

L.J. v. MASSINGA¹

70th COURT REPORT

January 1, 2023 - June 30, 2023

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

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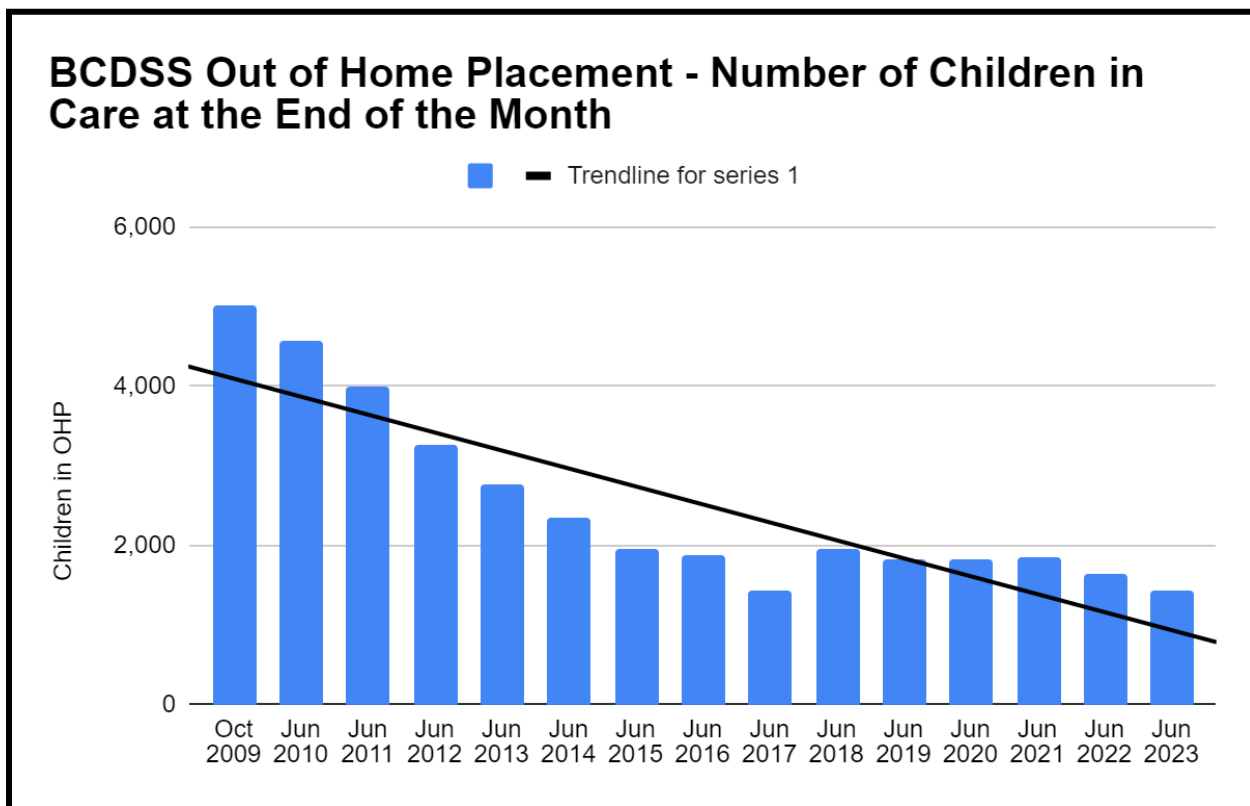
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INTRODUCTION

The *L.J. v. Massinga Modified Consent Decree* (MCD) approved in October 2009 requires the Maryland Department of Human Services (DHS) and the Baltimore City Department of Social Services (BCDSS, the Department, or the Agency) to submit a semi-annual Court Report. This, the 70th report, covers the period from January 1, 2023 through June 30, 2023.

Between October 2009, when the MCD was approved, and the end of the 70th reporting period, June 30, 2023, BCDSS has made substantial progress keeping children safe in their own homes and sharply reducing family separations, including re-entries into Out-of-Home Placement (OHP). When family separation becomes necessary, BCDSS has been successful placing children in family homes and keeping congregate care numbers to a minimum. While BCDSS has continued to decrease the number of out-of-home placements, the number of child protective services investigations has remained consistent.

BCDSS has reduced the number of children in OHP by 70 percent, from 5,011 in October, 2009 to 1,475 as of the end of the 70th Reporting Period. The average monthly number of children entering OHP has also been sharply reduced by 72%, from 143 in 2009, to 40 between December, 2021 and December, 2022.



Furthermore, Agency leadership has stabilized after multiple transitions in the director's position. Following five leadership changes over twelve years including a ten month interim director in 2014, Brandi Stocksdales, LCSW-C was appointed director in November, 2020 and continues in the position to the present.

Maryland has replaced the then federally mandated Statewide Automated Child Welfare Electronic System (SACWIS) - in Maryland, known as the Children's Electronic Social Services Information Exchange (CHESSIE) - with the Child, Juvenile, and Adult Management System (CJAMS), to be compliant with the federal requirement for a Comprehensive Child Welfare Information System (CCWIS). Significant staff resources have been dedicated to transitioning to an organization that values and understands data-informed practice and moreover, has the capacity to produce user-friendly and reliable management reports to inform practice. BCDSS, the Independent Verification Agent (IVA), the DHS Social Services Administration (SSA), and Maryland Total Human Services Integrated Network (MDTHINK) continue to work closely together to build reports for the 126 measures in the decree.

The DHS Social Services Headline Indicators and the most recent federal Child and Family Services Review (CFSR) show evidence of success that includes keeping children safe at home and promoting child well-being and permanence, as well as highlighting casework practice challenges.

To support the important child welfare outcomes of safety, well-being and permanence, several strategies and initiatives have been implemented and are detailed below.

In summary, BCDSS has made significant strides in the right direction, sharply reducing family separations without compromising safety and also keeping children in out-of-home placements safe.

Finally, we note that, in the thirty-five years since the original L.J. Consent Decree was entered by the Court in 1988, approaches to systemic reform have evolved, as has federal and state oversight of the delivery of child welfare services. More current accountability measures for child welfare systems focus on outcomes rather than the myriad process measures required by the current MCD. Documenting and reporting on one hundred twenty six measures along with twenty-seven additional commitments is burdensome, duplicative of federal and state monitoring, and imposes significant opportunity costs. This Administration hopes to work collaboratively with Plaintiffs' Counsel, the IVA, and the Facilitators toward a new and more effective structure.

FEDERAL AND STATE OUTCOME DATA

Maryland DHS/SSA and BCDS regularly collect and analyze an exhaustive set of child welfare indicators and measures including but not limited to the SSA Headline indicators and federal Child and Family Service Review (CFSR) measures.

Social Services Administration Headline Indicators

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

Child Protective Services

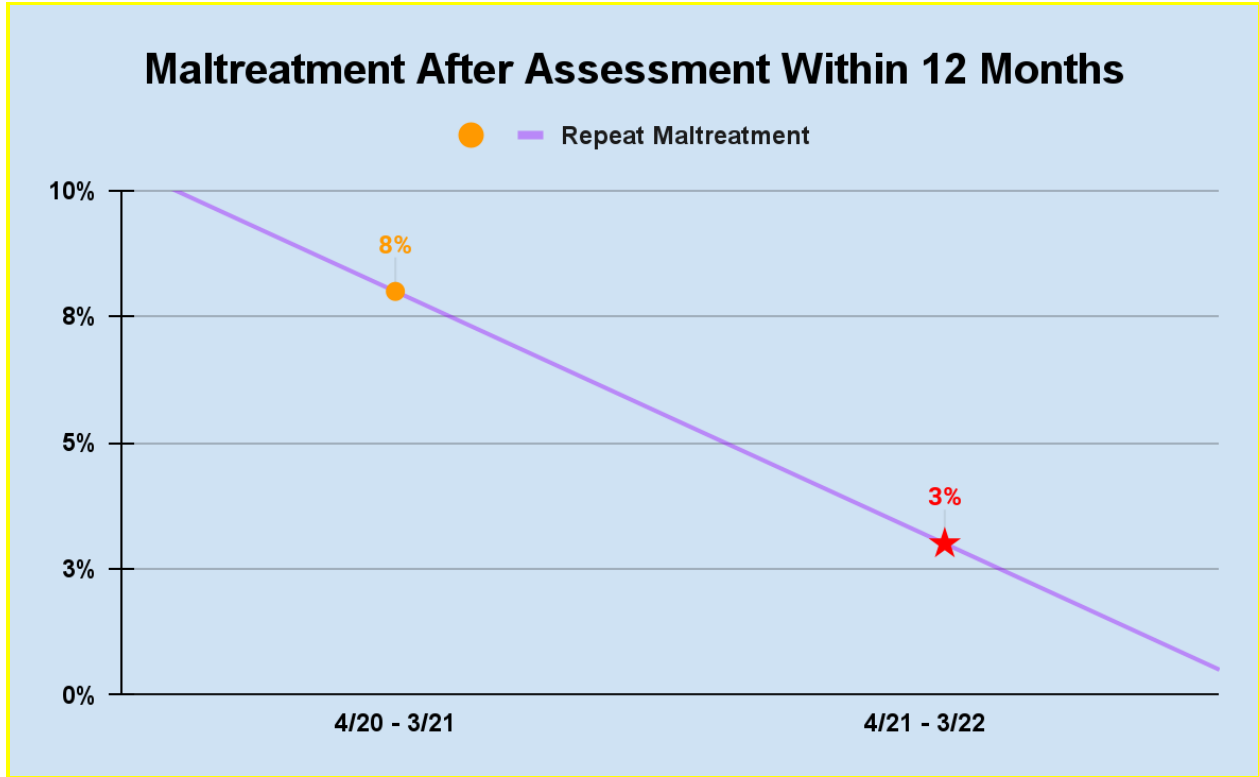
Reports of possible child abuse or neglect are screened by a dedicated unit who use a standardized decision-making tool. Accepted reports are assigned to one of two tracks: Investigative Response or Alternative Response. The goal of both the Investigative and the Alternative Response paths is to keep children safe at home by assessing and mitigating the risks that brought the family to the attention of BCDSS. High risk reports including cases involving serious physical injury, damaging neglect, or sexual abuse, are referred for an Investigative Response.

Alternative Response is a strengths-based approach for responding to low risk reports of child abuse and neglect. Instead of a traditional investigative method that concludes with a finding of abuse and/or neglect, the caseworker completes an assessment that includes identifying strengths and needs, and referring and linking families to community resources.

The outcomes in the Headline Indicators report dated May 2023 document the sharp reduction in family separation and court intervention, and the success BCDSS has had keeping children safe. The Agency achieved all but one of the five Child Safety indicators showing that children, youth and families are safe and free from maltreatment. In 2018, Maltreatment recurrence within twelve months of an investigative finding was 12% and in 2023 it was 5%. This has steadily dropped 62% in the past five years to 5%, or nearly half the <9.7% target established by the Social Services Administration. However, the rate of recurrence of maltreatment with Alternative Response cases is 6% and the target for BCDSS is 5%.

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

Specific categories for assigning a ROH assessment include Substance Exposed Newborns (SENS); intimate partner violence that creates substantial risk to children; registered sex offenders with high risk access to unrelated children; and infants born to parents with past involuntary termination of parental rights (Birth Match). Maltreatment after an assessment in a ROH case decreased by 65% from the previous year to a new low of 3%.



Family Preservation Services

Family Preservation is a home based, short-term, and intensive service focused on mitigating factors associated with maltreatment and strengthening families. Casework intervention is intended to assess and identify needs, and provide services to reduce the risk that brought the family to the Agency’s attention. Services are individualized, and may include referral and connecting with community resources; supportive counseling; parenting education including an understanding of child development, disciplinary techniques and health needs; and advocacy for benefits and opportunities. Another positive indicator of success keeping children safe at home is the low percentage of children (4%) maltreated within 12 months after a Family Preservation case is closed; a success sustained since the last report on the SSA Headline Indicators.

Foster Care

Since 2009, when the LJ Consent Decree was modified, the number of children entering care each year has fallen by 70%. Our entry rate into OHP per 1,000 children is 4.1. This is above the target rate of 1.5. It is substantially below the rate of 8.2 that existed five years ago.

According to the Centers for Disease Control and Prevention,² Individual, family, and community factors are correlated with a heightened risk of maltreatment. Individual risk factors include caregivers with substance use disorder, young or single parenthood, and low educational achievement or income. Family risk factors include having an incarcerated household member, experiencing intimate partner violence, and social isolation. Community risk factors include a high rate of violence, high rates of poverty, unstable housing and transience, and easy access to alcohol and drugs. As is well documented, Baltimore City's children face far more risk factors and have fewer protective factors than do children in the rest of the state.

The following demonstrates the efforts that BCDSS is taking to keep the children in its care safe. The related SSA Headline Indicator target for victimizations in care is a 9.07% rate or less of maltreatment in OHP. The most recent report shows that BCDSS is exceeding this target, with a rate of 8.3%. BCDSS remains committed to making efforts to further reduce the rate of maltreatment in OHP.

The goal is to reduce the rate of child maltreatment to zero because any child experiencing maltreatment is of grave concern. BCDSS is making significant and measurable strides in the right direction by exceeding targets, sharply reducing family separations without compromising safety, and keeping children in Out-of-Home placements safe by providing needed services.

According to the Headline Indicators report, BCDSS is also improving in the area of child well-being as measured by placement stability. The target for placement stability is 4.08% or fewer children who are *not* stable. At 6.05% of children who are not experiencing placement stability, BCDSS still has work to do, but is closer to achieving the target.

Achieving timely permanency targets has been more of a challenge. BCDSS was just 3% shy of the target (35.2%) for permanency within 12 months of entry, but was lagging in permanence for children in care 12 to 23 months. With a target of 43.8%, just 26% achieved permanence within 12 months. Among children in care for 24+ months on the first day of the 12 month period, the target for achieving permanence in 24 months+ was 37.3%. BCDSS fell short of the target by 9%.

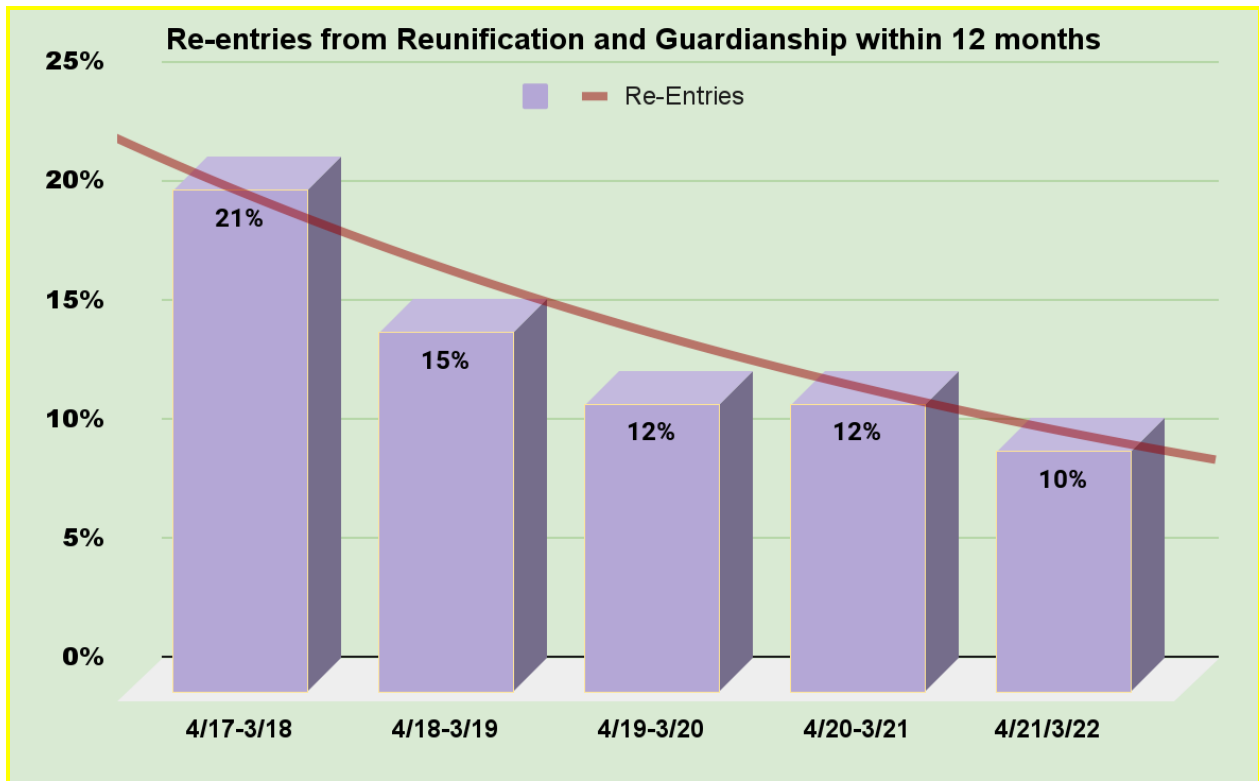
Falling short of targets for permanency can be partially explained by the age of children entering care in Baltimore City. Children ages 10 and under are more than twice as likely to exit to permanency (38%) than children ages 11 to 17 (15%). The variation in permanency by age may be attributed to the differences in circumstances associated with family separation, in that older children are far more likely to be entering foster care with 'child's behavior' identified as the trigger to placement.

² Center for Disease Control (2022, April 22). *Risk and Protective Factors*. <https://www.cdc.gov/Violenceprevention/Childabuseandneglect/Riskprotectivefactors.Html>. Retrieved August 22, 2023, from <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>

A report from the BCDSS Making All The Children Healthy Program (MATCH) indicated that nearly 60% of youth ages 14+ in OHP have moderate to high risk behavioral health needs, and CJAMS data shows 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.

The SSA Headline Indicators emphasize that more work can be done to enhance collaborative case planning, visitation, and permanence. BCDSS can also boost family engagement, especially with fathers and their extended family, as a strategy to strengthen permanency.

Once permanence has been achieved and the children have exited foster care, the rate of re-entry from reunification and guardianship has been cut in half, decreasing from 20% in 2017 to 10% in March, 2022. While not meeting the SSA Headline Indicator target of 5.6%, a 50% reduction represents substantial progress and indicates that progress will continue toward meeting the target.



Permanence: During the 70th Reporting Period, 279 children exited Out-of-Home Placement.

Nearly 50% of the children in Out-of-Home placement were reunified with their family. The adoption goal for this year was exceeded by 5 children, with 98 finalized adoptions – 54 of them during the reporting period. Collaboration between Out-of-Home Placement (OHP), Resource Homes, and BCDSS Legal Services contributed to the success of 98 children finding their

forever homes.

OHP Exits - 70th Reporting Period	Number of Children Exitted
Adoption	54
Custody & Guardianship	58
Emancipation	35
Reunification	132
Grand Total	279

Well-being: According to the Headline Indicators regarding the provision of medical and dental care to children and youth in foster care, timely initial examinations were completed in 94% of cases - exceeding the target of 90% - while comprehensive assessments completed within 60 days fell short of the 90% target at 75%. The rate at which annual health assessments are completed within one year dipped to 47%, and only 23% of dental examinations were documented as completed. When comparing MATCH and CJAMS data, it appears clear that the issue is missing documentation that is understood to be largely the result of delays in provision of dental care records. BCDSS is working with the MATCH program and casework staff to increase documentation accuracy around health and dental examinations. Furthermore, BCDSS is working with MATCH and other stakeholders to identify any barriers to children and youth receiving dental services on a timely basis.

Child and Family Services Review (CFSR) Report for Health and Human Services

The Child and Family Services Review (CFSR) is a periodic review of state child welfare systems launched in 2001 by the United States Department of Health and Human Services, Administration for Children and Families, Children's Bureau. This is the federal agency charged with oversight of state public child welfare systems.

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

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

An integral component to Maryland's Continuous Quality Improvement (CQI) process is that each local department partners with SSA to complete the federally required CFSR. Furthermore, SSA has a dedicated CQI unit that manages and works with jurisdictions on improving outcomes and implementing improvement plans. Highlights from the final report for the most recent review completed in November, 2022 are detailed below.

- The CFSR finding that children are remaining safe from maltreatment at home echoes the SSA Headline Indicators regarding prevention after an investigation. Keeping children safe at home requires appropriate support, services, and ongoing risk assessment. In nearly 90% of the cases reviewed, "services to families to protect children in the home and prevent removal or re-entry" were found to be a strength.
- Assessment of risk and safety were also found to be a strength in 90% of cases reviewed.
- The 2022 CFSR rated health and dental care as a strength; finding that the agency consistently assessed the children's physical and dental health needs and ensured appropriate services were provided. This finding reinforces that the omissions noted in the SSA Headline Indicator were likely the result of documentation lapses.
- Attending children's well-being by assessing the children's social/emotional needs and providing appropriate services was rated a strength in 87.5% of the cases reviewed.
- 90% of school-aged children were enrolled in school within 5 days of entry into foster care, another measure of well-being. This was echoed in the SSA Headline Indicators.
- The 2022 CFSR indicated that efforts to engage biological parents in discussions about permanence were inconsistent. Much of this problem occurred due to COVID and the resulting inability to collaborate with parents and the resulting staff vacancies which also occurred. Efforts to improve parental engagement are occurring especially with the use of family meetings and strengthening outreach efforts with fathers and other kids.

In summary, according to established state and federal reviews focused on outcomes in the priority areas of safety, well-being, and permanence, i.e. the 2023 SSA Headline Indicators and the 2022 CFSR Review, commendable progress has been made in the years since the 2009 adoption of the MCD in keeping children safe in their own home and sharply reducing family separations including re-entries. Well-being measures that include regular health and dental care require a sharper focus to understand whether the lapse is in care or documentation. Finally, the timeframe for permanence shows mixed results, impacted in part by the success of prevention services that logically results in the placement of children and families with the most complex challenges and needs. Recommendations emphasize that strengthening engagement with parents may result in better outcomes. The following section of this report describes the strategies that Maryland DHS/SSA and BCDSS are implementing to continue improving services and outcomes for children and families.

BCDSS continues to work with SSA to improve outcomes for children and families by using the information gleaned from the federal data. BCDSS works closely with SSA to develop and implement Performance Improvement Plans as a result of the CFSR.

STRATEGIES FOR IMPROVING OUTCOMES

BCDSS is committed to continuous quality improvement to improve outcomes for the children and families of Baltimore City. Since 2019, BCDSS has partnered with the Annie E. Casey Foundation (AECF) to support practice improvement.

After examining our state and federal data, key areas for improvement have been identified and strategies developed to produce better results for children and families in the areas of placement, permanency, behavioral health, and workforce development. Our strategies are detailed below.

Placement

Kinship

BCDSS is committed to operating as a Kin First agency. We know that when children are with family members, they have greater stability and better well-being outcomes. We have set ambitious goals including: increasing the number of children in care that are placed with kin to 50%; increasing the percentage of licensed (restricted) kinship caregivers; increasing timely permanency through adoption and custody & guardianship; and strengthening support to relatives caring for their own. To accomplish these goals, BCDSS launched initiatives to better support kin families, including establishing an internal Kin Advisory group to guide and support the practice changes and change in organizational culture. With assistance from AECF, BCDSS is partnering with A Second Chance, Inc. to provide technical assistance around all kinship initiatives.

A Second Chance, Inc. (ASCI) is a nonprofit corporation established in 1994 whose mission is to provide a safe, secure and nurturing environment to children in the care of relatives or close

family friends— formally called kinship care. ASCI, headquartered in Allegheny County, Pennsylvania, is the largest provider of kinship support services to all of Allegheny County. ASCI provides a full range of services to families, youth, and children in cooperation with the child welfare agencies in the jurisdictions with whom it has contracts.

According to the end of June 2023 Out-of-Home Milestone Report, at the end of the reporting period 38% of all children and youth under age 18 were placed with their parents or kin. Kin placements varied greatly by age group, with 46% of all children ages 0 - 4 living with kin but only 17% of youth ages 18 - 21.

AGE COHORT	% LIVING W/ KIN (INCL. PARENTS)
0 - 4	46%
5 - 9	38%
10 - 14	35%
15 - 17	27%
18 - 21	17%

BCDSS is committed to safely increasing the number of kinship placements and developing innovative practices to support kinship caregivers as a strategy for increasing positive outcomes for our youth. To that end, twenty-eight (28) staff benefitted from an invaluable learning journey to Allegheny County, Pennsylvania with the goal of broadening services and strengthening support for kin.

Members of the BCDSS Child Welfare Leadership Team and other key BCDSS staff who interact with kinship families, traveled to Pittsburgh, Pennsylvania on this learning journey. This opportunity enabled BCDSS to receive direct information related to Allegheny County values and practice, licensing process, specialized programming, staffing and roles, information system, data, and evaluation. This opportunity and the upcoming technical assistance from ACSI will allow BCDSS to adapt and implement across our agency the lessons learned as we pursue our kinship licensing, placement, support, and permanency goals..

In October 2023, ASCI will begin training child welfare staff on the value of kin. This training will give staff a shared language and framework for our ongoing dialogue about the importance of valuing kinship care.

Current BCDSS initiatives are detailed below.

Provisional Licensing

A new provisional licensing process is under development, and will tentatively launch on October 18, 2023. This new process will proactively engage all new kinship caregivers in the

licensing process right away, and financial support will be provided beginning the date of placement of the child(ren) in their home.

BCDSS continues to conduct periodic reviews of current kinship placements to identify families who can be engaged or re-engaged with the licensing process.

Kinship Waivers

Generally, people are not permitted to care for children if they have a history of child maltreatment and convictions for certain criminal offenses unless the history is waived by the department leadership. BCDSS is drafting a document for staff explaining the use of kinship waivers for resource family approval that articulates the appropriate role of waivers when a prospective kin caregiver has previous child protective services findings. This document will also explain and clarify the current regulations around criminal history. Although new federal regulations were promulgated in 2023 for licensing kinship caregivers, guidance has been delayed to ensure the most up-to-date and accurate information. The target release date is prior to the end of 2023.

Standard Operating Procedure (SOP)

BCDSS recognizes the importance of standardizing practice to achieve our goals. The updated Kinship SOP under development will emphasize kinship placement as the priority when children are separated from their parents. The guidance will include requirements for kin notification, a description of the provisional resource home approval process, and identify the required documentation. The target release date for the updated Kinship SOP is November 2023.

Family Finding

To immediately initiate identifying and locating kin, BCDSS developed kin-specific intake screening questions as part of accepting reports for investigation and assessment. The questions were vetted by our technical assistance partners and the Kin Advisory group. BCDSS anticipates implementing this tool in November 2023.

Furthermore, anytime a child is separated from their family, the BCDSS caseworker will be required to document efforts to locate kin/fictive kin (maternal and paternal) and present those efforts to BCDSS leadership. Information about the new requirement and details of the process will be finalized and released by November 2023.

BCDSS is also renegotiating our Family Finding contract with Adoptions Together to strengthen early identification of kin for children/youth that enter into foster care. Under the contract, within 30 days of a child's entry into foster care, Adoptions Together will routinely conduct family search activities through the use of Lexis/Nexis (a commercial research tool), DHS Family Investment Administration records, the Maryland Motor Vehicle Administration, and other online search tools and social media.

Training

Becoming a Kin First agency is a cultural shift for BCDSS. We are centering professional development workshops around this priority and will continue to create a learning environment around the value of supporting kin, and promote an organizational climate that values and prioritizes kin. The following workshops have been developed:

- Kinship Values training facilitated by ASCI, training slated to begin in November 2023 and continue until early 2024 with the goal of training all BCDSS staff, including Family Investment Administration (FIA), Adult Services, Legal Services, and court partners.
- *How to Conduct Clearances/Kinship Waiver* are in-person mandatory training sessions held weekly from January-March 2023, which will continue on a monthly basis until the end of 2023. A regular training schedule for 2024 will be determined.
- In March 2024, kinship care will be the theme of the annual BCDSS child welfare conference.

Fingerprinting

During our initial assessment of kinship practice, BCDSS identified that fingerprinting for criminal history checks was a common barrier for relatives. To overcome that obstacle, BCDSS successfully partnered with the Department of Public Safety to procure fingerprint scanning machines for BCDSS offices. The office hours have been changed to increase accessibility to this service, including same-day and walk-in options for caregivers. We are also exploring a mobile fingerprinting service option. In addition, families are now able to receive support at our KinCare Center to complete a change of address with the MVA .

KinCare Center

Although a virtual Kin Center website was launched during the pandemic, BCDSS opened the long delayed brick-and-mortar KinCare Center during the 69th Reporting Period

Open to the public Mondays through Fridays, the KinCare Center is a multi-purpose site located at 2923 E. Biddle St. offering a continuum of services and support to both formal and informal kin caregivers. Three Kinship Navigators are responsible for linking kin caregivers to services across the child welfare continuum, and for engaging with formal kin caregivers post-placement to encourage a restricted home study and address any barriers the family may face. A Family Support Worker is also assigned to the Center to assist with transportation needs. In addition, an FIA specialist and an education specialist designate times they are available for consultation and guidance. Concrete resources such as emergency gift cards, children's clothing, books, and toys may also be provided at the KinCare Center.

The Center for Adoption Studies and Education (C.A.S.E), a non-profit 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, is co-located at the KinCare Center. C.A.S.E. offers services to children, parents, and kin caregivers preparing for permanency and support for families post-adoption and

post-guardianship. Outreach efforts to target and engage other community partners are ongoing.

The KinCare Center began monthly virtual support groups for kin families in January, 2023. The first of the series included introductions and asking formal kin caregivers about their interests and needs. Consistent with the requests by family members, speakers for the formal kin group have presented on topics such as the Child In Need of Assistance (CINA) legal process; resource home licensing; and a question and answer session with BCDSS experts. In April 2023, community resources were featured. C.A.S.E. presented on trauma and managing behavior that may result from trauma.

The KinCare Center served over 300 families from January to July. As a result of the Center's popularity, a plan is underway to expand the Center by taking over the adjoining building. The expansion goals include space for in-person support group meetings and small group activities, a clothing closet, vendor/community partnerships, as well as additional space for an attorney to assist with family court interactions, and for additional kinship navigators.

Community agencies were invited to collaborate with BCDSS to brainstorm and develop programming helpful to the clients we share in common. On June 12, 2023, 50 people toured the Center, including representatives from community partners, Foster to Family and Family Connections. We will continue to celebrate the Center and promote its services with more community events.

Resource Homes Recruitment and Training

During the COVID-19 pandemic, BCDSS experienced a decline in public resource homes. In response, BCDSS added a designated staff person to focus specifically on targeted recruitment of resource homes for teenagers, LGBTQI+ youth, and Spanish speaking youth. BCDSS meets with community organizations that regularly work with the target populations, and participate in community events to spread the word about our children and their needs.

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

Recognizing that children entering foster care typically have experienced repeated exposure to trauma, often in the context of caregiving, BCDSS's goal is to equip resource parents with the skills and knowledge to provide stable care to children and meet children's unique needs.

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

Piloted with a start date in March, 2023, BCDSS has a methodical implementation plan for the TBRI training. The TBRI training will become required for all applying to become a foster parent and will be available to current foster parents as part of their yearly training requirements.

Along with increasing the capacity of our public foster homes, DHS is working with the State's procurement control agency to expeditiously obtain providers to provide short-term placement beds for youth ready for hospital discharge or in undesirable living arrangements while BCDSS and DHS secure a more permanent placement. DHS has engaged providers currently with available unutilized bed capacity to adapt programming to meet the complex needs of youth in hospital overstay or hotels. These modifications can be supported through the existing Interagency Rate Committee (IRC) and procurement mechanisms. DHS maintains the option and is still reviewing the release of a RFP or other procurement options permitted by the Maryland Code, State Finance and Procurement Article, as well as the applicable Code of Maryland Regulations (COMAR).

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

Behavioral Health Services for Children and Youth

Wellness Program

The Baltimore City DSS Youth Wellness Program (Wellness Program) is a comprehensive and coordinated mental health services system designed to meet the complex and unique needs of children, youth, and their families involved with BCDSS Child Welfare Services. Children and youth in foster care, ages 3-21, and their families are served by the Wellness Program. Services available through the Wellness Program include prevention and early intervention, clinical trauma screenings and assessments, access to evidence-based treatments, psychiatric evaluation and medication management, and crisis care services. The Wellness Program was "soft-launched" early in 2023 and roughly 100 children and youth are already enrolled.

Wellness Program Goals

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

The Wellness Program is developing a protocol for evaluating program performance.

Wellness Program Operation

The Wellness Program provides full funding for these specialized services, and does not have the limitations imposed by coding, utilization review, or Medicaid reimbursement. Moreover, mental health services provided through the program do not adversely impact pre-existing therapy services billed through public or private insurance. Consequently, there are a number of inherent advantages including:

1. Wellness therapists are designed to serve as the “Home Therapist” who will follow children/youth in foster care throughout their time in care.
2. Wellness therapists visit children/youth in their placement settings when this is the service preference, including hospitals, and also offer services in the community, in clinics, and via telehealth. The therapists routinely attend placement provider-based treatment meetings and other collaborative conversations i.e, FTDMs.
3. The frequency and intensity of services is adaptable and needs-driven. Service deliverables are flexible and may be increased or decreased based on expressed need, assessed need, or treatment goals.
4. Wellness therapists provide adjunctive therapy with children/youth who may already be receiving community provider or placement-based therapy services and may be integrated into the youth’s treatment team prior to discharge for service continuity.
5. Youth who turn 21 or exit care may elect to continue therapy or prescriber services with the same Outpatient Mental Health Clinics (OMHC) as a non-Wellness Program recipient funded by Medicaid or other insurance billing.

The Wellness Program is internally coordinated by the Permanency Support team, and the BCSS Mental Health Navigators serve as the referral conduit, internal gatekeepers, and liaisons between the clinics and BCDSS staff. To coordinate services, Wellness Program staff routinely interact with other vendors including: Baltimore Crisis Response, Inc. (BCRI), Dr. Shannon Barnett (BCDSS consulting psychiatrist), and MATCH.

BCDSS partnered with Behavioral Health System Baltimore (BHSB), the principal contractor, to procure 20 therapists from local Outpatient Mental Health Clinics (OMHC) to provide the direct mental health services. Unique to the Wellness Program, these therapists provide services exclusively to the children/youth referred by BCDSS.

Through our partnership, BHSB procured four OMHC vendors:

- A Better Tomorrow Starts Today (BTST)
- Advanced Behavioral Health (ABH)
- Hope Health Systems (No longer providing services as of 9/30/23)
- Institute for HEALing (iHEAL)

Wellness Program Curriculum

The therapists serving the Wellness Program are certified in a newly developed curriculum that specializes in foster youth and families. The *Baltimore City Foster Care Clinician Curriculum*

was created in partnership with the University of Maryland - School of Social Work (UM-SSW), the Black Mental Health Alliance (BMHA), and the Healing Youth Alliance inclusive of youth and family voices. The practice is grounded in implementation science to guide and support clinicians in their work with children/youth and families involved in the child welfare system through the application of a culturally relevant and responsive approach to delivering mental health services. BCDSS, Behavioral Health Systems Baltimore (BHSB), and the UM-SSW are engaged in monitoring activities to evaluate the quality of various aspects of the program, curriculum implementation, and service delivery.

Cohort 1 of the curriculum training was initiated on May 12, 2023 and concluded on July 21, 2023. The curriculum provides for a cumulative of 53 hours of In-service learning and includes pre- and post-test measurement. Upon completion, therapists will receive a non-academic certificate from UMSSW.

Mobile Crisis

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

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

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

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

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

BCDSS has historically advised providers to engage the above-described crisis intervention services prior to seeking an evaluation for hospitalization when a youth is in crisis. To increase the use of the crisis intervention services already in place, a new initiative is planned to provide

written instruction to all case management teams, resource parents, and kinship caregivers about accessing crisis intervention services.

Educational Services

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

Recently, BCDSS developed a new protocol for the OOE to be notified immediately of a hospital overstay for any child or youth in care. The OOE reviews the child's educational status and confirms the person with decision making authority. When necessary, a request will be made to the Court for a parent surrogate to be appointed for educational decision making. Review of the child's educational status will also include the child's or youth's level of educational services, identify when the child has an Individualized Educational Plan (IEP), and assess the IEP implementation status to ensure that prescribed services are being provided.

The OOE will also immediately contact the hospitals and the appropriate local school system to explore and initiate access to virtual classroom options for the child or youth remaining on hospital overstay, and, after consultation with the child's assigned caseworker, will refer the child or youth for an assessment of additional tutoring services that can be provided to supplement the baseline of educational services that will be provided. Several tutoring services are available to provide services integrated into the child or youth's educational plans as long as overstay in the hospital continues.

Preservation and Permanency

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

At the outset of a child removal, focused efforts are made to identify paternity in every case.

BCDSS has revitalized its FTDM practice, and is having success engaging families to collaboratively make the best possible decisions when separation from the family is considered. In addition, a FTDM takes place before a request to approve a change in the child's permanency plan will be considered.

An FTDM workgroup continues to meet regularly with consultation and support from AECF to address obstacles, celebrate successes, and propose changes to the practice or protocols as

necessary. Along with the training that new caseworkers and supervisors receive about family meetings at the University of Maryland's Child Welfare Academy's pre-service training, BCDSS will reinforce that learning with an in-service course for new caseworkers and supervisors.

Permanency Planning

Permanency planning is a major part of our daily work. BCDSS has been working diligently to ensure that all children in care have appropriate and attainable permanency plans. The Agency instituted the Permanency Roundtable process specifically for youth in foster care for more than 24 months. These meetings involve upper management, supervisors, and caseworkers. During these meetings, the following is explored:

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

BCDSS recognizes that engagement of parents, youth, and caregivers is essential to achieving permanency. To assist with increasing partnership with families, BCDSS also conducted training with OOH staff members to develop quality service plans. The training focused on engaging with families, and creating relevant tasks and goals to effectively move towards permanency.

As mentioned earlier, BCDSS is working with ASCI to improve better outcomes for children. Although our emphasis is on placing children with appropriate kin, we also are focusing on achieving permanency when a relative resource is not an option. Monthly team collaboration meetings will begin in October 2023 to review legally-free children and identify and address barriers to moving the child to permanency.

Furthermore, BCDSS plans to engage our court partners around identifying and overcoming barriers that delay permanency for children.

Workforce

The Department continues with the hybrid teleworking model, which has proven to be a viable option for increasing productivity and expanding talent recruitment and retention.

Post-pandemic, the benefits of virtual options for connecting with clients, family members, and collateral contacts have prevailed over a return to all in-person contacts and meetings.

At the same time, BCDSS leadership recognizes the importance of peer and collegial support to boost cross-sharing of information and expertise, and also to mitigate inevitable secondary trauma, the result of repeated exposure to the trauma of others. Events such as the supervisory retreats are designed specifically to encourage those relationships.

Since June 2019, BCDSS made recruitment and retention of educated, trained, skilled, and compassionate employees a top priority. Recruitment and retention prioritizes social work education and training because of the academic emphasis on engagement, understanding bias, knowledge of child development, skills for managing conflict, knowledge related to behavioral health and substance use disorder, and a thorough understanding of what it means to provide trauma informed care.

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

Between May 2023 and October 2023, BCDSS has hired approximately thirty (30) caseworkers and twenty (20) supervisors. Currently, BCDSS has approximately eighty-five (85) caseworker vacancies and thirteen (13) supervisor vacancies. We will continue all efforts to hire and retain staff to serve the families of Baltimore City.

ADDITIONAL COMMITMENTS

Other Reporting Requirements

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

BCDSS response: BCDSS notifies Plaintiffs’ counsel of the death or serious injury of any class member as required by this provision of the MCD. The Agency is committed to ensuring timely submission of required reports of serious injury and fatality involving class members. Plaintiffs’ counsel have access to the child’s case file upon request. The Agency continues to explore and develop process changes that will assure the highest level of compliance with the timeliness of this requirement.

2. Section II F 5. Provision of Publicly Available Reports of Non-Compliance: *“Defendants shall promptly provide to the Independent Verification Agent and to Plaintiffs’ counsel all publicly available reports that Defendants receive indicating that they are not in compliance with a requirement of this Decree.”*

BCDSS response: BCDSS is in the process of establishing a process to review audits and other publicly available reports to determine if such report falls within the requirement, and if so to provide it consistent with this requirement. Please see the attached document which may be responsive to this requirement.

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

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

BCDSS response: 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 have revisited 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.

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

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

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

BCDSS response: BCDSS endeavors to comply with this requirement by providing the notice

and reports required by this commitment. Due to a variety of factors, the five-day notice deadline is not consistently met. The Agency continues to explore and develop process improvements to achieve timely notice, and to provide copies of maltreatment reports and dispositions in compliance with this requirement.

SUBSTANTIVE REQUIREMENTS AND EXIT STANDARDS

PRESERVATION AND PERMANENCE

a. Section E 1 Needs Analysis and Funding In-Home Family Preservation Services:

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

BCDSS response: The IVA stated in the response to the 68th report that the “Defendants still have not provided the required assessment and analysis of the needs of children and families requiring assistance from BCDSS to determine the level of need and amount of funds needed for in-home family preservation services...The IVA urges the parties to determine what must be included in an analysis to meet the requirements of this Additional Commitment. Until that time, the IVA will not be able to certify this requirement.”

During this reporting period no such study has been completed. The IVA indicated that a retrospective analysis of the allocation and study of the expenditures as a strategy for determining the sufficiency of funds is not satisfactory for a finding of compliance. Therefore it will not be repeated.

However, BCDSS believes the allocation is sufficient based on using a historical look back as described in the previous report, that no such additional analysis will prove useful, and that BCDSS is compliant with the intent of this additional commitment.

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

BCDSS response: BCDSS/DHS have complied with this requirement. DHS allocates over

\$4 million dollars, sufficient flexible funding for BCDSS to use directly for services and goods to aid 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.

We previously provided an accounting of the plethora of acceptable uses for the funds, which have been deemed sufficient by BCDSS's historical "look back" method to meet the individual needs of families and their children and support the delivery of services.

In short, the goal of ensuring sufficient funding is one repeatedly achieved and documented, and BCDSS is compliant with this commitment.

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

BCDSS response: In 2007, DHS launched the "Place Matters" initiative,; a renewal of the 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 success of this initiative and BCDSS's family and home-based practices is evidenced by the substantial decrease in the number of children and youth entering or currently in the care of BCDSS.

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

Family Teaming is a critical component of the IPM and fits well with the family team meeting 'reboot' BCDSS has undertaken and continues to improve. Data is collected to support the use of Family Teaming and the success preventing removal and providing appropriate in-home services.

In summary, BCDSS is compliant with this commitment.

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."*

BCDSS response: The broad array of opportunities to provide feedback to high level BCDSS

officials has been reported in detail over the last several reporting periods. The BCDSS website has information and resources, including a handbook with rights and responsibilities, for youth aging out - or aged out - developed by DHS for youth statewide that has been repeatedly shared.

BCDSS is in compliance with this commitment

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

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

BCDSS Response: As has been described in previous reports, recruiting and retaining a qualified workforce has been the most significant barrier to meaningful implementation of the new Standard Operating Procedures (SOP) covering the Intensive Case Management (ICM).

Like other services across BCDSS, the ICM Team staffing numbers are negatively impacted by the staff shortage and hiring challenges. Efforts to recruit staff to join the ICM Team continue.

However, BCDSS caseworkers provide casework services to the children and youth with high intensity, acute, and complex needs, whether in hospitals on overstay, in unapproved placements, or in treatment settings where close collaboration with the child's paid treatment placement provider is critical.

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

BCDSS Response: In previous reports BCDSS provided a detailed and comprehensive plan for ensuring that each youth has an opportunity to meet the milestones in the five benchmarks areas outlined. The work continues to be completed.

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

BCDSS Response: The IVA determined that the Department is in compliance with this commitment in previous reports. The Agency continues to meet this commitment with no changes.

OUT-OF-HOME PLACEMENT

3. Section E 1 Biennial Needs Assessment: *“By December 31, 2009, DHR/BCDSS shall complete its assessment of the range of placements and placement supports required to meet the needs of children in OHP by determining the placement resource needs of children in OHP, the availability of current placements to meet those needs, and the array of placement resources and services that DHS/BCDSS needs to develop to meet those needs in the least restrictive most appropriate setting, including sufficient family placements for each child who does not have a clinical need for a non-family placement, family placements available for emergency placement needs, placements appropriate to meet the needs of children with serious mental health problems and children with developmental disabilities, and appropriate facilities and programs for semi-independent and supportive independent living. The assessment shall be conducted biennially.”*

BCDSS Response: An assessment was conducted by the University of Maryland School of Social Work in May 2022. In collaboration with DHS, a new needs assessment is in the planning stages.

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.”*

BCDSS Response: DHS/BCDSS continues to be below the national average for the percentage of children placed in congregate care, as well as above the national average for the percentage of children placed with kin. BCDSS is compliant with this additional commitment.

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

BCDSS Response: Since the 54th Reporting Period, BCDSS has described the retainer for emergency foster homes as an outdated practice. Current practice identifies and approves homes willing to accept emergency placements, and most children entering care emergently are placed in family settings. BCDSS surveyed resource home providers for willingness to be a provider on retainer for emergency placements of high intensity youth; none responded in the affirmative. However, 30 families willing to be an emergency provider for children newly

entering care have been opened with a placement structure of “emergency foster home.” Emergency foster homes are eligible for a higher board rate for a limited period of time for children new to foster care.

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

BCDSS Response: BCDSS is in compliance with this commitment. One of BCDSS’s goals is to evolve into a Kin First agency when children are not able to live safely with parents. After a “soft opening” in Spring, 2022, the KinCare Center - BCDSS’s long anticipated resource center for kin caregivers - opened to the public five days a week during this reporting period. The BCDSS KinCare Center is located at 2923 E. Biddle St. and opened during the last reporting period for staff orientation two days each week. Through all-staff publicity, staff were encouraged to visit the center and to spread the word about this unique resource for both informal and formal kinship caregivers.

A team of staff have been assigned to the KinCare Center, including three Kinship Navigators who are experts in community resources and available services for both formal and informal kin caregivers. The Navigators provide information, make referrals and linkage to community services, and offer consultation to case workers to assist with identifying resources. Most importantly, the Kinship Navigators are available to advocate for the kin providers as various child and family-serving systems are navigated. To actively provide support to families, such as transportation and hands on guidance, a Family Support Worker is now part of the team. The Family Investment Administration liaison and an Educational Specialist are out-sourced to the KinCare Center weekly. Staff may also visit or contact the KinCare Center to learn more about kin providers becoming licensed resource parents for children already in state care, and adopting or accepting custody/guardianship.

The KinCare Center provides kin caregivers with referrals for a variety of services including counseling and legal services; information about making applications for public benefits including WIC; and concrete resources such as cribs, school supplies, gift cards, diapers, pack and plays, and more. The on-site Family Investment Administration (FIA) liaison assists kin with applying for benefits (TCA, SNAP, MA) and addresses barriers to accessing and receiving the benefits. Outreach efforts to target and engage community partners to strengthen partnerships and service coordination are ongoing.

The final transition to PHASE III for the Center includes expanding specialized supports onsite including training opportunities and support groups, along with an array of psycho-educational programming, as well as recreational 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; monthly virtual support groups began in January 2023.

Also, BCDSS hosted an open house for our community partners on June 12, 2023 at the center and a presentation for DJS staff regarding the center and Kin Navigator Program.

The Kinship Care brochure finalized during the 66th reporting period provides the following widely disseminated information as follows:

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

There is no budget to review as BCDSS is using internal resources to meet this important additional commitment.

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

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

2. Section E 6 Foster Care Payment Rate: *“DHR shall set the foster care payment rate at no less than the Foster Care Minimum Adequate Rates for Children (“MARC”) standard. Until the MARC standard, as adjusted for cost of living, meets the foster care payment rate currently in effect for FY 2009, DHR shall not lower the foster care payment rate below current levels. To satisfy this requirement, the Secretary shall include funds annually in the*

DHR budget proposal that are sufficient, in the Secretary's judgment, to meet these requirements, and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly. The Secretary shall include funds annually in the DHR budget that are sufficient, in the Secretary's judgment, to modify the foster care payment rate to reflect a COLA adjustment and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."

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

3. Section E 7 Plan to Address Needs of Unlicensed Kinship Care Providers:

"By September 2009, DHR/BCDSS, with the assistance of individuals knowledgeable about the issues, shall study and develop a plan to address the particularized needs of unlicensed kinship care providers for children in OHP, including remediation of problems discouraging or prohibiting licensure."

BCDSS response: BCDSS renewed the commitment to transforming into a Kin First agency. By 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 the efforts to support kin. The Agency 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 to provide welcoming outreach and support for kin caregivers immediately after placement.

The OHP 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 to deliver and explain the kin brochure and obtain a receipt, as well as referring the provider to the Resources and Support Unit to begin the restricted foster/adopt home study process with the assent of the caregiver.

BCDSS has increased cross-program collaboration to determine and address problems preventing licensure. There are some obstacles preventing kin caregivers from becoming an approved restricted foster care provider that are safety-related and beyond the authority of BCDSS to waive, although we may want to be more flexible about the required sleeping space, income, use of bunkbeds and trundles, and references.

Criminal history checks revealing prior safety-related convictions or recent involvement with CPS remain obstacles to kin placements. However, significant work has been completed to educate caseworkers about criminal and child protective services backgrounds that may not be a barrier to placement, and the process for requesting a waiver, when appropriate, for an indicated CPS finding. As reported previously, a policy is currently being developed with a target date of November for dissemination to staff.

Finally, some kin are disinterested in completing a home study and the required training,

despite the financial advantages of licensing. The Agency can try to remove all obstacles and encourage the caregivers but caregivers must commit the time necessary to participate in a home study and complete the mandatory training. However, BCDSS believes that assigning a resource caseworker to the kin caregiver will be an effective strategy not only for achieving resource home approval but moreover to offer additional support and services.

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.”*

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

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

BCDSS Response: The Agency continues to work to meet this commitment and has provided the documentation of policies and practices in prior reports, including the partnership with specialized placements for this population. BCDSS is compliant with this additional commitment.

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

BCDSS response: BCDSS resource home caseworkers communicate with children's caseworkers to solicit feedback about care provided to 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. BCDSS also uses family teaming to solicit

input into placement decision making.

HEALTH CARE

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

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

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

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

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

BCDSS Response: BCDSS continues to meet this commitment.

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

BCDSS Response: This commitment is an ongoing effort for BCDSS, beginning with the comprehensive behavioral health assessment completed as part of the entry process. A Behavioral Health Subcommittee was formed to assist in addressing these issues. BCDSS, with the assistance and input from the Council, the IVA, and Plaintiffs’ Council developed,

implemented and added improvements to the Wellness Program to specifically address the mental health issues of the children and youth in its care. BCDSS is in compliance with this commitment.

EDUCATION

5. Section E 5 Implementation of “Fostering Connections to Success and Increasing Adoptions Act”: *“By September 2009, Defendants will develop an implementation plan reasonably calculated to produce compliance with the education requirements of the federal “Fostering Connections to Success and Increasing Adoptions Act.”*

BCDSS response: An updated Memorandum of Understanding (MOU) has been developed with the Baltimore City Public Schools; BCDSS Legal Services have reported that the MOU is close to completion.

CERTIFICATION FOR THE 70TH REPORTING PERIOD

BCDSS continues to work on developing reports for the measures in the MCD. However, due to the onerous nature of the required measurements and the competing priorities of a new IT system, development has been extremely challenging. Based on the data chart that follows, BCDSS/DHS is requesting certification for the following Exit Standards: 52, 72A, 121, 125 and 126.