

*L.J. v. Massinga* Independent Verification Agent  
CERTIFICATION REPORT FOR DEFENDANTS’  
70th COMPLIANCE REPORT  
January 1, 2023 - June 30, 2023

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Note: Defendants’ six-month compliance reports, beginning with the 64<sup>th</sup> Report, and the IVA’s Certification Reports can be found on the Maryland Department of Human Services website under the “Consent Decree” tab.

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Appendix 1. IVA Response to Defendants’ Report on Additional Commitments

## **EXECUTIVE SUMMARY**

This is the Independent Verification Agent's (IVA) Certification Report for the Defendants' 70<sup>th</sup> Compliance Report for the reporting period of January 1 - June 30, 2023.

As of the end of December 2023, there were nearly 1,400 foster children and youth in the care of the Baltimore City Department of Social Services (BCDSS). This report describes the children who make up the foster care population in Baltimore City, including the continued over-representation of Black children in the population. It continues to highlight the importance of kinship care, the need to reduce caseloads and the need for more placements and services for children and youth with complex health and mental health issues.

More rapid improvement of the foster care system and exit from the *L.J.* lawsuit are not impossible - other states have successfully improved their systems and then exited their child welfare lawsuits. However, it will take more of an effort by Defendant Department of Human Services (DHS) to make this happen, as local Defendant BCDSS is limited in its power to make many of the changes that may be necessary for improvement and exit.

BCDSS continues to work towards becoming a "Kin First" agency and to infuse a kin-focused culture at BCDSS. BCDSS's partnership with A Second Chance, an organization known for its expertise and innovation in the field of kinship care, is a key starting point in the Defendants' efforts to increase the kinship placement rate to 50%. With the goal of licensing 90% of their kin providers, BCDSS has launched a provisional licensing process for new kinship caregivers, and DHS has agreed to a BCDSS pilot program to waive five non-safety related standards for kinship resource (foster) homes.

Significant challenges remain. One of the most critical issues facing BCDSS is caseloads which remain unacceptably high. As of the end of the 70<sup>th</sup> reporting period, 65% of caseworkers

had a caseload of 16-24 children, well above the required maximum of 12 children. While hiring has increased, there remains little end in sight to the hiring and retention challenges in child welfare. Defendants need to consider other personnel additions and supports as well as broader solutions such as job redesign and organizational change.

Due to the lack of available appropriate placements, more children have spent multiple nights in BCDSS' office buildings and are living in hotels for weeks and months on end. Other children remain in hospitals long past the time they are ready for discharge or in highly restrictive placements long after they were ready for a less restrictive setting. Many of these youth are rejected again and again by therapeutic foster care (TFC) providers - all licensed by DHS - who are unwilling to accept teenagers or who do not have homes willing to accept them. Yet, teenagers between the ages of 14-18 made up 27% of the BCDSS foster care population as of March 2024. This issue must be addressed at the state level as the DHS and its partner state agencies are responsible for recruiting and licensing all TFCs and congregate care placements such as group homes and residential treatment centers.

Determining and addressing the needs of children and families in the child welfare system continues to be hobbled by the lack of available data. As DHS Secretary Lopez has acknowledged, CJAMS, Maryland's human services database system, is an application greatly in need of improvement. Defendants took an important step forward in the spring of 2024 by setting timelines for completion of some CJAMS application changes and some of the *L.J.* reports. However, Defendants remain a significant distance from the goal of producing reports that are capable of extracting accurate, reliable and valid data from CJAMS. Reports for 40% of *L.J.*'s 126 measures continue to be reported by Defendants as "TBD" because report development has not been completed or because, while completed, the reports have been found to have defects or need

enhancements to produce accurate, valid and reliable data. In addition, most of the other reports for which data is obtained from the Quality Service Reviews and other sources, are not currently certifiable as accurate, valid and reliable.

For the 70th reporting period, Defendants request certification for the following Exit Standards: Measures 52, 72a, 121, 125 and 126. The IVA is able to certify the reported results for Exit Standards 121, 125, and 126 as accurate, valid and reliable.

**IVA CERTIFICATION REPORT FOR  
DEFENDANTS' 70<sup>th</sup> COMPLIANCE REPORT**

**I. INTRODUCTION**

This is the IVA's Certification Report for the Defendants' 70<sup>th</sup> Compliance Report covering January 1, 2023, to June 30, 2023. Defendants Baltimore City Department of Social Services (BCDSS) and Maryland Department of Human Services (DHS) provided their 70<sup>th</sup> Report to the IVA and Plaintiffs on January 30, 2024, more than six months after the end of the reporting period.<sup>1</sup>

Pursuant to the Modified Consent Decree (MCD), Part One, Section II. J,

Every six months, Defendants shall submit to the Court, with a copy to the Plaintiffs, a report addressing their performance under the Internal Success Measures and Exit Standards and compliance with the Additional Commitments of Part Two of this Decree, based on data reflecting performance for the six-month period covered by that report. The report shall contain a certification by the Independent Verification Agent as to the accuracy of the report or statement by the Independent Verification Agent of the portions of the report that are not certified and the reasons why they have not been certified.

The responsibilities and activities of the IVA are described in the MCD, Part One, Section

II. A. - D. They read, in part:

B. Verification activities will have two key functions: (1) to provide accurate, independent information to the Court and the parties about system performance to implement the requirements of this Decree; and (2) to provide feedback to Defendants that supports self-correcting measures and ongoing quality improvement by Defendants.

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<sup>1</sup> While the MCD does not specify a timeline for Defendants' report submission following the end of a reporting period, the length of time between the end of the reporting period and the submission of the report to the Plaintiffs and IVA continues to be excessive for a six-month reporting cycle. In this case, Defendants' report for the 70<sup>th</sup> reporting period was not provided until after the start of the 72<sup>nd</sup> reporting period. This delay results in the IVA reviewing data for certification that is over a year old when the IVA begins work on the certification report. This issue has been raised repeatedly in previous IVA reports and continues to be of concern.

C. The Independent Verification Agent shall be authorized to verify that: (1) the data and other information reported by Defendants are accurate, valid, and reliable; (2) the measures and methods used by Defendants to report data and other information are accurate, valid, and reliable; (3) Defendants have in place sufficient quality control and review processes to verify accurately and regularly the accuracy of data provided through its management information systems; and (4) Defendants' case review process is accurate, valid, and reliable.

In their 70th Report, Defendants take a significant detour from their past reports and the *L.J.* requirements by focusing not on the requirements of the MCD but on non-*L.J.* reports of BCDSS "outcome" data (pp. 4 - 11). Most of this information comes from reports entitled "Social Services Administration Headline Indicators" and the "Child and Family Services Review (CFSR) for [federal Department of] Health and Human Services." (Both are attachments to the 70<sup>th</sup> Report.) Without access to the raw data and detailed business requirements, the IVA cannot verify the accuracy, validity and reliability of these reports.

The IVA recognizes that BCDSS has made improvements in aspects of its foster care system since the MCD was signed in 2009. Two facts should be considered, however, as one reads the information provided from these non-*L.J.* reports:

1. The SSA Headline Indicators rely on data drawn from Defendants' case management system, CJAMS. As detailed in prior reports, the CJAMS application and the reports using this data that have been made available for review by the IVA have not reached a standard of accuracy, validity and reliability.
2. The 2022 CFSR reviews, from which the data provided on pp. 9-11 is drawn, consisted of 26 foster care cases, a very limited sample given that approximately 2,000 children were in Baltimore City foster care in 2022. The report itself acknowledges the limitations of the data: "[T]his sample of cases may or may not

be representative of Baltimore City’s entire child welfare population.” (2022 CFSR report, p. 5).

In addition, Defendants’ report provides a description of BCDSS activities during the 70th Report period that it includes under the heading of “Strategies for Improving Outcomes” in the areas of placement (focusing on kinship and public resource home recruiting and training), permanency, behavioral health and workforce development. Defendant DHS controls nearly all of the funding for BCDSS, as well as is the actual employer of BCDSS staff and the licensing entity for the majority of placements available for the youth in BCDSS custody. Despite these facts, Defendant DHS in previous reports has not contributed information on any state-level efforts being made to ameliorate the problems reflected in the data (and lack of data) provided in their compliance reports. In the 70th Report, Defendants briefly mention attempts at the state level to provide “short-term beds for youth ready for hospital discharge or in undesirable living arrangements while BCDSS and DHS secure a more permanent placement.”<sup>2</sup> (Defs.’ 70th Rep., p. 16). Other than that reference, the report neglects to reflect any state-level efforts to improve outcomes. Defendant DHS should work collaboratively with Defendant BCDSS to produce a report that reflects the efforts of both the state and the local agency.

## **II. BCDSS AND DHS LEADERSHIP**

Since the signing of the MCD in October 2009, there have been multiple changes in leadership at the state and local levels including four DHS Secretaries and six BCDSS Directors. These changes are likely to have contributed to the lack of progress towards compliance with the

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<sup>2</sup> They do not report any success in this area. In fact, to the IVA’s knowledge, the only such program that ever opened, a small group facility in Western Maryland, already has closed.



MCD. At the local level in Baltimore City, there is now greater continuity as BCDSS Director Brandi Stocksdale has served in her position since November 2020. The stability and growth of her leadership and data analysis teams have been valuable. BCDSS's Innovations Unit has proved to be an especially important asset. Led by Sheritta Barr-Stanley, this unit has grown into a model for data-led practice improvement in Maryland. A strong team of data analysts and support staff have been able to work with data to assist supervisory staff to target efforts to improve practice within their teams. Given the lack of accurate CJAMS reports, this work has been particularly important.

DHS Secretary Rafael López and Deputy Secretary of Program Carnita White continue in their roles. The position of Social Services Administration (SSA) Executive Director has recently been filled by Dr. Algernon Studstill, Jr. The Deputy Director for Data under the previous administration, Hilary Laskey, has returned to the position. With reorganization and new leadership of MD THINK, the IVA hopes that DHS/SSA is now on a stronger footing to move forward to complete the *L.J.* reports. The parties also have been working towards resuming regular communications as required by the MCD.<sup>3</sup> On February 12, 2024, and March 21, 2024, the first *L.J.* forums during the current administration were held, and periodic telephone calls between the parties have recently begun again after nearly a year hiatus.

### **III. *L.J. v. MASSINGA AND THE CHILDREN IN DEFENDANTS' CUSTODY***

In the IVA's Response to Defendants' 68th report (p. 7), the IVA provided a history of this case, filed nearly 40 years ago. We will not repeat that history here but ask the parties to keep in mind this case history and the thousands of children and families impacted when they look at how

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<sup>3</sup> See MCD, p. 7. "In addition to Forum meetings, the parties agree to hold regular communications about the Decree, compliance issues, violations, and other issues of importance to Plaintiffs."

well the system is functioning and when considering the urgency of making changes. While the IVA is responsible for verifying that the data is valid, accurate and reliable, and conversations frequently center around data, it is essential to remember that behind the data are children who often have experienced neglect and abuse compounded by the trauma of removal from their families. The circumstances of removal may be different for each child, but all have their own particular strengths and needs, and the plans to ensure their well-being and plans for exit from the foster care system should be determined by those strengths and needs.

There were approximately 1,400 children in the Baltimore City foster care system as of the end of December 2023, made up of the following age and racial groups:<sup>4</sup>

Age Group	% Total Children	% Black	% White	Latino or Unknown
0-2	18% (251)	77%	20%	3%
3-5	14% (195)	82%	17%	1%
6-13	29% (404)	84%	15%	1%
14-17	22% (307)	82%	16%	2%
18-20	17% (237)	86%	11%	3%
<b>All</b>	<b>100% (1,394)</b>	<b>82%</b>	<b>16%</b>	<b>1%</b>

Black children and youth continue to enter foster care at a disproportionate rate in Baltimore City; between April 2022 and March 2023, 77% of the new entrants were Black, compared to a 68% Black child and youth population in Baltimore City.<sup>5</sup> This is essentially

<sup>4</sup> Foster Care Milestone Report, Baltimore City (December 29, 2023).

<sup>5</sup> “Performance on SSA Headline Indicators: Baltimore City” (May 12, 2023), p. 10. Attachment to Defs.’ 70th Report.

unchanged from the data provided by the Annie E. Casey Foundation in an assessment completed for BCDSS in December 2019. (Att. 1, p 19). That assessment found that for BCDSS entries into foster care for 2017, 75% were Black children and youth while the Baltimore City child and youth general population was only 67% Black. While the rate of Black children entering foster care has remained static, the rate of White children and youth entering foster care in Baltimore City has decreased. Defendants report that between April 2022 and May 2023, 9% of the new entrants were White from a White youth population in Baltimore City of 17%;<sup>6</sup> the Casey assessment found that 14% of the new entrants were White from a White youth population of 19%.

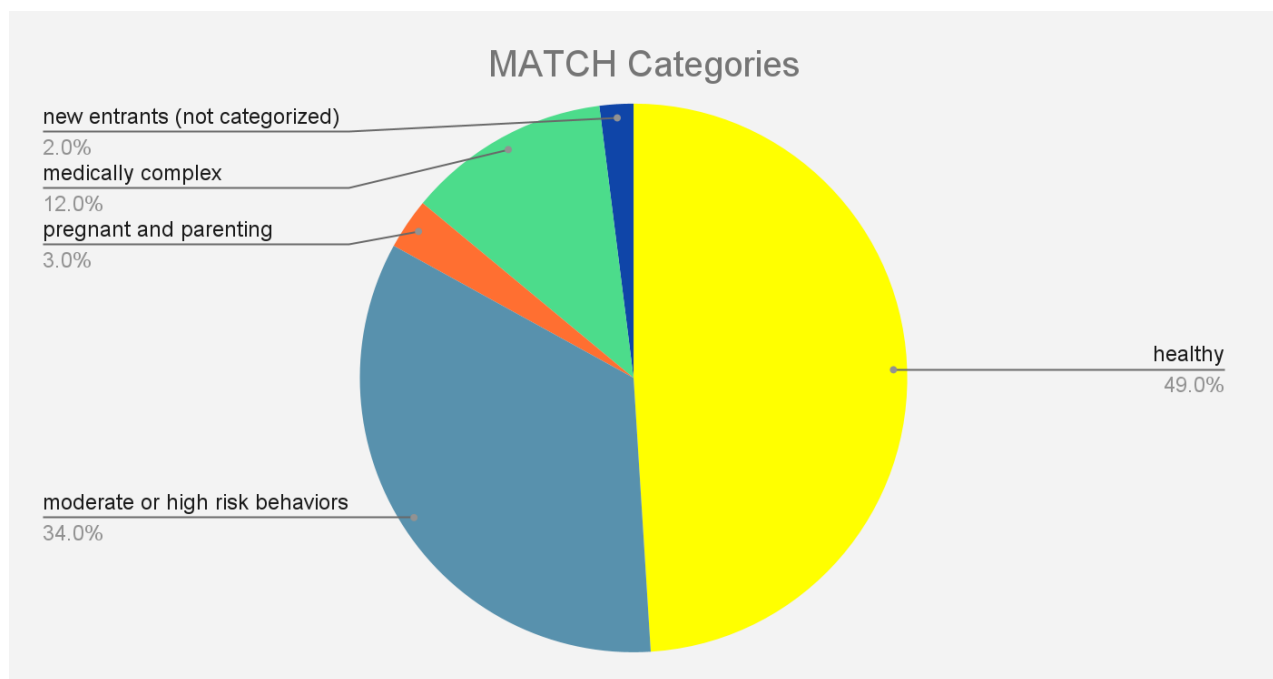
Nearly three-quarters of children and youth in BCDSS foster care reside in family (relative and non-relative) settings. The remainder are in congregate care, independent living or other living arrangements (including secured detention and on runaway).<sup>7</sup>

Placement Type	December 2022	December 2023
Family (public resource family, treatment foster home, pre-adoptive home)	45%	44%
Relative (all kin placements and trial home visits with parents)	33%	32%
Congregate Care	10%	10%
Independent Living	9%	8%
Other	2%	3%

<sup>6</sup> “Performance on SSA Headline Indicators: Baltimore City” (May 12, 2023), p. 10. Attachment to Defs.’ 70th Report.

<sup>7</sup> CJAMS, LJ Measure 30 report (downloaded May 20, 2024). The totals do not add up to 100% because some of the children did not have placements assigned to them in CJAMS at the time.

The children currently in BCDSS foster care are divided evenly between those who are basically physically and emotionally healthy and those with significant physical challenges or “moderate to high-risk behavioral” issues. BCDSS’ MATCH program, which provides health management services for the children in BCDSS foster care, assigns children to medical case managers based upon physical and mental health status.<sup>8</sup> Data provided by MATCH groups the children in foster care into the following categories as of April 1, 2024:



The length of time that children and youth are staying in BCDSS foster care continues to be high. Of the children in OHP at the end of December 2023, 37% had been in foster care for three or more years. For the children who exited OHP between July - December 2023, the average length of stay was 36.6 months, and the median length of stay was 30.1 months.<sup>9</sup> Nationally, the

<sup>8</sup> Definitions of each category are attached as Att.2.

<sup>9</sup> “Final Exit Report” (downloaded May 16, 2024).

length of stay for children who exited foster care during FFY 2022 averaged 22.6 months with a median stay of 17.5 months - 14 months shorter for the average and more than 12 months shorter for the median than BCDSS.<sup>10</sup> Black children also have disproportionately long stays in foster care, and disproportionate numbers of those youth are not placed in a permanent home during their foster care stays. In 2023, 79 youth “aged out” of foster care at age 21. 91% of those youth were Black.<sup>11</sup>

#### **IV. MEASURES, DATA COLLECTION AND REPORTING**

The MCD is divided into two parts: Part One addresses the scope of the case and the procedural requirements, including the role of the IVA, data access, reporting requirements, communication and dispute resolution and the process for obtaining court review and case exit.

Part Two of the MCD is divided into five substantive sections - Preservation and Permanency Planning, Out-of-Home Placement (OHP), Health Care, Education and Workforce. These sections have 28 required Outcomes. (Att. 4). All of the Outcomes are goal-oriented and substantive, e.g., family preservation where possible; case planning to meet children, family and caregiver needs; placement stability and safety; adequate healthcare, supports to meet educational needs, and sufficient staffing to meet those requirements. Compliance with the Outcomes is measured by a total of 40 Exit Standards and 86 additional Internal Success Measures. In order to exit the MCD, Defendants must be certified by the IVA as compliant with the Exit Standards for each of the MCD Outcomes for three consecutive reporting periods.

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<sup>10</sup> Attachment 3, AFCARS FY 22 report, p. 4.

<sup>11</sup> Data combined from Foster Care Milestone for Baltimore City (December 29, 2023), and “Final Exit Report” (downloaded May 16, 2024).

The MCD is outcome-based; the procedural requirements are found in the ways in which Defendants must demonstrate that they are meeting the Outcomes. Although Defendants often reference that the MCD has 126 measures for which reports must be created, twenty-six of the ISMs are the same as the associated Exit Standards.<sup>12</sup> Therefore, there actually are 60, not 86, independent ISMs for measurement and reporting purposes for a total of 100 separate measures for which reports must be designed and validated.

Measure instructions set out what activity is required by each Exit Standard and Internal Success Measure, and how that measure will be tracked and documented in order to produce the required compliance data for reporting. While the data for most of the measures come from either quantitative or qualitative sources, the parties and the IVA have agreed that a small number of measures require both quantitative and qualitative measurement. For these measures, there are subparts “a” and “b” for quantitative and qualitative compliance levels, respectively, both of which must meet the required compliance levels for certification. Prior IVA reports have summarized the history and challenges in developing measure instructions. See, e.g., IVA Response to Defs.’ 66th Report, p. 19. The parties and the IVA completed the current measure instructions in May 2021.

#### **A. Status of *L.J.* Reports**

The IVA has detailed in prior reports the history of attempts to produce accurate, valid and reliable reports for *L.J.* compliance. See, e.g., IVA Response to Defs.’ 69th Report, pp. 8-12. Between the 69th and 70th reports, almost no progress was made in producing accurate, valid, and reliable data for the *L.J.* measures. As a result, in the 70th Report, almost half of the 126 *L.J.*

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<sup>12</sup> The original intention of the apparent duplication of measures lay in the Defs’ plan to continue to measure and report certain Exit Standard measurements even after reporting on those Exit Standards was no longer required due to Defendants having met the compliance goals for those Exit Standards for three consecutive reporting periods.

measures' reports continue to be reported by Defendants as "TBD" either because they have not yet been fully developed or because they have been developed but are not yet accurate.

The Child, Juvenile, and Adult Management System (CJAMS) is Maryland's human services database system developed by MD THINK under the auspices and supervision of Defendant DHS. In March 2024, for the first time since CJAMS was deployed in Baltimore City in 2020, Defendants established a timetable for completion of 15 of the reports required for the Exit Standards and some of the revisions of the CJAMS application necessary to complete those reports accurately. The results of those efforts remain to be seen, but the detailed planning process is an important step forward.

## **B. Data Sources**

The data for reporting on compliance with the Exit Standards and Internal Success Measures comes primarily from three sources: (1) CJAMS; (2) QSR (Quality Service Reviews), intensive case reviews of a stratified random sample of children's cases; and (3) other miscellaneous sources, including data compiled by BCDSS legal services and by the human resources, and training departments, and Innovations, BCDSS' data division ("QA"). About one-half of the measures are reported from CJAMS, one-fourth from QSR, and one-fourth from the other sources.

### **1. CJAMS**

Defendant DHS controls the progress of the creation of reports from CJAMS. MD THINK has developed or is in the process of developing at least 60 separate reports from CJAMS. Defendants remain a significant distance from the goal of producing reports that are capable of extracting accurate, valid and reliable, data from CJAMS. Approximately 10 reports remain to be completed, and most of the others, while completed, have been found to have defects or need

enhancements. In addition, true accuracy, validity and reliability remains unattainable for some of those reports until necessary “fixes” to CJAMS are completed.

Furthermore, in order to get accurate, valid and reliable data *out* of CJAMS, the data must be entered *into* CJAMS properly and completely. Staff continue to be challenged in using CJAMS to do such critical tasks as creating case plans and service plans, uploading important documents, and timely and sufficiently documenting conversations and meetings. These problems must be resolved if Defendants are to report accurate, valid, and reliable data that will permit the IVA to certify compliance with the *L.J.* measures. Given current caseload levels - 80% of the caseworkers having caseloads over the maximum of 12 children - it is an ongoing challenge for workers to fully document CJAMS. It appears that this problem can be resolved only by the hiring of additional staff or other supports to meet the critical responsibility of documentation in CJAMS as well as making CJAMS more “user-friendly.”

## **2. Quality Service Reviews (QSR)**

The QSR provides a case-based appraisal of frontline practice created for human services agencies to improve results.<sup>13</sup> Cases for review using the QSR system are selected through a stratified random sampling of cases. The QSR uses a standardized protocol with a number of indicators to measure and rate the current status of a child and the child’s family in key life areas and to appraise performance of key service system practices for the same child and family. In previous reports, the IVA has provided detailed explanations of the history of the QSR process at BCDSS; it was developed and implemented both for measurement of compliance with select *L.J.* measures and, even more importantly, for overall agency practice assessment and improvement. See, e.g., Att. 5, IVA Response to Defs.’ 56th Report (filed November 29, 2017), pp. 2-12.

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<sup>13</sup> The QSR process was developed by the Child Welfare Policy and Practice Group, Quality Service Review Institute, Montgomery, AL and Tallahassee, FL.



In February 2024, the IVA provided BCDSS and Plaintiffs' attorneys with a detailed review of the current QSR process at BCDSS. (Att. 6). The review was based upon BCDSS' June 2024 written description of the current QSR and the IVA's attendance at 14 Inter-Rater Reliability (IRR) sessions between July 2023 and February 2024. (The purpose of the IRR is to ensure consistency between reviewers of the ratings chosen from the QSR protocol for each of the QSR indicators.) In addition, the IVA contracted with Florence Racine, former head of New Jersey's statewide QSR program and a trainer for BCDSS QSR staff from 2014 - 2019, to review the written process description and a number of written QSR case review tools.

The IVA's review found that the current QSR process had departed in significant ways from the original model, especially in the time that was being allowed from the beginning of the review until the final steps of IRR and caseworker team debriefing. The QSR model provides for the entire process to be completed in one week, in order to ensure that the review focuses on a "point in time" in the child's and family's foster care experience. During the eight months in which the IVA reviewed the current BCDSS QSR process, reviews took an average of ten weeks to complete. Among other results, the IVA found that in the IRR sessions (as well as on the QSR case review tools), review staff confused some facts between children's cases and could not remember other facts. In addition, the circumstances of many cases had changed so significantly that recommendations for caseworker team debriefing had become irrelevant and even contradictory in some cases. Ms. Racine emphasized the point of sharing feedback timely in her assessment: "The life of a child and family changes rapidly so real time feedback can impact how we work with families and can lead to better outcomes." (Att. 6, p. 5)

In addition, the IVA and Ms. Racine found that the QSR ratings and facts listed to support the ratings reflected a failure to follow the requirements of the individual ratings of the QSR

protocols and, in particular, the timeframes required by the QSR protocols - in most incidences, 30 days for rating the child and family's status and 90 days for rating the casework practice. Considering facts beyond those time frames can invalidate the ratings used to determine the quality of the child and family's status and the caseworker's practice, rendering the process inaccurate, invalid and unreliable for *L.J.* measurement purposes. Lastly, the IVA has found that for the education measures, QSR is not currently an adequate way of measuring compliance. (See Att. 6, p. 8).

As a result of these findings, the IVA has concluded that BCDSS' QSR process currently is not a valid or reliable means of measuring compliance with the relevant *L.J.* measures - 3b, 4, 7, 8 , 14, 15, 16, 25b/29b, 33, 40, 41, 42/44, 71b/72b, 85b/88b, 86, 87, 97, 101/104, 102/105, 103/106, 107, 109, 110, and 111.

BCDSS recently hired a new Program Manager for QSR and indicated its intention to look at all aspects of the program with the intention of realigning it with the standard QSR timelines and protocols. Once that process is well underway, the IVA will re-review BCDSS' QSR practice with the hope of finding that it has become a valid and reliable means of measuring compliance with the relevant *L.J.* measures.

### **3. Other Data Sources**

Defendants do not provide any indication that any of the Legal Services or QA (non-CJAMS, non-QSR) reports were validated prior to inclusion in Defendants' Compliance Reports. As set out in Section VI., Data Table and Certification Discussion, below, a number of those reports also do not meet the standards for accuracy, validity, and reliability.

### **C. Compliance Plans/Strategies for Improvement**

Without accurate, valid, and reliable data, it is difficult to address how to improve performance on the MCD measures. However, even without a full set of data, Defendants acknowledge that many of the measures are not compliant with the MCD. Plaintiffs' counsel has urged the development of compliance plans, and the IVA agrees that there is enough information available to the Defendants that they can develop plans to increase compliance rates. The Defendants have responded to the request for detailed compliance plans with "Strategies for Improvement." As discussed in detail in the IVA's Response to Defendants' 68th Report (pp. 39-41), these "strategies" vary in quality, but, as a whole, lack sequential activities, timelines, and compliance percentage goals (e.g., "increase compliance by 10 percentage periods in next reporting period"). Defendants should draft comprehensive compliance plans for the measures with a focus on a selection of prioritized measures that are likely to lead to improved outcomes for children and their families involved with the child welfare system.

## **V. CRITICAL CHILD WELFARE POLICY AND PRACTICE ISSUES:**

### **CASELOADS, KINSHIP CARE, PLACEMENTS AND MENTAL HEALTH**

#### **A. Caseloads**

One of the most critical issues facing BCDSS continues to be caseloads - they remain unacceptably high. Under the MCD, OHP caseloads are required to be "15 children (or any lower ratio required by Maryland state law)."<sup>14</sup> In 2006, pursuant to state law, the Child Welfare League of America performed a study to develop a methodology for calculation of child welfare case-to-worker ratios and determined that, for Maryland, 12 children per one worker was a more

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<sup>14</sup> MCD, Part Two, Section V., D. 1.

appropriate caseload due to the administrative demands placed upon the caseworkers in addition to their responsibilities to the children and families in their caseloads. (Att.7).

For the past two years (through December 2023), Defendants have been far from meeting that mark. In fact, as illustrated in the chart below, a majority of the foster care caseworkers have had caseloads above even the 1:15 case level.

Caseload Data as of:	3 - 12 children	13 - 15 children	16 - 24 children
June 30, 2022	10%	30%	60%
December 31, 2022	15%	12%	73%
June 30, 2023	21%	14%	65%
December 31, 2023	13%	14%	73%

Between July and December 2023, the caseload ratios moved in the wrong direction, with the number of caseworkers with 12 or fewer cases falling from 21% to 13%. As of December 31, 2023, there were approximately 1,400 children in OHP. As of December 31, 2023, there were 90 foster care caseworkers. To attain a compliant caseload ratio of no more than 12 children per caseworker, the agency needs approximately 30 more foster care caseworkers. According to Defendants' 70th Report (p. 21), BCDSS hired 30 caseworkers and 20 supervisors between May and October 2023. That is obviously significant. However, two relevant pieces of data are not provided: (1) how many of those caseworkers were placed in OHP (as opposed to Child Protective Services (CPS))<sup>15</sup>; and (2) how many OHP caseworkers left BCDSS. According to Defendants' Revised Personnel Transaction Report (downloaded January 12, 2024), in all of 2023, only 14

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<sup>15</sup> Defendants have acknowledged that their priority in unit placement is first, CPS; second, OHP; and third, Family Preservation.

caseworkers and 3 supervisors were hired for OHP. During that same time period, at least 8 caseworkers and 1 supervisor from OHP left BCDSS.

These high caseloads and caseworker turnover impact the children in foster care and their families as well as the caseworkers. 73% of caseworkers having 16-24 cases resulted in 83% of the children and youth in OHP having caseworkers with caseloads up to two times the prescribed level. Furthermore, staff turnovers and the need to regularly rebalance caseloads results in frequent case transfers. Case transfers, in turn, impair the engagement with children and families needed to assist them in resolving problems and attaining reunification or other forms of permanency on a timely basis. In 2023, there were 1,150 recorded case transfers (out of a total population of approximately 1,950 children). While some of those children's cases were being transferred between Family Preservation and OHP, 820 of those transfers occurred within OHP. Not including the transfers in or out of OHP and those for adoption and guardianship purposes, at least 620 children in OHP were transferred to new caseworkers in 2023, and, of those, 156 children were transferred to new caseworkers at least twice in 2023.<sup>16</sup> Not only are the increased caseloads a violation of the MCD, but they, and the frequent case transfers, also make it much more difficult to resolve many of the issues discussed in this report.

### **B. Placement Needs and Challenges**

In the IVA's Response to the 60th Report (January 1 - June 30, 2018), we shared the results of an extensive review of the cases of 36 children under the age of 13 who had experienced significant placement instability, lack of appropriate placements and waiting lists for treatment programs. (Att. 8, IVA Certification Report for Defs.' 60th Report (filed June 25, 2019), pp. 16-24). For the IVA's 66th Report, we briefly reviewed the status of these 36 children as of the end

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<sup>16</sup> Defendants' Case Transfers Reports for January – June 2023 and July – December 2023 (downloaded May 18, 2023).

of September 2021. (Att. 9, IVA Certification Report for Defs.’ 66th Report (filed March 18, 2022), pp. 9-11). Unfortunately, that review found that most of the children remained in out-of-home care, and many continued to experience placement instability. More than 70% (29 of 36) of the children reviewed for the 60th report had not achieved permanency and remained in out-of-home care more than three years after our initial review.<sup>17</sup>

The IVA has again reviewed this cohort of children and found that more than two years since our last update on this group of children, two-thirds of them (24 of 36) remain in foster care. These children’s extended lengths of stay and often instability in foster care were not due to them being “difficult” youth who entered foster care as teenagers whose parents could not care for them due to severe behavioral problems. All of these children entered foster care under the age of 13: a majority of them entered when even younger - between the ages of 5 and 10 years old. A review of court petitions indicates that these children entered care due to a multitude of reasons: parental substance abuse; untreated parental mental health issues; physical abuse; abandonment; unstable housing. Rarely was the reason for entry into foster care a parent being unable to manage the behavior of their child. For many of the children, they had had previous entries into foster care before their most recent entry.

An April 2024 snapshot view of the placements of the 24 children remaining in foster care found: 8 are in congregate care, 7 are in therapeutic foster care, 5 are in other settings (Extended Hours office building, hospital, secure detention), 3 are in hotels, and one is placed with family under an Order of Protective Supervision issued by the Juvenile Court.<sup>18</sup> All of these children

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<sup>17</sup> At the time of the drafting of the 66th report, the status of 3 of the 36 children was unclear, and the IVA could not identify placements for these children. Out of caution, the IVA did not include these three children as children remaining in foster care. However, since the drafting of the 66th report, placement information was obtained and the correct number of children still in care as of September 2021 was 29 not 26.

<sup>18</sup> The IVA has opted to include this youth because she was placed with her mother due only to a lack of other available placements to meet her needs. Unfortunately, this youth has a history of returning home but not stabilizing in her mother’s care.

have been in foster care for at least five years. One youth has been in foster care for more than ten years.

*KF entered foster care in 2013 when he had just turned 6 years old. KF had been left in the care of non-relatives when his mother left the state to “enter rehab,” and the non-relatives were unable to continue caring for KF.*

*Over his first three years in foster care, from ages 6 to 9, KF was moved between 8 foster homes (5 BCDSS and 3 treatment foster homes). In August 2017, at the age of 9, he was placed in a diagnostic center and then in a residential treatment center (RTC) until just before his 13<sup>th</sup> birthday in September 2020. After a year in which he resided in two different group homes, he was placed in another RTC for 18 months. Shortly before his discharge, BCDSS located a treatment foster home for KF, but because his school placement was not determined in time, the placement was lost, and he was placed in another group home on his 16<sup>th</sup> birthday. File notes reflect his deep disappointment when he could not go to the foster home where he was told he would be going. DSS, despite contacting 27 different treatment foster care providers, could not identify another treatment foster care placement. His current group home placement is listed in CJAMS as a respite placement; however, he has resided there for more than six months. KF has reported two incidents of abuse by staff at his group home, one in January 2024 and one in March 2024. The latter incident resulted in KF getting a black eye.*

*KF attends a non-public level V school. He is diagnosed with Prolonged Grief Disorder, Reaction to Severe Stress and Post-Traumatic Stress Disorder and Oppositional Defiant Disorder. A recent review of KF’s medical documentation by DSS’s consulting psychiatrist states that he has been on “multiple medications for years. It is unknown whether he receives benefit from all or some of his medications.” He has sporadic contact with his mother who resides in California. No father is listed on his birth certificate. His caseworker plans to request a Permanency Plan Change FTDM in September to discuss changing KF’s plan to*

*APPLA*<sup>19</sup> in anticipation of him remaining in foster care until he “ages out” at 21-years-old. No long-term resources have been identified for KF.

While the IVA understands the clinical justification of the decisions to place some of these children in congregate care, the fact remains that the vast majority of available research and professional opinion supports the conclusion that congregate care placement is not good for children, nor is there evidence that these particular youth have benefitted from multiple congregate care placements. While treatment foster care (TFC) settings are preferable to congregate care settings, Defendants have a history of over reliance on TFC placements, which is concerning given that past history has shown that they are less likely to lead to permanency than kinship placements and regular DSS resource (foster) homes. While some of the children in the 60th Report cohort have stabilized in a TFC home, none of these placements have resulted in permanency. In fact, one child has been stable in a TFC home since 2019, but the foster parent is not an adoptive resource.

More than half of the 60th Report cohort youth continue to experience placement instability with many appearing on overstay lists (weekly lists of children who have stayed in hospitals longer than clinically necessary), runaway lists, placement waiting lists and Extended Hours and hotel reports (reports of children who have stayed in office buildings and hotels overnight). In addition, some of the youth have stabilized but remain in congregate care placements, have not achieved permanency, and have no potential permanent resource available.

Due to the lack of available appropriate placements, children in the 60<sup>th</sup> Report cohort as well as many others have continued to spend multiple nights in BCDSS’ office buildings in

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<sup>19</sup> Another Planned Permanent Living Arrangement. By law, APPLA is the least preferred permanency plan and only to be considered when all efforts for reunification, adoption or legal guardianship have been exhausted. See, e.g., SSA Policy 16-10 (eff. October 1, 2015), <https://dhs.maryland.gov/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2016-10%20APPLA%20Revised.pdf> (downloaded June 1, 2024).



violation of the MCD. This chart demonstrates that the frequency of the practice increased in 2023:

Report Period	# youth in office building	# Nights in Office Buildings	# Youth staying More than 3 nights in Office	Longest Stays by nights for each youth
70th (Jan - June 2023)	21 youth	45 nights	2 youth	4 nights apiece
71st (July - Dec 2023)	51 youth	205 nights	11 youth	40, 23, 22, 17, and 13 nights apiece

Hotels also are not approved placements, and, yet, the use of hotels to house children continues and has increased due to a lack of available appropriate placements, particularly for children and youth with mental health issues, teenagers with a history of running away, and other children with significant physical and developmental disabilities. The practice is exorbitantly expensive, raises serious safety concerns, and is inappropriate for any long-term use. This chart shows that its use also has increased markedly:

Report Period	# youth in hotels	# nights in hotels	# youth staying more than 3 nights in hotel	Longest Stays by nights for each youth
70 <sup>th</sup> (Jan – June 2023)	14 youth	341 nights	13 youth	75, 41, 37 (2), 34, and 24 (2) nights apiece
71 <sup>st</sup> (July – Dec 2023)	23 youth	688 nights	22 youth	102, 97, 94 (2), 66 (2), and 59 nights apiece

As of April 30, 2024, there are youth still in hotels who have been living in hotels since September 2023; two youth have spent 223 and 218 consecutive nights in hotels. Six other youth have spent well more than 100 nights apiece in hotels since the 70th reporting period - some for consecutive nights, some who have been back and forth between other placements and hotel stays. The ages of these youth placed in hotels have ranged from 12 to 20-years-old and have included mothers and their children.

Both these office and hotel stays, as well as hospital overstay, violate the MCD. Furthermore, use of the Extended Hours offices and hotels beyond a brief stay has created a new challenge – youth who now accept, or even desire, them as placements. Some youth have grown accustomed to using Extended Hours as a drop-in site for rest, food and a shower, only to refuse placement or run away. Other youth have learned that if they stay long enough at Extended Hours, they may be placed in a hotel. It is no surprise that after many ejections and rejections from placements, periods of runaway, and conflict with other youth and even congregate care staff, youth placed in hotels do not want to leave them. A hotel may offer them the space and safety that they have not previously experienced. When presented with placement options, some youth reject them because they would rather stay in a hotel.

CH, another one of the children from the 60th report cohort, is one of those children.

*At the age of 8, CH, along with his siblings, entered foster care in February 2017 due to allegations of neglect and his mother's substance abuse and untreated mental health issues. CH and two of his siblings had resided with their father until January 2017 when he passed away. Mother said she was unable to care for all the children. Mother's home lacked food and electrical service and was generally unsafe.*

*During his first two years in foster care, CH was placed in four different homes - one kin home and three foster homes. In October 2018 his mother's parental rights*

*were terminated and his siblings subsequently adopted by their caregivers. While his siblings found permanency, CH's placement instability continued. Following a psychiatric hospitalization in February 2019, CH was placed in a therapeutic group home, and two treatment foster care programs, followed by another psychiatric hospitalization in August 2021.*

*From September 2021 to March 2023 CH was placed in another group home in Western Maryland. CH ran away from this placement and refused to return. CH experienced periods of runaway and placement in group homes, and he spent a few nights sleeping in a DSS office building and a hotel. He was last placed in September 2023 at another group home from which he was ejected after one week. CH has lived in a hotel since September 2023 supervised by one-to-one staff and recently has been refusing placement efforts. Both CH and his one-to-one staff have reported concerns about CH's safety at his current hotel (the fourth he has been placed in) and his school placement. CH has no relatives willing to care for him, and he anticipates that he will age out of foster care.*

While these youth present with more complex needs and may be a particularly challenging population, the Defendants must be prepared to meet the needs of all children who enter their care and to do all they can to avoid long stays in foster care. Some of these children have suffered multiple traumas prior to entering foster care and have been further traumatized by instability in the foster care system, having been ejected or run away from multiple placements. They are further traumatized when they are rejected by multiple providers in a system that is supposed to help them, but where no one is willing to accept them when they are most in need. KA is one of these children.

*KA first entered foster care in 2013 at the age of 6 when she was physically abused by her mother. She was reunified with her mother and the case was closed, but KA re-entered care in October 2015, just 8 months later, after being physically and sexually abused by her mother.*

*From ages 8 to 11, KA lived in at least 12 different homes - one kin caregiver, four BCDSS foster homes, and at least seven TFC homes from four different treatment*

*foster care agencies. Many of these moves required changes in school placement and mental health and other service providers. In March 2019, at the age of 11, KA was placed in an RTC where she remained for two years. She was diagnosed with PTSD, DMDD (Disruptive Mood Dysregulation Disorder) and ADHD. Following her discharge, KA was placed with a kin caregiver who had hoped to be a long-term placement for KA. Unfortunately, this caregiver was unable to meet KA's needs and asked for her removal. Following a six-month placement in a group home, KA, now 15 years old, was sent to another RTC, this time in Florida, in January 2023. This was a locked facility, and KA was assaulted by another youth while in the program. The RTC was prepared to discharge KA in early July 2023 but a placement for KA had not been located. KA interviewed with a group home where she thought it would be nice to live. She was "stressed out waiting to hear about a placement" according to a contact note from her caseworker. In August 2023, KA returned to Maryland and was placed in a group home but not the one she had hoped for. Once again, this placement could not meet her needs, and KA was moved to a hotel on September 22, 2023. Except for a brief placement with a treatment foster care provider in Montgomery County, KA has remained in a hotel supervised by one-to-one staff since that time.*

*KA, now 16 years old, is enrolled at her 14th school, a level V non-public school where she is in the 9th grade. She does not attend school. BCDSS recently submitted a Family Find referral for the fifth time. Previous referrals have ruled out possible caregivers due to CPS history, criminal history and a lack of housing. KA's younger siblings who entered care with her in 2015 have been adopted. KA's mother, who had been in prison for abusing KA, has been released and is under a "no contact order" until KA's 18th birthday.*

As the Defendants have reduced the number of children in care and worked to prevent children from entering care, it is the youth with the greatest needs who may ultimately end up entering foster care. Defendants must be prepared with the placements and services to meet the needs of these children without extensive delays.

Maryland has had information and recommendations for many years that the current placement system needed substantial reformation. Appropriate and high-quality placements must be available to all children and youth who are in foster care at the time they are needed, not many days, weeks or months later. The least restrictive family settings should always be sought first and should include individualized, intensive, wrap-around services to ensure that children and youth can remain in the community and in a family setting with their parents, kin, or foster parents. Only if their needs cannot be met in a family setting should children be placed in a more restrictive setting. Children should not have to be sent hundreds of miles away from home to out-of-state residential treatment programs to get the help they need. Defendant DHS has failed to craft and implement appropriate solutions to these long-standing placement problems.<sup>20</sup>

### **C. Kinship Care**

The IVA's Response to Defendants' 66th, 67th, 68th and 69th reports addressed in detail the importance of kinship placements and encouraged Defendants' strengthened efforts to increase the percentage of children and youth in kinship care. (See IVA Resp. to 66th Rep. (pp. 11-14); IVA Resp. to 67th Rep. (pp. 30-33); IVA Resp. to 68th Rep. (pp. 17-24); and IVA Resp. to 69th Rep. (pp. 18-20)).

Kinship care provides greater stability in placement; results in improved well-being as compared to children in non-relative care; limits the trauma of removal and the circumstances that led to removal; maintains sibling and other ties; and results in improved permanency outcomes. Despite being established as a priority of the Defendants in 2019, the rate of kinship care in

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<sup>20</sup> For example, Maryland has failed to address concerns regarding placement and recruitment of foster parents that may be due at least in part to the stagnant foster care payment rate. Even though the cumulative rate of inflation has been 22.2% between 2019 to 2024 (usinflationcalculator.com, accessed 5/9/24), there has not been an increase in the public foster care board rate since FY2019 when there was a 1% rate increase. In their 66th Report, Defendants stated that an increase in the foster care board rate was planned for January - June 2022. However, no such increase appears to have occurred.

Baltimore has remained largely unchanged for years. According to the BCDSS December 2023 Child Welfare Trends report, the kin placement rate remains at 32% (including trial home visits with parents).

BCDSS has set a goal to place 50% of all children in foster care with kin. Defendants have outlined their efforts to make BCDSS a “Kin First” agency (see Defs.’ 70th Report, pp. 11-15). BCDSS’s plans and partnership with Annie E. Casey and A Second Chance, an organization known for its expertise and innovation in the field of kinship care, are key starting points. It remains critical to understand why the rate of kinship placement has not increased over time. Efforts must be targeted to address these identified barriers if they are to result in higher kinship placement rates.

Defendant DHS must play a leadership role in the transformation from the norm of stranger foster care to a new norm of placement with kin as the priority - from prior to the child’s out-of-home placement through permanency - when family reunification is not possible. DHS must consider what barriers exist at the state level for kin placements, whether they are practice or policy barriers, and how these barriers can be addressed. New federal regulations<sup>21</sup> allow different licensing or approval standards for relative and non-relative foster family homes. These regulations allow Maryland to take a major step to address the long-problematic issue of licensing of kin providers. Kin caregivers should not be required to go through the same process as non-kin foster parent applicants, often viewed as intrusive to families who have voluntarily stepped up to care for family members, in order to get the support they need.

Defendants have taken a step towards easing the licensing process for kin. In March 2024, Secretary Lopez agreed to a BCDSS pilot program to waive five non-safety related standards for

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<sup>21</sup> 45 CFR Parts 1355 and 1356 (eff. 11/17/23).

relative (restricted) resource homes. The waived standards include: citizenship/residency status, references, marital status, verification of income, and sleeping and living quarters. Legislation passed by the Maryland General Assembly in 2024, along with regulations that SSA hopes to have finalized by October 1, 2024, should ease the licensing process for kin providers.

While kin should not have to be licensed to receive the support they need, there are well known benefits to licensing, including financial benefits and additional support from a Resources and Support worker. Without a license, kin caregivers receive no or substantially less monthly financial support, and they are not assigned a Resources and Support worker like other BCDSS licensed foster homes who receive support from both a Resources and Support worker and an OHP caseworker.

BCDSS has set a goal of having 90% of its kin caregivers licensed. As of the end of December 2023, BCDSS has licensed 31% of their kin providers, an increase from the September 2023 rate of 24%.<sup>22</sup> As discussed in their report, Defendant BCDSS launched Provisional Licensing for kin caregivers in the fall of 2023. This licensing process allows for all new kinship caregivers to begin receiving financial and resource worker support from the date of placement rather than waiting until the licensing process has been completed. In their 70th Report, Defendants stated a target release date of November 2023 for the BCDSS Kinship Standard Operating Procedure (SOP). As of May 2024, this document is not yet completed.

#### **D. Mental Health**

High quality, culturally responsive mental health care is essential to the well-being of children and youth in foster care. The failure to provide this care exacerbates the placement problems discussed above. As discussed in their report, BCDSS has been working with Behavioral

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<sup>22</sup>Foster Care Milestone Reports for Baltimore City (September 21, 2023 and December 29, 2023).

Health Systems Baltimore (BHSB) to implement a new program for BCDSS to contract directly with mental health providers for services for children and youth. This program is now called the BCDSS Youth Wellness Program. Originally, the program was conceived to provide access to therapists who would provide continuity of services even if children changed placements and who would be particularly aware of and responsive to the needs of children and young adults in the Baltimore City foster care system. BCDSS partnered with Dr. Kyla Liggett-Creel of the University of Maryland School of Social Work (UMSSW) for the creation and implementation of the “Specialized Behavioral Health Services & Foster Care Curriculum” that all Wellness Program therapists must complete.

Referrals to the Wellness Program were delayed from a planned launch date in October 2022, to February 2023 due to the four contracted providers experiencing delays in hiring of qualified therapists. The first cohort of eight therapists completed the Foster Care Curriculum training in July 2023. This is significantly fewer therapists than the 20 therapists anticipated to be available to serve up to 500 youth under the program. Retention problems also have ensued. As of April 3, 2024, only six clinicians across three providers were participating in the program.

Defendants have reported that 162 children/youth ages 6 to 20 years old were referred to the Wellness Program in 2023. See “Youth Wellness Program, 2023 Year in Review” (Att. 10). Of these cases, half – 79 cases - have closed. Except for 21 youth who either left foster care or were referred to another community provider, the remaining youth had their referrals closed due to youth refusing services, lack of youth engagement, inaccessibility of youth, or youth requesting termination of services. BCDSS is encouraged to focus attention on why so many youth have not been willing to engage in the services offered. Were youth referred to the clinician of their choice? Are clinicians representative of the population in foster care? Were male, female and non-binary



clinicians available? Did clinicians have the skills needed to meet the complex needs of youth? We hope that BCDSS and the program will be flexible enough to consider adjustments that might make participation more attractive to - and perhaps more useful to - some youth. This should include alternatives to the more standard one-to-one therapist client modality such as group therapy; art, music and dramatic arts therapy; yoga; peer support; mindfulness and other activities to make it truly a “wellness” program responsive to the needs of the youth it is to serve.

Other mental health issues which merit discussion in Defendants’ future reports include implementation of the Standard Operating Procedure (SOP) issued in April 2023 to require improved procedures for psychotropic medication decision-making, and the overall lack of data around the mental health needs of children in BCDSS custody. Information such as the percentage of children and youth in need of mental health services, percentage of children and youth receiving mental health services, common diagnoses, frequently prescribed medications, and treatment outcomes, is essential to ensuring that the most appropriate services are available to meet the needs of children and their families/caregivers.

## **VI. DATA TABLE AND IVA CERTIFICATION DISCUSSION**

Part Two of the MCD contains five sub-sections: Preservation and Permanency Planning; Out-of-Home Placement; Health Care; Education; and Workforce. Each of these contains Outcomes with Definitions, Internal Success Measures (ISMs), Exit Standards and Additional Commitments. The IVA is responsible for review of Defendants’ assertions of compliance and may certify compliance only after verifying that the Defendants’ reported data, and the measures and methods used to collect and to report that data are accurate, valid, and reliable. (MCD, p. 4).

Defendants request certification for five Exit Standards: Measures 52, 72a, 121, 125 and 126. The IVA can certify Exit Standards 121, 125 and 126 for the reasons discussed below.

### A. Data Table

The data from Defendants' 70<sup>th</sup> Report is included here with the IVA's decisions on certification. (See text beginning at p. 56 for description of the certification process.) The measures in bold type are the Exit Standards. For 50 of the measures, Defendants report "TBD." Unlike in earlier reports, Defendants do not provide information as to why data was not reported.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
1	% of children in family preservation that enter OHP.	CJAMS	TBD	TBD	No	Report requires correction.
2	% of children and families in family preservation that timely received services identified in the case plan.	QSR	10%	7%	No	The QSR process was not a valid measure of compliance during these report periods.
3a	<b>90 % of children and families in family preservation had a case plan.</b>	CJAMS	TBD	TBD	No	Report requires correction.
3b	<b>90 % of children and families in family preservation had a case plan.</b>	QSR	53%	47%	No	The QSR process was not a valid measure of compliance during these report periods.
4	<b>85 % of children and families in family preservation timely received the services identified in the case plan.</b>	QSR	10%	7%	No	The QSR process was not a valid measure of compliance during these report periods.
5	Average length of stay for children in OHP (in months).	CJAMS	35 mos.	35 mos.	Yes	Matches Length of Stay calculated from Foster Care Milestone report.
6	% of children who had a comprehensive assessment within sixty days of placement.	CJAMS	TBD	TBD	No	Report requires correction.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
7	% of all children with a permanency plan of reunification for whom BCDSS had a service agreement with the child's parents or guardians or for whom BCDSS made reasonable efforts to get the child's parents or guardians to enter into a service agreement.	QSR	29%	19%	No	The QSR process was not a valid measure of compliance during these report periods.
8	% of all children for whom BCDSS provided referrals for services identified in the child's parent's or guardian's service agreement.	QSR	3%	7%	No	The QSR process was not a valid measure of compliance during these report periods.
9	% of cases that had a team decision-making meeting when the child is at risk of a placement disruption.	CJAMS	TBD	TBD	No	Report has not been completed.
10	% of TPR petitions filed that were filed on time.	Legal Services	56%	60%	No	Met with Legal Dept. 4/18/24. They acknowledged that their report is not calculating timeliness accurately.
11	% of children who, after twenty-four months in care, had a case review every ninety days to resolve barriers to permanency.	CJAMS	TBD	TBD	No	Report requires correction.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
12	% of all children with a permanency plan of reunification for whom BCDSS facilitated a visit with the child's parents once per week.	CJAMS	TBD	TBD	No	Report requires correction.
13	% of applicable children for whom, where the child's paternity had not been established, BCDSS sought to establish the child's paternity within ninety days of the child's entry into OHP.	Legal Services	100%	100%	No	Met with Legal Dept. 4/18/24. Advised them that the documented efforts were not meeting all MCD Measure Instruction requirements.
14	% of children for whom BCDSS searched for relatives or other resources.	QSR	45%	68%	No	The QSR process was not a valid measure of compliance during these report periods.
15	<b>90 % of children in OHP had a case plan.</b>	QSR	23%	10%	No	The QSR process was not a valid measure of compliance during these report periods.
16	<b>90 % of children in OHP and their families timely received the services identified in their case plans.</b>	QSR	10%	7%	No	The QSR process was not a valid measure of compliance during these report periods.
17	% of children ages twelve and over who participated in case planning meetings.	CJAMS	TBD	TBD	No	Report requires correction.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
18	% of all new entrants for whom a family involvement meeting was held within seventy-two hours of placement.	CJAMS	70%	92.2%	No	Report requires correction.
19	% of all children for whom case planning meetings included family members.	CJAMS	TBD	TBD	No	Report requires correction.
20	<b>For 85 % of children, BCDSS had a family involvement meeting at each critical decision-making point. [Each of parts 20A-D must reach 85%.]</b>	CJAMS	TBD	TBD	No	The four sub-parts of report (New Entrant FTDM; Placement Change FTDM; Permanency Plan Change FTDM; Youth Transition Meeting) have not been completed.
21	% of children whose case plan was completed within sixty days of placement.	CJAMS	TBD	TBD	No	Report requires correction. Awaiting revised SSA policy on Youth Transition Plans.
22	% of children whose case plan was updated every six months.	CJAMS	TBD	TBD	No	Report requires correction. Awaiting revised SSA policy on Youth Transition Plans.
23	% of children for whom BCDSS reported to the child's parents, the parents' attorney, and the child's attorney any intention to request a change in the permanency plan at least ten days prior to the court review.	Legal Services	89.1 %	91.49%	No	Met with Legal Dept. 4/18/24. Advised them that proof of email notice needed to be retained for verification purposes.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
24	<b>90 % of children had a case plan that was completed within sixty days of the child's entry into OHP and which was updated every six months.</b>	CJAMS	TBD	TBD	No	Report requires correction. Awaiting revised SSA policy on Youth Transition Plans.
25a	% of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	CJAMS	TBD	TBD	No	Report requires correction. Awaiting revised SSA policy on Youth Transition Plans.
25b	% of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	QSR	0%	0%	No	The QSR process was not a valid measure of compliance during these report periods.
26	% of emancipated youth who reported receiving services designed to prepare them for independence.	CJAMS	TBD	TBD	No	No information provided as to why only 11 of 34 youth leaving OHP completed the survey.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
27	% of youth with a mental illness or a developmental disability who need a residential facility, residential supports, or day programming or supported employment services after they turn twenty-one who received a referral, and who had a transition plan to an alternative service provider at least two years prior to their twenty-first birthday.	QA	67%	100%	No	Based upon the information provided for this measure, Defendants are not applying all requirements of the MCD Measure Instructions, specifically, that by the age of 19, youth would have “a transition plan to an alternative service provider at least two years prior to their 21st birthday.”
28	Number of youth, ages eighteen to twenty-one, who exited OHP through rescission.	Legal Services	4	4	Believed to be “Yes” but cannot verify.	Information provided appears to be accurate. Cannot verify due to lack of access to Juvenile Court orders because (1) no copy of final court order uploaded into CJAMS; and (2) IVA does not have access currently to Juvenile Court records.
29a	<b>90 % of children ages fourteen and over had a transition plan included in the child’s case plan and timely received the services identified in the case plan.</b>	CJAMS	TBD	TBD	No	Report requires correction. Awaiting revised SSA policy on Youth Transition Plans.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
29b	<b>90 % of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.</b>	QSR	0%	0%	No	The QSR process was not a valid measure of compliance during these report periods.
30	% of all children who were placed in:	CJAMS			Yes	Data reported from QA, not CJAMS, but closely follows CJAMS report.
	(a) Family Settings		39%	46%		
	(b) Relatives		36%	32%		
	(c) Congregate Care		8%	10%		
	(d) Other setting		8%	2%		
	(e) Independent Living		9%	8%		
31	% of all children in OHP placed with siblings.	CJAMS	42%	TBD	No	Report requires correction.
32	% of all children in congregate care who had a step-down plan.	CJAMS	TBD	TBD	No	Report requires correction.
33	<b>90 % of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.</b>	QSR	80%	72%	No	The QSR process was not a valid measure of compliance during these report periods.



#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
34	Number of children placed in congregate care by age groups	CJAMS				Report requires correction.
	(a) Children under seven placed in congregate care		2	3	Yes	Reported from QA.
	(b) Children seven to twelve placed in congregate care		21	25	No	Reported from QA. At least one child is missing from report.
35/ 36	<b>For 99% of children under age thirteen placed in congregate care, the placement was medically or therapeutically necessary and the placement included services that met the child's needs.</b>	CJAMS	TBD	TBD	No	Report requires correction.
37	Number of placements available to BCDSS by type.	CJAMS	TBD	TBD	No	Report requires correction.
38	Number of emergency foster homes on retainer and the number of beds available in each home.	CJAMS	TBD	0	Yes	Report indicates that there are a number of emergency foster homes, but none listed as on retainer.
39	<b>The array of current placements matched the recommendation of the biennial needs assessment.</b>	TBD	TBD	TBD	No	No data provided. Defendants reports, "A new needs assessment is being developed."
40	% of all children who have service needs identified in their case plans.	QSR	23%	10%	No	The QSR process was not a valid measure of compliance during these report periods.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
41	% of all children for whom identified service needs were followed by timely and appropriate referrals.	QSR	3%	7%	No	The QSR process was not a valid measure of compliance during these report periods.
42	% of children who receive services necessary and sufficient to meet the child's needs and to support stability in the least restrictive placement.	QSR	50%	67%	No	The QSR process was not a valid measure of compliance during these report periods.
43	% of children not placed with their siblings who have visitation with their siblings twice a month.	CJAMS	TBD	TBD	No	Report requires correction.
44	<b>90 % of children and caregivers received services necessary and sufficient to meet their needs and to support stability in the least restrictive placement.</b>	QSR	50%	67%	No	The QSR process was not a valid measure of compliance during these report periods.
45	% of kinship care providers who received written notification of the right to apply for foster home licensing within ten days of placement.	CJAMS	TBD	TBD	No	Report requires correction.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
46	% of kinship care providers who received written notification of BCDSS training opportunities.	QA	69%	98.06%	No	The MCD Measure Instruction's required data - "the Office of Learning will provide a list of names and the dates that the letters were mailed" - was not provided to IVA.
47	% of kinship care providers who reported having been informed about training and licensing opportunities.	QA	83.41 %	98.06%	No	Report methodology does not follow the requirements of the MCD Measure Instructions.
48	<b>90 % of kinship care providers received written notification of the right to apply for foster home licensing within ten days of placement.</b>	CJAMS	TBD	TBD	No	Report requires correction.
49	Number of Special Support team positions funded by the Department, by type.	QA	13	12	NA	See pp. 57-58, below.
50	Number of Special Support team positions filled, by type.	QA			NA	See pp. 57-58, below.
	Education		5	5		
	Employment		1	1		
	Housing					
	Housing and Employment		1	1		
	Independent Living		1	1		
	RB 21 Specialist – SOAR/SSI		1	1		
	Developmental Disabilities		1	1		

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
	Substance Use Disorder		1	1		
	Mental Health Navigator		1	1		
51	MCDSS MS-100 (job descriptions for all positions).	QA	All	All	Yes	See pp. 57-58, below.
52	<b>BCDSS employed a staff of non-case carrying specialists to provide technical assistance to caseworkers and supervisors for cases that require specialized experience and/or knowledge.</b>	QA	Yes, for each month 7/22-12/22	Ask the Expert Flyers were available to BCDSS staff and updated monthly.	No	See pp. 57-58, below.
53	% of all foster home applications that were approved/denied within 120 days of application.	CJAMS	TBD	TBD	No	Report requires correction.
54	% of all foster home caregivers who received all training required by law.	CJAMS	TBD	TBD	No	Report requires correction.
55	Number of foster homes licenses rescinded by the Department due to lack of compliance.	CJAMS	TBD	TBD	No	Report requires correction.
56	% of all foster homes and kinship care placements that met the COMAR licensing requirements.	CJAMS	TBD	TBD	No	Report has not been completed.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
57	<b>95 % of all foster homes and kinship care placements met all legal requirements.</b>	CJAMS	TBD	TBD	No	Report has not been completed.
58	<b>90 % of all foster homes were approved and reapproved on a timely basis.</b>	CJAMS	TBD	TBD	No	Report requires correction.
59/ 60	<b>95 % of caregivers had been provided all available information about the child's status, background, and needs.</b>	CJAMS	TBD	TBD	No	Report requires correction.
61	Number of children in OHP for whom a CPS report was made.	CJAMS	36	26	No	CJAMS report requires correction. Reported numbers do not match data provided by Defs.
62	Number of children in OHP for whom a CPS investigation was opened.	CJAMS	36	8	No	CJAMS report requires correction. Reported numbers do not match data provided by Defs.
63	Number of children in OHP for whom a report of maltreatment while in OHP was indicated.	CJAMS	1	9	No	CJAMS report requires correction. Reported numbers do not match data provided by Defs.
64	% of CPS investigations which were initiated in a timely manner.	CJAMS	TBD	50%	No	CJAMS report requires correction. Reported numbers do not match data provided by Defs.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
65	<b>99.68 % of children in OHP were not maltreated in their placement, as defined by federal law.</b>	CJAMS	TBD	99.77%	No	CJAMS report requires correction. Reported data inaccurate. See pp. 58-59, below.
66	<b>In 95 % of cases of alleged maltreatment of a child in OHP, BCDSS provided the child's attorney and Plaintiffs' counsel the report of the alleged maltreatment within five days of the report and the disposition within five days of its completion.</b>	Legal Services	Part A – 88.89 % Part B – 3.7%	Part A – 45% Part B – 10%	No	Information provided to support reported compliance levels incomplete.
67	Number of children who spend four hours or more in an office, motel, or unlicensed facility.	QA	39 Chldn 180 incidents	29 children	No	Data reported does not include nights spent in hotels. See pp. 59-60, below.
68	<b>99.8 % of children in OHP were not housed outside regular business hours in an office, motel, hotel or other unlicensed facility. If any child is so housed, BCDSS shall notify Pls.' counsel within one working day of the reasons for the</b>	QA	Part 1 – 97.4 % Part 2 72.2 %	Part 1 – 98% Part 2 (timely notice) 68.30%	No	Calculations for Part 1 do not include children spending nights in hotels. See pp. 59-60, below. No data provided to support reported data for Part 2 (timely notice).

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
	<b>placement, the name of the child's CINA attorney and the steps that BCDSS is taking to find an appropriate placement. Barring extraordinary circumstances, no child may be housed in an office for consecutive nights.</b>					
69/ 70	<b>90 % of children ages twelve or over participated in placement decisions.</b>	CJAMS	TBD	TBD	No	Report has not been completed.
71a /72 a	<b>95 % of children had documented visits from their caseworker once monthly in the child's placement.</b>	CJAMS	94.3 % 95.9 % 95.6 % 94.7 % 96.2 % 96.2 %	96.6% 96.6% 98.2% 97.6% 97.8% 97.6%	Unk.	Report requires correction. IVA unable to determine accuracy, validity and reliability for the 70th Report period. See pp. 60-62, below.
71b /72 b	<b>95 % of children had documented visits from their caseworker once monthly in the child's placement.</b>	QSR	77%	83%	No	The QSR process was not a valid measure of compliance during these report periods.
73	% of new entrants who received an initial health screen within five days of placement.	CJAMS	TBD	TBD	No	CJAMS report requires correction. Use of MATCH data for report improper because data unable to be verified as accurate, valid, and reliable.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
74	% of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate medical attention.	CJAMS	TBD	TBD	No	CJAMS report requires correction. Use of MATCH data for report improper because data unable to be verified as accurate, valid, and reliable.
75	<b>95 % of new entrants to OHP received an initial health screen within five days of placement.</b>	CJAMS	TBD	TBD	No	CJAMS report requires correction. Use of MATCH data for report improper because data unable to be verified as accurate, valid, and reliable.
76	% of new entrants that received a comprehensive health assessment within sixty days of placement.	CJAMS	TBD	TBD	No	CJAMS report requires correction. Use of MATCH data for report improper because data unable to be verified as accurate, valid, and reliable.
77	% of all children that had a comprehensive health plan.	CJAMS	TBD	95.4%	No	Reported data does not match CJAMS report nor data provided for IVA verification.
78	% of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	CJAMS	TBD	0%	No	Defendants fail to provide data validation information.
79	<b>90 % of new entrants into OHP received a comprehensive health assessment within sixty days of placement.</b>	CJAMS	TBD	TBD	No	CJAMS report requires correction. Use of MATCH data for report improper because data unable to be verified as accurate, valid, and reliable.



#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
80/82	<b>90 % of children entering OHP received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</b>	CJAMS	75.56 %	67.8%	Yes	Despite slight difference with CJAMS report for report period downloaded May 27, 2024, (68.18%), report verified as substantially accurate, valid and reliable.
81/83	<b>90 % of children in OHP received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</b>	CJAMS	TBD	TBD	No	Report has not been completed.
84	% of new entrants under age three who were referred for a Part C Assessment within ten days of placement.	CJAMS	85%	TBD	No	CJAMS report requires correction. Use of MATCH data for report improper because data unable to be verified as accurate, valid, and reliable.
85a	% of children who received timely all Needed Health Care Services.	CJAMS	TBD	TBD	No	Report requires correction.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
85b	% of children who received timely all Needed Health Care Services.	QSR	70%	67%	No	The QSR process was not a valid measure of compliance during these report periods.
86	% of cases in which the identification of a developmental delay was followed by a prompt referral for special education or early intervention services.	QSR	88%	100%	No	The QSR process was not a valid measure of compliance during these report periods.
87	% of cases in which the case worker monitored the child's health status once monthly.	QSR	60%	40%	No	The QSR process was not a valid measure of compliance during these report periods.
88a	<b>90 % of children received timely all Needed Health Care Services.</b>	CJAMS	TBD	TBD	No	Report requires correction.
88b	<b>90 % of children received timely all Needed Health Care Services.</b>	QSR	70%	67%	No	The QSR process was not a valid measure of compliance during these report periods.
89	% of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly.	CJAMS	TBD	6.33%	No	Neither CJAMS nor MATCH report accurate. Both fail to include second part of MCD Measure Instructions required data - BCDSS staff delivery of health passport.
90	% of children who had a health passport that was updated and distributed to the caregivers at least annually.	CJAMS	TBD	TBD	No	Report requires correction.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
91	% of children for whom BCDSS requested an MA card promptly when a replacement was needed.	CJAMS	TBD	100%	Unk.	Unable to determine from BCDSS validation reports if needed corrections to reports were made.
92	% of all children for whom BCDSS delivered an MA card promptly.	CJAMS	TBD	98.81%	Unk.	Unable to determine from BCDSS validation reports if needed corrections to reports were made.
93	<b>90 % of all new entrants had a complete health passport that was distributed to the children's caregivers promptly.</b>	CJAMS	TBD	6.33%	No	Neither CJAMS nor MATCH report accurate. Both fail to include second part of MCD Measure Instructions required data - BCDSS staff delivery of health passport.
94	<b>90 % of children had a health passport that was updated and distributed to the children's caregivers at least annually.</b>	CJAMS	TBD	TBD	No	Report requires correction.
95	% of new entrants who were enrolled in and begin to attend school within five days of placement.	CJAMS	69.61 %	TBD	No	Report requires corrections.
96	% of children who changed placement who were enrolled in school within five days of a placement change	CJAMS	TBD	TBD	No	Report has not been completed.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
97	% of children eligible for special education who received special education services without interruption when they transferred schools.	QSR	100%	100%	No	The QSR process was not a valid measure of compliance during these report periods.
98	% of children ages three to five who were enrolled in a pre-school program.	CJAMS	14.3 %	TBD	No	Report requires correction.
99	<b>90 % of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.</b>	CJAMS	TBD	TBD	No	Report has not been completed.
100	% of children who had an attendance rate of 85 % or higher in the Baltimore City Public School System.	QA	57.4 %	47.32%	Unk.	The IVA has insufficient information with which to verify accuracy, validity and reliability.
101/ 104	<b>90 % of children had an educational plan.</b>	QSR	67%	48%	No	The QSR process was not a valid measure of compliance during these report periods.
102/ 105	<b>For 90 % of children, BCDSS had met its obligations as set forth in the child's educational plan.</b>	QSR	91%	87%	No	The QSR process was not a valid measure of compliance during these report periods.
103/ 106	<b>For 90 % of children, BCDSS had monitored the child's educational progress monthly.</b>	QSR	21%	32%	No	The QSR process was not a valid measure of compliance during these report periods.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
107	% of children for whom any indication of developmental delay or disability was followed by a prompt referral for special education or early intervention services.	QSR	88%	100%	No	The QSR process was not a valid measure of compliance during these report periods.
108	% of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.	QSR	77%	91%	No	The QSR process was not a valid measure of compliance during these report periods.
109	% of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.	QSR	88%	100%	No	The QSR process was not a valid measure of compliance during these report periods.
110	<b>BCDSS made a prompt referral for special education or early intervention services for 90 % of children for whom there was an indication of developmental delay or disability.</b>	QSR	88%	100%	No	The QSR process was not a valid measure of compliance during these report periods.
111	<b>BCDSS made reasonable efforts to secure services for 90 % of children who were eligible for special education or early intervention services.</b>	QSR	88%	100%	No	The QSR process was not a valid measure of compliance during these report periods.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
112	% of case-carrying (full-time and with full-caseloads) staff who were at or below the standard for caseload ratios.	CJAMS	TBD	TBD	No	Report has not been completed.
113	% of case-carrying teams who were at or below the standard for ratio of supervisor: worker.	CJAMS	TBD	TBD	No	Report has not been completed.
114	% of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.	CJAMS	67.7 %	TBD	No	Report requires correction.
115	<b>90 % of case-carrying staff was at or below the standard for caseload ratios.</b>	CJAMS	TBD	TBD	No	Report has not been completed.
116	<b>90 % of case-carrying teams were at or below the standard for ratio of supervisor: worker .</b>	CJAMS	TBD	TBD	No	Report has not been completed.
117	% of caseworkers who qualified for the title under Maryland State Law.	QA	95.83 %	100%	Yes	See pp. 64-66, below.
118	% of case-carrying workers who passed their competency exams prior to being assigned a case.	QA	95.83 %	100%	Yes	See pp. 64-66, below.

#	Measure	Data Source	69 <sup>th</sup>	70 <sup>th</sup>	Certified by IVA as Accurate, Valid, and Reliable?	IVA Comments
119	% of caseworkers and supervisors who had at least twenty hours of training annually.	QA	78%	62.91%	Unk.	The IVA has not had the opportunity to verify the accuracy and reliability of the data collection process for this measure.
120	% of caseworkers who reported receiving adequate supervision and training.	QA	78%	84.51%	Unk.	The IVA has not had the opportunity to verify the accuracy and reliability of the data collection process for this measure.
121	<b>95 % of caseworkers met the qualifications for their position under Maryland State Law.</b>	QA	95.83 %	100%	Yes	See pp. 64-66, below.
122	<b>90 % of caseworkers and supervisors had at least twenty hours of training annually.</b>	QA	78%	62.91%	Unk.	The IVA has not had the opportunity to determine the accuracy and reliability of the data collection process for this measure.
123 / 125	<b>90% of cases were transferred with required documentation within 5 working days.</b>	QA	96.54 %	98.65%	Yes	See p. 66, below.
124 / 126	<b>90 % of transferred cases had a case transfer conference within 10 days of the transfer.</b>	QA	96.54 %	99.33%	Yes	See p. 66, below.

## **B. Measures Certification Discussion**

“Certification” of individual measures involves (1) determining if the measure instruction for preparing and extracting the reported data meets the requirements of the MCD; (2) investigation of the way the reported data was obtained to determine if it meets the requirements of the measure instruction; (3) verification of the reported data itself to determine if what is reported as the level of compliance is accurate, valid, and reliable; and (4) for Exit Standards only, determination if the verified compliance level meets the MCD requirements. As to the first requirement, the parties and IVA in 2021 agreed upon the current measure instructions for each measure; therefore, that finding need not be repeated in this report. The IVA reviews each substantive section of the MCD below.

### **1. Preservation and Permanency Planning**

The Preservation and Permanency Planning section of the MCD includes five Outcomes containing a total of 7 Exit Standards and 22 Internal Success Measures (ISMs). Defendants do not claim compliance with any of the seven Exit Standards in this section. Fifteen measures continue to be reported as “TBD”: Measures 1, 3a, 6, 9, 11, 12, 17, 19, 20, 21, 22, 24, 25a, 26, 29a. This is the same number of measures reported as TBD in the 69th reporting period. For the measures with reported data, see IVA Data Table, above.

### **2. Out-of-Home Placement**

The OHP section of the MCD includes 12 Outcomes containing a total of 14 Exit Standards and 29 Internal Success Measures. Twenty measures continue to be reported as “TBD”: Measures 31, 32, 35, 36, 37, 39, 43, 45, 48, 53, 54, 55, 56, 57, 58, 59, 60, 66, 69, 70.

Defendants claim compliance with and request certification of two Exit Standards, Measures 52 and 72a. The certification decisions for these Exit Standards and related Internal



Success Measures (49, 50, 51, 71a) are discussed below. Although certification is not requested, Measures 65, 67-68, and 72b also are discussed. For the other measures with reported data, see IVA Data Table, above.

**Internal Success Measure 49:** *Number of Special Support team positions funded by the Department, by type.*

Defs.' Report: 12 specialists (Data Source: BCDSS QA report)

**Internal Success Measure 50:** *Number of Special Support positions filled, by type.*

Defs.' Report:

Education: 5; Employment: 1; Housing and Employment: 1; Independent Living Coordinator: 1; Ready by 21/SOAR/SSI: 1; Developmental Disabilities: 1; Substance Abuse Disorder: 1; Mental Health Navigator: 1

**Internal Success Measure 51:** *MCDSS MS-100 (job descriptions for all positions)*

Defs.' Report: Posted MS-22 (job description). (The parties have agreed that the correct state form for job descriptions is the MS-22, not the MS-100. Defendants have agreed to submit an MS-22 or job description (for non-agency specialists) for each position instead.)

Education: 5; Employment: 1; Housing and Employment: 1; Independent Living Coordinator: 1; Ready by 21/SOAR/SSI: 1; Developmental Disabilities: 1; Substance Abuse Disorder: 1; Mental Health Navigator

**Exit Standard 52:** *BCDSS employed a staff of non-case carrying specialists to provide technical assistance to caseworkers and supervisors for cases that require specialized experience and/or knowledge.*

Defs.' Report: "Ask the Expert Flyers were available to BCDSS staff and updated monthly." (Data Source: Compilation of BCDSS QA reports)

IVA Response: Defendants' data appears to be accurate, valid, and reliable for Measures 49-52. However, Defendants have not met the substantive requirements of this measure.

For the 70th reporting period, Defendants report specialists in the following areas: substance abuse services; mental health services; developmental disabilities; independent living; housing; and education services, including special education. A link to the full list of specialists, along with their contact information, is provided monthly in the "Ask the Experts" section of the Friday Focus email newsletter sent to all child welfare staff.

The IVA has reviewed the data provided, including the list of experts, their dates of employment and their non-case carrying status. However, the IVA is still unable to certify the measure as compliant due to an issue that has been raised repeatedly in prior IVA reports and discussed with the Defendants. That issue is the crucial need for these designated specialists to be available to caseworkers to discuss not only children's needs but also the needs of their parents and caregivers. As the IVA has raised in past reports, it is unclear from the reported data whether any of the specialists provide badly needed technical assistance to caseworkers to help families and caregivers, not just children in OHP. For example, all of the housing and employment specialists are housed within the Ready by 21 units and their job descriptions do not address providing assistance to caseworkers working with biological parents or kin providers. Additionally, the Mental Health Navigator description in the Ask the Expert flier does not include any referrals for parents or caregivers.

**Exit Standard 65:** *99.68 percent of children in OHP were not maltreated in their placement, as defined in federal law. The measurement for maltreatment in foster care in this Decree is the measurement [that was] used by the United States Department of Health and Human Services in Child and Family Services Reviews, which means the percentage of children who were found to*

*be victims of indicated maltreatment by perpetrators who are relative foster parents, non-relative foster parents, and group home or residential facility staff. “Relative foster parents” include unlicensed kinship care providers with whom BCDSS placed children in OHP.*

Defs.’ Report: 99.77%

IVA Response: The reported compliance level of 99.77% is not accurate. Although Defendants have improved the accuracy of the CJAMS report, the failure of staff to input the data correctly results in the report being inaccurate, invalid and unreliable. For the CJAMS report to include a case as maltreatment-in-care and therefore reportable, staff must indicate that the case maltreatment is “provider-involved,” and that the provider is a caregiver in the child’s placement, such as a foster parent, relative caregiver or staff in a group home or residential treatment center. The IVA has found instances during each recent reporting period where, even though the alleged maltreater is labelled as a foster parent or residential facility staff, the “provider-involved” field has not been marked properly. In addition, for the CJAMS report to include a case as maltreatment-in-care, the same CJAMS ID for the child in foster care (OHP) must be used as the CJAMS ID for the child in the CPS maltreatment investigation case. Otherwise, there is no way for CJAMS to link the cases. CJAMS continues to permit staff to create more than one CJAMS ID for an individual, and once created, duplicate CJAMS IDs cannot be deleted or merged. As a result, staff can erroneously use a different ID for a child in their CPS maltreatment investigation case than in their foster care (OHP) case. When the additional cases found by the IVA to be provider-involved are included, and when the foster care and CPS cases are linked correctly, the actual result appears to be 99.48%, below the required compliance level.

**Internal Success Measure 67:** *Number of children who spent four hours or more in an office, motel, or unlicensed facility.*

Defs.' Report: Defendants report 29 children. They do not report how many incidences (total nights spent in offices, motels or unlicensed facilities for those children). (Data Source: BCDSS QA Report)

**Exit Standard 68**: *99.8 percent of children in OHP were not housed outside regular business hours in an office, motel, hotel, or other unlicensed facility. If any child is so housed, BCDSS shall notify the Plaintiffs' counsel within one working day of the reasons for the placement, the name of the child's CINA attorney, and the steps that BCDSS is taking to find an appropriate placement. Barring extraordinary circumstances, no child may be housed in an office for consecutive nights.*

Defs.' Report: A. Percent of children: 98%

B. Attorney notification: 68.3%

IVA Response: Defs.' Report is not accurate, valid, and reliable. The data provided by Defendants to support the report reflects a total of 20 children. However, their list does not include children who stayed in motels/hotels during the reporting period. The data maintained by the IVA from Defendants' daily reports shows that 35 children spent 386 nights in either office buildings or hotels during the report period. (As discussed in the Placement Needs and Challenges section above, the 70th report period was the beginning of increased reliance on hotels for housing children who have complex trauma history and significant mental health needs.) However, because Defendants only began to report daily on children staying in hotels in May 2023, even those numbers are undercounts.

Given the discrepancy in the number of children reported, the Defendants' report of 98% for Measure 68 Part A cannot be accurate.

**Exit Standard 72 (Internal Success Measure 71)**: *95% of children had documented visits from their caseworker once monthly in the child's placement.*

Exit Standard 72 is comprised of two parts:

72a measures quantitative compliance based upon data entry into CJAMS that a child was visited by their caseworker in the child's residence each month.

72b measures qualitative compliance through the QSR process that the visit met the substantive requirements of the MCD, p. 26:

- (1) A "visit" means an assessment of:
  - (a) the quality of care provided to the child;
  - (b) the child's adjustment to the OHP, the supervising adults, any other individuals in the OHP, and school; and
  - (c) the appropriateness and success of the placement and the adequacy of services provided to meet the child's needs and the ability of the child's caregiver to meet the child's needs.
- (2) The visit should be of sufficient duration and privacy to make the required assessments.
- (3) The caseworker must indicate the date and summarize the results of each visit in the child's case record.

Compliance with this Exit Standard cannot be achieved until the results for both parts 72a and 72b reach 95%. In addition, under the agreed-upon measure instructions, Defendants must reach 95% compliance for 72a for each month of the six-month reporting period.

**Exit Standard 72a (Internal Success Measure 71a)**

Defs.' Report: Jan. 96.6%; Feb. 96.6%; March 98.2%; Apr. 97.6%; May 97.8%; June 97.6%  
(Average 96.4%) (Data Source: CJAMS)

IVA's Response: Despite high caseloads, Defendant BCDSS has improved its compliance significantly on this critical requirement. Innovations staff tracks caseworker visits on an ongoing basis and shares the results weekly with supervisory staff to ensure that they can monitor compliance for the caseworkers under their supervision. As to whether or not the data is accurate, valid and reliable, the CJAMS report has required changes since the data was drawn for the 70th

Report, to ensure for each month during the reporting period that the jurisdiction with custody of the child is the jurisdiction held responsible for visits. Because this measure is not available for certification until both the “a” and “b” portions meet the required 95% compliance level, the IVA will wait to make the determination of accuracy until the next report period, after the report has been corrected.

**Exit Standard 72b (Internal Success Measure 71b):**

Defs.' Report: 83%. (Data Source: QSR)

IVA Response: The IVA has found that for the 70th reporting period, the data from QSR cannot be considered accurate, reliable and valid. See QSR discussion, section IV.B.2, above. In addition, the definition in this section of the MCD includes the requirement that, “The caseworker must indicate the date and summarize the results of each visit in the child’s case record.” The IVA continues to find contact notes where the documentation in CJAMS has been copied verbatim from prior visits as well as other occasions where the documentation does not contain meaningful observations. The IVA believes that documentation of the visits in CJAMS needs to be added to the QSR protocol and examined during the QSR review to include in the determination of the QSR rating of whether or not caseworker visits meet the required standards.

**3. Health Care**

The Health Care section of the MCD includes five Outcomes containing 7 Exit Standards and 15 Internal Success Measures. Defendants do not claim compliance with any of the Exit Standards. Twelve measures are reported as “TBD”: 73, 74, 75, 76, 79, 81, 83, 84, 85a, 88a, 90, 94.

However, for many of these “TBD” measures, the Defendants still report data from eClinicalWorks (eCW), the medical database adapted by MATCH for its own use in recording

health information for the children in BCDSS foster care. As discussed in the IVA's Resp. to the 68<sup>th</sup> Report at p. 50, Defendants should not present MATCH eCW data as an alternative to CJAMS data. CJAMS is the only system of record for BCDSS child welfare. DSS staff do not have access to eCW. The IVA is not able to verify the reported data from eCW. The IVA requests again that in future reports only CJAMS data be presented.<sup>23</sup>

For the other measures with reported data, see IVA Data Table, above.

#### **4. Education**

The Education section of the MCD includes three Outcomes containing 6 Exit Standards and 11 Internal Success Measures. Defendants do not claim compliance with any of the Exit Standards. Four measures are reported as "TBD": Measures 95, 96, 98, 99. For the other measures with reported data, see IVA Data Table, above.

Many of the measures in the Education section of the MCD rely on qualitative data gathered through the QSR program: Measures 104, 105, 106, 110, and 111 (Exit Standards) and 97, 101, 102, 103, 107, 108 and 109 (ISMs). As discussed earlier in this report in section IV.B., the IVA recently completed a detailed review of the current QSR process at BCDSS. (See Att. 6). Besides finding that the current QSR process is not valid for reporting purposes for any of the measures, the IVA also found that the current QSR education questions and QSR protocol are not meeting the education requirements of the MCD. We are willing to work with the parties to make whatever adjustments are necessary to determine a more appropriate approach to measurement for these MCD measures.

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<sup>23</sup> In future reports, when they do request IVA certification for Exit Standards 79 (comprehensive health assessment), 82 (medical, dental and mental health exams provided in the first 60 days after entry into foster care), 83 (periodic and annual medical (EPSDT) and dental exams), 88 (all health care needs met), and 94 (annual passport/health plan), Defendants will need to attach to their compliance reports the qualitative assessment required in the MCD Measure Instructions. MATCH is required to contract with a health care management professional to provide those qualitative assessments twice a year (for each six-month reporting period).

## 5. Workforce

The Workforce section of the MCD includes three Outcomes containing 6 Exit Standards and 9 Internal Success Measures. Five measures are reported as “TBD”: Measures 112, 113, 114, 115, 116. Defendants have reached certification-level compliance for 3 Exit Standards: Measures 121, 125 and 126 and are seeking certification of these measures. Certification decisions for these Exit Standards and their related Internal Success Measures are discussed below. For the other measures with reported data, see IVA Data Table, above.

**Internal Success Measure 117:** *Percent of caseworkers who qualified for the title under Maryland State Law.*

Defs.' Report: 100% (Data Source: BCDSS QA Report)

IVA Response: Internal Success Measure 117 has the identical requirements to Exit Standard 121. Therefore, the reasoning and findings made for Exit Standard 121, below, are the same for Internal Success Measure 117.

**Internal Success Measure 118:** *Percent of case-carrying workers who passed their competency exams prior to being assigned a case.*

Defs.' Report: 100% (Data Source: BCDSS QA Report)

IVA Response: Internal Success Measure 118 is a subset of the requirements of Exit Standard 121. Its requirements are limited to ensuring the passage of competency exams prior to caseworkers being assigned their first cases. Defendants have provided reasonable documentation of the dates of passage of the competency exam and of assignment of first cases for all of the new caseworkers to whom cases were assigned during the 70<sup>th</sup> Report period.

**Exit Standard 121:** *95 percent of caseworkers met the qualifications for their position title under Maryland State Law.*



Defs.' Report: 100% (Data Source: BCDSS QA Report)

IVA Response: Based upon the documentation provided by Defendants, Defendants' reports for this Exit Standard and for Internal Success Measures 117 and 118 are found to be accurate, valid, and reliable. Defendants' reported compliance level of 100% for Exit Standard 121 is certified as compliant.

The measure instruction for Measure 121 follows the language of Maryland Human Services Article Section 4-301 which requires that, with one exception, Defendants hire as caseworkers only human services professionals who are licensed by the state in areas such as social work and psychology. Unlicensed individuals may be hired only if they meet the following criteria: (1) have a bachelor's degree in an "appropriate behavioral science"; (2) complete mandatory pre-service training; and (3) are supervised by licensed social workers. All new caseworkers must pass a competency test after the pre-service training and prior to being granted permanent employment and assigned cases.

For this Measure 121, the Defendants report a compliance level of 100% which meets the MCD requirements. The IVA has reviewed the information provided regarding new hire qualifications. The responses to follow up questions were satisfactory. Measure 121 requires reporting on newly hired caseworkers during the reporting period in which they are first assigned a case. For all of those caseworkers, Defendants provided (1) documentation of either an MSW in social work or related field or a bachelor's degree in an "appropriate behavioral science," and (2) proof of completion of the mandatory pre-service training and passage of the competency examination prior to assignment of a first case. For those new caseworkers without a social work license, they also provided documentation of their supervisors' social work license. The IVA finds that the procedures used by Defendants to collect this information and the data provided are

reliable, valid, and accurate. The IVA certifies Defendants' compliance with Exit Standard 121 for the 70<sup>th</sup> Report period.

**Exit Standard 125 (Internal Success Measure 123):** *90 percent of cases were transferred with required documentation within five working days.*

Defs.' Report: 98.65% (Data Source: BCDSS QA Report)

**Exit Standard 126 (Internal Success Measure 124):** *90 percent of cases had a case transfer conference within ten days of the transfer.*

Defs.' Report: 99.33% (Data Source: BCDSS QA Report)

IVA Response: BCDSS has issued a detailed SOP and has a well-documented process for case and document transfers and conferences, resulting in a process which is likely to result in a valid and reliable result. The IVA has reviewed the spreadsheet, and the calculations of compliance appear to be correct. Based on this review, Defendants' reported compliance is certified as accurate, valid and reliable. In the next reporting period, the IVA will review a sample of transferred cases to compare the information on the provided spreadsheet to what has been entered into CJAMS to confirm the accuracy of the data provided.

### **C. Additional Commitments**

Four of the five subsections in Part Two of the MCD also have Additional Commitments included. These 22 Additional Commitments are included in the MCD to address issues of importance to the welfare of the children served by BCDSS which do not fit neatly into the Internal Success Measures/Exit Standards measures format. Defendants are required to report on compliance with the Additional Commitments in each six-month compliance report. A review of the Additional Commitments and certification discussions are included as Appendix 1 to this report.

#### **D. Other Reporting Requirements**

Both the first and second parts of the MCD contain a number of other reporting requirements. (See IVA Resp. to 64<sup>th</sup> Rep., Att. 1, *L.J. MCD Notification and Reporting Requirements*.) Defendants have reported on five of these other reporting requirements in the 70<sup>th</sup> Report.

##### **1. MCD Part One, Section II. Verification Activities and Information Sharing**

*F. The Plaintiffs shall have access to the following: ... 4. 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.*

Defendants state: “BCDSS notifies Plaintiffs’ counsel of the death or serious injury of any class member as required by this provision of the MCD. The Agency is committed to ensuring the timely submission of required critical incident and fatality reports. ... The Agency continues to explore process changes that will assure the highest level of compliance with the timeliness of this requirement.” (Defs.’ 70th Rep., p 21). This is the fourth consecutive report in which Defendants have reported “exploring” or “continu[ing] to explore” such process changes. (See Defs.’ 67th Rep. (pp. 36-37); 68th Rep. (p. 41); and 69th Rep. (p.21).)

For 2023, Defendants provided nine initial fatality reports, all promptly (if not within one working day). Final fatality reports are due within 90 days after the death occurs. Three of the fatalities were, tragically, of murdered young men, ages 13, 16 and 18, and do not require final fatality reports under state policy. For the six other fatalities, two were provided within about a week after they were completed, two were not provided until more than two months after completion, and two (one of a child who died mid-September and one of a child who died mid-

October), have not been provided as of the date of the filing of this report, more than six months later.

From January until mid-November 2023, Defendants provided approximately 60 critical incident reports involving physical abuse, serious neglect or injuries to children in OHP. In all but one case, the reports were received within a week; most were received within a day or two of the incident. The IVA has no record of any follow up reports being provided. No critical incident reports were received again until January, and only four critical incident reports were received between January and April 2024. Reports of runaways, one of the types of critical incident reports required by state policy, were not provided to the IVA or Plaintiffs' counsel from November 2023 until April 2024 when the IVA inquired whether they were still being generated. They have since been received regularly (at the rate of eight to ten a week) since then. Many of the runaways are children who are being asked to stay in an office building overnight while BCDSS seeks a placement for them.

## **2. MCD Part One, Section II. Verification Activities and Information Sharing**

*F. The Plaintiffs shall have access to the following: ... 5. 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.*

Defendants provide one such report as an attachment to the 70<sup>th</sup> Report. In the report, Defendants state, "BCDSS is in the process of establishing a process to review audits and other publicly available reports to determine if such report falls within the requirement, and if so to provide it consistent with this requirement." (Defs 70th report, p. 21). DHS needs to work with

BCDSS to establish such a process given that most of the documents that should be shared are likely to be in the custody of DHS.

### **3. MCD Part One, Section III, Communication and Problem-Solving**

*E. 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. ... 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.*

In its 70th Report (p. 22), Defendants repeat the same information as in their 69th Report (p. 23) without responding to questions and concerns raised by the IVA in the 67<sup>th</sup> – 69<sup>th</sup> reports: Was the process presented to Plaintiffs' counsel and the IVA and described in the brochure created for public dissemination followed? Were complaints acknowledged in writing within three business days? After the review/investigation of the reported issue was completed, was a letter sent to the complainant by the Director with the outcome?

In Defendants' "Complaint Process Summary Report for the 70th *L.J.* Compliance Report" (Att. 11), they further repeat that, "No changes have occurred to the complaint process since our latest response. The Baltimore City Department of Social Services, Court Process Team, is currently meeting and engaged in conversations to improve the Process which will be initiated at some point during the 72nd reporting period." The Defendants' 69th report (p. 23) had indicated that they were reviewing options for accommodating the IVA's request to access a real time log of the complaints "with a goal of full implementation before the 70th Reporting Period." Neither has been completed to date. The IVA cannot certify compliance when Defendants themselves state that the policy and process are not finalized.

#### **4. MCD Part Two, Section II. Out-of-Home Placement**

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

Defendants report on this requirement in the 70th Report by stating that “BCDSS is in compliance with this requirement. Dating back to March 2021, BCDSS has provided a comprehensive overstay and waiting list every week to Plaintiffs' counsel, the IVA and DHS. The list contains information on the committed children who are on overstay or waiting at various other placement types for an appropriate placement” (p. 22). BCDSS has continued to send a weekly list of children who have overstayed the period of medical necessity in hospitals, who are waiting for new placements to be located for them, or who are on waiting lists to be placed in new settings to which they have been admitted. The IVA acknowledges the efforts of the Defendants to create and share this information as required by the MCD. For verification purposes, we request information describing the process for compiling this list and how BCDSS ensures that all children awaiting an appropriate placement are included on the list. Recently, both the IVA and Plaintiffs' counsel have notified BCDSS of youth that were not included on the waitlist who should have been included.

#### **5. MCD Part Two, Section II. Out-of-Home Placement**

*D. 9. a. (1) (b) ... Within five business days of receipt of a [maltreatment in care] report, BCDSS shall notify the attorney for the child, the child's parents and their attorneys ..., Plaintiffs' counsel .... 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 ...*

*disposition report must be provided to the child's caseworker, child's attorney and to Plaintiffs' counsel within five business days of its completion. ...*

Defendants acknowledge that the five-day deadline is not consistently met. (p. 23).

## **VII. CONCLUSION**

The availability of accurate, valid, and reliable data from CJAMS continues to be a barrier to compliance reporting and lawsuit exit. Defendants have taken an important step forward in the past few months by setting target dates and increasing resources towards getting the CJAMS reports for the Exit Standards completed. However, some data reports remain to be completed, and most of the others, while completed, have been found to have defects or need enhancements. The CJAMS application itself still needs significant updates which will require additional resources if reporting is to be made accurate and reliable in the foreseeable future.

Substantively, the focus needs to be on increasing staffing at the caseworker and supervisor levels to reduce caseloads and ensure adequate oversight and coaching; embedding in the agency through culture, policy and practice a "kin first" approach to meeting the needs of children and their families; and a full assessment and bold action at the state level to ensure adequate and appropriate placements and services for children and their families. It is essential that Defendant DHS take a more active and collaborative role as Defendant BCDSS is limited in its power to make many of the changes that may be necessary for termination and exit.

Respectfully Submitted,

\_\_\_\_\_  
/s/  
Rhonda Lipkin  
Independent Verification Agent

Lisa Mathias  
Assistant to Independent Verification Agent

**LIST OF ATTACHMENTS**

- Att. 1. A.E. Casey, BCDSS Assessment Findings and Recommendations (January 2020).
- Att. 2. MATCH Guidelines, Appx C. MATCH Case Assign Definitions (verified March 2023).
- Att. 3. AFCARS Report, Preliminary FY'22 Estimates as of May 9, 2023 - No. 30.
- Att. 4. *L.J. v. Massinga* Modified Consent Decree - Outcomes Only (October 9, 2009).
- Att. 5. IVA Response to Defs.' 56th Report (filed November 29, 2017), pp. 2-12.
- Att. 6. IVA QSR Report (February 27, 2024).
- Att. 7. DHR Letter to Gen. Assembly with CWLA Study (October 2006).
- Att. 8. IVA Certification Report for Defendants' 60th Report (filed June 25, 2019), pp. 16-24.
- Att. 9. IVA Certification Report for Defendants' 66th Report (filed March 18, 2022), pp. 9-11.
- Att. 10. Youth Wellness Program - 2023 Year in Review (presented February 4, 2014).
- Att. 11. Complaint Process Summary Report for the Defs.' 70th Report, received May 9, 2024.



Copies provided on June 3, 2024, by email to:

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