L.J. v. MASSINGA[1]
71st COURT REPORT

July 1, 2023 - December 31, 2023

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

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INTRODUCTION

The *L.J. v. Massinga Modified Consent Decree* (MCD) approved in October 2009 requires the Maryland Department of Human Services (DHS) and the Baltimore City Department of Social Services (BCDSS, the Department, or the Agency) to submit a semi-annual Court Report. This 71st report covers the period from July 1, 2023 through December 31, 2023. There is marked improvement in the areas of safety, family preservation, and child well-being in the last fourteen years since the *L.J. v. Massinga Modified Consent Decree* (MCD) was approved, as measured by state and federal reviews.

Consistent with the vision of the Baltimore City Department of Social Services, "... a Maryland where people independently support themselves and their families and where individuals are safe from abuse and neglect…," indicators are that families are keeping children safe in their own homes after Agency intervention, and data demonstrates the number of children entering care continues to decline.

These conclusions are echoed by the findings of the most recent *Child and Family Service Review* (*CFSR*) onsite review and practical data meeting conducted in October and November of 2023 by the U.S. Department of Human Services, Administration for Children and Families, Children's Bureau. In addition, the findings are echoed in the Social Services Administration (SSA) Headline Indicators as of June, 2023 issued in August 2023. The CFSR review team assessed a total of 37 cases, including 26 foster care cases and 11 cases involving families who received in-home services composed of two Investigative Responses (IR), five Alternative Responses (AR) and four Family Preservation service cases.

At the end of the 71st Reporting Period, 1,467 children experienced Out of Home Placement, which represents a 25% reduction from January 2019 when there were 1,957 children in care. Of note, 454 children entered care during calendar year 2023 which represents a 17% reduction from 2019 when 545 children entered care (SFY19 Child Welfare Trends Report).

Stabilized leadership continues to be a major factor in the positive transformation of the Agency. As noted in the 70th Report, after five changes over twelve years in the critical position of the Agency Director, Brandi Stocksdale, LCSW-C, was appointed director in November, 2020. Consistency in leadership of the agency provides the stability necessary to create, implement, and sustain positive practice changes.

A principal strategy at both the state and local level within Baltimore City is proactively implementing a "Kin First" culture. Major efforts are underway in this area statewide and are described in detail in this report. Kin is generally defined as adults related by blood, marriage or adoption and also "kin of the heart" - those related by emotional bonds or trusted relationships. Research shows that children placed with kin experience greater stability and fewer placement disruptions, which also strengthens academic continuity. The trauma of family separation is

markedly reduced by placement with adults known to and loved by the child, with cultural ties unbroken. Permanency is achieved more quickly and family bonds are preserved.

When family separation is necessary for the protection of a child, kin are prioritized as the first and best placement resource. DHS Leadership, with support and consultation from the Annie E. Casey Foundation, is helping BCDSS embed a Kin First paradigm shift in the workforce through changes to practice and training. A partnership with A Second Chance, Inc. (ASCI), renowned experts in kin care, was initiated to boost the competence and confidence of BCDSS workers to engage with kin. Family Finding and other necessary outreach strategies are used to engage family members, and the family's capacity to support protection and permanence are assessed. Baltimore City's efforts produced documented results increasing the proportion of children placed with kin.[2]

Changes in practice were implemented to boost economic and emotional support for kin, including the immediate assignment of a caseworker to assist with the home approval process and the kin transition experience when becoming full-time caregivers, often unexpectedly. Provisional licensing approval is issued to enable eligibility and receipt of a monthly stipend immediately after placement.

Additionally, the agency implemented data informed practice for managing work. This practice relies on organizational capacity to track and report trends, outcomes, demographics, etc. BCDSS dedicated significant staff resources to advance the organizational transition to use this method to enhance management practices. The Child, Juvenile, and Adult Management System (CJAMS), an electronic system of record in compliance with the Comprehensive Child Welfare Information System (CCWIS) mandated by federal law, is used to produce reports to inform and improve practice and assist in reporting MCD compliance.

In summary, the Baltimore City Department of Social Services made significant progress by sharply reducing family separation without compromising safety and maintaining family ties when removal of children is necessary. The agency is confident that these positive outcomes will continue with our Kin First approach and its intense focus on kin, and the steps taken to engage and support these family homes. The Kin First philosophy will result in greater stability for the children and youth while in care, more consistent parental and sibling visitation, and more rapid reunification or the achievement of an alternate form of permanency. Furthermore, the Agency has focused on recruiting and retaining a workforce to have manageable caseloads serving families.

For over a decade, Maryland has been reducing the number of children in out-of-home care, particularly those in residential child care programs. Since 2018, Maryland has been developing and implementing the Children's Quality Service Reform Initiative (QSRI), also known as rate reform. The statewide rate reform efforts aim to develop new rates for Residential Child Care

[2] Statements to the contrary in the IVA's response to the 70th report are inaccurate. Relevant data regarding the increase in kinship placement are provided in this report.

(RCC) programs, Child Placement Agencies (CPAs), and some evidence-based practices. Additionally, the initiative seeks to design a service model that supports shorter lengths of stay and improved outcomes for children, youth, and their families while ensuring children are placed in the least restrictive setting. The goal of rate reform is to create a continuum of care that better meets the needs of Maryland's children and families, including a streamlined placement process and higher quality, tailored services. Implementation of rate reform for RCC providers is scheduled for October 1, 2024.

Finally, we note that, in the thirty-six years since the original L.J. Consent Decree was entered by the Court in 1988, approaches to systemic reform have evolved, as have federal and state oversight of the delivery of child welfare services. More current accountability measures for child welfare systems focus on outcomes rather than the myriad process measures required by the current MCD. Documenting and reporting on one hundred twenty six measures along with twenty seven additional commitments is burdensome, duplicative of federal and state monitoring, and imposes significant opportunity costs that do not, on their own, produce better results for children and families.

STATE OUTCOME DATA

Social Services Headline Indicators

The *Social Services Administration Headline Indicators* are aggregate measures of performance related to child welfare priority outcomes in the areas of safety, permanency, and well-being. The full data report is attached. (Attachment 1)

Child Protective Services

The outcomes documented in the *Headline Indicators Report* dated August 22, 2023 covering performance as of June 2023 shows continued reduction in family separation and court intervention, while also keeping children safe. Targets, which are outcome or impact measures, were nearly achieved for the Child Safety Indicators showing that children, youth and families are safe and free from maltreatment.

A dedicated unit of caseworkers screen calls for Child Protective Services Reports and other Agency services 24 hours per day, 7 days a week using a standardized decision making tool. Reports that meet the criteria for acceptance are assigned as Investigative or Alternative Response. The goal of both paths is to keep children safe at home by assessing and mitigating the risks that brought the family to the attention of BCDSS.

To strengthen the screening and other after hours work of the Extended Hours Unit, the agency created a manual with tip sheets, screening tools, and forms with examples. Also, to ensure continuity of care when day staff follow up on cases, Extended Hours developed an end of shift report that provides comprehensive information on the children and families served after hours.

For children needing placements, the end of shift report includes the children's strengths and needs, family background, and history of placements as well as current efforts and the response.

Cases determined to require an investigative approach that conclude with a finding of abuse and or neglect are measured by BCDSS. The frequency of findings indicating maltreatment within a 12 month period are captured as part of the investigative responses. During this reporting period, the maltreatment recurrence was 4.7%. This represents a 62% decrease and is significantly better than the <9.7% target established by the federal government and the Social Services Administration.

Alternative Response is a more collaborative approach for responding to low risk reports of child abuse and neglect. Instead of an investigative approach a family assessment is completed that includes identifying needs, and referring and linking families to community resources. Regarding children who were the subject of an Alternative Response, the agency recurrence rate missed the 5% target by only 1%.

Another component of the continuum of Child Protective Services responses are Risk of Harm (ROH) assessments. Similar to Alternative Response, an assessment is completed that focuses on the risk of harm to children; identifying family strengths and needs; and providing follow-up referrals and linkages with community services that can support the family to reduce safety risks, improve family functioning, and prevent family separation.

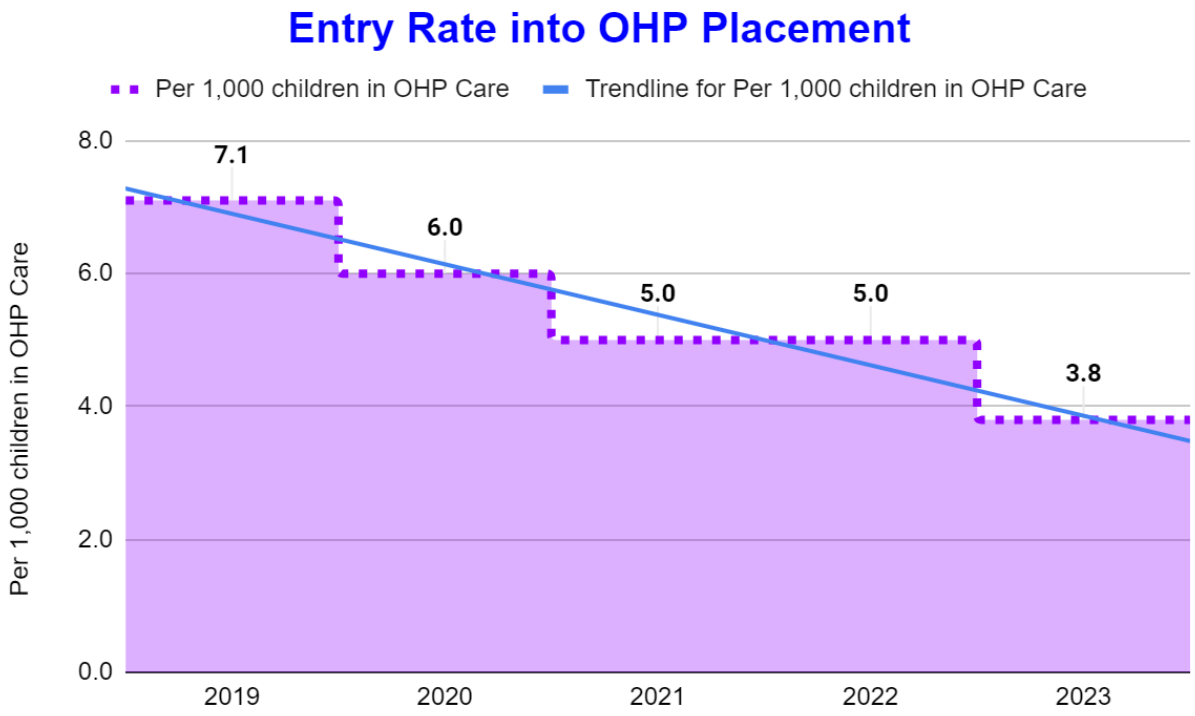
A Risk of Harm (ROH) assessment is completed after reports of Substance Exposed Newborns (SENS); intimate partner violence that creates substantial risk to children; registered sex offenders with high risk access to unrelated children; and Birth Match. After a steep decline, maltreatment after an assessment in a Risk of Harm case increased slightly to 4%; barely missing the target of 3%.

Family Preservation Services

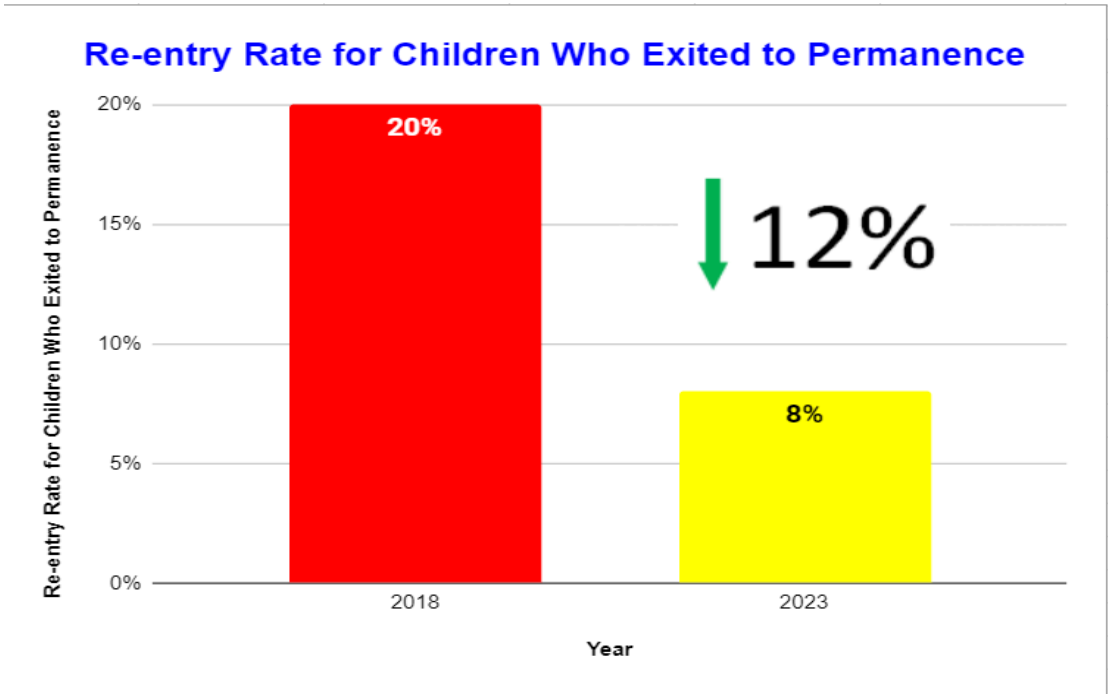
With respect to prevention services, Family Preservation is a home based intervention intended to be short-term focused on decreasing risk and strengthening families. The state met this target by successfully keeping 96% of children safe at home after an intervention. Casework intervention is intended to assess and identify needs and provide services to reduce the risk that brought the family to the Agency’s attention. Services are individualized, and may include referral and linkage with community resources; supportive counseling; parenting education including child development, disciplinary techniques, and health needs; and advocacy for benefits and opportunities.

Out of Home Placement

The entry rate into Out of Home Placement continues to decline from 4.1 per thousand children the previous quarter to 3.8; a 24% decline from one year ago and 46% decline from five years ago. According to the Annie E. Casey Foundation, for the last twenty years the national entry rate has hovered between 3 and 4% per 1,000 children; while overall in Maryland the rate has been reduced from 2% to 1% since 2012.



Finally, BCDSS is working diligently to keep children safe while in its care and when they leave through reunification or to another permanent home. The target was 9.07% or less for the number of victimizations per 100,000 days in care. The most recent report showed that BCDSS missed by less than half of a percent, at 9.5%. Just three years ago, between July, 2020 and June 2021, that rate climbed to a high of 14.2%.



Only 8% of children who exit to permanence re-enter care within twelve months. This data shows that the agency successfully reversed a trend that five years ago was at an alarmingly high 20%.

According to the *Headline Indicators Report*, keeping children entering care stable in placement was a consistent challenge during this reporting period. BCDSS missed the federal target of 4.48 or fewer moves for every 1,000 days for new entries with a 6.92 from July 2022 to July 2023. BCDSS anticipates its Kin First initiative will yield marked improvements. Research shows that children placed with relatives experience greater stability, and the Agency's laser focus on Kin as the first placement option for children is likely to have a positive impact reducing moves. The ripple effect when children are stable is that educational moves, known to damage academic progress, are also reduced which can lead to improved educational outcomes.

In short, Baltimore City Department of Social Services is trending solidly in the right direction, showing a strong and consistent track record of preserving families and sharply reducing family separations without compromising safety. The safety of children in Out of Home Placement always merits close monitoring and BCDSS is committed to not just meeting but exceeding the goal. Similarly, placement stability is thoughtfully addressed with a researched-based approach of encouraging and supporting kin placements on entry to Out of Home Placement.

During this reporting period achieving timely permanency indicators was more challenging. Although 29% of children achieved permanence within 12 months of entry, the federal goal is 35.2%. BCDSS anticipates that the strategy of boosting and supporting kinship placements will positively affect this outcome.

The success of Family Team Decision-Making and other family engagement tools in preventing short-term removals is a significant accomplishment. However successfully reducing the need for short-term removals likely will impact the average length of stay. As the agency continues to succeed by preventing removals and decreasing the number of children entering care, children who are removed will likely come from families presenting with multiple and more complex needs. Addressing those needs will take time and may increase and impact the average length of stay before reunification can be safely achieved.

The Department continues striving to meet the federal permanency target for children in care 12 to 23 months. During this reporting period, 25% of children in care for 12 to 23 months achieved permanency, short of the target of 43.8%. Similarly, among children in care for 24+ months, 24% of children achieved permanency, short of the 37.3% target . Again, the complex needs of families in which maltreatment is severe enough to require removal and court intervention present greater barriers to permanence. However, timely permanence is known to improve when children are placed with kin. The agency's focus on kin is expected to lead to better permanency outcomes.

The reasons a child enters care impacts length of stay. Forty-one percent of the children for

whom "child's behavior" is identified as a factor on entry - the highest percentage by any circumstance on entry and nearly all of whom are ages 11 to 17 - exit to permanence within 12 months. However, that same cohort - "child's behavior" identified as a circumstance of removal - drops to the bottom at just 13% for those achieving permanence a year later, after a foster care episode of 12 to 23 months, and 9% for those in care 24+ months. In short, when "behavior" is a factor at placement, those who don't exit within 12 months often end up remaining in foster care long term. Also, there is a high rate of youth identified by MATCH as having "high or medium intensity needs" at the time of initial placement. We believe more behavioral health services offered before out of home placement could prevent entry and re-entry into foster care. Therefore, BCDSS is planning to expand the Youth Wellness Program to include families involved in our Family Preservation program. This is a first step to better understanding what prevention efforts may impact entries.

As a strategy to address timeliness to permanency, BCDSS developed a standard operating procedure that requires permanency roundtables for all youth in care over 24 months. This process is required every 90 days after the initial roundtable and focuses on eliminating barriers to permanency for the youth. BCDSS detailed the roundtable process in prior reports. Implementation permanency roundtables assist management staff with coaching caseworkers to identify and resolve barriers to permanency. The process also assists new staff with understanding the timeframes and permanency goals of the agency.

According to the *SSA Headline Indicators*, of the children exiting to permanence in 12 months 35% were under 6; 26.8% were ages 6 - 12; 18.3% were ages 13 - 17; and 18.7% were over age 18. Among children in care on the first day of the review period who had been in care for 12 - 23 months, what stands out is the low percent - 10% - of children ages 14 to 17 who exited to permanence. Of children ages 10 and under, 29.2% exited. This may be attributable to the differences in circumstances associated with family separation, in that older children are far more likely to be entering foster care with ‘child’s behavior’ identified as the main reason.

A report from MATCH indicated that nearly 60% of youth ages 14 to 17 have moderate to high risk behavioral health needs, and CJAMS data indicates that 37% have disabilities. Of youth 18+, 41% have disabilities. In contrast, only 22% of children ages 0 - 12 are identified as disabled, and 22% are assessed as having medium to high risk behavioral needs. Older youth have very different needs than young children. Complex behavioral health needs are far more likely to contribute to older youth entry into OHP, and create a barrier to achieving permanency ultimately resulting in aging out of foster care.

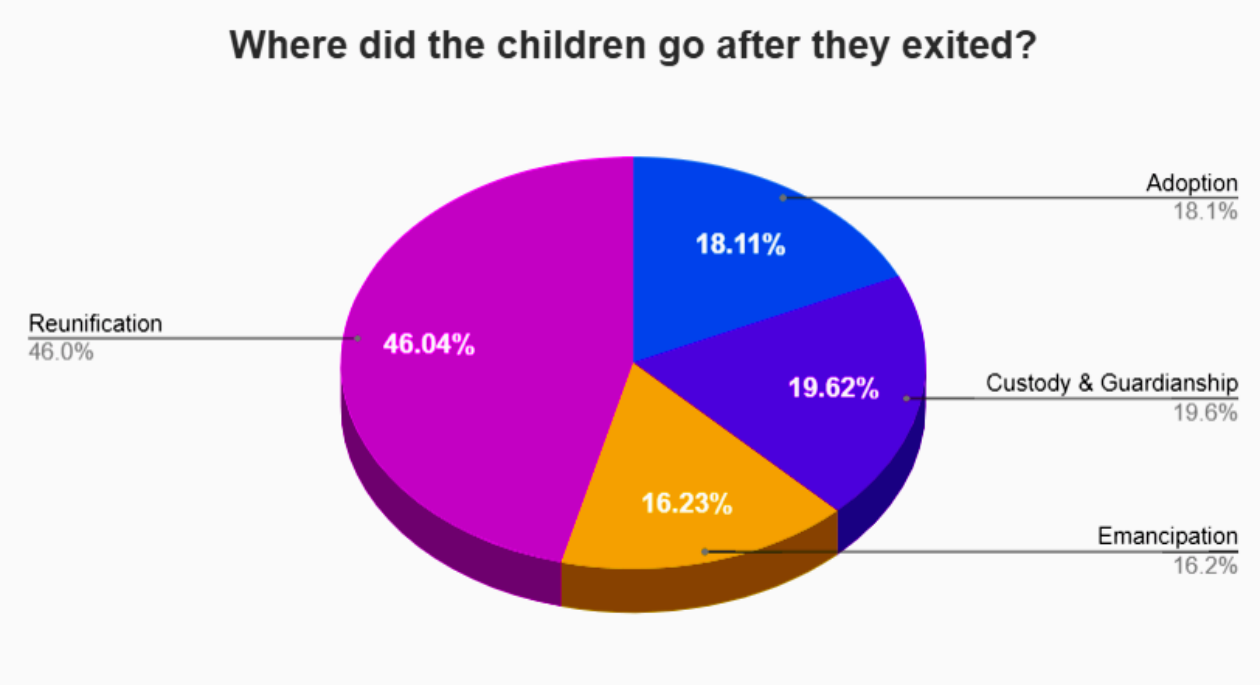
Since 2009 when the LJ Consent Decree was modified, the number of children entering care each year has fallen by 70%. The fact that permanence between 2018 and 2023 shows a decrease in the rate of timely reunification may be related to the greater proportion of children entering care from families with more complex needs.

The *Headline Indicators* continue to emphasize that more work can be done to boost family

engagement. As a strategy to strengthen parent-child and sibling visits, collaborative case planning, and permanence, BCDSS workers are reminded to also engage fathers and their extended family. Research shows that frequency of visits with family, for example, has been associated with more timely permanency.

In addition to the work of BCDSS itself, SSA is launching a new statewide Permanency Performance Enhancement Strategy, with support from national experts from Chapin Hall and Casey Family Programs. Through this new initiative, SSA will be reviewing data on permanency performance and permanency practice each month with the LDSS, sharing information with LDSS about best practices and developing new strategies to measure implementation of best practices. This new strategy is being launched summer of 2024 and will focus on reunification, kinship guardianship, and adoption practice.

Permanence: During the 71st Reporting Period, 265 children exited Out of Home Placement.



During the 71st Reporting Period, nearly 50% of the children were reunified. Collaboration between Out of Home Placement (OHP), Resource Homes, and BCDSS Legal Services contributed to 48 adopted children, including several adolescents.

According to the *Headline Indicators*, timely initial examinations exceeded the target of 90%, while the documentation for comprehensive assessments completed within 60 days fell short at 77%. This was, however, a 4% improvement over the prior year. The rate at which annual health assessments were completed within one year was 49%, an improvement over the 47% reporting during the 70th Reporting Period, but leaving room for growth. Similarly, only 36% of dental examinations were completed and documented within one year. However, that represents a 13%

improvement since the prior *Headline Indicators* was published.

We know from MATCH data that Baltimore City's children are getting health care, but properly documenting health care in CJAMS and reporting out are a persistent challenge. Although the desirable outcome is healthy children, what's measured is compliance with policy. This may mean, for example, that when a child receives a routine physical examination later than the required timeframe, the appointment will not be 'counted' even though this timing does not impact the child's physical health. Also, when comparing MATCH and CJAMS data, it is apparent there is an issue of accurately measurable documentation.

Child and Family Services Review (CFSR) Report

In 2001, the Children's Bureau, the federal agency responsible for improving the lives of vulnerable children and families, mandated a periodic review of state child welfare systems entitled the *Child and Family Services Review (CFSR)*.

The CFSR goals are to ensure conformity with federal child welfare requirements; ascertain what is happening to children and families engaged in child welfare services; and to assist states with achieving positive outcomes for children and their families. The SSA *Headline Indicators* include federal performance measures that are linked to the CFSR. The outcomes in the areas of safety, permanency, and well-being provide the context for the reviews.

Information and feedback are collected from a variety of sources to highlight the strengths and areas of challenge impacting child and family outcomes in each local department. The effective and informative CFSRs include active participation of staff at all levels of the agency, as well as the children and youth and families impacted by child welfare. As part of the comprehensive review, feedback is also solicited from various stakeholders such as court officials, attorneys, treatment providers, and educators.

Cases reviewed during each on-site review are randomly selected by the University of Maryland based on criteria established by the Children's Bureau incorporated into a sampling process approved in 2018 prior to the round 3 federal CFSR. Exclusion of any of the cases must be approved by the Children's Bureau while identifying the criteria by which the exclusion is determined to be appropriate, usually inability to contact the family. The Children's Bureau selects cases from the case sample shared with them at the beginning of each review for secondary oversight, providing feedback as needed.

Every local department in partnership with the Social Services Administration is required to complete a Maryland *Child and Family Services Review (CFSR*), a review whose elements are aligned with the mandatory federal review protocols. Highlights from the final report for the most recent review completed in the Fall of 2023 are detailed below.

- The *CFSR* finding that children are safely maintained in their homes whenever possible and appropriate echoes the *SSA Headline Indicators* regarding safety post-investigation. Keeping children safe at home requires appropriate support, services, and accurate risk assessment. In nearly 90.9% of the cases that were reviewed, “services to families to protect children in the home and prevent removal or re-entry” were found to be a strength.
- Assessment of risk and safety were also found to be a strength in 89.2.% of cases reviewed.
- Assessing the social emotional needs of children to identify needs and appropriate services to meet them is rated as a strength for 94.6% of the cases reviewed, a 7% improvement over the last *CFSR.*
- Monthly visitation with the children, too, continued to be a strength in 94.6% of the cases reviewed. According to the *CFSR* review, "The Agency's consistent and successful assessments of children's wellbeing is likely supported by the frequent and quality visits the agency is having with children..."
- Consistent with the *SSA Headline Indicator* findings, the *2023 Child and Family Service Review* found efforts to engage biological parents in permanence inconsistent. Boosting parental engagement, especially outreach to fathers and paternal relatives, is an area for growth. This will be an area of focus in the SSA Permanency Performance Enhancement Initiative noted above.
- Staff vacancies, lack of affordable housing, court delays and other factors also challenge timely permanence.

In summary, according to established state and federal reviews focused on outcomes in the priority areas of safety, well-being, and permanence - the *2023 SSA Headline Indicators* and the *2023 CFSR Review* - remarkable progress was made since the adoption of the MCD in 2009 in keeping children safe in their own home and sharply reducing family separations including re-entries. Well-being measures that include regular health and dental care require further analysis to understand whether the lapse is in health and dental care or documentation. Finally, the timeframe for permanence shows mixed results, demanding closer examination to identify what is driving longer stays. The agency’s prevention successes limited out of home placement to families experiencing the most complex needs, and highlights the importance of the agency in re-doubling its efforts. Recommendations emphasize that stronger performance may result from strengthening parent engagement, and boosting kin placements and support for those family members.

STRATEGIES for Outcomes Improvement

KIN FIRST PRACTICE

A principal strategy statewide and in Baltimore City is implementing a "Kin First" culture. Major efforts are underway when out of home placement is necessary, which are described in this section.

Statewide

Maryland is focusing on increasing the use of kinship care for children of all ages in foster care, which requires implementing adequate services and supports that meet the needs of kinship families. Multiple steps have been undertaken and are underway:

1. **Kinship Action Plan:** Maryland is implementing a *"Kinship Action Plan"* designed to achieve three major objectives:
    a. Increase support and resources in the community for families and kinship families.
    b. When children need to enter foster care, place the majority of children with kin and provide the supports– including a kin-specific process and monthly care stipend– that kinship families need for children to thrive.
    c. Partner with kin to achieve permanent families for children in foster care through reunification whenever possible or through kinship guardianship or adoption.
2. **New Legislation:** On May 9, 2024, Governor Moore signed important legislation that is the cornerstone of Maryland's shift to a kin first culture. The new law establishes a preference for youth experiencing out-of-home care to live with relatives, including family by choice. The law modernizes Maryland's kinship care system by removing outdated language that excludes contemporary concepts of family and updating the law to reflect how families are formed today. The new law goes into effect October 1, 2024 with implementing policy, and implementing regulations in 2025.
3. **New regulations:** New kin-specific licensing regulations are currently going through the approval process. A new federal licensing rule was issued in late 2023 that authorized states to create licensing rules that meet the needs of kinship caregivers. Kin-specific licensing standards can remove barriers to licensure that kin face due to inappropriate requirements.
4. **Partnership with National Experts:** Maryland is partnering with national experts from the Annie E. Casey Foundation and Casey Family Programs to support this work and the shift to a Kin First culture statewide.

Baltimore City

The Baltimore City Department of Social Services established "Kin First" as a priority goal for children in foster care. BCDSS is committed to safely increasing the number of kinship placements; growing the proportion who become licensed for out of home care; strengthening the support

provided to kin caregivers; and reducing the time to permanence. The Department is also providing comprehensive guidance and support to informal kinship providers caring for children who are not in the Agency's custody.

Kinship represents the most desirable placement option for children who cannot live with their parents. Research demonstrates that kinship care provides the greatest level of stability by allowing children to maintain their sense of belonging. It also enhances children's ability to identify with their family's culture and traditions. The trauma of family separation is lessened when children are placed with caring adults with whom they have a relationship, whether related by blood, marriage, adoption, or "kin of the heart." Permanency, too, is achieved more timely. Nearly half of the children ages 0 to 10 were placed with kin by the end of the 71st reporting period which speaks to BCDSS's commitment to sustaining families even when a separation becomes necessary for the child's safety.

As previously mentioned, the Annie E. Casey Foundation has supported BCDSS in partnering with A Second Chance, Inc. (ASCI). ASCI is based in Pittsburgh and is a national leader in kinship care since 1994. The organizational shift was announced by Agency leadership, and was followed by Kinship Values Training. The half day training is specifically designed to question existing norms around placement; promote awareness of biases and values; and stimulate an ongoing dialogue about the importance of valuing kinship care. By November, 2023, all child welfare staff completed the training. Additional training is planned for Family Investment Administration staff, Adult Services, and Legal Services in late 2024.

The Department also re-envisioned the home study case worker's role to focus not only on assessment but proactive engagement assisting the kinship caregiver to complete the study and overcome any obstacles to approval that are not safety, permanence, or well-being related. The pilot Kin Provisional Home Study process was launched in October, 2023 and enabled transfer of monthly stipends at the time of placement while the study is completed. At the end of the 71st Reporting Period, BCDSS licensed 27% of kinship placements. By February 2024, BCDSS increased the number of licensed homes to 33% and in June 2024, 48% of kin homes were licensed. BCDSS expects to continue to increase the number of licensed kinship caregivers. Technical assistance, transfer of learning activities, coaching, mentoring and consultation will be provided by A Second Chance, Inc. over the next 12 months to support organizational transformation.

The agency established a goal that 50% of all children in the care of BCDSS will be placed with kin. From Sept 2023 to Feb 1, 2024, 55% of new entrants into out of home placement were placed with kin. Furthermore, according to the end of December 2023 Out-of-Home Milestone Report, 41% of all children and youth under age 18 were placed with kin at the end of the report period. Kin placements varied by age group, with 48% of all children ages 0 - 4 living with kin and 30% of youth ages 15 - 17 placed with kinship caregivers. Youth most likely to be identified as having a disability - youth 15+ - are least likely to be placed with kin. BCDSS is drilling into the data to identify patterns. Understanding the different needs of the cohort of older youth is critical to meeting those needs.

The chart below illustrates the overall increase in the number of children in out of home placement who are with kinship caregivers.

Figure 2

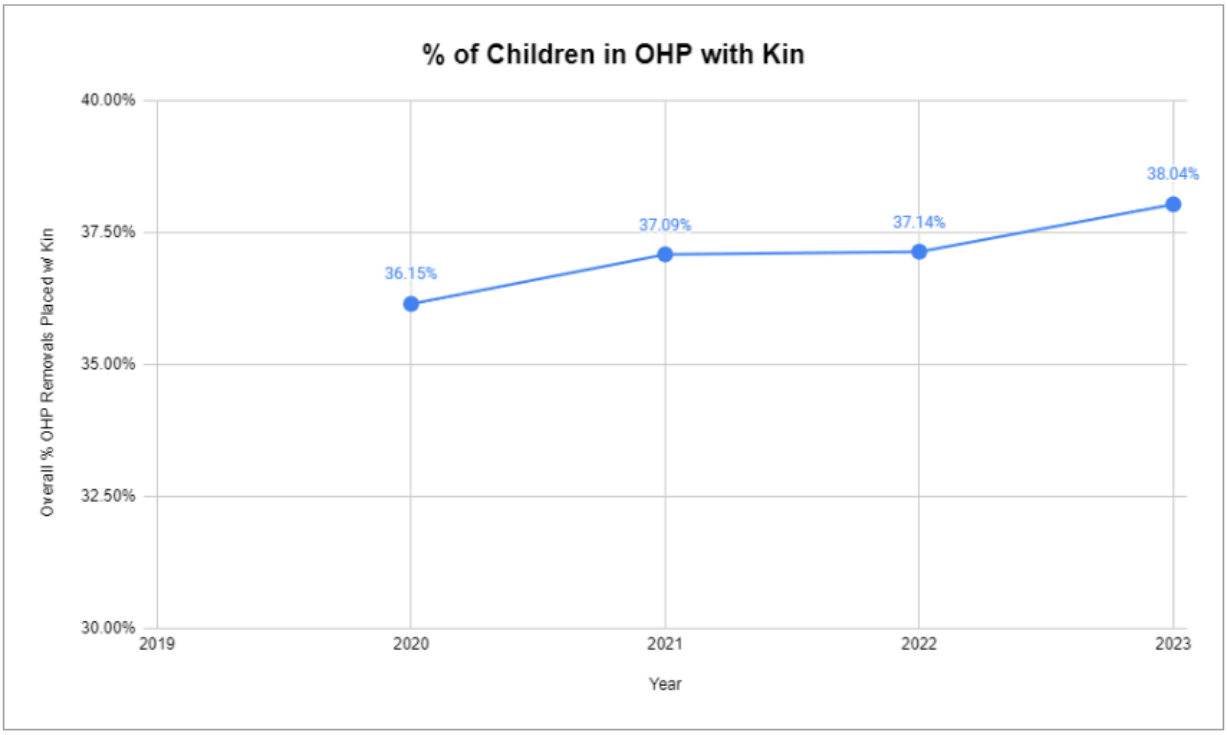


Figure 2:

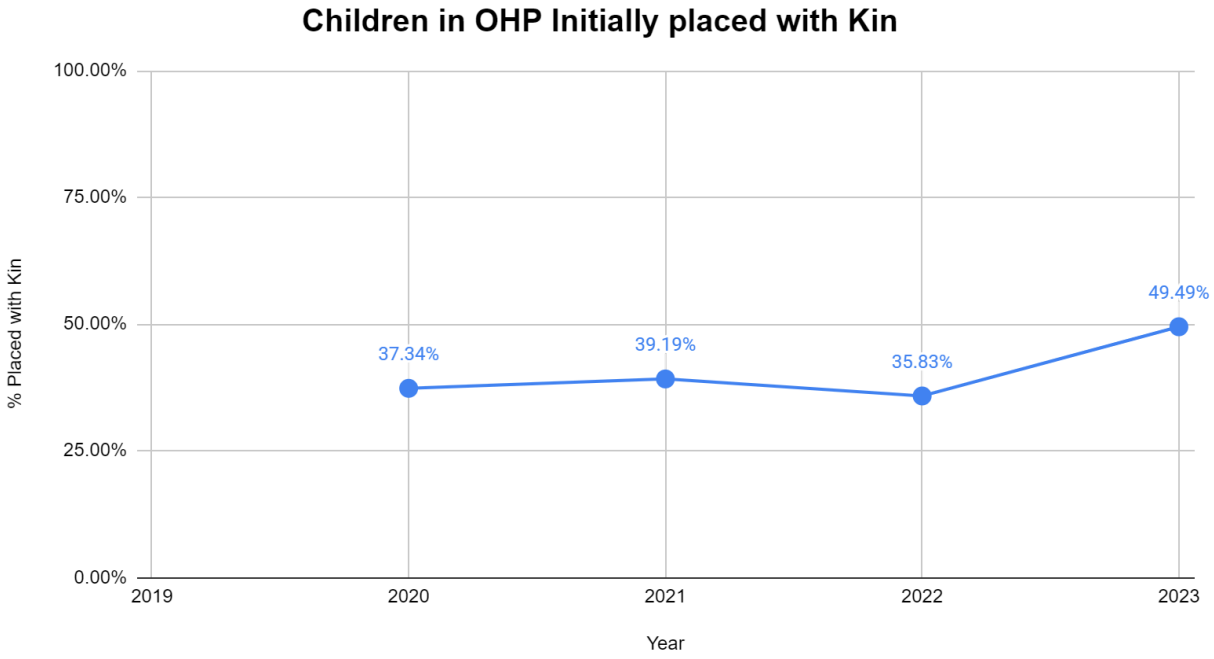
The proportion of all OHP children who were currently placed with kin at the end of the year.

**represents point in time data

The 15 to 17 year old demographic is a more challenging group for whom to identify willing and able kinship caregivers. As previously noted, nearly 50% of youth ages 15 - 17 are identified as having disabilities and 62% have moderate to high behavioral health needs. The median length of stay is just over two years; meaning most entered care as teenagers. BCDSS is turning its attention to this group using all of the tools at hand, including the Wellness Program, to change the trajectory for these young people by increasing kin care and decreasing aging out.

As noted above, Baltimore City made significant progress increasing the placement of children in out of home care with kin. Therefore, the IVA's statement to the contrary in its response to the 70th report, "Despite being established as a priority of the Defendants in 2019, the rate of kinship care in Baltimore has remained largely unchanged for years" is inaccurate.

Furthermore, as shown in the chart below, Baltimore City has substantially increased the proportion of children who are initially placed with kin when they enter out of home care. This has increased from 37% in 2020 to almost 50% in 2023.



Kinship Waivers

During this reporting period, BCDSS conducted mandatory in-person staff training, "*How to Conduct Clearances/Kinship Waiver*." This training included: the appropriate use of kinship waivers for families; clarification of when it's appropriate to request an exemption for prospective kin caregivers with previous child protective services findings; and explanations of current criminal history regulations. A regular training schedule for 2024 will be determined.

Although a history of child maltreatment can rule-out a potential resource parent, an exception may be approved in writing by the director. Similarly, when it is in a child's best interest, the director may approve prospective caregivers with convictions for crimes, other than those that require denial by law and policy. Every individual family situation is evaluated based on factors of safety, permanency, and well being.

New federal regulations were promulgated in 2023 granting states greater flexibility in licensing kinship caregivers and DHS will be promulgating and implementing regulations mid- 2024. In December 2023, BCDSS submitted a proposal to the Secretary of DHS to pilot waiving non-safety related licensing standards that align with the new federal rules. In March 2024, BCDSS was granted approval to pilot the waiver of five regulatory licensing requirements for kinship families. The flexibility further supports the agency's efforts to meet the unique needs of our kinship families. To further this work, BCDSS made another petition to waive the rest of the inappropriate resource home regulations and align with "Kin-Specific Foster Home Approval: Recommended Standards of National Organizations." The second waiver pilot was submitted in the middle of 2024.

Standard Operating Procedure (SOP)

BCDSS recognizes the importance of standardizing practice to achieve its goals. The updated Kinship SOP under development will emphasize kinship placement as the priority when children are separated from their parents. The guidance will include requirements for kin notification and description of the provisional resource home approval protocols and identify the requisite documentation. Due to the submission of a second pilot petition to waive regulations, the target release date for the SOP has been delayed until the 72nd reporting period. However, substantial work has been completed with regards to documentation and information for staff and for kin. BCDSS has maintained both verbal and written communication with staff regarding updated kinship information i.e., kinship welcome packet documents, kinship licensing forms, and CJAMS tipsheets. Kinship families were provided with updated information related to available services and resources.

In October 2023, the Gold Standard Kinship Licensing Process and Gold Standard Checklist were developed to support and strengthen the agency's efforts to remedy barriers experienced by kinship caregivers in the licensure process. This process was designed to support all staff and kinship families and enhance understanding of available resources and expectations of the licensure process. It emphasizes engagement, and clarifies each step in the process and responsibilities of staff across programs. In October 2023, the first version of the Gold Standard Kinship Licensing checklist was rolled out to staff in alignment with the kinship pilot program.

Family Finding

To immediately initiate identifying and locating kin, we developed kin-specific intake screening questions as part of accepting reports for investigation and assessment. The questions were vetted by our technical assistance partners and the BCDSS Kin Advisory group. This tool is called the *Family Centered Screening Questions* and was implemented with the BCDSS screening hotline caseworkers in Fall 2023. A copy of the tool is attached to this report.

Furthermore, anytime a child is separated from their family and not placed with kin, the caseworker must document efforts to locate kin/fictive kin (maternal, paternal, and fictive) and present those efforts to leadership. In October 2023, a revised New Entrant Alert and revised expectations were communicated to staff. BCDSS leadership reviews every new entrant into foster care to ensure sufficient efforts for kin were made.

The Family Finding contract with Pathways For Families (PFF) was renegotiated to boost early identification of kin for children/youth entering Out of Home Placement. Within 30 days of a child's entry into foster care, PFF will conduct family search activities through the use of Lexis/Nexis (a commercial research tool), DHS Family Investment Administration records, the Maryland Motor Vehicle Administration (MVA), other online search tools and social media, and document those efforts for the child's records.

Fingerprinting

During its initial assessment of kinship practice, BCDSS identified that a common barrier for kin approvals was the inconvenience of completing a criminal history check. To eliminate that obstacle,

BCDSS partnered with the Department of Public Safety to procure fingerprint scanning machines for BCDSS offices. The office hours were changed to increase accessibility to this service, including same-day and walk-in options for caregivers. The agency is also exploring a mobile fingerprinting service option. In addition, families are now able to receive support at our KinCare Center to complete a change of address with the MVA.

KINCARE CENTER

The Department's multipurpose KinCare Center has been open to the public Mondays through Fridays for nearly two years. A continuum of services and support are provided to both formal and informal kin caregivers by an interdisciplinary "wraparound" staff who include Kinship Navigators to connect families to services, and a Family Support worker to assist with transportation and parenting skills. An educational specialist and a Family Investment benefits specialist are also available at scheduled times to provide consultation and guidance. Concrete resources such as emergency gift cards, children's clothing, books, and toys are also available for distribution.

The Kinship Navigators also support kinship caregivers to become licensed, and welcome new providers with a family meal within 24 hours after placement. Facilitated by a Kinship Navigator, a weekly meeting is scheduled to begin in January 2024 with Out of Home Placement and Resource Homes to identify and overcome barriers and obstacles to kin home approval.

The KinCare Center sponsors social/recreational events that fosters a sense of community and mutual support among kin families. Fifty families from both in-home and out-of-home services attended a back to school event at Shake and Bake Family Fun Center, enjoying an evening of skating and bowling. School supplies were also distributed.

Community partnerships enrich the offerings at the KinCare Center. Partnerships include the Center for Adoptive Studies and Education (C.A.S.E.), a non-profit provider dedicated to supporting adoptive, foster, and kinship families to overcome behavioral health challenges through no-cost specialized individual and family therapy, case management, education and training. The goal is to make easily accessible and no-cost clinical services available to children and families preparing for the permanence of adoption or guardianship, and to provide support post-permanence.

New partnerships were formed with the Black Realtors Association, the DHS Office of the Inspector General and Amazon, who generously donate toys and supplies for kin families. Monthly virtual support groups for kin families that began in January, 2023 continue to be held, and speakers selected based on the interests of the participants, and the first in-person support group was held in November 2023 and was very successful. The support groups are held every 4th Wednesday of the month.

Resource Homes Recruitment and Training

During the COVID-19 pandemic, BCDSS experienced a decline in public resource homes. In

response, BCDSS added a designated staff person to focus specifically on targeted recruitment of resource homes for teenagers, LGBTQI+ youth, and Spanish speaking youth. BCDSS meets with community organizations that regularly work with the target populations, and participates in community events to spread the word about agency children and their needs.

The BCDSS Staff as Resource Parent Recruiters Campaign was also launched, a strategy that recognizes staff are also part of families, neighborhoods, and faith communities. When equipped with information and empowered to be recruiters, all staff can infuse our communities with the message about the need for resource families. All BCDSS staff attended information sessions to learn more about participating in the Campaign and contributing to increasing the pool of resource families available to BCDSS children.

In addition to increasing the capacity of our public foster homes and prioritizing kin placements, DHS is working with the State's procurement control agency to expeditiously obtain providers for short-term placement beds for youth ready for hospital discharge or in undesirable living arrangements while BCDSS and DHS secure a more permanent placement.

DHS engaged providers with unutilized bed capacity to adapt programming to meet the complex needs of youth in hospital overstay or hotels. These modifications can be supported through the existing Interagency Rate Committee (IRC) and procurement mechanisms. DHS maintains the option and is still reviewing the release of a RFP or other procurement options permitted by the Maryland Code, State Finance and Procurement Article, as well as the applicable Code of Maryland Regulations (COMAR).

Any procurement-related items on this subject will be posted on eMaryland Marketplace Advantage (eMMA), Maryland's online procurement platform. Additional information will be available at that time.

The State continues to partner with current placement providers to develop programs that support the needs of youth with complex behavioral health issues. These efforts include expanding resource capacity to address ongoing placement needs. During fiscal year 2024, the State lost 235 beds but added 76 beds and is currently in the process of adding an additional 43 beds, expected to be available between September and November 2024. The expanded array of placement resources will include congregate care beds, treatment foster home beds, and independent living beds for transition-age youth. The congregate care beds will prioritize youth who have experienced hospital overstays and hotel stays.

Trust-Based Relationship Intervention (TBRI)

BCDSS's goal is to equip resource parents with the skills and knowledge to provide stable care to children and meet children's unique needs. Children entering foster care typically come from families with complex needs and have been repeatedly exposed to trauma, often in the context of caregiving.

TBRI Caregiver Training is an attachment-based and trauma-informed training for caregivers that has promising evidence of success. The intervention is based on years of research on attachment, sensory processing, and neuroscience.

The third cohort of resource parents completed the training during the 71st Reporting Period. To date, a total of 26 resource parents have completed the training; 16 regular foster homes and 10 kin family homes.

Wellness Program

The Baltimore City DSS Youth Wellness Program or "Wellness Program" is a comprehensive and coordinated mental health services system designed to meet the complex and unique needs of children and youth ages 5 to 21 and their families who are involved with BCDSS Child Welfare Services. Up to twenty therapists from community Outpatient Mental Health Centers (OMHC) are to provide services exclusively to the children/youth referred by BCDSS.

Services available through the Wellness Program include prevention and early intervention, clinical trauma screenings and assessments, access to evidence-based treatments, psychiatric evaluation, medication management, and crisis care services. The Wellness Program was "soft-launched" early in 2023 and detailed program information and guidance for referrals was issued in December, 2023.

Benefits:

The Wellness Program offers fully funded specialized behavioral health services, eliminating barriers posed by payment coding, utilization review, and/or Medicaid reimbursement. The delivery of pre-existing therapy services billed through public or private insurance are also not affected.

1. Wellness therapists are designed to serve as the "Home Therapist" who will follow children/youth in foster care throughout their Child Welfare Services journey.
2. Wellness therapists can provide adjunctive therapy to children/youth already receiving therapy from a community provider or placement-based therapist, and may join the youth's treatment team prior to discharge from Residential Treatment Centers (RTC) or other placement to enable continuity of care.
3. The Wellness Program therapists are mobile, and meet with their clients wherever the preference is, whether at placements, schools, hospitals, a community location, a clinic, or via telehealth. Therapists routinely participate in placement provider-based treatment meetings and other collaborative conversations, including Family Team Decision-Making Meetings (FTDM), Facilitated Family Meetings (FFM) and Engagement Meetings.
4. The youth's needs drive the frequency and intensity of services, which are facile and adaptable.
5. Youth who turn 21 or otherwise exit care may elect to continue therapy or prescriber services with the same out-patient mental health center (OHMC) as a non-Wellness Program recipient through Medicaid or other insurance-billing.

Internally the Wellness Program is administered by the Assistant Director for Behavioral Health. The BCDSS Mental Health Navigators serve as the referral conduit, internal gatekeepers, and liaisons between the four OMHC providers and BCDSS staff. Referrals can be made by the child's caseworker, a BCDSS Mental Health Navigator, BCDSS Legal Services, the BCDSS consulting

psychiatrist, or MATCH staff when children are new to foster care and assessed as moderate or high risk for behavioral health needs and exhibiting trauma behaviors.

The therapists are trained in the *Baltimore City Foster Care Clinician Curriculum,* a curriculum and practices guided by youth and family voices and facilitated by the University of Maryland, Baltimore. Grounded in implementation science, the curriculum is designed to guide clinicians in their work with children/youth and families involved in the child welfare system. The application of a culturally relevant and responsive approach to delivering behavioral health services is pivotal. The first cohort of therapist training was completed in July, 2023 and the second cohort is being planned for the fall of 2024.

BCDSS, Behavioral Health System Baltimore (BHSB), and the Embrace Initiative at the University of Maryland, Baltimore are monitoring activities to evaluate the quality of various aspects of the program, curriculum implementation, and service delivery.

Program Goals:

1. Promote placement stability & reunification
2. Intervene with children and youth in crisis to minimize the impact
3. Reduce the frequency of hospitalizations and decrease the use of congregate care settings
4. Foster supportive relationships between youth and their caregivers
5. Address historical issues related to disrupted and fragmented behavioral health services due to transitions in placement, changes in service provider, and a lack of comprehensive screening, assessments and specialized services.

Youth and Caregiver Satisfaction and Outcomes Survey

A two-part survey to assess service satisfaction and outcomes is under development and will be administered to youth and family-based caregivers beginning in January of 2024. Several published surveys of youth and caregivers who participated in mental health services reviewed the services for their structure and design elements. While the Wellness Program's survey borrows framing for certain questions from other sources, it is also being developed in consideration of the program's unique service delivery methods.

The survey vehicle involves a structured interview instrument with questions predominantly utilizing a 5-point Likert scale. The instrument will be administered utilizing a Google Form application, offering the benefits of automated 'back-end' data collection. Automation will ensure that each survey question is administered and that all collected responses are correctly associated with the survey respondent. In its present format, the survey includes:

- 16 core questions for youth with the potential for 4 supplemental questions
- 23 core questions for caregivers in family-based settings with the potential for 2 supplemental questions

Part 1 of the survey involves the youth questionnaire. Names of youth eligible for the survey will be derived from the Wellness Program's referral tracking process. Contact information for the youth will be obtained from the system of record (CJAMS) or through direct outreach to the assigned

caseworker. Youth will be contacted by phone and asked to participate in the survey over the phone. The survey may be conducted at the time of the initial phone call or scheduled for a more convenient time. Youth placed in certain non-family based settings at the time of the survey are ineligible. Ineligible settings include:

- In-state Residential Treatment Centers
- Department of Juvenile Services or adult correctional facilities
- Private hospitals or State Hospital facilities

Part 2 of the survey involves the caregiver questionnaire. Caregivers among the following placement settings are eligible for the survey:

- Biological Parent(s)
- BCDSS Resource Home (Non-relative, licensed)
- Kinship Home (Formal Kinship, not licensed)
- Kinship Home (Restricted, licensed)
- Fictive Kin (Formal, not licensed)
- Private Treatment Foster Care Home
- Unapproved/Other

Contact information for the caregiver will be obtained through CJAMS or direct outreach to the assigned caseworker. The caregiver of record will be contacted by phone and asked to participate in the survey over the phone. The survey may be conducted at the time of the initial phone call or scheduled for a more convenient time.

Direct care staff for youth staying in certain non-family based settings at the time of the survey are ineligible. These settings include:

- Group Homes & Diagnostic Centers
- In-state Residential Treatment Centers
- Department of Juvenile Services or Adult Correctional Facilities
- Private Hospitals or State Hospital Facilities

This survey was completed in the spring of 2024.

Expansion to Family Preservation

The Wellness Program continues planning for service expansion to families involved with Family Preservation. The expansion will allow the agency to concentrate additional support on youth and their families where there is a moderate to high-risk of family disruption or entry into care. Aspirationally, the goal was to initiate services before the end of 2023; however, this has been delayed due to lack of clinician availability and referral capacity. The goal is now to initiate this option mid-2024.

Data Snapshot

Number of Referrals to the Wellness Program - July 1, 2023 - December 31, 2023:

July	August	September	October	November	December
13	17	2	14	10	5

Number of Clinicians by OMHC as of December 31, 2023:

Advanced Behavioral Health:	2
A Better Tomorrow Starts Today:	2
Institute for Healing:	1
OMHC #4:	Vendor selected, contract in development.

Mobile Crisis

BCDSS contracts for mobile crisis services through the Core Service Agency, BHSB for crisis response that can respond within an hour to youth in out-of-home placement. The goal is to divert children and adolescents from inpatient psychiatric hospitalization by strengthening home and community support.

Along with crisis response, the service also offers up to six-weeks of additional behavioral health services to the youth to ensure stability.

Although historically provided by Catholic Charities of Baltimore, a new provider is being procured by BHSB and temporary services are ongoing through Baltimore Crisis Response, Inc. (BCRI). When this change occurs, BCDSS will share information with all resource parents and kinship caregivers about how to access the new mobile crisis services.

The new contract includes requirements responsive to the need for crisis intervention such as:

- 24 hours a day, 7 days per week response;
- Participating in Family Team Meetings/Case Planning Meetings with BCDSS;
- Providing consultation to school personnel and BCDSS to support continuity of care and placement stabilization; and
- In addition to clinical intervention, services will include supporting the youth's ability to manage daily activities, and connecting the youth and family with community resources, as needed.

BCDSS historically advised providers to engage the above-described crisis intervention services prior to seeking an evaluation for hospitalization when a youth is in crisis. To increase the use of

the crisis intervention services already in place, a new initiative is planned to provide written instruction to all case management teams, resource parents, and kinship caregivers with guidance for accessing crisis intervention services.

Family Recovery Program:

The Family Recovery Program (FRP) is a public-private partnership founded in 2006 to strengthen services to parents experiencing substance use disorder, a risk factor contributing to the family separation of a significant number of predominantly younger children. The Family Recovery Program is administered through the Maryland Juvenile Court, and supports family reunification by offering specialized programming to meet the recovery, behavioral health, and life skill needs of parents. Another component, the Horizon Program, focuses on services to prevent removal of children ages 0 to 13 by Child Protective Services (CPS) or Family Preservation Units when substance use disorder is resulting in risk to children. Court involvement isn't required for caregivers to participate.

The mission of the Family Recovery Program (FRP) is to reduce a child's length of stay in out of home placement when the driver of placement is maltreatment secondary to the parents' Substance Use Disorder (SUD). To accomplish the mission, FRP provides intensive case management for parents/caregivers with SUD that includes referral and linkage with treatment programs, transportation, behavioral health assessment and referral, transitional housing, emotional support, education, parenting classes, employment assistance over a 18- to 24-month period, and support from a peer mentor. The Juvenile Court holds all parties accountable and organizes close collaboration among the involved professionals and family. Hearings are held weekly, and positive reinforcement from the magistrate has consistently been reported as a motivator for participating clients.

Along with the Standard Family Recovery Program, other components are the Phoenix Program for clients whose children were removed and whose drug of choice is cannabis only, and the Discovery Program for alcohol misuse.

Recognizing that housing stability is pivotal to recovery, the housing component is one of the FRP's most innovative practices. In 2016 the FRP opened a state of the art housing development—The Harry and Jeanette Weinberg Building at Sage Center (Sage I). The 23-unit transitional apartment complex houses families in early reunification and recovery. In 2021, housing options were expanded with the addition of five new townhomes—referred to as Sage II at Monarch View - to support families

Since its inception, 1,926 parents/caregivers have been referred to the Family Recovery Program. During FY22, 112 parents received services, and 30 parents/families resided in the FRP Sage Center Housing Program. For FY23, 120 parents/families were served and 30 percent of those families received housing.

BCDSS plans to expand substance abuse services via the Horizon program which is under the umbrella of FRP. The Horizon program will be co-located with our Family Preservation program. Co-location will allow staff and families to have easy access to the needed service. The Horizon program is a 6-12 month program that provides services for parents/ caregivers who are struggling with substance use disorder. This is a prevention program that will focus on keeping families together and children safe at home.

Educational Services

BCDSS has an established Office of Education (OOE). The OOE assists the workforce with any educational needs that children and youth in care may have including but not limited to enrollment in school, transfer of schools, obtaining educational paperwork, and referring for educational services.

Recently, BCDSS developed a new protocol for the OOE requiring immediate notification of a hospital overstay for any child or youth in care. The OOE reviews the child's educational status and confirms the person with decision-making authority. When necessary, a request is filed with the Court for a parent surrogate to be appointed for educational decision-making. Review of the child's educational status also includes whether the child or youth has an Individualized Educational Plan (IEP), and if so, the level of educational services provided. Oversight of the implementation is important to ensure that prescribed services are being provided.

When children remain in hospital on overstay, the OOE immediately contacts the hospitals and the appropriate local school system to pursue virtual classroom options for the child. After consultation with the child's assigned caseworker, the OOE may also refer the child or youth for additional tutoring services.

Preservation and Permanency

Family Team Decision-Making (FTDM) meetings are an important vehicle to encourage family engagement at the outset of a considered removal, and to formally bring families and their significant supports together to help make important child welfare decisions throughout the family's involvement with BCDSS. FTDMs reinforce important values that represent an important culture shift: recognizing that parents and children are experts on themselves and including all of them in planning meetings - "nothing about me without me."

At the outset of a child removal, focused efforts are being made to identify/establish parentage in every case. In addition, Family Team Decision-Making has been robustly embraced and integrated into practice when a removal is considered. The FTDM workgroup continues to meet regularly with consultation and support from AECF to address obstacles, celebrate successes, and propose adjustments to the practice across the child welfare continuum as necessary.

Along with the training that new caseworkers and supervisors receive about family meetings and the requisite skills for family engagement at the University of Maryland's Child Welfare Academy's

pre-service training, BCDSS reinforces that learning by providing an in-service course for new caseworkers and supervisors.

Permanency Planning

Permanency planning is a significant driver of the Department's daily work, and BCDSS has been working diligently to ensure all children in care have appropriate and attainable permanency plans. The Agency continues to hold Permanency Roundtables for youth that have been in foster care for more than 24 months. The Roundtables are high level staffings involving upper management, supervisors, and caseworkers during which the following is explored:

- Review the service plan goals for the proceeding 27 months
- Discuss barriers to achieving individual goals
- Recommend strategies for achieving permanency
- Transition children to least restrictive settings as appropriate
- Ensure families are supported in order to achieve goals and promote permanency
- For youth 14 and older, review the Youth Transition Plan (YTP)
- For older youth, identify an adult that will be a support at the time of exit

BCDSS recognizes that engagement of parents, youth, and caregivers is essential to achieving permanency. BCDSS provided training focused on strategies for engaging parents in service planning that included how to create relevant tasks and goals in collaboration with parents to address what brought the family to the agency's attention, and to achieve timely permanence.

Although the agency's priority is to place children with kin, it is also reinforcing the importance of achieving permanency for all children. During monthly team collaboration meetings, children legally-free for adoption are reviewed to identify and address barriers to moving the child to permanency. This includes engaging with court partners around identifying and overcoming barriers that delay permanency for children.

As noted above, at the state level, SSA is also launching a new Permanency Performance Enhancement Strategy at the state level, with support from national experts from Chapin Hall and Casey Family Programs. Through this new initiative, SSA will be reviewing data on permanency performance and permanency practice each month with the LDSS, sharing information with LDSS about best practices and developing new strategies to measure implementation of best practices. This new strategy will launch this summer and will focus on reunification, kinship, guardianship, and adoption practice.

Workforce

Since June 2019, BCDSS made recruitment and retention of educated, trained, skilled, and compassionate employees a top priority. Recruitment and retention prioritizes social work education and training because of the academic emphasis on engagement, understanding bias, knowledge of child development, skills for managing conflict, knowledge related to behavioral health and substance use disorder, and a thorough understanding of what it means to provide trauma informed care. However, as previously reported, the agency is not immune to the

pandemic induced workforce disruptions and there is a paucity of candidates with those credentials.

DHS remains committed to building a strong and qualified workforce across Maryland. In partnership with the Department of Budget and Management, DHS increased the salaries of caseworkers and supervisors to ensure that competitive wages are offered for vacant positions in the local departments. This has increased the Agency's ability to hire and retain staff. Furthermore, DHS applied for the Quality Improvement Center's Workforce Analytics (QIC-WA) project with the Children's Bureau. DHS recently received notice that Maryland was selected to be awarded this opportunity. This project will be conducted over 2.5 to 4 years and recruitment and retention data will be reviewed to develop strategies the state could implement. Although the strategies developed from this project could be used statewide, Baltimore City will be a pilot location.

BCDSS regularly recruits from social work schools in Delaware, Maryland, Virginia and the District of Columbia as well as using electronic resources such as LinkedIn and the list of Maryland social workers from the Board of Social Work Examiners and National Association of Social Workers - MD Chapter.

*Total number of vacancies for Child Welfare as of February 1, 2024 is **104.***

- *83 Caseworkers*
- *14 Supervisors*
- *2 Administrators*
- *5 Family Support Workers*

*Total number of caseworkers hired from Jan 2023- March 2024 is **83***

*Total number of supervisors hired from Jan 2023- March 2024 is **24***

*Total number of Unit Managers hired from Jan 2023 to March 2024 is **7***

*Total number of Family Support Workers hired from Jan 2023 to March 2024 is **6***

The department will continue all efforts to hire and retain staff to serve the families of Baltimore City. The hybrid teleworking model has proven to be a viable option for increasing productivity and expanding talent recruitment and retention. Also, post-pandemic, the agency learned the benefits of virtual options for connecting with clients, family members, and collateral contacts and has opted not to return to all in-person contacts and meetings. At the same time, BCDSS balances remote and in-person work because leadership recognizes the importance of peer and collegial support to boost cross-sharing of information and expertise, and also to mitigate inevitable secondary trauma, the result of repeated exposure to the trauma of others. Events such as the supervisory retreats are designed specifically to encourage those relationships.

ADDITIONAL COMMITMENTS

OTHER REPORTING REQUIREMENTS

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 response: BCDSS notifies Plaintiffs' counsel of the death or serious injury of any class member as required by this provision of the MCD. The Agency is committed to ensuring the timely submission of required reports of incidents of serious injury and fatality reports that are relevant to class members. Plaintiffs' counsel continues to have access to the case file of a class member upon request.

The IVA has continuously criticized the Agency for failure to provide her with critical incident reports and fatality reports which have been given to her at her request. Those criticisms are unfounded because Fatality Reports, reports of Serious Physical Injury, and Critical incident Reports involving non-class members are not part of this additional commitment and her gratuitous criticism is irrelevant to compliance with this commitment. The critical incidents mentioned by the IVA in her response to the last report were provided to her as a courtesy and not required or due within any timeframe. Her comments in response to the times in which they were provided and their content was inappropriate in a response to this commitment.

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."*

BCDSS response: BCDSS is in compliance. There are no such reports known to the Department at this time.

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

BCDSS response: BCDSS is in compliance. 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.

The Program Manager for Court Processes and the L.J. Compliance team work diligently to comply with this requirement. A system is in place that channels all complaints to the team and requires immediate processing. All staff with information necessary to address the complaint are engaged so that the issues brought to the attention of BCDSS are resolved in a timely fashion. Recently a separate process was agreed upon which allows plaintiffs' counsel to contact the team directly to resolve any issues with class members that have been brought to their attention by counsel for a class member.

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

BCDSS Response: BCDSS is in compliance with this requirement. Dating back to March, 2021, BCDSS has provided a comprehensive overstay and waitlist every week to Plaintiffs' counsel, and the IVA. The list contains information on the committed children who are on overstay or waiting for an appropriate placement at various other placement types.

5.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 response: This commitment does not track the BCDSS safety and clinical response to reports of maltreatment of children in care. Rather it is a notice commitment and the L.J. Compliance team has been working continuously to comply with this requirement which is also contained in the compliance measured by an exit standard to the MCD. BCDSS Legal Services staff send out the notices in the prescribed time period and with the assistance of the BCDSS Innovations Unit. Work is underway to develop systems reports to capture all incidents for which notice is required. The Agency continues to explore and develop processes to achieve timely notice and to provide copies of maltreatment reports and dispositions in compliance with this requirement.

SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS

1. Preservation and Permanency Planning

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

BCDSS response: BCDSS is in compliance. DHS allocates over $4 million dollars of flexible funding for BCDSS to use directly for services and goods to meet the individual needs of families and children.

BCDSS previously conducted several retrospective analyses of the allocation and expenditures as a strategy for determining funding sufficiency. In the 69th report, BCDSS cited examples of expenditures such as nearly $129,000 on rent; $75,756 on furniture; $26,322 on assistance with utilities, and the catchall 'other' - summer camps, daycare, transportation, recreation, etc. was $1,285,808. Funding has not been a barrier for BCDSS to serve children and preserve families. The entry rate into foster care continues to go down. The results of that historical look back and decades of experience have consistently found the allocation to be sufficient.

BCDSS, in conjunction with DHS, continues to work diligently to meet the needs of the children in care and their families. Additional emphasis is placed on in-home services for children and families to prevent entry or reentry into care.

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 response: BCDSS is in compliance. DHS allocates over $4 million dollars of flexible funding for BCDSS to use directly for services and goods to meet the individual needs of families and children.

BCDSS previously conducted several retrospective analyses of the allocation and expenditures as a strategy for determining funding sufficiency. In the 69th report, BCDSS cited examples of expenditures such as nearly $129,000 on rent; $75,756 on furniture; $26,322 on assistance with utilities, and the catchall 'other' - summer camps, daycare, transportation, recreation, etc was $1,285,808. Funding has not been a barrier for BCDSS to service children and preserve families. The entry rate into foster care continues to go down. The results of that historical look back and decades of experience have consistently found the allocation to be sufficient.

BCDSS in conjunction with DHS continues to work diligently to meet the needs of the children in care and their families and additional emphasis is being placed on services to children and families in home in order to prevent entry or reentry into care.

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."*

BCDSS response: BCDSS is in compliance.

In 2007, DHS launched the "Place Matters Initiative," another renewal of the commitment to family-centered, child-focused, community-based services that promote safety, strengthen families to keep children safe, and achieve permanence for children and families in the child welfare system. The success of this initiative and BCDSS's family and home-based practices is evidenced by the substantial decrease in the number of children and youth currently in the care of BCDSS.

Building on the success of Place Matters, DHS/SSA implemented the Integrated Practice Model (IPM). This was yet another renewal of the commitment to family-centered practice that now includes the full continuum of clients served by BCDSS across the life span.

Family Teaming is a critical component of the IPM and fits well with the family meeting 'reboot' BCDSS has undertaken and continues to strengthen. What's measured and reported is whether those children separated from families had a meeting or not, not the number of meetings that took place that didn't result in separation. We continue to examine methods to more broadly collect data to report the use of Family Teaming and success preventing removal and stabilizing placements.

Attached to this report is the Evaluation of the Integrated Practice Model in Maryland. BCDSS believes that this report meets the requirement.

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. and to develop effective ways to provide youth in OHP in Baltimore City information about the youth's rights, responsibilities, and opportunities to express concerns and report problems. With the assistance of youth, DHR shall develop a handbook for youth exiting OHP that provides information on available community resources.*

BCDSS response: BCDSS is in compliance with this additional commitment. BCDSS leadership continues to attend the Youth Advisory Board meetings. 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.

BCDSS' Ready by 21 program includes a strong and varied array of psycho-educational programming designed to expose youth to the life skills they'll need to live independently as well as offering opportunities to meet with other similarly impacted youth and the Ready by 21 staff.

The broad array of opportunities to provide feedback to high-level BCDSS officials has been reported in detail over the last several reporting periods, however, below is a list of examples of activities conducted by members of our Youth Advisory Board (YAB) to incorporate youth voice:

- Youth engaged in ongoing discussions regarding the Jim Casey Partnership Agreement
- One youth has been selected to join the Jim Casey Advisory Committee
- The YAB conducted two focus groups to learn more about permanency and placement stability; one with staff and one with youth. The suggestions will be shared with leadership in July 2024.
- YAB is represented on the Health Care Advisory Council
- YAB member participated in the Jim Casey 2023 Youth Leadership Institute
- YAB hosted the Ready by 21 Skating Event, a Youth Engagement Mini Conference, and holiday events.

Furthermore, the website has a rich array of information and resources, including a handbook with rights and responsibilities for youth. This site was developed by DHS for all youth statewide and repeatedly shared.

Another large initiative for our BCDSS foster youth is The Healing Youth Alliance (HYA). HYA is a youth empowerment and engagement program focused on increasing knowledge and decreasing stigma related to mental health, trauma, and healing among youth and youth-engaged adults by supporting each other. The HYA is supported by three partner agencies: SPHERE Community Collective at the University of Maryland School of Social Work

(UMSSW), HeartSmiles, and Black Mental Health Alliance. BCDSS has partnered with HYA to provide youth ages 16+ who are in the foster care system with training, consultation, and peer support services related to mental health issues, trauma, healing, and violence. The goals for the partnership include:

- Create a culture of youth empowerment and organizing.
- Create a training cadre of youth who can offer training, consultation, and peer support.
- Provide training to youth and youth-serving agencies to address mental health issues, trauma, healing, and violence.

Please see program details:

1. HeartSmiles Training
    a. Recruit 15 Baltimore City youth who have experienced trauma and/or mental health challenges to participate in HeartSmiles Training.
    b. Accepted youth will attend a 4-week training program focused on professionalism, accountability, teamwork, and dependability.
2. Mental Health Training
    a. After completion of the HeartSmiles Training Program, youth will receive continued instruction and support from SPHERE, the Black Mental Health Alliance, and UMDSSW Students for a period of 10 weeks.
    b. Mental Health Training will focus on diagnosis, substance misuse, suicidal ideation, Healing-centered engagement, and collective healing. Youth are then required to create a PowerPoint summarizing the information shared during the session.
    c. Youth meet with graduate students from the UMSSW during the week to review the PowerPoint and receive emotional support as needed.
    d. When the 10th session is completed, the youth will present trial presentations to volunteer social workers who then offer critical feedback. Youth then meet with faculty from the SPHERE and BMBA focused on professional development, strategies for successful public speaking, and facilitating conversations during training. Youth then create a final presentation for a culminating conference that acts as an introduction to the county of newly graduated HYA Ambassadors.
3. Payment for Trainees
    a. Trainees are paid $500 per month for six months
4. Post-Training Expectations
    a. HYA graduates assist with interviewing, orienting, and supporting subsequent cohorts of HYA

A total of 13 foster youth have graduated from the program thus far.

***5. Section E* 5** Intensive Case Management Plan for Youth ages fourteen through twenty**:**
"BCDSS shall create an intensive case management plan for youth ages fourteen through twenty who frequently are missing from placement or are experiencing multiple disruptions in

placements. These youth shall receive an intensive array of supportive services."

BCDSS Response: Retaining a qualified workforce continues to be the most significant barrier to meaningful implementation of the new Standard Operating Procedures (SOP) covering the Intensive Case Management. Like other services across BCDSS, the ICM Team staffing numbers have been negatively impacted by the workforce shortage and hiring challenges. Efforts to recruit qualified staff to join the ICM Team continue.

In addition, the Wellness Program is now available to address the youth's behavioral health needs to strengthen placement stability and reduce disruptions by supplementing the therapeutic component provided to youth by their placements or offering a stand-alone service.

Finally, the status of the young people in care and alternatives BCDSS can make available to meet their unique and individual needs are the subject of the daily Placement Huddle, the weekly Overstay Meeting, and weekly meetings with the Social Services Administration.

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

BCDSS Response: BCDSS is in compliance. BCDSS offers an impressive array of individual and group psycho-educational services designed to support every youth to meet the five benchmark areas.

BCDSS has provided a detailed and comprehensive plan for ensuring that each youth has an opportunity to meet the milestones in the five benchmarks areas in previous reports. As an example, below is a list of BCDSS 2024 Life Skill Courses that are offered on a regular basis:

- Quest to Success / Love Notes
- Home Sweet Home Meets Residential Readiness
- Virtual Employment Workshop
- Secure What's Yours
- Youth Advisory Meeting
- LGBTQ "Pride4Life" Work Group
- LGBTQ "Pride4Life" Event
- Keys to Success
- Learner's Permit Prep
- Friendships Matters
- Parenting Circle
- Learn & Burn
- Keys to Your Financial Future- Opportunity Passport

Furthermore, the Youth Transition Plans are monitored weekly by management. While we are not at the 90% goal there has been progress in completing and approving the plans in a timely manner. Managers are monitoring the progress and case managers are working with youth to identify goals and put services in place to reach the goals.

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

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

Out-of-Home Placement

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 and DHS contracted with the University of Maryland School of Social Work and completed the placement needs assessment in 2022. Although the Plaintiffs Counsel and the IVA stated that the assessment was not sufficient, BCDSS and DHS maintain that the assessment did not violate the MCD and the completion of the assessment is in compliance with the MCD.

Furthermore, DHS has contracted with Chapin Hall to complete a placement needs assessment for the state that includes Baltimore City. The completed assessment should be available in Summer 2024.

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."

DHS/BCDSS continues to be below the national average for the percentage of youth placed in congregate care, as well as above the national average for the percentage of youth placed with kin. BCDSS maintains that the allocated budget is sufficient for OHP services and is compliant with this additional commitment.

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 Response: Since the 54th Reporting Period, BCDSS has maintained that a retainer for emergency foster homes is outdated. Current practice is to identify and approve homes willing to accept emergency placements, and most children entering care emergently are placed in family settings. BCDSS surveyed resource home providers for willingness to be a provider on retainer for emergency placements of high intensity youth; none responded in the affirmative. However, BCDSS approved some resource homes willing to accept children entering care on an emergency basis as "emergency foster homes" with a higher board rate for a limited period of time. Because it believes the requirement is outdated, the department has filed to modify the MCD to eliminate this commitment.

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

BCDSS RESPONSE: After a "soft opening" in Spring, 2022, the KinCare Center - BCDSS's long awaited resource center for kin caregivers - opened to the public in September 2022, five days a week at 2923 E. Biddle St. The center quickly outgrew its quarters, and the adjoining building has now been added to allow for additional space for services and programming.

BCDSS' goal is to evolve into a kin first agency and the KinCare Center is an important resource for kin families. The center offers an important sense of community, promotes positive collaboration with the public agency, and serves as an important source for information and

kin-specific resources. A Family Support Worker is available to transport families to referrals, activities, and appointments for the children. Staff training in kinship care values has been provided to all child welfare staff, and the kinship support group is flourishing.

A team of staff are assigned to the KinCare Center, including three Kinship Navigators who are experts in community resources for both formal and informal kin caregivers. The Navigators provide information, make referrals, initiate linkage to community services, and offer consultation to case workers. Kinship Navigators also act as a guide and a coach for kinship caregivers with whom court-committed children are placed, initiating the relationships to enable timely completion of the home study, and connect high intensity needs children and youth with the Wellness Program.

The KinCare Center is equipped to offer kin caregivers referrals for a variety of services including counseling, information about making applications for public benefits including WIC while also providing concrete resources such as cribs, school supplies, gift cards, diapers, pack and plays, and more. The on-site FIA liaison assists kin with applying for benefits (TCA, SNAP, MA) and addresses barriers to accessing and receiving entitlements. The agency continues outreach efforts to target and engage community organizations to strengthen partnerships and service coordination. C.A.S.E., a therapeutic program, is co-located at the KinCare Center and ensures accessible behavioral health services to support and stabilize families, including kin.

From July 2023 the KinCare Center provided services to more than 400 kin families. As a result of the Center's popularity, it expanded into the adjoining building. The goals of the expansion were to include space for in-person support group meetings and small group activities, a clothing closet, and space for vendor/community partnerships, as well as additional space for a volunteer attorney to assist with family court interactions and for additional Kinship Navigators.

The BCDSS further supports kin caregivers with its "virtual kinship resource center, a kinship care webpage that links to the existing BCDSS website and to the DHS website. The website offers a wide array of information appropriate for both formal and informal kinship caregivers, including information about kin navigation services,; a kinship fact sheet, information about public benefits, and the monthly virtual support groups that began in January 2023.

The Kinship Care brochure, finalized during the 66th reporting period are widely disseminated includes the following:

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

There is no budget to review as BCDSS is using internal resources to provide this important

additional commitment, one with which BCDSS believes itself to be in compliance.

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."*

BCDSS'S RESPONSE: The IVA has found that the Agency is in compliance with this commitment in her response to previous reports. 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."*

The foster care payment rate did not change during this reporting period.

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

BCDSS response: BCDSS is in compliance.

BCDSS is strengthening its commitment to kin first placements when children are separated from their parents/caregivers. The Agency is addressing the individual needs of kinship caregivers and eliminating obstacles discouraging or prohibiting licensure such as waiving requirements that don't emulate community standards for safely raising children, or bar the approval of available housing such as those with wood-panel basements, caregivers who need bunk beds to accommodate the children, or low income families. BCDSS cannot and would not waive safety related requirements. However, kin with criminal convictions or CPS history may be

approved if in a child's best interest except for certain criminal convictions that require denial under federal or state law.

To mitigate the financial stresses of adding new children to a home, the foster care subsidy is provided right away. A home study worker is assigned not only to assess the adequacy of the placement and preparedness of the caregivers to engage with the biological parents and the Agency to achieve permanency, but also to eliminate obstacles to approval.

The recommendations from Annie E. Casey Foundation and A Second Chance Inc. were used to launch the kinship licensing pilot in October 2023. The Gold Standard Kinship Licensing Process was developed to support the pilot and to strengthen the agency's efforts to remedy barriers to the licensure process. This process was designed to support all staff and kinship families to understand available resources and understand expectations with the licensure process. This strategy is grounded in prioritizing kin first while emphasizing engagement and support for all kinship families. The Gold Standard Process provided mapping and clarified responsibilities of programs and staff for each part of the process.

The commitment to the kin-first approach has involved increased teaming and collaboration across all programs which supports the Agency's efforts to connect and streamline all processes, supports, and services. In October 2023, bi-weekly collaboration meetings were held with child welfare supervisory teams to evaluate the licensure process, its strengths and challenges, and to make necessary adjustments. Each teaming discussion explores strategies to address the needs of kinship families and remove barriers to licensing and/or permanency. In 2024, weekly kinship huddle meetings and a red flag process shall be implemented to identify and address any barriers to the licensing approval process and placement stability.

BCDSS continues to work on consistent kinship messaging and communication to staff and families. In October 2023, updated information was made available to staff and families regarding available benefits and resources and what to expect during the licensing process. The Kinship Navigator continues to be a liaison between kinship caregivers and child welfare programs. The Kin Navigator serves as a support by sharing information and resources to address the needs of families.

Staff require an understanding of the importance of kinship connections and the "why" behind the kin-first culture at the Agency. In October and November 2023, child welfare staff received a mandatory Kin Values Training that was facilitated by A Second Chance Inc. This training built upon the foundation to understand the value of kinship care. BCDSS also conducted mandatory training on how to conduct background checks to dispel myths and biases and to align with regulatory requirements. In 2024, ongoing training and support shall continue to strengthen kinship care values within all levels of child welfare. Training for the Gold Standard Licensing process shall be conducted during the next reporting period.

The Agency aims to build the capacity to enhance the emotional and concrete supports to kinship caregivers. This plan includes the implementation of an enhanced licensing process

which assesses the needs of the family triad (child/youth, caregiver, and family of origin), builds our community partnerships, increases our service array for kin, and removes barriers to achieve timely permanency

In October 2023, the Director's Kin First video was released to staff reaffirming the priorities of the agency. BCDSS will continue to prioritize kinship care, and remains committed to implementing strategies to enhance its kin practice across the continuum of service. It will fully embrace the "value" of family and kinship care to foster its kin first culture.

4. Section E 8 Funding for Child Care:
"To meet the requirements of Outcome 4 (as defined) of (sic) this Section to provide funding for child care, DHR/BCDSS shall continue without interruption to provide funding for child care to at least the extent required by 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 found BCDSS in compliance with this commitment in the response to prior reports. There have been no changes.

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."*

BCDSS Response: BCDSS is in compliance. The Agency has provided the documentation of policies and practices in prior reports, including the partnership with placements specifically designed to meet the needs of parenting youth. When staff become aware of a youth that is expecting a child, they complete the tracking form in formstack so MATCH can be notified. MATCH will then connect youth to services. For youth that are already parenting, the same form is completed, and MATCH and RB21 case managers connect the youth to services. MATCH completes a case review every 3 months for parenting and pregnant/postpartum youth. The Reproductive Health Nurse completes an assessment, referring to the Care Coordination Program. Based on the need and the youth's willingness to participate, they are referred to a community-based home visiting program through B-more for Healthy Babies. There are over 100 providers under the B-more for Healthy Babies umbrella.

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 response: BCDSS is in compliance. BCDSS resource home caseworkers solicit feedback from children's caseworkers about the care provided to the children as an important part of every reconsideration completed for resource (foster) parents. In addition, BCDSS added obtaining a child's input to the template for reconsiderations. BCDSS also uses family teaming to solicit input from both the child or youth and their families and important supports to inform placement decision making. A copy of this template is attached to this report.

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."*

BCDSS Response: The Agency continues to meet this commitment. The IVA found BCDSS in compliance with this commitment in the response to prior reports. There have been no changes.

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 Response: The Agency continues to meet this commitment. The IVA found BCDSS in compliance with this commitment in the response to prior reports. There have been no changes.

***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 Response: BCDSS is in compliance. BCDSS has funded the large MATCH contract for many years. There have been no budget issues that have come up in the Health Care Advisory Council (HCAC). Examples of issues that have been discussed at the HCAC are dental, medical and mental health needs of our children. The participants offer suggestions and problem-solve. The Wellness program also provides quarterly updates to the team in reference to how providers

are engaging the youths, how many youths are being served, the quality of the service, etc. The MATCH team provides health updates, and explains their internal CQI processes and strategies. MATCH also shares data and action plans to resolve concerns. Participants present information about their individual organizations (Center For Hope, Baltimore City Health Dept, etc.) to build on the team's knowledge and to offer advice on how the Agency can improve in the areas of health compliance and well-being for the children in care. The SSA Medical Director also provides the group with updates about the work DHS has been doing statewide to address some of the health related issues. The medical director has been charged with communicating with providers about the importance of completing thorough physical exams and documentation. Health forms and policies are also under development by the Central office. More importantly, we have a youth representative on the committee who has been a great voice for youths in care. He offers insight on how young adults view the foster care system. He offers advice to the agency on ways the agency can engage young adults.

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."*

BCDSS Response: BCDSS is in compliance with this commitment.
Meeting the behavioral (mental) health needs of children in OHP begins with a screening and assessment as part of the comprehensive health assessment for every child on entry to foster care at BCDSS. BCDSS staff also have access to a 24-hour mobile crisis for any youth that may need this service.

Furthermore, the Wellness Program has now been launched to provide early intervention to children and youth with moderate and high emotional needs. The program will ensure a consistent therapist that won't change with placement changes; one specially trained in a treatment model developed specifically for the children in OHP.

With assistance and input from the IVA and Plaintiffs' Counsel, BCDSS developed, implemented and added improvements to its Wellness Program to specifically address the behavioral health issues of the children and youth in its care.

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."*

BCDSS response: BCDSS is in compliance. An updated MOU with Baltimore City Public Schools

was finalized and fully executed on January 21, 2024. BCDSS has an Office of Education that ensures every child in foster care is enrolled in school within the five-day timeframe.

In compliance with SSA policy directive SSA/CW #23-04, BCDSS works collaboratively with the local school districts to ensure education stability for our foster youth. Once a youth is placed or replaced out-of-home, BCDSS works to convene a Best Interest Determination meeting within five days with the interested parties. Agency staff meets with the administration of the youth's school of origin, the Baltimore City Public Schools' Foster Care Liaison, representatives from the potential school district and any other interested parties to determine the youth's best interest as it relates to school placement.

If it is determined that it is in the best interest of the youth to remain at their school of origin, BCDSS works with BCPS to ensure that the necessary supports are in place to make certain there is continuity of educational services. If it is determined that the youth will be transferred to a new school, whether in the home school district of Baltimore City or in the jurisdiction where they now reside, BCDSS will immediately initiate the transfer process with the respective school district.

In addition, BCDSS actively works with local school districts through the Pupil Personnel Offices to initiate and monitor timely enrollment and is working with other local school districts to complete MOU's.

	Measure	Measure Type	Final Submission - 71st	Comments for 71st report
1	Percent of children in family preservation that enter OHP.	Internal success	TBD	
2	Percent of children and families in family preservation that timely received services identified in the case (service Plan)plan.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
3A	90 percent of children and families in family preservation had a case plan.	Exit standard	TBD	
3B	90 percent of children and families in family preservation had a case plan.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
4	85 percent of children and families in family preservation timely received the services identified in the case plan.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
5	Average length of stay for children in OHP (in months).	Internal success	TBD	
6	Percent of children who had a comprehensive assessment within sixty days of placement.	Internal success	TBD	
7	Percent of all children with a permanency plan of reunification for whom BCDSS had a service agreement with the child's parents or guardians or for whom BCDSS made reasonable efforts to get the child's parents or guardians to enter into a service agreement.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
8	Percent of all children for whom BCDSS provided referrals for services identified in the child's parent's or guardian's service agreement.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
9	Percent of cases that had a team decision-making meeting when the child is at risk of a placement disruption.	Internal success	TBD	
10	Percent of TPR petitions filed that were filed on time.	Internal success	TBD	
11	Percent of children who, after twenty-four months in care, had a case review every ninety days to resolve barriers to permanency.	Internal success	TBD	
12	Percent of all children with a permanency plan of reunification for whom BCDSS facilitated a visit with the child's parents once per week.	Internal success	TBD	
13	Percent of applicable children for whom, where the child's paternity had not been established, BCDSS sought to establish the child's paternity within ninety days of the child's entry into OHP.	Internal success	100.00%	QA report
14	Percent of children for whom BCDSS searched for relatives or other resources.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
15	90 percent of children in OHP had a case plan.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
16	90 percent of children in OHP and their families timely received the services identified in their case plans.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
17	Percent of children ages twelve and over who participated in case planning meetings.	Internal success	TBD	
18	Percent of all new entrants for whom a family involvement meeting was held within seventy-two hours of placement.	Internal success	TBD	
19	Percent of all children for whom case planning meetings included family members.	Internal success	TBD	
20	Beginning July 1, 2010, for 85 percent of children, BCDSS had a family involvement meeting at each critical decision-making point.	Exit standard	TBD	
21	Percent of children whose case plan was completed within sixty days of placement.	Internal success	TBD	
22	Percent of children whose case plan was updated every six months.	Internal success	TBD	
23	Percent of children for whom BCDSS reported to the child's parents, the parents' attorney, and the child's attorney any intention to request a change in the permanency plan at least ten days prior to the court review.	Internal success	93.94%	QA report
24	90 percent of children had a case plan that was completed within sixty days of the child's entry into OHP and which was updated every six months.	Exit standard	TBD	
25A	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	Internal success	TBD	
25B	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
26	Percent of emancipated youth who reported receiving services designed to prepare them for independence.	Internal success	TBD	

	Measure	Measure Type	Final Submission - 71st	Comments for 71st report
27	Percent of youth with a mental illness or a developmental disability who need a residential facility, residential supports, or day programming or supported employment services after they turn twenty-one who received a referral, and who had a transition plan to an alternative service provider at least two years prior to their twenty-first birthday.	Internal success	100.00%	QA report
28	Number of youth, ages eighteen to twenty-one, who exited OHP through rescission.	Internal success	5	QA report
29A	90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	Exit standard	TBD	
29B	90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
30A	Percent of all children who were placed in-Family Settings-(i.e., public resource family, treatment foster home, pre-adoptive)	Internal success	TBD	
30B	Percent of all children who were placed in-Relatives- (i.e., formal kinship, restricted foster home, trial home visit)	Internal success	TBD	
30C	Percent of all children who were placed in-congregate care (staffed 24/7)	Internal success	TBD	
30D	Percent of all children who were placed in-Other- settings (by type)	Internal success	TBD	
30E	Percent of all children who were in Independent living	Internal success	TBD	
31	Percent of all children in OHP placed with siblings.	Internal success	TBD	
32	Percent of all children in congregate care who had a stepdown plan.	Internal success	TBD	
33	90% of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
34A	Children under seven placed in congregate care	Internal success	2	
34B	Children seven to twelve placed in congregate care	Internal success	26	
35	Percent of children under age thirteen placed in congregate care for whom the placement was medically or therapeutically necessary and the placement included services that met the child's needs.	Internal success	TBD	
36	For 99% of children under age thirteen placed in congregate care, the placement was medically or therapeutically necessary and the placement included services that met the child's needs.	Exit standard	TBD	
37	Number of placements available to BCDSS by type.	Internal success	TBD	
38	Number of emergency foster homes on retainer	Internal success	0	
39	The array of current placements matched the recommendation of the biennial needs assessment.	Internal success	TBD	
40	Percent of all children who have service needs identified in their case plans.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
41	Percent of all children for whom identified service needs were followed by timely and appropriate referrals.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
42	Percent of children who receive services necessary and sufficient to meet the child's needs and to support stability in the least restrictive placement.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
43	Percent of children not placed with their siblings who have visitation with their siblings twice a month.	Internal success	TBD	
44	90 percent of children and caregivers received services necessary and sufficient to meet their needs and to support stability in the least restrictive placement.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
45	Percent of kinship care providers who received written notification of the right to apply for foster home licensing within ten days of placement.	Internal success	95.00%	
46	Percent of kinship care providers who received written notification of BCDSS training opportunities.	Internal success	90.61%	QA report
47	Percent of kinship care providers who reported having been informed about training and licensing opportunities.	Internal success	97.96%	QA report
48	90 percent of kinship care providers received written notification of the right to apply for foster home licensing within ten days of placement.	Exit standard	95.00%	BCDSS requests certification

	Measure	Measure Type	Final Submission - 71st	Comments for 71st report
49	Number of Special Support team positions funded by the Department, by type.	Internal success	11 July to September; 12 October to December: Developmental disabilities (1); Education services, including special education (5); Employment (1); Housing (1); Independent Living (1); Mental health services (1 July to September; 2 October to December); Substance (alcohol and drug) abuse services (1)	QA report
50	Number of Special Support team positions filled, by type.	Internal success	11 July to September; 12 October to December: Developmental disabilities (1); Education services, including special education (5); Employment (1); Housing (1); Independent Living (1); Mental health services (1 July to September; 2 October to December); Substance (alcohol and drug) abuse services (1)	QA report
51	MCDSS MS-22(job descriptions for all positions).	Internal success	100.00%	QA report
52	BCDSS employed a staff of non-case carrying specialists to provide technical assistance to caseworkers and supervisors for cases that require specialized experience and/or knowledge.	Exit standard	11 July to September; 12 October to December: Developmental disabilities (1); Education services, including special education (5); Employment (1); Housing (1); Independent Living (1); Mental health services (1 July to September; 2 October to December); Substance (alcohol and drug) abuse services (1)	BCDSS requests certification.
53	Percent of all foster home applications that were approved/denied within 120 days of application.	Internal success	TBD	
54	Percent of all foster home caregivers who received all training required by law.	Internal success	TBD	
55	Number of foster homes licenses rescinded by the Department due to lack of compliance.	Internal success	TBD	
56	Percent of all foster homes and kinship care placements that met the COMAR licensing requirements.	Internal success	TBD	
57	95 percent of all foster homes and kinship care placements met all legal requirements.	Exit standard	TBD	
58	90 percent of all foster homes were approved and reapproved on a timely basis. 2. Date reconsideration completed and administratively approved	Exit standard	TBD	
59	Percent of all placements in which the caregivers received a complete Child Placement Information Form at the time of placement.	Internal success	TBD	
60	95 percent of caregivers had been provided all available information about the child's status, background, and needs.	Exit standard	TBD	
61	Number of children in OHP for whom a CPS report was made.	Internal success	TBD	
62	Number of children in OHP for whom a CPS investigation was opened.	Internal success	TBD	

	Measure	Measure Type	Final Submission - 71st	Comments for 71st report
63	Number of children in OHP for whom a report of maltreatment while in OHP was indicated.	Internal success	TBD	
64	Percent of CPS investigations which were initiated in a timely manner.	Internal success	TBD	
65	99.68 percent of children in OHP were not maltreated in their placement, as defined by federal law.	Exit standard	99.88%	QA report. BCDSS requests certification of this measure
66	In 95 percent of cases of alleged maltreatment of a child in OHP, BCDSS provided the child's attorney and Plaintiffs' counsel the report of the alleged maltreatment within five days of the report and the disposition within five days of its completion.	Exit standard	TBD	
67	Number of children who spent four hours or more in an office, motel, or unlicensed facility.	Internal success	59	QA report
68part 1	A= Percent of kids 99.8 percent of children in OHP were not housed outside regular business hours in an office, motel, hotel, or other unlicensed facility. If any child is so housed, BCDSS shall notify Plaintiffs' counsel within one working day of the reasons for the placement, the name of the child's CINA attorney, and the steps that BCDSS is taking to find an appropriate placement. Barring extraordinary circumstances, no child may be housed in an office for consecutive nights.	Exit standard	95.90%	QA report
68part 2	B = attorney notification 99.8 percent of children in OHP were not housed outside regular business hours in an office, motel, hotel, or other unlicensed facility. If any child is so housed, BCDSS shall notify Plaintiffs' counsel within one working day of the reasons for the placement, the name of the child's CINA attorney, and the steps that BCDSS is taking to find an appropriate placement. Barring extraordinary circumstances, no child may be housed in an office for consecutive nights.	Exit standard	TBD	
69	Percent of children ages twelve and over who participated in placement decisions.	Internal success	TBD	
70	90 percent of children ages twelve or over participated in placement decisions.	Exit standard	TBD	
71A	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	Internal success	TBD	
71B	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
72A	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	Exit standard	TBD	
72B	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
73	Percent of new entrants who received an initial health screen within five days of placement.	Internal success	91.96%	
74	Percent of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate medical attention.	Internal success	100.00%	
75	Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement.	Exit standard	91.96%	
76	Percent of new entrants that received a comprehensive health assessment within sixty days of placement.	Internal success	TBD	
77	Percent of all children that had a comprehensive health plan.	Internal success	TBD	
78	Percent of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	Internal success	TBD	
79	Beginning July 1, 2009, 90 percent of new entrants into OHP received a comprehensive health assessment within 70 days of placement.	Exit standard	TBD	
80	Beginning July 1, 2009, percent of children entering OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	Internal success	64.06%	
81	Beginning July 2010, percent of children in OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	Internal success	TBD	

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82	Beginning December 1, 2009, 90 percent of children entering OHP received timely periodic EPSDT examinations and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	Exit standard	64.06%	
83	Beginning July 2010, 90 percent of children in OHP received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	Exit standard	TBD	
84	Beginning July 1, 2009, percent of new entrants under age three who were referred for a Part C Assessment within ten days of placement.	Internal success	TBD	
85A	Percent of children who received timely all Needed Health Care Services.	Internal success	TBD	
85B	Percent of children who received timely all Needed Health Care Services.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
86	Percent of cases in which the identification of a developmental delay was followed by a prompt referral for special education or early intervention services.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
87	Percent of cases in which the case worker monitored the child's health status once monthly.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
88A	90 percent of children received timely all Needed Health Care Services.	Exit standard	TBD	
88B	Number of new entrants into OHP during the period under review who were in OHP for at least 10 business days	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
89	Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly - Health passport	Internal success	TBD	
90	Percent of children who had a health passport that was updated and distributed to the caregivers at least annually.	Internal success	TBD	
91	Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed.	Internal success	97.53%	
92	Percent of all children for whom BCDSS delivered an MA card promptly.	Internal success	100.00%	
93	90% of all new entrants had a complete health passport that was distributed to the children's caregivers promptly [Actual health passport]	Exit standard	TBD	
94	90 percent of children had a health passport that was updated and distributed to the children's caregivers at least annually.	Exit standard	TBD	
95	Percent of new entrants who were enrolled in and begin to attend school within five days of placement.	Internal success	TBD	
96	Percent of children who changed placement who were enrolled in school within five days of a placement change	Internal success	TBD	
97	Percent of children eligible for special education who received special education services without interruption when they transferred schools.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
98	Percent of children ages three to five who were enrolled in a pre-school program.	Internal success	TBD	
99	90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.	Exit standard	TBD	
100	Percent of children who had an attendance rate of 85 percent or higher in the Baltimore City Public School System.	Internal success	60.76%	QA report
101	Percent of children who had an educational plan.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
102	Percent of children for whom BCDSS met its obligations as set forth in the child's educational plan.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
103	Percent of children whose educational progress was monitored monthly.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
104	90 percent of children had an educational plan.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
105	For 90 percent of children, BCDSS had met its obligations as set forth in the child's educational plan.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
106	For 90 percent of children, BCDSS had monitored the child's educational progress monthly.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
107	Percent of children for whom any indication of developmental delay or disability was followed by a prompt referral for special education or early intervention services.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.

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108	Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
109	Percent of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.	Internal success	TBD	The IVA deemed the QSR data not valid and reliable.
110	BCDSS made a prompt referral for special education or early intervention services for 90 percent of children for whom there was an indication of developmental delay or disability.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
111	BCDSS made reasonable efforts to secure services for 90 percent of children who were eligible for special education or early intervention services.	Exit standard	TBD	The IVA deemed the QSR data not valid and reliable.
112 (A)	Percent of case-carrying (fulltime and with full-caseloads) staff who were at or below the standard for caseload ratios.	Internal success	TBD	
113 (A)	Percent of case-carrying teams who were at or below the standard for ratio of supervisor:worker.	Internal success	TBD	
114	Percent of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.	Internal success	TBD	
115 (A)	90 percent of case-carrying staff was at or below the standard for caseload ratios.	Exit standard	TBD	
116 (A)	Percent of case-carrying teams who were at or below the standard for ratio of supervisor:worker.	Exit standard	TBD	
117	Percent of caseworkers who qualified for the title under Maryland State Law.	Internal success	100.00%	QA report
118	Percent of case-carrying workers who passed their competency exams prior to being assigned a case.	Internal success	100.00%	QA report
119	Percent of caseworkers and supervisors who had at least twenty hours of training annually.	Internal success	Workers = 69.9% Supervisors = 88.2% Total = 72.1%	QA report
120	Percent of caseworkers who reported receiving adequate supervision and training.	Internal success	Adequate supervision = 73.1% Adequate training = 80.8%	QA report
121	95 percent of caseworkers met the qualifications for their position title under Maryland State Law.	Exit standard	100.00%	QA report. The IVA determined that BCDSS met the exit standard in the 69th reporting period. Data submitted in the 70th reporting period shows the BCDSS exceeded the exit requirement and therefore requested compliance for the 70th reporting. Data submitted in this report also shows that BCDSS exceeded the exit standard for the 71st reporting period, and therefore requests compliance for the 71st reporting period, and final certification for the measure.
122	90 percent of caseworkers and supervisors had at least twenty hours of training annually.	Exit standard	Workers = 69.9% Supervisors = 88.2% Total = 72.1%	QA report
123	Percent of cases transferred with required documentation within five working days.	Internal success	98.36%	QA report. Compliance was met in the past 3 reporting periods. Certification is requested.
124	Percent of transferred cases in which a case conference was held within ten days of the transfer.	Internal success	99.26%	QA report. Compliance was met in the past 3 reporting periods. Certification is requested.
125	90 percent of cases were transferred with required documentation within five working days.	Exit standard	98.36%	QA report. Compliance was met in the past 3 reporting periods. Certification is requested.
126	90 percent of transferred cases had a case transfer conference within ten days of the transfer	Exit standard	99.26%	QA report. Compliance was met in the past 3 reporting periods. Certification is requested.