

L.J. v. MASSINGA

68th COURT REPORT

January 1st, 2022 – June 30th, 2022

Table of Contents

INTRODUCTION	2
QUALITY SERVICE REVIEW (QSR)	5
PART ONE: GENERAL PROVISIONS	41
SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS	42

INTRODUCTION

A requirement of the *L.J. v. Massinga Modified Consent Decree* (MCD) approved on October 9, 2009 is that the Maryland Department of Human Services (DHS) and the Baltimore City Department of Social Services (BCDSS, the Department, or the Agency), submit a semi-annual Court Report. This report, the 68th, covers the period from January 1, 2022 through June 30, 2022.

Since March, 2020 the Coronavirus pandemic has wreaked havoc on our community and our world. Although communities are no longer “locked down,” new variants continue to spread the virus and disrupt everyday life. “Business as usual” before March, 2020 is now in our rearview mirror as adaptations to the pandemic are shaping new work norms. Teleworking, made essential during the worst of the pandemic, introduced a whole new approach to work that continues to be a desirable option for today’s workforce. In addition, many industries are experiencing mass resignations and difficulty with hiring new staff. Public child welfare is no exception to this national trend; it is oft-criticized and complex, difficult work competing with many different options for qualified social workers. As a result, vacancy rates reached nearly 50% in some services, forcing child welfare caseworkers to choose between prioritizing service delivery to the children, parents and caregivers and compliance with the required Child, Juvenile, Adult Management System (CJAMS) data entry.

Towards the end of the 67th Reporting Period the highly contagious Omicron variant began infecting people at an alarming rate, and by the end of December, 2021, hospitalizations in Maryland had surpassed 3,000, representing a 500% increase in under two months and on the last day of the year, the one day positivity rate was 24.72%. Fortunately, the positivity rate declined during the reporting period but significant risk of infection persisted as the community returned to some semblance of pre-pandemic normalcy with resumed travel, attendance at large celebrations and more in-person events, all with decreased mask-wearing. Despite Maryland’s 77% vaccination rate, exposures and infections requiring quarantine continued to be disruptive to the workforce.

During the 66th Reporting Period, DHS, BCDSS, Plaintiffs, and the Independent Verification Agent (IVA) rewrote all of the measure instructions, a major accomplishment and a significant step in providing accurate, valid, and reliable data and information. Although the process was laborious, it served to illuminate how the measures were being defined, and also the extent to which the data to support compliance required modification.

Assuring that the data accurately depicts the work is pivotal to recommending practice changes and evaluating results. We share the IVA’s frustration that this process has been hindered by unanticipated challenges. The IVA has been a valuable partner, meticulously reviewing reports and recommending changes to more credibly capture each data point .

As noted by the Independent Verification Agent in the response to the 67th Report, BCDSS has responded to concerns and invested significant resources to meet the needs for accurate, reliable, and valid data. Very capable contractual staff have been hired to validate CJAMS in production, allowing validation of reports to shift from the IVA to BCDSS's Office of Innovation staff. The Office of Innovation is strongly committed to the achievement of compliance by producing management reports and working directly with teams to address the gaps.

BCDSS recognizes the importance of transparency and embraces collaboration, partnership, teamwork, and authenticity. The result of these efforts has been to build stronger relationships with the IVA office, Plaintiffs' counsel, and community partners.

Additionally, the Agency continues to improve the services it provides to the children in care; a small but representative sample of the Department's accomplishments during the 68th Reporting Period is below:

1. Consistent with BCDSS's commitment to being a 'kin first' agency, 33% of children are placed with kin. This is higher than the national average - 32% - and exceeds the statewide average of roughly 20% after excluding BCDSS.
2. During this reporting period, the Agency successfully lowered the number of children in foster care to just under 1600, after more than seven years of more than 1800 children in care.
3. **Pride4Life Pride Parade** - Saturday, June 25, was a gorgeous day for the Pride Parade. Ready by 21's (RB21) own Pride4Life workgroup attended and marched with Under Armour and Unmatched Athletes. Our young adults loved getting together to build connections and raise awareness.
4. After enduring delays brought on by the pandemic, BCDSS was pleased to provide a "soft" opening of the doors of its long-anticipated kinship resource center, named the **KinCare Center**, to staff for orientation, to publicize its presence, and to solicit input to further shape the Center.
5. **Paint and Play in the Park for Expecting and Parenting Youth** - On Tuesday, May 4th, RB21 hosted the first BCDSS event planned specifically to support expectant and parenting youth in BCDSS care, "Paint and Play in the Park." The event was held at Druid Hill Park, and youth were able to bring their children for a fun day at the park where they were led by a paint instructor to create beautiful paintings and other crafts. Youth also enjoyed playing games, getting face paintings, food, music and more. The following community partners hosted a table and distributed information about their program: Planned Parenthood, MATCH, Center for Urban Families, and Family Tree

6. As mentioned earlier, despite the obstacles and delays, BCDSS is proud of the progress being made in developing strategies for mining CJAMS data for the L.J. measures, again, a collaborative effort made possible with the invaluable participation of DHS and the IVA. Although staff and time intensive, the Agency believes there will be benefits to this work that go far beyond the L.J. measurement requirements and may have statewide implications.
7. Significant progress is anticipated in the 69th Reporting Period on case plan completion compliance; during the 68th Reporting Period, Out-of-Home supervisors and workers were hosted by the CJAMS labs to complete a data clean-up in CJAMS and provide transfer of learning activities as a follow up to the training provided during the 67th Reporting Period.
8. To support staff's understanding of how to document the various L.J. measurement requirements in CJAMS, the Office of Innovation is now managing the CJAMS lab. The CJAMS lab supervisor is spearheading the creation of "Tip Sheets" to address best practice for child welfare work and how to document activities in CJAMS that will result in accurate L.J. measurements data. To date, the following tipsheets have been published:
 - Complete Closure (L.J. measurement # 1)
 - Service Plan (L.J. measurements #'s 3, 21, 22, and 24)
 - Placement (L.J. measurement # 5, also an Exit standard)
 - Family Team Decision Making - (L.J. measurements #'s 9, 20 A-E, 23, and 70. 20 C-E and 70 are exit standards)
 - Visitation Log - (L.J. measurements #'s 12, 71, and 72. 72 is an exit standard).
 - Service Plan - (L.J. measurement # 12)
 - How to Enter a Placement - (L.J. measurements #'s 30A-D and 31)
 - Creating a Kinship Provider - (L.J. measurement #'s 30D, 56, 57)
 - How to Update a Person's Role in CJAMS - (L.J. measurement # 31)
 - How to do a Contact Note - (L.J. measurement #7's 1 and 72. Measurement 72 is an exit standard)
 - The CJAMS "How to Guide"
 - Provider- (L.J. measurement # 53, an exit standard)
9. The **Banja Center**, Baltimore City's visitation center, has received renewed attention as a resource increasing visits between parents and their children, and for sibling visits. Policies and procedures are being revamped to make appointments easily accessible to staff, establish ground rules, and for documenting observations.

QUALITY SERVICE REVIEW (QSR)

Summary update

The Quality Service Review (QSR) Department conducted QSRs of 60 children from January through June 2022. Specifically, QSRs of 30 children were conducted within the Out-of-Home program and QSRs of 30 children/families were conducted within the Family Preservation Program (FPP). This is the first reporting period of conducting QSRs in FPP. During the next L.J. reporting period, the QSR department will conduct 30 QSRs in OOH for the first quarter, and 30 QSRs in FPP for the second quarter.

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

The QSR department's Program Manager produced the following QSR data results for January – June 2022 by applying the math formulas outlined in the L.J. measure instructions agreed upon by the IVA and Agency. The QSR department also conducted 60 QSRs during this reporting period, which the IVA and BCDSS agreed upon as meeting the quota for the Agency to report QSR data for the L.J. report. It should be noted that BCDSS has made the decision that the QSR is a practice improvement tool that is utilized for continuous quality improvement. Therefore, only ratings of “good” and “optimal” are being used for compliance acceptance. BCDSS has decided not to utilize the “fair” and “marginal” categories for compliance as we are striving for excellence.

BCDSS leadership continues to review the QSR data results closely. These data results show some key performance areas where improvement is needed. BCDSS is using this data to identify strategies for performance improvement and to measure whether performance is improving in future L.J. cycles based upon executed strategies.

To improve outcomes, the strategies below were identified:

- The QSR department launched QSRs in FPP this reporting period. This undertaking included the QSR Program Manager and members explaining and familiarizing FPP staff with the purpose and processes involved with QSRs. The FPP Program Manager collaborated with QSR members by providing an overview of responsibilities of FPP and clarity about practice expectations.
- The QSR department continues to conduct QSR debriefings with Unit Managers, supervisors and caseworkers at the completion of each QSR. The debriefings allow for collaborative discussion about the QSR findings and suggested recommendations for the OOH and FPP teams to consider about lessons learned and identify next steps.
- During this period, the QSR implemented a process of emailing the QSR recommendations after debriefings to the caseworker, supervisor and unit manager, as well as leadership members, including the Child Welfare Deputy Director, the Assistant Deputies, and Program Manager. The objective is for leadership to review these recommendations to identify practice themes and to further identify targeted strategies for improvement.
- BCDSS continues to conduct a comprehensive hands-on training with OOH staff about key actions to take to complete quality service plans and demonstrate reasonable efforts with families.

Data Results for L.J. Measures from QSRs in FPP

(NOTE: The IVA's request in the response to the 67th Report that QSR data be folded into the other measures on the table came too late for this report, but will be explored for the 69th Reporting Period.)

The following presents the results for the L.J. measures derived from data for the 30 QSRs conducted in FPP from January – March 2022. This is the first time that the Agency is presenting data for QSRs conducted within FPP.

L.J. Measures 2 and 4

Measure	Agency Performance: ¹
Measure 2: Percent of children and families in family preservation that timely received services identified in the case plan.	3% (1/30)
Measure 4: 85 percent of children and families in family preservation timely received the services identified in the case plan.	3% (1/30)

Data from QSR Instrument used for performance calculation:**Practice Indicator 5. Plan Implementation**

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Plan Implementation	0	0	21	8	1	0	3% (1/30)

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

- § Whether strategies, services and activities are taking place as designed
- § Timeliness of plan and relations to urgency of the situation
- § Whether needed services are being provided to child and family regardless of a written plan
- § Whether needed services are being provided, and appropriately monitored, for child for educational or early intervention/special education needs
- § Assistance provided to parents/legal guardian to achieve case closure goals

Practice Indicator 6. Tracking and Adjustment

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
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¹ L.J. Measure 2 and 4 Instruction Numerator: All children in the denominator who have a 5 or 6 rating for Practice Indicators 6A Plan Implementation - Safety and Well-being, 6B Plan Implementation - Permanency, and 7 Tracking and Adjustment.

Note: When the QSR Program Manager and the IVA made revisions to the FPP instrument, Practice Indicator Plan Implementation became Practice Indicator 5 and it was consolidated into one rating rather than two distinct parts between Safety/Well-being and Permanency; and, Tracking and Adjustment Indicator became Practice Indicator 6.

Tracking & Adjustment	0	1	22	6	1	0	3% (1/30)
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Part B. Facts & Reasoning Relied Upon to Determine Rating Value

- § Level of follow-up to monitor progress, changing needs and effectiveness of the plan
- § Accuracy, timeliness and relevance of information in assessments (Safe-c, MIFRA, MFFRA)
- § Level of follow-up to monitor the child's progress, changing needs, and connection to needed educational, early intervention/special education services
- § Modification conducted in response to changing situations
- § Family response to learning what works

L.J. Measure 3b

Measure	Agency Performance: ²
Measure 3b: 90 percent of children and families in family preservation had a case plan.	53% (16/30)

Practice Indicator 4. CASE PLANNING

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Case Planning	0	0	4	10	15	1	53% (16/30)

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

- § Design, timeliness and quality of plan (Service Plan) to assist child and family in achieving identified goals and address needs
- § Quality of Service Plan - comprehensive, individualized, realistic, strength-based
- § Plans designed to unify agencies and service providers
- § Level of involvement of family members in the plan's development; signatures on plans
- § Completion of accurate and timely Safe-C; CANS-F, and Educational Plan

Data Results for L.J. Measures from QSRs in OOH

The following presents the results for those L.J. measures derived from data for the 30 QSRs conducted in OOH from April – June 2022.

² L.J. Measure 3b Instruction Numerator: All children in the denominator who have a 5 or 6 rating for Practice Indicators 5A Case Planning - Safety & Well-being and 5B Case Planning - Permanency.

Note: When the QSR Program Manager and the IVA made revisions to the FPP instrument, Practice Indicator 5 Case Planning became Practice Indicator 4 and it was consolidated into one rating rather than two distinct parts between Safety/Well-being and Permanency.

L.J. Measure 7

Measure	Agency Performance: ³
Measure 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.	19% (4/21)⁴

Data from QSR Instrument Used for Performance Calculation:**TABLE 1. SERVICE PLAN**

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

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

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

1A. Father

Select Yes or No	Yes	No
1. Is the primary or the secondary permanency plan reunification with the Father? <i>If no, skip to Table 1B. Mother</i>	11	19
2. Is there a current service plan signed by the Father? "Current" means that the service plan "end date" is <u>after</u> the QSR review date. <i>If yes, skip to Row 5</i>	0	11

³ L.J. Measure 7 Instruction Numerator: All children in the denominator who have one of the following sets of answers for the applicable QSR "Service Plans" sub-tables (A (father), B (mother) or C (guardian)):

(1) "Yes" answer to the question in row 1 AND "Yes" answer to the questions in rows 2 and 5-9;

OR

(2) "Yes" answer to the question in row 1 AND "Yes" answer to the questions in rows 3 and 4.

If the answer to any of the questions in rows 3 – 9 of any sub-table is "No," the child is not included in the numerator.

⁴ For this calculation, the denominator is 21. There were 10 QSRs that were applicable for the father and mother; 1 QSR applicable only to the father; and, 10 QSRs only applicable to the mother.

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

1B. Mother

Select Yes or No	Yes	No
1. Is the primary or the secondary permanency plan reunification with the Mother? <i>If no, skip to Table 1C. Legal Guardian</i>	20	10
2. Is there a current service plan signed by the Mother? "Current" means that the service plan "end date" is <u>after</u> the QSR review date. <i>If yes, skip to Row 5</i>	2	18
3. If there is no current signed service plan, is there documentation that reasonable efforts have been made to locate and engage the Mother? 3a. <i>If yes, specify what were the documented efforts: If no, skip to Table 1C. Guardian</i>	15	3

Select Yes or No	Yes	No
4. Is there documentation that the Mother was not available or was not willing to sign the service plan? <i>4a. If, yes, specify what was the documentation:</i>	2	13
5. Does the service plan include the current barriers for reunification with the Mother? "Barriers" should be clearly stated or reflected in the written goals, objectives, needs, and comments	2	15
6. Does the service plan include the steps that the Mother must take to have the child return home to her/be placed in her home?	2	15
7. Does it include the timelines for the Mother to complete these steps?	2	15
8. Does the service plan include services that the caseworker and BCDSS will provide to the Mother (for example, referral to alcohol abuse counseling)?	2	15
9. Does the service plan include the timelines within which any service will be provided by the Agency/caseworker?	2	15

1C. Guardian

Select Yes or No	Yes	No
1. Is the primary or the secondary permanency plan reunification with the Guardian? <i>If no, skip to Table 2. Relative Search</i>	0	30
2. Is there a current service plan signed by the Guardian? "Current" means that the service plan "end date" is <u>after</u> the QSR review date. <i>If yes, skip to Row 5</i>		
3. If there is no current signed service plan, is there documentation that reasonable efforts have been made to locate and engage the Guardian? <i>3a. If yes, specify what were the documented efforts: If no, skip to Table 2. Relative Search</i>		
4. Is there documentation that the Guardian was not available or was not willing to sign the service plan? <i>4a. If, yes, specify what was the documentation:</i>		

Select Yes or No	Yes	No
5. Does the service plan include the current barriers for reunification with the Guardian? "Barriers" should be clearly stated or reflected in the written goals, objectives, needs, and comments		
6. Does the service plan include the steps that the Guardian must take to have the child return home to him/her?		
7. Does it include the timelines for the Guardian to complete these steps?		
8. Does the service plan include services that the caseworker and BCDSS will provide to the Guardian (for example, referral to alcohol abuse counseling)?		
9. Does the service plan include the timelines within which any service will be provided by the Agency/caseworker?		

L.J. Measures 8, 16 and 41

Measure	Agency Performance: ⁵
Measure 8: Percent of all children for whom BCDSS provided referrals for services identified in the child's parents' or guardians' service agreement.	3% (1/30)
Measure 41: Percent of all children for whom identified service needs were followed by timely and appropriate referrals.	3% (1/30)
Exit Standard 16: 90 percent of children in OHP and their families timely received the services identified in their case plans.	3% (1/30)

Data from QSR Instrument used for performance calculation:**Practice Indicator 6. Plan Implementation**

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
A. Safety & well-being	0	0	4	15	10	1	37% (11/30)
B. Permanency	0	1	18	10	0	1	3% (1/30)

⁵ L.J. Measures 8, 16 and 41 Instruction Numerator: If the ratings for Practice Indicators 6A, 6B and 7 are "5" or "6," that child's case will be considered compliant with the measure and included in the numerator.

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

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

Practice Indicator 7. Tracking & Adjustment

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Tracking & Adjustment	0	0	21	8	1	0	3% (1/30)

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

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

L.J. Measure 14

Measure	Agency Performance: ⁶
Measure 14: Percent of children for whom BCDSS searched for relatives or other resources.	44% ⁷ (7/16)

Data from QSR Instrument used for performance calculation:

TABLE 2. RELATIVE SEARCH

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

⁶ L.J. Measure 14 Instruction Numerator: All children in the denominator (from QSR “Relative Search” question) for whom the required relative searches were done as indicated by one of the following sets of answers:

- (1) “Yes” to the questions in rows 5 and 6;
- (2) “Yes” to the question in row 5, and “NA” to the question in row 6; OR
- (3) “NA” to the question in row 5, and “Yes” to the question in row 6.

⁷ For 5 of the 21 cases that completed rows 5 and 6, the answer was Not Applicable “NA” in both rows 5 and 6 about conducting a search of the relatives of the father and mother. As these 5 cases were Not Applicable for both parents, they were subtracted from the denominator of applicable cases to assess performance with this measure.

Select Yes or No	Yes	No
1. Is the child placed with a relative? <i>If no, Skip to Row 3</i>	9	21
2. Is this relative the planned permanency resource? <i>If yes, stop here, skip to Table 3</i>	5	4
3. Is the child aged 18 – 20 years old? <i>If no, skip to Row 5</i>	4	21
4. Does the child want BCDSS to initiate contact with relatives? <i>Note: the answer to this question needs to be based on what the youth told the QSR reviewer during his/her interview.</i> <i>If no, stop here, skip to Table 3</i>	0	4

Select Yes, No or NA	Yes	No	NA
At any time during the past 12 months, was a search made for:			
5. Father's Relative(s) <i>Not Applicable =</i> - <i>Father was never identified</i> - <i>Paternal relatives were already located</i> - <i>Other (List reason):</i>	5	8	8
6. Mother's Relative(s) <i>Not Applicable =</i> · <i>Mother was never identified</i> · <i>Maternal relatives already located</i> · <i>Other (List reason):</i>	6	7	8

L.J. Measures 15 & 40

Measure	Agency Performance: ⁸
Measure 40: Percent of all children who have service needs identified in their case plans.	10% (3/30)
Exit Standard 15: 90 percent of children in OHP had a case plan	10% (3/30)

Data from QSR Instrument used for performance calculation:

Practice Indicator 5. Case Planning

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
1. Safety well-being	2	7	9	7	2	3	17% (5/30)
2. Permanency	8	5	8	5	1	3	13% (4/30)

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

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

⁸ L.J. Measures 15 and 40 Instruction Numerator: If the ratings for Practice Indicators 5A and 5B are "5" or "6," that child's case will be considered compliant with the measure and included in the numerator.

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

Measure	Agency Performance: ⁹
Measure 25: Percent of children ages 14 and over who had a transition plan included in the child's case plan and were timely receiving the services identified in the case plan.	22% (2/9)
Exit Standard 29: 90% of children ages 14 and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	22% (2/9)

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

Select Yes or No	Yes	No
1. Is the youth aged 14 – 20 years old at the start of the QSR? <i>If no, stop here, skip to Table 4</i>	9	21
2. Is there a current Maryland Youth Transitional Plan? For a transitional plan to be “current,” it must be developed within the past 6 months and have an end date that is <u>after</u> the date of the review. <i>If no, stop here, skip to Table 4</i>	2	7
3. Was the Maryland Youth Transitional Plan substantially complete? <i>3a. If no, what was missing?</i>	2	0
4. Does the Maryland Youth Transitional Plan accurately describe the Youth’s Strengths, Issues/Concerns, and Service Delivery Needs?	2	0
5. Does the Maryland Youth Transitional Plan include reasonable Short-Term Goals/Next Steps for each subject area? “Reasonable” means applicable to the circumstances of the youth’s case.	2	0
6. Does the Maryland Youth Transitional Plan include tasks for the caseworker?	2	0

⁹ L.J. Measures 25(b) and 29(b) Instruction Numerator: All children in the denominator who have a rating of 5 or 6 on Status Indicator 11A or 11B AND who have one of the following sets of answers for the QSR “Maryland Youth Transitional Plan” question:

- (1) “Yes” answer to the questions in rows 2 - 8; OR
- (2) “Yes” answer to the questions in rows 2 - 6 and “No” answer to the question in row 7.

Select Yes or No	Yes	No
7. Was the youth capable of participating in and signing the Maryland Youth Transitional Plan? <i>7a. If no, specify the reason: If no, skip to Table 4</i>	2	0
8. Is the Maryland Youth Transitional Plan signed by the youth?	2	0

Status Indicator 11: Preparation for Adulthood

Part A. Ratings	Not Applicable	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
A. 14 - 17 Years old	(25)	0	1	1	3	0	0	0% (0/5)
B. 18 - 20 Years old	(26)	0	0	1	0	3	0	75% (3/4)

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

- § Progress made toward any preparation and transition goals. BCDSS transition plans. Special education transition plans.
- § Access to and transition into any adult services that are required.
- § Any necessary supports provided
- § Skills for adulthood

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

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

L.J. Measure 33

Measure	Agency Performance: ¹⁰
Exit Standard 33: 90 percent of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.	87% (26/30)

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

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Living Arrangement	0	0	1	3	9	17	87% (26/30)

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

§ Appropriateness in relation to: needs, family relationships, connections, age, abilities, special needs, peer group, culture, and language

Not Applicable = Youth is incarcerated.

L.J. Measures 42 and 44

Measure	Agency Performance: ¹¹
Measure 42: Percent of children who receive services necessary and sufficient to meet the child's needs and to support stability in the least restrictive placement.	60% (18/30)
Exit Standard 44: 90 percent of children and caregivers received services necessary and sufficient to meet their needs and to support stability in the least restrictive placement.	60% (18/30)

¹⁰ L.J. Measure 33 Instruction Numerator: If the rating for Status Indicator 4 Living Arrangement is "5" or "6," that child's case will be considered compliant with the measure and included in the numerator.

¹¹ L.J. Measures 42 & 44 Instruction Numerator: If the ratings for Status Indicators 3A and 4 are "5" or "6" and the rating for Practice Indicator 13C is "5" or "6" or "NA," that child's case will be considered compliant with the measure and included in the numerator.

Data from QSR Instrument used for performance calculation:

Status Indicator 3A. Stability

A. Part Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Home/Family	0	0	7	1	6	16	73% (22/30)

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

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

Status Indicator 4: Living Arrangement

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Living Arrangement	0	0	1	3	9	17	87% (26/30)

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

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

Practice Indicator 13C. Family Supports & Services

Part A. Ratings	Not Applicable	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
C. Caregiver	(6)	1	0	2	1	1	19	83% 20/24

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

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

Not Applicable =

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

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

Measure	Agency Performance: ¹²
Measure 71b: Percent of children who had documented visits from their caseworker once monthly in the child's placement.	70% (21/30)
Exit Standard 72b: 95 percent of children had documented visits from their caseworker once monthly in the child's placement.	70% (21/30)

Data from QSR Instrument used for performance calculation:**Practice Indicator 8: Caseworker Visitation**

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
Caseworker Visitation	0	0	4	5	11	10	70% 21/30

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

§ Timeliness and duration of visits

§ Sufficient privacy and duration to permit engagement and assessment

§ Assessment of status, progress, especially as to quality of care, appropriateness and success of placement and adequacy of services provided

§ Whether additional visits outside the home are occurring as needed to observe the child in other frequently visited settings or for comfort in speaking openly

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

Measure	Agency Performance: ¹³
Measure 85b: Percent of children who received timely all Needed Health Care Services.	80% (24/30)
Exit Standard 88b: 90 percent of children received timely all Needed Health Care Services.	80% (24/30)

¹² L.J. Measures 71(b) & 72(b) Instruction Numerator: All children in the denominator who have a 5 or 6 rating for Practice Indicator 8.

¹³ L.J. Measures 85(b) & 88(b) Instruction Numerator: All children in the denominator who have a 5 or 6 rating for Practice Indicator 9A.

L.J. Measure 87 Instruction Numerator: All children in denominator who have a 5 or 6 rating for Practice Indicator 9B.

Measure	Agency Performance: ¹³
Measure 87: Percent of cases in which the case worker monitored the child's health status once monthly.	57% (17/30)

Data from QSR Instrument used for performance calculation:

Practice Indicator 9. Physical & Mental Healthcare Services

Part A. Ratings	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
A. Services	0	0	1	5	8	16	80% (24/30)
B. Monitoring	0	0	5	8	12	5	57% (17/30)

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

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

§ Timely screenings, dentals, equipment, routine care

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

L.J. Measure 97

Measure	Agency Performance: ¹⁴
Measure 97: Percent of children eligible for special education who received special education services without interruption when they transfer schools.	100% (1/1)

Data from QSR Instrument used for performance calculation:

TABLE 4. SPECIAL EDUCATION SERVICES

Select Yes or No	Yes	No
1. Was the child in Pre-K - 12 grade at any time within the past 6 months? <i>If No, skip to Table 5</i>	19	11

¹⁴ L.J. Measure 97 Instruction Numerator: All children in the denominator for whom the answer to the question in row 4 is "Yes."

Select Yes or No	Yes	No
2. Did the child transfer school at any time within the past 6 months? <i>If the child had more than one school transfer within the past 6 months, focus on the most recent school transfer. If No, skip to Table 5</i>	2	17
3. Was the child receiving special education services <u>BEFORE</u> the child transferred schools? <i>If No, skip to Table 5</i>	1	1
4. Were Special Education services provided without interruption when the child moved to the new school? <i>(e.g., there was no delay in enrollment in the new school, no delay in the child being able to attend the new school, no delay in the child receiving all the identified needed Special Education services in the new school)</i>	1	0

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

Measure	Agency Performance: ¹⁵
Measure 101: Percent of children who have an educational plan	33% (8/24)
Exit Standard 104: 90 percent of children had an educational plan.	33% (8/24)
Measure 102: Percent of children for whom BCDSS had met its obligations as set forth in the child's educational plan.	91% (20/22)
Exit Standard 105: For 90% of children, BCDSS had met its obligations as set forth in the child's educational plan	91% (20/22)
Measure 103: Percent of children whose educational progress was monitored monthly.	54% (13/24)
Exit Standard 106: For 90 percent of children, BCDSS had monitored the child's educational progress monthly.	54% (13/24)

¹⁵ Measure Instructions Numerator:

L.J. Measures 101 & 104: All children in the denominator who have a 5 or 6 rating for Practice Indicator 10A.

L.J. Measures 102 & 105: All children in the denominator who have a 5 or 6 rating for Practice Indicator 10B.

L.J. Measures 103 & 106: If the rating for Practice Indicator 10C is 5 or 6, that child's case will be considered compliant with this measure and included in the numerator.

L.J. Measures 86 & 110: All children in denominator who have a 5 or 6 rating for Practice Indicator 10D.

L.J. Measures 107, 109 & 111: All children in denominator who have a 5 or 6 rating for Practice Indicator 10D.

Measure	Agency Performance: ¹⁵
Measure 86: Percent of cases in which the identification of a developmental delay was followed by a prompt referral for special education or early intervention services.	69% (9/13)
Exit Standard 110: BCDSS made a prompt referral for special education or early intervention services for 90 percent of children for whom there was an indication of developmental delay or disability	69% (9/13)
Measure 107: Percent of children for whom any identification of developmental delay or disability was followed by a prompt referral for special education or early intervention services.	69% (9/13)
Measure 109: Percent of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.	69% (9/13)
Exit Standard 111: BCDSS made reasonable efforts to secure services for 90 percent of children who were eligible for special education or early intervention services.	69% (9/13)

Data from QSR Instrument used for performance calculation:

Practice Indicator 10. Education

Part A. Ratings	Not Applicable	Adverse 1	Poor 2	Marginal 3	Fair 4	Good 5	Optimal 6	% Acceptable
A. Plan	(6)	2	0	4	10	2	6	33% (8/24)
B. Services	(8)	1	0	0	1	4	16	91% (20/22)
C. Monitoring	(6)	1	0	1	9	5	8	54% (13/24)
D. Early Intervention/ Special Ed	(17)	0	0	0	4	0	9	69% (9/13)

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

- i. See indicator protocol for specific facts required

Not Applicable =

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

L.J. Measure 108

Measure	Agency Performance: ¹⁶
Measure 108: Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.	100% (12/12)

Data from QSR Instrument used for performance calculation:

TABLE 5. SPECIAL EDUCATION/EARLY INTERVENTION MEETING ATTENDANCE

Select Yes or No	Yes	No
1. At any time within the past 12-months, has the child had a meeting regarding special education or early intervention services? <i>(include every meeting that occurred for this analysis)</i> a. If yes, how many meetings were there: (Range 1 – 2 meetings) <i>If No, Stop Here</i>	12	18
2. For each meeting, was either a BCDSS staff person or the child’s provider (kinship caregiver, foster parent, or congregate care representative) in attendance?	12	0

¹⁶ L.J. Measure 108 Instruction Numerator: All children in the denominator (QSR “Special Education/Early Intervention Meeting Attendance” question) for whom the answer to the question in row 2 is “Yes.”

WORKFORCE

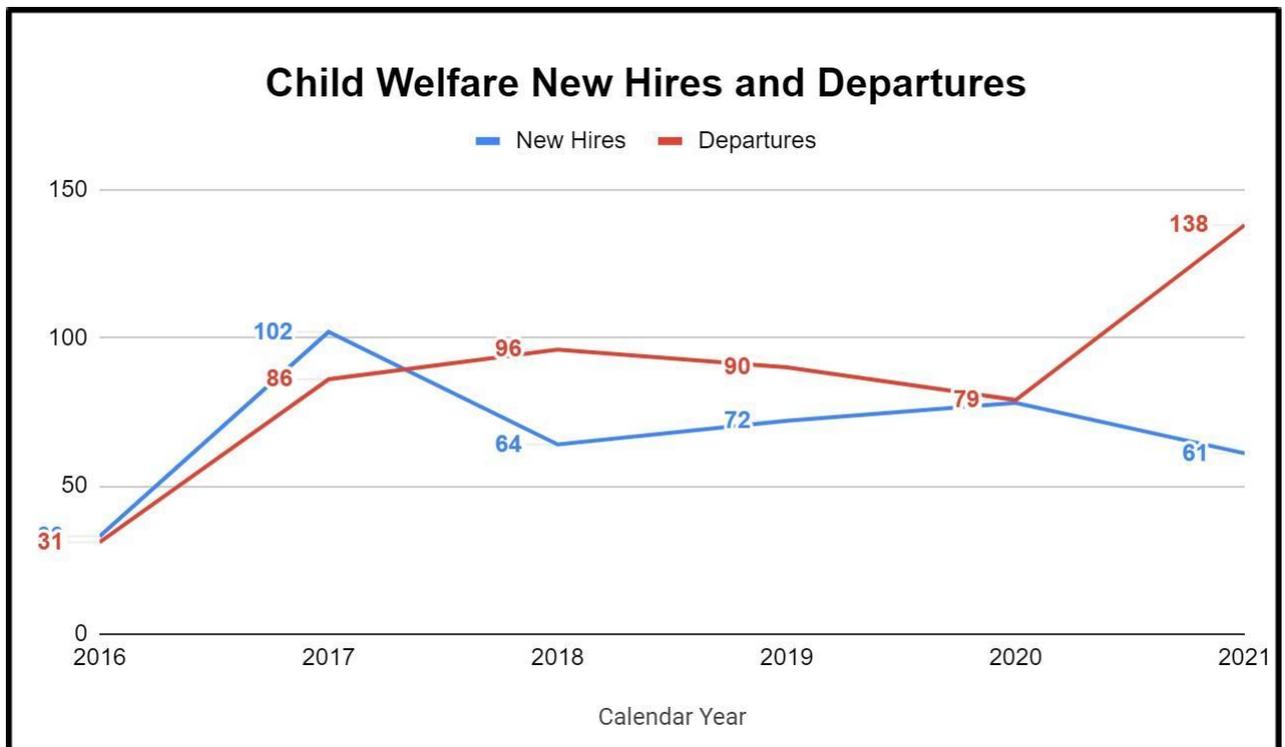
The following measures are associated with the Workforce subsection of the MCD: Exit Standards 115, 116, 121, 122, 125 and 126; Internal Success Measures 112, 113, 114, 117, 118, 119, 120, 123 and 124.

Strategies for Improvement for Exit Standards 115 and 116.

Baltimore City Department of Social Services Child Welfare Division Staffing Plan

As of the end of August 2022, BCDSS has a total of 1,208 employees, 461 of whom work in the Child Welfare Division. In the first 8 months of 2022, there have been 31 new hires and 80 departures in Child Welfare.

Since June 2019, BCDSS has made the recruitment and retention of educated, skilled, and compassionate employees a top priority.



* Data Source = Revised Personnel Transaction Report; retrieved 8/29/2022

The data chart above reflects data for all calendar years for child welfare only.

Calendar year 2021 shows a troubling increase in employee departures, a trend that mirrors other human services organizations nationwide in response to the ongoing COVID-19

pandemic, and has continued to present. The number of new hires in 2021 is less than half of the departures, and is cause for concern. Enrollment in schools of social work is down, and the many myths surrounding public child welfare dampen interest in pursuing a career in the field.

Staffing Analysis

Vacancies:

Similar to organizations nationwide and other local departments in Maryland, the increase in resignations of Child Welfare caseworkers and supervisors have continued during this reporting period. BCDSS remains assiduously focused on recruiting new staff and on identifying creative ways of encouraging retention.

With respect to new staff, BCDSS is committed to the practice of limiting hiring to those with a social work education, shown by research to be the best prepared for the work and to produce better outcomes than those without social work education and training.

The focus of this 68th reporting period and the next will be to fully staff child welfare services. Toward the end of the 67th reporting period, BCDSS began conducting large numbers of panel interviews. New hires made during the 68th reporting period are detailed below:

Caseworkers - 30

Supervisors - 3

Despite exhaustive efforts, including outreach to all of the Maryland social work schools, vacancies remain. The recruitment challenges BCDSS is experiencing are not dissimilar from those facing other human services organizations across the country.

Accommodations/FMLA:

Approximately 80 employees occupy casework positions but do not carry cases. ADA accommodations were approved for approximately 75 employees. To determine how many current employees can be returned to casework assignment, BCDSS has undertaken a process to analyze data related to these accommodations and to the intermittent use of FMLA. To ensure that requests for accommodations are being appropriately evaluated for approval, policy changes have been made and process improvements implemented. BCDSS supervisors and managers participated in a mandatory ADA training in April 2022 to better understand and manage accommodations. Moving forward, accommodations are approved for only the limited period of time recommended by the treating physician. After that time period expires, staff are returned to case carrying status.

Title IV-E Program:

BCDSS collaborates with the UMSSW (UMSSW) and Morgan State University (MSU) to offer a specialized public child welfare training program to social work students, the Title IV-E student program.

Past data has shown that Title IV-E students are more likely to stay in public child welfare during their careers than their counterparts.

BCDSS hired eleven Title IV-E students from the current cohort in July 2022.

Teleworking:

BCDSS Child Welfare employees have been under a Hybrid Teleworking Agreement since the start of the Coronavirus pandemic in March, 2020. The Hybrid Teleworking Agreement allows employees the flexibility to work in the field for the majority of the week, coming into the office only on coverage days or for job duties that require them to be in the office. All staff were given the tools to conduct fieldwork, including laptops, iPads and VPN access. Staff productivity is closely monitored, and schedules are adjusted as needed.

BCDSS plans to continue with the current teleworking model, which has proven to be a viable option for increasing productivity and expanding talent recruitment and retention. Employees have more flexibility to meet the needs of their own families without compromising care for the vulnerable populations served by BCDSS.

Workforce Innovation Team:

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

Establishing a 'recovery environment' - a culture that prioritizes support for staff and recognizes the need to acknowledge and address the secondary trauma inherent in the work of public child welfare - is also part of our plans for boosting retention.

As was reported previously, the Workforce Improvement Team conducted a business process mapping of the Agency's recruitment and hiring efforts and identified areas for improvement. Several process improvements have now been in place for over a year, and new initiatives continue to be planned. These include:

- Program Managers conduct interviews to assess and match candidates' skill with their respective programs.
- The WIT is studying strategies for incorporating core competencies into hiring and supervising staff, and integrating behavior-based interview techniques into the hiring process.
- New employees are able to gain a first hand perspective prior to starting new employee training and the pre-service training at the Child Welfare Academy by shadowing other

staff in their units.

- WIT is exploring the use of videos to provide 'realistic job previews' to potential applicants.
- The probation period for staff has been extended from six months to a year, enabling supervisors additional time to evaluate staff in recognition of the complexity of the work and with the goal of improving staff selection.
- A Human Resources Data Dashboard that tracks and visually displays key data like vacancies, turnover rate, accommodations, and caseload distribution has been developed,

JANUARY - JUNE 2022 ONBOARDING PROCESS

Communication with Supervisors

To boost welcoming new staff to the organization, reminders are sent to supervisors about the start dates for new employees. Supervisors receive reminders at least one week before the arrival of the new employee, and each new staff person receives a "welcome call" from their supervisor.

Supervisors also receive a checklist of tasks and paperwork to complete on behalf of, and with, the new employees. A confirmation is sent 3 days after the employee's arrival to the supervisor to ensure that the new employee has received the necessary equipment and systems access and if not, to address any issues or concerns immediately.

Child Welfare World Tour

Last August, BCDSS Child Welfare launched the "Child Welfare World Tour" for new employees. The World Tour provides a macro-level overview of each Child Welfare program, i.e, CPS, Family Preservation, Out of Home, Adoption & Guardianship, and RB21 as well as an introduction to Legal Services, Family Investment, Adult Services, Resources & Support, Court Processing unit, Permanency Support, QSR and Innovation.

The committee implemented the recommendations to reduce the World Tour from 19 days to 12 days, and to assign new employees to their program for the first 4-5 days of their employment prior to the World Tour. Supervisors report that having the employees in the program prior to the World Tour has enhanced the establishment of the employee / supervisor relationship from the start of employment.

Case Assignments

Each Program created a process for case assignments for each new hire to gradually assign cases rather than receiving multiple cases at once. This process will allow the new caseworkers to review, ask questions, and build on their knowledge and skills without overwhelming them with a full caseload within the first weeks in their assigned program.

Each program presented its Case Assignment process during a Program Managers meeting and during its program meetings. This process was completed in the latter part of the 6-month reporting period; feedback will not be available until the next reporting period. A Powerpoint outlining the process for each program will be shared in a google folder so that supervisors have access to the information at any time.

New Supervisor Onboarding

The Committee is currently refining the onboarding process for new supervisors. Recruiting and hiring new supervisors has proven to be especially difficult, with few candidates on the state's hiring list for consideration.

Caseload Sizes

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

- Three RB21 Specialists were reassigned to the regular case carrying team in Permanency to assist with caseloads
- With the goals of ensuring equal distribution of work and also maintaining continuity of care for children and families, the streamlined transfer process between the regular Permanency team and RB21, Adoption, and Custody and Guardianship teams has continued
- The Program Managers in Permanency are ensuring that appropriate cases are transferred to RB21 and other programs on a weekly basis, to reduce uneven caseloads
- RB21 accepts new transfers as young adults exit care
- The age for transfer to RB21 has been lowered and is now 15
- The caseload size for RB21 and Custody & Guardianship/Adoption programs is 15 cases per worker
- To more effectively serve families, cases transferred to RB21 included siblings to already assigned cases of older siblings when appropriate.

Moving Forward:

Knowing that the workforce is key to successful outcomes in child welfare, BCDSS is committed to improving practices with respect to recruitment and retention of Child Welfare staff. The following continue to be designated as priority strategies:

- Continued commitment to requiring an MSWs or BSWs for casework positions, prioritizing hiring licensed social workers, and examining options for expanding the IV-E Child Welfare Training program.
- To reduce the length of time to fill vacancies, develop a pool of interview candidates to offer positions immediately when a vacancy occurs. (lack of qualified applicants has stymied achievement of this strategy)
- Biannually in December and May, continue to recruit Title IV-E students in good standing for vacant positions upon graduation.
- Offer in-person training related to policy and practice and with the use of CJAMS.
- Carry out the strategies developed 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.
- Participate in job fairs such as: Elijah Cummings Annual Job Fair, Maryland Career Consortium (MCC) Career Fair, UMSSW virtual job fair, Catholic University Job Fair, and other college and university job fairs.
- Advertise with the Baltimore Sun Newspaper, National Association of Social Workers (NASW), Child Welfare League of America (CWLA), American Public Human Services Association (APHSA), Monster, Indeed, Handshake, and social media platforms.
- Continue partnering with area schools of social work, including Morgan, Salisbury, and the University of Maryland as well as the BSW programs at McDaniel, UMBC, Bowie, and Frostburg.
- To boost staff retention, a “Virtual brown bag lunch” is held regularly with the Director that enables staff direct access to a conversation with her. Staff are encouraged to share obstacles they may be facing, verbalize concerns, make suggestions, propose solutions, and pose questions. Sharing success stories, too, is encouraged. The Deputy Directors and Assistant Directors also facilitate in-person meetings with staff to address concerns, solicit feedback and suggestions for solutions, and for morale and team building activities. Leadership’s availability to staff and willingness to listen are part of the ‘recovery environment’ so important to mitigating secondary trauma and increasing staff retention.

Onboarding

The Onboarding Committee worked diligently on action steps recommended to improve the process by which new employees begin their work in Child Welfare. The Agency believes that the implementation of these steps will lead to better outcomes for retention by improving the knowledge, resources, and competence of new employees.

Areas for improvement that were identified included:

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

As described above, the feedback has led to changes in the orientation process for new staff and pro-active reminders to supervisors to be prepared to welcome new employees.

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

BCDSS tracks Exit Standard 122 by embedding training into the employee performance process. In addition, every licensed social worker is required to have 40 hours of training every two years to maintain licensure. The BCDSS tracking process began on July 1, 2021 and showed that of staff whose annual review is in June, 61% of caseworkers and supervisors completed at least 20 hours of training between July 1, 2021 to June 30, 2022. Of all caseworkers, 57% completed at least 20 hours of training, and for

supervisors, 95% were compliant.

Strategy for Improvement:

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, any staff who have left the Agency throughout the year are removed.
2. Those on the list are queried in the OL's Training Tracking System to obtain the training hours for each individual.
3. The OL compiles training attendance data from DHS Learning (HUB), the Child Welfare Academy at the UMSSW, BCDSS Office of Learning and self-reported work-related training.
4. Those with Performance Planning and Evaluation (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 posts a list for staff to check hours
6. The OL submits a spreadsheet to Innovations summarizing staff training hours Reports are sent to Innovation on Jan 15th and on July 15th.
7. Child welfare staff who are remiss are easily identified in the spreadsheet for supervisory counseling on opportunities for continuing education.

Strategies for Improvement for Exit Standards 125 and 126:

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

Strategies for Improvement for measure 3(a):

Family engagement and support for caregivers are key to mitigating risk for children and preserving families. Caseworkers are being provided with comprehensive refresher training and follow-up mentoring that highlighted the importance of the in-home service plan as well as the requirement that the Maryland Child and Adolescent Needs and Strengths - Family (CANS-F) be completed. The value of engaging parents as partners was emphasized, and reminders about skills and tips for engagement were provided. Specific guidance for documenting and approving the plan in CJAMS was also included.

A tool is now available for caseworkers, supervisors, and Agency leadership to track the work, the In-Home Milestone Report which reports on all families with a Consolidated Family Services case assignment for 30 days+. The L.J. report for Measure 3 was shared with In-Home Services leadership to illustrate trends regarding their Key Performance Indicators (KPI).

Strategies for Improvement for Measures 9, 17, 18, 19, 20, 69, 70, 78

There are several MCD measures that address the necessity of holding a Family Teaming Meeting /Family Team Decision-Making meeting (FTDM) whenever a problem needs solving or a critical child welfare decision must be made such as removal, placement change, change of permanency plan, or exit. Two of these measures are exit standards while the others are internal success measures which generally incorporate some aspect of one of the two exit standards. The strategy for improvement is to strengthen family engagement by mandating regularly facilitated meetings with families and their supports to make the decision-making process more inclusive.

Facilitator, staff and leadership training were completed by June 2021, and in July, 2021 the Baltimore City Juvenile Court and attorneys representing parents and children in Child In Need of Assistance cases were provided with an overview on the practice. Full implementation of Family Team Decision-Making (FTDM) meetings began in July 2021 for all the critical child welfare decisions listed above. Integrating the meetings into practice is an ongoing process; change is always a challenge and persistence can pay off.

The FTDM Implementation Team continues to meet monthly to identify and resolve challenges, discuss data, and boost compliance with the measures. Developing L.J. reports and management reports to measure progress with compliance is a work in progress and a committed effort has been made to produce necessary data. The facilitators have been trained in documenting FTDM'S in CJAMS, and weekly meetings have been held with Innovations to sharpen skills as well as identify issues needing to be remedied in CJAMS.

Once credible reports are available, there will be ongoing oversight of the data by the FTDM unit and BCDSS management as well as quality assurance reviews.

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

BCDSS made case plans a priority, and began the work to improve case plan compliance by brainstorming a training protocol. This resulted in comprehensive training implemented during the 67th Reporting Period and completed during the 68th Reporting Period. The goal was to increase compliance with the case plan related measures.

OHP staff (case workers and supervisors) were trained on completing case plans in CJAMS from 4/13-5/26 and used the training lab from 6/23-6/30 to complete all outstanding case plans. At the

same time, the Innovations team has been diligently working on management reports that efficiently and effectively provide caseworkers, supervisors, administrators, and BCDSS leadership with 'real time' updates about the status of compliance. These can provide caseworkers with reminders, enable supervisors to track progress, and for all to readily identify strengths and areas for improvement.

Outcomes Expected:

BCDSS is committed to the collaborative effort required to produce credible reports for ascertaining success with compliance. Once progress can accurately be measured, ongoing training and supervisory oversight can reinforce the importance of practices necessary to achieving compliance, and documenting those practices correctly in CJAMS.

As noted by the IVA's Response to the 67th Report, CJAMS continues to present challenges to staff attempting to document compliance with measures that include case plans and service plans, timely contacts, meetings, and uploading documents. This reality, along with the significant number of staff vacancies and higher than desirable caseloads, impacts compliance with CJAMS entries.

Along with emphasizing the "how to" of creating case plans, the Department intends for these efforts to enhance skills related to family engagement, parent partnerships, permanency, and 'shared parenting' between the foster care giver and the parent. Ultimately the plan is for the information produced to assist with determining the need for continuing training on the qualitative aspects of case planning and/or refreshers on how to accurately enter the data.

Strategy for Improvement Plan for Measure 11:

To achieve compliance with measure 11, *"the percent of children in care who, after 24 months in care have an internal teaming process to address potential delays in reunification,"* and in consultation from the Annie E. Casey Foundation, the Agency integrated elements of Permanency Roundtables and Expedited Permanency Meetings into a collaborative staffing protocol. To eliminate duplication of efforts and sharpen the focus, planning is underway to incorporate the valuable information gleaned from the Permanency Roundtables into a more comprehensive process that will also meet the requirements of all case reviews required at 27 months and every 3 months thereafter, Child Welfare Permanency Review Action Plan Roundtables.

During the 67th Reporting Period, 25 reviews were conducted. There were a panoply of reasons for delays in permanence; the most prevalent themes were severe behavioral health needs, ambivalent and/or unavailable mothers and fathers, and/or no interested and willing kin.

Strategies for Improvement for Measure 36:

BCDSS has implemented the following plan to ensure accurate tracking of appropriate

congregate care placements for children under 13:

Whenever a congregate care setting is recommended for any child under the age of 13:

1. The Congregate Care Memorandum must be completed by the assigned caseworker and include in the justification section:
 - a. Type of placement recommended;
 - b. The reason for recommending a placement in congregate care rather than a less restrictive type of placements; and,
 - c. A clear description of the services offered by the proposed placement and a justification for the decision that these services are necessary to meet the treatment needs of the youth.
2. The Memorandum is submitted to the MATCH Medical Director or the consulting Child Psychiatrist to review, make a recommendation as to the appropriateness of congregate care, and either approve or disapprove of the placement type.
3. Approved requests must also be reviewed by the Assistant Deputy Director, who will then forward to the Deputy Director for Child Welfare for final approval.
4. The Memorandum and any supporting documents must be uploaded in CJAMS to the Child's Placement Folder.
5. If the child is placed in the congregate care setting for more than 180 days, a new approval must be obtained and uploaded prior to the end of each 180-day period.
6. All of this data is tracked by the Office of the Assistant Deputy Director. A list of youth under 13 years old in congregate care will be maintained and the timeliness of requests for re-approval will be monitored.

Strategies for Improvement for Measure 39:

BCDSS / DHS contracted with the UMSSW to conduct the biennial needs assessment. The findings and recommendations, entitled, "Baltimore City Placement Review," are attached to this report. (Attachment 1) Youth with high intensity needs will be a future focus.

Strategies for Improvement for Measure 48:

BCDSS is committed to ensuring that kinship caregivers are well supported. To that end, a Kinship Navigator position was created and assigned to Permanency specifically to provide support to kin from the beginning of a child's placement.

Whenever a child is placed with a kin caregiver, the Kinship Navigator is notified immediately to schedule a visit with the caregiver. The Navigator delivers and explains the kin brochure, encourages the provider to apply with the Resource Homes Unit for home study, and ensures the family has a link to the kinship website. All activities are documented in CJAMS.

Strategies for Improvement for Measure 52:

BCDSS employs a staff of non-case carrying specialists to provide technical assistance to caseworkers and supervisors for cases that require specialized experience and/or knowledge.

BCDSS has developed the following process to effectively track this measure and ensure all child welfare staff are aware of the services.

Process:

- A flier, “Ask the Expert,” provides specific information about the services non-case carrying staff can provide support to the workforce and strengthen work with families and children.
- To ensure that the list remains accurate, Innovations communicates monthly with the Program Managers overseeing non-case carrying specialists.
- Any updates are communicated to the Deputy Director of Internal/External Affairs, who will ensure the “Ask the Expert” flier is updated.
- Once a month the Office of Communication includes the “Ask the Expert” flier in the Friday Focus, a weekly agency-wide newsletter, as well as making sure that the most updated flier is on the Knowledge Base Intranet for staff to access anytime.
- Innovation staff works directly with the Assistant Director of Human Resources and the Deputy Director for Performance to retrieve documents needed for this measure. These include the names of people holding the non-case carrying specialist positions, dates of employment, unit assignments, MS-22 (Position Description), resumes and any necessary scope of work.
- The Innovation staff also reviews the documentation to verify that during the report period, BCDSS:
 1. Employed a staff of non-case-carrying specialists to provide technical assistance to BCDSS staff, including identifying, locating and obtaining resources for families and children who may benefit from specialized expertise and/or knowledge; and
 2. Notified BCDSS staff of the availability of those specialists monthly.
 3. Update the list as necessary

Greater caution will be exercised to ensure the monthly “Ask the Expert” flier in the Friday Focus is forwarded to the IVA, along with ensuring access via regular email when staff receive notice as well. Closer attention will also be paid to documenting changes in staff and staying current..

Strategies for Improvement for Measure 66:

BCDSS developed and piloted the process detailed below to increase compliance with this measure. However, what has been learned from the pilot is that further refinements are needed and a targeted review is planned for the 69th Reporting Period, with revisions to sharpen compliance with Measure 66 anticipated as the outcome.

In the meantime:

Process: Legal Services provides the maltreatment in care reports and dispositions to L.J. counsel the, Independent Verification Agent, children's attorneys and others as stated below:

1. Immediately after receipt of a maltreatment report, BCDSS Child Protective Services staff emails the report to Legal Services
2. Immediately after completion of the investigation, BCDSS Child Protective Services staff sends the disposition report to Legal Services.
3. 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.
4. Legal Services makes appropriate redactions and emails the reports to L.J. counsel, IVA, and the children's attorneys.
5. Legal Services provides notice and redacted reports and dispositions to the child's parents and their attorney when notified by program staff that to do so is not clinically contraindicated.
6. Legal Services maintains a spreadsheet for tracking timely notifications and reports..

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

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

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

Beginning in 2009, BCDSS 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 took effect on July 1, 2020.

The IVA and Plaintiffs' Attorney were provided with the scope of work and afforded the opportunity to comment in advance of executing the contract. The input provided by the IVA, who contracted with Health Management Associates to review the MATCH program, was invaluable to strengthening the contract.

The scope of work done by HCAM was expanded with the goal of improving the overall delivery of health care services to the children and documentation of those services, a semi-annual independent review of the services with a report to BCDSS is now required, and after the review is completed, MATCH is required to submit corrective action plans to BCDSS that address areas in need of improvement. This review is incorporated into several of the L.J. measures requiring the reviewer to do a qualitative review of the performance of these measures.

Innovation is meeting weekly with MATCH to provide ongoing training and consultation, and when necessary, submitting 'tickets' requesting modifications to CJAMS to remedy obstacles to the entry of mandatory data. There continues to be a mismatch between MATCH's data and that reported in CJAMS; the Innovations team is pursuing every option for overcoming the obstacles to closing the

gap. The plan is to continue meeting weekly.

Strategies for Improvement in Education

Exit Standards: 99 (others are captured under QSR)

Internal Success Measures: 95, 96, 98, 100

Although in-person education continued during the 68th Reporting Period, adaptations and changes were necessary in an effort to contain the spread of COVID, including temporary switches to virtual learning. The mask mandate for Maryland schools was rescinded in March, 2022.

Since the start of the pandemic in March, 2020, BCDSS has worked closely with the school systems where foster children are enrolled to ensure that internet access and appropriate devices are available to enable each child to fully participate. Those needs are assessed on an ongoing basis to minimize the disruption caused by a sudden switch to temporary on-line learning.

Real progress has been made towards fulfilling the potential of the Office of Education (OOE), beginning with having a fully staffed team with five (5) Family Services Caseworkers and one Supervisor. Some accomplishments during this reporting period include:

- Established a mailbox for making referrals for educational support assistance
- Completed 134 Out of County School enrollment packets to ensure re-enrollment of children committed to BCDSS in Baltimore County Public Schools for the 2022-2023 school year.
- The Education Supervisor, Unit Manager and Program Manager have met virtually with the Baltimore City Public Schools Attendance Office to establish a partnership and to continue receiving data on attendance rates for children committed to BCDSS.
- BCDSS is committed to strengthening BCDSS's school stability practice and embedding a Best Interest Determination process that honors children's preferences with input from parents/caregivers, school personnel, and others who know the child well. When necessary to honor a child's best interests, transportation needs are coordinated by the OOE in consultation with the Local Education Agency, the child's case worker and the caregiver.
- The OOE is renewing its partnerships with the other Local Education Agencies around the state; regular contact with the liaison appointed in each county as the 'point person' for facilitating the enrollment and education of children and youth in foster care is critical to the need for collaboration with the other school systems to ensure educational stability and timely enrollment for Baltimore City children.

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, hence a dedicated Office of Education (OOE) that now has a supervisor and staff.

Historically the process for the BCDSS Office of Education to achieve compliance with this measure is detailed below. With a new supervisor and improved staff resources, this is an ideal opportunity for reevaluating the strategies to partner with caseworkers and the State's various school systems to best support meeting children's educational needs. As a result, improvement in timely enrollment for children new to care and when there are replacements, is anticipated, as is a clean-up of existing CJAMS data.

A challenge is that not all Baltimore City children are enrolled in Baltimore City schools, making obtaining information more difficult. For example, some are enrolled in Baltimore County schools, and the County does not produce a report confirming the attendance of children and youth in Out of Home Placement, nor do other local education agencies.

Outlined below is the process for timely enrollment:

Each day the Office of Education (OOE) receives a list of children who are new entrants into foster care.

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

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 notifies Plaintiffs' counsel of the death or serious injury of any class member as

required by this provision of the MCD. The Agency is committed to ensuring the timely submission of required critical incident and fatality reports. Plaintiffs' counsel have access to the child's case file upon request. The Agency continues to explore 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 the Department at this time.

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

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

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

With a keen interest in continuously improving practices, the Program Manager for Court Processes and the IVA are re-visiting the process and its efficacy to propose strategic improvements. In so doing, BCDSS learned that while the process itself was approved, the written policy was never finalized. BCDSS is committed to finalizing a process that ensures a 'user friendly' and responsive way for resolving issues related to individual class members.

There have been successes with the current process that have included the following:

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

BCDSS has achieved compliance and is requesting certification of this additional commitment because it has established a standardized process for resolving issues related to individual class members; widely publicized the process and made it easily accessible in a way that protects the complainant from retaliation or fear of retaliation; maintained records of the

issues and their resolutions; and provided summary reports as required.

While the Agency makes a summary of complaints readily available and adheres to the commitment as outlined above, the IVA has now requested access to a real time log of the complaints. Options for accommodating this additional request are under review with a goal of full implementation before the 70th reporting period.

SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS

1. Preservation and Permanency Planning

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

The number of caseworkers assigned to Family Preservation - 45 - has remained consistent throughout the 68th reporting period. Since the beginning of the 68th reporting period, roughly 653 families have received in-home services. No waiting lists became necessary, and the existing number of positions are sufficient to meet the need.

Each fiscal year, DHS allocates over \$4 million in federal funding, Promoting Safe and Stable Families (PSSF), to provide agency staffed family preservation services and fund contracted services falling under the family preservation umbrella.

Risk of removal as a result of poverty is mitigated by using flexible funding to meet individual needs and lower the risk. Other flexible funds can be used to support a rapid return from Out of Home Placement.

Expenditures during the 68th Reporting Period are listed below:

Preserving Safe and Stable Families One Time Special Grants	\$ 23,480.00
PSSF Visitation	\$ 10,577.21

Family Reunification Funds	\$ 133,080.87
Super Flex Funding	\$1,769,131.08
TOTAL	\$1,936,269.16

Although a method for attaching a price tag to the needs of children and family who may hypothetically come to the attention of BCDSS at some later date has not yet been identified, BCDSS is confident of the credibility of the 'look back' method that highlights the sufficiency of the annual allocation. At no time in recent history has BCDSS depleted funding allocated for meeting the needs of the families and children. If the goal of this commitment is to ensure adequate funding to strengthen and preserve families, the historical look back that confirms funds have never been depleted meets that goal.

As reported previously, these needs are viewed very broadly and include a wide spectrum of individual and family needs including restoring utilities or forestalling turnoffs; preventing evictions; defraying relocation and move-in costs; filling prescriptions; purchasing medical equipment; providing household goods.

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

By way of examples but not an exhaustive list, nearly \$150,000 was spent during the 68th reporting period paying for rent; \$98,000 paid for furniture; \$14,000 provided assistance with utilities, and the catchall 'other' - summer camps, daycare, transportation, recreation, and so on - was \$808,672.

Flexible funds may also be used to 'normalize' a child's experience and encourage resilience by covering fees for enrichment programs and participation on sports teams; to purchase school yearbooks; pay for field trips, proms, tutoring, and summer camps, and to assist with work-related expenses such as uniforms. This, too, can aid in stabilizing families by engaging the children in meaningful activities, promoting self-esteem, and encourage resilience.

As has been the case for many years, the funding from DHS to support activities to preserve families was sufficient for the 68th reporting period. Based on the experiential funding data reviewed from past years and the close of this year's fiscal year with adequate funding and the capacity of the casework staff to serve vulnerable families identified in need, should there be a change in needs or circumstances, BCDSS leadership is confident of a positive response to a supplementary request. The Super Flex allocation for FY'20, for example, was substantially increased to include more than 7 million additional dollars in expenditures related to COVID.

In short, the staffing allocation to strengthen families through Family Preservation services has proven to be sufficient to provide families of children 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 funding to meet individual family needs and keep children safe is elastic and expands as needs grow, with a commitment to meeting the individual needs of vulnerable families and their children.

The small percentage of children served by Family Preservation who experience removal speaks to the success of the program and adequacy of funding. If a safety issue can be remedied with money, BCDSS's decades of experience confirms that the amount of funding provided is sufficient to meet the individual needs of families and prevent removal. Again, if the goal is to be sure of a funding allocation that can meet the needs of the children and families and preserve families, that goal has been achieved.

CHAFEE Independent Living funds, which are separate, are dedicated youth funds used flexibly to meet the individual needs of young people ages 14+ as well as provide project-based programming and psycho-educational group experiences. Similar to Family Preservation funding, a method for attaching a price tag to a hypothetical youth's needs at some future date has not yet been identified. However, the goal of sufficient funding has been met by establishing the historical adequacy of the allocation.

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 dollars, sufficient flexible dollars to BCDSS for use directly for services to families and children. Funding can be used to prevent removal, during the OHP episode, and after a child is reunified for services related to supporting a safe and stable return home.

Please see above for the plethora of acceptable uses for the funds to meet the individual needs of families and their children to support case planning. Similarly, if the goal is to ensure that funding is sufficient, that goal has been achieved.

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, after several years of diligent study and consultation, DHS/SSA implemented the Integrated Practice Model (IPM). This was yet another renewal of the commitment to family-centered practice that now includes the full continuum of clients served by 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.

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."*

Agency Leadership Engagement & Youth Opportunities

- 'BCDSS Executive Leadership continue to emphasize their accessibility to the young people in foster care and to present a non-imposing figure when meetings with youth occur.
- Quarterly "Talk with the Director" meet-ups to systematize opportunities for young people to speak with Agency leadership will be piloted. Plans for embedding this opportunity into the RB21 schedule and publicizing to youth are underway. Documentation of these opportunities will be made available to the IVA.
- BCDSS provides an exit packet for young adults that includes community resources, a letter from the director, a copy of their health passport, and other important documents such as birth certificate and Social Security card.
- The Foster Youth Ombudsman, whose position is explicitly for the purpose of receiving input and resolving concerns from youth in foster care without regard to the age of that youth, is an important and independent resource available to young people. No concerns have been transmitted to BCDSS.
- DHS offers a website, MyLife.com, an appealing and comprehensive guide to 'resources for your everyday life' that is easily navigated and up to date. Also, the website contains the Youth Matters handbook.
- The broad array of psycho-educational group programming and recreational activities sponsored by BCDSS are designed as opportunities not only for learning, but also as a venue for interacting with other young people in foster care.

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 service."

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

The unit is based on a model of collaboration with a newly assigned team that includes a caseworker, a behavioral health navigator, and a family support worker, all new to the young person. The Agency's

child psychiatrist offers consultation. Caseloads are capped to enable more frequent contacts with youth and their treatment or other care providers; provide an array of support services beyond those offered by the placement setting; closely monitor progress; and provide positive reinforcement for successes. Collaborating with the child's placement provider is pivotal, as youth with high intensity needs are typically placed in treatment settings and supplementing the services provided by the placement is critical.

Recruiting and retaining a qualified workforce has been the most significant barrier to meaningful implementation of the new ICM SOP. The ICM Team staffing numbers are negatively impacted by the statewide workforce hiring difficulty, and efforts to recruit staff to join the ICM Team continues. At the present time, there is only one Casework Specialist assigned to the ICM Team. The ICM Team is supervised by a LCSW-C.

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

BCDSS's plan for ensuring that each youth has an opportunity to meet the milestones in the five benchmarks is explicated below.

RB21's goal is for all foster youth to attain the necessary knowledge, skills, and resources in the five benchmark areas (Education & Employment, Financial Empowerment, Permanent & Supportive Connections, Safe & Stable Housing, Well-Being & Civic Engagement) by age 21. Social emotional learning - having the 'soft skills' necessary for successful and satisfying adulthood, i.e. self-awareness, responsible decision making, relationship skills, self-management, and social awareness - is interwoven into the curricula of psycho-educational group programs.

On a macro level, the plan for providing youth the opportunity to meet the milestones is to assign each young person to a specialized adolescent worker and to offer a panoply of psycho-educational/recreational group programming, engage youth in taking advantage of these opportunities, and eliminate obstacles to participation. Transition plans are crafted with the input of the young person, their family members, and the important supports in the youth's life.

Recognizing the specialized needs of adolescents and young adults in Out-of-Home placement, staff are assigned specifically to the "RB21" unit and prepared to be experts in the issues facing youth, and to have the skills necessary to engage with adolescents and young adults as well as their parents. Bringing a trauma-informed approach to the work with youth and young adults is critical to assessments, planning and implementing interventions, and managing crises.

BCDSS also values partnerships and collaborations to serve the young people in its care, including those with placement providers, educational providers, non-profits, and other service providers. This is especially important given that the opportunities for preparing young people for successful and satisfying transition to adulthood may also be provided in placements with independent living preparation as one of the services. Of the just over 600 young people ages 14 - 21 in OHP, roughly 60% are in a placement meeting that description, including treatment foster care, therapeutic group

homes, residential group homes, residential treatment centers, and off-site supervised apartment living programs.

Each young person and their family are assigned to a BCDSS caseworker whose responsibility is to oversee the care of the child by engaging with the youth and their family; continuously assessing needs; collaborating on a service plan; monitoring and supporting achievement of the plan; and making adjustments as necessary. Engagement with parents is critical to continuously assess the potential for reunification, and to support non-toxic relationships even when young people can't return home. Outreach to kin is ongoing.

The caseworker also reaches out to service providers, purchase of care providers, social and familial supports, academic resources, health caregivers, and others concerned with the care of the young person. A plan of relative placement, reunification, or adoption is revisited regularly, and Family Findings is used to research family members.

Relational permanence - long-term relationships with fictive kin, friends, supports, and others who will maintain contact with the young person post-exit - is critical when plans for family placement become less likely. Although a therapeutic relationship with the caseworker may be transformative, with higher caseloads and turnover, compliance with data entry may by necessity compete with engagement.

A full range of psycho-educational group experiences are offered online and in-person to young people ages 14 to 21. On-line programming eliminates transportation as an obstacle. Along with didactic learning, the opportunity to meet with other young people sharing a similar life story is a plus for young people in foster care, as it destigmatizes their experience and enables a level of comfort knowing they aren't alone. While none of us may really learn how to balance a budget, rent an apartment, or buy a car by attending a class, these opportunities ensure that young people are at least familiar with the terminology they'll need to know.

To ensure that BCDSS caseworkers are aware of the wide range of programs and services, a "cafe" is held monthly to promote awareness, encourage referrals, and respond to questions. In addition, the very easily retrieved RB21 website offers information directly to the young people, who can readily sign up for the Youth Advisory Board or register for one of the many psycho-educational opportunities.

Enabling youth choice is the essence of respecting the youth's voice; despite eliminating obstacles, educating caseworkers, and offering easy enrollment in programs via the RB21 website, young people are choosing not to participate. This bears a closer look.

This is true as well of the Youth Advocacy Board (YAB) membership. Similar to advocacy groups in our own communities, recruiting volunteers to actively participate can be challenging, even with the incentive of payment for participating. Valuing youth voice means considering the very real possibility that the YAB may not be an interest or priority for the young people in BCDSS's care. Other local departments, too, have struggled to interest young people in joining an Advisory Board. Nonetheless, BCDSS continues to be committed to promoting awareness of the opportunity and resolving obstacles to the involvement of any youth who expresses an interest.

BCDSS makes no pretense that YAB members can possibly represent the problems and needs of the

close to 1600 children in care. The YAB is as much a valuable mutual support group for the youth who choose to participate and its value is in part the opportunity to learn and practice leadership skills. Actively soliciting and representing the needs and problems of nearly 1600 children from infants to young adults would be a daunting prospect for any volunteer organization.

RB21 specialists provide one to one individualized assistance to young people. This may include learning to navigate public transportation; applying for, or maintaining, employment; nutrition counseling; 1:1 family planning support; parenting skills; health-related care; searching for housing; home maintenance; budgeting and banking, among other life skills.

At age 15, young people are transferred to the RB21 Unit, as others age out. Youth age 14 are now beginning to be transferred.. "Natural transitions" - such as the promotion or transition of the caseworker are important in terms of timing. Given the importance of a curative relationship in the child welfare arena, change in caseworkers may trigger a setback. BCDSS is committed over the long run to serving all youth ages 14+ in RB21; balancing caseloads is always a challenge. Currently, there are approximately 100 young people who will age out over the next 12 months.

Roughly 60% of children are in purchased care, which means that BCDSS shares the responsibility of preparing the young person for adulthood. Those directly involved in the day to day care of the children have a significant impact on the youth's social-emotional learning and opportunity to practice life skills, making a partnership critical.

BCDSS also has ample flexible funding available to 'normalize' youth's experiences - assist with driver's education; defray or cover graduation expenses including prom, after prom party, yearbook, and graduation photos; assist with security deposits, furniture, and home management needs; uniforms and other equipment for employment; semester abroad for college students; support travel with foster caregivers; pay for certificate programs not covered by the ETV and so on.

Finally, BCDSS welcomes opportunities to strengthen services through partnerships such as the Jim Casey Youth Opportunities, which offers financial literacy training, and enrollment in a matched asset purchase program. While housing vouchers aren't as plentiful nor as long-lasting as the Agency would like, these, too, represent a valuable partnership with the Baltimore City Housing Authority.

In short, the plan to provide comprehensive services to all youth in Out of Home Placement at 14, and to ensure every youth has the opportunity to meet those milestones is embedded in BCDSS's commitment to a specialized unit expert in providing trauma-informed services to adolescents and young adults; the expansive continuum of psycho-educational group programming; specialists who can offer 1:1 individualized instruction; and partnerships with organizations that enables BCDSS to expand services to young people. Flexible funding to meet individual needs, easy sign-ups for on-line life skills training; and easy access to apply for the advisory board are strengths to support youth-led planning and meet individual needs.

The Department recognizes that despite the wide array of accessible and trauma-informed services tailored to meet a broad range of needs, abilities, and interests, not every youth will opt in. This is true without regard to the persistence of outreach, incentives to participate, and elimination of obstacles.

The median length of stay for youth ages 14 to 17 at a recent point in time measured 617 days,

indicating that youth are entering care at older ages. Oftentimes that means a history of exposure to multiple traumas, and the inevitable deficits in social emotional learning skills.

Nonetheless, we never know which youth will have the resilience to overcome a painful past. BCDSS's commitment is to continue making sure that every effort is exhausted to motivate every young person to embrace the broad array of services and supports available through the RB21 program, if not their placement provider.

A positive relationship between the caseworker and the youth can be pivotal, in part for teaching and modeling social emotional skills and empowering youth to make use of the many opportunities for meaningful learning, experiences, and tangible resources BCDSS can make available. Unfortunately, the staffing crisis has impacted those relationships.

The Agency recognizes that the adult brain isn't fully developed until at least age 25, and that we may never know the impact of the relationships and services over the trajectory of a young person's life. On the other hand, authentic respect for youth voice and an understanding of adolescent and young adult development means accepting that youth can't be "forced" to take advantage of opportunities, nor to make the choices caseworkers and others may be counseling them to make.

RB21 Benchmarks and Psycho-Educational Life Skills Classes:

Throughout the year, RB21 offers an impressive array of psycho-educational group programming designed to support young people ages 14-20 to prepare for a satisfying and productive adulthood while also offering a venue for mutual support.

During the 68th Reporting Period, RB21 provided a continuum of life skills classes on-line that included the following:

1. **Keys to Financial Future** - The purpose of the class is to provide BCDSS youth with financial literacy training and access to and enrollment in the Jim Casey Opportunity Passport, a matched asset purchase program, instructor-led training presented virtually for 3 day / 3-hour sessions. 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.
2. **Keys to Success** - a three-week life skills program for youth ages 18 to 21 with a permanency plan of Another Planned Permanent Living Arrangement (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, and scheduling interviews. They discuss credit, banking, budgeting and set savings goals. They explore career and educational opportunities, learn about the Maryland tuition waiver, how to maintain healthcare coverage, and how to balance work and life demands. Participants also learn about safe food handling and how to cook a nutritious meal, how to 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.

3. **Home Sweet Home/Residential Readiness** - 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. This program also 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.
4. **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; create a strong resume; and properly complete an employment application.
5. **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.
6. **Relationships Matter** – A life skills class to help young people identify healthy and unhealthy friendships; recognize the difference between an associate, close friend and 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.
7. **Parenting Circle** - 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.
8. **Oh Baby, I Can Drive** – A life skills class designed to support youth to prepare 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.
9. **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. This class is offered at the request of a young person or staff member.

RB21 Life Skills, Programming and Events Data:

PROGRAM	REPORTING PERIOD	# OF PARTICIPANTS
Keys To Your Financial Future/ Opportunity Passport	January 2022- June 2022	44 Graduates
Keys to Success Cohorts #80 - 84	January 2022- June 2022	29 Graduates
Quest to Success Cohort #3	April 11th - 15th, 2022 (Spring Break Session)	10 Participants
Love Notes (described below)Training Cohorts #3 - 5	January 2022- June 2022	Participants: 33 youth Graduates: 26 youth
Home Sweet Home/Residential Readiness	January 2022- June 2022	36 Participants

PROGRAM	REPORTING PERIOD	# OF PARTICIPANTS
Employment Workshop	January 2022- June 2022	67 Participants
Secure What's Yours	January 2022- June 2022	15 Participants
Relationships Matter	January 2022- June 2022	43 Participants
Oh, Baby I Can Drive	January 2022- June 2022	31 Participants
My Me Time	January 2022- June 2022	4 Participant
LGBTQ Work Group "Pride4Life" Meeting	January 2022 - June 2022	8 Participants
Pride4Life Pride Month Parade	June 25th, 2022	4 Participants (limited to 6 walkers - 4 youth and staff)
Youth Advisory Board (YAB) Meeting	January 2022 - June 2022	10 Participants
Parenting Circle	January 2022- June 2022	10 Youth
Mentoring Mentors Meet and Greet	March 9th, 2022	19 Participants
Mentoring Mentors Cohort #1 (7-week session)	March 14th - May 5th, 2022	23 Participants
Supportive Service Referral	January 2022- June 2022	82 Referrals
Family Support Activities (Case management direct service to youth)	January 2022- June 2022	<ul style="list-style-type: none"> ● 127 Referrals ● 80 completed ● 25 incomplete - youth declined service ● 22 canceled by requestor
Family Support Activities (Resource/Support)	January 2022- June 2022	<ul style="list-style-type: none"> ● 284 incentives delivered
Family Support Activities (Extended Hours Coverage)	January 2022- June 2022	<ul style="list-style-type: none"> ● Provided coverage on 40 days throughout the reporting period
Paint and Play Event for Expecting and Parenting Youth	May 4th, 2022	RB21 Youth: 12 Children: 10
YAB Sponsored Bowling Event for youth 14+	May 18th, 2022	43 Participants
Achievement Celebration for HS/GED Graduates	June 23rd, 2022	33 Participants

PROGRAM	REPORTING PERIOD	# OF PARTICIPANTS
Housing and Employment Expo	June 30th, 2022	35 Participants

RB21 Educational Supports

Virtual Tutoring is available to K-12, college, and GED students to compensate for some of the disruptions in education caused by the Covid-19 pandemic. RB21 has partnered with Varsity Tutors and Tutor Partners to offer individual and group sessions in English, Humanities, and Math.

RB21 Transitional Planning Support & Services

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

RB21 Resource and Support received eighty two (82) supportive service referrals between January 1st and June 30th, 2022.

Transition Age Family Involvement Meetings

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

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

In March 2022, the RB21 team developed a new process for scheduling and tracking FFM's. Case managers use the Google Calendar to schedule all FFM's and the facilitating supervisor completes a Google Form following the meeting to track data. From March 10th to June 30th 2022, the RB21 non-case carrying team participated in ninety four (94) FFM's in an effort to connect young people to resources and support.

Innovation will be working with RB21 to learn what the factors are behind the low rate of transition meetings reported using CJAMS data, and to offer training and hands-on CJAMS support in the CJAMS Lab.

Mentoring Services - BCDSS/Mentoring Mentors Partnership:

The majority of current and former youth in foster care responding to a survey question about support for academic achievement indicated that ‘having a strong support system’ was important.

As a result, BCDSS partnered with Mentoring Mentors, a Baltimore-based non-profit that supports youth through an intergenerational, near-to-peer model that promotes interdependence, long-term relationships, and commitment to the community.

Mentoring Mentors designed a flagship leadership program offering intensive workshops for RB21 youth ages 14-20 including: Wholeness, Accountability, Personal Development, Leadership, Interpersonal Skills, Relationships, Social Media Trap, Public Speaking, College Readiness, Career Readiness, Career Choice, Self-Awareness, Networking and Goal Setting. The first cohort began on March 14th 2022. Thus far, 23 youth have participated in the first half of the program.

Pride4Life - LGBTQ Working Group (Committee/Working Group developed during 66th Reporting Period)

Pride4Life is RB21’s Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Working Group for young people in care ages 13+. The group meets monthly on the second Tuesday of each month and states the following;

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

Love Notes 3.0 EBP Training - Pregnancy Prevention:

Purpose: To increase young people’s capacity to make informed family planning decisions and avoid early and unintended pregnancies, with input from a wide variety of young people with lived experience, an evidence-based reproductive and sexual health education curriculum was selected targeting youth in OHP ages 14 to 20 years.

Love Notes 3.0 EBP - The curriculum, entitled Love Notes 3.0 EBP, emphasizes healthy relationships. According to the program summary, “the curriculum teaches adolescents and young adults how to build healthy romantic relationships, prevent dating violence, and improve impulse control. The program is designed to build young people’s skills for cultivating healthy relationships, selves, and sexual behaviors: planning and pacing relationships and sex, self-efficacy and resilience around relationships, proven communication skills, and understanding how family formation impacts children. Love Notes consists of 13 modules on decision-making, communication, and sexual and overall safety.” The modules can be facilitated at the discretion of the leader and at the group’s own pace.

Twenty six (26) young people completed the curriculum during the 68th Reporting Period.

Pregnant and Parenting Youth

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

eligibility and access to benefits.

In addition, priority is given to specialized placements designed specifically to meet the needs of pregnant and parenting youth in foster care. These programs typically offer a parenting curriculum, hands-on guidance, life skills education, psycho-educational programming, and opportunities to “practice” independent living while still having a strong safety net. In addition, at any given time, roughly 30, or 50%, or all pregnant and parenting youth are in specialized placements.

SSI/SSDI Outreach, Access, and Recovery (SOAR) Embedded in RB21

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) SOAR program increases access to Social Security disability benefits for eligible children and adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder. RB21 has two SOAR Certified Specialists who assist eligible youth and their case managers with applying for disability benefits through the SOAR program. The team also provides support to youth and their case managers with completing Maximus, the vendor responsible for applying for Social Security benefits, and direct SSI/SSDI applications. Over the 68th Reporting Period, SOAR has averaged just over 3 active SOAR cases each month, while pending cases averaged 3.5.

Direct SSI referrals averaged 3.5.

RB21 Housing Partnerships/Opportunities

Housing Authority of Baltimore City- The Family Unification Program (FUP) is a program

under which housing assistance is provided through the Housing Choice Voucher (HCV) program in partnership with Public Child Welfare Agencies (PCWAs) to two groups:

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

BCDSS has 100 FUP vouchers that are in rotation. Once a family or young person exits FUP housing, the FUP is returned to BCDSS so that another family or youth can occupy the FUP. At this time, all 100 vouchers are utilized.

In addition, in October 2021, BCDSS was awarded 74 Notice of Funding Availability FR-6300-N-41 (NOFA) FUP vouchers for youth and families. All 74 vouchers are currently occupied and additional vouchers will not be granted to the Agency.

NOFA FUP Data:

- All 74 NOFA vouchers have been distributed
- 38 participants have moved into their unit
- 14 participants are currently searching for a unit
- 12 participants have requested to transfer their voucher to another county
- 6 participants have completed inspections and are pending their rental offer from HUD
- 4 participants are pending home inspections

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

New Future Bridges Subsidy Program - The New Futures Bridge Subsidy program (NFBS) is a medium-term rental subsidy program providing twelve months of rental subsidy to youth aging out of foster care, and to survivors of sex crime including sex trafficking, intimate violence, domestic violence, and sexual assault. Since 2017, RB21 has referred youth to NFBS programs whenever the portal is open to receive applications. Applications were closed during this reporting period.

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. The Line of Site for BCDSS RB21 is to continue to use authentic youth engagement strategies to improve the financial capability of our youth by increasing Opportunity Passport enrollment, increase asset match purchases and survey participation. BCDSS will improve practice in service of older African American youth by ensuring all youth ages 14-20 who experience frequent placement disruptions are connected to appropriate services and supports.

The 2022 plan includes the following goals.

- Increase the number of youth enrolled into Opportunity Passport
- Increase the number of youth enrolled into Opportunity Passport between the ages of 15-19
- Increase the number of African American males enrolled into Opportunity Passport
- Increase the number of African American males who purchase assets through Opportunity Passport
- Implement policy or practice to support the following measures:
 - a. Connect youth with physical, emotional and/or intellectual disabilities to appropriate resources and services.
 - b. Targeted engagement for AA youth who experience frequent placement disruption

The Jim Casey Youth Opportunities Initiative Opportunity Passport

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

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

Opportunity Passport Enrollment - During the reporting period between January 1, 2022 and June 30, 2022, forty six (46) young people from BCDSS became active Opportunity Passport participants. The total number of young people actively enrolled is two-hundred eighty one (281), and seventy-three (73) youth are currently inactive. BCDSS continues working to re-engage inactive members through a series of outreach activities that include periodic emails, telephone calls and virtual refreshers. Approximately five (5) youth have exited the program during the reporting period due to age limit restriction.

Opportunity Passport Asset Matches - Fourteen (14) young people have successfully completed asset match purchases for housing, vehicles and credit building. Youth have contributed \$14,966.53 towards the combined asset purchase total of \$29,933.06

Opportunity Passport Survey Month - Twice a year all active Opportunity Passport participants from across the country can participate in a follow-up survey to inform and improve the Jim Casey Youth Opportunities Initiative. The goal is for at least 80% of active participants to complete the survey. In April 2022, two-hundred youth (85.11%) completed the Opportunity Passport Follow up Survey, exceeding the partnership goal of 82%.

The Jim Casey Youth Leadership Institute (YLI)

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

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

In 2022, BCDSS RB21 was pleased to nominate and support youth to represent the Maryland Jim Casey Site. YLI will be conducted virtually during the first two weeks of August 2022 and will conclude with an in-person conference from September 13-15, 2022 in Baltimore.

Participants will cover topics which include Race, Equity, and Inclusion; Leadership Development; Understanding and Analyzing Data; Policy and Advocacy, and Strategic Sharing.

The Baltimore City Youth Advisory Board (YAB)

The Baltimore City Youth Advisory Board (YAB) continues to have consistent and stable membership, spanning the ages of 15 to 25.

As detailed below, multiple efforts have been made to recruit new members; four were welcomed during the 68th Reporting Period. However, as mentioned earlier, like other organizations in the community, the YAB has struggled to recruit members, despite offering a stipend to participate.

The YAB continues to meet virtually the first Tuesday of each month and more often as needed. BCDSS leadership attends these meetings upon request to provide updates about Agency programs as well as to receive youth input and feedback.

During the reporting period the YAB accomplished the following:

- Planned and hosted the Team YAB Bowling Party Recruitment Event held in May 2022
- Developed and created Tic Toc inspired recruitment videos to be shared with youth ages 14 - 20

- Engaged in ongoing discussions to provide feedback about the Jim Casey Partnership Agreement
- Three YAB members are actively engaged in the Healing Youth Alliance
- One YAB member has been selected to join the Jim Casey Advisory Committee

While the YAB can't possibly solicit information about the problems and needs of all 1,600 children in care, members solicit the feedback of other youth in foster care at events like the bowling party, recruit youth to the board, and just enjoy mingling with other youth in care.

BCDSS is designing a communications plan and tool to reach youth in foster care and provide easy and direct access to a YAB member; one suggestion has been to add a "contact a Youth Advisory Board Member" to the website.

The primary responsibility of the Foster Care Youth Ombudsman at DHS is to solicit and respond to the input of children and youth. BCDSS leadership has not received any feedback from the Foster Care Youth Ombudsman during the 68th Reporting Period.

Youthworks 2022 - Mayor's Office of Employment

Each year BCDSS partners with the Mayor's Office of Employment Development (MOED) to link youth in care ages 14 and older with work experience through the Summer Youth Works Program. Work experience offers important preparation for life after foster care; BCDSS is pleased to report that 266 young people successfully completed the application and started the program on July 5th, 2022. A total of 356 BCDSS youth between the ages of 14-20 were provided with assistance completing the registration process. A follow-up study of Maryland youth exiting care found work experience to be one of the predictors of satisfying adulthood.

RB21 Hosted Events:

Paint and Play in the Park for Expecting and Parenting Youth - On Tuesday, May 4th, RB21 hosted the first BCDSS event planned specifically to support expectant and parenting youth in BCDSS care, "Paint and Play in the Park." The event is more fully described on Page 4.

Bowling Party Sponsored by Team YAB - On Wednesday, May 18th, RB21 and YAB hosted a bowling event for BCDSS youth ages 14-21. The event was held to increase awareness of Team YAB and encourage youth to join the board, with the secondary goal of providing young people with the opportunity to connect with board members and their peers, bowl, and play games. Food and desserts catered by Xquisite catering, music, and other fun activities were also available for youth to enjoy.

Achievement Celebration for HS/GED Graduates - On Thursday, June 23rd, the RB21 team hosted an Achievement Celebration at the Spirit of Baltimore to recognize HS/GED, College and Trade School graduates from classes 2020, 2021 and 2022. During the event, graduates had the opportunity to enjoy a special evening filled with fun, food, and music. There were 33 graduates, 13 caregivers, 3 siblings, and 1 child who attended the celebration. The honorees received individual recognition and special gifts for accomplishing this major milestone.

Pride4Life Pride Parade - Saturday, June 25, was a gorgeous day for the Pride Parade. RB21's very

own Pride4Life workgroup attended and marched with Under Armour and Unmatched Athletes. Our young adults loved getting together to build connections and raise awareness.

Housing and Employment Expo - On Thursday, June 30th, the RB21 team held the annual Housing and Employment Expo at Druid Hill Park for youth ages 14 - 20. Thirty five young people attended this event and had the opportunity to meet with three employers who are actively hiring, two career training programs, and four independent landlords. Youth were able to schedule job interviews, register for career training and receive housing resources. Young people were able to enjoy food, desserts, music, games, and raffle prizes.

RB21 Care Bags for New Entry or Emergency Placements

RB21 Care Bags, small foldable duffel bags filled with comfort and personal care items continue to be available for all youth ages 14 and older at the time of entry into foster care or during an emergency replacement. RB21 Care Bags ensure young people have sufficient personal care items during their first few days in care, and case managers can easily request a Care Bag by completing an online referral. Care Bags are available for pick up at the RB21 office after the referral is completed and received. During this reporting period, over 30 bags were distributed.

Resources for Exiting Young Adults:

- The Youth Matters Handbook produced by the Social Services Administration is a comprehensive handbook chock full of resources and information and easily accessed by youth in OHP and those who have exited to exiting
- Information in the portfolio given to young people prior to exiting care includes the following:
 - Director's letter,
 - Emergency and other resource numbers, and
 - Health Passport
- A comprehensive list of housing and community support resources has been added to the young people's aging out portfolios. BCDSS is in the final stages of adding a QR code to the list of resources to ensure young people have ongoing access to the most current list.
- DHS's "MyLife.MDThink.maryland.gov" website is a publicly available and easily navigated website that contains a wide range of information and resources relevant to adult life

Publicity about Events and Opportunities:

- A public RB21 website is available to readily provide young people with information about opportunities, events, and more.
- The website has the capacity for an inviting and easily completed 'contact us' electronic form, and a google form for self-referral for youth interested in the advisory board and supportive services.
- The youth or caseworker can easily sign up the youth for psychoeducational life skills and other programming using an electronic form on the website.

- To publicize events and activities, RB21 staff also recruit by making phone calls and texting directly to the youth and their caseworkers, and by emailing flyers.
- The RB21 team will continue to make individual recruitment calls to young people as well as send emails and text messages with information on RB21 programming.

The RB21 team facilitates a Cyber Café Information Session for staff to discuss the full array of RB21 and opportunities. The team will continue to host the Cyber Café Information Session quarterly on the third Wednesday of each month. One significant challenge is that 60% of the youth are in placements offering similar psychoeducational and other life skills programming, which means that the programs offered by BCDSS may be redundant for the young person.

Soliciting feedback from the youth about providers

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

Agency Leader Engagement with the YAB

- Quarterly “Talk with the Director” meet-ups to systematize opportunities for young people to speak with Agency leadership are being piloted. Plans for embedding this opportunity into the RB21 schedule and publicizing to youth are underway. Documentation will be provided in the 69th Reporting Period.
 - As mentioned earlier, the Foster Youth Ombudsman, whose position is explicitly for the purpose of receiving input and resolving concerns from youth in foster care without regard to the age of that youth, is an important and independent resource available to young people. None have been brought to the attention of BCDSS leadership during this quarter.

RB21 Transition Planning Enhanced Support & Services

Case Managers may refer their transition-aged youth to RB21 Resource and Support Specialists for additional supportive services. The work of the Specialist is described on Page

49.

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

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

Out-of-Home Placement

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.”*

To comply with this requirement, since March 2021, BCDSS has provided a comprehensive overstay and waitlist every week to Plaintiffs’ counsel, the IVA, and DHS. The list contains information on the committed children who are on overstay or waiting for an appropriate placement at various types of facilities. BCDSS is in compliance with this requirement, requested certification in the 67th Report and is respectfully requesting certification for this reporting period.

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

BCDSS endeavors to comply with this requirement by providing the notice and reports required of this commitment. Due to a variety of factors, the 5-day notice deadline is not always met and the Agency continues to work on refinements to the process to provide timely notice and copies of maltreatment reports and dispositions to comply with this requirement. The refinements necessary to achieve compliance have proved more complicated than anticipated.

3. Section E 1

Biennial Needs Assessment: *“By December 31, 2009, DHR/BCDSS shall complete its assessment of the range of placements and placement supports required to meet the needs of children in OHP by*

determining the placement resource needs of children in OHP, the availability of current placements to meet those needs, and the array of placement resources and services that DHS/BCDSS needs to develop to meet those needs in the least restrictive most appropriate setting, including sufficient family placements for each child who does not have a clinical need for a non-family placement, family placements available for emergency placement needs, placements appropriate to meet the needs of children with serious mental health problems and children with developmental disabilities, and appropriate facilities and programs for semi-independent and supportive independent living. The assessment shall be conducted biennially.”

BCDSS/DHS contracted with the UMSSW for the assessment required for this commitment and the results - entitled the "Baltimore City Placement Review" (Attachment 1) as are the correspondence with the Plaintiff's counsel (Attachment 2) and the Response to UMSSW Recommendations (Attachment 3.)

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, a new placement needs assessment was complete, the Baltimore City Placement Review. DHS/BCDSS continues to be below the national average for the percentage of youth placed in congregate care, as well as above the national average for the percentage of youth placed with kin.

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.”*

Since the 54th Reporting Period, BCDSS has described the stipend to emergency foster homes as an outdated concept. More current practice is to identify and approve homes willing to accept emergency placements, and most children entering care emergently are placed in family settings. However, children with high intensity physical, emotional or behavioral issues require services that foster homes are ill equipped to provide and the Agency's approach to addressing their placements needs is discussed in the Department's reply to the Baltimore City Placement Review (Attachment 1).

Like child welfare systems across the country, Maryland local departments of social services have increasingly become providers of behavioral health treatment settings for children and youth with high intensity needs, both behavioral health and/or developmental disabilities. Entries into care may be triggered not by maltreatment, but by the challenges of safely managing the child's trauma behaviors in the family home.

Additionally, according to a recently completed study by the Maryland Hospital Association, children

and youth on overstay in in-patient psychiatric settings and those 'stuck' in the emergency room awaiting a hospital bed most commonly have aggressive behaviors, and/or are diagnosed with developmental disabilities and/or autism with psychiatric features, and/or exhibit sexually reactive behaviors.

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

Every one of these children and youth have strengths that are valued and highlighted to providers. However, BCDSS must provide full disclosure when referring children for placement and the factors leading to overstays are often those that foster parents rightly conclude are beyond their capacity to safely manage. This is the case even with the offer of additional in-home support like 1:1 staffing.

BCDSS also has a responsibility to exercise thoughtful judgment about safety and risk when making placement decisions. When a youth is on overstay in a hospital, typically 30 to 60 referrals have been sent out and every treatment foster care provider has refused admission, as has every group home, therapeutic or otherwise. These refusals come despite the promise of enhanced 1:1 staff.

Given these dynamics, emergency resource home placements are not considered safe placements for youth with high intensity behavioral health needs and/or developmental disabilities. A stipend to hold a bed in a foster home will not result in an appropriate placement as these children and youth likely require a highly structured and therapeutic setting with 24-hour supervision to keep themselves and others safe.

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

Finally, BCDSS has committed to a model with promising evidence to implement in our public resource homes to better serve children in OHP placed in agency foster homes. 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. A comprehensive strategy for implementing TBRI and integrating this approach into our practice is nearing completion, and includes training for staff and resource families, transfer of learning activities to follow up with, and ongoing support. Incentives are proposed to defray the costs of participation by resource families and encourage volunteers.

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

6. Section E 4 Kinship Caregiver Support Center: *"Within ninety days of this Consent Decree, DHR/BCDSS shall issue an RFP and shall provide funding sufficient to operate a kinship caregiver support center(s) which includes: provision of resource information and support services to caregivers;*

the development and maintenance of a website; transportation assistance to referrals, activities and appointments related to the care of children; staff training; training for caregivers; and the development and support of a statewide network of support groups for kinship caregivers. This contract is subject to any required approvals by the Department of Budget and Management and the Board of Public Works.”

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

BCDSS has been committed to the creation of a kinship resource center, now named the KinCare Center, and was pleased to announce a ‘soft opening’ this past spring. Long in the works and delayed by the pandemic, the BCDSS KinCare Center is located at 2923 E. Biddle St., and is open for staff orientation on Tuesdays and Thursdays from 9:00 a.m. to 5:00 p.m. The Center will open to the public in October.

Staff who visit the BCDSS KinCare Center are connected with the Kinship Navigator, an expert in community resources and available services. The Navigator can offer information, referrals and follow-up services for case workers to share with kin providers raising children to link them to the benefits and services that they or the children need. Most importantly, the Kinship Navigator acts as an advocate for the kin provider by helping them navigate various child and family-serving systems.

Staff can also visit or contact the KinCare Center to learn more about kin providers becoming restricted foster parents for children in state care, and adopting or accepting custody/guardianship.

The KinCare Center has been publicized to all staff, who were encouraged to visit the center and to spread the word about this resource for both informal and formal kinship caregivers so many years in the making.

The KinCare Center is co-located with the Center for Adoption Support and Education TM (C.A.S.E.). C.A.S.E. is a non-profit provider dedicated to helping adoptive, foster, and kinship families overcome behavioral health challenges through no-cost specialized individual and family therapy, case management, education and training. C.A.S.E. offers services to children and parents preparing for permanency and support for families post-adoption and post-guardianship.

The KinCare Center provides kin caregivers direct access to information, referrals, and concrete resources including cribs, school supplies, gift cards, diapers, pack and plays, and more. Onsite specialized supports are beginning with an FIA liaison at the Center to assist kin with applying for benefits (TCA, SNAP, MA) and address any barriers with accessing and receiving benefits. Targeted outreach efforts with community partners are ongoing to strengthen partnerships and

service coordination.

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

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

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

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

Status of support for unlicensed kin caring for children in OHP

- The Kinship Navigator makes a home visit with formal kin caregivers after placement to explain the benefits, encouraging a home study for restricted foster home approval, and answering questions the kinship caregiver may have
- New fingerprinting machines were installed at BCDSS and made available for kin families • In addition to the Kinship Navigator, kin are provided with information about available benefits via our website, the kin brochure, and also the DHS kinship website
- Every quarter, a letter is mailed to kinship providers with updates about training opportunities and other useful information
- The KinCare Center planning has included identifying and procuring supports for kin that will be made available onsite
- An FIA representative, assigned as a specialist assisting kin with benefits, will be based at the Resource Center to assist with benefit applications and resolving any obstacles that arise

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 a 1% increase in the foster care board rate in FY 2019, and in January 2022 private agency providers received an increase. There has been no increase in the board rate for public providers since 2019.

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

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

BCDSS has renewed its commitment to transforming into a 'kin first' Agency through thoughtfully and strategically developing and implementing a continuum of support for kinship providers.

BCDSS is adopting strategies to standardize kinship practice throughout the child welfare continuum and strengthen efforts to support kin. BCDSS has dedicated itself to prioritizing ties with kin and adapting procedures to be a child welfare agency with a high percentage of kinship providers. In addition to the KinCare Center, 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 child enters care and is placed with a kin provider. The Kin Navigator is responsible for contacting the provider, scheduling a visit to deliver and explain the kin brochure and obtain a receipt, as well as referring the provider to the Resources and Support Unit to initiate the home study process with the assent of the caregiver.

There are obstacles preventing some kin caregivers from becoming an approved restricted foster care provider. Some requirements for approval are considered safety-related and beyond the authority of BCDSS to waive. For example, if the kin caregiver lives in Baltimore County, the Fire Department has

specific requirements for the size of the windows. The windows in many homes built in the early 1950's are too small and enlarging the windows can require major construction.

Similarly, wood paneled basements ("club rooms") - now considered a fire hazard - were once very popular in the Baltimore metropolitan area. While Agency funds might be able to cover the cost of removal, not every family wants to renovate their home and some are renters. Even the use of bunk beds can be a deterrent, and because this, too, is safety related, there are no provisions for waiving the prohibition. While the Agency can pay for additional beds to obviate the need for the bunk bed, the home has to have sufficient space.

Finally, some kin are disinterested in completing a home study and the required training, despite the obvious financial advantages. The Agency can try to remove all obstacles and encourage the caregivers but the caregivers need to be willing to make the commitment to the time necessary to participate in a home study and the mandatory training.

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. The RB21 Expecting and Parenting Supervision Addendum Form, developed in February, 2021, is used by supervisors and caseworkers to spark discussion during supervision. The goal of the form is to stimulate more focused conversation between case workers and parenting youth to ensure that youth have the tools and resources to care for their children safely and with as many supports as possible. These include placements in specialized programs focused on meeting the needs of pregnant and parenting youth.

Following supervision that includes discussion of the youth who are expecting or parenting, the assigned caseworker sends an email to MATCH informing them of the young person's

status. MATCH then contacts the young person to link them with prenatal care and community resources.

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

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

1. Health Care

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

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

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

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

During the 66th reporting period, BCDSS created a subcommittee of the HealthCare Advisory Council to focus on understanding and meeting the individual behavioral health needs of children in OHP.

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

BCDSS continues to meet this commitment. After consulting with the Health Care Advisory Council, Plaintiffs' Counsel, the IVA, and others, and taking the assessment by Health Management Associate

into consideration, the Agency negotiated a new contract. with HCAM that includes enhancements to boost the delivery of health care services and oversight provided by MATCH to the children in the care of BCDSS. BCDSS is carefully monitoring documentation of compliance with those efforts.

A major priority during the 67th Reporting period was increased staffing of MATCH to fulfill the new mandates included in the renegotiated contract. With the capable assistance of the IVA, a multipage training packet was developed to guide the entry of CJAMS health care data and MATCH staff received extensive training. During the 68th Reporting Period the focus has moved to ensuring that MATCH, with consultation and support from Innovations, is using the guide and applying the training to achieve accurate CJAMS entry of medical information and identify barriers to accurate CJAMS entries.

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

The Behavioral Health Subcommittee formed during the last reporting period is emblematic of BCDSS’s long-term commitment to meeting children’s behavioral health needs. The comprehensive behavioral health assessment completed on entry to care includes recommendations for follow-up care when the child is assessed as having symptoms needing to be treated. For more detailed information, please review the attached Behavioral Health Plan. An update will be released in November, 2022. The Behavioral Health Plan is identified as Attachment 4.

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 enrolled in other school districts across the state. Like other local departments, BCDSS has an agreement with its own local school district, but not with others. An MOU with other LEA’s will be explored.

Training Plan to Achieve CJAMS Accuracy and Demonstrate Compliance

Goals:

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

towards desired outcomes, and enhance case coordination

Training plan:

Task	Responsible	TIMEFRAME	COMMENTS
Develop draft CJAMS documentation tips sheets based on SOP's for: <ul style="list-style-type: none"> ● FTDMs and other teaming meetings ● Case Plans ● Education plans ● Health documentation, where to find specific documentation and information ● Monthly contacts ● Relationship 	BCDSS Office of Learning	Weekly Meetings with BCDSS Leadership for review and approval will be ongoing	9 tip sheets are now completed and available to staff, others are nearing completion
Convene small groups of workers and supervisors to test the draft tips sheets in the computer lab, then revise tips sheets based on feedback.	BCDSS Office of Learning	Ongoing	
Distribute revised tips sheets to staff	BCDSS Office of Communications	Ongoing	All tip sheets are saved on the BCDSS Intranet; notices go out via text and email
Support clinics are facilitated weekly in the CJAMS lab for supervisory teams to work through challenges with both documentation and practice.	BCDSS Office of Learning	Ongoing	Staff are making good use of the CJAMS lab
Monthly coaching/training is offered within supervisory groups focusing on barriers to compliance, understanding SOPs and policy, clinical documentation and effective engagement.	BCDSS Office of Court Processes Program Staff	Ongoing	All child welfare case workers were trained on how to complete the Child Placement Information Form These trainings are currently on the HUB.
Identify challenges and deficits in data accuracy from the Milestone Report to develop additional training and tips sheets regarding documentation, quality, and practice compliance.	Innovation	Ongoing	BCDSS will provide support and training for management staff around navigation of the data reports

DATA SUMMARY

To complement the QSR data above, please see below the results of the data report. While more historic data was requested, the decision was made to exclude past reporting periods given that the data is not considered reliable or credible.

During the 68th reporting period, DHS, BCDSS, and the Independent Verification Agent continued the work of revising and producing accurate measurement reports for all the new measurement instructions. Due to the caseloads caused by the large number vacancies in Child Welfare, caseworkers are prioritizing work with children and families over data entry and documentation. CJAMS issues exacerbate those challenges. Innovations is working regularly to provide regular compliance reports and encourage improvement. As noted by the Independent Verification Agent, there are some insurmountable barriers to CJAMS measurement that require adjustments to the measurement instructions and/or business specifications.

During the 68th Review Period oversight of the CJAMS lab was transferred to Innovations to enable more seamless collaboration. Teams are regularly welcomed to the lab to work with their peers to clean up CJAMS and bring entries up to date.

The focus of the work continues to be a comprehensive and methodical look at how to use CJAMS for sufficiently documenting compliance when entries are made, and how valid data can be retrieved. This exhaustive effort has brought together the collective wisdom of an array of child welfare professionals, CJAMS experts, MD THINK and other related professionals during the 68th reporting period.

The next steps, which continue, include:

- Providing staff with tip sheets that contain uncomplicated and concise directives for documenting the measures in CJAMS
- Providing concise guidance with respect to the various documents that must be uploaded into CJAMS to show compliance;
- Providing comprehensive training to staff;
- Reinforcing the training and directives over time with transfer of learning activities;
- Remediating CJAMS flaws that interfere with valid reporting and create obstacles for worker entries; and
- When CJAMS seems incapable of producing valid data, identify and discuss those measures that may require significant revisions.

This phase is a major undertaking and will continue during future reporting periods. BCDSS's CJAMS lab is a great resource for doing this work and delivering not only initial training but providing refreshers as needed on an ongoing basis. As staff become trained in how to document in CJAMS, BCDSS expects to see the compliance rates increase. This is, of course, also contingent on changes to CJAMS' usability for staff to make those entries expeditiously.

The Office of Innovation is responsible for gathering data from various sources, including CJAMS reports, Human Resources, Legal Services, Office of Learning, Resources and Support, MATCH, and Communications. There is specific data and information that Innovation (QA) is responsible for

monitoring and sharing each reporting period. These sources are identified on the table below.

Timeliness of Report

BCDSS is committed to the timely submission of the semiannual reports. However, responding to the questions and comments posed in the IVA's Response to the 67th Report and incorporating the responses in the 68th Report have delayed the submission of this report.

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
1	Percent of children in family preservation that enter OHP.	In-Home	MDTHINK	TBD	TBD	Report has been developed but is not yet accurate.	NO
2	Percent of children and families in family preservation that timely received services identified in the case plan.	In-Home	QSR (ISM for Measure 4)	TBD	3%		N/A
3A	90 percent of children and families in family preservation had a case plan.	In-Home	MDTHINK	TBD	TBD	Report has been developed but is not yet accurate.	NO

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
3B	90 percent of children and families in family preservation had a case plan.	In-Home	QSR/Exit	TBD	53%	Report has been developed but is not yet accurate.	N/A
4	85 percent of children and families in family preservation timely received the services identified in the case plan.	In-Home	QSR- Exit	TBD	3%		N/A
5	Average length of stay for children in OHP (in months).	OHP	MDTHINK	Avg length of Stay = 36 Median Length of Stay = 29	Avg length of stay=34 Months. Median Length of stay = 28	Report has been developed but is not yet accurate.	NO

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
6	Percent of children who had a comprehensive assessment within sixty days of placement.	CANS	MDTHINK	TBD	TBD	<p>Report has been developed but is not yet accurate.</p> <p>BCDSS has partnered with UMSSW to provide refresher training for staff & to insure all staff's certification is current</p>	NO

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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	13%	19%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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 (ISM for Measure 16)	7%	3%		N/A
9	Percent of cases that had a team decision-making meeting when the child is at risk of a placement disruption.	FTDM	MDTHINK	TBD	TBD	Report development has not been completed for this measure.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
10	Percent of TPR petitions filed that were filed on time.	Legal	Legal Services	82%	62.22%	This information is provided by Legal Services. A CJAMS report has not been developed yet. Legal Services provided data that indicated there were a total of 45 TPR filed petitions. Out of the 45, only 28 TPR petitions were filed on time resulting in 62.22% for this reporting period	N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
11	Percent of children who, after twenty-four months in care, had a case review every ninety days to resolve barriers to permanency.	OHP	MD THINK	0.00%	TBD	The report has been developed however; staff have not been trained on appropriate documentation. A Tipsheet will be developed to assist staff with this task.	NO
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.	OHP	MDTHINK	TBD	TBD	This report is under development	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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.	Legal	Spreadsheet from Legal Services	100.00%	100.00%		N/A
14	Percent of children for whom BCDSS searched for relatives or other resources.	Preservation and Permanency	QSR	24%	44%		N/A
15	90 percent of children in OHP had a case plan.	Case Plan	QSR	5%	10%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
16	90 percent of children in OHP and their families timely received the services identified in their case plans.	Preservation and Permanency	QSR- Exit	7%	3%		N/A
17	Percent of children ages twelve and over who participated in case planning meetings.	OHP	MDTHINK	TBD	TBD	This report is under development.	No
18	Percent of all new entrants for whom a family involvement meeting was held within seventy-two hours of placement.	FTDM	MDTHINK	TBD	TBD	Although a report has been developed, to obtain accurate data a system fix was necessary.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
19	Percent of all children for whom case planning meetings included family members.	FTDM	MDTHINK	TBD	TBD	Although a report has been developed, to obtain accurate data a system fix was necessary.	No
20A	New entries into OHP for whom an FTM was held 3 days before date of entry into OHP	FTDM	MDTHINK	TBD	TBD	The report has been developed, but a system fix was identified in order to obtain accurate data.	No
20B	Number of placement changes for which an FTM was held within 45 days prior to the placement change or up to 10 days after	FTDM		TBD	TBD	Report development has not been completed for this measure.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
20C	Permanency change: within thirty days prior to a permanency change for a child in OHP.	FTDM	MDTHINK	TBD	TBD	The report has been developed, but a system fix was necessary to obtain accurate data.	No
20D	Transitioning to independence: at least annually for a youth in OHP aged 14 – 20 who has been in OHP for at least 6 months.	FTDM	MDTHINK	TBD	TBD	The report has been developed, but a system fix was necessary to obtain accurate data.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
20 A-D	Beginning July 1, 2010, for 85 percent of children, BCDSS had a family involvement meeting at each critical decision making point.	FTDM	MDTHINK	TBD	TBD	See A- D above	N/A
21	Percent of children whose case plan was completed within sixty days of placement.	Case Plan	MDTHINK	TBD	TBD	The report has been developed, but a system fix was necessary to obtain accurate data.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
22	Percent of children whose case plan was updated every six months.	Case Plan	MDTHINK	TBD	TBD	The report has been developed, but a system fix was necessary to obtain accurate data.	No
23	Percent of children for whom BCDSS reported to the child's parents, the parents' attorney, and the child's attorney any intention to request a change in the permanency plan at least ten days prior to the court review.	Legal	Legal Services	77.36%	80.77%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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.	Case Plan	MDTHINK	TBD	TBD	The report has been developed, but a system fix was identified in order to obtain accurate data.	No
25A	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	Case Plan	MDTHINK (ISM for Measure 29a)	TBD	TBD	The report has been developed, but a system fix was identified in order to obtain accurate data.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
25B	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	Preservation and Permanency	QSR (ISM for Measure 29b)	0%	22%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
26	Percent of emancipated youth who reported receiving services designed to prepare them for independence.	Case Plan	MDTHINK	TBD	TBD	<p>This report has been developed but is not currently accurate.</p> <p>BCDSS is analyzing the results of the survey to see where the Agency can improve the services offered to older youth.</p>	NO

<p>27</p>	<p>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.</p>	<p>OHP</p>	<p>QA-Record Review All Youth who reached their 19th birthday during the reporting period who are handled by the following case management teams:</p> <ul style="list-style-type: none"> (1) Moderate Risk Behavioral (2) High Risk Behavioral (3) Pregnant and Parenting (4) Medically Complex <p>and for whom the answers to questions a. and b. below in the Report Calculation</p>	<p>93.44%</p>	<p>61.54%</p>	<p>Since the prior reporting period, BCDSS has adjusted the process for this measurement in order to ensure accuracy at birth.</p> <p>8 met all requirements for a, b, and c.</p>	<p>N/A</p>
<p>86</p>							

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
			Methodology are yes All Youth in the denominator for whom the answer to question c. in the Report Calculation Methodology is yes				
28	Number of youth, ages eighteen to twenty-one, who exited OHP through rescission.	Legal	Legal Services	0	7		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
29A	90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	Case Plan	MDTHINK (ISM for Measure 25a)	TBD	TBD	Report not certified as accurate. The report has been developed, but a system fix was identified in order to obtain accurate data.	No
29B	90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.	Preservation and Permanency	QSR- Exit	0%	22%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
30A	Percent of all children who were placed in-Family Settings-(i.e., public resource family, treatment foster home, pre-adoptive)	Placement	MDTHINK	44.00%	TBD	The CJAMS report is not accurate and currently under development. However, this data was pulled from the state Out of Home Milestone Report.	No
30B	Percent of all children who were placed with -Relatives- (i.e., formal kinship, restricted foster home, trial home visit)	Placement	MDTHINK	31.00%	TBD	The CJAMS report is not accurate and currently under development. However, this data was pulled from the state Out of Home Milestone Report.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
30C	Percent of all children who were placed in-congregate care (staffed 24/7)	Placement	MDTHINK	8.00%	TBD	The CJAMS report is not accurate and currently under development. However, this data was pulled from the state Out of Home Milestone Report.	No
30D	Percent of all children who were placed in-Other- settings (by type)	Placement	MDTHINK	3.00%	TBD	The CJAMS report is not accurate and currently under development. However, this data was pulled from the state Out of Home Milestone Report.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
30E	Percent of all children in OHP who were in independent living				TBD	The CJAMS report is not accurate and currently under development. However, this data was pulled from the state Out of Home Milestone Report.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
31	Percent of all children in OHP placed with siblings.	Placement	MDTHINK	42.20%	TBD	<p>The report has been developed but is not yet accurate.</p> <p>BCDSS will be conducting case reviews to ensure the agency continues to make strong efforts to engage relatives as a resource for sibling groups or to identify a resource family that will allow siblings to be placed together.</p>	NO

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
32	Percent of all children in congregate care who had a step down plan.	Placement	MDTHINK	Report not in Production	TBD	The casework supervision tool will be revised to include this specific task to ensure that a plan gets established. Also, the Permanency/Round Table Tool that is being created will also capture this information	NO
33	90% of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.	OHP	QSR- Exit	80%	87%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
34A	Children under seven placed in congregate care	Placement	MDTHINK	1	TBD		NO
34B	Children seven to twelve placed in congregate care	Placement	MDTHINK	19	TBD		NO
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.	Placement	MDTHINK (ISM for Measure 36)	TBD	TBD	The report is under development	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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.	Placement	MDTHINK	TBD	TBD	The report is under development.	No
37	Number of placements available to BCDSS by type.	Placement	MDTHINK	TBD	TBD	This report is under development.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
38	Number of emergency foster homes on retainer	Placement	MDTHINK	0	TBD	The Resource Unit Program manager is currently surveying and engaging foster parents to become emergency placement providers.	NO
39	The array of current placements matched the recommendation of the biennial needs assessment.	Placement	QA-Exit	TBD	Please see attachments- 1 "Baltimore City Placement Review"	BCDSS received the placement assessment and has responded to the recommendations. See Attachment 3 – "Response to UMSSW Recommendations from the LJ Placement Assessment" aka, "Baltimore City Placement Review"	N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
40	Percent of all children who have service needs identified in their case plans.	OHP	QSR (Same data as Measure 15)	5%	10%		N/A
41	Percent of all children for whom identified service needs were followed by timely and appropriate referrals.	OHP	QSR (Same data as Measure 16)	7%	3%		N/A
42	Percent of children who receive services necessary and sufficient to meet the child's needs and to support stability in the least restrictive placement.	OHP	QSR (ISM for Measure 44)	53%	60%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
43	Percent of children not placed with their siblings who have visitation with their siblings twice a month.	Visits	MDTHINK	TBD	TBD	<p>The report has been developed but is not yet accurate.</p> <p>BCDSS is exploring strategies to identify the barriers to whether the visits are occurring and not being properly documented. Also, a tip sheet was recently created to assist with documentation in CJAMS</p>	NO

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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 Exit	53%	60%		N/A
45	Percent of kinship care providers who received written notification of the right to apply for foster home licensing within ten days of placement.	Kinship	MDTHINK (ISM for Measure 48)	12.70%	TBD	BCDSS identified an issue around notification and we have developed a new process to resolve this issue.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
46	Percent of kinship care providers who received written notification of BCDSS training opportunities.	Kinship	QA	43.98%	68.12%		N/A
47	Percent of kinship care providers who reported having been informed about training and licensing opportunities.	Kinship	QA	88.38%	82.97%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
48	90 percent of kinship care providers received written notification of the right to apply for foster home licensing within ten days of placement.	Kinship	MDTHINK (ISM for Measure 45)	12.7%	TBD	BCDSS identified an issue around notification and we have developed a new process to resolve this issue	No
49	Number of Special Support team positions funded by the Department, by type.	Workforce	QA	18-Specialist	14-Specialists (some positions vacated & others reorganized)		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
50	Number of Special Support team positions filled, by type.	Workforce	QA	Education-5 Employment -1 Housing -1 Housing and Employment -4 Independent Living Coordinator-1 RB21 Specialist/SOAR/SSI -2 , Developmental Disabilities- 1 Substance (drug/alcohol) -2 Mental Health Navigator-1	Education-5 Employment -1 Housing and Employment -1 Independent Living Coordinator-1 RB21 Specialist/SOAR/SSI -1 , Developmental Disabilities- 1 Substance (drug/alcohol) -1 Mental Health Navigator-3		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
51	MCDSS MS-22(job descriptions for all positions).	Workforce	QA	Posted MS 22-Education-4 Employment -1 Housing -1 Housing and Employment -4 Independent Living Coordinator-1 RB21 Specialist/SOAR/SSI -2 , Developmental Disabilities- 1 Substance (drug/alcohol) -2 Mental Health Navigator-0	Education-5 Employment -1 Housing and Employment -1 Independent Living Coordinator-1 RB21 Specialist/SOAR/SSI -1 , Developmental Disabilities- 1 Substance (drug/alcohol) -1 Mental Health Navigator-3		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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.	Workforce	QA- Exit	Please see Friday Focus to indicate that the Friday Focus was being published by the third Friday of every month during the reporting period and the list of special support teams are identified in Measure 49-52 report.	Yes, for each month January to June 2022.	BCDSS requests certification of this measure.	N/A
53	Percent of all foster home applications that were approved/denied within 120 days of application.	Providers	MDTHINK	TBD	TBD	Report is under development	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
54	Percent of all foster home caregivers who received all training required by law.	Providers	MDTHINK	TBD	TBD	Report is under development.	No
55	Number of foster home licenses rescinded by the Department due to lack of compliance.	Providers	MDTHINK	TBD	TBD	Report is under development	No
56	Percent of all foster homes and kinship care placements that met the COMAR licensing requirements.	Providers	MDTHINK - (ISM for Measure 57)	TBD	TBD	Report is under development	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
57	95 percent of all foster homes and kinship care placements met all legal requirements.	Providers	MDTHINK	TBD	TBD	Report is under development	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
58(1A)	Of all resource home applications active at the end of the month under review with approval due dates during the month under review, the percent with an approval date of 120 days or less from the date of application; 1. a. Date of signed application to become a resource parent	Providers	MDTHINK	TBD	TBD	Report is under development	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
58(1B)	Of all resource homes active at the end of the month under review with the anniversary of the date of approval during the month under review, the percent with a reapproval date no later than the anniversary of the date of approval. B. Date home study was completed and administratively approved	Providers	MDTHINK	TBD	TBD	Report is under development	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
58	90 percent of all foster homes were approved and reapproved on a timely basis. 2. Date reconsideration completed and administratively approved	Providers	MDTHINK	TBD	TBD	Report is under development	No
59	Percent of all placements in which the caregivers received a complete Child Placement Information Form at the time of placement.	OHP	MDTHINK (same data as Measure 60)	TBD	TBD	The report has been developed but is not yet accurate. Strategies are being developed to support staff with the process of documentation and uploading a copy	NO

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
60	95 percent of caregivers had been provided all available information about the child's status, background, and needs.	OHP	MDTHINK (same data as Measure 59)	TBD	TBD	The report has been developed but is not yet accurate. Strategies are being developed to support staff with the process of documentation and uploading a copy..	NO
61	Number of children in OHP for whom a CPS report was made.	CPS	MDTHINK	67 (78 incidents)	TBD	The report development is not completed for this measure. QA tracks this information until the report is developed	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
62	Number of children in OHP for whom a CPS investigation was opened.	CPS	MDTHINK	127	TBD	The report development is not completed for this measure. QA tracks this information until the report is developed	No
63	Number of children in OHP for whom a report of maltreatment while in OHP was indicated.	CPS	MDTHINK	72	TBD	The report development is not completed for this measure. QA tracks this information until the report is developed	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
64	Percent of CPS investigations which were initiated in a timely manner.	CPS	MDTHINK Exit	TBD	TBD	This report is under development.	No
65	99.68 percent of children in OHP were not maltreated in their placement, as defined by federal law.	CPS	MDTHINK	99.60%	TBD	The report development is not completed for this measure. QA tracks this information until the report is developed	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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.	CPS	Legal Services Exit	A. (73.47%) counsel received report of the alleged maltreatment within five days of the report B.(14.29%) counsel notified of disposition within five days of its completion.	Part A - 82.35% Part B - 0% (0/17)	BCDSS is actively working with the CPS program to ensure timely completion of investigations.	N/A
67	Number of children who spent four hours or more in an office, motel, or unlicensed facility.	Placement	QA	41 (96 incidents)	56 children 196 incidents		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
68A	Of the children who were in OHP during the reporting period, the percent who did not experience an overstay.	Placement	QA Exit	98.06%	97.26%		N/A

68B	<p>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.</p>	Placement	QA Exit	76.77%	54.60%	<p>This number represents the children for whom notification was made timely to all parties.</p> <p>BCDSS has created a new process to ensure timely submission of this information.</p>	N/A
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Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
69	Percent of children ages twelve and over who participated in placement decisions.	Case Review Meeting	MDTHINK (ISM for Measure 70)	TBD	TBD	Report is under development	No
70	90 percent of children ages twelve or over participated in placement decisions.	Case Review Meeting	MDTHINK Exit	TBD	TBD	Report is under development	No
71A	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	Visits	MDTHINK (ISM for Measure 72a)	July 95.2; Aug 96.88; Sept 96.16; Oct 93.9%; Nov 91.3%;	Jan 95.8% Feb 95% Mar 97.1% Apr 96.5 % May 94.7%	Report not certified as accurate. There is an SSA weekly report that shows slightly different data. However, the Agency is meeting the goal on both	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
				Dec 93.2% (Average 94.44%)	June 94.4% (Average 95.6%)		
71B	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	OHP	QSR(ISM for Measure 72b)		70%		N/A
72A	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	Visits	MDTHINK (ISM for Measure 71a)	July 95.2; Aug 96.88; Sept 96.16; Oct 93.9%; Nov 91.3%;	Jan 95.8% Feb 95% Mar 97.1% Apr 96.5 % May 94.7% June 94.4%	Report not certified as accurate. There is an SSA weekly report that shows slightly different data. However, the Agency is meeting the goal on both.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
				Dec 93.2% (Average 94.44%)	(Average 95.6%)		
72B	95 percent of children had documented visits from their caseworker once monthly in the child's placement.	OHP	QSR-Exit	57%	70%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
73	Percent of new entrants who received an initial health screen within five days of placement.	Health	MDTHINK (ISM for Measure 75)	CJAMS- 84.93% eCW-94.3%	CJAMS - 87.45% eCW - 95.8%	BCDSS continues to work with the MATCH program to ensure accuracy of the data. Because of the inaccuracy of the production report, QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
74	Percent of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate medical attention.	Health	MDTHINK	CJAMS-0.00% eCW-95%	CJAMS - 100.00% eCW - 98.10%	BCDSS continues to work with the MATCH program to ensure accuracy of the data. Because of the inaccuracy of the production report, QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
75	Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement.	Health	MDTHINK	CJAMS-84.93% eCW-94.3%	CJAMS - 87.45% eCW - 95.8%	Because of the inaccuracy of the CJAMS report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No
76	Percent of new entrants that received a comprehensive health assessment within sixty days of placement.	Health	MDTHINK(ISM for Measure 79)	CJAMS-5.91% eCW- 79.13%	CJAMS - 62.40% eCW - 83.19%	Because of the inaccuracy of the CJAMS report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
77	Percent of all children that had a comprehensive health plan.	Health	MDTHINK	CJAMS- 5.86% eCW-74.12%	CJAMS - 82.50% eCW - 90.52%	BCDSS continues to work with MATCH program around accurately documenting in CJAMS. QA has calculated data stored in eCW by MATCH to determine if criteria was met	NO

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
78	Percent of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	Health	MDTHINK	TBD	TBD	This report is under development.	No
79	Beginning July 1, 2009, 90 percent of new entrants into OHP received a comprehensive health assessment within 70 days of placement.	Health	MDTHINK (ISM for Measure 76)	CJAMS- 5.91% eCW- 79.13%	CJAMS - 62.40% eCW - 83.19%	Because of the inaccuracy of the CJAMS report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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	MDTHINK (ISM for Measure 82)	CJAMS- 0.00% eCW-71.64%	CJAMS - 51.23% eCW - 70.43%	Because of the inaccuracy of the production report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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	MDTHINK(ISM for Measure 83)	CJAMS-TBD eCW-Well child 72%, and Routine Dental 45%.	TBD eCW - well child 68% and Routine Dental 45%	The report is under development. After reviewing the measure in the 67th report the criteria of the measure was revisited and is still under review for accuracy.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
82	Beginning December 1, 2009, 90 percent of children entering OHP received timely periodic EPSDT examinations and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	Health	MDTHINK (ISM for Measure 80)	CJAMS-TBD eCW- 71.64%.	CJAMS- 51.23% eCW - 70.43%	Because of the inaccuracy of the CJAMS report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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	MDTHINK Exit	CJAMS-TBD eCW-Well child 72%. and Routine Dental 45%.	CJAMS-TBD eCW - well child 68% and Routine Dental 45%	Because of the inaccuracy of the CJAMS report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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	MDTHINK	0.00%	100.00% eCW - 97%	Because of the inaccuracy of the CJAMS report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	NO
85A	Percent of children who received timely all Needed Health Care Services.	Health	MDTHINK (ISM for Measure 88a)	1.47%	CJAMS-16.38% eCW - 92%	Because of the inaccuracy of the CJAMS report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
85B	Percent of children who received timely all Needed Health Care Services.	Health	QSR (ISM for Measure 88b)	68%	80%		N/A
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 (ISM for Measure 110)	85%	69%		N/A
87	Percent of cases in which the case worker monitored the child's health status once monthly.	Health	QSR	43%	57%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
88A	90 percent of children received timely all Needed Health Care Services.	Health	MDTHINK Exit	4.34%	CJAMS- 16.38% eCW - 92%	Because of the inaccuracy of the CJAMS report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No
88B	Number of new entrants into OHP during the period under review who were in OHP for at least 10 business days	Health	QSR Exit	68%	80%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
89	Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly - Health passport	Health	MDTHINK (ISM for Measure 93)	CJAMS-TBD eCW-98.7%	CJAMS-TBD eCW - 99.60%	Because of the inaccuracy of the production report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No
90	Percent of children who had a health passport that was updated and distributed to the caregivers at least annually.	Health	MDTHINK (ISM for Measure 94)	CJAMS-TBD	CJAMS-TBD eCW - 99%	Because of the inaccuracy of the production report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
91	Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed.	Health	MDTHINK	CJAMS-87.50% eCW-97.7%.	CJAMS - 95.16% eCW - 96.4%	BCDSS continues to work with MATCH to increase the documentation accuracy in CJAMS.	NO
92	Percent of all children for whom BCDSS delivered an MA card promptly.	Health	MDTHINK	CJAMS-TBD eCW-100.00%	CJAMS-TBD eCW - 100%	Because of the inaccuracy of the production report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
93	90% of all new entrants had a complete health passport that was distributed to the children's caregivers promptly [Actual health passport]	Health	MDTHINK (ISM for Measure 89) Exit	CJAMS-TBD eCW-98.7%.	CJAMS- TBD eCW 99.60%	Because of the inaccuracy of the production report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No
94	90 percent of children had a health passport that was updated and distributed to the children's caregivers at least annually.	Health	MDTHINK (ISM for Measure 90) Exit	CJAMS-TBD eCW-86%	CJAMS-TBD eCW- 99%	Because of the inaccuracy of the production report QA has calculated data stored in eCW by MATCH to determine if criteria was met.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
95	Percent of new entrants who were enrolled in and began to attend school within five days of placement.	Education	MDTHINK	TBD	TBD	Report is under development.	No
96	Percent of children who changed placement who were enrolled in school within five days of a placement change	Education	MDTHINK	TBD	TBD	Report is under development.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
97	Percent of children eligible for special education who received special education services without interruption when they transferred schools.	Education	QSR	100%	100%		N/A
98	Percent of children ages three to five who were enrolled in a pre-school program.	Education	MDTHINK	TBD	TBD	Report is under development.	No
99	90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in	Education	MDTHINK Exit	TBD	TBD	Report is under development.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
	placement.						
100	Percent of children who had an attendance rate of 85 percent or higher in the Baltimore City Public School System.	Education	QA	37.80%	47.00%	BCDSS will continue to work with our partners at Baltimore City Public schools for a better data exchange; excused absences are included on this report.	N/A
101	Percent of children who had an educational plan.	Education	QSR(ISM for Measure 104)	45%	33%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
102	Percent of children for whom BCDSS met its obligations as set forth in the child's educational plan.	Education	QSR(ISM for Measure 105)	86%	91%		N/A
103	Percent of children whose educational progress was monitored monthly.	Education	QSR(ISM for Measure 106)	40%	54%		N/A
104	90 percent of children had an educational plan.	Education	QSR-Exit	45%	33%		N/A
105	For 90 percent of children, BCDSS had met its obligations as set forth in the child's	Education	QSR-Exit	86%	91%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
	educational plan.						
106	For 90 percent of children, BCDSS had monitored the child's educational progress monthly.	Education	QSR-Exit	40%	54%		N/A
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(ISM for Measure 110)	85%	69%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
108	Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.	Education	QSR	77%	100%		N/A
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(ISM for Measure 111)	85%	69%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
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 Exit(Same data as Measure 111)	85%	69%		N/A
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 Exit	85%	69%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
112	Percent of case-carrying (fulltime and with full-caseloads) staff who were at or below the standard for caseload ratios.	Workforce	MDTHINK (ISM for Measure 115)	TBD	TBD	Report is under development.	No
113	Percent of case-carrying teams who were at or below the standard for ratio of supervisor: worker.	Workforce	MDTHINK (ISM for Measure 116)	TBD	TBD	Report is under development.	No
114	Percent of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.	Workforce	MDTHINK	TBD	TBD	Report is under development.	No

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
115	90 percent of case-carrying staff was at or below the standard for caseload ratios.	Workforce	MDTHINK (ISM for Measure 112) Exit	TBD	TBD	Report is under development.	No
116	90 percent of case-carrying teams were at or below the standard for ratio of supervisor: worker.	Workforce	MDTHINK (ISM for Measure 113) Exit	TBD	TBD	Report is under development.	No
117	Percent of caseworkers who qualified for the title under Maryland State Law.	Workforce	QA(ISM for Measure 121)	100.00%	100.00%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
118	Percent of case-carrying workers who passed their competency exams prior to being assigned a case.	Workforce	QA	100.00%	100.00%		N/A
119	Percent of caseworkers and supervisors who had at least twenty hours of training annually.	Workforce	QA	48.57%	60.63%		N/A
120	Percent of caseworkers who reported receiving adequate supervision and training.	Workforce	QA	61.22%	71.20%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
121	95 percent of caseworkers met the qualifications for their position title under Maryland State Law.	Workforce	QA Exit	100.00%	100.00%	BCDSS has been certified in this measure.	N/A
122	90 percent of caseworkers and supervisors had at least twenty hours of training annually.	Workforce	QA Exit	48.57%	60.63%		N/A
123	Percent of cases transferred with required documentation within five working days.	Transfer	QA	88.55%	84.78%		N/A

Measure # & Sub	Measure	Area	Pulling Data	67 th	68 th	68 th Comments	BCDSS Confirms Report is Accurate
124	Percent of transferred cases in which a case conference was held within ten days of the transfer.	Transfer	QA	93.88%	88.16%		N/A
125	90 percent of cases were transferred with required documentation within five working days.	Transfer	QA Exit	88.55%	84.78%		N/A
126	90 percent of transferred cases had a case transfer conference within ten days of the transfer	Transfer	QA Exit	93.88%	88.16%		N/A