collaborative staffing

protocol entitled, "Permanency Roundtables." The assigned worker, supervisor, Unit Manager and Permanency Program Manager discuss reunification or other permanency planning options, and identify barriers preventing a child or youth from returning home, moving to a less restrictive or kin placement, or achieving permanency via guardianship or adoption.

Program Managers have been assigned responsibility for identifying the cohorts for review, and for planning, implementing, facilitating, and documenting Reunification Teaming collaboratives. They are also responsible for scheduling reviews every 90 days thereafter.

During the 67th Reporting Period, 21 Permanency Roundtables were organized and facilitated by a team that included the assigned worker, supervisor, Unit Manager, and Permanency Program Manager.

**Highlights:**

- The Permanency Roundtables offer a sound review process designed to shine a light on permanence and curtail, to the extent controlled by the Agency, children lingering in OHP. Reunification is the priority, but this process also enables the team to consider concurrent plans, or a change in the permanency plan.
- Permanency Program Managers appreciate the unique opportunity afforded by Reunification Teaming to take a deep dive into the work of the Agency, reviewing progress towards permanence, observing the work of caseworkers, identifying barriers, and more.
- As a result of Reunification Teaming, there were permanency plans that were changed to more appropriate plans.
- When there is administrative follow-up supporting the decisions of the Permanency Roundtable, staff are held to a higher level of accountability.

**Process:**

After a child has been in OHP for 24 months plus 90 days, a Permanency Roundtable is organized by the team working with the child and their family and facilitated by the Permanency Program Managers. The overriding goals are to identify barriers preventing a child or youth from returning home or achieving another permanency plan, and/or from moving to a less restrictive or kin placement. After the first review, another is held every 90 days thereafter.

1. All children continuously in OHP for 24 months plus 90 days at any time during the reporting period are scheduled for a Permanency Roundtable. Exceptions are those in care by Voluntary Placement Agreement.
2. Permanency Roundtables are held every 90 days thereafter.
3. A google sheet identifies the children with upcoming due dates for the reviews.
4. The google sheet is shared with the supervisor as a monthly reminder identifying the date for the next review.
5. A contact note is entered into CJAMS documenting the meeting and outcome.
6. Results are compiled to identify trends and patterns.



**Trends:**

- Roundtables and Family Team Decision-Making Meetings have not been routinely scheduled to change permanency plans but will now be used consistently to discuss the Department's recommendation to the Court in regard to the Court's Permanency Plan.
- In the past, it appears that workers were hesitant to change the permanency plan when efforts towards the primary plan had been exhausted. However, the routine use of Roundtables and Teaming Meetings will reverse this trend and lead to more timely and improved outcomes for the children and youth in the care of BCDSS.
- Issues such as high intensity behavioral health concerns characterized by behaviors that are dangerous to self and/or others and parental rejection of their child's gender identity and/or sexual preference will be better addressed in these meetings so that the work can be done to lessen these barriers to permanency.
- Better parental engagement will occur through the use of teaming meetings, hopefully resulting in increased engagement with fathers and greater use of service agreements.
- Workers continue to struggle with making CJAMS entry a priority and as a result, CJAMS does not reflect all of the work that the workers are doing with the children and their families. The Agency has made extensive efforts to improve worker documentation in CJAMS. The release of CJAMSTip Sheets is a priority that will provide the workers with the tools to ensure that CJAMS reflects the work being done.

**Strategies for Improvement for Measure 36:**

The plan BCDSS has implemented to ensure accurate tracking of appropriate congregate care placements for children under 13 is detailed below:

1. When a congregate care setting is recommended for any child under the age of 13,
  - a. Congregate Care Memorandum must be completed by the Permanency Team
  - b. The Memorandum includes in the justification section:
    - i. Type of placement recommended;
    - ii. The reason for recommending a placement in congregate care rather than a less restrictive type of placements; and
    - iii. A clear description of the services offered by the potential placement and why these services are necessary to meet the treatment needs of the youth.
2. The Memorandum is submitted to the MATCH Medical Director or the consulting Child Psychiatrist for review, who will provide a recommendation as to the appropriateness of congregate care and approval for the placement type.
3. Once approved by the MATCH Medical Director or Consulting Child Psychiatrist, the

request must be reviewed by the Assistant Deputy Director and then sent to the Deputy Director for Child Welfare for final approval.

4. The Memorandum and any supporting documents must be uploaded in CJAMS to the Child's Placement Folder.
5. If the child is placed in the congregate care setting for more than 180 days, a new approval must be obtained and uploaded prior to the end of each 180-day period.
6. All of this data is tracked by the Office of the Assistant Deputy Director. A list of youth under 13 years old in congregate care will be maintained and the timeliness of requests for re-approval will be monitored.

#### **Strategies for Improvement for Measure 39**

BCDSS / DHS has contracted with the UMSSW to conduct the Biennial Needs Assessment. The findings and recommendations of the biennial needs assessment will be provided in a future report.

#### **Strategies for Improvement for Measure 48:**

BCDSS is committed to ensuring that our Kinship Providers are well supported. BCDSS created a Kinship Navigator position in Permanency specifically to support kin at the beginning of a child's placement. The Kin Navigator is notified immediately when a child is placed with a kin provider. The Navigator assumes responsibility for contacting the provider, scheduling a visit to deliver and explain the kin brochure, and referring the provider to the Resource Homes Unit for home study. All activities are documented in CJAMS .

#### **Strategies for Improvement for Measure 52:**

*BCDSS employs a staff of non-case carrying specialists to provide technical assistance to caseworkers and supervisors for cases that require specialized experience and/or knowledge. BCDSS has developed the following process to effectively track this measure and ensure all child welfare staff are aware of the services.*

#### **Process:**

BCDSS has created a flier called "Ask the Expert." This flier contains information on the services that the non-case carrying staff provide to the workforce.

The Program Manager for Court Processes communicates monthly with the Program Managers who have non-case carrying specialists to ensure that the list remains accurate. The Program Manager for Court Processes communicates updates to the Deputy Director of Internal/External Affairs so that any "Ask the Expert" flier updates can be made.

Once this is complete, the Office of Communication includes the "Ask the Expert" flier in one Friday Focus a month as well as ensuring that the most updated flier is on the Knowledge Base for staff. In addition, the Program Manager for Court Processes works directly with the Assistant Director of Human Resources and the Deputy Director for Performance to pull all

necessary documents needed for this measure. These documents include names of people holding the non-case carrying specialist positions, dates of employment, unit assignments, MS-22, resumes and any necessary scopes of work.

The required documentation is reviewed by the Program Manager for Court Processes to determine whether during the report period, BCDSS:

1. employed a staff of non-case-carrying specialists to provide technical assistance to BCDSS staff, including identifying, locating and obtaining resources in cases that may benefit from specialized expertise and/or knowledge; and
2. notified BCDSS staff of the availability of those specialists.

Once that review takes place, the documents are provided to the Office of Innovation to prepare for reporting.

### **Strategies for Improvement for Measure 66:**

BCDSS has developed the following process to increase compliance with this measure:

#### **Process:**

1. Legal Services provides the maltreatment in care reports and dispositions to L.J. counsel, IVA, and parties to the case.
2. Immediately after receipt of a maltreatment report, BCDSS Child Protective Services staff emails the report to Legal Services
3. Immediately after completion of the investigation, BCDSS Child Protective Services staff send the disposition report to Legal Services.
4. Legal Services will check the court record to determine whether the child is a member of the L.J. class and identify the parties who will receive notice.
5. Legal Services makes appropriate redactions and emails the reports to L..J. counsel, IVA, and the child's attorney.
6. Legal Services provides notice and redacted reports and dispositions to the child's parents and their attorney upon notice from program staff that to do so is not clinically contraindicated.
7. Legal Services maintains a spreadsheet for tracking and reporting purposes on each case.

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

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

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

Since 2009, BCDSS has contracted with Health Care Access Maryland (HCAM) to provide health care case management for all children in OHP through the MATCH program. A new, five-year contract intended to significantly improve the health care oversight of children is

in effect from July 1, 2020 through June 30, 2025.

The IVA and Plaintiffs' Attorney were provided with the scope of work and afforded the opportunity to comment. 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.

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. The new contract includes a requirement for a semi-annual independent review of the services conducted by an independent source and provided to BCDSS. Upon completion of the review, MATCH will submit corrective action plans to BCDSS to address any areas in need of improvement. This review is incorporated into several of the L.J. measures requiring the reviewer to do a qualitative review of the performance of these measures.

### **Strategies for Improvement in Education**

Exit Standards: 99 (others are captured under QSR)

Internal Success Measures: 95, 96, 98, 100

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 until close to the end of the school year. At the beginning of the pandemic, BCDSS worked closely with the school systems where 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.

### **Strategies for Improvement for measure 99:**

*90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.*

BCDSS recognizes the importance of children in foster care attending school, and has developed a process for the BCDSS Office of Education (OOE) to implement as a strategy for achieving compliance with this measure, which is intended to improve educational outcomes for children in foster care.

### **Process**

Each day the OOE staff receive a list of children who are new entrants into foster care.

- School-age children are assigned to an educational specialist.
- All school-age children are tracked on a spreadsheet.
- OOE partners with the Baltimore City Public School system (Office of Enrollment) to

assist with verifying and enrolling children into school within five days of entry or placement change.

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

### **Office of Education (OOE):**

This department has been without a supervisor for the entire reporting period. However, the agency will be conducting interviews during the next reporting period to fill the vacant position. In addition, the Unit Manager resigned, one worker was on extended leave, and another worker resigned. Recently, two additional workers were reassigned to this unit.

The team will continue to ensure timely verification of school enrollment and attendance. We are working to strengthen our practice with respect to school stability and a Best Interest Determination process that honors children's preferences with input from parents/caregivers, school personnel, and others who know the child well. Transportation needs will be coordinated by the OOE in consultation with the LEA, the child's case worker and the caregiver.

BCDSS has an MOU with the Baltimore City Public Schools and intends to begin exploring developing MOUs with school districts outside of Baltimore City.

## **ADDITIONAL COMMITMENTS**

### **PART ONE: GENERAL PROVISIONS**

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

BCDSS continues to notify Plaintiffs' counsel of the death or serious injury of any class member as required by this provision of the MCD. The Agency strives to ensure timely submission of required critical incident and fatality reports. Plaintiffs' counsel continues to

have access to the child's case file upon request. The Agency is exploring 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."*

As stated in the 65th report, a standardized process was developed and implemented to investigate and resolve issues related to individual class members in a timely way. The process has been well-publicized and offers individuals or counsel a clear pathway to raising concerns about problems in individual cases as required by this section, without retaliation or fear of retaliation.

Accomplishments have included the following:

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

As a result of establishing the required standardized process for resolving issues related to individual class members; widely publicizing the process and making it easily accessible in a way that protects the complainant from retaliation or fear of retaliation; maintaining records of the issues and the resolutions; and providing summary reports as required, BCDSS has achieved compliance and is requesting certification.

With a keen interest in continuously improving practices, the Program Manager for Court Processes and the IVA, as requested, is again revisiting the process and its efficacy to propose strategic improvements. In so doing, BCDSS learned that while the process itself was

approved, the written policy was never finalized. BCDSS is committed to finalizing a process that ensures a ‘user friendly’ and responsive experience for consumers

While the Agency makes a summary of complaints readily available and adheres to the commitment as outlined above, the IVA has now requested access to a real time log of the complaints. Options for accommodating this additional request are under review with a goal of implementation in the 69th reporting period.

## **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.”*

There are 45 case workers dedicated to staffing Family Preservation services. During FY’20 and FY’21, nearly 750 families were served each year. There are no waiting lists, and the existing number of positions are sufficient to meet the need. 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 to fund contracted family preservation services.

Along with staff and program dollars, flexible funding from a number of different sources is provided to mitigate risk of removal by meeting individual family needs.

One Time Special Grant: (PSSF) Preservation Flex Funds	=	430,000
Promoting Safe and Stable Families Funds - Visitation	=	121,272
Super Flex Expenditures	=	4,045,051
Time -Limitation Reunification	=	326,320
<b>Total</b>	=	<b>\$4,922,643</b>

Expenditures cover a very broad spectrum of needs including restoring utilities or forestalling turnoffs; preventing evictions; defraying relocation and move-in costs; filling prescriptions; providing household goods including furniture; purchasing specialized behavioral health evaluations and treatment; mitigating environmental hazards by purchasing heavy chore service, junk removal, and pest control; assisting with work-related costs (uniforms, certifications, equipment, etc.); purchasing clothing; vehicle repair and/or maintenance; the purchase of furniture including beds and bedding, and more.

Flexible funds may also be used to ‘normalize’ a child’s experience and encourage resilience by covering the fees for enrichment programs and participation on sports teams; to purchase school yearbooks; pay for field trips, proms, tutoring, and summer camps, and to assist with work-related expenses such as uniforms. This, too, can aid in stabilizing families by engaging the children in meaningful activities and encouraging resilience. Separately, CHAFEE IL funds are dedicated youth funds used flexibly to meet the individual needs of youth ages 14 and over.

The greater good is served by confidence built over time in the sufficiency of funding from DHS to support activities to achieve and maintain family unification. The Super Flex allocation for FY’20, for example, was substantially increased to include more than \$7,000,000 additional dollars in expenditures related to COVID.

In short, the staffing allocation to strengthen families through Family Preservation services has proven to be sufficient and funding to meet individual family needs and keep children safe is elastic and expands as needs grow. As a result, BCDSS/DHS agree that the amount of funding provided is sufficient to meet the individual needs of families and prevent removal. In the event a need for more funding is identified, DHS is committed to supporting 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 sufficient flexible dollars to BCDSS, over \$4,000,000, to be used directly for services to families and children. Funding can be used to prevent removal, during the OHP episode, and after a child is reunified for services related to supporting a safe and stable return home.

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

**c. Section E 3 Formal Evaluation of Family-Centered Practice Initiatives:** *“DHR shall contract for a formal evaluation of the efficacy of its family-centered practice initiatives. This evaluation*



*shall be completed within two years of the signing of this Consent Decree. This contract is subject to any required approvals by the Department of Budget and Management and the Board of Public Works. In addition, DHS/BCDSS shall routinely collect data on the efficacy and safety of its practices in utilizing family-centered practice and team decision-making to avoid the removal of children.”*

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

Building on the success of Place Matters, DHS/ SSA has begun implementing 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. The report is attached.

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

#### **Advanced Youth Leadership Institute (YLI)**

The Jim Casey 2020 Advanced Youth Leadership Institute (YLI) focused on deepening the leadership skills of current Young Fellows and site Youth Engagement Leads. Fellows were paired with an adult supporter from their site, and they were tasked with selecting one of the following skill sets: (1) Facilitation (2) Training, or (3) Policy Advocacy.

A BCDSS caseworker who is a former foster youth and a Jim Casey Fellow was chosen to represent BCDSS at the 2021 Youth Leadership Institute. The caseworker opted for a focus on facilitation, and she played a significant role in the implementation and facilitation of RB21’s (RB21) reproductive and sexual health training for youth ages 14 – 20.

With the guidance from BCDSS RB21’s Jim Casey Coordinator, the identified caseworker: 1) developed, refined, and implemented an action plan to strengthen a culture of authentic youth-adult partnership and youth leadership on a local/national level 2) deepened application of leadership competencies for personal and professional development, and 3) developed coaching relationships focused on leadership competencies for personal and professional development.

When Jim Casey partnered with the Youth Policy Institute of Iowa (YPII) to award \$10,000 mini grants, BCDSS applied for and was awarded a grant dedicated to the project. Love Notes 3.0 EBP, which emphasizes healthy relationships, was selected as the curriculum. In May, 2021 twenty-five staff, youth leaders and foster parents participated in a comprehensive “Train the Facilitator” training for the Love Notes curriculum hosted by Dibble Institute representatives. In partnership with young people, an inaugural cohort was launched in October 2021. Additional information is below.

### **RB21 Benchmarks and Life Skills Classes:**

RB21’s goal is for all foster youth to attain the necessary knowledge, skills, and resources in the six benchmark areas (Education, Employment, Health, Housing, Financial Literacy & Resources, and Family and Friends Support) by age 18. To that end, a full continuum of psycho-educational group programming designed to support young people ages 14-20 to prepare for a satisfying and productive adulthood is offered throughout the year.

In-person events include the very successful Back to School event held at the end of August in Druid Hill Park. In general, however, RB21 continues to provide a strong continuum of life skills classes on-line such as those listed below:

1. **Home Sweet Home** - An overview of what to consider when searching for housing, how to budget, and completing household chores such as cleaning their room and washing clothes.
2. **Residential Readiness** - This program focuses on the basics of obtaining and maintaining affordable housing, including lessons on searching for safe and affordable housing; budgeting for housing costs; applying for subsidized housing in Baltimore and surrounding counties; and tenant rights.
3. **Employment Workshop** - A life skills class that reviews interview techniques and soft skills necessary for a successful job search; personal characteristics needed to become an effective employee; how to dress for success; creating a strong resume; and properly completing an employment application.
4. **My Me Time** – This program was developed to help our young people maintain their mental and emotional wellness during the COVID-19 pandemic by highlighting coping skills, engaging participants in fun activities, and promoting resilience. 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 into the Jim Casey Opportunity Passport, a matched asset purchase program, instructor-led training presented virtually for 3 day / 3-hour sessions, and further described on Pages 31 and 32. Youth and young persons ages 14-25 participate in 9 hours of financial literacy education that includes a wide range of topics such as asset building, credit, and money management. Participants who complete the class will be eligible to receive \$140 for completing the training and to enroll into the Opportunity Passport.
6. **Keys to Success** - Keys to Success online class is a three-week life skills program 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 activities. While in the program, youth prepare for employment by writing resumes, practicing mock interviews, receiving interview suiting, scheduling interviews, discussing credit, banking, budgeting and set savings goals, as well as exploring career and educational opportunities, learning about the Maryland tuition waiver, learning how to maintain healthcare coverage, learning how to balance work and life demands, learning safe food handling and how to cook a nutritious meal, read and understand leases and tenant landlord requirements, participate in a virtual tour of IKEA, practice how to establish and budget for housing, for 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 for being a good friend, understand how self-esteem impacts friendship, identify ways to resolve conflict, and 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 and 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.

10. **Oh Baby, I can Drive** – A life skills class designed to support youth in preparing for the MVA Learner's Permit. Youth get MVA links to practice tests, read through the MVA Learners Permit Manual & practice test and study road signs.

11. **RB21 Virtual Podcast** - podcast for youth in foster care ages 14 and up was produced weekly from November, 2020 to January 2021, 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 also welcome to participate.

#### **Event/Life Skills Participation Data:**

#### **RB21 Life Skills/Programs Participation Data:**

<b>CLASS</b>	<b>DATE</b>	<b>NUMBER OF PARTICIPANTS</b>
Opportunity Passport/ KTYFF K2S SESSION	Date: 7/6/21-7/8/2021	Participants: 1
Opportunity Passport/ KTYFF IND SESSION	Date: 7/13/21-7/15/21	Participants: 5
Opportunity Passport/ KTYFF K2S SESSION	Date: 8/10/21-8/12/21	Participants: 1

Opportunity Passport/ KTYFF IND SESSION	Date: 8/23/21-8/25/21	Participants: 6
Opportunity Passport/ KTYFF IND SESSION	Date: 9/21/21-9/23/21	Participants: 6
Opportunity Passport/ KTYFF K2S SESSION	Date: 9/14/21-9/16/21	Participants: 1
Opportunity Passport/ KTYFF IND SESSION	Date:10/19/2021 - 10/21/2021	Participants: 5
Opportunity Passport/ KTYFF K2S SESSION	Date: 10/12/2021 - 10/14/2021	Participant:1
Opportunity Passport/ KTYFF IND SESSION	Date: 11/16/21-11/18/21	Participants: 4
Opportunity Passport/ KTYFF K2S SESSION	Date: 11/8/21-11/10/21	Participants: 2
Keys to Success Cohort #75	Date: 6/28/21 - 7/16/21	Participants:1
Keys to Success Cohort #76	Date: 8/2/21 – 8/20/21	Participants:1
Keys to Success Cohort #77	Date: 9/7/21- 9/24/21	Participants: 1
Keys to Success Cohort #78	Date: 10/4/21 – 10/22/21	Participant: 1
Keys to Success Cohort #79	Date: 11/1/21 – 11/19/21	Participants: 2
Quest to Success Cohort #1	Date: 7/19/21 - 7/23/21	Participants:10
Quest to Success Cohort #2	Date: 12/13/21 - 12/17/21	Participants: 5
LGBTQ+ Working Group	Date: 7/21/21	Participants: 6
LGBTQ+ Working Group	Date: 8/18/21	Participants: 11
LGBTQ+ Working Group	Date: 9/15/21	Participants: 4
LGBTQ+ Working Group & Fall Pride Activity	Date: 10/20//21	Participants: 3
LGBTQ+ Working Group	Date:11/16/21	Participants:3
Love Notes Training Cohort #1	Date: 10/25/21-10/28/21	Participants: 9
Love Notes Training Cohort #2	Date: 11/29/21 – 12/2/21	Participants: 10
Relationship Matters	Date: 7/12/2021	Participants: 1
Relationship Matters	Date: 8/6/21	Participants: 1

Relationship Matters	Date: 9/10/21	Participants: 1
Relationship Matters	Date: 10/4/21	Participants: 1
Relationship Matters	Date: 11/15/21	Participants: 2
Relationship Matters	Date: 12/13/21	Participants: 5
Expecting /Parenting Support	Date:8/19/2021	Participants: 3
Expecting /Parenting Support	Date: 10/21/21	Participants; 2
Home Sweet Home/Residential Readiness	Dates: 7/12/21, 7/13/21, 7/20/21	Participants:13
Home Sweet Home/Residential Readiness	Dates: 8/9/21,8/16/21,8/17/21, 8/23/21	Participants: 6
Home Sweet Home/Residential Readiness	Date: 9/13/21, 9/21/21, 9/27/21	Participants: 3
Home Sweet Home/Residential Readiness	Date: 10/4/21 and 10/18/21	Participants: 4
Home Sweet Home/Residential Readiness	Dates: 11/8/21, 11/16/21, 11/22/21	Participants: 6
Home Sweet Home/Residential Readiness	Date: 12/14/21 and 12/27/21	Participants: 5
Employment Workshop	Dates: 7/14/21 and 7/21/21	Participants: 12
Employment Workshop	Dates: 8/4/21,8/11/21, 8/25/21	Participants: 6
Employment Workshop	Dates: 9/8/21 and 9/29/21	Participants: 2
Employment Workshop	Dates: 10/5/21, 10/13/21, 10/27/21	Participants: 10
Employment Workshop	Dates: 11/2/21, 11/5/21, 11/17/21	Participants: 7
Employment Workshop	Dates: 12/8/21 and 12/15/21	Participants: 12
Secure What's Yours	Date: 7/22/21	Participants: 1
Secure What's Yours	Date: 9/30/21	Participants: 2
Secure What's Yours	Date: 10/20/21	Participants: 3
Secure What's Yours	Date: 11/29/21	Participants: 4
Secure What's Yours	Date: 12/6/21	Participants: 4
Supportive Services Referrals	July 1 <sup>st</sup> – July 31 <sup>st</sup>	Referrals: 14
Supportive Services Referrals	August 1 <sup>st</sup> – August 31 <sup>st</sup>	Referrals: 20

Supportive Services Referrals	September 1 <sup>st</sup> – September 30 <sup>th</sup>	Referrals: 12
Supportive Services Referrals	October 1 <sup>st</sup> – October 31 <sup>st</sup>	Referrals: 9
Supportive Services Referrals	November 1 <sup>st</sup> – November 30 <sup>th</sup>	Referrals: 13
Supportive Services Referrals	December 1 <sup>st</sup> – December 31 <sup>st</sup>	Referrals: 9
YAB Meeting	Date: 7/6/21	Participants: 0
YAB Meeting	Date: 8/3/21	Participants: 3
YAB Meeting	Date: 8/31/21	Participants: 3
YAB Meeting	Date: 9/7/21	Participants: 5
YAB Meeting	Date: 10/12/21	Participants: 2
YAB Meet & Greet Event	Date: 10/22/21	Participants: 3
YAB Meeting	Date: 11/2/21	Participants: 0
YAB Meeting	Date: 12/7/21	Participants: 6
Family Support Activities	January 1 <sup>st</sup> – December 31 <sup>st</sup>	Transports/Deliveries: 364
RB21 New Entrant Care Bags	July 1 <sup>st</sup> – December 31 <sup>st</sup>	Bags Distributed: 17

### **RB21 Transitional Planning Support & Services**

Case Managers can refer their transitional aged youth to RB21 Resource and Support for additional supportive services to ensure they attain relevant knowledge, skills, and resources in the five benchmark areas. After a referral is completed, the young person is paired with a RB21 Specialist. The RB21 Specialist contacts the assigned youth within 3 business days of receiving a referral to discuss the youth's needs and provide an overview of RB21 services. The RB21 specialist must document all efforts and interactions with the youth in CJAMS. The specialist will refer the young person to appropriate support services and life skills after consulting with the child's case worker.

RB21 Resource and Support has received 76 supportive service referrals between July 1<sup>st</sup> to December 31<sup>st</sup>.

### **LGBTQ Working Group (Committee/Working Group developed during 66th Reporting Period)**

RB21 launched a Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Working Group in the spring of 2021. The group meets monthly on the second Tuesday of each month. Young people in foster care age 13+ are encouraged to join and staff are also welcome to join.

- **Who We Are:** Pride4Life is BCDSS's LGBTQ+ working group designed to facilitate conversations and identify programming to support and improve outcomes for LGBTQ youth in BCDSS care.
- **Mission:** We work towards creating and maintaining safe, inclusive, and equitable programming and services for LGBTQ+ youth in BCDSS care. We are all about equality and empowering LGBTQ+ youth! We will work to strengthen our alliance with the LGBTQ+ Community.
- **Goals:**
  - Identify and analyze needs and concerns of LGBTQ+ youth in BCDSS care
  - Support and improve existing resources that address diversity around gender expression and sexual orientation
  - Suggest and assist in designing new programming, practices and RB21 resources and supportive services
  - Provide visibility for LGBTQ+ individuals, concerns, and conversation

### **Transition Age Family Involvement Meetings**

RB21 ensures that youth have a Family Involved Meeting (FIM) at least every six months to support strong transition planning. During this meeting, which includes the youth, their family members, foster caregivers, and others the youth chooses to invite, the transition plan typically developed by the caseworker, youth, and other adult supports, is reviewed.

The meeting includes an overview of the goals and plans, identification of the youth's strengths, and clarification of the entities responsible for achieving each goal. A RB21 Specialist from the Resource and Support Unit participates in each transitional meeting to provide updates on RB21 services and supports, resources for each benchmark, and to assist with important tasks that can be complicated such as completion of applications for disabilities services, housing, and funding such as SSI.

### **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 rates among African American youth enrolled in the Baltimore City Public School System.

**Virtual Tutoring** – to compensate for some of the disruptions in education caused by the Covid-19 pandemic, RB21 partnered with Varsity Tutors to make virtual tutoring available to middle school, high school, college, and GED students. Individual sessions in English,

Humanities, and Math are available.

**Mentoring Services:**

In 2019, in partnership with Jim Casey Fellows, and young leaders from the Youth Advisory Board and Keys to Success, RB21 developed an Educational Survey to collect feedback from current and former foster care youth on their experiences with Baltimore City Public Schools.

One hundred fourteen foster care and/or foster care alumni youth completed the survey. One question asked, “What supports do you feel would / would have benefit/ed you the most to achieve your HS diploma?” and 57 youth (55%) answered “Having a strong support system”. The feedback helped develop our plan to improve student outcomes for young people in foster care in Baltimore City.

**Mentoring Mentors, Inc.** – RB21 partnered with Mentoring Mentors, a Baltimore-based non-profit that supports youth through an intergenerational, near-to-peer model that promotes interdependency, long-term relationships, and commitment to the community.

Mentoring Mentors has designed a flagship leadership program offering intensive workshops for RB21 youth ages 14-20. The program comprises 1- 2 hours per week of structured programming, including: Wholeness, Accountability, Personal Development, Leadership, Interpersonal Skills, Relationships, Social Media Trap, Public Speaking, College Readiness, Career Readiness, Career Choice, Self-Awareness, Networking and Goal Setting.

Mentoring Mentors offers four eight-week intensive modules and over the course of the year, participants will engage in 55-64 hours of formal workshops. The program is designed to ensure continued participation from high school through college/careers, increasing leadership and personal development opportunities in each module.

RB21 and Mentoring Mentors are currently planning implementation and anticipate implementing the leadership program in February 2022.

**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. Participants 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, 2021 and December 31, 2021, 33 young people from BCDSS have become active Opportunity Passport participants. The total number of young people actively enrolled is 272. Forty-eight youth are currently inactive. Eight (8) youth have exited the program due to age limit restriction. BCDSS continues to work towards reengaging the inactive members through a series of activities including periodic emails, telephone calls and virtual refreshers. Seven young people have successfully completed asset match purchases for housing, vehicles and credit building. Young people have contributed \$11,000.50 towards the combined asset purchase total of \$22,001.00

Twice a year all active Opportunity Passport participants from across the country are asked to participate in a follow-up survey. The survey is used to inform and improve the Jim Casey Youth Opportunities Initiative. The goal is for a minimum of 80% of active participants to complete the survey. In October 2021, 197 (81%) youth completed the Opportunity Passport Follow up Survey.

### **The Jim Casey Youth Leadership Institute (YLI)**

The Jim Casey Youth Opportunities Initiative annually convenes a panel of youth leaders and youth engagement specialists to support young people who are committed to improving their personal leadership skills and applying their knowledge and experiences to improving the outcomes for youth in or transitioning from foster care. YLI participants are enriched by partnering and forming new connections with youth from around the country. The desired outcomes for Youth Leadership Institute (YLI) are as follows:

- Participants increase knowledge and practice skills related to personal leadership, communication, and advocacy
- Participants build meaningful relationships with peers and support partners
- Participants are prepared to take up the optional national Jim Casey Young Fellow role

In 2021, BCDSS RB21 was pleased to nominate and support Vanessa Willis to represent the Maryland Jim Casey Site. YLI was conducted virtually over the course of four weeks (July 28, 2021 – August 20, 2021). Sessions were conducted from 3:00pm - 7:00pm on July 28th, July 30th, August 4th, August 6th, August 11th, August 13th, August 18th , and August 20, 2021. Participants covered topics which included Race, Equity, and Inclusion, Understanding and Analyzing Data, Policy and Advocacy and Strategic Sharing

### **RB21 Housing Partnerships/Opportunities**

**Housing Authority of Baltimore City**- The Family Unification Program (FUP) is a program under which housing assistance is provided under the Housing Choice Voucher (HCV) program in partnership with Public Child Welfare Agencies (PCWAs) to two groups:

- Families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care; or the delay in the discharge of the child, or children, to the family from out-of-home care; and
- Youth at least 18 years and not more than 24 years of age (have not reached their 25th birthday), who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act and are homeless or are at risk of becoming homeless at age 16 or older. As required by statute, a FUP voucher issued to such a youth may only be used to provide housing assistance for the youth for a maximum of 36 months.

BCDSS was awarded 100 FUP vouchers that are on rotation. Once a family or young person exits FUP housing, the FUP is returned to BCDSS so that another family or youth can occupy the FUP.

Additionally, in 2019, RB21 applied for additional FUP vouchers through the 2019 Family Unification Program Notice of Funding Availability FR-6300-N-41. In October 2021, BCDSS was awarded 74 vouchers for children and families. Once the 74 vouchers are occupied, additional vouchers will not be granted to the agency.

**Data:**

- 59 family vouchers have been awarded
- 23 family remaining
- 15 youth vouchers were awarded
- 2 youth remaining

**City Steps** - City Steps is a consortium of housing and case management resources for transition aged youth between the ages of 18 and 24 who are homeless or who lack stable housing. Services include transitional housing, permanent supportive housing, case management, life skills and workforce development. City Steps has allocated six transitional housing units for RB21 youth who have transitioned out of care. Currently, all six units are occupied.

**New Future Bridges Subsidy Program** - The New Futures Bridge Subsidy program (NFBS) is a medium-term rental subsidy program providing twelve months of rental subsidy to youth aging out of foster care, and to survivors of sex crime including sex trafficking, intimate violence, domestic violence, and sexual assault. Since 2017 RB21 has been referring youth to NFBS programs whenever the portal is open to receive applications. In 2021, sixteen young people secured housing through this program.

**Pregnancy Prevention and Parenting Supports:**

**Purpose:** To increase young people's capacity to make informed family planning decisions and avoid early and unintended pregnancies, with input from a wide variety of young people

with lived experience, an evidence-based reproductive and sexual health education curriculum was selected targeting youth in OHP ages 14 to 20 years.

**Love Notes 3.0 EBP** - The curriculum, entitled Love Notes 3.0 EBP, emphasizes healthy relationships. According to the program summary, “the curriculum 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 modules on decision-making, communication, and sexual and overall safety.” The modules can be facilitated at the discretion of the leader and at the group’s own pace.

The RB21 team completed the Love Notes train-the-trainer sessions in May 2021. Practice sessions took place in early fall, and the first class was held in October. Facilitated by our staff, the first participants were members of our LGBTQ+ group and the YAB. Following the session, the team gathered feedback to strengthen the delivery of the program. Nineteen youth completed the curriculum; our goal is for 100 youth to participate during calendar year 2022.

### **Pregnant and Parenting Youth**

BCDSS is working to enhance its intra-agency coordination with FIA to further demonstrate its commitment to support pregnant and parenting youth in foster care. These youth will be connected to the onsite FIA liaison to determine eligibility and access to benefits.

In addition, priority is given to specialized placements designed specifically to meet the needs of pregnant and parenting youth in foster care. These programs typically offer a parenting curriculum, hands-on guidance, life skills, psycho-educational programming, and opportunities to “practice” independent living while still having a strong safety net. At any given time, roughly 30, or half, or all pregnant and parenting youth are in specialized placements.

### **The Baltimore City Youth Advisory Board (YAB)**

The Baltimore City YAB continues to have consistent and stable membership on the YAB, spanning the ages of 15 to 25. The three foster care alumni act as mentors to the seven youth currently in out-of-home placement. The YAB meets virtually the first Tuesday of each month and more often as needed. BCDSS leadership attends these meetings on request to provide updates about Agency programs as well as to receive youth input and feedback.

During the reporting period the YAB accomplished the following:

- Participated in monthly virtual meetings and provided insight from their lived experiences in foster care to enhance services, support, and life skills classes during the COVID 19 pandemic
- Actively made efforts to recruit youth to join YAB at the Back-to-School BBQ in August 2021

- Participated in the inaugural Love Notes Sexual Health and Relationship Building curriculum and provided feedback and recommendations to the facilitators
- YAB members completed a 2022 visioning session to plan for the upcoming year and further develop the working partnership with BCDSS Leadership
- Attended an in-person meeting with BCDSS Leadership to exchange ideas and commit to action for 2022
- One member participated in the Jim Casey Youth Leadership Institute
- Two senior members participated in the Child Welfare Strategy Group and were instrumental in revitalizing the Family Team Decision Meeting process
- Seven meetings were conducted between July 1<sup>st</sup> to December 31<sup>st</sup> with an average attendance of four youth
- Boosting participation in the YAB continues to be a challenge; we are finding that similar to adults, youth aren't necessarily 'joiners' nor interested in being part of a committee.

### **Youthworks 2021 - Mayor's Office of Employment**

As was reported in the 66th report, BCDSS successfully partnered with the Mayor's Office of Employment Development (MOED) once again to link youth in care ages 14 and older with work experience through the Summer YouthWorks Program. YouthWorks 2021 adapted to the pandemic health precautions by engaging youth in virtual opportunities emphasizing the acquisition of basic workforce readiness and career-specific skills. Of the over 350 BCDSS youth between the ages of 14-21 who were assisted with the registration process, 320 young people successfully completed the applications, and 209 young people completed the Summer Youth Works Program that took place from June 28th - August 6th, 2021.

### **RB21 Hosted Events:**

#### **Back to School BBQ/ Paint in the Park Event:**

RB21 kicked off the new school year with a BANG! On August 26th, RB21 hosted a Back-to-School BBQ/Paint in the Park Event for high schoolers 14 and older to help prepare them for the school year. This event was held at the Columbus Pavilion in Druid Hill Park, a central location for Baltimore City residents. Youth enjoyed art and craft activities hosted by Art with Heart, music from Queen HD the DJ, a painting class led by RB21 Supervisor Katherine Burke, vendors, raffles, and fun outdoor activities such as air hockey, arcade basketball, giant Jenga and more. Young people enjoyed a catered BBQ style lunch, fresh hot funnel cakes and delicious Italian ice. Youth also received a \$25 gift card, a backpack with USB charging port and school supplies for their participation. RB21 provided information on life skills classes, upcoming activities and distributed health kits provided by the Baltimore City Health Department. Fifty-three young people and ten resource parents attended this engaging and meaningful event.

### **FAFSA Night:**

On October 6<sup>th</sup>, RB21 hosted a Senior "FAFSA" Event to assist high school seniors and youth 18-20 interested in college with completing the FAFSA application which is a requirement to receive free tuition for MD colleges and universities and financial assistance through ETV. Eight seniors attended this event and received one-on-one assistance with completing the FAFSA application. Young people received a \$50 gift card and a catered dinner for participation.

**LGBTQ "Pride4Life" Fall Pride:**

Pride4Life hosted a social and fun fall pride event. Pride4life members received swag bags full of art supplies, giveaways, and snacks. During the event, participants decorated mini pumpkins and socialized with their peers.

**RB21 Holiday Celebration:**

On December 16th, RB21 hosted a Virtual Holiday Event for young people ages 14 to 21 who are in an out-of-home placement that allowed them to celebrate safely at home. Young people had the opportunity to enjoy great gift bags, filled with ornament craft kits, and enjoy treats like cookies, candy canes, chocolates, apple cider and hot cocoa. They played holiday themed trivia and bingo, won raffle prizes, listened to and sang favorite songs, and celebrated with one another.

RB21 youth were very excited throughout the event as they won prizes such as wireless headphones, Echo's, portable speakers, hat, glove and scarf sets, gift cards and more. There was a surprise guest appearance from Santa Claus which brought a smile to everyone's face. This event allowed young people to engage in a fun and festive experience to help rock in the holiday season with a rocking Jingle Bell Event. The entire RB21/ team, Family Support and Case Managers went above and beyond to deliver 107 gift bags.

**RB21 Care Bags for New Entrants**

RB21 Care Bags are now available for all youth ages 14 and older at the time of entry into foster care. RB21 Care Bags will ensure young people have sufficient personal care items during their first few days in care. Care Bags are small foldable duffle bags filled with comfort and personal care items for youth entering the foster care system. The bags contain the following items:

- Throw blanket
- Feminine kit (female bag)
- Adult Toothbrush
- Toothpaste
- Lotion
- Soap
- Deodorant
- Chapstick
- Journal and pen

- Hair oil and accessories
- Sleeping bonnet/durag
- Band Aid kit
- Kleenex

Case managers can request a Care Bag by completing an online referral. Care Bags are available for pick up at RB21 (1920 N. Broadway) after the referral is completed and received.

### **Resources for Exiting Young Adults:**

- Youth Matters Handbook is the comprehensive handbook we provide not only to exiting youth but also to youth currently in OHP.
- Information in the portfolio given to young people prior to exiting care includes the following: Director's letter, which thanks to the partnership with the YAB now includes, "Please do not ever hesitate to reach out to us at Ready by 21 at 443-423-6120 if you ever need assistance or if you have some news or success stories to share," as RB21 staff are always available to provide resources to young people after transitioning out of care. The email address will also be added. The young adult may use this as an 'anchor' to the Agency – a contact that someone will answer and respond to whenever an alumnus has a question or a need, or a happy event to celebrate and share.
- Emergency and other resource numbers
- Health Passport
- A comprehensive list of housing and community support resources will be added to the young people's aging out portfolios, especially for those exiting care in October 2021. Consideration is being given to turning this information and more into an easily distributed card using a QR code.
- Until August, 2021, "pandemic funds" were available to flexibly assist young people with a wide range of needs that may include security deposits and rent; defraying the cost of purchasing a car; paying off credit card debt; paying the cost of vocational program; purchasing household furnishings, and more.
- Young adults who had elected to remain in foster care past their 21st birthday exited October 1, consistent with the end of that option.

### **Publicity about Events and Opportunities:**

- There is a public RB21 Website where opportunities and other important information are posted. The website, currently undergoing some reconstruction, is a valuable and easily accessed resource for youth.
- The website has capacity for an inviting and easily completed 'contact us' electronic form, and a google form for self-referral for youth interested in the advisory board.
- The schedule of classes is posted, and the caseworker can easily sign up the youth using an electronic form on the website.
- With respect to other recruitment activities, we also recruit by making phone calls and texting directly to the youth and their caseworkers and by emailing flyers.

### **Plans for increasing youth participation:**

- The RB21 team will continue to make individual recruitment calls to young people as well as send emails and text messages with information on RB21 programming.
- The RB21 team is working to create a business card with QR codes and links to the RB21 website and Instagram page.
- A Cyber Café Information Session for staff to discuss a full array of RB21 and opportunities is planned for Spring, 2022. The plan is for the RB21 Team to host the Cyber Café Information Session quarterly on the third Wednesday.
- We also need to consider that a significant percentage of the youth are in placements that offer similar psychoeducational life skills programming and that the programs offered by BCDSS may be redundant, a finding that needs further exploration.

### **YAB members soliciting the input of other youth to express concerns**

- We are planning for flyers and other forms of publicity to reach youth in foster care that will give them direct access to a YAB member to express concerns.
- Adding “contact a Youth Advisory Board Member” to the website is being considered.
- The Foster Care Youth Ombudsman is also an important contact for youth to communicate concerns.

### **Soliciting feedback from the youth around some of the providers**

- Twice a year, youth who are actively enrolled in Opportunity Passport complete a survey that includes questions such as: “Do you feel safe in your neighborhood/community?” “Are you satisfied with your living arrangements?” “Do you know how to get help if you are experiencing an emergency?”
- RB21 is considering a survey to query youth about satisfaction with community providers.
- When youth are placed in an Agency resource home, a reconsideration of the home occurs every six months. To prompt the resource home worker to include children and youth’s feedback, that specific question has been added to the resource home reconsideration template.
- The online Complaint Form located on the DHS Knowledge Base web page under the Office of Licensing and Monitoring (OLM) link invites comments and concerns and is readily accessible. OLM is required to investigate all complaints made against group homes and private treatment agencies.

### **Agency Leader Engagement with the YAB**

- Director Stocksdale continues to emphasize her accessibility to the young people in foster care and is a welcoming figure when she meets and mingles with youth.
- A ‘visioning’ meeting held in late August brainstormed opportunities for how Director Stocksdale can be supportive to the youth, whether hearing out grievances and concerns or joining youth at events as her schedule permits.
- The Foster Youth Ombudsman, whose position is explicitly for the purpose of receiving

and resolving concerns from youth in foster care without regard to the age of that youth, is a powerful resource available to youth.

- Quarterly “Talk with the Director” meet-ups are being planned to systematize opportunities for young people to speak with Agency leadership. A brochure is under development that will have dates and information for signing up to participate. A plan for publicizing this valuable opportunity on an ongoing basis will also be formulated.

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

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

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

The unit is based on a model of collaboration with a newly assigned team that includes a new caseworker, a behavioral health navigator, and a family support worker. The Agency’s child psychiatrist offers consultation. Caseloads are capped to enable more frequent contacts with youth and their treatment or other care providers; provide an array of support services; closely monitor progress; and provide positive reinforcement for successes. Collaborating with the child’s placement provider is pivotal, as youth with high intensity needs are typically placed in treatment settings.

Recruiting and retaining a qualified workforce has been the most significant barrier to meaningful implementation of the new SOP. Staff resigned, were reassigned to other departments, and retired. The supervisor for the ICM unit was out of the office for an extended period and the Program Manager resigned. Recently, the ICM supervisor returned, a new Program Manager and Unit Manager began working with the team, and 3 additional workers were assigned to the team.

**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.”*

The Agency continues to collaborate with the Jim Casey Youth Opportunities Initiative, which provides expert guidance and technical assistance for serving transition-age youth up until age 21. During the 65th reporting period, the Agency restructured its Permanency and RB21 programs to transfer all 16 and older committed youth to the RB21 program. The goal is to offer more focused and expert preparation 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' counsel, 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 of required measures and ensure thorough and complete data entry into the CJAMS. There is an ongoing open line of communication between BCDSS and Plaintiffs' counsel regarding the issues that arise in relation to the delivery of services, and the documentation of those services that will translate into measurements of compliance.

**7. Section E Guardianship Subsidies:** *"By December 2009, DHR shall develop and implement a program pursuant to which each child whose caregiver seeks and receives custody and guardianship from the juvenile court and meets the legal requirements for a guardianship subsidy receives such a subsidy in an amount that conforms to the requirements of federal law. Such subsidy shall continue until the child is eighteen years of age or, if disabled or attending school or training, until the youth is twenty-one years of age."*

The IVA has noted our compliance with this commitment in her response to the 64th Report. We continue to meet this commitment.

## **1. 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."*

In compliance with the requirement, in March 2021 BCDSS implemented a comprehensive overstay and waitlist forwarded every week to DHS, Plaintiffs' counsel, and the IVA. The list provides information on the committed children who are on overstay or waiting for an appropriate placement at various types of facilities. As a result, at this time BCDSS is respectfully requesting certification of the commitment.

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

*business days of completion.”*

BCDSS 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 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 and a draft will be reported on in the 68th Report.

**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.

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

*shall advocate for the appropriation of such funds by the General Assembly.”*

BCDSS has identified and approved homes that accept emergency placements, a category of home approval signifying a caregiver’s willingness to be an emergency resource. In CJAMS the resource family is given a ‘placement structure’ of ‘emergency foster home,’ which also enables eligibility for a higher rate when children are newly placed in foster care. In addition, BCDSS receives an adequate level of funding to ensure that youth in OHP receive proper services.

That said, the challenge of identifying stable placements for children and youth with high intensity behavioral health needs, especially those in crisis, continues to be real.

Like child welfare systems across the country, Maryland’s child welfare system has increasingly been challenged by the need to provide behavioral health treatment in settings appropriate for children and youth with high intensity needs. Entries into care may be triggered not by maltreatment, but by the challenges of safely managing the child’s trauma behaviors in the family home. Additionally, according to a recently completed study by the Maryland Hospital Association, children and youth on overstay in in-patient psychiatric settings and those ‘stuck’ in the emergency room awaiting a hospital bed most commonly have aggressive behaviors, and/or are diagnosed with developmental disabilities and/or autism with psychiatric features, and/or exhibit sexually reactive behaviors. Age restrictions in some settings also present an obstacle to placements.

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

BCDSS is committed to full disclosure when referring children for placement. Although every one of these children and youth have strengths that are valued and highlighted to providers, their behavioral history and substantial needs are factors that foster parents rightly conclude are beyond their capacity to safely manage. .This is the case even with the offer of additional in-home supports like 1:1 staffing.

In fact, when a youth is on overstay in a hospital, 30 to 60 referrals have typically been sent out and every treatment foster care provider has refused admission, as has every group home, therapeutic or otherwise.

Given these dynamics, it is not surprising that emergency resource home placements aren’t considered safe placements for youth with high intensity behavioral health needs and/or developmental disabilities, even with a stipend to hold the bed. These are children and youth who may benefit from a highly structured and therapeutic setting with 24-hour supervision in no small part to keep themselves and others safe.

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

Finally, BCDSS has committed to a model with promising evidence to implement in our public resource homes to better serve children in OHP. The model, TBRI (TBRI), is designed to provide resource parents with tools and skills to manage the challenges of caregiving for traumatized children. A comprehensive strategy for implementing TBRI and integrating this approach into our practice is being developed, and includes training for staff and resource families, transfer of learning activities to follow up with, and ongoing support. Incentives have been proposed to defray the costs of participation by resource families and encourage volunteers.

In sum, BCDSS has not had difficulties placing children or youth other than the population described as having trauma behaviors that present a risk to self or others.

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

Kinship represents the most desirable OHP option for children who cannot live with their parents. Research finds kinship care 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 when court commitment of the child(ren) can’t be prevented. Providing support and other services to informal kin caregivers - those kin providing care outside of the public child welfare system - can also be an important strategy to prevent the need for Juvenile Court involvement. In-home and out-of-home program managers collaborated to ensure that the center will support the entire kinship care continuum.

BCDSS has been actively committed to the creation of a Kinship Resource Center, and was able to pivot because of the pandemic to expand on-line/virtual support when ‘bricks and mortar’ wasn’t possible.

Although the website has been a great success, the steering committee continued to persevere to achieve the goal of establishing and maintaining a fully functioning “bricks and mortar” Kinship Resource Center at 2923 Biddle Street. After overcoming any number of obstacles and barriers, BCDSS is pleased to report that the ‘soft opening’ of the bricks and mortar center was

scheduled for February, 2022. Furniture and equipment have been moved into the space in preparation for the opening, and C.A.S.E. (Center for Adoption Support & Education) has already begun the process of co-locating with the kinship center.

BCDSS staff have been identified, and there is a plan to transition the Kinship Navigators onsite during the phased opening of the center. Phase I of the opening will be limited to internal staff, and will support the increase of information, support, and resources for our kinship families.

Plans for Phase II include the center being open to the public on select days, which will provide direct access to information, referral, and concrete supports for kin families. Concrete supports, including cribs, school supplies, giftcards, diapers, pack and plays, and more, will be accessible to kinship families to meet basic needs.

Onsite specialized supports shall begin with an onsite FIA liaison to assist kin with applying for benefits (TCA, SNAP, MA) and address any barriers with accessing and receiving benefits. Targeted outreach efforts with community partners are ongoing to strengthen partnerships and service coordination.

The final transition to PHASE III for the center will include the expansion of onsite specialized supports, training opportunities, support groups, and events for kinship families.

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

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

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

#### **Status of support for unlicensed kin caring for children in OHP**

- New fingerprinting machines were installed and made available for kin families at BCDSS
- Kin are provided with information regarding available benefits via our website as well as kin

brochure

- Communication plan, which includes strategy to provide ongoing communication regarding supports available to kin, is under development
- Kinship Center planning has included the identification and procurement of supports for kin that will be made available onsite

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

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

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

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

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

**3. Section E 7 Plan to Address Needs of Unlicensed Kinship Care Providers:** *“By September 2009, DHR/BCDSS, with the assistance of individuals knowledgeable about the issues, shall study and develop a plan to address the particularized needs of unlicensed kinship care providers for children in OHP, including remediation of problems discouraging or prohibiting licensure.”*

Fueled by a renewed commitment to transforming into a 'kin first' Agency, BCDSS is thoughtfully and strategically developing and implementing a continuum of support for kinship providers.

Through its ongoing partnership with AECF, a kinship process mapping was completed that included focus groups with various levels of staff, youth, and kinship caregivers. The findings supported the development of a work plan to guide the work of identifying, approving, and supporting kin. BCDSS is developing strategies that will support standardizing kinship practice throughout the child welfare continuum to strengthen efforts to support kin.

BCDSS has worked diligently to create strategies that support all kinship providers. BCDSS has dedicated itself to strengthening ties with kinship providers and modifying procedures to be a child welfare agency with a high percentage of kinship providers. BCDSS is developing the Kinship Support Center previously described, and a Kinship Navigator was assigned to OHP to strengthen outreach and support for kin caregivers immediately after placement.

The Kin Navigator is notified immediately when a new entrant is placed with a kin provider. The Kin Navigator is responsible for contacting the provider, scheduling a visit to deliver and explain the kin brochure and obtain a receipt, as well as referring the provider to the Resources and Support Unit to initiate the home study process.

**4. Section E 8 Funding for Child Care:**

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

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

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

The Agency continues to work diligently to meet this commitment. The RB21 Expecting and Parenting Supervision Addendum Form developed in February 2021 continues to be used by supervisors and caseworkers to discuss and complete during supervision. The goal is to deepen conversation between case workers and parenting youth to ensure that youth have the tools and resources to care for their children safely and with as many supports as possible.

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

As referenced in a different section, placement in programs designed for pregnant and parenting young women is prioritized to afford the young person the opportunity to take advantage of the specialized services designed specifically for young parents. At any given time, roughly 50% of pregnant and parenting young women are living in one of these specialized programs.

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

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

## **1. Health Care**

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

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

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

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

During the last reporting period, BCDSS created a subcommittee of the HealthCare



Advisory Council to focus on understanding and meeting the individual behavioral health needs of children in OHP.

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

BCDSS continues to meet this commitment. As reported previously, DHS/BCDSS developed a plan in collaboration with other parties for which sufficient funding in the Secretary’s judgment was allocated to fulfill the requirements of the BCDSS Health Care Initiative for all children in OHP. The Health Management Associate’s assessment of the MATCH Program was used to negotiate a new contract with HCAM that includes enhancements to boost the delivery of health care services and oversight provided by MATCH to the children in the care of BCDSS. BCDSS is optimistic that documentation of compliance with those efforts will substantially improve when MATCH specialists are completing the entries.

A major priority during the 67th Reporting period was staffing up to fulfill the new mandates included in the renegotiated contract. With the capable assistance of the IVA, a multipage training packet was developed to guide the entry of CJAMS health care data and extensive training was provided.

**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.”*

The Behavioral Health Subcommittee formed during the last reporting period is emblematic of BCDSS’s long-term commitment to meeting children’s behavioral health needs. The comprehensive behavioral health assessment completed on entry to care includes recommendations for follow-up care when the child is assessed as having symptoms needing to be treated. For more detailed information, please review the attached Behavioral Health Plan updated at the end of June 2021.

## **Mental Health Navigators**

Mental Health Navigators (MHN) partner with the child’s placement provider; for youth with high intensity needs, typically a behavioral health setting or treatment foster care, to connect youth to services, provide consultation to case workers about the behavioral health needs of the youth on

their caseloads, and meet weekly with the youth and their care providers to stabilize placements.

BCDSS is conducting interviews for a Unit Manager and is committed to making a selection early in the next reporting period. We are also interviewing for a third MHN. The intent is for MHN's to be assigned caseloads of no more than ten cases, and to be available for all Child Welfare workers as it pertains to connecting the youth and families to resources.

**Education**

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

In the 63rd reporting period, BCDSS provided a copy of its Memorandum of Agreement with the Baltimore City School system and its School Placement Stabilization Memorandum demonstrating compliance with the educational requirements of the Federal Fostering Connections to Success and Increasing Adoptions Act as well as the federal Every Student Succeeds Act. However, we recognize that there are Baltimore City children in OHP who are enrolled in other school districts across the state. Like other local departments, BCDSS has an agreement with its own local school district, but not with others. An MOU with other LEA's will be explored.

**Training Plan to Achieve CJAMS Accuracy and Demonstrate Compliance**

**Goals:**

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

**Training plan:**

Task	Responsible	TIMEFRAME	COMMENTS
Develop draft CJAMS documentation tips sheets based on SOPs for: <ul style="list-style-type: none"> <li>● FTDMs and other teaming meetings</li> <li>● Case Plans</li> <li>● Education plans</li> <li>● Health documentation, where to find specific documentation and information</li> <li>● Monthly contacts</li> <li>● Relationship</li> </ul>	BCDSS Office of Learning	Weekly Meetings with BCDSS Leadership for review and Approval	Many are in the draft stages and will be completed soon

Convene small groups of workers and supervisors to test the draft tips sheets in the computer lab, then revise tips sheets based on feedback.	BCDSS Office of Learning	Ongoing	
Distribute revised tips sheets to staff	BCDSS Office of Communications	Ongoing	All tip sheets will be housed on the DHS Intranet
Support clinics will be facilitated weekly in the CJAMS lab for supervisory teams to work through challenges with both documentation and practice.	BCDSS Office of Learning	Ongoing	
Conduct monthly coaching/training within supervisory groups focusing on barriers to compliance, understanding SOPs and policy, clinical documentation and effective engagement.	BCDSS Office of Court Processes Program Staff	Ongoing	All child welfare case workers were trained on how to complete the Child Placement Information Form. These trainings are currently on the HUB.
Identify challenges and deficits in data accuracy from the Milestone Report to develop additional training and tips sheets regarding documentation, quality, and practice compliance.	Innovations	Ongoing	BCDSS will provide support and training for management staff around navigation of the data reports

## DATA SUMMARY

To complement the QSR data above, please see below the results of data report.

As discussed, DHS, BCDSS, and IVA have been working diligently to revise and produce accurate measurement reports for all the new measurement instructions. BCDSS recognizes that some of the very low compliance rates on the reported measures are attributable to lapses in CJAMS documentation. With high caseloads and multiple vacancies, there appear to be caseworkers prioritizing client work to the exclusion of adequate documentation.

Developing measurement instructions was the first step to using the state's Child Welfare Information System (CWIS), CJAMS, to obtain reliable data reports. The focus of the work has now transitioned to a comprehensive and methodical look at how to use CJAMS for sufficiently documenting compliance when entries are made, and how the data will be retrieved to produce

credible data. This exhaustive effort has brought together the collective wisdom of an array of child welfare professionals, CJAMS experts, and other related professionals during the 67th reporting period.

The next steps, which have already begun, are:

- To ensure that uncomplicated and concise directives for documenting the measures in the electronic system are available to staff;
- To provide concise guidance with respect to the various documents that must be uploaded into CJAMS to show compliance;
- To provide comprehensive training to staff; and
- To reinforce the training and directives over time with transfer of learning activities;
- The coaching and mentoring of each individual unit will also contribute to staff morale by increasing team building and collaboration in each unit;
- To provide supervisors and managers with an orientation to the Milestone Report and the benefits of using the reports to manage the work.

This phase is a major undertaking and will continue during future reporting periods. BCDSS's CJAMS lab is a great resource for doing this work and delivering not only initial training but providing refreshers as needed on an ongoing basis. As staff become trained in appropriate documentation, BCDSS expects to see the compliance rates increase.

The Office of Innovation is responsible for gathering data from various sources, including CJAMS reports, Human Resources, Legal, Office of Learning, Resources and Support, MATCH, and Communications. There is specific data that Innovation (QA) is responsible for monitoring and sharing information each reporting period. These sources are identified on the spreadsheet that follows. Since the last reporting period, there have been numerous L.J. Measure reports created and sent to CJAMS (production). We have begun to validate the results of the reports. Innovation is in communication with the IVA to discuss where we are identifying matters that need to be addressed.

	Measure Sub#	Measure	Pulling Data	67th	Comments
1		Percent of children in family preservation that enter OHP.	CJAMS Report	TBD	The report has been developed, but is currently known to be inaccurate. The report is being revised to produce accurate data.
3		90 percent of children and families in family preservation had a case plan.	CJAMS Report	TBD	The report has been developed, but is currently known to be inaccurate. The report is being revised to produce accurate data.
5		Average length of stay for children in OHP (in months).	CJAMS Report	Avg length of Stay = 36 Median Length of Stay = 29	
6		Percent of children who had a comprehensive assessment within sixty days of placement.	CJAMS Report	TBD	The report has been developed, but is currently known to be inaccurate. The report is being revised to produce accurate data.
9		Percent of cases that had a team decision-making meeting when the child is at risk of a placement disruption.	CJAMS Report	TBD	Report development has not been completed for this measure.
10		Percent of TPR petitions filed that were filed on time.	Report Obtained from BCDSS Legal Services	82%	

11		Percent of children who, after twenty-four months in care, had a case review every ninety days to resolve barriers to permanency.	CJAMS Report	0.00%	The CJAMS report is developed and is pulling data correctly. However, this is a new requirement for staff and training for the documentation has not occurred during this reporting period.
12		Percent of all children with a permanency plan of reunification for whom BCDSS facilitated a visit with the child's parents once per week.	CJAMS Report	TBD	Report development has not been completed for this measure.
13		Percent of applicable children for whom, where the child's paternity had not been established, BCDSS sought to establish the child's paternity within ninety days of the child's entry into OHP.	Data collected from BCDSS Legal Services	100.00%	
17		Percent of children ages twelve and over who participated in case planning meetings.	CJAMS Report	69%	This report is completed, but adequate training was recently developed to ensure accurate CJAMS documentation

18		Percent of all new entrants for whom a family involvement meeting was held within seventy-two hours of placement.	CJAMS Report	TBD	The report has been developed, but a system fix was identified in order to obtain accurate data.
19		Percent of all children for whom case planning meetings included family members.	CJAMS Report	57.99%	This report is completed, but adequate training was recently developed to ensure accurate CJAMS documentation
20	A	New entries into OHP for whom an FTM was held 3 days before or after date of entry into OHP	CJAMS Report	TBD	The report has been developed, but a system fix was identified in order to obtain accurate data.
20	B	Number of placement changes for which an FTM was held within 45 days prior to the placement change or up to 10 days after	CJAMS Report	TBD	Report development has not been completed for this measure.
20	C	Permanency change: within Ninety days prior to a permanency change for a child in OHP.	CJAMS Report	0.5%	The report has been developed. However, the state policy that was issued during the reporting period required that staff be retrained on the CJAMS documentation. A new training program is being planned.

20	D	Transitioning to independence: at least annually for a youth in OHP aged 14 – 20 who has been in OHP for at least 6 months.	CJAMS Report	0.8%	The CJAMS report is developed and is pulling data correctly. However, this is a new requirement for staff and training for the documentation has not occurred during this reporting period.
20	Each Part A-D Must satisfy the 85 % Requirement to achieve compliance	Beginning July 1, 2010, for 85 percent of children, BCDSS had a family involvement meeting at each critical decision making point.	CJAMS Report	TBD	See measure 20 A-D above
21		Initial case plan within 60 days	CJAMS Report	4.96%	The CJAMS report is developed, but has not been validated. Also, training for how to document case plan properly did not start until well into this reporting period.
22		Case plan reviews every 6 months	CJAMS Report	3.34%	The CJAMS report is developed, but has not been validated. Also, training for how to document case plan properly did not start until the end of this reporting period.



23		Percent of children for whom BCDSS reported to the child's parents, the parents' attorney, and the child's attorney any intention to request a change in the permanency plan at least ten days prior to the court review.	Legal	77.36%	
24		90 percent of children had a case plan that was completed within sixty days of the child's entry into OHP and which was updated every six months.	CJAMS Report	3.65%	The CJAMS report is developed, but has not been validated. Also, training for how to document case plan properly did not start until well into this reporting period.
25	A	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	CJAMS Report	16.5%	

26		Percent of emancipated youth who reported receiving services designed to prepare them for independence.	CJAMS Report	TBD	In order to obtain an accurate report, a system fix is needed. This system fix is to include the survey questions regarding housing and employment. This is under development.
27		Percent of youth with a mental illness or a developmental disability who need a residential facility, residential supports, or day programming or supported employment services after they turn twenty-one who received a referral, and who had a transition plan to an alternative service provider at least two years prior to their twenty-first birthday.	Report produced by Quality Assurance Team	93.44%	
28		Number of youth, ages eighteen to twenty-one, who exited OHP through	Report obtained from BCDSS Legal Services	0	

		rescission.			
29	A	90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	CJAMS Report	16.5%	
30	A	Percent of all children who were placed in-Family Settings-(i.e., public resource family, treatment foster home, pre-adoptive)	CJAMS Report	44.00%	
30	B	Percent of all children who were placed in-Relatives-(i.e., formal kinship, restricted foster home, trial home visit)	CJAMS Report	31.00%	
30	C	Percent of all children who were placed in-congregate care (staffed 24/7)	CJAMS Report	8.00%	
30	D	Percent of all children who were placed in-Other-settings (by type)	CJAMS Report	3.00%	

31		Percent of all children in OHP placed with siblings.	CJAMS Report	42.20%	During this reporting period, BCDSS did not train on updating sibling relationships in CJAMS.
32		Percent of all children in congregate care who had a stepdown plan.	CJAMS Report	TBD	Report development has not been completed for this measure.
34	A	Children under seven placed in congregate care	CJAMS Report	1	
34	B	Children seven to twelve placed in congregate care	CJAMS Report	19	
35		Percent of children under age thirteen placed in congregate care for whom the placement was medically or therapeutically necessary and the placement included services that met the child's needs.	CJAMS Report	0%	This report has been developed, but staff have not been trained on CJAMS documentation
36		For 99% of children under age thirteen placed in congregate care, the placement was medically or therapeutically necessary and the placement included services that	CJAMS Report	0%	This report has been developed, but staff have not been trained on CJAMS documentation

		met the child's needs.			
<b>37</b>		Number of placements available to BCDSS by type.	CJAMS Report	TBD	This report development has not been completed.
<b>38</b>		Number of emergency foster homes on retainer	CJAMS Report	0	
<b>39</b>		The array of current placements matched the recommendation of the biennial needs assessment.	Report from the University of Maryland School of Social Work	TBD	This report will be available for the next reporting period.
<b>43</b>		Percent of children not placed with their siblings who have visitation with their siblings twice a month.	CJAMS Report	1.75%	The CJAMS report is developed and is pulling data correctly. However, training for the documentation has not occurred during this reporting period.
<b>45</b>		Percent of kinship care providers who received written	CJAMS Report	12.70%	The report has been developed and is pulling data accurately. However, staff have not been trained in proper documentation.

		notification of the right to apply for foster home licensing within ten days of placement.			Also, a handcount of the data showed a 68.52% compliance. Training on proper documentation practices will be provided.
46		Percent of kinship care providers who received written notification of BCDSS training opportunities.	Report produced by Quality Assurance Team	43.98%	
47		Percent of kinship care providers who reported having been informed about training and licensing opportunities.	Report produced by Quality Assurance Team	88.38%	
48		90 percent of kinship care providers received written notification of the right to apply for foster home licensing within ten days of placement.	CJAMS Report	12.7%	The report has been developed and is pulling data accurately. However, staff has not been trained in proper documentation. Also, a handcount of the data showed a 68.52% compliance. Training on proper documentation practices will be provided.
49		Number of Special Support team positions funded by the Department, by type.	Report produced by Quality Assurance Team	18-Specialist	BCDSS requests certification for this measure

50		Number of Special Support team positions filled, by type.	Report produced by Quality Assurance Team	Education 5 Employment 1 Housing 1 Housing and Employment 4 Independent Living Coordinator 1 RB21 Specialist/SOAR/SSI 2 Developmental Disabilities 1 Substance Use Disorder 2 Mental Health Navigator 1	BCDSS requests certification for this measure
51		MCDSS MS-22(job descriptions for all positions).	Report produced by Quality Assurance Team	Posted MS 22(Position Description)	BCDSS requests certification for this measure
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.	Report produced by Quality Assurance Team	<b><i>The agency met this measure based on information being shared in publication “Friday Focus”</i></b> The publication is shared with all child welfare staff on the third Friday of every month during the reporting period and the advertised list of special support teams were supported and identified in	<b><i>BCDSS requests certification for this measure.</i></b>

				Measures 49-51.	
53		Percent of all foster home applications that were approved/denied within 120 days of application.	CJAMS Report	47.95%	The report has been developed but system fixes to allow reporting were not made until late 2021. Also, data from this report cannot be considered reliable due to lack of training of staff and lack of ability to validate whether approvals were accurately made. There are system fixes that will be made to make this report more reliable.
54		Percent of all foster home caregivers who received all training required by law.	CJAMS Report	TBD	This report development is not complete at this time.
55		Number of foster homes licenses rescinded by the Department due to lack of compliance.	CJAMS Report	13	The report has been developed but system fixes to allow reporting were not made until late 2021. Also, data from this report cannot be considered reliable due to lack of training of staff and lack of ability to validate whether approvals were accurately made. There are system fixes that will be made to make this report more reliable.
56		Percent of all foster homes and kinship care placements that met the COMAR licensing requirements.	CJAMS Report	TBD	This report development is not complete at this time.



57		95 percent of all foster homes and kinship care placements met all legal requirements.	CJAMS Report	TBD	This report development is not complete at this time.
58		Of all resource home applications active at the end of the month under review with approval due dates during the month under review, the percent with an approval date of 120 days or less from the date of application; 1. a. Date of signed application to become a resource parent	CJAMS Report	29.0%	The report has been developed but system fixes to allow reporting were not made until late 2021. Also, data from this report cannot be considered reliable due to lack of training of staff and lack of ability to validate whether approvals were accurately made. There are system fixes that will be made to make this report more reliable.
59		Percent of all placements in which the caregivers received a complete Child Placement Information Form at the time of placement.	CJAMS Report	TBD	The report development is not completed for his measure.
60		95 percent of caregivers had been provided	CJAMS Report	TBD	The report development is not completed for this measure.

		all available information about the child's status, background, and needs.			
61		Number of children in OHP for whom a CPS report was made.	CJAMS Report/ Quality Assurance Team	78	The report development is not completed for this measure. QA tracks this information until the report is developed
62		Number of children in OHP for whom a CPS investigation was opened.	CJAMS Report	127	
63		Number of children in OHP for whom a report of maltreatment while in OHP was indicated.	CJAMS Report	72	
64		Percent of CPS investigations which were initiated in a timely manner.	CJAMS Report	77.95%	BCDSS leadership has been working with CPS staff to ensure proper CJAMS documentation of this measure.
65		99.68 percent of children in OHP were not maltreated in their placement, as defined by federal law.	CJAMS Report and Quality Assurance Report	96.49%	The CJAMS report has not been validated and there appears to be some discrepancies within the report. When the Quality Assurance team reviewed the handcount, the result was 99.60%. BCDSS will work to resolve these report issues.

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.	Report is obtained from BCDSS Legal	A: (73.47%) provided counsel the report of the alleged maltreatment within five days of the report  B: (14.29%) counsel notified of disposition within five days of its completion.	
67		Number of children who spent four hours or more in an office, motel, or unlicensed facility.	Report obtained from Quality Assurance Team	41 children	It should be noted that there were 96 incidents. There were multiple incidents of the children coming into the building.
68	A	Of the children who were in OHP during the reporting period, the percent who did not experience an overstay.	Report obtained from Quality Assurance Team	98.06%	

68	A,B	99.8 percent of children(a) in OHP were not housed outside regular business hours in an office, motel, hotel, or other unlicensed facility. (b)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.		(a) 98.06% (b) 76.77%	
69		Percent of children ages twelve and over who participated in placement decisions.	CJAMS Report	TBD	The report development is not completed for this measure.

70		90 percent of children ages twelve or over participated in placement decisions.	CJAMS Report	TBD	The report development is not completed for this measure.
71		Percent of children who had documented visits from their caseworker once monthly in the child's placement.	CJAMS Report And the Social Service Administration	July 95.2; Aug 96.88; Sept 96.16; Oct 93.9%; Nov 91.3%; Dec 93.2% (Average 94.44%)	The report development is not completed for this measure. However, data was obtained from the Social Service Administration. It should be noted that there are some differences in SSA's calculations of this measure.
72	A	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	CJAMS Report And the Social Service Administration	July 95.2; Aug 96.88; Sept 96.16; Oct 93.9%; Nov 91.3%; Dec 93.2% (Average 94.44%)	The report development is not completed for this measure. However, data was obtained from the Social Service Administration. It should be noted that there are some differences in SSA's calculations of this measure.
73		Percent of new entrants who received an initial health screen within five days of placement.	CJAMS Report and Quality Assurance Team	84.93%	When the Quality Assurance team reviewed the MATCH data, it was found to be 94.3%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
74		Percent of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate	CJAMS Report and Quality Assurance Team	0%	When the Quality Assurance team reviewed the MATCH data, it was found to be 95%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.

		medical attention.			
75		<b>Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement.</b>	CJAMS Report and Quality Assurance Team	84.93%	When the Quality Assurance team reviewed the MATCH data, it was found to be 94.3%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
76		Percent of new entrants that received a comprehensive health assessment within sixty days of placement.	CJAMS Report and Quality Assurance Team	5.91%	When the Quality Assurance team reviewed the MATCH data, it was found to be 79.13%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
77		Percent of all children that had a comprehensive health plan.	CJAMS Report and Quality Assurance Team	5.96%	When the Quality Assurance team reviewed the MATCH data, it was found to be 74.12%. As of 2022, MATCH will be required to document in CJAMS.
78		Percent of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	CJAMS Report	0.00%	This report was finalized at the end of the reporting period. MATCH staff will be responsible for entering data in CJAMS in 2022.
79		Beginning July 1, 2009, 90 percent of new entrants into OHP received a comprehensive health assessment	CJAMS Report and Quality Assurance Team	5.91%	When the Quality Assurance team reviewed the MATCH data, it was found to be 79.13%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct

		within 70 days of placement.			this issue.
<b>80</b>		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.	CJAMS Report and Quality Assurance Team	0.00%	When the Quality Assurance team reviewed the MATCH data, it was found to be 71.64%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
<b>81</b>		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.	CJAMS Report and Quality Assurance Team	TBD	When the Quality Assurance team reviewed the MATCH data, it was found to be Well child 72%, and Routine Dental 45%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.

<p>82</p>		<p>Beginning December 1, 2009, 90 percent of children entering OHP received timely periodic EPSDT examinations and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p>	<p>CJAMS Report and Quality Assurance Team</p>	<p>0.00%</p>	<p>When the Quality Assurance team reviewed the MATCH data, it was found to be 71.64%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.</p>
<p>83</p>		<p>Beginning July 2010, 90 percent of children in OHP received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</p>	<p>CJAMS Report and Quality Assurance Team</p>	<p>TBD</p>	<p>When the Quality Assurance team reviewed the MATCH data, it was found to be Well child 72%. and Routine Dental 45. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.</p>



84		Beginning July 1, 2009, percent of new entrants under age three who were referred for a Part C Assessment within ten days of placement.	CJAMS Report and Quality Assurance Team	0.00%	BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
85	A	Percent of children who received timely all Needed Health Care Services.	CJAMS Report	10.79%	When the Quality Assurance team reviewed the MATCH data, it was found to be 93% BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
88	A	90 percent of children received timely all Needed Health Care Services.	CJAMS Report	10.79%	When the Quality Assurance team reviewed the MATCH data, it was found to be 93%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
89		<b>Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly – Health passport</b>	CJAMS Report and Quality Assurance Team	0.00%	When the Quality Assurance team reviewed the MATCH data, it was found to be 98.7%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
90		Percent of children who had a health passport that was updated	CJAMS Report	0.99%	BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.

		and distributed to the caregivers at least annually.			
91		Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed.	MD	87.50%	When the Quality Assurance team reviewed the MATCH data, it was found to be 97.7%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
92		Percent of all children for whom BCDSS delivered an MA card promptly.	CJAMS Reports and Quality Assurance Team	0%	This CJAMS report has been developed, but has been found to be inaccurate. When the Quality Assurance team reviewed the MATCH data, it was found to be 100%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
93		90% of all new entrants had a complete health passport that was distributed to the children's caregivers promptly [Actual health passport]	CJAMS Report and Quality Assurance Team	0.00%	When the Quality Assurance team reviewed the MATCH data, it was found to be 98.7%. BCDSS learned that MATCH was not fully utilizing CJAMS to document. BCDSS will work with MATCH to correct this issue.
94		90 percent of children had a health passport that was updated and distributed to	CJAMS Report and Quality Assurance Team	0.99%	When the Quality Assurance team reviewed the MATCH data, it was found to be 86%. BCDSS learned that MATCH was not fully utilizing CJAMS

		the children's caregivers at least annually.			to document. BCDSS will work with MATCH to correct this issue.
95		Percent of new entrants who were enrolled in and begin to attend school within five days of placement.	CJAMS Report	33.95%	This report has been developed but does not include attendance data yet.
96		Percent of children who changed placement who were enrolled in school within five days of a placement change	CJAMS Report	TBD	This report development is not completed.
98		Percent of children ages three to five who were enrolled in a pre-school program.	CJAMS Report	18.50%	The CJAMS report is developed and is pulling data correctly. However, this is a new requirement for staff and training for the documentation has not occurred during this reporting period.
99		90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.	CJAMS Report	TBD	This report development is not completed.
100		Percent of children who had an attendance rate of 85 percent or higher in the Baltimore City Public School System.	Report Obtained from Quality Assurance Team	37.80%	BCDSS will work with our partners at Baltimore City Public schools for a better data exchange.

112		Percent of case-carrying (fulltime and with full-caseloads) staff who were at or below the standard for caseload ratios.	CJAMS Report	TBD	This report development is not completed.
113		Percent of case-carrying teams who were at or below the standard for ratio of supervisor:worker.	CJAMS Report	TBD	This report development is not completed.
114		Percent of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.	CJAMS Report	72.10%	
115		<u>90 percent of case-carrying staff was at or below the standard for caseload ratios.</u>	CJAMS Report	TBD.	This report development is not completed.
116		<b>90 percent of case-carrying teams were at or below the standard for ratio of supervisor: worker.</b>	CJAMS Report	TBD	This report development is not completed.
117		Percent of caseworkers who qualified for the title under	<b>Report Obtained from Quality Assurance Team</b>	100.00%	

		Maryland State Law.			
118		Percent of case-carrying workers who passed their competency exams prior to being assigned a case.	Report Obtained from Quality Assurance Team	100.00%	
119		Percent of caseworkers and supervisors who had at least twenty hours of training annually.	Report Obtained from Quality Assurance Team	48.57%	
120		Percent of caseworkers who reported receiving adequate supervision and training.	Report Obtained from Quality Assurance Team	61.22%	
121		95 percent of caseworkers met the qualifications for their position title under Maryland State Law.	Report Obtained from Quality Assurance Team	100.00%	This measure has reached full certification in three prior consecutive reports
122		90 percent of caseworkers and supervisors had at least twenty hours of training annually.	Report Obtained from Quality Assurance Team	48.57%	
123		Percent of cases	Report Obtained from	88.55%	

		transferred with required documentation within five working days.	<b>Quality Assurance Team</b>		
<b>124</b>		Percent of transferred cases in which a case conference was held within ten days of the transfer.	<b>Report Obtained from Quality Assurance Team</b>	93.88%	
<b>125</b>		<b>90 percent of cases were transferred with required documentation within five working days.</b>	<b>Report Obtained from Quality Assurance Team</b>	88.55%	
<b>126</b>		<b>90 percent of transferred cases had a case transfer conference within ten days of the transfer</b>	<b>Report obtained from Quality Assurance Team</b>	93.88%	BCDSS is requesting certification for this measure

