

L.J. v. MASSINGA¹

73rd COURT REPORT

July 1, 2024 - December 31, 2024

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ATTACHMENTS

Attachment A. Baltimore City CFSR Results Report Annual 2024
Attachment B. Baltimore City Headline Indicators March 2025
Attachment C. Baltimore City - Headline Indicators Revised - CY December 2023
Attachment D. Baltimore City - Headline Indicators - CFSR_March 2024
Attachment E. SSA Headline Indicator Performance - Baltimore City
Attachment F. 73rd Reporting Period Data Chart/Table

¹ Massinga” refers to Ruth Massinga, the Secretary of Human Resources (now Services) at the time this action was first filed. Under Fed. R. Civ. P. 25(d), the current Acting Secretary, Gloria Brown Burnett, 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.

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 73rd report covers the period from July 1, 2024 through December 31, 2024. The report demonstrates marked improvement in all areas of practice due to proactive initiatives by DHS, its Social Services Administration (SSA) and BCDSS, oversight through state regulations and policies, federal regulations and reviews, and self-policing by BCDSS.

As previously noted in the 72nd report, 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 dramatically. Current state and federal oversight 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 the Department serves.

Despite countless hours expended by DHS and BCDSS staff, the IVA, data analysts and MDTHINK staff, many of the MCD measures have proved difficult to measure and remain unmeasured. Notably, many of these items are in fact already assessed through other oversight mechanisms (federal review, etc.) but not exactly as required by the MCD.²

² Acknowledging Defendants' concerns, on July 24, 2024, United States District Court Judge Stephanie Gallagher ordered the parties to discuss revisions to the 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.”

During this reporting period efforts continued between Plaintiffs' Counsel, DHS, and BCDSS to develop a plan that would result in a narrower and more measurable modification of the MCD as suggested by Judge Gallagher. The IVA has also stated the need for modification. As of July 2025, the Plaintiffs' Counsel, DHS and BCDSS are actively engaged in Mediation ordered by Judge Gallagher for the purpose of exploring the possibility of a Modification of the Consent Decree by agreement of the parties.

The 73rd report therefore provides continuing updates on the results and efforts of the dedicated staff of the Baltimore City Department of Social Services to implement practices that safely reduce the number of families and children involved in out of home care, improve resources for children and families when removals are necessary, and expedite permanency planning through increased and earlier reunification or other family based permanency after removal.

This report details the on-going process improvements and resulting enhanced services provided by BCDSS, especially its focus on kinship placements from the moment of a child's removal until permanency is achieved, to clearly demonstrate our commitment and efficacy in serving children and families.

- **BCDSS continues to reduce the number of children in foster care:**

BCDSS continues to reduce the number of children in care through its ongoing implementation of practices to safely reduce the number of family separations and maintain family ties when removal of children is necessary. As of December 31, 2024, the end of the 73rd Reporting Period, 1,418 children were in Out of Home Placement. This represents a 28% reduction from January 2019 when there were 1,957 children in care and a 2.68% increase from the end of the 72nd reporting period (1,381). These numbers represent a significant decrease from the more than 4,000 children/youth in care in 2009 when the current MCD was approved by the Court.

- **BCDSS has effectively implemented the best practice of placing children with kin:**

Research shows that children fare best with kin. As previously reported, 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 23 percentage point rise in kin placements since 2020 may be the most important indicator for child well-being. This work was supported and made possible in part by a waiver granted to BCDSS by DHS. In December of 2024, DHS issued regulations and policies for the entire State of Maryland, which followed BCDSS's lead in prioritizing kinship placements. For further discussion, see Section V on Page 8 and the Kin First Policy on Page 10.

- **Maltreatment in Care performance:**

Maltreatment in Care was a primary concern of the initial L.J. lawsuit. In recent years, the Department has been very near compliance with the maltreatment in care Exit Standard. For the past four reporting periods, BCDSS has exceeded or been very close to meeting the Exit standard of 99.68 percent of children not maltreated in their placement.

- **Initial Health Performance:**

Children entering foster care are receiving necessary health screenings and comprehensive assessments, with performance nearly reaching or exceeding the LJ Exit Standard. During the 73rd reporting period:

- ❖ 91.63% of children entering foster care received an initial health screen within five days of placement, compared to the Exit Standard of 95%.
- ❖ 98.5% of children entering foster care received a comprehensive health assessment within 70 days of placement, exceeding the LJ Exit Standard of 90%.
- ❖ 96.5% of children are receiving their Medicaid card promptly as defined in the MCD.

- **Family Engagement:**

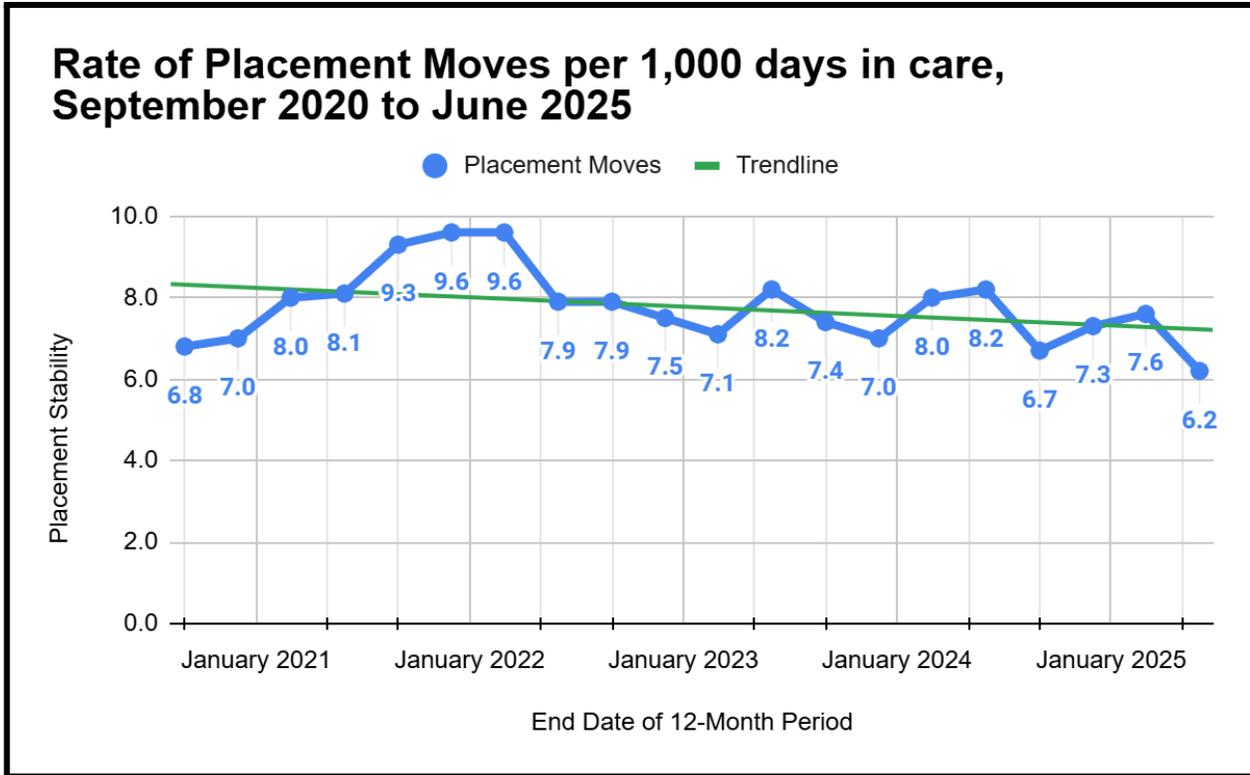
BCDSS excels at engaging families when children enter care, with 85.02% of children newly placed in foster care having a family involvement meeting within 72 hours of placement. To ensure all required Family Team Decision Meetings (FTDMs) are held in a timely manner, BCDSS has added more staff to the FTDM unit. Also, supervisors and managers regularly hold meetings with families, in addition to the required family involvement meetings. See Section IV below for additional details.

- **Placement Stability:**

In both the federal Child and Family Services Review (CFSR) and SSA's Headline Indicators Report, placement stability is measured by the number of placement moves per 1,000 days in care. The rate is calculated by taking the number of all placement moves among all children in care during a 12-month period and dividing that number by the total number of days all children were in care during the same 12-month period. The data is then expressed as a rate per 1,000.

As shown in the chart below, the rate of placement moves has dropped (improved) significantly from 9.6 in 2022 to 6.2 in 2025.³

³ Attachment A - CFSR Results Report 2024. Attachment B - SSA Headline Indicator Reports. Showing Performance as of March 2025.

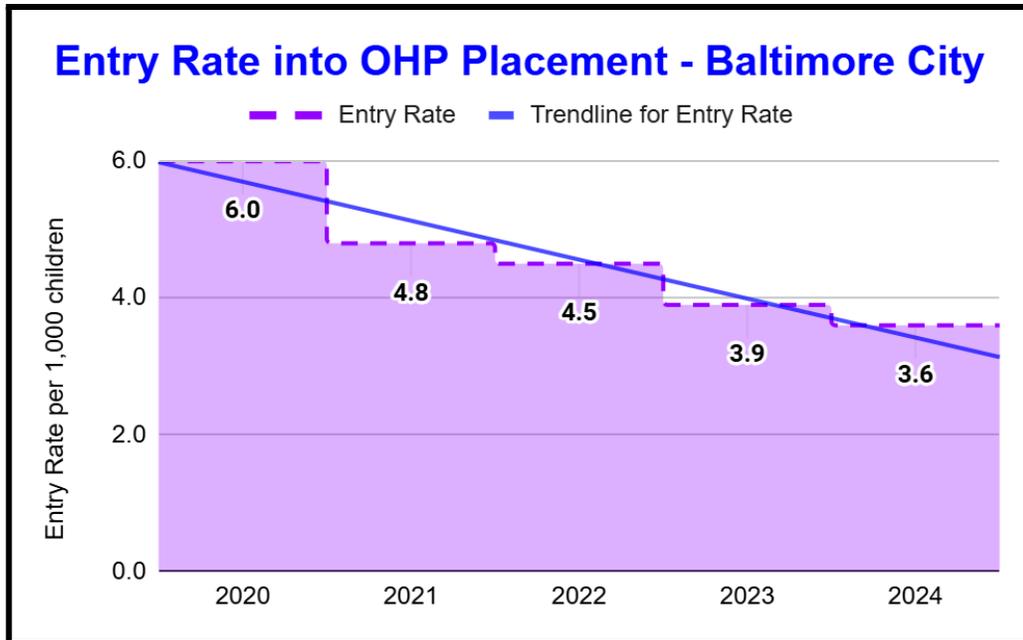


II. Preserving Families

Out of Home Placement (OHP) entry rates are counted as the number of children entering OHP per 1,000 children in the population. Maryland has consistently had lower OHP entry rates than the nation. In 2014, the national rate was 3.5 compared to Maryland’s 1.6. Both rates remained stable until 2019, when both the national and state entry rates decreased. As of 2021, the national entry rate was 2.7 while Maryland’s rate dropped to 1.1.⁴

The entry rate for Baltimore City over the past 5 years, has declined from 6.0 per 1,000 children in Federal Fiscal Year (FFY) 2020 to 3.6 per 1,000 children in FFY 2024 (see chart below; latest available data is shown).

⁴ Annie E. Casey Foundation, *Children ages birth to 17 entering foster care in Maryland* <https://datacenter.aecf.org/data/line/6268-children-ages-birth-to-17-entering-foster-care?loc=1&loct=2#2/22/true/2048,574,1729,37,871,870,573,869/asc/any/15620>; Retrieved 12/11/2024.



"Data Source Performance on SSA Headline Indicators, Baltimore City - Showing performance as of September 2024 (FFY), Version 12/2/24, CJAMS extract 10/15/24; DHS SSA."

BCDSS has strengthened its Family Preservation Unit to further support families and continue a reduction in the number of children needing to enter the care of BCDSS. *According to the CQI report (April-May; October-November 2024): Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate: 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. BCDSS achieved a 91% Strength Rating.*⁵

III. Minimizing Length of Stay and Increasing Family Engagement

BCDSS has been working with SSA to identify and implement the key practices necessary for strong case planning in order to reach the goals of reunification or other types of permanency in a timely fashion. BCDSS senior leadership has been participating in monthly Family Matters Case Reviews (FMCR) hosted by SSA. The FMCRs provide a forum for peer-to-peer review, discussion/problem-solving and information/resource sharing as it relates to achieving permanency for selected cases. BCDSS has implemented required permanency roundtables for any child in care over 24 months. BCDSS is implementing targeted training of out of home staff around improved case planning with a focus on achieving permanency. This training will coincide with the release

⁵ Attachment A - CFSR Results Report 2024.

of an updated Case Planning Standard Operating Procedure.

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 initiative, SSA reviews 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. The BCDSS kinship work is a major component of its improved permanency planning practice.

Family engagement in decision making and case planning is a key strategy for minimizing length of stay and improving services and outcomes for families. BCDSS continues to enhance the use of family meetings to improve the quality of its case planning. We are working to increase the utilization of FTDM's, supported by the addition of four staff who have joined the FTDM Unit. All four new facilitators have completed facilitation training and have had opportunities to shadow experienced facilitators in leading FTDMs. A mandatory Child Welfare training is planned for the fall of 2025 to ensure that all staff, which includes many new case managers and supervisors, are knowledgeable about current State policies around the use of Family Teaming. Moreover, growth of the FTDM Unit has been coupled with process and procedural updates to improve the efficiency of scheduling and reporting.

IV. Out of Home Placement

Focus on Permanency

BCDSS continues to focus on improving permanency outcomes for children in OHP. Kinship care is a key strategy for improving permanency outcomes. OHP Caseworkers were provided with information and training on the BCDSS New Kin Initiative that was instituted in October 2023. The tenets of the Kin Initiative are reviewed with the OHP Staff during supervision to support the goal of increased reliance on kin care providers to secure permanence for children in Out of Home care. Referrals to the BCDSS Kinship Care Center are made to assist potential kinship providers in understanding the approval process to become a licensed Kinship provider along with further information on the Subsidized Custody and Guardianship program. Our kin caregivers are also able to receive information on local resources available in their efforts to provide stability for the children.

BCDSS continues to emphasize achieving permanency as early as possible. However, when children have been in out of home care for over 24 months, the case management teams are utilizing the Permanency Review Action Plan (PRAP) process to thoroughly review cases to identify and resolve barriers of achieving permanency. The Innovations team provides case management staff with a schedule of cases that are identified to need a PRAP. The PRAP meetings consist of the caseworker, supervisor, and Unit Manager. Clinical guidance, directives, strategies and tasks are developed to move the case to permanency and enhance the caseworker's skillset. These meetings occur on a quarterly basis until the child/youth exits care.

Integration of New Staff Into OHP

BCDSS OHP strives to provide consistent and professional services to our clients by attracting and retaining qualified staff. The efforts demonstrated during the 73rd reporting period include:

- Specialized and enhanced OHP orientation activities along with a more welcoming environment and work space has been provided for newly hired staff.
- Staff are provided with opportunities to shadow more experienced OHP Caseworkers while performing their daily OHP Caseworker requirements.
- Supervisors who are assigned new OHP employees are required to be in the office to engage with and provide continual information on OHP policies and SOPs.
- Increased access to members of the Caseworker leadership team is facilitated via meetings and in office availability.

Improvements in OHP

Multiple strategies have been implemented to improve teaming and other aspects of case practice within the Out of Home Placement units:

- Team leadership worked to ensure that staff retention begins immediately upon the entry of a new team member by supporting a culture in which current team members welcome new staff with a supportive environment.
- Protocols were initiated to have new team members shadow experienced workers.
- Policies were revised to assign new case managers fewer cases and limited responsibility with their caseloads and duties increasing gradually as they gained experience. To ensure supervisory support, policy was changed to require a supervisor to always be available when a new worker is present on the work site.
- Communication has been improved among staff and supervisory teams to better identify cases that can be transferred to the Custody and Guardianship, Adoption, and Ready by 21 units, which in turn helps manage and reduce the caseload sizes to more manageable numbers.

During the 73rd reporting period, the Out of Home Placement teams focused on achieving more effective permanency planning by participating in team reviews of current permanency plans. The implementation of a regular meeting with Unit Managers and the case management team to complete permanency plan reviews improved permanency planning by identifying when and how to implement a change in plan in order to shorten the timeframe that children remain in OHP. The results of these meetings are then discussed during supervision to ensure that progress toward the plan is on track to be achieved.

KIN FIRST POLICY

DHS Leadership, with the support and consultation from The Annie E. Casey Foundation (AECF), continues to assist BCDSS with embedding a kin first approach within agency culture and

practice. BCDSS maintains its commitment to a kin first approach, and believes and invests in kinship caregivers across the continuum of care. BCDSS remains committed to improving outcomes of placement stability for the children and youth while in out of home care, more consistent parental and sibling visitation, rapid reunification, and ensuring youth have permanent and supportive connections. The kin first policy supports all of these outcomes.

Statewide

Maryland continues its commitment to increasing the use of kinship care for youth of all ages in out of home care, which requires implementing targeted and essential services and supports that meet the unique needs of kinship families. Multiple steps have been undertaken and are underway:

1. **Kinship Action Plan:** Maryland implemented a *“Kinship Action Plan”* designed to achieve three major objectives:
 - a. Increase support and resources in the community for families.
 - b. When children need to enter out of home care, place the majority of children with kin and provide the support that kinship families need for children to thrive, including a kin-specific process and monthly care stipend.
 - c. Partner with kin to achieve permanent families for children in out-of-care through reunification whenever possible or through kinship guardianship or adoption.
2. **New Legislation:** On May 9, 2024, Governor Moore signed important legislation that is the cornerstone of Maryland’s shift to a kin first culture. The new law establishes a preference for youth experiencing out of home care to live with relatives, including fictive kin or 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.
3. **New regulations:** New kin-specific licensing regulations were approved and became effective during this reporting period. New regulations are pending regarding guardianship and adoption permanency to align with the new legislation and regulations. Those changes are expected to become effective during the 74th reporting period.
4. **Partnership with National Experts:** : Maryland continued its partnerships with national experts from the Annie E. Casey Foundation (AECF), Casey Family Programs, and A Second Chance Inc. during this reporting period in ongoing support of the kin first culture shift. BCDSS staff, and those from other local departments, continue participating in a learning journey with A Second Chance Inc.

The kin first policy provides many benefits to children and their families and to ensure that they are in safe homes, the Department assesses the suitability of kinship caregivers, both initially and ongoing. Also, it will continue to emphasize teaming and collaboration for all children in care.

Implementation of Kin First Policies

The BCDSS Out of Home Placement team uses Family Find to search for kin/relatives for all children who need placement, which may result in locating additional resources for children. During

the reporting period, unit supervisors began the regular practice of attending kin huddles. These huddles address ways to remove barriers to relative placement and to better provide a road to permanency for children. These collaborative huddles have improved staff knowledge and ability to problem solve issues that may prevent kinship placements.

Kin-Specific Licensing

In August 2024, BCDSS received its second approval from DHS to waive additional non-safety licensing standards for kinship families. This approval allowed greater flexibility and moved the agency into Phase II of its commitment to removing barriers and addressing the unique needs of our kinship families. Furthermore, this practice aligned with the federal and statewide kin-specific licensing standard. The following specific requirements were removed as barriers to the approval of kinship families in the licensing process:

1. School Documentation
2. PRIDE Training
3. Verification of Child Support Compliance
4. CPR & First Aid Training
5. Pet Vaccination Verification
6. Medical Exams
7. Fire & Health Inspections completed by BCFD

While these specific requirements were no longer a barrier to kin families, all BCDSS child welfare programs continued to maintain active engagement and collaboration with kin families to conduct comprehensive and quality assessments as the safety and well-being of youth are our priority. Furthermore, BCDSS continues to provide support to address the needs and promote the stability of the youth in the kinship home. BCDSS maintained its relationship with the Baltimore City Fire Department and Green and Healthy Homes to support kin families in addressing any identified issues that needed to be resolved for the approval and licensing of the home.

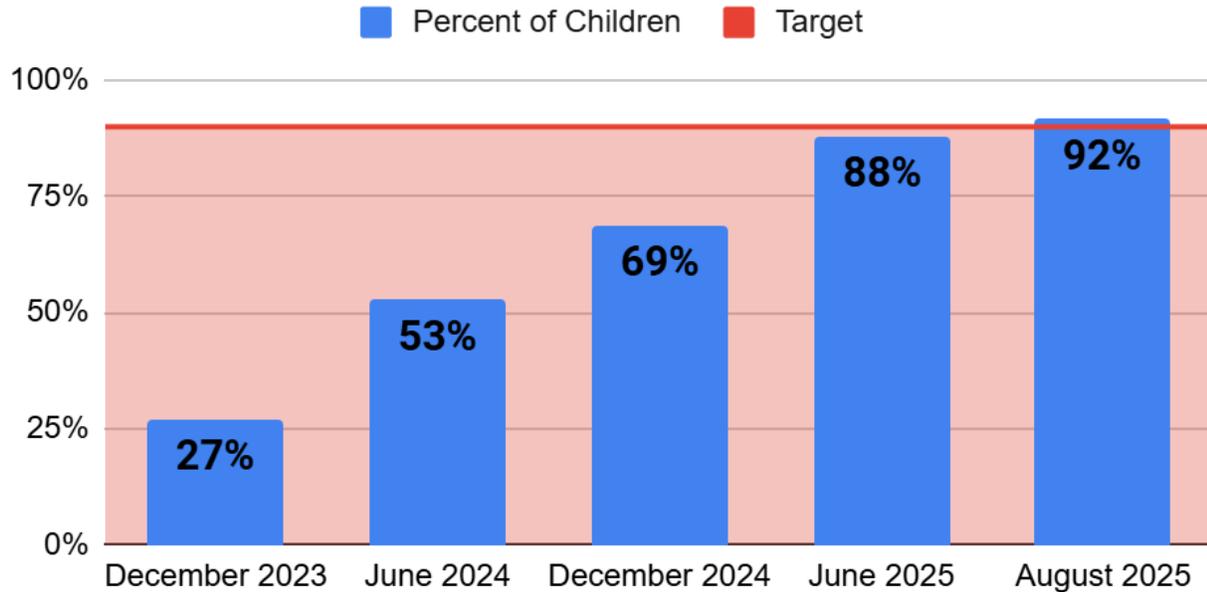
To further support the statewide kin first approach, BCDSS began using the state's documents and tools, specifically the Kinship Caregiver and Home Assessment, as well as the Resource Parent and Kin Caregiver Agreement as part of its pilot program. These instruments were designed by DHS/SSA to facilitate kin-specific licensing throughout the state. The comprehensive assessment tool prepares kinship caregivers' homes for children in out of home care while simultaneously supporting and strengthening familial relationships. The Kin Caregiver Assessment focuses on the ability of the kin caregiver to safely care for all physical, emotional, medical, and educational needs of the child(ren) as well as evaluates a family's living space for safety.

As a result of the approval of DHS to remove the additional non-safety requirements for kinship families and the streamlined licensing process, BCDSS was able to license far more kinship families, providing greatly needed financial support, in addition to case management support.

At the conclusion of the 73rd reporting period, BCDSS continued to make significant progress towards its goal of 90% of kinship homes being licensed. As shown in the chart below, as of December 2024, BCDSS had licensed 69% of its kinship homes, which is a significant increase

from only 27% in December 2023.

Out of all children in kinship placements, the percent of those in licensed kinship homes



Source: Combined OHP Milestone reports.

Kinship Waivers

During this reporting period, BCDSS continued training staff on "How to Conduct Clearances/Kinship Waiver." These training sessions were designed to develop and build upon the assessment skills of staff when reviewing and assessing findings of child maltreatment and criminal history to determine a kinship caregiver's suitability for initial and/or ongoing placement of a youth in their home.

The training schedule had been established to occur on a monthly basis, with ongoing evaluations conducted to identify and implement any necessary adjustments. During this reporting period, the training was integrated into the orientation process for all newly hired child welfare staff. The monthly sessions available to all child welfare staff were conducted in-person.

Training Support for Staff

In our efforts to provide staff with ongoing learning and support, BCDSS' Kinship Approval and Licensing training sessions were developed to enhance our practices in support of a kin first approach at the BCDSS. These sessions emphasize the cultivation of knowledge and skills

related to best practices for engaging with and supporting kinship families.

The objective of these sessions were to provide an overview of the revised expectations regarding the kinship approval and licensing process. This new approach is designed to align with state initiatives aimed at ensuring compliance with recent federal legislation and then pending state legislation. Participants enhanced their abilities to conduct thorough and effective assessments, thereby ensuring the safety and well-being of children placed in kinship homes. Program-specific learning sessions were conducted as mandatory, in-person training on multiple dates.

During the previous reporting period, BCDSS acquired the training curriculum, *The Inherent Strengths of Kinship Families*, developed by kinship care pioneer and expert, Dr. Joseph Crumbley. To support the transfer of learning from last year's child welfare conference, BCDSS continued hosting a series of monthly sessions titled, *Kin Konversations* for BCDSS staff. These informative kinship care discussions were peer facilitated by kinship champions across the agency. Each session was designed to be interactive and dynamic peer learning sessions that supported staff with enhancing their skills on how to support, recognize and differentiate the strengths in kinship families from non-kinship (adoptive and foster) families. The following modules were provided to staff during the reporting period:

- Module 3- Identity
 - Explained the roles of kinship caregivers in the positive identity formation of children in kinship care and provided approaches for kinship caregivers to assist their children in making positive choices and decisions to avoid and disrupt family patterns based on their own values and identities
- Module 4-Healing-
 - Focused on how kinship caregivers can minimize the trauma of loss children experience when separated from their birth parents and how the sharing loss and grief between children and caregivers is highlighted as strength of kinship families.
- Module 5- Adaptability
 - Focused on the strength of kinship family's adaptability to keep children in the family when they are unable to remain with their parents and provided approaches to assist families in adjusting and adapting to changes in family dynamics, roles, and relationships.
- Module 6- Co-Parenting
 - Co-parenting – focused on how caregivers can facilitate co-parenting with birth parents and provided approaches to utilize strengths of common goals and pre-existing relationships between caregivers, birth parents and children

This curriculum will continue to be utilized to support ongoing kinship support groups and kinship caregiver enrichment sessions during the next reporting period.

During this reporting period, BCDSS staff began to participate in the statewide Family Matters-Kin First Preferred Placement training facilitated by DHS/SSA. Additional sessions have been scheduled to be held at BCDSS during the 74th reporting period. The objectives of these sessions are:

- To become familiar with the new kinship law, regulations and policy
- To understand how the new regulations and policy impact practice
- To use the information to enhance the services provided to children in out of home care and their families.
- To identify strategies to increase the number of children who are placed with kinship caregivers.
- To identify strategies to license and support all kinship caregivers.

Policy, SOP, and Guidance

On October 1, 2024, Senate Bill 708 (2024) amended the Annotated Code of Maryland, specifically the Family Law Article, Kinship Care § 5-534, as well as the Courts and Judicial Proceedings Article § 3-801(y). The legislation includes a preference for children and youth in out of home care to live with kin, including relatives and family by choice.

At the conclusion of the 73rd reporting period, SSA published its statewide Kinship Care Licensing Standards policy on December 16, 2024. This policy is in alignment with the state's updated **COMAR 07.02.09**, which pertains to Kinship Care Program Standards.

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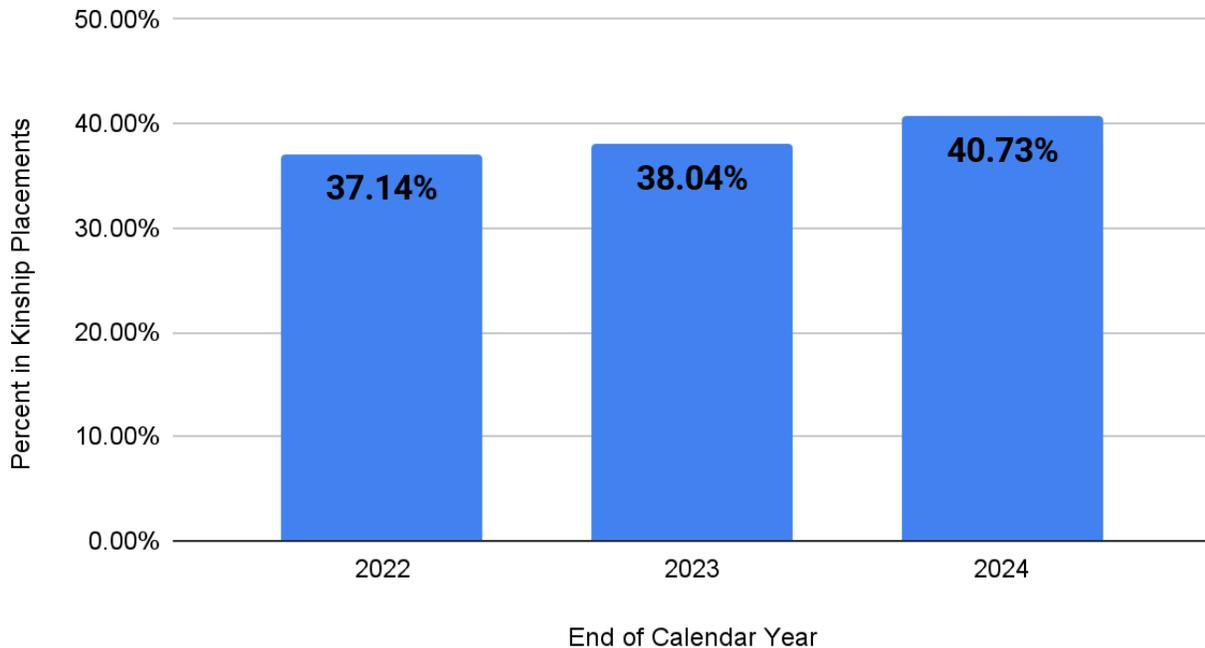
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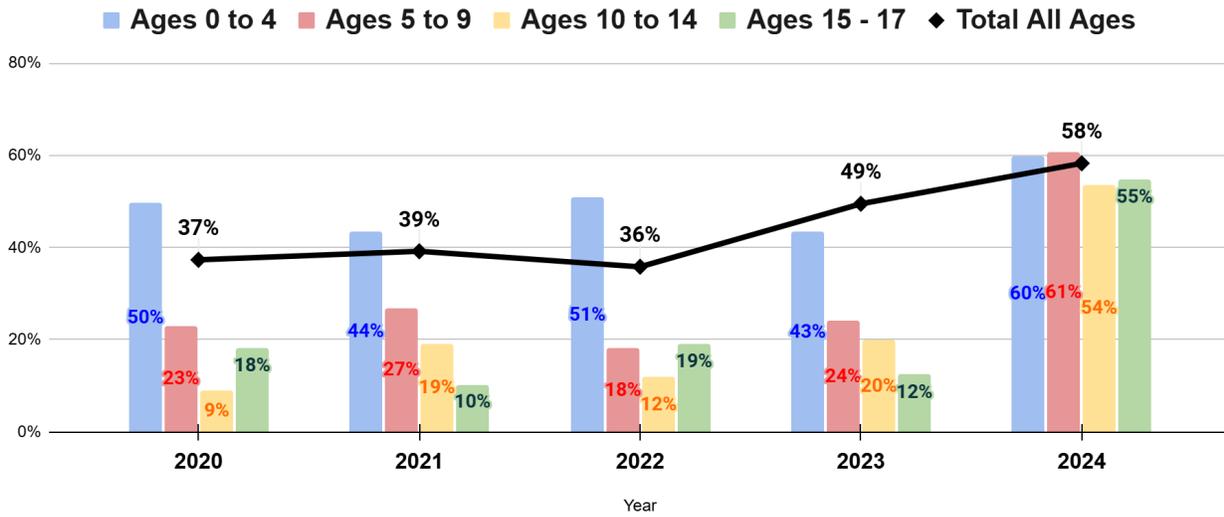
Percent of Children/Youth in Kinship Placements, End of Calendar Years



The chart above shows the breakdown of all children in care and placed with kin. Source: 2024 Milestones Combined Report

For children entering care in 2024, as shown in the chart below, 58% of children newly entering out of home care were placed with kin. This is a substantial increase from 2020, when 37% of children entering care were placed with kin. Notably, kin placement is also strong across all age groups. As shown in the chart below, 60-61% of children ages 0 - 9 and 54-55% of children ages 10-17 are placed with kin when entering care.

Percent of Children/Youth Initially Placed with Kin, 2020- 2024



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 50% in 2020 to 60% in 2024. Data Source: 2024 Milestones Combined Report

Rate Reform

Effective October 1, 2024, DHS implemented rate increases for residential child care providers statewide to ensure that provider partners are adequately resourced to meet the complex needs of youth in care. DHS is continuing to work with its contracted partner, Public Consulting Group, to finalize updated rates for Child Placement Agencies.

DHS contracted with Chapin Hall to conduct a Placement Needs Assessment. The final report was provided to DHS and utilized to inform the following:

- The current Child Placement Agency (CPA) contracts, including Treatment Foster Care (TFC) and Independent Living Program (ILP) contracts, expired on June 30, 2025. SSA issued contract modifications with a revised scope of work to extend these agreements through September 30, 2025. In June 2025, SSA released a new Expression of Interest (EOI) to procure TFC and ILP resources. The forthcoming contracts will incorporate the revised scope of work established in the modifications to ensure that placement providers serve the populations identified in their contracts and to improve placement experiences for youth in care.
- In May 2025, SSA issued a Statement of Need to expand capacity among Residential

Child Care providers serving youth with complex medical and behavioral health needs. Following this process, the Department will release an Expression of Interest (EOI) for specialized programs, including: Diagnostic Evaluation and Treatment Programs (DETPs); Psychiatric Respite (Behavioral Respite); Emotional, Cognitive, and Developmentally Delayed (ECDD) programs; programs for youth who are Commercially Sexually Exploited (CSE); and Medically Fragile programs for children with intensive medical needs. A specific focus of this procurement will be increasing placement options for females, consistent with Maryland's placement reform goals to reduce reliance on inappropriate or out-of-state placements, close service gaps, and ensure equitable access to high-quality, in-state care that meets the individualized needs of all youth.

Quality Service Review (QSR)

The Quality Service Review (QSR) Department experienced significant restructuring during the 73rd reporting period. A new Program Manager for QSR joined BCDSS in April 2024. Shortly thereafter, BCDSS consulted with an external QSR expert to collaborate specifically with the QSR Department to retrain staff on the QSR methodology and current protocol. This training continued throughout mid-August 2024.

Following the training, the QSR team focused efforts on reconciling outstanding incomplete reviews and decreasing the duration of the review process. Then, the QSR team resumed reviewing Out of Home services cases while applying the skills developed in the retraining process. Subsequently QSR conducted reviews of 28 children within the Out of Home program from August to December 2024.

The QSR Program Manager produced QSR data results for August to December 2024 reviews by applying the math formulas outlined in the L.J. measure instructions agreed upon by the IVA and Agency. However, the reviews produced were deemed by the IVA to be insufficient for reporting on L.J. measures as the IVA did not find the QSR protocol a reliable tool for the specific measures. The focus of this reporting period was retraining the staff to support fidelity to the QSR methodology and reconciling previously incomplete and non-submitted reviews. Furthermore, QSR reviews continued to inform the practice improvements of BCDSS.

Although BCDSS has attempted to perfect a QSR process that will satisfy the IVA, BCDSS has come to the conclusion that the QSR is poorly suited to measure compliance with the MCD. In that regard, BCDSS has developed and proposed a QA process that it believes is a better tool for determining compliance with the MCD. BCDSS has submitted the QA proposal to the IVA for consideration, but the IVA has not authorized use of a QA tool.

Use of QSR Strategies for Systems Improvement

BCDSS leadership reviews the QSR data results closely. The data shows some key performance areas where BCDSS is demonstrating mastery, in addition to areas where improvement is needed.

BCDSS is using this data to identify and implement strategies for systems performance improvement. The continued use of QSR for L.J. Compliance is an issue as the IVA indicated that she would not consider QSR data as reliable for Consent Decree compliance measurement until retraining was completed including a redrafting of the Protocol that was being used to measure compliance.

To improve the QSR process, the strategies below were identified:

- The QSR department continues to conduct QSR debriefings at the completion of each QSR. The debriefings allow for collaborative discussion about the QSR findings and suggested recommendations for improvement. Previously, Unit Managers, Supervisors and caseworkers were present at the debriefings. During this reporting period, Program Managers were also invited to participate in addition to QSR leadership, including supervisors and the QSR Program Manager.
- In September 2024 the CQI/QSR Program Manager presented themes of practices strengths and areas for improvement that were identified from QSRs to OOH Program Managers, Unit Managers, and supervisors for them to strategize on next steps for performance improvement.
- The QSR department continues to implement the formal process of emailing the QSR recommendations after QSR debriefings to the caseworkers, supervisors, and Unit Managers, as well as leadership members including Program Managers, Assistant Deputies and the Child Welfare Deputy Director. The intent is for leadership to review these recommendations and identify practice themes and strategize for improvement.

V. HEALTH

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

- 91.63% of children entering foster care received an initial health screen within five days of placement, compared to the Exit Standard of 95%.
- 98.5% of children entering foster care received a comprehensive health assessment within 70 days of placement, exceeding the LJ Exit Standard of 90%.
- 96.5% of children are receiving their Medicaid card promptly.

The federal CFRS 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’ CFRS case review performance for 2024.⁶

CFRS Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs	Strength Rating (%)
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⁶ Attachment A - CFRS Results Report 2024.

Item 17	71.0%
Item 18	78.3%

Youth 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.

Program Development

The number of children referred to the Wellness program July 2024 - December 2024 is shown in the chart below. As was expected, the pace of referrals slowed from July - September 2024 for three primary reasons:

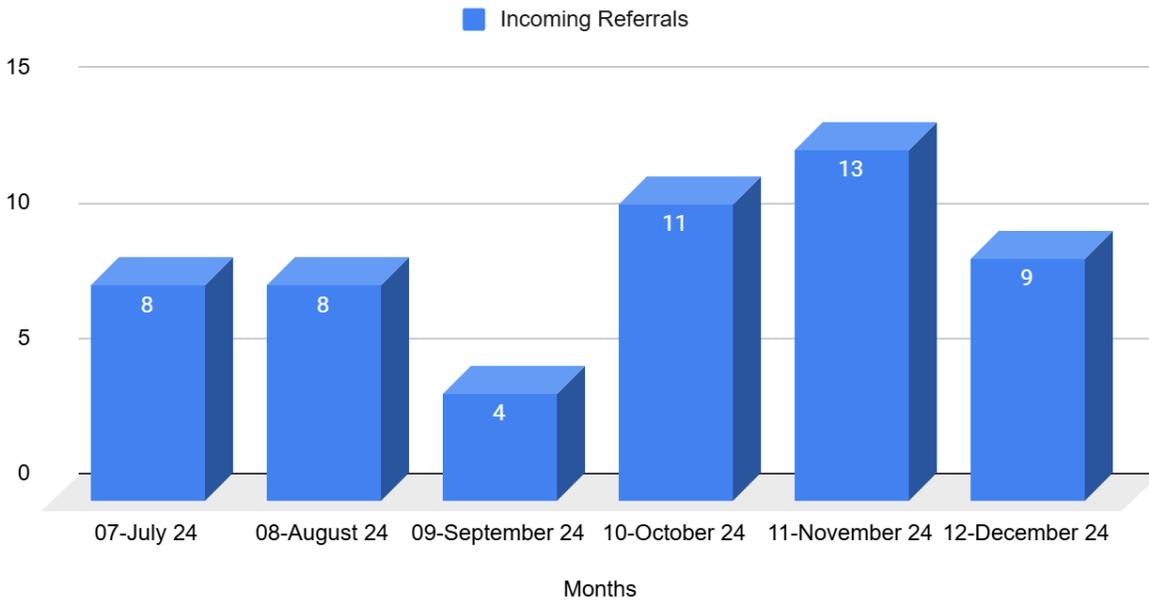
1. As school was no longer in session for the summer break, youth were presented with competing opportunities for recreation and other activities, employment, vacation travel, etc.
2. The Wellness program was less assertive in its pursuit of new referrals between July and September for the following reasons:
 - a. To allow additional time for two relatively new clinicians with Empowering Minds Resource Center (EMRC) additional time to establish functional therapy routines.
 - b. To allow time for all providers who received new referrals due to a transfer of services associated with the separation of the provider, Institute for HEALing, from the Wellness contract effective 6/30/24.
 - c. To allow time for all providers who received new referrals due to the resignation of a clinician with Advanced Behavioral Health effective 10/11/24.

Wellness referrals rebounded during October and November before dipping again during December 2024. As with previous reporting periods, the peaks and valleys in referrals can be

explained by onboarding new clinicians, the resignation of a clinician, and the separation of a Wellness provider from the contract.

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

Number of Referrals to Wellness Program from July 2024 - December 2024



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 December 31, 2024:

- Advanced Behavioral Health: 1
- A Better Tomorrow Starts Today: 4
- Empowering Minds Resource Center: 2

Wellness Youth Engagement Support Team Meetings

July	August	Sept.	October	November	December	Total
8	1	3	5	7	4	28

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, 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

July	August	Sept.	October	November	December	Total
11	3	7	9	9	8	47

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 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. Navigators typically offer actionable recommendations in their assessment summary.

Wellness Program Participation - Family Team Decision Meetings (FTDM)

July	August	Sept.	October	November	December	Total
1	1	0	0	2	0	4

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 provide additional direction to the youth's Wellness clinician which, in turn, allows them to better support the youth and family.

Psychiatric Consult Notes

July	August	Sept.	October	November	December	Total
4	9	5	10	11	6	45

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

BCDSS Consulting Psychiatrist prepares a "Psychiatric Consult Note" for each youth referred to the Wellness program. While not fashioned as a full psychiatric assessment, the Consult Note incorporates information the consulting psychiatrist obtains from a thorough review of the youth's CJAMS record among other sources. In preparation of the psych note, the consulting psychiatrist 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 Consult Note may incorporate detailed information provided directly by the youth, MATCH medical case manager, or assigned caseworker. The Psychiatric Consult Notes include a summary of information necessary to understand each youth's mental health needs and contain actionable recommendations for the Child Welfare team, MATCH medical case manager, and others who are involved with the youth's care. The Consult Notes may be 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.

Certificates of Need

July	August	Sept.	October	November	December	Total
2	2	2	2	3	1	12

Source: As self-reported by BCDSS Consulting Psychiatrist, Dr. Shannon Barnett.

While the consulting psychiatrist does not provide direct treatment services to youth in out of home care, she is occasionally called upon to assess whether certain youth meet criteria for admission to a Residential Treatment Center (RTC) and if so, to furnish a Certificate of Need (CON). A CON is only prepared when youth meet criteria for congregate care based on their clinical need. In accordance with standards of practice, the consulting psychiatrist routinely participates in team meetings to understand the basis for the Child Welfare team's recommendation for RTC placement,

reviews any records the Child Welfare team provides supporting the RTC recommendation, and conducts a face-to-face (in person or virtual format) psychiatric evaluation to determine whether the youth meets CON criteria.

Medication Reviews

July	August	Sept.	October	November	December	Total
1	0	2	3	6	7	19

Source: As self-reported by BCDSS Consulting Psychiatrist.

The routine responsibilities of the consulting psychiatrist includes conducting psychotropic medication reviews. As such, the consulting psychiatrist reviews requests for psychotropic medication consent for youth in out of home care when there is:

- a. A youth age 6 or under,
- b. A request to start an antipsychotic or mood stabilizer,
- c. A youth who will be on three or more psychotropic medications should consent be given, or
- d. Anytime the Child Welfare or MATCH team has questions or concerns about the administration of a psychotropic medication.

The medication review process includes a written consultation report for any youth at the request of any MATCH medical case manager, the Youth Wellness Program Manager, or the BCDSS Deputy Director.

Consulting Psychiatrist - Team Meeting Participation

July	August	Sept.	October	November	December	Total
3	7	11	3	11	13	48

Source: As self-reported by the BCDSS Consulting Psychiatrist.

In attending to the responsibilities of the Consulting Psychiatrist role, the consulting psychiatrist routinely joins team meetings or may convene meetings with Child Welfare teams in support of youth in out of home care. These meetings may address a range of issues, but typically focus on a youth’s mental health presentation, questions about psychotropic medication, discussion about the need for assessment or planned changes of placement. The consulting psychiatrist’s participation in team meetings allows her to offer valuable insight, feedback and guidance to Child Welfare teams and service providers alike.

Expansion to Family Preservation

During this reporting period, Wellness Program staff facilitated an orientation to the program for the Family Preservation Division in July 2024. Following this convening, Wellness Program and Family Preservation leadership met again in late September to operationalize referrals. Based on this follow-up meeting, the team concluded that Wellness services were most appropriate for families who were likely to receive a longer service intervention. This was essential to avoid connecting a family to a Wellness Program provider only to have to re-refer them to another therapy provider

following a short-term Family Preservation intervention. Hence, it was decided that Wellness services would be offered to families involved with BCDSS when an Order of Protective Supervision (OPS) has been ordered and that services would be implemented in one Family Preservation Unit with a goal of scaling-up after a period of some initial success. Subsequently, due to the separation of a Wellness provider from the contract in June 2024 coupled with leadership changes in Family Preservation, referrals to the Wellness Program were put on hold through the end of 2024.

VI. Education

Educational Services

For a little more than a decade, the BCDSS Office of Education has demonstrated its effectiveness in assuring that children in the care of the agency are being provided the educational services they require. Also, the unit performs the critical task of assisting the case management teams in ensuring that children in hospitals on overstay are provided educational services from the appropriate school system and receive additional tutoring services in a timely manner. Additionally, at weekly meetings involving children on hospital overstay, the Unit discusses the children's educational needs to make sure that optimal educational services are being provided.

❖ ACQI-Audit, Compliance and Quality Improvement

- The DHS-ACQI report updates weekly and includes a number of case plan processes for each jurisdiction. The December 23, 2024 ACQI BCDSS data, reports 737 children ages 5-17 with 95% of the education records updated timely.

VII. Workforce

BCDSS remains solidly committed to building and maintaining a strong professional workforce. 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 recently received notice that Maryland was selected to be awarded the Quality Improvement Center's Workforce Analytics (QIC-WA) project with the Children's Bureau. Baltimore City has been selected as a pilot site. The project will be conducted over 2.5 to 4 years and will involve recruitment and retention data review, the goal being to develop strategies the entire state can implement in the future.

Data indicates growing workforce stability. New hires exceed departures, over two-thirds of new workers and nearly three-fourth of supervisors remain on the job after their first year, and only 20 worker and supervisor positions were vacant at the end of CY 2024, which reflects significant improvement.

Below are details regarding the BCDSS Workforce for the current reporting period.

Workforce stability can be measured in several ways, including a comparison of the numbers of new hires versus employees departing, retention rates, and vacancy rates.

The following chart shows the number of worker and supervisor new hires and departures by program area in CY 2024. The departed staff counts include all departures, regardless of when the employee was hired. CPS hired 33 new staff, but lost 39 staff. Resources and Support also had more departures than new hires (6 versus 2 respectively). Out of Home and Family Preservation, however, hired more staff than departed. Across the four main Child Welfare programs, there were ten more new workers and supervisors hired than departed in CY 2024.

Hiring and Departures

BCDSS Child Welfare Workers and Supervisors, New Hires and Departures, CY 2024		
Program Area	New Hires	Departures
CPS	33	39
Out of Home	48	37
Family Preservation	21	12
Resources and Support	2	6
Total	104	94

Source: Working PTR, New Hires and All Departures, 12/31/2024

The chart below shows retention rates for child welfare workers and supervisors hired between January 2023 and March 2024. The retention rate answers the question: *out of all (recent) new hires, how many remained?* Out of the 13 new supervisors hired during that time, nine) remained employed on December 31, 2024, resulting in a retention rate of 69%. Over the same time period, 62 new workers were hired; 45 remained at BCDSS as of December 31, 2024, resulting in a retention rate of 73%.

Staff Retention Rates

Staff Retention - Number/percent of staff hired between January 2023 and March 2024 that are still with BCDSS as of December 31, 2024				
	Job Title	New Hires	Still Employed	Retention Rate
CPS	Supervisor	5	4	80%
	Worker	21	16	76%
Family Preservation	Supervisor	3	1	33%
	Worker	6	4	67%

Staff Retention - Number/percent of staff hired between January 2023 and March 2024 that are still with BCDSS as of December 31, 2024				
	Job Title	New Hires	Still Employed	Retention Rate
OHP	Supervisor	2	2	100%
	Worker	30	22	73%
Resources & Support	Supervisor	0	0	n/a
	Worker	2	2	100%
OTHER program area	Supervisor	3	2	67%
	Worker	3	1	33%
TOTAL	Supervisor	13	9	69%
	Worker	62	45	73%

Source: Working PTR, New Hires and All Departures, 12/2024

The next chart shows vacant worker and supervisor positions as of December 31, 2024. These vacancy numbers are based on the division and program of the last employee in the vacant PIN. For example, of the three vacant supervisor positions, one of the last employees one was in CPS, one was in Family Preservation, and one Resources and Support. Please note that internal transfers between programs are a common occurrence and are not reflected in these numbers. Therefore, it is important to keep this in mind when comparing the new hire/departure data and the vacancy data.

Vacancies as of December 31, 2024					
	CPS	Family Preservation	OHP	Resources & Support	Total
Supervisor	1	1		1	3
Worker	7	4	5	1	17
Total	8	5	5	2	20

Source: Revised PTR, 12/30/2024.

Case load standards

Resource and Support workers have a standard of 1 worker to 36 providers and consistently had more than 90% of workers meeting this standard, with 97.7% meeting the standard in the 73rd reporting period.

The standard for the number of supervisors to workers is 1:5. During the 73rd reporting period, 98.9% of OHP supervisors met this standard while 76.8% of Resource and Support supervisors met this standard.

Innovations Support for the Workforce

The work provided by the Innovations team to support the workforce during the 73rd reporting period has led to:

- Supportive Learning Materials Review and Development -Tip Sheets
- Added improved access to training with new self-guided training
- Updated dashboard that provides ease of access to staff for report updating
- Improvements in the availability of lab training and accessibility to technology that improves the ability to create accurate screen shots for lesson preparations.
- Mobile Lab creation which improves accessibility to training and case support

ADDITIONAL COMMITMENTS

OTHER REPORTING REQUIREMENTS

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

BCDSS response: BCDSS notifies Plaintiffs’ counsel of the death or serious injury of any class member as required by this provision of the MCD. The Agency is committed to ensuring the timely submission of required reports of incidents of serious injury and fatality of class members. Plaintiffs’ counsel continues to have access to the case file of a class member upon request. The IVA in her response to the 72nd report complains about the failure to receive documentation that is not required by this additional requirement. BCDSS provided what is required. This requirement is not an Exit Standard and has no certification requirement. The L.J. Compliance team at BCDSS does its best to identify and provide the required information.

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 during this reporting period. The response to this requirement by the IVA for the previous reporting period acknowledges no such reports but indicates that there is a report received during the 74th reporting period that was not mentioned in the 72nd reporting period. Discussions of that report and whether it was timely received should be left to the 74th report..

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 continues to be in compliance. A standardized process was developed and implemented to investigate and resolve issues related to individual class members in a timely way.

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 strives to send the notices in the prescribed time period with the assistance of the BCDSS Innovations team. Work has been underway to develop a more compliant system to report all incidents for which notice is required. Unfortunately, the additional burden of gathering and tracking these reports to disseminate during the five day time period has been difficult to accomplish for a variety of reasons including the number of tasks and requests for information received from the IVA.

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. The IVA is now requesting specific data to support the use of the funds to comply with this commitment in order to find BCDSS/DHS fully compliant. The IVA's request for data imposes a new requirement not contemplated by this additional commitment. The requested data is not readily available, and collecting the information would be a huge additional drain on the Department's resources.

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. The IVA is now requesting specific data to support the use of the funds to comply with this commitment in order to find BCDSS/DHS fully compliant. The IVA's request for data imposes a new requirement not contemplated by this additional commitment. The requested data is not readily available, and collecting the information would be a huge additional drain on the Department's resources.

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 continues to work 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 emphasis on the family meeting continuum set out in current State policy. Continuing work is also being done to emphasize the use of the FTDM process around critical decision making. The use of the FTDM in the area of Permanency Planning has been made mandatory to request a change in Permanency Plan.

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.

e. 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: The BCDSS Wellness Program fulfills this requirement. The Agency aims to strengthen placement stability and reduce disruptions utilizing the therapeutic component, through the BCDSS Wellness Program that continues to demonstrate consistent improvement in the Department's capacity to address the behavioral health needs of children and youth in care. Additionally, all of the Out of Home Teams are now offering more complete supervisory and team assistance to new case managers so that they have all the necessary tools to address issues of youth who leave care without permission or experience multiple placement disruptions.

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

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

Ready by 21 Benchmarks and Life Skills Classes:

The goal of Ready By 21's 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. The BCDSS RB21 program provides 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 also provides a strong continuum of life skills classes such as those listed below:

1. **Keys to Financial Future** - The purpose of the class is to provide youth in BCDSS with financial literacy training. Youth ages 14-25 participate in 9 hours of instructor-led 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 to enroll into the Jim Casey Opportunity Passport, a matched asset purchase program.
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 APPLA. In this exciting and interactive program, youth partner with community resources and participate in real life experiential learning activities. While in the program, youth prepare for employment by writing resumes, practicing mock interviews, receiving interview suiting, scheduling interviews, discussing credit, banking, budgeting and set savings goals. Youth also explore career and educational opportunities, and learn about the Maryland tuition waiver. Students learn how to maintain healthcare coverage and balance work and life demands. They are taught how to handle food safely and cook nutritious meals. As youth transition towards independence, it is important that they are able to read and understand leases as well as tenant landlord requirements. Youth are not only taught those skills but they also participate in a virtual tour of IKEA, practice how to establish and budget for housing, for apartments, and apply for income based housing.
3. **Quest to Success** - A four-day program that is offered during non-school hours to BCDSS youth aged 14-17. The goal of this program is to help youth acquire or enhance life skills in the areas of education, early employment, budgeting, and friendships and relationships.
4. **Home Sweet Home/Residential Readiness** - This program provides BCDSS youth with an overview of what to expect when independently searching for a home. It includes information about all the decisions and responsibilities that are involved, such as how to budget, complete household chores, like cleaning their living space, 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 the 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. Youth review or learn information regarding some of the personal characteristics and attributes that are needed in order to become an effective employee. They are also introduced to how to dress for success; creating a strong resume; and properly completing 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 and best friend; learn about different types of support; identify ways to meet new people; learn skills for being a good friend, understand how self-esteem impacts friendship, identify ways to resolve conflict, and the pros and cons of social media.
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. The BCDSS has partnered with HYA to provide youth ages 16+ who are in the foster care system with training, consultation, and peer support services related to mental health issues, trauma, healing, and violence. The goals for the partnership include:

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

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 4-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 group 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

Youth of any age may express their desire to discuss these issues with BCDSS Leadership and simply make a request for a meeting to occur.

In previous reports, BCDSS has provided a detailed and comprehensive plan for ensuring that each youth has an opportunity to meet the milestones in the five benchmarks areas. As an example, below is a list of BCDSS 2024 Life Skills Programming that occurred. The Youth Transition Plans are monitored weekly by BCDSS staff in order to help the youth identify goals and put services in place to reach the goals. Below is the schedule of numerous activities from July-December during the 73rd reporting period. The activities will continue as regular program offerings:

RB21 Life Skills, Programming and Events Data:

PROGRAM	REPORTING PERIOD	# OF PARTICIPANTS
Keys To Your Financial Future	July - December 2024	24 youth completed the program
Keys to Success Cohorts #100 - 103	July - December 2024	24 youth completed the program
Quest to Success	August 2024	8 youth completed the program
Home Sweet Home/Residential Readiness	July - December 2024	26 youth completed the class
Love Notes Reproductive and Sexual Health	July - December 2024	32 youth completed the training
Employment Workshop	July - December 2024	37 youth completed the class
Learn N Burn (offered once)	July - December 2024	2 youth completed the class
Secure What's Yours (offered bi-monthly)	July - December 2024	10 youth completed the class
Youth Advisory Board Meeting	Monthly meetings were conducted July - Dec.	5 meetings conducted and 5 active members

PROGRAM	REPORTING PERIOD	# OF PARTICIPANTS
	2024	
Healing Youth Alliance	June 25 - Dec. 5, 2024	9 BCDSS youth successfully completed the program
Parenting Circle	July - December 2024	14 expecting and/or parenting youth attended the class
Supportive Service Referral	July - December 2024	66 referrals received
Family Support Activities (Case management direct service to youth)	July - December 2024	82 services requests completed to support case management
Family Support Activities (Resource/Support)	July - December 2024	151 service requests completed to support life skills classes and programs

g. Section E7 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

a. 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.”*

DHS contracted with Chapin Hall to complete a placement needs assessment for the state that includes Baltimore City. Chapin Hall has completed the assessment and it has been provided to the IVA for review and a determination regarding compliance with this

requirement. The assessment was used to inform the new state contracts referenced above in this report.

b. 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: 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. The new State law, regulations and policies around emphasis on kinship caregiver placements has also impacted this requirement as BCDSS has already substantially increased the use of kinship caregiver placements with appropriate licensing of the homes.

c. 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: Plaintiffs’ April 2025 status report to the court states that “Plaintiffs no longer object to Defendants’ request to modify the MCD by vacating the requirements for emergency foster homes.” (ECF 736.)

d. 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: The IVA has found compliance with this requirement and BCDSS continues to improve the services provided by the Center.

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.

e 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.

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

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

g. 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.

With the new laws, regulations and policies around the expansion of kinship caregiver placement, BCDSS has greatly increased the number of homes that are now licensed for placement with a stipend. Information to all potential kinship caregivers has resulted in a huge increase in the number of kinship homes that are receiving licensure and payment for care. As of July 2025, 89.05 % of all BCDSS kinship homes are licensed and receiving payment.

h. 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.”

BCDSS Response: The Agency continues to meet this commitment. The IVA found BCDSS in compliance with this commitment in the response to prior reports.

i. 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. BCDSS does not agree that it is not in compliance and points to the response in the 72nd Report laying out a complete process in provisioning these services.

j. 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. Solicitation and feedback from children's caseworkers about the care provided to the children is an important part of every reconsideration and review completed for resource (foster) parents and Kinship Care Providers. Resource workers must make monthly contact with the provider or the Out of Home case manager and where possible speak to the child or youth for the purpose of each Reconsideration or Review. If unable to speak to the child or youth the Resource worker will ask the Out of Home case manager to provide information as to the Child or youth's input.

HEALTH CARE

a. 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.

b. 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.

c. 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 entered into a new contract with Health Care Access Maryland (HCAM) to provide these services. The contract Scope of Work has expanded the provision of services by HCAM. 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.

d. 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 service for any youth that may need this service.

Furthermore, the Wellness Program is in place to provide continuity of care and early intervention to children needing Behavioral or Mental Health services. Wellness additionally is screening the Mental Health needs of any child in care that may need new or a change in services to either provide the services or assist in identifying more appropriate 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 case managers 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 determine whether the child or youth remains in the same school or is transferred elsewhere and that the school attended has all appropriate services for the child. The Office of Education is tasked with enrolling all new entrants in care and those that change placement and also to verify that the child or youth is attending school.