

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

## **66th COURT REPORT**

**January 1, 2021 – June 30, 2021**

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## **Introduction**

The Maryland Department of Human Services' (DHS) and the Baltimore City Department of Social Services' (BCDSS, the Department, or the Agency) 66th semi-annual Court Report fulfills a requirement of the *L.J. v. Massinga Modified Consent Decree* (MCD) approved on October 9, 2009. The report covers the period from January 1, 2021 through June 30, 2021.

BCDSS has continued the formidable work of strengthening child welfare practice and transforming the organizational climate over the last six months. Throughout the reporting period, the worldwide pandemic caused by the COVID-19 novel coronavirus continued to impact the landscape in which BCDSS provides services to the individuals, families, and children it serves.

In mid-June, Governor Larry Hogan declared the end of the COVID State of Emergency in Maryland, after 6.5 million residents had received a vaccination and the positivity rate had reached a new low of 0.83%. Emergency mandates and restrictions were terminated as of July 1, and the statewide mask order was lifted for every setting. A 45-day administrative grace period was extended for some regulations through August 15th to enable the administrative transition out of the pandemic. As of the writing of this report, the positivity rate had risen to 5%.

As reported in the 65th report, BCDSS worked diligently to fulfill the commitment to collaborate with the Independent Verification Agent (IVA) and DHS to overhaul the L.J. measure instructions. The goal was to eliminate dependence on unreliable hand counts, inefficient work processes, and unwieldy documentation outside of the State's Comprehensive Child Welfare Information System that may not have reflected the actual work being done. Obtaining legitimate and credible data is critical to our ability to prescribe and invest in the correct solutions.

The following is a synopsis of BCDSS accomplishments during the 66th Reporting Period:

- During this reporting period, the primary focus has been developing plans for achieving compliance, finalizing the agreed-upon measure instructions, and collecting and reporting supporting data. Furthermore, BCDSS has added more staff resources to the team to strengthen the compliance work associated with the measures. BCDSS and DHS have redoubled their MDC compliance efforts.
- We supported our resource home providers in various ways including, bi-weekly phone calls by resource family caseworkers to resource families to provide emotional support, determine tangible and intangible needs, and offer assistance as needed.
- We purchased and distributed medication lock boxes to families for safe storage of medication. The goal is to reduce accidental poisonings that occur when young children have access to medications that can be deadly. The locked boxes are available to caseworkers for distribution to families, along with other safety related equipment such as Pack n' Plays, to encourage safe parenting.

- We selected an attachment-based and trauma-informed intervention, Trust Based Relational Intervention (TBRI), to strengthen the ability of resource parents to provide curative care to children who have experienced complex trauma, i.e., repeated exposure to traumatic events within the context of a disturbed caregiving relationship. The goal is to reduce placement disruptions by equipping caregivers with new skills and parenting strategies. Work to develop an implementation plan is underway.
- The Kinship Navigator in Family Preservation launched a successful Back-to-School drive for our informal kinship caregivers.

## **Measurement Instructions**

For more than a decade, multiple but unsuccessful efforts were made to develop a mutually agreed upon and comprehensive set of measure instructions. An outcome of the Problem-Solving Forum on October 19, 2020 was that BCDSS and DHS committed to draft a complete set of Measure Instructions by January 15, 2021. This effort was a massive undertaking and required shifting in workloads by many dedicated staff at both BCDSS and DHS. The team that was assigned to complete this work participated in daily meetings to methodically review each proposed measurement instruction and carefully examine them for compliance with federal and state laws and Maryland regulations. The revision of all measures was completed within the agreed upon time frame. Great care was taken to thoughtfully consider how to most efficiently and authentically make use of child welfare data available in the Child, Juvenile, Adult Management System (CJAMS) to demonstrate compliance rather than relying on hand counts and spreadsheets outside of the state's comprehensive child welfare information system. A full copy of the LJ Measure instruction booklet is attached

Since the completion of the comprehensive effort, DHS and BCDSS have focused on ensuring that the agreed upon measures can accurately be captured and reported using CJAMS. DHS has designated a team from MD THINK,<sup>1</sup> along with other staff from the Social Services Administration (SSA), and BCDSS to meet daily to work on developing reports that accurately reflect BCDSS's progress under the measures. The IVA has also joined these meetings and has been a vital contributor to the process. Once these reports have been fully developed, BCDSS will be able to accurately report on the measures.

## **Quality Service Review (QSR)**

### **Enhancement Updates**

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

The following MCD measures are obtained solely through the Quality Service Review:  
Exit Standards: 3(b), 4, 15, 16, and 29(b), 33, 44, and 72(b), 88 (b), 104, 105, 106, 110, and 111  
Internal Success Measures: 2, 7, 8, 14, 25(b), 40, 41, 42, 44, 71(b), 85(b), 86, 87, 97, 101, 102, 103, 107, 108, and 109

Compliance Plan - The Compliance plans for these measures started with the Program Manager for QSR working directly with the IVA to identify which indicators and data points from the QSR instrument are relevant to use for measuring performance with the L.J. measurement standards. From this, the IVA and Program Manager developed the formulas for the calculations for each relevant Exit Standard. The final results and recommendations from each QSR are shared with the program area teams for discussion. Beginning July 1, 2021, the QSR Program Manager will maintain all the data from the final QSRs. This data will then be analyzed and reported on for the 67th reporting period.

### ***Personnel Changes***

During this reporting period, BCDSS added two additional reviewers in the QSR program. Both were previously caseworkers in Child Welfare's Out-of-Home Placement Program (OHP).

### **Quality Service Review**

#### **QSR Analyses used for L.J. Measures**

During this reporting period, the QSR Program Manager met on several occasions with the IVA to identify formulas for calculating Agency performance for L.J. measures derived from QSR data only. These final decisions were documented in L.J. measure instruction sheets.

In June 2021, the QSR Program Manager and two other senior management members met with the IVA to create five tables to include in the QSR instrument to use for L.J. reporting.

#### **QSRs in the Family Preservation Program (FPP)**

During this reported period, BCDSS and the IVA agreed to 15 QSRs in FPP. Conducting QSRs in the Family Preservation Program will require additional staff, and two have been reassigned to the QSR Unit. An effort is currently underway to identify more staff to fill out the unit.

In the prior reporting period, the QSR unit developed a QSR FPP instrument and protocol. As a next step, the QSR Program Manager and FPP Program Manager will meet with the IVA to identify ways to shorten the QSR FPP instrument to minimize redundancy with analyses and improve efficiency to be able to complete the instruments in shorter time frames.

#### **Quality Control (QC) Process of QSR Instruments:**

QSR management continues to conduct an in-depth QC process of instruments before Inter-Rater Reliability (IRR) meetings. The QSR supervisors review each submitted QSR instrument

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

**Inter-Rater Reliability (IRR) Meetings:**

The QSR program continues to conduct IRR meetings for each QSR instrument. The program manager, supervisors and reviewers meet for in-depth discussions about QC edits and other questions based on review of the instrument. The discussions have been targeted, academic, and focused on applying standards from QSR Protocol and criteria. The QSR Management team identifies and articulates targeted areas for reviewers to apply to their future reviews.

BCDSS will continue to work closely with the IVA to ensure the QSR process is reliable and valid so that we may seek certification on these measures.

## **Workforce**

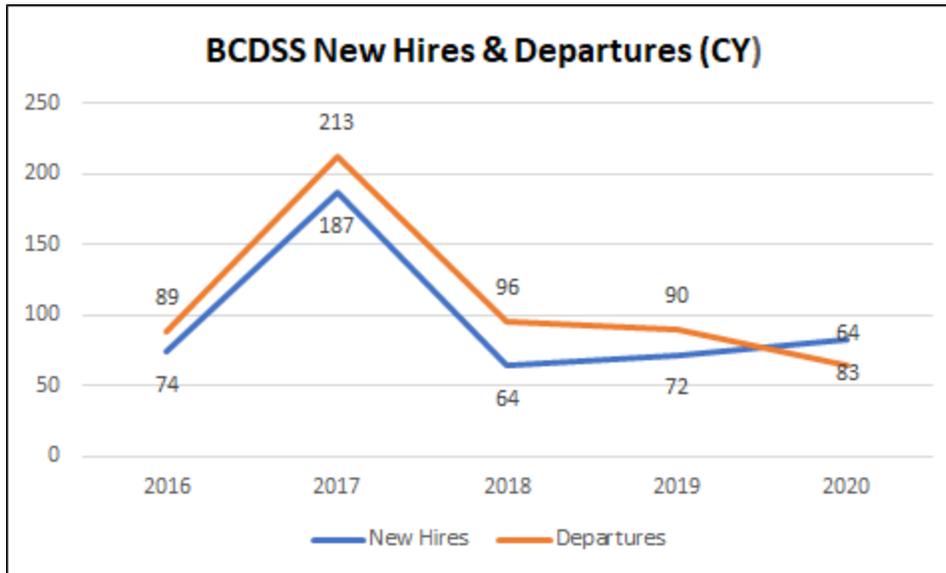
The following measures are associated with the Workforce subsection of the MCD: Exit Standards 115, 116, 121, 122, 125 and 126; Internal Success Measures 112, 113, 114, 117, 118, 119, 120, 123 and 124.

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

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

BCDSS has a total of 1,428 employees, 600 of whom work in the Child Welfare Division. Since June 2019, BCDSS has made the recruitment and retention of skilled and compassionate employees one of its most important priorities.

Over the last several years, BCDSS as an organization experienced instability, in part because of a series of changes in leadership. Employment data reflects this instability:



For three consecutive years, BCDSS agency-wide lost more employees than it hired. The same was true in Child Welfare. Furthermore, the turnover was especially pronounced among new employees. In 2017, there were 86 departures in Child Welfare. Of the 86 departures, 53 employees (62%) had been with the agency for less than 2 years.

In 2018, only 24% (23 of 96 departures) had tenures of less than 2 years. In 2019, that number decreased to just 11% (10 of 90 departures).

#### **Child Welfare Turnover:**

2018: 64 new hires

96 departures

19 of 96 departures (20%) had been with the agency 12 months or less

4 of 96 departures (4%) had been with the agency 13-24 months

2019: 72 new hires

90 departures

10 of 90 departures (11%) had been with the agency 12 months or less

0 of 90 departures (0%) had been with the agency 13-24 months

2020: 83 new hires

64 departures

16 of 64 departures (25%) had been with the agency for less than 24 months

In prior years, the turnover is especially pronounced among new employees, but BCDSS continues to work to close the gap between departures and new hires. In 2020, only 25% of the new hires left within 24 months.

## **Staffing Analysis**

### **Vacancies:**

In September 2019, DHS announced a significant policy change to the process for hiring new Child Welfare employees. Previously, local departments of social services like BCDSS were required to submit requests to re-fill positions when they became vacant. With the policy change, local departments were granted the authority to immediately re-fill caseworker and supervisor positions without having to first secure approval from DHS. As a result, the vacancy rate at BCDSS decreased from 10.6% in 2019 to 8.0% in 2020.

During this reporting period, BCDSS has seen an increase in resignations and retirements from Child Welfare caseworkers and supervisors. Although we do not have the annual data to provide an exact number, we are strategizing on how to retain and recruit. Across the nation, Human Service agencies are experiencing staffing shortages. BCDSS will continue to diligently work on recruiting new staff. BCDSS has committed to hiring MSW level caseworkers. However, when appropriate, BCDSS will make exceptions to hire BSW level caseworkers.

### **Accommodations/FMLA:**

Throughout Child Welfare, there are approximately 80 employees in caseworker positions who are not carrying cases. Among those employees, approximately 21 have been granted ADA accommodations. BCDSS is currently analyzing data related to accommodations and intermittent FMLA usage, to determine how many current employees can be returned to casework. BCDSS has also initiated policy changes and process improvements to ensure that requests for accommodations are being appropriately evaluated for approval.

### **Extended Hours:**

BCDSS continues to focus on restructuring the Extended Hours (EH) unit. With the addition of the permanent program manager and the recent addition of a unit manager, the department can consistently provide more structured and comprehensive services over night. Over the last year, BCDSS has fully staffed EH with 38 full-time caseworkers permanently assigned to the unit.

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

BCDSS collaborates with the University of Maryland School of Social Work (UMSSW) and Morgan State University (MSU) to enhance the utilization of the Title IV-E student program. BCDSS has made efforts to recruit more field instructors for future Title IV-E students. Past data has shown that Title IV-E students are more likely to stay in public child welfare during their careers than their counterparts. In 2020, BCDSS hired six Title IV-E students. Starting in September 2021, 14 Title IV-E students from UMSSW and MSU started their internship with BCDSS. BCDSS will work diligently with these students to ensure they are offered timely full-time positions upon graduation.

### **Teleworking:**

Since the onset of the COVID 19 pandemic, BCDSS Child Welfare employees have been under a Hybrid Teleworking Agreement. The Hybrid Teleworking Agreement allows employees the flexibility to work in the field for the majority of the week, only coming into the office on coverage

days or for job duties that require them to be in the office. All staff were given the tools to conduct fieldwork, including laptops, iPads and VPN access.

BCDSS plans to retain some version of its current teleworking model even after the pandemic has passed. The aim of retaining teleworking as a viable option is to increase opportunities for productivity and improve talent recruitment by providing employees with work location alternatives that enable employees to meet their work needs as well as the needs of BCDSS and the community.

**Workforce Innovation Team:**

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

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

- Program managers are directly participating in candidate interviews, rather than generic panels conducting the interviews, allowing program managers to play a greater role in assessing and matching candidates' skill sets with their respective programs.
- New caseworkers now shadow in their units upon starting with the agency. This will allow new employees to gain hands-on experience prior to starting new employee training and pre-service training at the Child Welfare Academy.
- The WIT is examining ways to incorporate core competencies into the hiring and supervision of staff.
- The WIT is developing and incorporating behavior-based interview techniques into the hiring process.
- The WIT is exploring the use of videos to provide potential job applicants with a more realistic picture of what a caseworker can expect to experience.
- BCDSS has extended staff probation period from six months to one year to give supervisors more time to evaluate staff with the goal of improving staff selection and retention.
- WIT is developing a Human Resources Data Dashboard with the goal of identifying and mitigating problematic patterns as well as creating a data-informed, results-oriented culture. The HR dashboard will track and visually display key data like vacancies, turnover rate, accommodations, caseload distribution, etc.

**Moving Forward:**

BCDSS is committed to improving practice on recruiting and retaining Child Welfare staff. The following are priorities for the next 6 months:

- Bi-monthly, BCDSS leadership meets with staff to discuss any obstacles staff are facing and answer questions. The Director currently participates in virtual brown bag lunch meetings with staff. Deputy Directors and Assistant Directors also participate in in-person meetings with staff to address concerns as well as build morale.
- Utilize program staff from different parts of the agency to expedite the interviewing process. Adult Services administrators and supervisors have begun assisting in interviewing candidates for vacant Child Welfare positions.
- Continue to hire MSW (BSW when appropriate) for vacant positions.
- Develop a pool of interviewed candidates to offer positions immediately when a vacancy occurs. This will reduce the length of time to fill vacancies.
- Biannually in December and May, recruit Title IV-E students for vacant positions upon graduation.
- Continue to provide in-person training related to policy and practice and with CJAMS.
- Carry out the strategies developed in the WIT.
- Collect data from exit interviews to develop a Retention Plan for the agency. Exit interviews will be held prior to staff leaving the agency and will be reviewed by Executive Leadership on a quarterly basis.
- Continue regular attendance at job fairs such as: Elijah Cummings Annual Job Fair, Maryland Career Consortium (MCC) Career Fair, Catholic University Job Fair, and other college and university job fairs.
- Consistent advertising with the Baltimore Sun Newspaper, National Association of Social Workers (NASW), Child Welfare League of America (CWLA), American Public Human Services Association (APHSA), Monster, Indeed, Handshake, and social media platforms.
- Continue partnering with Towson, Morgan, Bowie, and Coppin State Universities and the University of Maryland School of Social Work.

**Strategies for Improvement for Exit Standard 122:** *90 percent of caseworkers and supervisors had at least twenty hours of training annually.*

BCDSS has developed a process to effectively track this measure in accordance with the employee performance process. The process is outlined below and effective July 1, 2021:

**Process:**

1. In March of each year, the Office of Learning (OL) requests a list of caseload carrying workers and supervisors in Child Welfare. After March, the OL will remove any staff who have left the agency throughout the year.
2. Those on the list are queried in the OL's Training Tracking System to obtain the training hours for each individual.
3. The OL compiles training attendance data from DHS Learning (HUB), the Child Welfare Academy at the University of Maryland School of Social Work, BCDSS Office of Learning and self-reported work-related training.
4. Those with PEP End-Cycles in June will be reported for January to December of the previous calendar year. Those with PEP End-Cycles in December will be reported for January to December of the current calendar year.
5. The OL sends out reminder emails informing staff of the number of hours they have accumulated and post a list for staff to check hours.

**Report:**

The OL submits a spreadsheet to Innovation that summarizes the training hours for staff. Reports are sent to Innovation on January 15<sup>th</sup> & July 15<sup>th</sup>.

BCDSS expects to see great improvement with the implementation of this tracking process.

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

For the next reporting period, the Innovation team will designate a coordinator that schedules and facilitates transfer meetings. Active participants in the meeting include Innovation staff, current case supervisor, current case worker, receiving supervisor, and receiving worker. Innovation staff are responsible for entering the case conference information into CJAMS indicating the time and date the meetings occur and the required transfer documentation. All documentation will be uploaded to CJAMS in a timely manner (Five business days).

**Strategies for Improvement for Exit Standards and Internal Success Measures for Preservation, Permanency, and Out of Home (OHP)**

Preservation and Permanency Planning

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

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

**Out of Home Placement**

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

Internal success measures: 30, 31, 32, 34, 35, 37, 38, 43, 45, 46, 47, 49, 50, 51, 53, 54, 55, 56, 59, 61, 62, 63, 64, 67, 69, 71a

BCDSS has proposed new measurement instructions for each of these Exit Standards. With CJAMS and the extension of review processes in QSR, the Department will be better able to track and measure the work necessary to comply with these standards. Reports for many of these measures are currently under development. For more information on report development see the measurement instruction section.

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

BCDSS believes that family engagement is essential to mitigating risk for children and preserving families. Caseworkers will be provided with comprehensive refresher training and follow-up mentoring that highlights the areas below:

- the value of case plans, known as 'Service Plans,' in CJAMS
- the direct connection between completion of the Maryland Child and Adolescent Needs and Strengths assessment (CANS-F) and the Service Plan, in that needs are identified that the plan is designed to address

- effective tools for engaging parents as partners to most successfully complete the CANS-F, and develop the goals and objectives to mitigate the factors that led to placement
- guidance for documenting the plan in CJAMS
- the benefits of monitoring the In-Home Milestone Report for all families with a Consolidated Family Services case assignment for 30 days+

**Strategies for Improvement for measures 9, 17, 19, 18, 20, 69, 70, 78 -**

There are several MCD measures that address the necessity of holding a Family Involvement Meeting (FIM) whenever a critical decision must be reached about the planning for a child or youth in the care of BCDSS. Two of these measures are exit standards the others are internal success measures which generally incorporate some aspect of one of the two exit standards. This strategy for improvement plan looks directly at improving both casework practice and family engagement. Furthermore, by improving casework practice, compliance will increase for measures 9, 18, 20, 69, 70, 78:

**PLAN:**

Action	Targeted Completion	Status
BCDSS will partner with the Annie E Casey Foundation for Technical Support with training on the FIM process	Fall 2020	Completed
Train all child welfare leadership and FIM facilitators on the model January-Feb 2021	January - February 2021	Completed
Train all caseworkers and supervisors in all BCDSS services programs	April - June 2021	Completed
Train Baltimore City Court and CINA attorneys on the new practice	July 2021	Completed
Implementation of the new FIM practice model	July 1, 2021	Completed
Development of L.J. reports and management reports to measure progress with compliance	December 2021	Reports are currently in development. BCDSS, IVA, SSA, and MDTHINK are diligently working on this.
Train facilitators and all BCDSS services staff on	December 2021	Once reports are completed, the training for staff will align with the report requirements

Action	Targeted Completion	Status
proper CJAMS documentation		to ensure proper data collection.
Management Monitoring of quality and compliance	December 2021	Once reports are available to BCDSS management, there will be ongoing oversight of data compliance as well as quality assurance from subsequent Quality Service Reviews.

**OUTCOMES EXPECTED:**

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

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

Case plans provide a roadmap for identifying needed casework services and a venue for documenting the child and family history, as well as showcase the work to prevent placement; document efforts to achieve timely permanence; and provide important updates about the child's status in life domains that include family, peers, education, health, and behavioral health. The timely and thorough completion of case plans, which include service plans negotiated with parents and youth, are an important part of casework when children are in OHP. Through the process of writing about the child and family, case plans offer caseworkers an opportunity to thoughtfully reflect on the work that's been done to ensure appropriate and safe placement, achieve timely permanence, and prepare older youth for a productive and satisfying adulthood. As a result, BCDSS has made case plans a priority and by improving casework practice, compliance will increase for measures 7, 8, 15, 16, 19, 21, 22, 24, 25, 29, 40.

Action	Targeted Completion	Status
BCDSS will partner with the Annie E Casey Foundation	Fall 2020	Completed

Action	Targeted Completion	Status
for Technical Support with training on the case plan process.		
BCDSS will develop a protocol to ensure Making All Children Healthy (MATCH) assessments <sup>2</sup> and the comprehensive assessments are incorporated into the case planning process.	August 2021	Completed
In partnership with AECF, develop training curriculum for the case plan process. This curriculum will incorporate practice guidance as well as documentation guidance.	November 2021	Ongoing Once reports are completed, the training for staff will align with the report requirements to ensure proper data collection.
To ensure that the training addresses the workforce need, BCDSS will have Quality Service Reviewers provide specific feedback to inform the curriculum development.	September 2021	Completed
Train all caseworkers and supervisors in all BCDSS OHP services programs.	December 2021	This will begin once the curriculum is completed.
Development of L.J. reports and management reports to measure progress with compliance.	December 2021	Reports are currently in development. BCDSS, IVA, SSA, and MDTHINK are diligently working on this.
Management Monitoring of quality and compliance.	December 2021	Once reports are available to BCDSS management, there will be ongoing oversight of data compliance as well as quality assurance from subsequent Quality Service Reviews.

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<sup>2</sup> See page 20 of this report.

**Outcomes Expected:**

As a result of these efforts, we expect that meaningful data will be produced to determine the level of success with compliance. Appropriate entries into CJAMS will be made by BCDSS case managers, supervisors, and facilitators to produce data that can be used to determine the numerators and denominators for each of the critical decision-making points necessary to calculate the percentages to determine compliance. Also, continuing adjustments to practice can be made through ongoing training and supervisory oversight once progress can meaningfully be measured through the collected data. Furthermore, we expect these efforts to enhance the skills related to quality work, family engagement, parent partnerships, and permanency. The information produced will assist in determining the need for additional training on the qualitative aspects of case planning.

**Strategy Improvement Plan for Measure 11:**

To achieve compliance with L.J. Consent Decree measure 11, *“the percent of children in care who, after 24 months in care have an internal teaming process to address potential delays in reunification,”* with consultation from AECF, the agency developed a process that integrates elements of Permanency Roundtables and Expedited Permanency Meetings into a collaborative staffing format entitled Reunification Teaming. Currently being piloted, the process brings together the assigned worker, supervisor, Unit Manager and Permanency Program Manager to discuss reunification planning and address barriers preventing a child or youth from returning home or from moving to a less restrictive or kin placement.

Although the initial concern was that restrictions caused by COVID-19 would impede reunification, as the process has evolved, these concerns have been largely alleviated.

The teaming process continues to evolve due to feedback from participants and administrators about the process and its utility. During this reporting period Program Managers were assigned the additional responsibility of identifying the cohorts and planning, implementing, facilitating, and documenting these reviews. Program Managers have also taken on the responsibility for these compulsory reviews every 90 days thereafter.

Under the general rubric of achieving timely permanency, Program Managers will continue to:

- Promote permanency planning beginning on day one of new placements
- Emphasize the vital importance of strong family, child, and youth engagement and to reinforce the learning acquired from the recent statewide training on the Integrated Practice Model (IPM). Every new caseworker completes an eight-week pre-service training delivered by the University of Maryland School of Social Work Child Welfare Academy that includes details about this practice model.
- Highlight the pivotal nature of assertive outreach to kin, not only to provide placement for the child, but also support for the family; this includes ensuring that fathers and their family members are actively sought out and engaged.
- Emphasize that concurrent permanency planning - essentially contingency planning should reunification not work out - is essential from the start of a child’s entry into OHP. This means considering from day one whether the child is in a placement that may be

permanent, one that is safe, healthy, and supportive of the child's well-being, and most ideally, committed to a supportive relationship with the child's parents.

### Areas of Concern

- **Children may be in care for longer than necessary.** Creating a sense of urgency about achieving permanence without sacrificing safety, health, and/or well-being is an ongoing imperative not only for BCDSS but also for the Courts and other legal partners.
- **The supports parents receive to carry out their case plan aren't well articulated.** Case plans are receiving renewed attention, and refresher training for the "how and why" of case plan documentation is a priority and in the planning phase.
- **Relatives or relative search could occur earlier and periodically throughout the time in care.** Using the Family Finder and consistent with the Kinship Placement policy, caseworkers are being encouraged to seek kin early on and to consider the supports that can be offered even when placement isn't possible as well as revisit availability periodically when not part of the ongoing family team.
- **Efforts to engage fathers are inconsistent.** An ongoing challenge has been engaging fathers and their extended family early and often; this will receive renewed attention and be addressed as part of the case plan documentation refresher training.
- **Family engagement is inconsistent.** – the Agency's Family Team Decision Making (FTDM) policy has only recently been released and implementation continues to be in the early stages. We believe the consistent application of the practice will encourage more consistent family engagement, and that the Integrated Practice Model training every new caseworker and supervisor must complete will reinforce what can be the transformational impact of actively engaging families and children.
- **Reunification remains the goal even when the documentation does not appear to support it and it doesn't seem feasible in any reasonable period of time.** In previous reviews it was noted that in many cases, after a long time in care (two years or more), insurmountable obstacles blocked reunification (such as severe, untreated mental illness or substance abuse). The comment was that "staff did not reckon with these impasses, conduct the necessary difficult conversations with parents or develop new legal permanency goals". Unfortunately, in some cases when youth under 16 and/or their parents have intransigent behavioral health or developmental challenges and possible kin placements have been exhausted, another permanency plan may not be available.

### Lessons Learned

- The case review teaming approach for learning and supporting best practices bears review over time for the impact on permanency and the work.
- As is well known but not always easy to operationalize, concurrent planning - essentially a backup, or contingency, plan - is critical to achieving timely permanence.
- The 3/21 Kinship Placement policy issued by SSA offers clear expectations on planning with maternal and paternal relatives and bears reviewing with staff.
- Follow-up meetings every 90 days is time-consuming but may be a strategy for maximizing the benefit of the teaming process as it requires accountability from the previous meeting.

- Permanency depends not only on the agency but also on the courts and legal partners.

### **Priorities**

- Timely permanence that begins immediately post-placement and includes concurrent planning
- Since COVID-19 has not been identified as the most significant obstacle to reunification, clarifying the purpose of the teamings going forward and considering how the process can both “move” the case and educate participants
- Supporting and challenging case workers and supervisors when reunification is not realistic
- Timely follow up on meeting recommendations/next steps putting themes and lessons learned to use for Unit Manager training and to inform broader practice changes

### **Process:**

After a child has been in OHP for 24 months, a Reunification Team meeting is facilitated by the Permanency Program Managers 90 days later and 90 days thereafter. The goal is to identify barriers preventing a child or youth from returning home or from moving to a less restrictive or kin placement.

1. All children continuously in OHP for 24 months plus 90 days at any time during the reporting period will be scheduled for a Reunification Team meeting, except for those with a voluntary placement agreement.
2. Reunification Team meetings will be held every 90 days thereafter.
3. A google sheet identifies the children who have upcoming due dates for the reviews.
4. The google sheet will be shared with the supervisor as a monthly reminder identifying the date for the next review.
5. A contact note is entered into CJAMS documenting the meeting and outcome.
6. Results will be compiled to identify trends and patterns.

### **Strategies for Improvement for Measure 36:**

BCDSS has developed the following plan to ensure the accurate tracking of appropriate congregate care placements for children under 13:

1. When a congregate care setting is recommended, a Congregate Care Memorandum must be completed by the Permanency Team before the placement of any child under the age of 13.
2. The Memorandum must include in the justification section:
  - a. Type of placement;
  - b. The reason for recommending a placement in congregate care over less restrictive types of placements; and,

- c. A clear description of the services offered by the potential placement and why these services are necessary to meet the treatment needs of the youth.
3. The Memorandum is then reviewed by the MATCH Medical Director or the consulting Child Psychiatrist. The MATCH Medical Director or Consulting Psychiatrist will provide a recommendation as to the appropriateness of the congregate care placement and approval of the placement type.
4. Once approved by the MATCH Medical Director or Consulting Child Psychiatrist, the request will be reviewed by the Assistant Deputy Director and then sent to the Deputy Director for Child Welfare for final approval.
5. The Memorandum and any supporting documents must be uploaded in CJAMS to the Child's Placement Folder.
6. If the child is placed in the congregate care setting for more than 180 days, a new approval must be obtained and uploaded prior to the end of each 180-day period.
7. All this data will be tracked by the Office of the Assistant Deputy Director. A list of youth under 13 years old in congregate care will be maintained and monitored so that the timeliness of requests for re-approval are ensured.

**Strategies for Improvement for Measure 39:**

BCDSS / DHS has contracted with the UMSWW to conduct the Biennial Needs Assessment. The recommendations of the biennial needs will include an analysis of the current placement availability. Once this assessment is complete the analysis will take place and will be provided in a future report.

**Strategies for Improvement for Measure 48:**

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

**Strategies for Improvement for Measure 52:**

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

**Process:**

BCDSS has created a flyer called "Ask the Expert." This flyer contains information on the services that the non-case carrying staff provide to the workforce. The Program Manager for Court Processes will communicate monthly with the Program Managers who have non-case carrying specialists to ensure that the list remains accurate. The

Program Manager for Court Processes will communicate any updates to the Deputy Director of Internal/External Affairs so that any "Ask the Expert" flyer updates can be made. Once this is complete, the Office of Communication will include the "Ask the Expert" flyer in one Friday Focus a month as well as ensure that the most updated flyer is on the Knowledge Base for staff. In addition, the Program Manager for Court Processes will work directly with the Assistant Director of Human Resources and the Deputy Director for Performance to pull all necessary documents needed for this measure. These documents include, names of people holding the non-case carrying specialist positions, dates of employment, unit assignments, MS-22, resumes and any necessary scopes of work.

Furthermore, required documentation shall be reviewed by the Program Manager for Court Processes to determine if, during the report period, BCDSS (1) employed a staff of non-case-carrying specialists to provide technical assistance to BCDSS staff to identify, locate and obtain resources in cases that require specialized experience and/or knowledge; and (2) notified BCDSS staff of the availability of those specialists. Once that review takes place, the documents will be provided to the Office of Innovation to prepare for reporting.

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

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

#### **Process:**

- Legal Services will provide the maltreatment in care reports and dispositions to L.J. counsel, IVA, and parties to the case.
- Immediately upon receipt, BCDSS Child Protective Services Staff will email Legal Services the maltreatment report.
- Immediately upon the completion of the investigation, BCDSS Child Protective Services staff will send the disposition report to Legal Services.
- Legal Services will check the court record to determine whether the child is a member of the L.J. class and identify the parties who will receive notice.
- Legal Services will make appropriate redactions and email the reports to L. J. counsel, IVA, and children's attorney.
- Legal Services will provide notice and redacted reports and dispositions to the child's parents and their attorney upon notice from program staff that to do so is not clinically contraindicated. Legal services will maintain a sheet for tracking and reporting services of each case.

## **Strategies for Improvement for Health**

Exit Measures and Internal Success Measures in Health Care

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

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

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

year contract intended to significantly improve the health care oversight of children is in effect from July 1, 2020 through June 30, 2025.

The IVA and Plaintiffs' Attorney were provided with the scope of work and afforded the opportunity to comment. Many of the improvements made in this contract are the result of the input provided by the IVA, who contracted with Health Management Associates to review the MATCH program.

The new contract expanded the scope of work done by HCAM with the intent of improving the overall provision of health care services to the children and documentation of those services. The new contract includes a requirement for a semiannual independent review of the services provided to children in foster care. This review is conducted by an independent source and provided to BCDSS. Upon completion of the review, MATCH will submit corrective action plans to BCDSS to address any areas in need of improvement.

## **Strategies for Improvement in Education**

Exit Standards :99 (others are captured under QSR)

Internal Success Measures: 95, 96, 98, 100

Despite hopes that in-person education would resume during this reporting period, the restrictions imposed in response to the pandemic mandated that learning continue to be virtual until close to the end of the school year. At the beginning of the pandemic, BCDSS worked closely with the school systems in which foster children were enrolled to ensure that internet access and appropriate devices were provided to enable each child to fully participate. Those needs have been assessed on an ongoing basis as the pandemic continued into the next school year.

Strategies for Improvement for measure 99:

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

*BCDSS recognizes the importance of children in foster care attending school.* BCDSS has developed a process for the BCDSS Office of Education to implement to ensure compliance with this measure and improve educational outcomes for children in foster care.

### **Process**

- Each day the Office of Education (OOE) staff receive a list of children who are new entrants into foster care.
- School-age children are assigned to an educational specialist.
- All school-aged children are tracked on a spreadsheet.
- BCDSS OOE partners with Baltimore City Public School system (Office of Enrollment) to assist with verifying and enrolling children into school within five days of entry or placement change.

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

## **Additional Commitments**

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

#### **1. Section II F 4. Notification of the Serious Injury or Death of a Class Member:**

*"Within one working day, Plaintiffs' counsel shall be notified of the serious injury or death of any class member and shall be provided timely the incident report, any reports of the investigative outcomes, and access to the child's case file."*

BCDSS continues to notify Plaintiffs' counsel of the death of any class member as required by this provision of the MCD. The Agency strives to ensure timely submission of required incident and fatality reports. Plaintiffs' counsel continues to have access to the child's case file upon request. The Agency is exploring process changes that will assure the highest level of compliance with all the requirements of this section.

#### **2. Section II F 5. Provision of Publicly available Reports of Non-Compliance:**

*"Defendants shall promptly provide to the Independent Verification Agent and to Plaintiffs' counsel all publicly available reports that Defendants receive indicating that they are not in compliance with a requirement of this Decree."*

There are no such reports known to Defendants at this time.

#### **3. Section III E. Standardized Process For Resolving Individual Class Member Issues:**

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

The Agency believes that it is in compliance with this commitment. As stated in the 65th report, a standardized process was created to resolve issues related to individual class members. This well-publicized process provides individuals or counsel a mechanism to raise concerns about problems in individual cases as required by this section, without retaliation or fear of retaliation. The Agency has made available a pamphlet, in both English and Spanish, as part of its effort to continuously publicize the process and encourage its use. The Agency has also continued to interact with its stakeholders and reinforce their use of the process. The Agency also developed a process to track these complaints and the efforts in resolving them. Furthermore, records of all complaints are maintained in either the Program Manager for Court Processes email or the dedicated email that is set up to receive complaints, which is checked each workday. A summary of complaints and their resolutions for this reporting period has been provided to the IVA and Plaintiffs' Counsel. The Program Manager for Court Processes and the IVA will continue to discuss how to improve this process to achieve certification.

## **PART TWO: SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS**

### **i. 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.”*

DHS allocates over \$1 million to BCDSS each fiscal year through Promoting Safe and Stable Families (PSSF) federal funds to provide family preservation services, as well as to fund contracted family preservation services. In addition, DHS allocates over \$4 million in Super Flex funds to be used directly to meet the individual needs of families and children across the child welfare continuum. BCDSS/DHS agree that the amount of funding provided is sufficient to meet the needs of families and in the event a need for more funding is identified, DHS will support an increase in funds.

Options are being considered for completing an analysis of the allocation by identifying the number of families served over time, and the uses for the supplemental funding to support these families. Historically funding has been sufficient and additional funds are requested if necessary.

The funds are used to mitigate the possibility of children entering care. Examples include restoring utilities or forestalling turnoffs; eviction prevention; defraying relocation and move-in costs; filling prescriptions; providing household goods including furniture; purchasing specialized

behavioral health evaluations and treatment; mitigating environmental hazards by purchasing heavy chore service, junk removal, and pest control; assisting with work-related costs (uniforms, certifications, equipment, etc.); vehicle repair and/or maintenance; the purchase of furniture including beds and bedding, and more.

Flexible funds may also be used to 'normalize' a child's experience and encourage resilience by covering the fees for enrichment programs and participation on sports teams; to purchase school yearbooks; pay for field trips, proms, tutoring, and summer camps, and to assist with work-related expenses such as uniforms.

In summary, expenses typically fall into the broad categories of housing, behavioral and physical health, work related expenses, transportation, and child-specific expenses.

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

BCDSS/DHS have complied with this requirement. DHS allocates over \$4 million to BCDSS in Super Flex funds to be used directly for services to families and children, funding that can be used to prevent removal, during the OHP episode, and after a child is reunified for services related to the child and the family's safety, health, and well-being.

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

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

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

Building on the success of Place Matters, DHS/ SSA has begun implementing the Integrated Practice Model, another renewal of the commitment to family-centered practice that includes the full continuum of clients served by the agency across the age span. Family Teaming is a critical

component of the IPM and fits well with the FIM 'reboot' BCDSS has undertaken. As a part of Continuous Quality Improvement, DHS has contracted with UMSSW to routinely collect data regarding teaming activities and share the data with local departments including BCDSS.

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

Below is a list of activities for this reporting period:

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

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

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

**Update:** BCDSS selected 25 staff, youth leaders and foster parents to participate in a comprehensive Train the Facilitator training of the Love Notes curriculum, described below on Page 31. Representatives from the Dibble Institute hosted the virtual training from May 3, 2021 through May 7, 2021. In partnership with young people, BCDSS is currently working towards implementing the training and planning to host an inaugural cohort in October 2021.

#### **Ready by 21 Benchmarks and Life Skills Classes:**

Ready by 21 offers psychoeducational group programming designed to support young people ages 14-20 to prepare for a satisfying and productive adulthood. RB21's goal is for all foster youth to attain relevant knowledge, skills, and resources in the six benchmark areas (Education, Employment, Health, Housing, Financial Literacy & Resources, and Family and Friends Support) by the age of 18 to facilitate their journey to satisfying and productive adulthood.

RB21 staff currently facilitates the following online life skills classes:

1. **Home Sweet Home** - An overview of what to consider when searching for housing, how to budget, and completing household chores such as cleaning their room and washing clothes.
2. **Residential Readiness** - This program focuses on the basics of obtaining and maintaining affordable housing, including lessons on searching for safe and affordable housing; budgeting for housing costs; applying for subsidized housing in Baltimore and surrounding counties; and tenant rights.
3. **Employment Workshop** - A life skills class that reviews interview techniques and soft skills necessary for a successful job search; personal characteristics needed to become an effective employee; how to dress for success; creating a strong resume; and properly completing an employment application.
4. **My Me Time** – This program was developed to help our young people maintain their mental and emotional wellness during the COVID-19 pandemic by highlighting coping skills, engaging participants in fun activities, and promoting resilience. The presentation is bright, colorful, fun, and inspiring.
5. **Keys to Financial Future** - The purpose of the class is to provide youth in BCDSS with financial literacy training and provide access and enrollment into the Jim Casey Opportunity Passport, a matched asset purchase program, instructor-led training presented virtually for 3 day / 3-hour sessions, and further described on Pages 31 and 32. Youth ages 14-25 participate in 9 hours of financial literacy education that includes a wide range of topics such as asset building, credit, and money management. Participants who complete the class will be eligible to receive \$140 for completing the training and to enroll into the Opportunity Passport.
6. **Keys to Success** - Keys to Success online class is a three-week life skills program for youth ages 18 to 21 with a plan of APPLA. In this exciting and interactive program, youth partner with community resources and participate in real life experiential learning activities. While in the program, youth prepare for employment by writing resumes, practicing mock interviews, receiving interview suiting, scheduling interviews, discussing credit, banking, budgeting and set savings goals, as well as exploring career and educational opportunities, learning about the Maryland tuition waiver, learning how to maintain healthcare coverage, learning how to balance work and life demands, learning safe food handling and how to cook a nutritious meal, read and understand leases and tenant landlord requirements, participate in a virtual tour of IKEA, practice how to establish and budget for housing, for apartments, and apply for income based housing.
7. **Friendship** – A life skills class to help young people identify healthy & unhealthy friendships; recognize the difference between an associate, close friend & best friend; learn about different types of support; identify ways to meet new people; learn skills for being a good friend, understand how self-esteem impacts friendship, identify ways to resolve conflict, and the pros and cons of social media.
8. **Secure What's Yours** – A life skills class in which young people learn what is an identity, how to protect your vital documents from being stolen/prevent identity theft, what is credit and how to establish it, how to access reports and file a credit dispute, and how to avoid scammers.

9. **Ages and Stages** - A virtual life skills course to help expectant and parenting youth learn effective parenting skills and safety measures to care for themselves and their children as they prepare for parenthood.
10. **Oh Baby, I can Drive** – A life skills class designed to support youth in preparing for the MVA Learner’s Permit. Youth get MVA links to practice tests, read through the MVA Learners Permit Manual & practice test and study road signs.
11. **RB21 Virtual Podcast** - podcast for youth in foster care ages 14 and up produced weekly from November to January, and now held bi-weekly. The podcast is facilitated by a RB21 supervisor and specialist and covers topics related to RB21’s six benchmarks: Health, Education, Financial Literacy, Housing, Employment and Family/Friend Support. All transitional aged youth are invited to the virtual podcast via email. Caregivers and adult supporters are also welcome to participate.

## Event/Life Skills Participation Data:

CLASS	DATE	NUMBER OF PARTICIPANTS
Opportunity Passport/ KTYFF K2S SESSION	1/12/2021-1/14/2021	2
Opportunity Passport/ KTYFF IND SESSION	1/26/2021-1/28/2021	4
Opportunity Passport/ KTYFF K2S SESSION	2/12/2021-2/15/2021	4
Opportunity Passport/ KTYFF IND SESSION	2/23/2021-2/25/2021	5
Opportunity Passport/ KTYFF IND SESSION	3/16/2021-3/18/2021	5
Opportunity Passport/ KTYFF K2S SESSION	3/23/2021-3/25/2021	2
Opportunity Passport/ KTYFF IND SESSION	4/13/2021-4/15/2021	5
Opportunity Passport/ KTYFF K2S SESSION	4/27/2021-4/29/2021	2
Opportunity Passport/ KTYFF IND SESSION	5/25/2021-5/27/2021	1

<b>CLASS</b>	<b>DATE</b>	<b>NUMBER OF PARTICIPANTS</b>
Opportunity Passport/ KTYFF K2S SESSION	6/1/2021-6/3/2021	4
Opportunity Passport/ KTYFF IND SESSION	6/22/2021-6/24/2021	4
Keys to Success #70	1-22-2021	5
Keys to Success #71	2-26-2021	4
Keys to Success #72	4-2-2021	3
Keys to Success #73	5-7-2021	3
Keys to Success #74	6-11-2021	4
Keys to Success #75	7-2-2021	1
Keys to Success #76	8-20-2021	1
Quest to Success Cohort #1	7-23-2021	10
LGBTQ+ Working Group May	5-21-2021	5
LGBTQ+ Working Group & Pride Event June	6-16-2021	10
LGBTQ+ Working Group July	7-21-2021	6
LGBTQ+ Working Group Aug	8-18-2021	1
Love Notes Youth Train the Trainer Training	5-7-21	3
Baby, I can drive my Car	5-18-2021	1
My me Time	3-19-2021	3

<b>CLASS</b>	<b>DATE</b>	<b>NUMBER OF PARTICIPANTS</b>
My me Time	4-23-2021	4
Friendship Matters	1-7-2021	5
Friendship Matters	3-22-2021	3
Friendship Matters	4-26-2021	4
Friendship Matters	7-12-2021	1
Expecting /Parenting "Ages & Stages"	8-19-2021	3
Home Sweet Home/Residential Readiness	January (4th, 11th, 18th, 25th)	10
Home Sweet Home/Residential Readiness	February (1st, 8th)	6
Home Sweet Home/Residential Readiness	March (8th & 22nd)	3
Home Sweet Home/Residential Readiness	April (19th & 25th)	3
Home Sweet Home/Residential Readiness	May (3rd, 10th, 24th)	4
Home Sweet Home/Residential Readiness	June (7th, 21st, 28th)	10
Employment Workshop including Emp. Power Hour	January (6, 21, 27)	23
Employment Workshop	February (2/3/21, 2/10/21, 2/17/21)	13
Employment Workshop including Emp Power Hour	March (3/17/21, 3/24/21, 3/31/21)	17

CLASS	DATE	NUMBER OF PARTICIPANTS
Employment Workshop	April (4/21/21, 4/28/21)	5
Employment Workshop (YouthWorks Group)	May (5/5/21, 5/12/21, 5/19/21, 5/26/21)	71
Employment Workshop	June (6/23/21, 6/30/21)	3
Secure What's Yours	January 28 <sup>th</sup>	2
Secure What's Yours	February 25 <sup>th</sup>	1
Secure What's Yours	March 25 <sup>th</sup>	3
Secure What's Yours	April 22 <sup>nd</sup>	3

### **LGBTQ Working Group (New RB21 Committee/Working Group)**

RB21 launched a Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Working Group on May 19th, 2021. The purpose of the work group is to facilitate conversations and identify programming that will support and improve outcomes for individuals that identify as LGBTQ. Young people in foster care age 14+ are encouraged to join. Staff are also welcome to join.

On June 15th, Ready by 21 hosted their 1st annual LGBTQ Pride Month event. This year's theme was Pride Proud! Participants celebrated with music, a tie dye shirt activity and an impressive and powerful performance by Kenneth Something, a queer poet who is a 2x National Poetry Slam champion, 3 x DC Pride Slam champion, 2x Baltimore Poetry Grand Slam Champion and was ranked 3rd slam poet in the world in 2017. Kenneth Something wrote a poem specifically for RB21 youth that was printed and shared.

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

Ready by 21 ensures that our youth have a Family Involved Meeting (FIM) at least every six months to support a strong transitional planning process. During this meeting, which includes the youth, their family members, foster caregivers, and others the youth chooses to invite, the transition plan typically developed by the caseworker, youth, and other adult supports, is reviewed. The meeting includes an overview of the goals and plans, identification of the youth's

strengths, and clarification of responsibilities for achieving the goals. An RB21 Specialist from the Resource and Support Unit participates in each transitional meeting to provide updates on RB21 services and supports, resources for each benchmark, and to assist with important tasks that can be complicated such as disability applications.

### **RB21 and Jim Casey Youth Opportunities**

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

### **Educational Success and Economic Security:**

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

1. **Virtual Tutoring** – In partnership with Varsity Tutors, RB21 implemented virtual tutoring and revised the referral process to middle school, high school, college, and GED youth due to the COVID-19 pandemic. Individual sessions in English, Humanities, and Math are available.

### **Pregnancy Prevention and Parenting Supports:**

To increase young people's capacity to avoid early and unintended pregnancies and to make informed family planning decisions, RB21, with help from the Youth Advisory Board (YAB), selected an evidence-based reproductive and sexual health education curriculum for youth in OHP ages 14 to 20 that emphasizes healthy relationships, Love Notes 3.0 EBP. The curriculum was purchased using Chaffee Independent Living and other agency funding.

According to the program summary, "the curriculum teaches adolescents and young adults how to build healthy romantic relationships, prevent dating violence, and improve impulse control. The program is designed to build young people's skills for cultivating healthy relationships, selves, and sexual behaviors: planning and pacing relationships and sex, self-efficacy and resilience around relationships, proven communication skills, and understanding how family formation impacts children. Love Notes consists of 13 modules on decision-making, communication, and sexual and overall safety." The modules can be facilitated at the discretion of the leader and at the group's own pace.

The RB21 team completed the Love Notes train-the-trainer sessions in May 2021. Mock sessions are scheduled for September 2021 to practice and become comfortable with the modules, with October targeted for the first class. Facilitated by our staff, the first participants will be members of our LGBTQ group and the YAB. Following the session, the team will gather feedback from our young people to strengthen the delivery of the program, scheduled to launch in November 2021 for transition aged youth. Our goal is for 100 youth to participate in Love Notes over the first 12 months of implementation.

### **The Jim Casey Youth Opportunities Initiative Opportunity Passport**

The Jim Casey Youth Opportunities Initiative Opportunity Passport is a unique matched savings program that provides participants, ages 14-26 who have experienced foster care, access to resources and support to promote the successful transition from foster care into independence. The program provides youth with ten hours of financial literacy training wherein the participants learn about building personal and professional assets, credit, and money management. Youth who enroll in the program may request dollar for dollar asset match purchases up to \$3,000. Youth may seek asset matches in the following categories:

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

During the 66th reporting period, 41 young people from BCDSS have become active Opportunity Passport participants, out of a total active enrollment of 250. Using multiple means of outreach, sustained efforts have been made to re-engage the 48 currently inactive youth. Six young people have successfully completed asset match purchases for housing, vehicles, credit building and education. Young people have contributed \$8,127.50 towards the combined asset purchase total of \$16,255.00.

Twice a year all active Opportunity Passport participants from across the country are asked to participate in a follow up survey. The survey is used to inform and improve the Jim Casey Youth Opportunities Initiative. The goal is for a minimum of 80% of active participants to complete the survey. In April 2021 161 (80.10%) youth completed the Opportunity Passport Follow up Survey.

### **The Baltimore City YAB**

The Baltimore City YAB has ten actively engaged members, ages 15-25. Seven young people are currently in care and three are foster care alumni. Recruitment for YAB members is ongoing, and youth can easily apply for membership through the RB21 website.

The Advisory Board meets the first Tuesday of each month, with more frequent meetings scheduled as needed. During the pandemic adaptations were made to ensure continuity by switching to a virtual platform.

During the reporting period the YAB accomplished the following:

- Participated in monthly virtual meetings and provided insight from their lived experiences in foster care to enhance services, support life skills classes during the COVID-19 pandemic.
- One senior member of YAB completed the Advanced Youth Leadership Institute.

- Three senior members participate in the Child Welfare Strategy Group and have been instrumental in revitalizing the Family Team Decision Meeting process.
- One senior member participates in the People's Commission to Decriminalize Maryland which was established in 2019 with the purpose of reducing the disparate impact of the justice system on Marylanders who have been historically targeted and marginalized by local and state criminal and juvenile laws based on their race, gender, disability, or socio-economic status.

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

BCDSS partnered with the Mayor's Office of Employment Development (MOED) once again in 2021 to link youth in care ages 14 and older with work experience through the Summer Youth Works Program. Youth Works 2021 connected youth to virtual opportunities where they gained basic workforce readiness and career-specific skills.

This year, RB21 staff assisted over 350 BCDSS youth between the ages of 14-21 with the registration process. Of the 350 youth, 310 successfully completed the applications.

### **COVID-19 Emergency Assistance Prepaid Cards**

In May 2021, RB21 partnered with the Mayor's Office of Children & Family Success and Center for Urban Families to provide 200 prepaid debit cards in the amount of \$400 to young people ages 18- 24 who are or were in the care of BCDSS.

### **RB21 Hosted Events:**

#### **Senior Graduation Celebration**

RB21 hosted a Senior Graduation Celebration "Future SO Bright" for RB21's 2021 high school graduates on June 10, 2021. Of the 47 graduating seniors, nearly half of whom plan to enroll in college in the fall, 22 attended the celebration.

#### **Event Details**

- Fred Watkins aka "Big Fred", a young local comedian from Baltimore hosted the event. Big Fred brought laughter and fun to the event.
- Destinae Butler, a young professional poet from Dewmore and the current and two-time (2020/2021) Baltimore Youth Poet Laureate performed three beautiful and inspiring poems. Destinae is also a recent high school graduate from Western School for girls.
- Lady Brion, an international spoken word artist, activist, organizer, educator and recently ranked number one female slam poet in the world at the Women of the World Poetry Slam in April 2021 - gave an uplifting and motivational keynote speech and performed a poem "Future SO Bright" specifically written for this event.
- Touching slideshow presentation with a picture and bio of each participating graduate
- \$100 gift card for each participating graduate
- Open Mic for encouraging words from guest, staff, and graduates

### **Employment and Housing Expo**

On June 21st, Ready by 21 hosted a Virtual Employment and Housing Expo for youth in foster care ages 20 and 21. The event offered youth the opportunity to interact with various employment, training, and housing options. Participants met with employers such as Amazon, Department of Public Safety and Correctional Services, Buck Wear Warehouse and the University of Maryland. They also met with independent landlords to learn about current housing opportunities and representatives of career training programs such as Goodwill, New Destiny Healthcare, STRIVE, and N-Power IT.

## **Youth-Centered Additional Commitments**

In the IVA's response to the 65th report, interest was expressed in some areas we would like to elaborate on below.

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

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

### **Publicity and Youth Sign-up for Ready by 21 psychoeducational and other opportunities**

- There is a public RB21 Website where opportunities and other important information are posted. The website, currently undergoing some reconstruction, is a valuable and easily accessed resource for youth.
- The website has an inviting and easily completed 'contact us' electronic form, and a google form for self-referral for youth interested in the advisory board.

- The schedule of classes is posted, and the caseworker can readily sign up the youth using an electronic form on the website.
- With respect to other recruitment activities, we also recruit for some by making phone calls directly to the youth and their caseworkers and emailing flyers.
- From the low participation in so many of the classes, it's apparent that we need to take a careful look at the factors behind it, whether poor publicity, lack of interest on the part of the youth, inadequate connectivity, or a combination of multiple factors.

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

- There is no formalized process. The current members of the board are invited to all special events sponsored by RB21, which offers board members the opportunity to network and get to know other youth in care. The pandemic has been an obstacle to in-person activities where that kind of mingling ordinarily takes place, and we recognize the need to develop adaptations to more creatively reach the young people.
- We are in the process of planning for flyers and other forms of publicity to reach youth in foster care that will give them direct access to a board member to express concerns. Adding "contact a Youth Advisory Board Member" to the website may also be useful.

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

- Twice a year youth who are actively enrolled in Opportunity Passport - currently there are 252 - complete a survey that includes questions such as: "Do you feel safe in your neighborhood/community?" "Are you satisfied with your living arrangements?" "Do you know how to get help if you are experiencing an emergency?"
- There is no formal process in place to generically query youth about satisfaction with community providers, as other priorities have taken precedence. However, formulating a survey and a strategy for implementation, along with freeing up the staff to do the work will be considered in the future.
- When youth are placed in an Agency resource home, a reconsideration is completed of the home every six months. To prompt the resource home worker to include children and youth's feedback, consideration is being given to adding that specific question to the resource home reconsideration template.
- The online Complaint Form located on the DHS Knowledge Base web page under the Office of Licensing and Monitoring (OLM) link is readily accessible as well and invites comments and concerns. OLM is required to investigate all complaints made against group homes and private treatment agencies.

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

- Director Stocksdale is very approachable, and well prepared to respond to this youth-driven group's 'ask', however the YABB has not identified meeting with the Director as a priority. As a result, Director Stocksdale has asked staff to be more proactive about encouraging the youth to include her.
- On the agenda of a 'visioning' meeting scheduled in late August is a discussion about how Director Stocksdale may be supportive to the youth, whether it's listening to grievances and concerns or simply making herself available and attending events as fits her schedule.

- Youth also have a strong resource at DHS in the Foster Youth Ombudsman, whose position is explicitly to receive and resolve concerns from youth in foster care without regard to the age of that youth.
- Agency senior YAB leadership, too, are readily available for periodic or regular meetings identified by the YAB members as useful to the group.
- With respect to soliciting feedback from the younger teens and children, we will continue to explore options and the resources necessary to do so.

**Other:**

- Ways to engage older youth for programming for younger youth has been discussed on various occasions and can be reintroduced to the YAB for their consideration. Planning and implementing a program can be both time and 'people power' intensive. Our youth tend to be very busy people involved with school, employment, and extracurricular activities.
- When the resource home reconsiderations are completed, the question about children's feedback will be added to the template that guides the reconsideration.

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

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

BCDSS has an Intensive Case Management (ICM) Unit and, during this reporting period released a new standard operating procedure for the unit. The intention is to target children at high risk of further placement disruption and provide intensive case management services to stabilize the child in an appropriate placement able to meet their needs. The unit is designed to work collaboratively as a team that includes the child's newly assigned caseworker, a mental health navigator, a family support worker, and offers consultation from the Agency's child psychiatrist. The intensive case management teams make more frequent contacts with youth to provide an array of support services, closely monitor progress, and provide positive reinforcement for successes.

Recruiting and retaining a qualified workforce has been among the most significant obstacles to meaningful implementation of the new SOP. Currently, the unit is not fully staffed. However, BCDSS is working diligently to hire caseworkers to fill the vacancies in this unit and other permanency units.

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

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

Along with the Plaintiffs' counsels, BCDSS continues to partner with advocates for children to develop, implement, and monitor the delivery of comprehensive and high-quality child welfare services, and to achieve compliance with the myriad of required measures by ensuring thorough and complete data entry into the CJAMS. There is an ongoing open line of communication between BCDSS and the Plaintiffs' counsel regarding the issues that arise in relation to the delivery of services, and the documentation of those services that will translate into measurements of compliance.

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

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

### **Out-of-Home Placement**

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

In March 2021, BCDSS implemented a comprehensive overstay and waitlist that is sent every week to DHS, Plaintiffs' counsel, and the IVA. This list provides information on the committed children who are on overstay or waiting for an appropriate placement at various types of facilities.

As a result, BCDSS is seeking certification for this commitment.

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

*provided to the child's attorney and Plaintiffs' counsel. The completed unredacted (except the name of and identifying information about the reporter and privileged attorney-client material) disposition report must be provided to the child's caseworker, child's attorney and to Plaintiffs' counsel within five business days of its completion. Parents (except where clinically contraindicated) and other parties entitled to be provided copies under state law or regulation shall receive redacted copies within five business days of completion."*

BCDSS makes efforts to comply with this requirement by providing timely notice and reports of all incidents that are required of this commitment. Notices and reports as required are provided by the Legal Services Division, and the Agency continues to work on refinements to the process to capture all incidents that fall under the categories specified in the MCD to be in complete compliance with its requirements.

### **3. Section E**

**Biennial Needs Assessment:** *"By December 31, 2009, DHR/BCDSS shall complete its assessment of the range of placements and placement supports required to meet the needs of children in OHP by determining the placement resource needs of children in OHP, the availability of current placements to meet those needs, and the array of placement resources and services that DHS/BCDSS needs to develop to meet those needs in the least restrictive most appropriate setting, including sufficient family placements for each child who does not have a clinical need for a non-family placement, family placements available for emergency placement needs, placements appropriate to meet the needs of children with serious mental health problems and children with developmental disabilities, and appropriate facilities and programs for semi-independent and supportive independent living. The assessment shall be conducted biennially."*

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

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

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

**5. Section E 3 Stipends to Emergency Shelter Care Homes:** *"BCDSS shall provide stipends to emergency shelter care homes even in months in which children are not provided care to assure that such remain available for emergency placements. Should BCDSS determine that this provision is not necessary to achieve the outcomes of this Consent Decree, BCDSS will*

*propose a modification to this Consent Decree about which the parties will negotiate in good faith. The Secretary shall include funds annually in the DHR budget proposal that are sufficient, in the Secretary's judgment, to meet these requirements and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."*

BCDSS has identified and approved homes that accept emergency placements, a category of home approval signifying a caregiver's willingness to be an emergency resource. BCDSS receives an adequate level of funding to ensure that youth in OHP receive proper services. However, the challenge of identifying stable placements for children and youth with high intensity behavioral health needs, especially those in crisis, continues to be real. Emergency resource home placements are not appropriate placements for youth with high intensity behavioral health needs, who typically require a highly structured and therapeutic setting with 24-hour supervision in part to keep themselves and others safe. BCDSS has not had difficulties placing children or youth other than the population just described.

BCDSS has committed to a model with promising evidence to implement in our public resource homes to better serve children in OHP. The model, Trust Based Relational Intervention (TBRI), is designed to provide resource parents with tools and skills to manage the challenges of caregiving for traumatized children.

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

Kinship represents the most desirable OHP option for children who cannot live with their parents. Research finds kinship care represents the greatest level of stability by allowing children to maintain their sense of belonging, and enhances their ability to identify with their family's culture and traditions.

One of BCDSS's goals is to evolve into a kin-first agency when court commitment of the child(ren) can't be prevented. Providing support and other services to informal kin caregivers - those kin providing care outside of the public child welfare system - can also be an important strategy to prevent the need for Juvenile Court involvement.

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

The BCDSS "virtual kinship resource center" involved establishing a kinship care webpage that links to the existing BCDSS website and to the DHS website. The Kinship website was launched during this reporting period after completing research that included a kinship survey in

furtherance of this commitment. The website offers a wide array of information appropriate for both formal and informal kinship caregivers, including information about kin navigation services with dedicated contact information; a kinship fact sheet; information about public benefits; access to children's education and healthcare services; informational webinars; FAQ's and more.

Although the website is a great success, the steering committee continues to persevere to achieve the goal of establishing and maintaining a fully functioning "bricks and mortar" Kinship Resource Center.

We are hopeful that the Kin Center will open this Fall in 3 phases (tentatively):

**Phase I** - Information & Referral services (soft launch)

**Phase II** - Navigation services added including Mental Health, Education, Legal, FIA Navigator

**Phase III** - Emergency Supplies (diapers, formula, pack and plays, gift cards, etc.) on site and transportation via Family Support workers

Since this is a work in process and the pandemic continues to impose limits, we can't commit to a date but are optimistic that the Center for Adoption Support and Education (CASE) staff will be in the building by December 2021.

BCDSS will be using its 2923 Biddle Street office for the stand alone center, a space that will be dedicated to use by kin providers and staff who need guidance to support kin providers. The center will include community-based resources and family-centered services in Baltimore City. The first partner to occupy the center will be CASE.

BCDSS Kinship Care Brochure was finalized, and provides the following information:

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

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

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

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

As reported previously, at the request of DHS, the Maryland General Assembly authorized an increase in the foster care board rate in FY 2019 by 1%; in FY 2020, the board rate was not increased; and in FY 2021, an increase is planned for January to June 2022. These increases apply to all foster care providers, Adoption and Guardianship subsidies, and Independent Living stipends. When compared to all the states, Maryland is at the top end of the scale in payments to foster care providers. DHS has ensured that providers in Maryland are being appropriately funded as required by federal standards.

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

BCDSS has worked diligently to create strategies that support all kinship providers. BCDSS has dedicated itself to strengthening its ties with kinship providers and modifying procedures to be a child welfare agency with a high percentage of kinship providers. BCDSS is developing the Kinship Support Center previously described. Furthermore, a Kinship Navigator was assigned to OHP to strengthen outreach and support for kin caregivers immediately after placement. The Kin Navigator is notified immediately when a new entrant is placed with a kin provider. The Kin Navigator is responsible for contacting the provider, scheduling a visit to deliver and explain the kin brochure and obtain a receipt, and referring the provider to the Resources and Support Unit to initiate licensing. All activities are documented in CJAMS.

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

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

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

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

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

The Agency continues to work to meet this commitment. As noted above in the section on Youth Engagement, in February 2020, RB21 developed an Expecting and Parenting Supervision Addendum Form that supervisors and caseworkers discuss and complete during supervision to increase conversation between case-workers and parenting youth to ensure that the youth have the necessary tools and resources to care for their children safely and with as much support as possible.

Following supervision that includes discussion of the youth who are expecting or parenting, the assigned caseworker sends an email to MATCH informing them of the young person's status. MATCH then contacts the young person to connect them to prenatal care and community resources. Please see the Youth Engagement section for a fuller description of this process.

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

BCDSS resource home caseworkers communicate with children and children's caseworkers about the care provided during the annual reconsideration of the foster home. BCDSS continues to explore with the IVA ways to meet this commitment. Opportunities for using the CJAMS provider record are under consideration, as is more specifically adding a reference to obtaining a child's input to the template for completing a reconsideration.

## **Health Care**

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

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

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

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

During this reporting period, BCDSS created a subcommittee of the HealthCare Advisory Council to address behavioral health needs of children in OHP.

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

BCDSS continues to meet this commitment. DHS/BCDSS, in consultation with related parties, developed a plan and requested sufficient funding in the Secretary’s judgment to implement the requirements of the BCDSS Health Care Initiative for all children in OHP. The Health Management Associates assessment of the MATCH Program was used to negotiate a new contract with HCAM for the MATCH Program. The new contract contains enhancements that will increase the health care services and oversight provided by MATCH to the children in the care of BCDSS, and that will improve documentation of compliance with those efforts.

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

This commitment is an ongoing effort for BCDSS, which begins with the comprehensive behavioral health assessment completed as part of the entry assessment. A Behavioral Health Subcommittee was formed during this reporting period. For further information, please review the attached Behavioral Health Plan, updated at the end of June 2021.

## **Education**

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

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

## Data Summary

As discussed, DHS, BCDSS, and IVA have been working diligently to revise and produce accurate measurement reports for all the new measurement instructions. Attached to this report is an estimated timeline for report completion (Measurement Report Timeline). BCDSS expects to report on all the measurements in the next reporting period. BCDSS recognizes that some of the compliance rates of the reported measures are very low. BCDSS attributes the low compliance to the lack of documentation in the CJAMS system. Historically, the workforce has not had clear directives on how to document the measures in the electronic system. Along with the development of measurement instructions and data reports out of CJAMS, BCDSS and DHS plan to train the workforce on how to appropriately document the information in CJAMS so that the reports will capture the work being done. This training will be a tremendous undertaking and will be ongoing during future reporting periods. As staff become trained in appropriate documentation, BCDSS expects to see the compliance rates increase.

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
1		Percent of children in family preservation that enter OHP.	Preservation and Permanency	CJAMS	7.70%	
2		Percent of children and families in family preservation that timely received services identified in the case plan.	Preservation and Permanency	QSR	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
3	A	90 percent of children and families in family preservation had a case plan.	Preservation and Permanency	CJAMS	2.48%	BCDSS attributes this low percentage to the lack of training for appropriate documentation in CJAMS.
3	B	90 percent of children and families in family preservation had a case plan.	Preservation and Permanency	QSR	TBD	
4		85 percent of children and families in family preservation timely received the services identified in the case plan.	Preservation and Permanency	QSR	TBD	
5		Average length of stay for children in OHP (in months).	Preservation and Permanency	CJAMS	Avg length of Stay 35- Median Length of Stay 28	
6		Percent of children who had a comprehensive assessment within sixty days of placement.	Preservation and Permanency	CJAMS	11.57%	BCDSS attributes this low percentage to the lack of training for appropriate documentation in CJAMS.

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
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.	Preservation and Permanency	QSR	TBD	
8		Percent of all children for whom BCDSS provided referrals for services identified in the child's parent's or guardian's service agreement.	Preservation and Permanency	QSR	TBD	
9		Percent of cases that had a team decision-making meeting when the child is at risk of a placement disruption.	Preservation and Permanency	CJAMS	TBD	
10		Percent of TPR petitions filed that were filed on time.	Preservation and Permanency	LEGAL SERVICES	79.25%	
11		Percent of children who, after twenty-four months in care, had a case review every ninety days to resolve barriers to permanency.	Preservation and Permanency	CJAMS	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
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.	Preservation and Permanency	CJAMS	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.	Preservation and Permanency	LEGAL SERVICES	TBD	
14		Percent of children for whom BCDSS searched for relatives or other resources.	Preservation and Permanency	QSR	TBD	
15	<b>B</b>	90 percent of children in OHP had a case plan.	Preservation and Permanency	QSR	TBD	
16		90 percent of children in OHP and their families timely received the services identified in their case plans.	Preservation and Permanency	QSR	TBD	
17		Percent of children ages twelve and over who participated in case planning meetings.	Preservation and Permanency	CJAMS	TBD	
18		Percent of all new entrants for whom a family involvement meeting was held	Preservation and Permanency	CJAMS	0.34%	BCDSS recently implemented a new

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
		within seventy-two hours of placement.				Standard Operating Procedure to address this measure.
19		Percent of all children for whom case planning meetings included family members.	Preservation and Permanency	CJAMS	TBD	
20		New entries into OHP for whom an FTM was held 3 days before date of entry into OHP	Preservation and Permanency	CJAMS	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.	Preservation and Permanency	LEGAL SERVICES	TBD	
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.	Preservation and Permanency	CJAMS	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
25	A	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	Preservation and Permanency	CJAMS	TBD	
25	B	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	Preservation and Permanency	QSR	TBD	
26		Percent of emancipated youth who reported receiving services designed to prepare them for independence.	Preservation and Permanency	CJAMS	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
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.	Preservation and Permanency	QUALITY ASSURANCE REVIEW	TBD	
28		Number of youth, ages eighteen to twenty-one, who exited OHP through rescission.	Preservation and Permanency	LEGAL SERVICES	1	BCDSS respectfully requests certification
29	A	90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	Preservation and Permanency	CJAMS	TBD	
29	B	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.	Preservation and Permanency	QSR	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
30		Percent of all children who were placed in-Family Settings- (i.e., public resource family, treatment foster home, pre-adoptive)	Preservation and Permanency	CJAMS	TBD	
31		Percent of all children in OHP placed with siblings.	OHP	CJAMS	TBD	
32		Percent of all children in congregate care who had a stepdown plan.	OHP	CJAMS	TBD	
33		90% of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.	OHP	QSR	TBD	
34	A	Children under seven placed in congregate care	OHP	CJAMS	TBD	
34	B	Children seven to twelve placed in congregate care	OHP	CJAMS	TBD	
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.	OHP	CJAMS	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
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.	OHP	CJAMS	TBD	
37		Number of placements available to BCDSS by type.	OHP	CJAMS	TBD	
38		Number of emergency foster homes on retainer	OHP	CJAMS	0	
39		The array of current placements matched the recommendation of the biennial needs assessment.	OHP	UMSSW CONTRACT	TBD	
40		Percent of all children who have service needs identified in their case plans.	OHP	QSR	TBD	
41		Percent of all children for whom identified service needs were followed by timely and appropriate referrals.	OHP	QSR	TBD	
42		Percent of children who receive services necessary and sufficient to meet the	OHP	QSR	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
		child's needs and to support stability in the least restrictive placement.				
43		Percent of children not placed with their siblings who have visitation with their siblings twice a month.	OHP	CJAMS	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.	OHP	QSR	TBD	
45		Percent of kinship care providers who received written notification of the right to apply for foster home licensing within ten days of placement.	OHP	CJAMS	45.10%	
46		Percent of kinship care providers who received written notification of BCDSS training opportunities.	OHP	QUALITY ASSURANCE REVIEW	36.40%	
47		Percent of kinship care providers who reported having been informed about training and licensing opportunities.	OHP	QUALITY ASSURANCE REVIEW	87.00%	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
48		90 percent of kinship care providers received written notification of the right to apply for foster home licensing within ten days of placement.	OHP	QUALITY ASSURANCE REVIEW	56.10%	
49		Number of Special Support team positions funded by the Department, by type.	OHP	QUALITY ASSURANCE REVIEW	16- Specialist.	
50		Number of Special Support team positions filled, by type.	OHP	QUALITY ASSURANCE REVIEW	<ul style="list-style-type: none"> <li>• Education-4</li> <li>• Employment -1</li> <li>• Housing -1</li> <li>• Housing and Employment - 4</li> <li>• Independent Living Coordinator-1</li> <li>• RB21 Specialist/SO AR/SSI -2</li> <li>• Developmental Disabilities-1</li> <li>• Substance (drug/alcohol) -1</li> <li>• Mental Health Navigator-1</li> </ul>	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
51		MCDSS MS-22 (job descriptions for all positions).	OHP	<b>QUALITY ASSURANCE REVIEW</b>	100%	
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.	OHP	<b>QUALITY ASSURANCE REVIEW</b>	Please see the data report that identifies each specialist and their supporting information.	
53		Percent of all foster home applications that were approved/denied within 120 days of application.	OHP	CJAMS	TBD	
54		Percent of all foster home caregivers who received all training required by law.	OHP	CJAMS	TBD	
55		Number of foster homes licenses rescinded by the Department due to lack of compliance.	OHP	CJAMS	TBD	
56		Percent of all foster homes and kinship care placements that met the COMAR licensing requirements.	OHP	CJAMS	TBD	
57		95 percent of all foster homes and kinship care placements met all legal requirements.	OHP	CJAMS	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
58		90 percent of all foster homes were approved and reapproved on a timely basis. 2. Date reconsideration completed and administratively approved	OHP	CJAMS	TBD	
59		Percent of all placements in which the caregivers received a complete Child Placement Information Form at the time of placement.	OHP	CJAMS	TBD	
60		95 percent of caregivers had been provided all available information about the child's status, background, and needs.	OHP	CJAMS	TBD	
61		Number of children in OHP for whom a CPS report was made.	OHP	CJAMS	TBD	
62		Number of children in OHP for whom a CPS investigation was opened.	OHP	CJAMS	TBD	
63		Number of children in OHP for whom a report of maltreatment while in OHP was indicated.	OHP	CJAMS	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
64		Percent of CPS investigations which were initiated in a timely manner.	OHP	CJAMS	TBD	
65		<b>99.68 percent of children in OHP were not maltreated in their placement, as defined by federal law.</b>	OHP	CJAMS	TBD	
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.	OHP	LEGAL SERVICES	TBD	
67		Number of children who spent four hours or more in an office, motel, or unlicensed facility.	OHP	QUALITY ASSURANCE REVIEW	23	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
68		<u>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.</u>	OHP	QUALITY ASSURANCE REVIEW	99.25%	
69		Percent of children ages twelve and over who participated in placement decisions.	OHP	CJAMS	TBD	
70		90 percent of children ages twelve or over participated in placement decisions.	OHP	CJAMS	TBD	
71	A	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	OHP	CJAMS	Jan 96 % Feb 95.9 % Mar 96.8 % Apr 95.7 % May 94.5 % June 95.1%	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
71	B	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	OHP	QSR	TBD	
72	A	<b>95 percent of children had documented visits from their caseworker once monthly in the child's placement.</b>	OHP	MD Exit	95.70%	
72	B	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	OHP	QSR	TBD	
73		Percent of new entrants who received an initial health screen within five days of placement.	Health	MATCH	95.30%	
74		Percent of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate medical attention.	Health	MATCH	98.10%	
75		<b>Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement.</b>	Health	MATCH	95.30%	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
76		Percent of new entrants that received a comprehensive health assessment within sixty days of placement.	Health	MATCH	68.80%	
77		Percent of all children that had a comprehensive health plan.	Health	CJAMS	TBD	
78		Percent of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	Health	CJAMS	TBD	
79		<b>Beginning July 1, 2009, 90 percent of new entrants into OHP received a comprehensive health assessment within 70 days of placement.</b>	Health	<b>MATCH</b>	<b>68.80%</b>	
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.	Health	MATCH	76.90%	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
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.	Health	CJAMS	TBD	
82		<b>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.</b>	Health	MATCH	76.90%	
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.	Health	CJAMS	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
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.	Health	CJAMS	TBD	
85	A	Percent of children who received timely all Needed Health Care Services.	Health	CJAMS	TBD	
85	B	Percent of children who received timely all Needed Health Care Services.	Health	QSR	TBD	
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.	Health	QSR	TBD	
87		Percent of cases in which the case worker monitored the child's health status once monthly.	Health	QSR	TBD	
88	A	90 percent of children received timely all Needed Health Care Services.	Health	CJAMS	TBD	
88	B	Number of new entrants into OHP during the period under review who were in OHP for at least 10 business days	Health	QSR	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
89		Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly - Health passport	Health	MATCH	96.93%	
90		Percent of children who had a health passport that was updated and distributed to the caregivers at least annually.	Health	CJAMS	TBD	
91		Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed.	Health	MATCH	96.90%	
92		Percent of all children for whom BCDSS delivered an MA card promptly.	Health	MATCH	100%	
93		90% of all new entrants had a complete health passport that was distributed to the children's caregivers promptly [Actual health passport]	Health	MATCH	96.93%	
94		90 percent of children had a health passport that was updated and distributed to the children's caregivers at least annually.	Health	CJAMS	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
95		Percent of new entrants who were enrolled in and begin to attend school within five days of placement.	Education	CJAMS	TBD	
96		Percent of children who changed placement who were enrolled in school within five days of a placement change	Education	CJAMS	TBD	
97		Percent of children eligible for special education who received special education services without interruption when they transferred schools.	Education	QSR	TBD	
98		Percent of children ages three to five who were enrolled in a pre-school program.	Education	CJAMS	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.	Education	CJAMS	TBD	
100		Percent of children who had an attendance rate of 85 percent or higher in the Baltimore City Public School System.	Education	QUALITY ASSURANCE REVIEW	33%	BCDSS continues to work with the Baltimore City Public Schools to ensure an accurate data exchange for

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
						this measure.
101		Percent of children who had an educational plan.	Education	QSR	TBD	
102		Percent of children for whom BCDSS met its obligations as set forth in the child's educational plan.	Education	QSR	TBD	
103		Percent of children whose educational progress was monitored monthly.	Education	QSR	TBD	
104		90 percent of children had an educational plan.	Education	QSR	TBD	
105		For 90 percent of children, BCDSS had met its obligations as set forth in the child's educational plan.	Education	QSR	TBD	
106		For 90 percent of children, BCDSS had monitored the child's educational progress monthly.	Education	QSR	TBD	
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.	Education	QSR	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
108		Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.	Education	QSR	TBD	
109		Percent of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.	Education	QSR	TBD	
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.	Education	QSR	TBD	
111		BCDSS made reasonable efforts to secure services for 90 percent of children who were eligible for special education or early intervention services.	Education	QSR	TBD	
112		Percent of case-carrying (fulltime and with full-caseloads) staff who were at or below the standard for caseload ratios.	Workforce	CJAMS	TBD	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
113		Percent of case-carrying teams who were at or below the standard for ratio of supervisor: worker.	Workforce	CJAMS	86%	
114		Percent of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.	Workforce	CJAMS	TBD	
115		<u>90 percent of case-carrying staff was at or below the standard for caseload ratios.</u>	Workforce	CJAMS	TBD	
116		<b>90 percent of case-carrying teams were at or below the standard for ratio of supervisor: worker.</b>	Workforce	CJAMS	86%	
117		Percent of caseworkers who qualified for the title under Maryland State Law.	Workforce	QUALITY ASSURANCE REVIEW	100%	
118		Percent of case-carrying workers who passed their competency exams prior to being assigned a case.	Workforce	QUALITY ASSURANCE REVIEW	100.00%	
119		Percent of caseworkers and supervisors who had at least twenty hours of training annually.	Workforce	QUALITY ASSURANCE REVIEW	40.61%	

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
120		Percent of caseworkers who reported receiving adequate supervision and training.	Workforce	QUALITY ASSURANCE REVIEW	TBD	
121		<b>95 percent of caseworkers met the qualifications for their position title under Maryland State Law.</b>	<b>Workforce</b>	<b>QA Exit</b>	<b>100.00%</b>	<b>BCDSS respectfully requests Certification</b>
122		<b>90 percent of caseworkers and supervisors had at least twenty hours of training annually.</b>	Workforce	<b>QA Exit</b>	<b>40.61%</b>	
123		Percent of cases transferred with required documentation within five working days.	Workforce	QUALITY ASSURANCE REVIEW	43.70%	BCDSS has implemented a new Standard Operating Procedure to address compliance for this measure.
124		Percent of transferred cases in which a case conference was held within ten days of the transfer.	Workforce	QUALITY ASSURANCE REVIEW	28.80%	BCDSS has implemented a new Standard Operating Procedure to address compliance for this measure.

#	Measure Sub#	Measure	Area	Source	66 <sup>th</sup>	Comments
125		90 percent of cases were transferred with required documentation within five working days.	Workforce	QUALITY ASSURANCE REVIEW	43.7%%	BCDSS has implemented a new Standard Operating Procedure to address compliance for this measure.
126		90 percent of transferred cases had a case transfer conference within ten days of the transfer	Workforce	QUALITY ASSURANCE REVIEW	28.8%	BCDSS has implemented a new Standard Operating Procedure to address compliance for this measure.