

# ***L.J. v. MASSINGA***<sup>1</sup>

## **72nd COURT REPORT**

**January 1, 2024 - June 30, 2024**

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<sup>1</sup> 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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## I. 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 semi-annual Court Reports. This 72nd report covers the period from January 1, 2024 through June 30, 2024. In the years since approval of the MCD, there has been marked improvement in multiple practice areas as measured by state and federal reviews.

In the thirty-six years since the original L.J. Consent Decree was entered by the Court in 1988, the level of federal and state oversight of the delivery of child welfare services has increased significantly. Current state and federal oversight (the Child and Family Services Review [CFSR process], see description below on p. 5-6) focuses on the critical process and outcome measures for children and families. As the past fifteen years have shown, the additional reporting required by the MCD has proved extremely burdensome and diverted significant resources that could better be used in providing services and obtaining more successful outcomes for the children, youth and families it serves.

On July 24, 2024, Judge Stephanie Gallagher ordered the parties to discuss revisions to the L.J. v Lopez 2009 modified consent decree in order...

*“to better align the exit criteria with achievable goals that will benefit the population in the child welfare system, while allowing for successful termination of the consent decree within a reasonable and realistic time frame.”*

DHS greatly appreciates this opportunity to develop a more productive path forward and hopes that the parties are able to reach an agreement in the coming months.

In the meantime, this 72nd report outlines the significant work undertaken by DHS and BCDSS during this reporting period and progress made. Highlights are as follows:

- **Maltreatment in Care performance is almost reaching the LJ Exit Standard:** For the past three reporting periods, BCDSS has come within tenths of a percentage point of achieving the Exit Standard of 99.68 percent of children not maltreated in their placement. As Judge Gallagher stated at the July 24, 2024 hearing,

*“This case was about maltreatment in foster homes and how the Court*

*could protect children from being mistreated in a foster home, right?  
That's what the case was filed to do.”<sup>2</sup>*

- **BCDSS has reduced the numbers of children in foster care:** BCDSS continues to reduce the number of children in care through its ongoing development of practices to safely reduce the number of family separations, maintain family ties when removal of children is necessary, and achieve more rapid reunification or family permanency after removals have occurred. As of June 30, 2024, the end of the 72nd Reporting Period, 1,381 children experienced Out of Home Placement, which represents a 29.4% reduction from January 2019 when there were 1,957 children in care and a 5.8% decrease from the end of the 71st reporting period.
- **BCDSS has strong performance on placing children with kin:** Research shows that children fare best with kin. DHS and BCDSS are implementing major initiatives to increase placement with kin that are producing results. The proportion of children entering foster care placed with kin in Baltimore City has dramatically increased from 37% in 2020 to almost 60% by the end of CY 2024. This, in and of itself, may be the most important indicator for child well-being.
- **Children are receiving necessary health screenings and comprehensive assessments when entering foster care, with performance almost reaching or exceeding the LJ Exit Standard:**
  - 91.71% of children entering foster care received an initial health screen within five days of placement, compared to the Exit Standard of 95%.
  - 93.40 percent of children entering foster care received a comprehensive health assessment within 70 days of placement, exceeding the LJ Exit Standard of 90%.
  - 100% of children are receiving their Medicaid card promptly.
- **BCDSS has high performance on family engagement when children enter care:** A family involvement meeting was held within seventy-two hours of placement for 91.15% of children newly entering foster care.
- **BCDSS performance on the federal measure of placement stability improved by 9% from June 2022/2023 to June 2023/2024. DHS has taken/is taking the actions listed below to enhance placement capacity and address the parties' shared concerns about children that experience hotel and office stays and hospital overstay:**
  - On October 1, 2024, DHS increased rates for residential care providers across the state to ensure that its provider partners are adequately resourced to meet the complex needs of youth in care.
  - DHS will issue a new Expression of Interest (EOI) in Spring 2025 to procure Treatment Foster Care (TFC) and Independent Living Programs.

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<sup>2</sup> July 24, 2024 hearing transcript, p. 56, lines 5-8.

- In Spring 2025, DHS will be issuing a Statement of Need in order to enhance capacity for Residential Child Care providers that serve youth with complex medical or behavioral health needs.
- DHS contracted with Chapin Hall to conduct a Placement Needs Assessment. The final report was recently provided to DHS (see Attachment A ). Furthermore, Attachment B provides a list of the Chapin recommendations and DHS' plans to address.
- DHS is launching a new project with the Center for RISC (Radical Innovation for Social Change) at the University of Chicago to implement a new data analysis approach that will support a child-centered approach to targeted foster home recruitment.

In addition to the above, DHS/BCDSS is in compliance with almost all of the many L.J. "additional commitments" as detailed in this report.

While DHS is hopeful that a new and significantly streamlined MCD will be developed through the negotiations between the parties that the Court has ordered, DHS is nonetheless continuing in the meantime to expend significant time and resources to develop reports on the myriad L.J. measures. As the Court is aware and plaintiffs have acknowledged, the current Administration inherited an information system - CJAMS – that was in a serious state of dysfunction and this Administration has taken action to rectify CJAMS' many problems. At the July 24, 2024 hearing, Plaintiffs' counsel Mitchell Mirviss stated,

*"Regarding the CJAMS, the normal data system, it is true that the prior administration up and changed its data collection system statewide which meant that, for all practical purposes, we had to start, they had to start, everybody had to start from scratch. To Secretary López's credit, he made – at our first meeting said: I'm going to get this done to get whatever software changes and programming changes were needed so that the two could be done. He did that. He made great progress. My invisible hat's off to him because he actually applied his considerable leverage and force and attention, and I think we are on our way to getting the data for the reporting period starting in 2025."*

Attachment C provides the 72nd report data table. Among the LJ measures for which there are no current reports, plaintiffs and defendants agreed to prioritize a list of "15" priority measures for production. While DHS has made some progress on this list, this exercise is instructive to understanding the burden that these reports represent. These "15" measures in fact represent 29 measures that need to be programmed because multiple of these measures have sub-measures.

DHS and BCDSS are continuing all of the work described above and more, and remain hopeful that negotiations with the plaintiffs will result in a new MCD that aligns with Judge Gallagher's

vision for “*exit criteria with achievable goals that will benefit the population in the child welfare system, while allowing for successful termination of the consent decree within a reasonable and realistic time frame.*”

The remainder of this report provides additional detail regarding the work undertaken by DHS and BCDSS in key areas. As relevant, this report includes performance data based on the federal Child and Family Services Review (CFSR) case record process. The federal Children's Bureau conducts the CFSRs to achieve three goals:

- Ensure conformity with federal child welfare requirements;
- Determine what is actually happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.<sup>3</sup>

The CFSR process includes:

- The CFSR case record review, which measures 18 areas of practice through a case record review of a sample of cases (see Items 1-18 in Attachment D).<sup>4</sup>
- Review of the state's performance for all children (not a sample) on the following “Statewide Data Indicators”:
  - Maltreatment in Care;
  - Recurrence of Maltreatment;
  - Re-Entry;
  - Placement Stability;
  - Permanency for children in care less than 12 months;
  - Permanency for children in care 12-23 monthly; and
  - Permanency for children in care 24 months+
- An assessment of the state's performance on the following seven “Systemic Factors” (see Items 19-36 in Attachment D):
  - Statewide Information System;

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<sup>3</sup> <https://acf.gov/cb/monitoring/child-family-services-reviews>

<sup>4</sup> A CFSR case record review sample for a state typically includes a randomly selected group of both foster care and in-home services cases, with a minimum of 65 cases total. The federal Children's Bureau bases its findings for a state based on that sample of 65 cases. Maryland is certified by the Children's Bureau to implement what is called a state-led review. States must demonstrate that they meet a set of criteria in order to qualify for this process (<https://acf.gov/sites/default/files/documents/cb/cfsr-case-review-criteria.pdf>).

As some states do, as part of its CQI system, Maryland has elected to use the same federal CFSR case record review tool to assess practice in a much larger sample of cases than required by the federal Children's Bureau. Maryland uses the CFSR case review tool to review approximately 130 cases annually and shares the performance results with the LDSS for CQI purposes. This 72nd report references BCDSS performance based on the 2023 review of cases using the CSFR case record review tool. That 2023 report was previously provided to plaintiffs as an attachment to the 71st report.

- Case Review System;
- Quality Assurance System;
- Staff and Provider Training;
- Service Array and Resource Development;
- Agency Responsiveness to the Community; and
- Foster and Adoptive Parent Licensing, Recruitment, and Retention.

CFSR data is relevant and referenced in this report because it reflects the robust level of oversight by the federal government.

As noted above, LJ measurement data is provided in Attachment C. Notwithstanding the CJAMS reporting challenges noted above, DHS/BCDSS is implementing significant work in every area of the MCD and, as described above, federal reviews are monitoring all of these areas of practice. Because so many of the LJ measures still do not work, DHS and BCDSS have included the sections below to provide relevant data based on the CFSR case review tool and narrative to demonstrate the work being undertaken in each of the areas covered by the MCD.

## II. Preserving Families

Federal Child and Family Services Review (CFSR) case record reviews assess practice in this area. The review determines whether the particular area of practice is a strength or an area needing improving (ANI).

Item 2 (Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care) assesses whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.

Item 3 (Risk and Safety Assessment Management) assesses whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

Chart 1 below provides BCDSS' CFSR case review performance for 2023.<sup>5</sup>

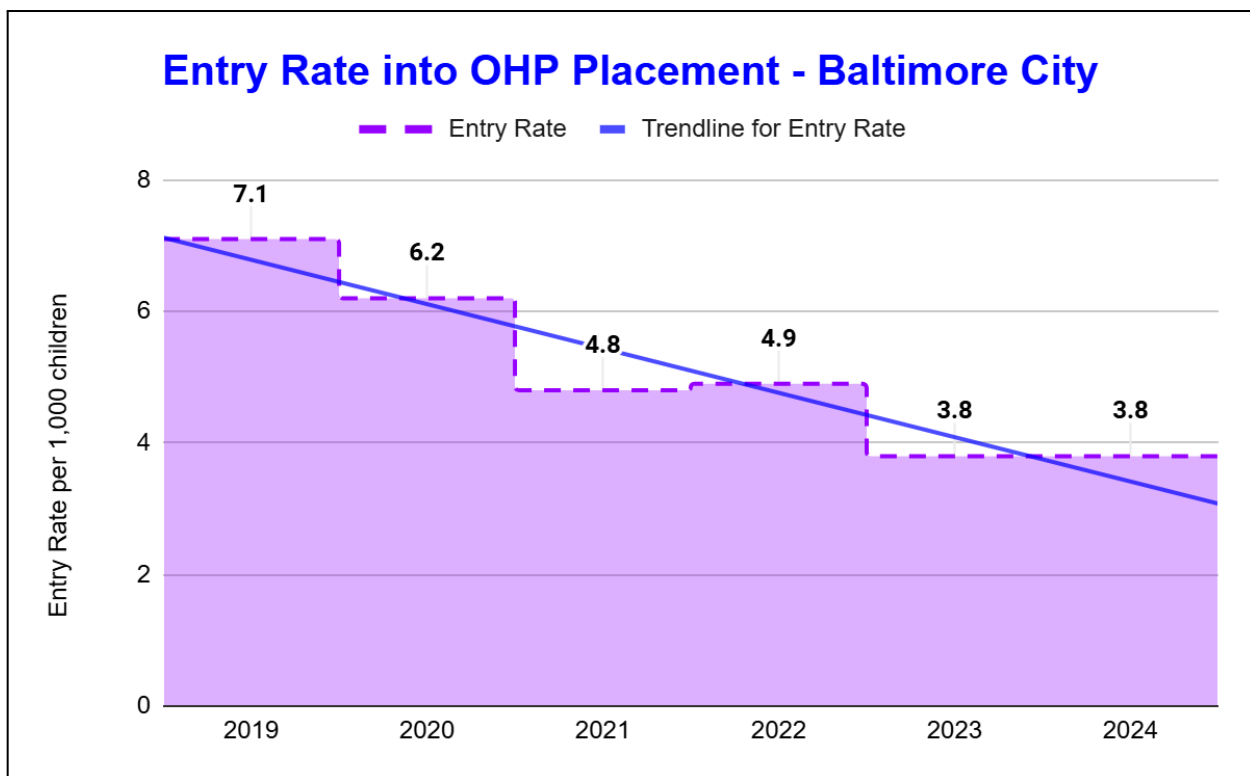
<b>Chart 1 - CFSR Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>	<b>Strength Rating (%)</b>
Item 2	90.9%

<sup>5</sup> Attachment E -CFSR Results Report 2023. This report was previously provided to plaintiffs.

Item 3	89.2%
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The foster care entry rate for Baltimore City has been declining over the past 6 years, from 7.1 per 1,000 children in 2019 to 3.8 per 1,000 children in 2024 (see Chart 2 below).

**Chart 2: Foster Care Entry Rate for Baltimore City**



**Chart 1-Source** - Performance on SSA Headline Indicators, BaltimoreCity - Showing performance as of June 2024 (SFY), Version 9/10/24, CJAMS extract 7/15/24; DHS SSA

### III. Minimizing Length of Stay



BCDSS' performance on achieving permanency for children in care 12-23 months and children in care 24 months or more have improved over the past 5 years by 25% and 28% respectively.<sup>6</sup> BCDSS is working to improve permanency performance for children in care less than 12 months, where performance has declined. We expect our focus on kin, among other strategies, to improve permanency performance.

CFSR case review Item 5 (Permanency Goal for Child) assesses whether appropriate permanency goals were established for the child in a timely manner. 65.4% of cases were rated as a strength on this item for 2023.

CFSR case review Item 6 (Achieving Reunification, Guardianship, Adoption, or Other Planned Permanency Living Arrangement) assesses whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement. 50% of cases were rated as a strength on this item for 2023.

BCDSS has been working with SSA to identify the elements necessary for strong case planning in order to reach the goals of reunification or other types of permanency in a timely fashion. Progress continues in understanding the elements of strong case planning with further success expected in the next reporting period towards compliance with the case planning requirements of the MCD. BCDSS has implemented required permanency roundtables for any child in care over 24 months. BCDSS plans to implement targeted training of out of home staff around improved case planning with a focus on achieving permanency.

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

## **IV. Families Involved in Decision Making and Case Planning**

As noted above, BCDSS has high performance on family engagement when children enter care. A family involvement meeting was held within seventy-two hours of placement for 91.15 percent of children newly entering foster care.

The CFSR 2023 case review identified 57.1% of cases with a strength rating for child and family involvement in case planning. BCDSS is continually working to improve family engagement over the life of the case. The use of Family Team Meetings, Facilitated Family Meetings and Family Team Decision-Making (FTDM) Meetings remains an important tool to encourage and obtain family

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<sup>6</sup> Headline Indicators Report Showing Performance as of June 2024.

engagement at the outset of a considered removal, and to formally bring families and their significant supports together to help make important child welfare decisions throughout the family's involvement with BCDSS. Participation of any and all persons at the outset of a child removal includes focused efforts to identify/establish parentage in every case. In addition, FTDM has been integrated into practice when a removal is considered. Along with the training that new caseworkers and supervisors receive at the University of Maryland's Child Welfare Academy's pre-service training about family meetings and the requisite skills for family engagement, BCDSS continues to reinforce that learning by providing an in-service course for all new caseworkers and supervisors.

## V. Out of Home Placement

### A. Maltreatment in Care

As noted above, for the past three reporting periods, BCDSS has come within tenths of a percentage point of achieving the Exit Standard for the 70th and 71st reporting periods and within hundredths of a percentage point for the current reporting period.

LJ Exit Standard	BCDSS Performance		
	70th Report	71st Report	72nd Report
<b>99.68 percent of children in OHP were not maltreated in their placement, as defined by federal law.</b>	99.48% Source: IVA	99.52% Source: IVA	99.63% Source: BCDSS

### B. Services to Meet Children's Needs

The federal CFSR case review Item 12A assesses whether, during the period under review, the agency made concerted efforts to assess the needs of the child and provide appropriate services. 94.6% of cases were rated as a strength on this item for 2023.

### C. Kinship Care

Research shows that placement with kin provides familiarity, continuity, and additional safety that results in better outcomes for children and families. When children need to enter foster care, living with kin improves child and youth well-being and results in fewer behavioral and mental health challenges, lower rates of re-abuse, less placement disruption and greater likelihood of a permanent home. Children and youth in foster care with kin are also more likely to maintain their cultural identities and stay connected to their siblings and communities.

As noted above, DHS and BCDSS are implementing major initiatives to increase placement with kin that are producing results. BCDSS has drastically increased the proportion of children entering foster care who are placed with kin, from 37% to almost 60% as shown in Chart 3 below. Chart 4 provides the proportion of children initially placed with kin by age (chart 4) and Chart 5 provides the proportion of all children in care placed with kin.

**Chart 3 - Children Initially Placed with Kin**

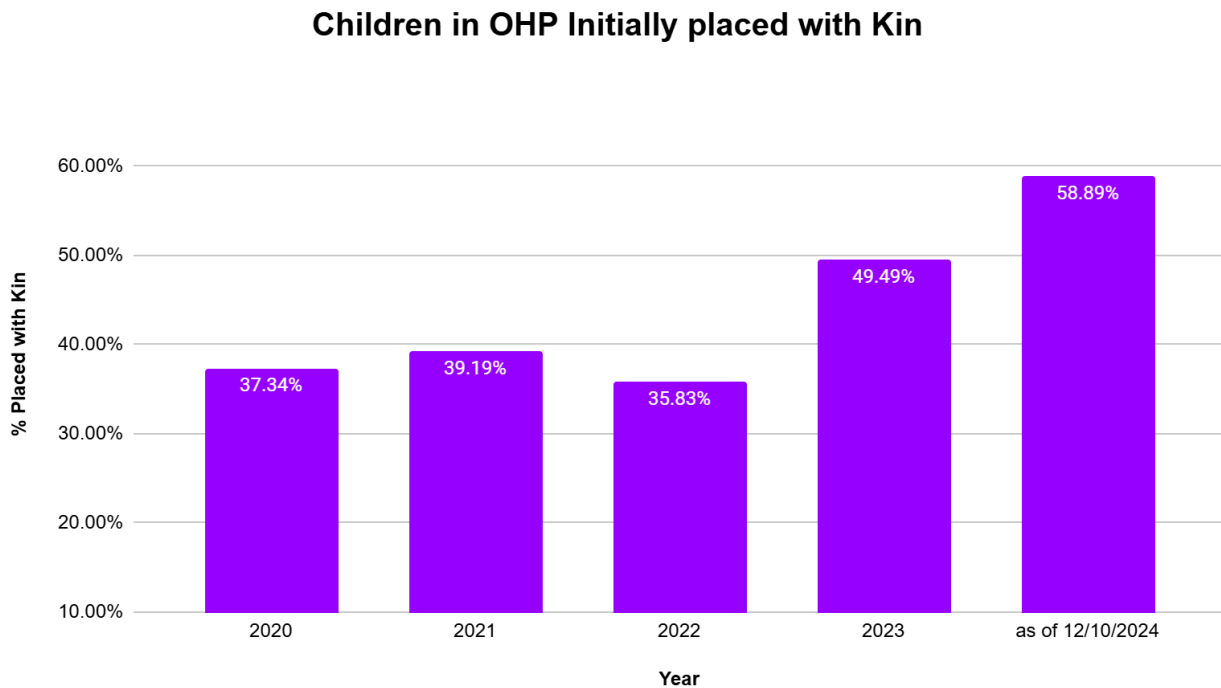
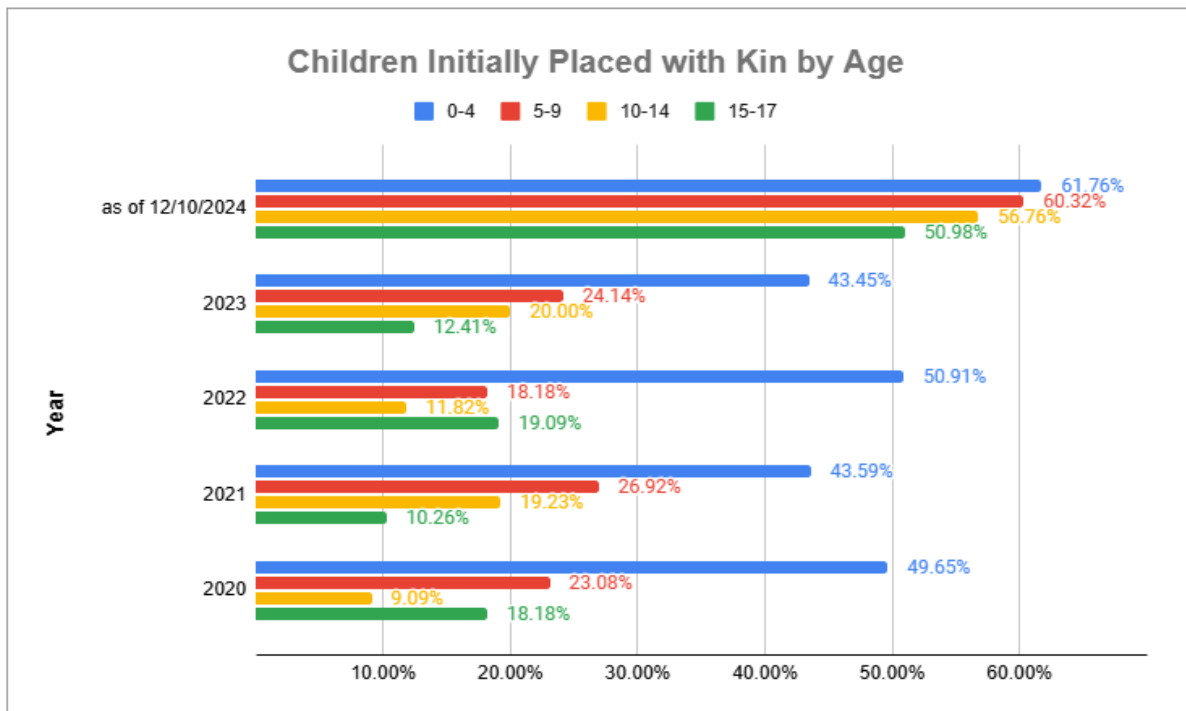


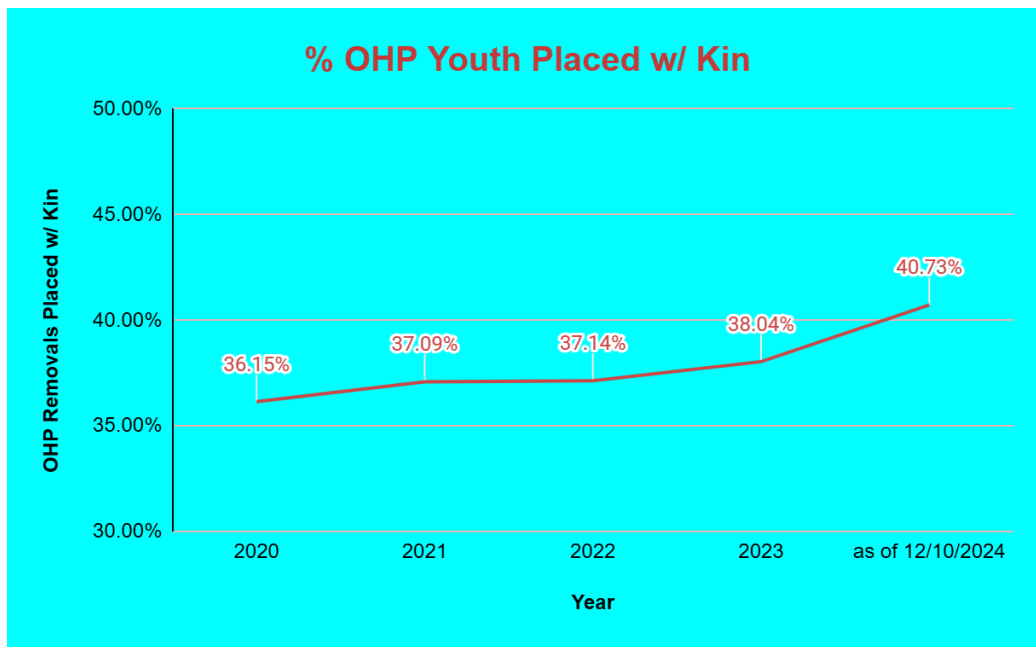
Chart 6-Source-Foster Care Milestone Report 12/2024

**Chart 4 - Children Initially Placed with Kin by Age**

The chart above shows the breakdown of children in kin placements by age group. Overall, children ages 0 - 4 represented the highest proportion, which ranged from 49% in 2020 to 61.76% in 2024.

Source-Foster care Milestone report 12/2024

**Chart 5- Children in OHP Placed with Kin**



Source-Foster Care Milestone Report 12/2024

### Statewide

Maryland is focusing on increasing the use of kinship care for children statewide. While this report focuses on L.J. implementation during the period between January and June 2024, information provided below reflects state-level activity through all of CY 2024. Multiple steps have been undertaken and are underway:

- On May 9, 2024, Governor Moore signed important legislation that is the cornerstone of Maryland's shift to a kin first culture. The new law establishes a preference for youth experiencing out-of-home care to live with relatives, including family by choice. The law modernizes Maryland's kinship care system by removing outdated language that excludes contemporary concepts of family and updating the law to reflect how families are formed today. The new law went into effect October 1, 2024.
- New regulations and policy were finalized and went into effect on December 13, 2024 (regs) and December 16, 2024 (policy).
- During November 2024 through January 2025, SSA conducted 18 trainings with 1,200 staff across the state on the new law, regulations and policy.

### BCDSS

BCDSS has led the state in its work on kinship care. Prior to the implementation of the new regulations, in March 2024, BCDSS received approval from DHS Secretary López to pilot a waiver of five non-safety standards within the kinship licensing process. This approval represented Phase I of BCDSS' commitment to removing barriers and addressing the unique needs of kinship families. Furthermore, this initiative aligned with the revisions to the regulations that ultimately became effective in December 2024. The following specific requirements were removed as barriers and do not necessitate a waiver for the approval of kinship families in the licensing process:

1. Citizenship/Residency Status
2. References
3. Marital Status
4. Verification of Income
5. Sleeping and Living Quarters

To further support this initiative, BCDSS submitted another petition to waive the remaining non-safety licensing standards in alignment with “Kin-Specific Foster Home Approval: Recommended Standards of National Organizations.” The proposal for the second waiver pilot was submitted at the conclusion of this reporting period, but the proposal became moot upon the effective date of new regulations.

*National Technical Assistance and Practice Improvements*

BCDSS continued to receive support and consultation during the period under review from the Annie E. Casey Foundation and A Second Chance, Inc. (ASCI), renowned experts in kin care, to boost the knowledge and competence of BCDSS workers to engage effectively with kin. Family Finding and other necessary outreach strategies are used to engage family members, and the family's capacity to support protection and permanence are assessed.

In January 2024, as part of the second phase of the technical assistance support from A Second Chance, Inc., a thorough case review of active kinship homes in Baltimore City serviced by Resources Homes was completed. These onsite case reviews included a data review and interviews with resource home licensing caseworkers and supervisors in efforts to remove licensing barriers. The Second Chance Inc. team conducted a comprehensive review of a total of 149 families. Based on their interviews with Resource Homes licensing staff, as well as the other information obtained during the review, , they identified several recommendations for possible implementation. During the 72nd reporting period, BCDSS implemented the following seven recommendations:

<b>A Second Chance Recommendations</b>	<b>BCDSS Implementation</b>
1. Red Flag Process	A weekly meeting with frontline staff and the Assistant Deputy Directors has been established to address any known issues that arise at the beginning of placement that may delay licensing approval. This process helps identify and address said reported issues promptly, thus, ensuring a smoother licensing process. This process alerts the department assistant deputies that additional measures are needed to complete the licensing process for identified families and ensures coordination to eliminate any barriers.
2. Gold Standard Checklist.	The Gold Standard Kinship Licensing Process and Gold Standard Checklist were updated to align with the Phase I waiver approval, and Gold Standard

<b>A Second Chance Recommendations</b>	<b>BCDSS Implementation</b>
	Training sessions to support staff with learning the new changes. The sessions were developed to build our practices to support our kin-first approach, which includes our knowledge and skills around best practices with engagement and support of kinship families. It provided a tool to emphasize engagement, clarified each step in the process and responsibilities of program staff, and decreased licensing timeframes by establishing clear timeframes, benchmarks, and accountability measures.
3. Case Staffing Process	Weekly kin huddles have been established with the teams from Resource Homes and Out of Home. If further staffing is required to address the needs of families, it is promptly scheduled and timeframes are set to resolve any barriers to placement or licensing.
4. Standardized Process for Scheduling Home Inspections	A standardized notification process and tracking system for home inspections was developed. This process ensures that all parties are notified of the inspection date and eliminates any miscommunication about the date of completion. The inspection reports are tracked by Resource Homes to ensure timely completion.
5. Initiated Development of improved data tracking process	A manual data collection process has been implemented in Resource Homes to track kinship placement licensing. However, BCDSS is working with SSA to continue the development of CJAMS and eventually have the information entered and pulled from the system.
6. Timely Notification Process to Resource Homes Team of Kin Placements	A new SmartSheet process was developed to automate the notification to Resource Homes that a child was placed with a kinship provider. This process was implemented for both new entrants into out of home placement as well as any change in placement for a youth.
7. Safety and Well-Being Assessments completed by Resource Homes team	Resource Homes staff received refresher training regarding safety and well being assessments. Any issues that may arise in the licensing process are addressed either in the red flag process or the kin huddles.

*Economic Support for Kinship Foster Parents*

- BCDSS implemented key changes in practice to boost economic and emotional support for kin, including the immediate assignment of a resource home caseworker to assist

with the home approval process and the kin transition experience when becoming full-time caregivers, often unexpectedly. Provisional licenses are issued to ensure prompt receipt of a monthly stipend.

- The initiative to license kinship placements for the children and Youth in the Custody of BCDSS pursuant to the Kinship Waivers granted by DHS resulted in a large increase in kinship licensed homes. In February of 2024 the number stood at 33.89% of the kin homes being licensed. By June of 2024, at the end of this reporting period, the number grew to 50.76%.

### Staff Training

- **Kin First Philosophy:** As BCDSS continued its efforts for the Kin First paradigm shift, training and peer learning sessions were provided to all child welfare staff. During this reporting period, staff were supported with kin focused Child Welfare Conferences with the theme, *One Purpose, One Family, All in for Kin!* The conference focused on restating the Director's vision and goals related to kinship care, and increasing an understanding of the importance of kinship as it relates to achieving better outcomes for children and families involved with BCDSS.
- **Kinship Caregiver with Criminal History:** Some prospective kin caregivers have child maltreatment or criminal histories that may prevent them from being a placement for children. However, the Agency can "waive" this history when it is safe to do so. During this reporting period, BCDSS continued to implement mandatory in-person staff training sessions on a monthly basis on "How to Conduct Clearances/Kinship Waiver." These training sessions were designed to enhance staff understanding of the appropriate use of kinship waivers for families, clarify the circumstances under which it is appropriate to request an exemption for prospective kinship caregivers with previous child protective services findings; and provide comprehensive explanations of current criminal history regulations. The cadence of this training schedule will continue for the remainder of the next reporting period.

### Updated Kinship SOP

BCDSS recognizes the importance of standardizing practice to achieve its goals. The updated Kinship SOP under development will emphasize kinship placement as the priority when children are separated from their parents. The guidance will include requirements for kin notification, a description of the provisional resource home approval protocols, and identify the requisite documentation. Due to the submission of a second pilot petition to waive regulations, the target release date for the SOP has been delayed until the 73rd reporting period. However, substantial work has been completed with regards to documentation and information for staff and for kin. BCDSS has maintained both verbal and written communication with staff regarding updated kinship information i.e., kinship welcome packet documents, kinship licensing forms, and CJAMS tipsheets. Kinship families were provided with updated information related to available services and resources.



### C. Placement Continuum

As noted above, BCDSS performance on the federal measure of placement stability improved by 9% from June 22/23 to June 23/24. DHS has taken/is taking the actions listed below to enhance placement capacity and address the parties' shared concerns about children that experience hotel and office stays and hospital overstay:

- On October 1, 2024, DHS increased rates for residential care providers across the state to ensure that its provider partners are adequately resourced to meet the complex needs of youth in care.
- The current Child Placement Agency contracts which include Treatment Foster Care (TFC) and Independent Living Program contracts expire June 30, 2025. SSA will issue a new Expression of Interest (EOI) in Spring 2025 to procure both TFC and ILP placement resources. The new contracts will include a revised scope of work to ensure that placement providers serve the population identified in their contracts, in order to improve placement experiences for youth in care.
- In spring 2025, SSA will be issuing a Statement of Need in order to enhance capacity for Residential Child Care providers that serve youth with complex medical or behavioral health needs. After the Statement of Need, the Department will issue an Expression of Interest for the following programs:
  - Diagnostic Evaluation and Treatment Programs (DETPs);
  - Psychiatric Respite Programming (Behavioral Respite);
  - Emotional, Cognitive and Developmentally Delayed (ECDD) programs;
  - Programming for Females;
  - Programming for Commercially Sexually Exploited (CSE) youth; and
  - Medically Fragile Programming from Medically Fragile children.
- DHS contracted with Chapin Hall to conduct a Placement Needs Assessment. The final report was recently provided to DHS. Attachment B provides a list of the Chapin recommendations and DHS/BCDSS' plans to address them.
- DHS is launching a new project with the Center for RISC (Radical Innovation for Social Change) at the University of Chicago to implement a new data analysis approach that will support a child-centered approach to targeted foster home recruitment.

## VI. Health

As noted above, children are receiving necessary health screenings and comprehensive assessments when entering foster care, with performance almost reaching or exceeding the L.J. Exit Standard:

- A. 91.71% of children entering foster care received an initial health screen within five days of placement, compared to the Exit Standard of 95%.
- B. 93.40 percent of children entering foster care received a comprehensive health assessment within 70 days of placement, exceeding the LJ Exit Standard of 90%.
- C. 100% of children are receiving their Medicaid card promptly.

The federal CFSR case review identifies the percent of cases with a strength rating for addressing health and mental health needs of children. Item 17 (Physical Health of the Child) assesses whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs. Item 18 (Mental/Behavioral Health of the Child) assesses whether, during the period under review, the agency addressed the mental/behavioral health needs of the children. The table below provides BCDSS' CFSR case review performance for 2023.<sup>7</sup>

<b>CFSR Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs</b>	<b>Strength Rating (%)</b>
Item 17	79.4%
Item 18	78.6%

## Wellness Program

The Youth Wellness Program, implemented in January 2023, continues to serve children in foster care with significant mental health needs. Through a contract with the University of Maryland, the University partnered with the Black Mental Health Alliance and Healing Youth Alliance (HeartSmiles) to create a curriculum that provides specialized training to therapists who are working with children in foster care. This important program was created to provide needed mental health evaluations and services in order to:

- Promote placement stability & reunification
- Provide effective intervention for children and youth in crisis
- Reduce the frequency of hospitalizations and decrease the use of congregate care settings
- Foster supportive relationships between youth and their caregivers
- Address historical issues related to disrupted and fragmented behavioral health services due to transitions in placement, changes in service provider, and a lack of comprehensive screening, assessments and specialized services.

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

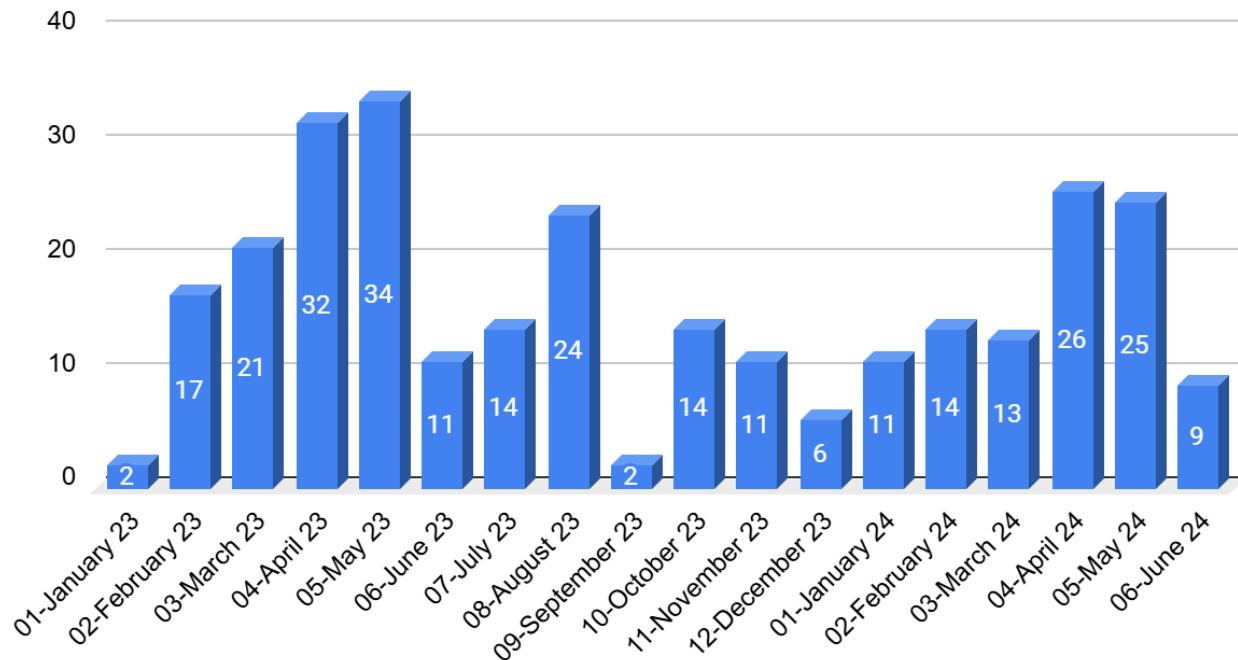
<sup>7</sup> Attachment E CFSR Results Report 2023. This report was previously provided to plaintiffs.

## Program Development

The number of children referred to the Wellness program January 2023 - June 2024 is shown in the chart below. As was expected, the pace of referrals slowed during June and July 2023 for two primary reasons. First, as the school year ended, youth were presented with competing opportunities for recreation and other activities, employment, vacation travel, etc. Secondly, the Wellness program was less assertive in its pursuit of new referrals to allow the clinicians time to complete Intake assessments and establish a functional therapy routine particularly with the 66 youth referred during April and May. Referrals then rebounded in August 2023. The number of referrals accepted by the Wellness program was impacted from September - November 2023 by the separation of a provider (Hope Health Systems) from the contract between BCDSS and BHSB for Wellness services effective 9/30/2023. Here again as was expected, the pace of referrals slowed during December 2023. The pace of referrals remained relatively steady between January - March 2024 and then significantly increased for April and May 2024 with the hiring of two additional Wellness clinicians. The number of referrals accepted in June 2024 was impacted by the separation of another provider (Institute for HEALing) effective 6/30/24.

While some of the peaks and valleys in referrals were expected or intentional, others were associated with the separation of two Wellness providers from the contract and the difficulties experienced by nearly all of the service providers with recruiting and retaining clinicians.

### Count of Referrals to Wellness Program by Month/Year



Source: Youth Wellness Program spreadsheet where all referrals are collected from an online Formstack submission

## Wellness Program Staffing and Services Activities

BCDSS is partnering with BHSB to implement strategies to increase recruitment and retention of clinicians.

**Number of Clinicians by OMHC (Outpatient Mental Health Clinic) as of June 30, 2024:**

Advanced Behavioral Health:	2
A Better Tomorrow Starts Today:	4
Institute for Healing:	1*
Empowering Minds Resource Center:	1**

\* Provider vacated the contract between BCDSS and BHSB for Wellness services on 6/30/24.

\*\* Clinician was hired by the provider in June 2024 and then resigned on 7/2/24. No referrals from the Wellness program were assigned to this clinician.

**Wellness Youth Engagement Support Team Meetings**

January	February	March	April	May	June	Total
6	12	10	14	5	9	56

Source: Youth Wellness Program Child Welfare Team Meeting Assignment Log where all Engagement Support meetings are tracked.

In January 2024, the Youth Wellness Program implemented “Engagement Support Team Meetings.” These meetings are facilitated by a Mental Health Navigator and typically include the referring caseworker and Supervisor, Wellness clinician, BCDSS Consulting Psychiatrist Dr. Shannon Barnett, caregiver/placement representative, and the youth as available and age-appropriate. The purpose of the Engagement Support Team meeting is to collaboratively design an actionable plan to engage or re-engage youth who have either not initially engaged with their therapist for an Intake or have disengaged from therapy. The action items developed during the team meeting are shared with the stakeholders and the plan is revisited over a period of 30 days to reassess whether there has been any change in the youth’s therapy engagement status. The model has demonstrated some success in supporting both youth and their caregivers in a way that enables them to overcome barriers to therapy participation.

**Mental Health Navigator Assessments**

January	February	March	April	May	June	Total
8	5	7	7	7	8	42

Source: Youth Wellness Program Mental Health Navigator Assessment Log where all completed assessments are archived.

Youth Wellness Program Mental Health Navigators respond to alerts from Child Welfare teams or the Child Placement Resource Unit (CPRU) by conducting a basic biopsychosocial assessment of the youth when onsite at a BCDSS office. Same-day face-to-face contact is required whenever possible, but under unique circumstances, may occur by phone or other means. Navigators strive to conduct the interview with the youth within 2 hours of the initial alert as a benchmark although

there are times when this is not possible as the youth may be in school, asleep, in crisis, out on an errand with 1:1 support personnel, etc.

The Navigator's focus during the interview includes:

- Establishing rapport and engaging the youth
- Identifying any personal or immediate needs (i.e., food, emergency supplies, change of clothing, shower, etc.) or safety concerns (i.e., threats to self/others, emotional/behavioral crisis, reported illness, youth appears to be under the influence of a substance, etc.)
- Exploring and identifying underlying reasons the youth has abandoned, rejected or refused placement
- Identifying placement resources from the youth's point of view (biological, family of choice or others who may be a resource to explore)
- Assessing the youth's vision for a successful placement and exploring the youth's preferences

The Navigator prepares and incorporates their findings into a brief assessment based on information the youth provides, as well as, what the Navigator learns from researching the youth's history. This may include a review of the mental health services background and often involves direct reports from the youth, CJAMS record review, interfacing with the MATCH medical case manager, and contacting the assigned caseworker or Supervisor for the youth's history and to seek clarification on any questions.

#### **Wellness Program Participation - Family Team Decision Meetings (FTDM)**

January	February	March	April	May	June	Total
2	2	2	1	0	1	8

Source: Youth Wellness Program spreadsheet where all referrals are collected and tracked.

Youth Wellness Program Mental Health Navigators participate in FTDMs upon invitation when the youth has been referred to the Wellness program. Involving families in the decision-making process throughout their involvement with Child Welfare services is critical. Family-centered case management depends on the regular engagement of parents, children, and extended family supports to address the challenges a family is facing and to make a plan for the long-term safety, stability, and wellbeing of the children and family. Through participation in FTDMs, Mental Health Navigators develop a clearer picture of the family's strengths and needs, youth's permanency plan, and circumstances surrounding a planned change of placement. Navigators are thus able to share additional information with the youth's Wellness clinician which, in turn, allows them to better support the youth and family.

#### **Psychiatric Consult Notes**

January	February	March	April	May	June	Total
24	12	22	27	20	17	122

Source: Youth Wellness Program spreadsheet where all referrals are collected and tracked.

BCDSS Consulting Psychiatrist Dr. Shannon Barnett prepares a "Psychiatric Consult Note" for each youth referred to the Wellness program. While not fashioned as a full psychiatric assessment, the psych note incorporates information Dr. Barnett obtains from a thorough review of the youth's

CJAMS record among other sources. In preparation of the psych note, Dr. Barnett typically reviews a full year of casenotes, when available, and also reviews the youth's placement, medical, mental health, and medication histories. At times, the psych note may incorporate detailed information provided directly by the youth, MATCH medical case manager, or assigned caseworker. In May 2024, Dr. Barnett's psych notes were expanded to include a summary of information necessary to understand each youth's mental health needs and actionable recommendations for the Child Welfare team, MATCH medical case manager, and others who are involved with the youth's care. Dr. Barnett's psych notes are shared with the Wellness clinician to better support an initial understanding of the youth's history and have proven to be essential in identifying the unique needs of each youth referred to the Wellness program.

### Wellness Program - Youth and Caregiver Satisfaction and Outcomes Survey

BCDSS designed and implemented a survey of youth and family-based caregivers to assess service satisfaction and outcomes. The survey was implemented between January and March of 2024.

The survey vehicle involves a structured interview instrument with questions predominantly using a 5-point Likert scale. The instrument was administered by a single interviewer who used a Google Form application for automated 'back-end' data collection. The survey included:

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

Part 1 of the survey was the youth questionnaire. Youth were contacted by phone and asked to participate in the survey. The survey was either administered at the time of the initial phone call or scheduled at a time convenient for the youth. Youth placed in certain non-family based settings at the time of the survey were ineligible. These settings included:

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

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

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

The caregiver of record was contacted by phone and asked to participate in the survey. Like the youth survey component, the caregiver survey was either conducted at the time of the initial phone call or scheduled for a more convenient time.

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

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

Regarding the sample set for the youth survey, 111 youth were referred to Wellness for review of eligibility. Among those, 38 youth were ineligible to participate, 6 youth were inaccessible due to elopement (runaway), and 2 youth exited care and updated contact information was unavailable. Consequently, this yielded 65 potential participants in the sample set (n=65). Among the 65 eligible youth, the interviewer determined 14 youth were inaccessible due to not answering the phone on multiple occasions. Of the 51 youth who answered the phone, 17 declined to participate (8 caregivers declined on the youth's behalf and 9 youth declined outright). Among the 51 youth contacted, 34 completed the survey yielding a response rate of 67%.

Of the 65 eligible youth as described above, 35 youth were placed with a caregiver at the time the survey was conducted yielding a potential caregiver sample set (n= 35). Among the 35 caregivers, 6 were inaccessible due to not answering the phone on multiple occasions while 29 caregivers answered the interviewer's call. Among these 29 caregivers, 20 agreed to participate while 9 declined. This yielded a response rate of 57%.

Three core themes emerged as follows:

1. Overall, youth and caregivers responded positively about their satisfaction with the mental health services offered through the Wellness Program. Highlights of findings include:
  - Youth satisfaction question #5: The time my therapy appointments are scheduled works for me.
    - 91% of youth responded Strongly Agree or Agree to this statement.
  - Youth satisfaction question #6: The Wellness therapist speaks to me in ways I can understand.
    - 97% of youth responded Strongly Agree or Agree to this statement.
  - Youth satisfaction question #9: I can talk to my Wellness therapist when things are bothering me. (They are a source of support.)
    - 91% of youth responded Strongly Agree or Agree to this statement.
  - Caregiver satisfaction question #7: The time the Wellness therapist, \_\_\_\_\_, schedules therapy appointments works for me.
    - 95% of the caregivers responded Strongly Agree or Agree to this statement.
  - Caregiver satisfaction question #9: I have been able to speak to the Wellness therapist, \_\_\_\_\_, about the youth in my care when needed.
    - 90% of the caregivers responded Strongly Agree or Agree to this statement.
  - Caregiver satisfaction question #14: The Wellness therapist, \_\_\_\_\_, has been open to my input on the therapy goals for the youth in my care.
    - 100% of the caregivers responded Strongly Agree or Agree to this statement.



2. Although most youth agreed with the outcome-focused questions, responses evidenced more dispersion than the satisfaction-focused questions. Highlights of findings include:
  - Youth outcomes question #15: Because of Wellness therapy, I am doing better in school.
    - 64% of youth responded Strongly Agree or Agree to this statement.
  - Youth outcomes question #16c: The health care provider asked me about how the medications were working.
    - 82% of youth responded Strongly Agree or Agree to this statement.
  - Caregiver outcomes question #12: The Wellness therapist, \_\_\_\_\_, has helped me to learn ways to improve my youth's ability to function in the home.
    - 94% of caregivers responded Strongly Agree or Agree to this statement.
  - Caregiver outcomes question #22: The Wellness therapist, \_\_\_\_\_, has given me feedback on how the youth in my care is doing.
    - 85% of caregivers responded Strongly Agree or Agree to this statement.
3. The survey results expressed how the youth and caregivers perceived therapy services to some extent and how it has positively impacted their lives.

In addition to the many positive findings, two areas of concern were identified:

1. The majority of caregivers reported that they did not receive an explanation about the Wellness Program from the youth's caseworker.
2. Several youth reported that information regarding the reason for their medication and an explanation of side effects was not communicated to them effectively. It is significant to note that not all youth prescribed medications received those medications or follow-up medication management services through the Wellness program.

Based on the findings from the survey, the following recommendations were offered:

1. The Wellness Program should continue its outreach efforts to congregate and Treatment Foster Care providers to increase awareness and collaboration.
2. Consider developing a brochure for caregivers that can be shared by caseworkers during a monthly home visit.
3. Develop and deliver in-service training on psychotropic medications for BCDSS staff.
4. Expand the Satisfaction and Outcomes Survey in the future iterations to include feedback from caseworkers as to their experiences with Wellness service providers.

Given the findings noted above, the Wellness Program collaborated with the Communications department to develop a brochure for caregivers as well as a 1-pager for caregivers and caseworkers outlining four ways to support mental health care known as the '4 B's.'

- **Be attuned to youth's emotions.** Create an emotionally safe space that allows youth to share their story without feeling judged and encourage them to share the same with their therapist.
- **Be able to identify "triggers" or reminders of past trauma.** Seek advice from the therapist about how to best help youth with things that make them nervous, stressed, anxious, angry or withdrawn.
- **Be available.** Be ready to listen and don't avoid difficult topics. Talk with the therapist about staying emotionally available even when conversations make you uncomfortable.



- **Be a communicator.** Be responsive to the therapist around scheduling sessions. Share your concerns, needs, and information about the youth's adjustment to living in your care with the caseworker and the therapist.

During this review period, the Wellness Program continued its outreach efforts to a broad range of placement providers as well as community-based service providers to offer information about the program. In turn, some of these providers have reciprocated by offering overviews of their services to BCDSS Child Welfare staff. During the next review period, Wellness will begin to focus on the expansion of the Satisfaction and Outcomes Survey to include BCDSS caseworkers. Finally, BCDSS is anticipating the release of an updated State policy on psychotropic medications. Therefore, training on the topic has been deferred in order to ensure our instructive messaging and guidance to staff will be congruent with the updated policy. Moreover, during this review period, four rounds of feedback were elicited and integrated into a draft revision of the BCDSS Standard Operating Procedure (SOP) on psychotropic medications. Here again, release of the updated SOP has been delayed in order to ensure BCDSS' practices align with the updated State policy.

### **Expansion to Family Preservation**

During this reporting period, the Wellness Program collaborated with the Innovations team and Family Preservation program in preparation for serving children, youth and families involved with the Agency's In-Home services. This included developing an orientation to the Wellness Program for Family Preservation staff and a variety of modifications to the Wellness Referral form and Referral Tracker. A Wellness Program presentation and orientation for Family Preservation caseworkers, Supervisors and Managers is scheduled for the 73rd reporting period.

## **VII. Education**

The federal CFSR case review identifies the percent of cases with a strength rating for addressing children's educational needs. Item 16 (Educational Needs of the Child) assesses whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

The CFSR 2023 case review for Baltimore City identified 88.9% of cases of children in foster care with a strength rating for meeting the educational needs of the child.<sup>8</sup>

BCDSS has had an Office of Education (OOE) to assist the case management workforce since 2014. The OOE helps case managers with all educational needs and services for the children and youth in the custody of BCDSS which includes but is not limited to enrollment in school, transfer of schools, obtaining educational documentation, and all other issues that may arise which need expert assistance. Each child that has been sheltered to the Agency shall remain in their home school or enroll in their new school within 5 days of being placed in OHP.

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<sup>8</sup> Attachment E CFSR Results Report 2023. This report was previously provided to plaintiffs.

The OOE also assists in determining whether the child or youth has an Individualized Educational Plan (IEP), and if so, the level of educational services currently being provided. A Best Interest Determination Meeting (BID) is required for all school aged children that are sheltered to the Agency within 5 days of being in OHP. The BID determines the child's most appropriate school setting. The decision may warrant for the child to remain at the current school or for the department to make arrangements for the child to be transferred to another school. If a child is sheltered and is enrolled in a Non-public Level V school, the Office of Special Education will make arrangements for transportation to ensure that the child's education remains stable.

The OOE continues to assist in ensuring that children and youth who are currently on Hospital overstay have a review of the child's educational status and confirmation of the person with decision-making authority. When necessary, assistance is provided in the appointment of a parent surrogate for educational decision-making purposes.

When a child or youth remains in a hospital on overstay, the OOE immediately contacts the hospital and the appropriate local school system to pursue virtual classroom options for the child, Home and Hospital Services and the addition of tutoring services. Each child's case plan includes the child's educational profile that outlines their academic goals.

All Individual Educational Plans or 504 plans are documented in the child's case plan. The document is also uploaded in the child's document tab that is in CJAMS.

## VIII. Workforce

DHS and BCDSS remain committed to building a strong and qualified child welfare workforce across Maryland. In partnership with the Department of Budget and Management, DHS increased the salaries of caseworkers and supervisors to ensure that competitive wages are offered for vacant positions in the local departments. This has increased the Agency's ability to hire and retain staff.

DHS applied for the Quality Improvement Center's Workforce Analytics (QIC-WA) project with the Children's Bureau. DHS recently received notice that Maryland was selected to participate in this opportunity. This project will be conducted over 2.5 to 4 years and recruitment and retention data will be reviewed to develop strategies the State could implement. Although the strategies developed from this project could be used statewide, Baltimore City will be a pilot location. Below are details regarding the BCDSS Workforce for the current reporting period.

### HIRING and DEPARTURES

Staff Data, BCDSS, CY 2024 through December 30, 2024		
Program Area	New Hires	Departures
CPS	33	39

Out of Home	48	37
Family Preservation	21	12
Resources and Support	2	6
<b>Total</b>	<b>104</b>	<b>94</b>

Chart 10 - Source: LJ 72 report - Source: Working PTR, Current Staff and Departures, 12/30/24

**VACANCIES AS OF DECEMBER 30, 2024**

Job Title	CPS	OOH	Family Preservation	Resources & Support
Supervisor	7	2	1	0
Case Worker	3	17	2	2

Chart 11 - Source:Working PTR, Current Staff and Departures, 12/30/2024

**Staff Retention Rates**

Staff Retention - Number/percent of staff hired between January 2023 and March 2024 that are still with BCDSS as of December 30, 2024				
	Job Title	New Hires	Still Employed	Retention Rate
CPS	Supervisor	5	4	80.00%
	Worker	21	16	76.19%
Family Preservation	Supervisor	3	1	33.33%
	Worker	6	4	66.67%
OHP	Supervisor	2	2	100.00%
	Worker	30	22	73.33%
Resources & Support	Supervisor	0	0	n/a
	Worker	2	2	100.00%
No program area identified	Supervisor	3	2	66.67%
	Worker	3	1	33.33%
TOTAL	Supervisor	13	9	69.23%
	Worker	62	45	72.58%

Chart 12-Source-Source: Working PTR, Current Staff and Departures, 12/30/2024



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

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

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

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

BCDSS response: BCDSS is in compliance. A standardized process was developed and implemented to investigate and resolve issues related to individual class members in a timely way. The process has been well-publicized and offers individuals or counsel a clear pathway to raising concerns about problems in individual cases as required by this section, without retaliation or fear of retaliation. The Program Manager for Court Processes and the L.J. Compliance team ensure compliance with this requirement. A system is in place that channels all complaints to the team and requires immediate processing. All staff with information necessary to address the complaint are engaged so that the issues brought to the attention of BCDSS are resolved in a timely fashion. In addition, a separate process was agreed upon which allows plaintiffs’ counsel to contact the team directly to resolve any issues with class members that have been brought to their attention by counsel for a class member.

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

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

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

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

## **SPECIFICALLY INCLUDED ADDITIONAL COMMITMENTS**

### **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, BCDSS will determine biennially the level of need and the amount of funds needed to fund in-home family preservation services, separate and apart from the regular program of protective services and safety case management services, to provide each family of a child at risk of*

*removal with in-home family preservation services in a duration and intensity reasonably calculated to enable the child to remain with the family without removal. The DHR Secretary ("the Secretary") shall include in the DHR budget proposal funds that are sufficient, in the Secretary's judgment, to ensure that in-home family preservation services are available in the size and scope determined by the assessment and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."*

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

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

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

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

BCDSS response: BCDSS is working to achieve compliance. Building on the success of Place Matters, DHS/SSA implemented the Integrated Practice Model (IPM). This intensified the commitment to family-centered practice. Family Teaming continues to be a critical component of the IPM and fits well with the family meeting 'reboot' previously accomplished by BCDSS. As detailed on page 21 of this report, an exit standard of the MCD tracks this data but the report necessary to provide the data has not yet been perfected.

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

BCDSS response: BCDSS is in compliance with this additional commitment. BCDSS leadership continues to meet with youth through attendance at the Youth Advisory Board meetings. BCDSS



is also committed to developing effective strategies to provide youth in OHP in Baltimore City information about the youth's rights, responsibilities, and opportunities to express concerns and report problems.

## 2. Ready by 21 Benchmarks and Life Skills Classes:

Ready By 21'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. To that end, throughout the year BCDSS offers a full continuum of psycho-educational group programming designed to support young people ages 14-20 to prepare for a satisfying and productive adulthood.

RB21 continues to provide a strong continuum of life skills classes on-line such as those listed below:

1. **Keys to Financial Future** - The purpose of the class is to provide youth in care with financial literacy training and provide access and enrollment into the Jim Casey Opportunity Passport, a matched asset purchase program, instructor-led training presented virtually for 3 day / 3-hour sessions, and further described on Pages 31 and 32. Youth ages 14-25 participate in 9 hours of financial literacy education that includes a wide range of topics such as asset building, credit, and money management. Participants who complete the class will be eligible to receive \$140 and be able to enroll into the Opportunity Passport.
2. **Keys to Success** - Keys to Success online class is a three-week life skills program for youth ages 18 to 21 with a plan of 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 explore career and educational opportunities, prepare for employment by writing resumes, practicing mock interviews, receiving interview suiting, scheduling interviews, discuss credit, banking, budgeting and set savings goals., Youth learn about the Maryland tuition waiver, how to maintain healthcare coverage, how to balance work and life demands, how to handle food safely and cook a nutritious meal, and how to read and understand leases and tenant landlord requirements, practice how to establish and budget for housing, for apartments, and applying for income based housing. Youth also participate in a virtual tour of IKEA.
3. **Quest to Success** - A four-day program offered during non-school hours to BCDSS youth aged 14-17 to acquire life skills in the areas of high school education, early employment, teen budgeting, and teen friends and relationships.
4. **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.



5. **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.
6. **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.
7. **Relationships Matter** – A life skills class to help young people identify healthy & unhealthy friendships; recognize the difference between an associate, close friend & best friend; learn about different types of support; identify ways to meet new people; learn skills for being a good friend, understand how self-esteem impacts friendship, identify ways to resolve conflict, and the pros and cons of social media.
8. **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.
9. **Learner's Permit Class** – A life skills class designed to support youth in preparing for the MVA Learner's Permit. Youth get MVA links to practice tests, read through the MVA Learners Permit Manual & practice test and study road signs.
10. **Learn N Burn** - Ready By 21 implemented a new interactive life skills class for youth ages 14 and older to learn about making cooking fun and affordable. Participants learn how to compare prices and prepare shopping lists, how to prepare meals at home, and how to shop using budget.

### **2024 Healing Youth Alliance - RB21 Rising Stars Cohort #3**

Healing takes place through partnership, celebration of culture, and engaging in civic action. The Healing Youth Alliance (HYA) is a youth empowerment and engagement program focused on increasing knowledge and decreasing stigma related to mental health, trauma, and healing among youth and youth engaged adults. The HYA is supported by three partner agencies: SPHERE Community Collective at the University of Maryland School of Social Work, HeartSmiles, and Black Mental Health Alliance. BCDSS has partnered with HYA to provide youth ages 16+ who are in the foster care system with training, consultation, and peer support services related to mental health issues, trauma, healing, and violence. The goals for the partnership include:

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

Program details:

- HeartSmiles Training

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

**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: BCDSS attempted to continue its existing ICM unit after COVID but the extreme workforce disruptions resulting from the pandemic made it impossible and the unit was disbanded. In order to meet the high intensity needs of youth that the ICM unit was accustomed to managing including those with frequent placement disruptions or runaway episodes, OHP managers provided all case management staff with additional training and support to better their ability to work effectively with these youth. Having made these changes, BCDSS does not plan to reconstruct ICM as a unit. The Agency aims to strengthen placement stability and reduce disruptions utilizing the therapeutic component through the BCDSS Wellness Program as it continues to improve the behavioral health needs programs for children and youth served by BCDSS.

**6. Section E 6 Plan for Services to Transition to Adulthood:** *“By September 30, 2009, DHR/BCDSS, in partnership with outside experts and advocates for children, including Plaintiffs’ counsel, shall create and, thereafter, DHS/BCDSS shall implement and maintain a plan to*

*provide comprehensive services to children in OHP to meet the goals of the children being ready by age twenty-one for successful transition to adulthood.”*

BCDSS Response: BCDSS is in compliance. The Agency offers an impressive array of individual and group psycho-educational services designed to support every youth to meet the five benchmark areas. In previous reports the Department provided a detailed and comprehensive plan for ensuring that each youth has an opportunity to meet the milestones in the five benchmarks areas. Here is a list of BCDSS 2024 Life Skill programming that occurred during the 72nd reporting period and will continue as regular program offerings:

### **RB21 Life Skills, Programming and Events Data:**

<b>PROGRAM</b>	<b>REPORTING PERIOD</b>	<b># OF PARTICIPANTS</b>
<b>Keys To Your Financial Future</b>	<b>January - June 2024</b>	<b>38 youth completed the program</b>
<b>Keys to Success Cohorts #95 - 99</b>	<b>January - June 2024</b>	<b>28 youth completed the program</b>
<b>Quest to Success Cohorts #</b>	<b>March and June Cohort</b>	<b>18 youth completed the program</b>
<b>Home Sweet Home/Residential Readiness</b>	<b>January - June 2024</b>	<b>23 youth completed the class</b>
<b>Love Notes Reproductive and Sexual Health</b>	<b>January - June 2024</b>	<b>46 youth completed the training</b>
<b>Employment Workshop</b>	<b>January - June 2024</b>	<b>73 youth completed the class</b>
<b>Learn N Burn (offered bi-monthly)</b>	<b>January - June 2024</b>	<b>4 youth completed the class</b>
<b>Secure What's Yours (offered bi-monthly)</b>	<b>January - June 2024</b>	<b>19 youth completed the class</b>
<b>LGBTQ Work Group "Pride4Life"</b>	<b>Monthly meetings were scheduled; however, only May and June had participation</b>	<b>3 youth are actively participating in the workgroup</b>
<b>Youth Advisory Board Meeting</b>	<b>Monthly meetings were conducted</b>	<b>6 meetings conducted and 5 active members</b>
<b>Healing Youth Alliance</b>	<b>The program started June 25th and is scheduled to</b>	<b>15 BCDSS youth are actively participating in the program.</b>

PROGRAM	REPORTING PERIOD	# OF PARTICIPANTS
	<b>end in December 2024.</b>	
<b>Parenting Circle</b>	<b>January - June 2024</b>	<b>8 expecting and/or parenting youth attended the class</b>
<b>Supportive Service Referral</b>	<b>January - June 2024</b>	<b>39 referrals received</b>
<b>Family Support Activities (Case management direct service to youth)</b>	<b>January - June 2024</b>	<b>109 services requests completed to support case management</b>
<b>Family Support Activities (Resource/Support)</b>	<b>January - June 2024</b>	<b>126 service requests completed to support life skills classes and programs</b>

The Youth Transition Plans are monitored weekly by management in order to help the youth identify goals and put services in place to reach the goals.

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

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

## Out-of-Home Placement

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

*biennially.”*

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

Additionally, DHS has contracted with Chapin Hall to complete a placement needs assessment for the State that includes an assessment of Baltimore City. This assessment has been completed, is compliant with the MCD and is attached as Attachment A. DHS/BCDSS will use the information from this assessment to make necessary adjustments to the placement array. Attachment B provides a list of the Chapin recommendations and DHS/BCDSS’ plans to address.

**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 youth placed in congregate care, as well as above the national average for the percentage of youth placed with kin. The allocated budget is sufficient for OHP services and 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: BCDSS has continued to maintain that a retainer for emergency foster homes is outdated. A Motion to modify the MCD to eliminate this commitment was filed with the Court.

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

*groups for kinship caregivers. This contract is subject to any required approvals by the Department of Budget and Management and the Board of Public Works."*

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

Following is an update of all of the additions that have occurred to the KinCare Center during this reporting period as follows:

### **Staffing**

We have expanded our staff to two "informal" Navigators and two "formal" Navigators on site. They are cross trained to assist providers who walk in for support and services. Additionally, there are two Family Support staff that welcome guests to the KinCenter, provide supportive counseling, assist with transportation, support KinCare events, and facilitate the weekly Kin Huddle.

### **Site**

The KinCenter is now fully furnished and ready to host families. There is designated space for conferences, technology support, individual and group meetings, learn & play for children, and Administrative meetings. Tangible goods such as clothing, gift cards, bedding, cleaning supplies, etc. are on hand to support relatives.

### **Community events:**

The Kin Navigators shared information on the KinCenter at various community functions throughout the reporting period.

- Goucher College School Fair (Feb)
- BCDSS Caregiver Zoo event (May)
- Eager Street Housing Fair (June)
- Juvenile Justice Youth Fair (June)

### **Support groups**

In person support groups for all kin caregivers were held quarterly during the reporting period. Virtual support groups were held monthly. In person support groups moved from quarterly to bimonthly in June 2024.

- Presenters:
- Infants and Toddlers (Rosalyn Holt)
- Lawyers & Library (Enoch Pratt Library)
- Roberta's House
- KEYS Empowerment
- PRP Groups
- FIA Representative(Jonathan Wallace)
- Legal General Question-Pro Bono Attorney



### **New Community Partnerships**

A relationship with a fatherhood engagement expert to hold a Baltimore City fatherhood group in the center was established this period. We anticipate holding at least one session in the next period. The Black Realtors Association donated toiletries and is willing to host a group in the future on home ownership. One Church One Child, Inc donated gift cards to be given to children.

### **Website**

The public facing website was enhanced to include a greeting from Director Stocksdales and testimonials from Kin caregivers served by the Agency. Video training sessions were added to provide information to Kin caregivers at their leisure. A Statewide kinship support group list is being developed.

### **Staff Training**

Kin Konversations, a monthly, peer-facilitated discussion, provides guidance to help staff learn skills to strengthen and support kinship families was launched in this period. The series are virtual and feature Dr. Joseph Crumbley's training modules, "Inherent Strengths in Kinship Families." The Kin Center navigators are available to offer technical assistance to staff. A portion of the BCDSS World Tour is dedicated to learning about the KinCenter and includes a tour of the site. New staff understand there is an open door policy to come back to the center whenever questions 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."*

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

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

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

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

BCDSS response: BCDSS is in compliance.

BCDSS with the assistance of DHS continues to strengthen its commitment to kin first placements when children are separated from their parents/caregivers. The Agency is addressing the individual needs of kinship caregivers and eliminating obstacles through a waiver provided by DHS to allow an easier path to licensure. The result has been a large increase in this reporting period of the number of licensed kinship providers. In the next reporting period a second waiver is being implemented and will make the path to licensure even easier.

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

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

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

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

BCDSS Response: BCDSS is in compliance. The staff continue to practice organized steps when they become aware of a youth that is expecting a child. A tracking form in formstack is completed, this sends notification to MATCH. MATCH will then connect both expecting parents to appropriate services and resources. Youth who are already parenting will be connected to services by MATCH and the RB21 case manager. The MATCH case manager completes a case review every three months for parenting and pregnant/postpartum youth. Additionally the MATCH Reproductive Health Nurse completes an assessment to assist in identifying needed services. Based on the identified needs and the youth’s willingness to participate, referrals are made to a community-based home visiting program through B-more for Healthy Babies.



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

BCDSS response: BCDSS is in compliance. BCDSS resource home caseworkers complete an annual review of the home in accordance with COMAR 07.02.25.15. Solicitation and feedback from children and their caseworkers about the care provided is an important part of every reconsideration completed for resource parents.

## HEALTH CARE

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

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

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

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

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

BCDSS Response: BCDSS is in compliance. BCDSS has a current contract with HCAM to provide these services. The contract is in the process of being prepared for renewal which will occur on July 1, 2025. All of the policies around the provision of health care services are discussed periodically at meetings of the Health Care Advisory Counsel, and input is sought for process improvement.

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

BCDSS Response: BCDSS is in compliance with this commitment.

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

Furthermore, the Wellness Program provides continuity of care and early intervention to children needing Behavioral or Mental Health services. Input from the IVA and Plaintiffs’ Counsel was solicited as the Wellness Program was implemented.

## **Education**

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

BCDSS response: BCDSS is in compliance. An updated MOU with Baltimore City Public Schools was finalized and fully executed on January 21, 2024. As previously described, BCDSS has an Office of Education that ensures every child in foster care is appropriately enrolled in school and the education specialists are available to assist with any educational issue that may arise.

BCDSS continues to work collaboratively with the local school districts to ensure education stability for our foster youth. The Office of Education assists with the Best Interest Determination meeting to ensure that whether the child or youth remains in the same school or is transferred elsewhere, the school attended has all appropriate services for the child or youth.

In addition, BCDSS continues to work with other local school districts to complete MOU’s.





